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Dear Ms Barnes

Joint local area SEND inspection in Lincolnshire

Between 1 October 2018 and 5 October 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Lincolnshire to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

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

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND) and parents and carers, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke with leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the 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 information and evidence about the local offer and joint commissioning.

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

Main findings

- Leaders and managers have a clear vision for meeting the needs of children and young people with SEND. They aim to provide a local education system

where children and young people will get the right health, care and education provision in the right place and at the right time. These aims have been successfully shared with partner organisations and are contributing to improvements in outcomes for children and young people.

- The executive director of children's services and the senior leadership team have the highest ambitions for children and young people with SEND. Leaders' aspirations ensure that colleagues strive to provide services that improve the education and health outcomes for this group of children and young people. More young people who have an education, health and care (EHC) plan attain better educational outcomes at the end of key stage 4 than is seen for similar pupils nationally.
- Leaders and managers have accurately evaluated how well the local area is providing services. Leaders have actively sought the views of the local community and there is good evidence to show they are responding to the needs of service users. This has resulted in a strategy to provide specialist education in or near a child's community.
- The arrangements for jointly commissioning services in the local area are strong. Leaders have prioritised children and young people's mental health and emotional well-being. Leaders and managers have successfully introduced a range of services which meet children and young people's mental health and emotional well-being needs.
- Children and young people feel very positive about the support they receive from education, health and care professionals. They feel the professionals listen to them and generally provide good help and support.
- The parent carer forum engages with parents and carers regularly to gain their views about the services in the local area. Over the last 18 months, the parent carer forum has contributed to the shaping and designing of services. They have supported parents to have a better understanding of how to apply for an EHC plan.
- Education and health services have collaborated successfully with schools to reduce the number of fixed-term and permanent exclusions for children and young people with SEND. Consequently, the rate of exclusions for this group of pupils is now lower than the national average for similar pupils.
- There is good transition work between the children with disabilities team and adult social workers. Professionals understand children's needs and put plans in place to enable young people to attend further education and to live independently.
- Leaders have not established systems that are effective in ensuring that all managers are held to account for improvements to services. For example, the timely completion of initial health checks for children looked after has not improved quickly enough. Furthermore, leaders do not review their SEND

action plan regularly. The plan does not contain enough actions to rectify the weaknesses that the local area has identified in its self-evaluation.

- There is a low completion rate for the health visitor mandatory health assessments at two and a half years. This may impact on the early identification of children's needs.
- Children and young people are waiting too long for a diagnosis of autism because of delays in completing the steps in the autism pathway.
- There is variability in the quality of EHC plans. In many cases, the health outcomes are too general and, too often, provision does not meet the specific needs of the child or young person.
- A significant proportion of parents, and some professionals, who spoke with the inspection team were unaware of the local offer. Consequently, parents do not understand well enough the services available to support their children.

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

Strengths

- Midwives, health visitors and early years workers co-deliver free universal antenatal education across the county's 48 children's centres. This provides an important opportunity to identify needs early during the antenatal period and effect a change in behaviours where needed.
- The conversion of all statements of special educational needs to EHC plans was completed within the statutory timeframe. The proportion of new EHC plans that have been issued within the statutory timescale of 20 weeks is much higher than the national average. This enables the necessary provision to be quickly put in place.
- The transition of services for children who have disabilities to adult social care is very efficient. Each young person has a care passport which contains information about their health and care needs and this is shared with adult social care professionals in good time. This means that young people do not have to repeat assessments or face delays in receiving care when they become an adult.
- Parents and educational professionals appreciate the speedy response of social care services to concerns that are raised about children and young people with SEND. This enables timely support to be put in place to meet a child or young person's needs.
- There are effective working relationships across early years services. This supports efficient information sharing and early identification of children's

needs. Specialist teachers support early years providers to plan and to meet the needs of children, and to help them access inclusion funding if required. Children's progress is monitored by the specialist teachers. This information is shared with school staff to support the children's transition into school.

