**Appendix A**

# The framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities

Framework for inspecting local areas in England under section 20 of the Children Act 2004

**Age group:** 0–25

**Published:** April 2016

**Reference no:** 160025

# Contents

## Introduction

1. New duties on local areas regarding provision for children and young people with special educational needs and/or disabilities are contained in the Children and Families Act 2014 (the Act) and amplified in regulations and in the 'Special educational needs and disability code of practice: 0 to 25 years'[1] (the Code of Practice). The Code of Practice is statutory guidance published by the Department for Education (DfE) and the Department of Health (DoH). The duties came into force in September 2014.

2. The Minister of State for Children and Families has tasked Ofsted and the Care Quality Commission (CQC) with inspecting local areas on their effectiveness in fulfilling the new duties.

3. This framework sets out the key inspection principles and should be read alongside the Code of Practice and the 'Handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities'.[2]

4. The inspection handbook is a guide for inspectors on how to carry out local area inspections. The framework and handbook are made publicly available to help ensure that local authorities and health services, early years settings, schools, further education providers and other organisations are informed about the process and procedures of these inspections and to support local areas in their self-evaluation and ongoing improvement. It is also available to young people, parents and carers to help ensure that they are aware of how these inspections are carried out.

## The purpose of inspection

5. Ofsted and CQC are required to carry out their work in ways that encourage the services they inspect and regulate to improve, be user-focused and be efficient and effective in their use of resources.[3]

6. These inspections will provide an independent external evaluation of how well a local area carries out its statutory duties in relation to children and young people with special educational needs and/or disabilities in order to support their development. The inspection will review how local areas support these children

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[1] 'Special educational needs and disability code of practice: 0 to 25 years', (DFE-00205-2013) Department for Education and Department of Health, 2015; www.gov.uk/government/publications/send-code-of-practice-0-to-25.

[2] 'Handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities'; www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors.

[3] As set out in section 119(1) of the Education and Inspections Act 2006; www.legislation.gov.uk/ukpga/2006/40/section/119; and section 3(2) of the Health and Social Care Act 2008; www.legislation.gov.uk/ukpga/2008/14/section/3.

and young people to achieve the best possible educational and other outcomes, such as being able to live independently, secure meaningful employment and be well prepared for their adult lives.[4] Therefore, although these inspections are designed to hold local areas to account, they also intend to assist local areas in improving and developing their processes and support systems in order that local areas become more effective and deliver better outcomes for children and young people.

7. The inspection leads to a published report that:

   - provides children and young people, parents,[5] elected council members, local providers and those who lead and manage the delivery of services at local level with an assessment of how well the local area is meeting the needs of children and young people with special educational needs and/or disabilities, and how well service providers work together to deliver positive outcomes
   - provides information for the Secretary of State for Education about how well the local area is performing its role in line with its statutory responsibilities and the Code of Practice
   - promotes improvement in the local area, its education, health and social care provision
   - where relevant, requires the local area to consider the actions that it should take in light of the report and prepare a written statement that sets out those actions and the timetable for them.

## The local area and the role of the local authority, health partners and other agencies

8. It is important to note that these inspections will evaluate how effectively the local area meets its responsibilities, and not just the local authority. The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year's settings, schools and further education providers.

9. Each local area will be asked to nominate a representative – a 'local area nominated officer' – who will act as a single point of contact on behalf of all local agencies throughout the inspection and until the publication of the inspection report. Their role will be to liaise with the lead Her Majesty's Inspector (HMI) throughout the inspection so that inspection activities can be coordinated effectively.

[4] Section 19(d) of the Children and Families Act 2014; www.legislation.gov.uk/ukpga/2014/6/section/19/enacted.
[5] The term 'parents' refers to mothers, fathers and/or carers.

10. The local area is the geographical area of the local authority. However, the responsibility of the local area for children and young people who have special educational needs and/or disabilities extends to those who are residents of the local area but attend educational establishments or receive services outside the local authority's boundaries.

11. During the inspection, inspectors will visit providers, such as nurseries, schools, colleges and specialist services.[6] These key activities to gather evidence are critical to enhancing inspectors' understanding of how all local providers and agencies work collaboratively together to improve the life chances of children and young people with special educational needs and/or disabilities. However, it is important to note that when inspectors visit providers, these providers are not under inspection but remain subject to separate institutional inspection arrangements in line with Ofsted's and CQC's statutory and regulatory duties and powers. Therefore, inspectors are not there to evaluate the effectiveness or quality of the individual service or provider.

12. If during the course of these inspections inspectors become aware of concerns of a safeguarding or child protection nature, they will make additional enquiries to satisfy themselves that such matters are being dealt with appropriately by the relevant authorities and in line with statutory requirements.[7] In circumstances where inspectors remain concerned that children and young people are not safeguarded, or are at risk of harm, Ofsted and/or CQC will consider whether it is appropriate to take further action. This could include, where appropriate, inspectors referring individual children's and young people's cases to the local authority or inspection of the individual service or provider in line with Ofsted's or CQC's statutory and regulatory duties and powers.

13. The starting point for inspection is the expectation that the local area should have a good understanding of how effective it is. Leaders[8] for the local area should be able to accurately assess how well the local area meets its responsibilities. Leaders should have an understanding of strengths and aspects that require

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[6] Services will include specialist support and therapies, such as clinical treatments and delivery of medications, speech and language therapy, assistive technology, personal care (or access to it), Child and Adolescent Mental Health Services (CAMHS) support, occupational therapy, habilitation training, physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies and also emergency provision. They could include highly specialist services needed by only a small number of children. Social care services include childcare, leisure activities, support for young people when moving between social care children services and social care adult services, and support for young people in living independently and participating fully in society.

