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18 June 2018

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Chief Operating Officer and Acting Director of Children's Services  
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Sue Lock, Director of Leicester City Clinical Commissioning Group  
Joe Dawson, Head of Special Educational Needs and Disability Services, Principal Educational Psychologist

Dear Mr Keeling

### **Joint local area SEND inspection in Leicester**

Between 30 April 2018 and 4 May 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Leicester to judge the effectiveness of the area in implementing the special educational needs and disability reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a written statement of action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement of action to Ofsted.

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

## Main findings

- Leaders have not implemented the special educational needs code of practice well enough in Leicester city. The quality of the education, health and care (EHC) plans is weak. The majority of plans do not contain outcomes that are fit for purpose. Too many plans do not reflect the children and young people's needs accurately. The local area had not identified these weaknesses in their self-evaluation.
- Leaders do not have a clear strategy of how they are going to improve outcomes for children and young people who have SEN and/or disabilities. Outcomes for children and young people who have SEN and/or disabilities are weak.
- The local area's special educational needs action plan does not have clear success criteria by which the special educational needs board can judge if the local area's actions are improving outcomes for children and young people who have SEN and/or disabilities. Progress since the formal implementation of the reforms has been too slow.
- The transition for young people from children's services into adult health services remains a significant area for development. The joint commissioning of services for young adults is weak. The impact of this is that young people experience delays in accessing services when they become a young adult.
- Although the local area has identified shortcomings in the services to help prepare young people for adulthood, practice to improve young people's outcomes has not been developed. As a result, the proportion of young people who have SEN and/or disabilities and who are not in education, employment or training is higher than the national average.
- Despite the annual Local Offer Live event at the Leicester Curve to advertise services available in the local area for children and young people who have SEN and/or disabilities, the vast majority of parents who spoke to inspectors did not know about the local offer. Many families who spoke with inspectors did not know how to get help and support their children.
- It is not clear in the EHC plans if children's care needs have been assessed. There is very little evidence of social care support in the EHC plans.
- The delivery of the 0 to 19 health service has a strong focus on the timely identification and meeting of the needs of children and young people who have SEN and/or disabilities. As a result, health needs are identified in a timely manner.

- The early years SEN team works well with other health and care professionals to meet the needs of younger children. The service is valued by early years settings and primary schools.
- Inspection evidence indicates that children and young people who have SEN and/or disabilities are kept safe. School leaders report that social workers are asking more in-depth questions about children to better inform decisions about keeping children safe.
- Those parents and carers who have accessed the mediation service (special educational needs and disabilities information, advice and support service – SENDIASS) are very satisfied with the help and support they receive. As a result, the number of mediations between the local area and parents to resolve disputes about EHC plans is very low.
- Children and young people have high aspirations of what they want to achieve in life. They are determined to achieve their goals and to try to break down barriers. However, these aspirations are not consistently planned for in their EHC plans.
- Recently, leaders have commissioned a project to improve the outcomes of children in school. This project has been positively received by schools and has developed staff awareness of the needs of pupils who have SEN and/or disabilities. However, it is too soon to judge the impact of the project.

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

### **Strengths**

- Children's health needs are identified quickly. Health professionals communicate well with each other to ensure they are aware of a child's health history before attending any appointments. This ensures that there is a good understanding of children who have complex and multiple needs. The information is shared easily because all health practitioners use a single electronic data system.
- Families with children who have SEN and/or disabilities receive timely and appropriate health advice. Records showed that referrals and interventions were appropriate and actions undertaken were followed up. The waiting times for therapy services are within the key performance indicator timescales. This means that children are seen in a timely manner and their needs can be identified at an early stage.
- The early years team successfully works with other health and care professionals to assist the early identification of needs. Professionals on the early years team are able to telephone therapists for advice and receive a quick reply to concerns that they raise. This enables the early years team to

inform parents about what steps they should take to ensure any potential need is identified early.