- A single point of contact enables families to have telephone access to health support and advice. This advice is provided by a health visitor or a children and young people's nurse. An electronic referral system ensures that the process for requesting further support is efficiently handled.

Areas for development

- The completion of the healthy child mandatory two-and-a-half-year check is a concern. The current completion rate of 30% is very low. This means that for some young children there may be a delay in the identification and assessment of their needs. The health visiting service has an action plan in place to increase the completion rate.
- The completion of the healthy child mandatory eight-month-old check has also been low. However, the local area has taken effective action and improved the completion rate recently. Local area leaders plan to use similar actions to increase the completion rates for the two-and-a-half-year check.
- The proportion of children who have been identified as having a moderate learning difficulty in primary schools is much higher than seen nationally. There is not a shared understanding across the local area as to why more pupils in Lincolnshire are identified as having moderate learning difficulties. As a result, pupils may not be receiving the most appropriate support to meet their needs. Progress made by pupils with SEND in key stage 2 in 2017 in reading and mathematics was weaker than the progress of similar pupils nationally.

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

Strengths

- Children and young people in Lincolnshire benefit from access to a comprehensive children's community nursing service. The specialist training team within this service is a strength. The team supports training for professionals and carers across a range of education settings. They find solutions to the difficulties and barriers children and young people with highly complex health needs experience. This enables these children and young people to access education and to be part of school life.

- There is a strong emotional well-being and mental health offer for children and young people in Lincolnshire. This includes an emotional well-being service called Healthy Minds. The service offers a range of one-to-one or group sessions on a short-term basis. It provides support in areas such as coping skills and dealing with examination stress. There is an open referral system with a duty phone line. There has been a high take-up, and the service is meeting the large majority of needs of those who have accessed it.
- Children and young people who are referred to the specialist child and adolescent mental health service receive timely support because of short waiting times. For children or young people who have a learning disability and a mental health need, the quality of support is good.
- Joint commissioning of services in the local area is effective. This has supported schools in assessing and meeting children's needs in a timely way. The behaviour outreach support service is a good example of joint commissioning between schools and the local authority to introduce successful approaches to behaviour management. In addition, the local authority and schools have jointly commissioned Lincolnshire Partnership Foundation Trust to provide the Healthy Minds service. School leaders value these services.
- Children and young people have a good understanding of their own needs and the support they require. Young people feel involved in the decisions that are made about how to support them and say that adults are there to help them. Older students are aspirational about their futures. They understand how their study courses will support their career ambitions.
- Schools and the local authority have jointly commissioned autism awareness training which has been delivered by the Working Together team. This has equipped teachers and teaching assistants to meet the needs of this group of children and young people through a wide range of strategies in the classroom and around school.
- Many parents and professionals praise the role of early support coordinators. These coordinators help families to find the right services and activities to meet children and young people's needs.

Areas for development

- Children and young people currently wait too long to reach the end of the neurodevelopmental/autism diagnostic pathway. This can sometimes take between 10 to 15 months. This means there may be a delay in putting support in place to meet children's needs. Parents and carers experience increased anxiety as a result of these long waits.
- The completion of initial health assessments within nationally recommended

timeframes for children looked after is currently poor. While the local area children looked after steering group has explored options for improvement, an effective plan is not in place to rectify the delays. This means the health needs of children and young people coming into care, and who may have SEND, may not be identified and assessed quickly enough.

- The quality of the EHC plans is too variable. With the exception of those written by the therapy services, too often, plans have health outcomes that lack clarity and precision. In addition, the EHC plans are not updated quickly or consistently by the local authority, following annual reviews. Consequently, children and young people may be working towards out-of-date targets and the right provision for them may not be in place. Parents expressed frustration with these delays.
- The views of parents about the local provision of services to support their children are mixed. Many parents express positive views about the quality of services, particularly the role of SEND caseworkers in supporting their children in schools. Nevertheless, many parents feel frustrated that services, particularly therapy services, are not available to support their children.
- Most parents and some professionals who spoke with inspectors had not heard about the local offer. Consequently, parents are often unaware of the range of support that is available. Those parents who said they had looked at the local offer said that information is difficult to find. The local area has responded to feedback about the local offer and is currently redesigning the format. The early work to improve the offer is of good quality and provides more accessible information to support children's emotional well-being.