[7] 'Keeping children safe in education', Department for Education, 2015; www.gov.uk/government/publications/keeping-children-safe-in-education--2, and 'Working together to safeguard children'; www.gov.uk/government/publications/working-together-to-safeguard-children--2.

[8] The term 'leaders' refers to those responsible for the strategic planning, commissioning, management, delivery and evaluation of services to children and young people with special educational needs and/or disabilities.

further development. Inspectors will test out the accuracy of this understanding during the inspection as they make their evaluation.

## Legislative basis for inspection

14. Local area inspections of responsibilities for children and young people with special educational needs and/or disabilities are carried out under section 20 of the Children Act 2004.[9] This section enables Ofsted and CQC to undertake joint inspections of each local area in accordance with a timetable approved by the Secretary of State for Education.

15. Further, 'The Children Act 2004 (Joint Area Reviews) Regulations 2015'[10] require that:

> 'The Chief Inspector of Education, Children Services and Skills must (having regard in particular to the nature of the review):
>
> (a) determine whether it is appropriate for a written statement of proposed action to be made in light of the report; and
>
> (b) if so, determine the person or body ("the principal authority") who must make this statement.'

16. Where Her Majesty's Chief Inspector (HMCI) has determined that a written statement of action is required, the local area must produce this statement within 70 days following receipt of the final inspection report/letter, publish it on local websites and send a copy to Ofsted, CQC and the Secretary of State.[11]

17. Subject to HMCI's determination, a written statement is likely to be required where inspectors identify significant concerns in relation to one of the following:

- illegal practice
- failure to meet the duties under the Act.[12]

18. On receipt of the written statement of action, HMI will assess whether the statement is fit for purpose and the relevant Ofsted Regional Director will write to the local area to communicate this assessment. Where HMI assess that the written statement is not fit for purpose, they will make recommendations about how the statement needs to improve. The local area should then make appropriate changes and republish the written statement of action.

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[9] Children Act 2004, section 20; www.legislation.gov.uk/ukpga/2004/31/section/20.
[10] Regulations 3(3)(a) and (b); www.legislation.gov.uk/uksi/2015/1792/regulation/3/made.
[11] Regulation 4(5); www.legislation.gov.uk/uksi/2015/1792/regulation/4/made.
[12] Inspectors will use their professional judgement to assess whether the overall evidence gathered causes them sufficient concern to recommend that a written statement of action be produced.

## Post-inspection

19. Inspections are intended to be constructive for local areas as well as hold them to account. Where a written statement of action is required, the DfE, working with the DoH and NHS England where relevant, will seek to engage closely with the local area to provide appropriate challenge and support to bring about the necessary improvements identified by the inspection. After a period of time, usually around 12 months after the publication of the inspection report, the DfE will advise the Minister on progress made in delivering the improvements. In exceptional circumstances, this may include a recommendation to Ministers that the local area for a further inspection by Ofsted and CQC. Under section 20(1) of the Children Act 2004, Ofsted and CQC must inspect a local area when requested to do so by the Secretary of State for Education, in accordance with the terms specified in that request. Annex A to the inspection handbook outlines the post-inspection support and challenge arrangements.

## How local areas are selected for inspection

20. All local areas will be inspected at least once during a five-year period. As set out above, the Secretary of State retains the power to request further inspection activity in a specific local area following the initial inspection. Selection of local areas to be inspected in a given year will endeavour to ensure a spread across the country and will, wherever possible, take account of the timing of other Ofsted and CQC inspection activity to avoid undue burden being placed on local areas.

21. Ofsted and CQC will ensure that scheduling of inspections retains flexibility. Where evidence suggests that there are concerns about a local area, the schedule can be adapted and that local area may be inspected earlier than might have been the case otherwise. This may occur where Ofsted or CQC have significant concerns about how well an area is fulfilling its responsibilities, including, but not exhaustively, in relation to:

    - the academic achievement of relevant children and young people over time, taking account of both attainment and progress
    - rates of attendance and exclusion for relevant children and young people
    - the destinations of relevant children and young people including data for young people not in education, employment or training (NEET)
    - the outcomes of any inspections of local authorities and of educational establishments, and health services carried out by Ofsted or CQC
    - complaints received about providers or services that are regulated or inspected by CQC and/or Ofsted
    - local area performance in the completion of assessments and the making of education, health and care plans within the statutory timescales

- rates of appeal to the First-Tier Tribunal (Health Education and Social Care Chamber)
- any other significant and relevant concerns that are brought to Ofsted's and/or CQC's attention.

## The focus of inspection

22. Inspectors will consider how effectively the local area identifies, meets the needs of and improves the outcomes of the wide range of different groups[13] of children and young people who have special educational needs and/or disabilities as defined in the Act and described in the Code of Practice.

23. The inspection will focus on the contribution of education, social care and health services to children and young people with special educational needs and/or disabilities, as set out in the Act, the Regulations and the Code of Practice.

## Reporting on the inspection outcomes

24. The outcomes of the inspection will be reported in a letter and the judgements will be in narrative form. The letter will outline areas of strength and key priorities for improvement. It will be published on the Ofsted and CQC websites, usually within 33 days of the end of an inspection.

25. The inspection of the local area will cover and report on the following key aspects in arriving at a judgement about the effectiveness of the local area:

    - the effectiveness of the local area in identifying children and young people who have special educational needs and/or disabilities
    - 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
    - the effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities.