- Furthermore, therapists have designed leaflets to support parents' understanding of their children's health needs. The occupational therapy 'Move and play' and 'Let me try' leaflets help parents to develop children's physical agility and the 'Let's get talking' leaflet, designed by the speech and language team, promotes strategies to help parents to improve their children's speaking and communication skills. These leaflets have been well received by parents and have helped to identify the children who need further support and referrals to therapy services.
- The school nursing team uses baseline assessments to identify if children require extra support. There is good liaison between the nurses, general practitioners and community paediatrics to identify any additional needs. This means professionals can measure the progress made by children and the effectiveness of the therapy.
- Health professionals, on the front line, work inclusively with minority ethnic groups to ensure children's needs are identified early. For example, health visitors will provide one to one 'Let's get talking' interventions in family homes if the families cannot attend sessions in nurseries or if there are other difficulties, such as language barriers. This enables health visitors to check if there is an identified SEN and/or disability.
- The local area completed the transfer of all statements to EHC plans by the statutory deadline of 31 March 2018. Furthermore, the proportion of new EHC plans completed within the 20-week timescale is improving and above the national average.

### **Areas for development**

- Transition arrangements for health care from children's services to adult services are weak. Although practitioners work hard at an individual level to make some arrangements for a successful transition, this work is not underpinned by any care pathways. As a result, there are delays in the identification of young people's needs when they reach adulthood.
- It is not clear in EHC plans how children's social care needs have been assessed or identified. The plans do not give a clear view of children's care needs.
- There has been an over-representation of children identified as having moderate learning difficulties in mainstream and special schools. The local area has recognised that the identification of children's needs has not been as precise as it should have been. However, recent information shows the proportion of children identified as having moderate learning difficulties has started to reduce.

- The proportion of children and young people in special schools in Leicester is much higher than the national average. As a result, the local area has started a review with leaders of specialist provision to ensure that pupils are appropriately placed in provision which is most suitable to meet their needs.
- Headteachers told inspectors that EHC plans do not accurately identify children's needs. This makes it more difficult for headteachers to know if they will be able to meet a pupil's needs on admission to their schools.
- Although health commissioners have considered the needs of some minority ethnic groups, they have not commissioned services to meet those needs. As a result, the local area has not embedded any specific strategies to identify potential needs of children from minority ethnic groups.

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

### **Strengths**

- Most children and parents feel their views are taken into account when they have their initial meeting with professionals to discuss their children's needs. This positive view is corroborated by the local area's own consultation of parents' views.
- The annual Local Offer Live event enables children and young people who have SEN and/or disabilities, and their parents, to find out about services and activities that may be of assistance. However, the vast majority of parents and carers who spoke to inspectors did not know about the Local Offer Live event.
- The local area's SENDIASS is run well. The staff are well trained and have a good knowledge of the law concerning matters related to SEN and/or disabilities. Parents and carers say that the support they receive is valuable. All parents who responded to a questionnaire by SENDIASS found the service to be impartial. This enables parents to have a strong voice and help to resolve issues quickly.
- There are good examples of children's needs being met well. For example, the speech and language therapists work well with school staff to support and develop children's language skills effectively.
- Young people and secondary school staff value the support from Connexions, a council-provided information, advice, guidance and support service for young people, to enable young people to choose an appropriate college course to enable them to continue their learning.
- The recent investment in the 'Future in mind' project has brought a range of services together to support children and young people's mental health and

well-being. This has enabled families to access support to meet children and young people's emotional needs and anxieties without the need for a formal referral to community Child and Adolescent Mental Health Service (CAMHS). Therefore, children's needs are being met much more quickly. Early indications show that the programme is working well but it is too early to judge the full impact of this work.

