



Local area SEND inspections: one year on

Age group: 0–25

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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 prominent 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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