26. In reaching their judgements, inspectors, in line with the requirements of the Code of Practice*,* will pay particular attention to:

    - the accuracy and rigour of the local area's self-evaluation,[14] the extent to which the local area knows its strengths and weaknesses, and what it

[13] These groups of children and young people are detailed in Part 2 of the 'Handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities'.

[14] It is important to note that Ofsted and CQC do not require self-evaluation to be provided in a specific format. Any assessment that is provided should be part of the local agencies' business processes and not generated solely for inspection purposes.

needs to do further to improve the life chances of children and young people with special educational needs and/or disabilities

- to what extent the outcomes for children and young people are improving as a result of the collective actions and support of local agencies and bodies
- the efficiency of identification of special educational needs and disabilities
- the timeliness and usefulness of assessment
- how well local agencies and bodies plan and coordinate their work to assess need and provide necessary effective support
- how well the local area engages with children and young people, and their parents and carers, to inform decisions about the strategic commissioning of services (joint strategic needs assessment)
- how well the local area involves the individual child or young person, and their parents and carers, in the process of assessing their needs
- how well the local area communicates with children and young people, and their parents or carers, to ensure that these primary users are clear about the identification and assessment processes and the criteria used to make decisions
- the extent to which the local area gives due regard to its duties under the Equality Act 2010 to children and young people with special educational needs and/or disabilities.

27. Please see the inspection handbook for more detail on how the inspection is conducted and the range of evidence that will be considered by inspectors and that will underpin the inspection findings.

## Composition of the inspection team

28. The inspection team will be led by an HMI from Ofsted and will include a Children's Services Inspector from the CQC, and an Ofsted Inspector (OI) usually recruited from a local authority but without connection to the local area being inspected.

29. The OI will have: specialist knowledge of disability and special educational needs; a thorough understanding of local area structures and strategic delivery of services; and a health, social care or education background. CQC may, on occasion, allocate more than one inspector to the inspection of the local area. The complexity of the local health economy will be an important consideration. The decision on whether to deploy more than one CQC inspector will be based on a number of risk factors, including, but not restricted to, the number of NHS providers, the geographical area and the number of CCGs.

## Conduct during inspection

30. Inspectors must uphold the highest professional standards in their work and treat everyone they encounter during inspections fairly, and with respect and sensitivity.

31. Inspectors will:

- evaluate objectively, be impartial and inspect without fear or favour
- uphold and demonstrate Ofsted and CQC values at all times
- evaluate provision in line with frameworks, national standards or regulatory requirements
- base all evaluations on clear and robust evidence
- declare all actual and perceived conflicts of interest and have no real or perceived connection with the provider that could undermine objectivity
- report honestly and clearly, ensuring that judgements are fair and reliable
- carry out their work with integrity, treating all those they meet with courtesy, respect and sensitivity
- take all reasonable steps to prevent undue anxiety and minimise stress
- act in the best interests of service users, prioritising the safeguarding and well-being of children and learners at all times
- maintain purposeful and productive dialogue with those being inspected and communicate judgements sensitively, but clearly and frankly
- respect the confidentiality of information, particularly about individuals and their work
- respond appropriately to reasonable requests
- take prompt and appropriate action on any safeguarding or health and safety issues
- use their title of HMI, Ofsted Inspector or CQC inspector only in relation to their work as inspectors.
- make reasonable adjustments in order to communicate with children and young people and adults with disabilities in line with the Equalities Act 2010.

## Expectations of local areas and providers

32. It is important that inspectors, the nominated officer for the local area and staff from agencies and providers establish and maintain a positive working relationship. Ofsted and CQC expect providers to:

- be courteous and professional, treating inspectors with respect and sensitivity

- apply their own codes of conduct in their dealings with inspectors
- enable inspectors to conduct their visit in an open and honest way
- enable inspectors to evaluate the provision objectively against the frameworks, standards or regulatory requirements
- provide evidence that will enable the inspector to report honestly, fairly and reliably about their provision
- work with inspectors to minimise disruption, stress and bureaucracy
- ensure the good health and safety of inspectors while on their premises
- maintain a purposeful dialogue with the inspection team
- draw any concerns about the inspection to the attention of inspectors promptly and in a suitable manner
- recognise that, sometimes, inspectors will need to observe practice and talk to staff and users without the presence of a manager or registered person.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

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**Appendix B**

# Local area SEND inspections: one year on

**Age group:** 0–25

**Published:** October 2017

**Reference no:** 170041

# Contents

# Introduction

1. The former Minister of State for Children and Families commissioned Ofsted and the Care Quality Commission (CQC) to work together to develop and deliver a programme of 152 local area inspections over approximately a five-year period. Together, the two inspectorates designed a new framework to inspect the effectiveness of local areas in fulfilling their new duties in the 'Special educational needs and disability code of practice: 0 to 25 years' (the Code of Practice).[1] The first local area inspections took place in May 2016.

2. The Code of Practice applies to England. It provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations. The duties came into force in September 2014. The Code places responsibility on the local area to identify and meet the needs of children and young people who have special educational needs and/or disabilities (SEND) aged 0 to 25. The local area includes the local authority, health commissioners and providers. These inspections are conducted under section 20 of the Children's Act 2004.

3. The framework for these inspections sets out how Ofsted and CQC jointly inspect the local area's effectiveness in three main aspects:

   - identifying children and young people's SEND
   - meeting the needs of children and young people who have SEND
   - improving outcomes for children and young people who have SEND.