- Health professionals in the Diana Service provide training for staff in early years settings to support children with particular needs, for example epilepsy.
- The Diana Community Children's Nursing Service provides a range of comprehensive training to staff and to parents to help them meet the needs of children who have complex health needs. Much of the training delivered by the nurses to staff in a range of settings is competency based. This ensures that children and young people with particular needs are supported by staff who have well-developed and verifiable skills.
- 'Care navigators' support parents by advising them of the most appropriate services to help meet their children's needs. One parent said, 'The service was very useful to help me find services to support my child.' They also look into reasons why appointments are missed and support parents and professionals to follow up missed appointments. This ensures that children and young people are accessing the services they need to improve their outcomes.
- The Big Mouth Forum promotes inclusion in Leicester city through listening to the views of young people who have SEN and/or disabilities. This is helping to develop services in the city. The forum has recently been consulted about the experiences of young people who have SEN and/or disabilities when travelling on public transport in Leicester. As a result, the bus companies have asked the local area to provide training for bus drivers to help support young people when they are travelling independently. The majority of young people who spoke with the inspectors were able to travel independently around Leicester.
- The 0 to 19 digital offer provides a range of information to support children and their families to meet their health needs. There is specific advice for 'Under 5s', 'Healthy kids' and 'Healthy teens.' The 'Chat health' text service is used widely by parents to receive timely advice to support their children. In addition, parents have the opportunity to speak to a public health nurse for further advice. This increases opportunities for health staff to identify additional needs and to offer parents advice in meeting their children's needs.

### **Areas for development**

- The local area recognises that the joint commissioning of health services for young people post-19 is a weakness in Leicester city. Currently, young people's needs are met case by case. There are no clear pathways for young



people to access support, which means that young people's treatment is delayed during this important transition. Parents expressed frustration that young people's health needs were not met quickly when they moved into adulthood. This led to delays in young people starting college because their health needs were not fully known by the post-19 services.

- The quality of EHC plans is weak. They do not give a good overview of children's health and care needs. They tend to be very much focused on a child's educational needs.
- The local area's quality assurance of EHC plans is weak. The local area does not know how effectively children and young people's needs are being met.
- The role of the designated clinical officer (DCO) is under-resourced. The DCO's time is concentrated on immediate operational priorities rather than on strategic priorities. Consequently, the limitations in the health contribution to EHC plans have not been identified quickly enough.
- There has been no overall audit of the quality of medical assessments used to inform EHC plans. This means that the local area has no oversight of the quality of health advice within the plans and cannot influence improvements.
- Furthermore, health professionals, such as therapists and CAMHS practitioners, do not receive the draft EHC plans. Therefore, they cannot check if their reports have been interpreted correctly into plans to meet the needs of the child.
- Health practitioners were not consistently consulted or requested to provide information for the conversions from statements of special educational needs to EHC plans. This means that the updated plans do not reflect the children's current needs.
- Parents expressed frustration at the level of service provided by children's social care. They felt their views were not always reflected in reports by social care workers. In addition, school staff expressed concern over the high turnover of social workers and felt the lack of continuity disrupted the care provision for children and young people.
- Parents also expressed deep concern about the transition to college from schools. EHC plans do not support the transition of young people from schools to colleges well enough. In addition, there is a lack of transitional work between schools and colleges. This means that colleges do not know the young people well enough to meet their needs before they arrive. Colleges do not get appropriate support from health or from social care to support the transition process.
- The local area's oversight of the schools for children who are placed out of the city is not robust. Although educational psychologists attend the annual reviews of children, the area has not checked that the overall quality of education provided by the schools is meeting the needs of each child or

young person.

- Schools express frustration at the amount of time it takes for the outcome of reviews of EHC plans to be finalised. This impacts on the timeliness of appropriate provision to be put in place to meet the current needs of the child.
- Members of the parent carer forum feel the local area consults with them to gain their views. For example, they have been part of the recent transitions board work to improve the transition between children's and adults' services to help young people as they enter adulthood. However, they feel the transition plan focuses too much on the operation of services and not enough on helping young people prepare for adulthood. Inspectors' findings agree with this view.
- The local area has produced two guidance documents to assist early years settings and schools to improve their support for children who have SEN and/or disabilities. Although the document for schools has been in place for over 18 months, the local area has not evaluated the impact of the guidance. Schools could not demonstrate how they have used the guidance to improve their practice. There is no evidence that schools have used the guidance to improve their provision for children and young people who have SEN and/or disabilities.
- The vast majority of parents and carers who spoke to inspectors did not know what the local offer was. Consequently, they are unaware of services that may help to support their child.