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

Strengths

- The proportion of fixed-term and permanent exclusions for children and young people with SEND has reduced sharply over the last two years. The local authority and schools have worked collaboratively to ensure that these pupils remain in education. The proportion of this group of pupils that are excluded is now below the national average for similar pupils.
- Physiotherapists, occupational therapists and speech therapists are delivering care in an outcome-focused way. Inspectors saw examples of effective practice and improved outcomes for children and young people.
- The therapy services provide good contributions to inform health outcomes in EHC plans. This has enabled the right provision to be put in place to meet children and young people's needs.

- Eighty per cent of children and young people who have been discharged from the Healthy Minds service show improvements. This means that this group of young people do not require further specialist services. The other 20% of children and young people who have accessed this service have been referred to specialist services.
- Educational attainment at the end of key stage 4 for children and young people with SEND is higher than for similar pupils nationally.
- The number of young people with SEND, and who are not in education, training or employment, is lower than seen nationally at the age of 16. A higher proportion of young people in Lincolnshire are attending further education colleges to build on their skills and knowledge. This reflects the good transition work which signposts young people onto courses which help them to realise their ambitions.
- The proportion of young people who have an EHC plan and who are qualified at level 2 with English and mathematics, or qualified at level 3, is higher than seen nationally for similar pupils. This prepares them well for the world of work.
- The planning to support young people to live independently is effective. The proportion of young people with SEND who live independently is higher than seen nationally.
- School improvement initiatives to raise outcomes for children and young people who receive SEND support have been successful. These initiatives have been trialled in 33 primary schools over the past two years. In 2018, the proportion of pupils in this group who achieved the combined standard in reading, writing and mathematics increased.
- Young people told inspectors how they have been supported to gain internships, work experience and voluntary work to help them become independent adults and live fulfilled lives. Information from the local area shows more young people are now supported into the world of work than historically has been the case.
- The local area has put in place a joint diversionary panel to combine the work of the police, youth offending team and social workers. These services have supported young people with SEND well. They have provided early intervention for those at risk of offending and informed them of the consequences of breaking the law. This work has contributed to a 50% reduction in first-time entrants to the criminal justice system within the last year.
- The Designated Clinical Officer (DCO) actively promotes a focus on SEND with professionals, parents and carers, and young people. Young people are excited about the formation of Young Voices, which the DCO has positively contributed to. This has the potential to increase the voice and influence of

young people.

- The Liaise team works well with families to try to resolve issues about provision for children and young people with SEND. The most recent parent carer forum survey of parent satisfaction with the Liaise service was very favourable. The number of tribunals to resolve disputes between the local authority and parents has reduced in the last year.
- The proportion of children and young people with SEND who access short breaks is higher than seen nationally. Young people's feedback following these breaks is very positive.
- The take-up of personal budgets is high. This enables families to purchase appropriate support to meet the needs of children and young people.
- The local authority's oversight of the children and young people who are educated out of the area is good. They check the quality of provision and promote good attendance at annual reviews. This group of children and young people make good progress.

Areas for development

- The achievement of key stage 2 pupils with SEND in Lincolnshire was below that of similar pupils nationally in 2017 in reading and mathematics. Similarly, those with SEND who are looked after did not do as well as other pupils nationally by the end key stage 2 in 2017.
- The joint strategic needs assessment does not contain enough local health information to help commissioners plan future services to meet children and young people's health needs. In addition, local area leaders do not know how many EHC plans have specific health provision to help inform current local operational decisions.
- The proportion of young people at age 19 who receive SEND support and who gain a level 2 qualification in English and mathematics has fallen and is below the national average.

Yours sincerely

Martin Finch
Her Majesty's Inspector

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