   Inspectors assess how well local areas are preparing these children and young people to live as independently as possible and, where possible, secure meaningful employment as they move into their adult lives.

4. This inspection framework holds local area leaders to account for how they implement the Code of Practice and for their strategic leadership of services in the local area. In particular, inspectors evaluate how well the implementation of the Code leads to improvements in:

   - identification of SEND
   - providing for and meeting needs
   - outcomes for children and young people who have SEND.

   Ofsted publishes an outcomes letter to the local area leaders after inspection. This letter gives the main findings from the inspection. It sets out the local

[1] 'Special educational needs and disability code of practice: 0 to 25 years', Department for Education and Department of Health, 2015; www.gov.uk/government/publications/send-code-of-practice-0-to-25.

area's strengths and what it needs to develop against the three main aspects in the inspection framework.

5. The findings should enable local areas to learn from the good practice and strengths that we find nationally. Ofsted and CQC use these inspections to challenge poor practice and deal with any non-compliance with the Code.

6. In some cases, inspectors may have significant concerns about how effectively the local area meets its duties or secures better outcomes for children and young people who have SEND. In these cases, inspectors will judge that a written statement of action (WSOA) is required from the local area. Local area leaders must set out in the WSOA how they will tackle the areas of significant concern. They must explain the intended timescales for securing rapid improvement. Ofsted and CQC review the statement and make a judgement about whether it is fit for purpose. Ofsted's relevant regional director will then write to local area leaders to inform them of the judgement and explain why it has been made.

7. The first local area SEND inspections took place in May 2016. By May 2017, Ofsted and CQC had completed 30 inspections. Just under a third of the local areas inspected (nine) were required to provide a WSOA.[2] Of those nine local areas: two were in the North West region, two in the North East, Yorkshire and Humber region and one each in the South East, South West, London, East of England and West Midlands regions.

8. This report provides a summary of the main findings from the first 30 local area SEND inspections. It identifies the most common strengths and aspects that need improving. It also explains the main significant concerns in the nine local areas required to produce a WSOA.

[2] A list of local areas inspected in the first year and those required to produce a WSOA is included in Annex A.

## Main findings

- **Children and young people identified as needing SEND support had not benefited from the implementation of the Code of Practice well enough.**[1] These children and young people had a much poorer experience of the education system than their peers. Too often, local area leaders were not clear how their actions were improving outcomes for those children and young people identified as needing SEND support.
- **Children and young people who have SEND were found to be excluded, absent or missing from school much more frequently than other pupils nationally.** Even in some local areas that had implemented the Code of Practice well, leaders did not have appropriate plans to deal with the levels of exclusion for these pupils.
- **School leaders had used unofficial exclusions too readily to cope with children and young people who have SEND.** Across nearly all local areas inspected, an alarming number of parents said that some school leaders asked them to take their children home. This was in addition, or as an alternative, to fixed-term exclusions. It is illegal.
- **Access to therapy services was a weakness in half of the local areas inspected.** Typically, therapy services were of high quality. However, too many children and young people who have SEND experienced long waiting times as well as limited contact with the therapists that they needed.
- **Access to child and adolescent mental health services (CAMHS) was poor in over a third of local areas.** Many parents reported that the threshold to access CAMHS services was too high or waiting times too long. Consequently, too many children and young people identified as having social, emotional or mental health (SEMH) needs did not get the right support until they were in crisis.
- **There had not been enough progress in implementing a coordinated 0–25 service for children and young people who have SEND.** In particular, the commissioning of health services for up to 25 was inconsistent. For example, in some local areas, therapy and school nursing services had only been commissioned for up to 19. In other local areas, there was a lack of coordinated planning as young people moved into adult services. Consequently, too many young people who have SEND did not get the support and resources they were entitled to once they reached the age of 19.
- **Children's and young people's SEND were identified well in the early years, particularly for those with complex needs. Parents generally felt supported and involved in the process.** The co-location of education, health and care services in children's centres, child development centres and early years settings ensured that many local areas were able to implement the full healthy child programme effectively. Consequently, the delivery of the two-and-a-half-year check had been established and had led to timely and accurate early identification. This was particularly the case for children and young people who had the most complex needs. However, the further through the schooling system

children progressed, the less established opportunities for education, health and care professionals to work together became, particularly in mainstream schools. This meant that for children and young people whose needs were more subtle, the likelihood of these needs being identified quickly and accurately reduced significantly the older they got.

- **In over a third of the local areas inspected, leaders across education, health and care did not involve children and young people or their parents sufficiently in planning and reviewing their provision (a process known as co-production).[3]** Leaders have not been successful in establishing strong practice when co-producing children and young people's plans. In particular, there were weaknesses in co-production during the statutory assessment and annual review processes, including when statements of special educational needs were converted to EHC plans.
- **Many local area leaders were unaware of the depth of frustration among local parents and what their concerns were about.** Some parents reported a much better experience when working with professionals to plan improvements to local services. However, parental dissatisfaction was often a significant factor when inspectors judged that a local area should submit a written statement of action.
- **A large proportion of parents in the local areas inspected lacked confidence in the ability of mainstream schools to meet their child's needs.** Many parents of children or young people who have SEND reported concerns about the quality of staff training and teachers' ability to meet their child's specific needs when in mainstream school.
- **In the most effective local areas, strong strategic leadership had led to established joint working between education, health and care services. This underpinned their success when implementing the reforms of the Code of Practice.** In successful local areas, leaders' strategies were based on thorough evaluations of the effectiveness of services in improving education, health and care outcomes. Leaders focused on improving the impact of joint working across services to ensure that they could improve outcomes in areas of weakness. For example, giving the designated medical officer (DMO) or designated clinical officer (DCO) sufficient time resulted in improved joint commissioning arrangements.
- **The statutory assessment process was not working well enough in just over two thirds of local areas inspected (21 in number).** In particular, there were common weaknesses in the process for securing the statutory contributions from health and care professionals to assessments. Consequently, the quality of EHC plans varied considerably both within and across the local areas inspected.

