Local Area SEND inspections: key messages

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Background

• The Children and Families Act of 2014 - places responsibility on the local area, which includes the local authority and health commissioners and providers, to identify and meet the needs of children and young people and those who have special educational needs and/or disability aged 0-25.

• Commissioned by Minister Edward Timpson to work jointly to deliver a programme of local area inspections over the next five years to inspect local areas and evaluate how well they are fulfilling these duties.

• All 152 local areas will be inspected over a 5 year period

• Inspection teams will include an HMI (lead), a CQC inspector and an Ofsted Inspector (OI).
Launching the new inspection remit

Since 1\textsuperscript{st} April 2016:

- Published the Framework and Handbook for Local Area SEND inspections
- Undertaken training days with all inspectors
- Commenced inspections in May 2016
- Completed 20 inspections to date May – December 2016
- Published 16 report letters
- Issued to date 4 areas with Written Statements of Action due to significant concerns
- Key message – do not prepare for inspection
Inspections to date

**Summer**
- Bolton
- Brighton & Hove
- Enfield
- Gloucestershire
- Hertfordshire
- Nottinghamshire
- Stoke
- North Yorkshire

* Reports not yet published

**Autumn**
- Rochdale
- Herefordshire
- Bexley
- Plymouth
- Surrey
- Hartlepool
- Sefton
- Leeds*
- Hillingdon*
- Derbyshire
- Suffolk*
- East Sussex*
Inspection practice
Key messages: inspection delivery

- Conducting inspections - cognisant of the size and complexity of a local area.
- Ofsted and CQC inspectors prepare for the inspection using a range of information to develop key lines of enquiry and identify the particular aspects to focus upon.
- Notification is five days – increases time for notice to parents and young people so they can contribute meaningfully to the inspection.
- Inspectors choose which groups of parents and carers to speak with and which schools, colleges and other institutions to visit. This selection is something that parents are concerned about and we confirm that inspectors (not local areas) make these selections.
- As needed, we work with local areas to make arrangements to communicate with young people and adults through sign, symbols or other means.
Inspectors review a range of information to prepare for inspections, such as national data, including within area inspection outcomes from CQC and Ofsted.

It is expected that local areas know how effective they are and will be able to demonstrate this – we review the accuracy of this with local areas during the week.

We visit a sample of providers across health, education care to gather evidence. We do not inspect those providers as they remain subject to separate inspection arrangements.

Our assessment of health and social care services focuses on these services’ contribution and ability to work collaboratively to meet children and young people’s needs.

Inspectors take account of any safeguarding concerns that arise and take appropriate action if necessary.
On inspection:

- Inspection fieldwork - discussions with elected members, key local area officers from health, education and social care, meetings with leaders of early years settings, schools and colleges, and specialist services.

- Visits to settings and services - focus on their understanding of and participation in meeting the areas’ responsibilities, and impact on improving outcomes for CYP.

- Review a sample of children and young people’s files to inform inspection findings.

- Strong emphasis on gathering the views of young people, and parents and carers, involving:
  - meetings during visits to early years settings, schools and colleges
  - meeting with established parent and carer groups
  - meeting with any reference groups established in the local area
  - a webinar for parents and carers during the inspection – need to promote this across the area
On inspection: myths

1) CQC/Ofsted – inspect separately
- No – we may go to different settings and hold meetings with different personnel but the whole team come together to share evidence and reach corporate judgements.

2) Parents and carers are handpicked by local areas
- Inspectors invite all parents and carers of children and young people who have SEND and who attend the settings that are visited, to meet with them. Meetings with PCFs and webinars are open to all.

3) Some teams are not looking at the whole inspection framework
- They are but how we do this is through our key lines of enquiry bespoke to the inspection. We triangulate evidence and report on key strengths and areas needing development.
- A report letter gives the headline picture about the effectiveness of the area. Reports do not comment on every aspect in the framework.
Inspection findings to date
Some strengths

- Most local areas are working with urgency to implement the reforms

In some local areas:

- effective action to evaluate how the local area works cohesively with different leadership teams for joint strategic commissioning
- strong partnerships in health, education and care – good impact in evaluating provision and outcomes for children and young people right across 0-25 years BUT in a few local areas this is still fragmented
- able to share evidence of their evaluation of outcomes in education and care but less so in health
- strong practice in identifying and meetings needs in early years with good evidence of well planned transition from nursery to school but some areas still struggling to identify and meet needs of 16-25 years
Strengths

Some areas:

- good use of the local offer - parents felt really involved in sharing their views for developing the local offer
- timeliness and quality of ECHPs with strong co-production with a secure focus on impact not just provision
- coherent support and training for SENCos, coordinated well across areas
- well aware of and using evidence from a wide range of sources such as: LA RaiseOnline; LG inform; SEN report; parent views through webinar and emails; meetings with YP and families; local offer website; school information reports; DfE local area information; SEN2 dataset; young people's files; visits to providers; EHC plans and evaluations; the local area CQC briefing; local area’s self-evaluation.
Common weaknesses