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

### **Strengths**

- Children and parents reported that children who have SEN and/or disabilities are valued within their school communities. Young people access community schemes such as 'Kicks', organised by Leicester City Football Club, to encourage young people to be more active.
- The co-location of early help services with children's social care has enabled more children and young people to access support more quickly and at the appropriate level.
- The proportion of children and young people who have an EHC plan and who have had a fixed-term or permanent exclusion is lower than the national average.
- Children's and parental feedback of those who have accessed short breaks is very positive. One child said, 'I get to do things that I don't normally do at



home, like cooking and helping out with lunches.'

- A recent speech and language project, jointly commissioned by health and the Youth Offending Service, has enabled staff to communicate with young people who have SEN and/or disabilities more effectively. As a result, young people have an increased understanding of processes within the criminal justice system and know how to access additional support.
- The 'Let's get talking' programme to promote young children's speech and communication skills has been very successful. Following the four week course, 85% of children do not require a further referral to a speech and language therapist.
- The recent initiative to improve educational outcomes has had a good start. Leaders from special schools are supporting colleagues in mainstream schools to develop their inclusive practice. The feedback from leaders has been very positive and schools are accessing further training to help them meet children and young people's needs. However, it is too soon to judge the impact of this work.

### **Areas for development**

- The outcomes for children and young people who have SEN and/or disabilities are weak. The progress made by pupils who have SEN and/or disabilities is below that achieved by similar pupils nationally, between the end of key stage 2 and key stage 4.
- Children who have an EHC plan attain less well than similar pupils nationally at the end of key stage 2 in reading, writing and mathematics combined.
- Young people who are aged 19 years old and who have SEN and/or disabilities do not achieve as well as similar pupils nationally in attaining level 2 or level 3 qualifications, including English and mathematics.
- The proportion of young people who have received support for their SEN and/or disabilities and who are in education, employment or training is lower than that for similar young people nationally. Careers advice for young people leaving college is disjointed. Consequently, some young people who spoke with inspectors, and who were leaving college this summer, did not know what they will be doing after college.
- The local area has not analysed well enough why outcomes for young people who have SEN and/or disabilities are below those of similar pupils nationally. Consequently, leaders cannot accurately evaluate the quality of provision for pupils to check it is meeting their needs. Outcomes have consistently been lower than national average at the end of key stage 4.
- The outcomes listed in pupils' EHC plans are poor. They are too broad and cannot be measured. Consequently, it is difficult to measure how much or

how little progress children and young people have made. There are very few outcomes which focus on developing the children's social skills.

- The level of absence for children and young people who have SEN and/or disabilities is higher than the national average. Leaders are not doing enough to increase levels of attendance.
- The use of personal budgets to support young people to meet their needs is low. The local area has not provided clear guidance to schools and parents about how to access personal budgets and how they can be used. This means parents do not know how they can use resources to help meet the needs of their children.
- The vast majority of parents who spoke to inspectors were not aware of the local area's short break provision. Consequently, this limits the opportunities available to young people to socialise with other young people out of school.
- Information from EHC plans is not consistently used to inform statutory health assessments for children looked after. The EHC plans are not always present in these children's health records. Consequently, any additional health needs do not feature in the suggested outcomes in the EHC plans for children looked after.
- Health professionals' contributions are not always included in plans. Although health professionals often provide a detailed report, the final EHC plans do not include the health outcomes that have been recommended. Consequently, health professionals do not know what outcomes they are working towards and are unable to support the children or young people as well as they should.
- Outcomes are not consistently being measured as well as they need to be by the speech and language therapists. Although data is being collected on the health interventions provided, it is not always analysed. This means that the service has not been able to fully determine the effectiveness of the therapy provided.

The local area is required to produce and submit a written statement of action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the lack of strategic planning to improve the outcomes for children and young people who have SEN and/or disabilities
- the poor quality of the EHC plans
- the assessment of children and young people's social care needs
- the lack of joint commissioning of services to support young people's health needs post-19

- the disjointed approach to the preparation for adulthood.

The approach to responding to findings from inspections, including the review of the statement, is set out in Annex A of the local area SEND inspection handbook.

Yours sincerely

Martin Finch  
**Her Majesty's Inspector**

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