[3] Co-production is where children and young people and their parents contribute equally to the planning for and delivery of what they need to meet desired outcomes.

- **Local offers were not effective in helping parents to access information and services in over half of the local areas inspected.**[4] Local area leaders had not promoted their local offers well enough to parents or to frontline staff. As a result, very few parents used their area's local offer to access the information they needed because they were unaware that the local offer existed.
- **Local area leaders have had varied success in securing the use of personal budgets.**[5] In some local areas, leaders have supported families by allowing a freer approach to how personal budgets can be accessed and used. However, in just under half of the local areas inspected, there were less than five personal budgets allocated. In three local areas, there had been a zero uptake altogether. Typically, this had been as a result of difficulties in developing a cost-efficient way to balance parental choice with constrained budgets.
- **The proportions of young people who have SEND who are not in education, employment and training were low, particularly for those who had an EHC plan.** In 12 of the 30 local areas inspected, inspectors identified a strength in how leaders had secured appropriate education, employment and training post-16.
- **Children and young people who have SEND and their families typically had good access to high-quality short breaks.** Inspectors found only one local area where access to short breaks was weak.

# Findings against the three main aspects of the framework

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

9. Although parents of children whose needs were identified early were positive about the support they received, parents of school-aged children were not involved well enough during the process of identification. As a result, parents were confused about what happened when a decision to assess their child's needs had been agreed. They were often unclear about what had been used to inform decisions, for example about whether a statutory assessment was necessary or why it had been refused. Consequently, some parents lacked confidence that decisions were fair and equitable, because of a perceived lack of transparency.

[4] Every local area is required to publish information about provision for children and young people who have special educational needs and/or disabilities on an accessible website. The website is called the local offer.

[5] A personal budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision.

10. In the poorest examples, parents had not been informed that assessments were being carried out. In one local area, the paperwork to gain consent from parents to share information was out of date. Therefore, parents had not been kept up to speed with professionals' views about what their children's needs were or what provision might be needed. In several local areas, the 'tell it once' principle was not embedded well. [6] Parents continued to have to tell their story repeatedly to different professionals; this was not only inefficient and annoying, but also distressing for them.

11. The established joint working of professionals from education, health and care in early years settings had ensured that children who have SEND had effective plans to move from early years to school. For example, nursery staff, health visitors and portage services (where they still exist) ensured that children with an early diagnosis of autism benefited from a tailored transition into school. [7]

12. Many children and young people identified as having social, emotional and mental health (SEMH) needs could not access the support they required. The process for being referred to CAMHS was not working well enough and there was too little else to support children and young people who have mental health difficulties. In many areas, there had been a significant rise in the number of referrals to CAMHS. However, leaders of CAMHS frequently reported that they had to reject referrals because the children and young people did not meet the service's thresholds. Some local area leaders had identified the need to implement new strategies to support children and young people's mental health, particularly in schools. However, even where this was the case, strategies were yet to demonstrate an impact.

13. Widely used statutory frameworks, such as the healthy child programme, supported efficient and timely identification when children did not meet early milestones. In many local areas, ante- and neo-natal checks were increasingly effective at picking up children who had the most complex special educational needs and/or disabilities. Consequently, early identification for children aged birth to five had strengthened, particularly for those with the most complex needs.

> In Waltham Forest, many parents were complimentary about the work of the early years service and children and family centres. Professionals build positive relationships with families and understand their needs well. An increasing range of services can be accessed within the same centre. Joint assessments are carried out whenever possible. Parents find this

[6] The code of practice expects services to implement strategies that mean parents of children and young people who have special educational needs and/or disabilities do not have to continuously tell the story of their family to every new professional that they meet. Some local areas describe their strategies as their 'tell it once' approach.

[7] Portage is a home visiting educational service for preschool children who have SEND and their families.

supportive, because it saves time and leads to speedier identification of SEND and fast-tracking to appropriate services.

14. Too few school staff had the knowledge and skills to identify accurately when children and young people who are struggling in school needed further assessments. Poor joint-working arrangements between education, health and care for school-aged children and young people meant that the opportunity to get a holistic picture of their needs was not used in the way seen in the early years.

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

15. Staff in special schools assessed and met the needs of children and young people who have SEND more accurately than those in mainstream schools. Children in special schools tended to have better access to the specialist support they needed. Partnership working between education, health and care professionals was stronger in special schools than in mainstream education. Typically, there were long-standing, established and effective working relationships between special school staff and practitioners from health and care settings. Consequently, the quality of education, health and care (EHC) plans was usually stronger.

16. The quality of EHC plans varied widely across the local areas inspected. Most local areas completed new EHC plans in the 20-week timescale, but too many did not. Even when local areas were completing them on time, many did not provide the holistic view of the child's needs or of the desired outcomes across education, health and care that the reforms within the Code of Practice have been designed to secure. For example, too many EHC plans were focused almost entirely on educational outcomes. The outcomes themselves were often too general, for example making broad statements about improving independence. They lacked ambition for the child or young person. In others, the timescales identified for achieving those outcomes were too short- or conversely too long-term. Often, EHC plans included too much confusing terminology and jargon, or the intended outcomes were not clear. As a result, the plans were not accessible to the children and young people for whom they were intended or their parents.