- Implementation of the reforms lacked urgency and was not sufficiently prioritised by local areas
- Impact of actions on outcomes not monitored rigorously enough and mechanisms for holding leaders to account for this were underdeveloped
- Required transition plan was not fully in place and/or poorly implemented
- All partner agencies were not working together effectively to implement the reforms
- Lack of clear strategic oversight by leaders about the effectiveness of the local area in meeting the education, health and care needs of pupils with SEND
- Insufficient focus on the impact of interventions and provision on outcomes and health, at strategic and/or individual pupil level
- Publication and dissemination of the local offer was ineffective; many parents and some professionals were unaware of the local offer, how to access it and of what it meant for them
Common weaknesses

- Lack of clear oversight of quality of the provision and outcomes for specific groups such as children looked after with SEND, pupils placed out of area, young people aged 19 to 25 years.
- Inconsistencies in services and their effectiveness in different districts within the local area or for different primary needs.
- Variable understanding by professionals of their responsibilities in relation to the implementation of the SEND reform because of insufficient training or a lack of clarity in policies.
- Backlog of assessment applications and/or insufficient progress in transferring pupils to EHC plans.
- EHC plans focused on provision and interventions rather than what these are meant to achieve – what outcomes are expected?
- Many parents still feel they are ‘let in’ to the process, rather than at the heart of it.
Outcomes for CYP with SEND: key weaknesses

- Variability of the progress and achievements of pupils with SEND within a local area notably at secondary level in mainstream schools, including their attendance and the rates of fixed term exclusion.

- The quality of information held and the ways in which this information is analysed for different groups e.g. SEN support, primary needs, children looked after with SEND.

- The continued lack of coordination of services in some areas that mean key information is not shared effectively about pupils’ progress and opportunities to capitalise on this are lost.

- A failure to respond urgently enough to specific indicators such as the poor progress of pupils receiving SEN support, absence and fixed term exclusion rates.
Processes for detailed identification and diagnosis is more variable and dependant on local area waiting lists and levels of staff expertise, systems for comprehensive diagnosis have varied widely so far.

Identification at both the universal and specialist level in health is stronger for the under 5 population and we have seen less opportunity for children and young adults’ needs to be constantly reassessed for changing or new emerging needs.

Emphasis on needs being identified at an early age and not regularly monitored/updated to reflect progress (aside from in conditions such as diabetes and epilepsy).

Where the needs are solely health related, systems are clearer, where the needs are health and education related such as global developmental delay, there is a lack of clarity.
Health - Meeting needs

• Post diagnostic support for specific children is a gap, with some areas putting an emphasis on targeting resources at the diagnosis/identification of need rather than supporting the needs of the child and their family once a diagnosis has been made.

• Positive feature in most areas - diagnostic labels are not the “golden ticket” to accessing services.

• Contribution from health into EHC plans is inconsistent, not necessarily well understood by other partners (health teams are not always good at defining their contribution either)

• Some parents and partners continue to request that health support is quantified rather than being child or outcome focused – a legacy of historical systems whereby the only way to ensure accountability of health was to have a particular “package” of time allocated.
Joint commissioning of services across areas is under developed and so far we have not seen strong use of needs analysis to ensure local areas can track their SEND population and plan proactively (often SEND has not featured in the joint strategic needs assessment).

The use of personal health budgets is limited (systems are not supporting either the promotion or implementation of these currently apart from a very small group of children and young people with the most complex needs).

Training to health staff on the SEND reforms has been variable therefore not all clinicians are clear on their roles and responsibilities in the new reforms.

Health outcomes remain based on a model of service deliverables rather than being part of a fully person-centred meaningful approach.
Health Outcomes

• Commissioning of health services has not yet caught up with the 0-25 agenda, apart from in CAMHS, and in some areas, therapy services and school nursing are commissioned to 16 or 19 only. In other areas, new service specifications have been issued indicating that services should be working to an extended age range without commissioning or additional resources to achieve this.

• Transition between services, particularly for the 19-25 year old population continues to be a challenge.

• True co-production with parents involved in the planning, monitoring and evaluation of the effectiveness of services in health is a gap. In some services parents and young people are only consulted when services are due to change and are not empowered to be involved in monitoring services to ensure their maximum impact for service users.

• In summary, this means that despite positive shifts in strategic direction in local areas, the impact on children and families using the services is not widely felt.
Inspection reports
Local areas receive feedback during and at the end of the inspection.

HMI write the report letter identifying key strengths and areas for development.

Report is a narrative evaluation using the three key evaluation questions in the framework. There are no graded judgements.

If the inspection team determine there are significant concerns, the local area may be required to produce and publish a Written Statement of Action following the inspection.

There may be follow-up inspection activity if this is deemed appropriate.

The findings of the local area SEND inspections may be considered for other relevant CQC and Ofsted inspection activity.
Written Statement of Action

• Where a Written Statement of Action (WSOA) is required, the lead inspector will notify the local authority at the final feedback meeting.

• The report letter will give key bullets about why a WSOA was issued.

• The local area and clinical commissioning groups are responsible for submitting a written statement of action to Ofsted within 70 working days of receiving the final report.

• The statement must be published on relevant local area websites.
Written Statement of Action

• Ofsted and CQC will review the fitness for purpose of the written statement of action within 10 working days of receipt from the local area.

• If the statement is deemed not fit for purpose, the local area must re-submit within 20 working days.

• If the statement is again reviewed as not fit for purpose, advice is submitted to the Minister.

• Next steps will be considered on a case by case basis. Options for advice from the Minister include additional targeted support, continuing to monitor progress, statutory direction or further inspection.
Thank you