17. Weaknesses in a large number of EHC plans, or delays in transferring statements to EHC plans, were found to have a negative impact on many young people who have SEND when they reached the age of 19. In particular, a lack of clarity about young people's aspirations and poor detail about the provision that was needed post-19 in EHC plans left ambiguity about who should be providing what for young people as they leave school. In many local areas, a lack of choice for young people, alongside a poor understanding of how personal budgets could be used, limited what was being offered. These issues were exacerbated by insufficient progress in commissioning and providing

transition into adult services. For example, GPs in many local areas were not involved in planning and supporting the transition into adult services. This led to families describing it as a 'cliff edge' as their young person approached 18 or 19.

18. Too often, therapy services were too overstretched to deliver what was needed in their local areas. In nearly all local areas where inspectors identified access to therapy services as a weakness, it was because of this. Typically, services were being reduced because of challenges to funding and difficulties in filling vacant posts. This funding did not keep up with the rising number of referrals. This led to unacceptably long waiting times for the children and young people and their families. The decreasing numbers of therapists, combined with rising numbers of referrals, had added to the difficulties in some therapy services contributing to EHC plans. Parents in particular expressed concern about delays in accessing therapy and other specialist services, even when these were written into their child's EHC plans.

19. The diagnostic pathway commissioned in most of the local areas inspected for autistic spectrum disorder was poor. This was particularly the case for children and young people who were referred for assessment when they were school-aged. In some local areas, families experienced unacceptably long delays between an assessment being agreed and a diagnosis. In the worst cases, families waited for over two years. Families described becoming even more frustrated and sometimes isolated, with little or no support. In many cases, the lack of support continued post-diagnosis.

20. Typically, where strategic co-production has been most successful, the local area's parent and carer forums have sought and used the views of parents to inform their discussions with leaders and their role in co-production.

> In Brighton and Hove, local area leaders and Amaze (the parent and carer forum) have established strong and effective working practices. The forum draws on its members, keeping them informed of meetings, consultations and imminent changes in provision using a range of social media and other devices. This means that parents are represented at all partnership meetings between leaders in education, health and care. For example, Amaze was fully involved as local area leaders planned to collocate services in hubs across the city. This ensured that the views of parents informed all decisions made. Local area leaders are clear about and sensitive to the impact of decisions and changes on families. They take this fully into account when planning strategically for the future. Parents feel valued and part of the improvement planning for provision in the city, including understanding the reasons why decisions are taken.

21. Many parents reported that the information on their area's local offer was either too difficult to find or that they were unaware that the website existed. Too often, frontline staff also reported that they did not find local offers useful. In the worst cases, they did not even know that it existed. Consequently,

professionals rarely used the local offer to show parents where and how they could find services and information. Instead, parents relied on familiar frontline staff, including teachers, special educational needs coordinators (SENCOs), headteachers, therapists and paediatricians, to find and understand information.

22. Parental dissatisfaction was a significant challenge for many local area leaders. In nearly all local area inspections, inspectors found some level of parental dissatisfaction. Even in areas that had implemented the reforms within the Code of Practice well, parents were not always convinced that their children were receiving the package of provision that they should. Many parents also reported dissatisfaction with how local areas work with them and their children to develop plans, make decisions and agree outcomes for their children (co-production).

23. The use of personal budgets varied widely across the local areas inspected. For example, in some local areas parents had been able to use their personal budget to access specialist equipment to support their children's sensory needs at home. Others had been given the flexibility to take breaks beyond the confines of the local area where they lived so that they could access appropriate facilities for their children and families. Where this was the case, the uptake of personal budgets had been high. However, in weaker examples, there had been a zero uptake of personal budgets. Where this was the case, local area leaders had not done enough to support families to make the most of personal budgets to secure better outcomes. Services reported concern that a high uptake of personal budgets would put too much pressure on the budgets they use to provide other services. The promotion of personal health budgets had been particularly poor for this reason.

24. Local area leaders have ensured good access to short breaks for children and young people who have SEND and their families. Inspectors found a strong link between how well professionals from education, health and care work together with families and the ease of access to targeted support, such as bespoke short breaks. Many parents reported positively about the range and quality of short breaks that were on offer. For example, they commented on the support they received through direct payments and how they used this to access respite. Parents also reported that their children and young people had gained greater access to their local communities. They said that they felt more able to cope with the pressure of being a parent of a child who has a specific need or disability as a result.

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

25. Not all leaders routinely evaluated and used evidence about outcomes for children and young people who have SEND to improve services. In nearly half of the local areas that were required to submit a WSOA, leaders' use of

outcome information was ineffective. For example, leaders did not have a good enough understanding of what high-quality outcomes should look like for the children and young people. Furthermore, leaders did not use the information that they did have to evaluate the impact of their work. Leaders' planning was not linked sufficiently to weaknesses that they had identified. Consequently, their plans lacked the precision to make improvements that were urgently needed.

26. In half of the local areas inspected, leaders did not use a broad enough range of assessment information to inform their evaluations. Many leaders used statistical information to gain a sound overview of educational outcomes. However, they were much less secure in their knowledge and understanding of children and young people's outcomes beyond academic achievement. For example, they did not look with the same rigour at whether children were improving in their communication and language skills, social and emotional development, health, well-being, skills for life or engagement with the community. Similarly, some leaders did not look carefully enough at trends that demonstrated changes in the SEND local community. Where this was the case, leaders did not know how effective some of the work carried out with children and young people had been, where there were gaps in services and how to improve both further.

27. In the weaker local areas inspected, leaders did not look closely enough at specific groups of children and young people who have SEND. Sometimes, they focused almost solely on educational outcomes. Consequently, leaders' strategic planning and actions in these areas were weak. They were not focused sharply enough on the range of outcomes that are pertinent for children who have SEND, such as those associated with health and care.

28. Health services were not using outcome measures well enough when planning and evaluating services. Across the 30 local areas inspected, health professionals and parents typically focused more on delivery than on the difference that planned provision was making to children and young people who have SEND.

29. Across the 30 local areas, inspectors found more compelling evidence of improved outcomes for children and young people with an EHC plan compared to those identified as needing SEND support but who did not have a plan. Local area leaders were able to demonstrate, with much greater clarity, the curriculum pathways and the related health and care provision on offer for those with EHC plans and how these led to appropriate next steps in education, employment and training. Local area leaders were not consistently gathering or evaluating a broad enough range of assessment information from schools and providers for those identified as needing SEND support. Consequently, they were often unaware where there were weaknesses in the outcomes for these children and young people and had not done enough to improve them. For example, they were not always aware of the extent to which children and young people receiving SEND support were:

- securing future education, employment and training
- stepping into independent living
- progressing and attaining educationally
- attending school rather than being absent or excluded
- developing socially and emotionally, being healthy physically and mentally, or being involved in the community.

30. Children and young people who were identified as needing SEND support but without an EHC plan did not benefit as consistently from a coordinated approach between education, health and care as those with a plan. Consequently, parents reported that getting an EHC plan was like a 'golden ticket' to better outcomes, even though an EHC plan was rightly not issued because the complexity of the child's need did not require it.

31. However, in some of the more successful local areas, effective strategies had led to improved outcomes for those identified as needing SEND support but who did not have an EHC plan. This was particularly the case when leaders in education, health and care settings worked together under a shared vision to improve joint working for children and young people who have SEND and their families.

32. The number of pupils who have SEND and were excluded was typically high. For example, the exclusion of SEND pupils was identified as being high in a third of local areas inspected. Nearly half were criticised for the poor attendance of the same group. Across the majority of local areas inspected, leaders did not have appropriate plans to deal with either issue. Some parents reported that they had been asked to keep their children at home because leaders said they could not meet their children's needs. Children and young people identified as needing SEND support but who did not have an EHC plan were particularly prominant in exclusions data. Inspectors reported that these pupils were particularly vulnerable to exclusion in mainstream secondary schools.

33. In most local areas, schools, parents and other providers work well together to support the independence, self-help and life skills of children and young people who have SEND. In just under half of the local areas inspected, initiatives such as independent travel training had led to increased levels of independence for children and young people. This was improving their ability to make an active contribution to their local communities by being better prepared for their next step in education, employment or training.

> In Hillingdon, local area leaders have established effective joint working. This is part of their dedication to improving outcomes for all groups of children and young people who have SEND. Leaders have secured several agreements to jointly commission services. For example, they have secured effective care packages that meet children and young people's

needs by developing the access to personal budgets through an agreed, collaborative pathway. Leaders from the local authority, child and adolescent mental health services and those who provide specialist equipment work together cohesively to ensure better outcomes for children and young people who need bespoke care.

## Inspection findings in the local areas required to produce a written statement of action

34. Of the first 30 local area SEND inspections, nine local areas were required to produce a WSOA because Ofsted and CQC judged that there were aspects of significant concern.

## Common areas of significant concern

35. There were three common areas of significant concern in all nine of these local areas:

    - Leaders' strategies to implement the reforms were weak and lacked impact. For example, the role of the designated medical officer (DMO) or designated clinical officer (DCO) was underdeveloped or underresourced. As a result, leaders were unable to secure much needed joint working, leading to poor collaboration and commissioning between professionals from education, health and care. In turn, these weaknesses led to poor delivery of any central strategy by frontline staff and undermined attempts to work collaboratively with children and young people and their families. Consequently, EHC plans in all nine areas were weak. The plans were primarily education plans, with very poor evidence of how health or social care needs had been considered and what the intended outcomes were.
    - Leaders' evaluations of how effective services had been did not focus well enough on the impact of their actions on improving outcomes for children and young people who have SEND.
    - Elected council members were not holding local area leaders to account well enough, meaning the impact of leaders' actions was not being scrutinised. Elected members did not challenge a lack of progress or urgency in implementing the reforms sufficiently.

36. In six of the areas, strategies to improve attendance and exclusions were ineffective. Leaders were unable to show improvements in the proportions of children and young people who have SEND who were absent or excluded from school. In the majority of these areas, inspectors identified declining trends in attendance and rising levels of exclusions. This was particularly, but not exclusively, the case for children and young people identified as needing SEND support. In particular, a lack of commitment from some schools within these areas meant that the quality of provision for the children and young people was too varied. Consequently, families experienced a 'postcode lottery' for the quality of support and provision they receive.

37. The weakness in access to specialist and therapy services was more pronounced in the nine local areas that were asked to provide a WSOA.

38. Parental dissatisfaction was a main weakness in four of the nine local areas asked to provide a WSOA. Leaders' engagement with parents was particularly poor. Inspectors also found that disputes during the statutory assessment process were not resolved well. In these areas, parents reported an apparent lack of transparency in decision-making processes. Parents also felt that they were not listened to, particularly when they disagreed with an agreed course of action.

## The process for submitting and reviewing the written statement of action

39. In paragraph 19 of the LA SEND inspection framework, we set out what local areas must do to submit their WSOA to Ofsted and CQC for review. Annex A on page 30 of the LA SEND inspection handbook sets out the timeline that local areas must follow and the actions that result when the WSOA is judged as not fit for purpose.

# Annex A: Local area inspections May 2016 to May 2017

**Summer 2016**
Bolton
Brighton and Hove
Enfield
Gloucestershire
Hertfordshire
Nottinghamshire
Stoke
North Yorkshire

**Autumn 2016**
Rochdale*
Herefordshire
Bexley
Plymouth
Surrey*
Hartlepool*
Sefton*
Leeds
Hillingdon
Derbyshire
Suffolk*
East Sussex

**Spring 2017**
Sandwell*
Dorset*
Cambridgeshire
Trafford
Halton
Gateshead
Middlesbrough*
Waltham Forest*
Barking and Dagenham
Southampton

* Local areas required to submit a WSOA.

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No. 170041

# Appendix C

| Areas of progress | Areas for development |
|---|---|
| Significant progress with the implementation of the SEND Reforms has been made to date. Progress includes:<br><br>• A robust governance of the implementation of the Children and Families Act through the original Children & Families Act Project Board, the SEND Children's Strategy Group, the Integrated Commissioning Group and the Children's Trust<br><br>• The involvement and engagement of parents/carers on all focus groups and the SEND Children's Strategy Group (governance)<br><br>• Increasingly robust needs assessment data to inform our decision making<br>• Commissioning of the Healthy Child Programme<br><br>• Development of our Local Offer through co-production with parents and partners to provide more than a directory of services<br><br>• Early Years: EY Champions, strengthening support for transition into schools, high quality EY provision and strengthening links with health to ensure early intervention<br><br>• Our continuing work with schools and EY settings in developing a graduated approach to meeting SEND with a shared understanding of what the LA expects to be available across schools and Early Years Settings<br><br>• Workforce development and training across EY providers, schools and specialist learning support services to ensure a shared understanding of expectations for QFT and the Graduated Approach<br>• The work of our SENCO Champions to provide support, guidance and training across mainstream schools and early years settings | There is still much work to do. Areas for development include:<br><br>• To continue to strengthen integrated commissioning arrangements, intelligence and insight<br><br>• Further work to strengthen sufficiency of high quality provision, including developing specialist provision within Kirklees; develop greater capacity within Kirklees to reduce our OLA placements<br><br>• Further development of post 16 practice and provision through partnership working to establish good practice and develop the graduated approach<br><br>• To extend our work in developing a graduated approach to meeting SEND with an understanding of what the LA expects to be available across wider education providers<br><br>• To continue to develop person centred, outcome focussed, health & social care elements of the EHCP. Quality Assurance meetings are established. Agree standards and common practices<br><br>• To develop Personal Budgets and personalised packages<br><br>• To further develop arrangements for ensuring feedback from parents and children and young people about wider outcomes is used to inform future planning and continuous improvement<br><br>• To build upon our early work and positive outcomes in order to further develop engagement with children and young people<br><br>• Develop 'you said we did' summaries |

| Areas of progress | Areas for development |
|---|---|
| • The work of the Health Champions to ensure change is embedded across the sector<br>• Person Centred Approach (PCA) Champions are established across schools, colleges and learning support services to support and inspire best practice. PCA workshops have been delivered to schools and colleges<br>• Our My Support Plan (MSP) ensures a coordinated and personalised approach for CYP with significant needs and no EHCP and we are seeing emerging good practice in schools and settings<br>• Assessment processes keep the child/young person and family at the centre and fully involved in decision making. Processes have been co-produced and are in place and are being further embedded through continued development work. Feedback is gathered from children and young people with an EHCP and their parents to inform continuous improvement<br>• There is continued improvement towards meeting statutory timescales for new EHCP assessments.<br>• Our 4 year Transfer Plan is on course to meet timescales<br>• There is a wide range of specialist services to support early identification and intervention<br>• We have a range of provision to meet need, from practice in mainstream schools and early years settings to specialist provision and special schools, with 4 judged as good and 2 outstanding.<br>• We have robust processes and practice in services that support children in specific circumstances e.g. Virtual School, Youth Offending Team, Education Safeguarding (Children Missing Education and Elective Home Education) | • Ongoing workforce development, with key priorities being to further develop and embed joint working and child and family centred approaches<br>• To work with PCAN to identify training/support for parents to better understand EHCPs, outcomes etc. as requested by parents<br>• Ensure that SEND is considered within the post SIF OFSTED plan (safeguarding)<br>• Maintain and continuously update the Kirklees Local Offer, in consultation with parent/carers, children and young people, and ensure sustainability<br>• Increase engagement with voluntary sector<br>• More work required to close the SEND attainment and progress gap in schools and settings<br>• To develop and deliver an assistive technology strategy that meets the needs of children and young people and supports the role of parent/carers<br>• To develop a Social Care Champions group in order to ensure an understanding of principles and practice required in relation to the Children and Families Act, and to input into post OFSTED improvement.<br>• To develop an action plan that addresses capacity within the school system through our consultations within the High Needs Review. |

| Areas of progress | Areas for development |
| --- | --- |
| • Preparing for Adulthood is based on a person centred approach, where services work together with the family to plan and share information at the right time. We are still at early stages of implementation and good practice is emerging. Planning for Life and Local Offer Live events have been very successful. | |