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Jo Dillion, Deputy Director of Commissioning, Coventry and Rugby Clinical
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Heather Kelly, Senior Commissioning Manager, Coventry and Rugby Clinical
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Dear Mr Gregg and Ms Nelson

Joint local area SEND inspection in Coventry

Between 14 October 2019 and 18 October 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Coventry 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 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 with special educational needs and/or disabilities (SEND), 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 are implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders from the area for health, social care and education. They reviewed performance data 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

- Area leaders have a genuine passion and commitment to get things right for children and young people with SEND and their families in Coventry. Strategic partnerships are well established and teams work together effectively.
- Leaders have an accurate view of the strengths and areas for development in Coventry's SEND arrangements. Effective action is being taken to address the areas for development. Schools are committed to improving the outcomes achieved by children and young people with SEND. This has resulted in a decrease in permanent and fixed-term exclusions. Last year, there were no permanent exclusions for children who are looked after by the local authority.
- There is a detailed SEND action plan in place that mirrors the priorities in the area's self-evaluation. The plan is reviewed regularly and most actions are on track for completion. However, the addition of measurable success criteria for some of the intended outcomes in the action plan would enable leaders to be held more closely to account.
- All statements of special educational needs were converted to education, health and care (EHC) plans by the March 2018 deadline and leaders are working on several innovative projects to continue to improve SEND provision. For example, in response to young people with SEND saying that the local offer was too difficult to read, leaders employed a young person with SEND to help redesign it. The local offer has since been relaunched in July 2019.
- Area leaders respect the lived experiences of children and young people with SEND and their parents. The area recognises and understands the importance of co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all). For example, the parent carer forum 'One Voice' led a focus group to co-produce a template for EHC plans. As a result, the more recently written EHC plans have a stronger focus on the views of parents and young people.
- There is a strong partnership between services. For example, EHC plans are consistently shared with the youth offending service. This information is being used to inform pre-sentence reports to ensure that the needs and vulnerabilities of young offenders are considered. This demonstrates the area's recognition of the fact that children and young people with SEND are often at an increased risk of harm.
- Some services are commissioned jointly in an effective way. However, the more specific needs of children and young people with SEND require further understanding to ensure that future commissioning meets gaps in current provision.

- The area converted statements of special educational needs to EHC plans within statutory time scales. However, there are inconsistencies in the quality and specificity of EHC plans.
- The views of parents about services to support their children are mixed. Many express positive views about the quality of these services, particularly the role of frontline staff. However, others feel frustrated that services are not readily available. While considerable work has been done to improve accessibility and reduce waiting times, some parents told us that they are still waiting too long to access provision that meets their child's needs. We were told that one child waited for over 52 weeks for an assessment for autism spectrum disorder (ASD). Some children and young people have to wait more than 20 weeks to access an occupational therapy (OT) service. The waiting time to access an OT service is, however, beginning to reduce.
- The area has implemented approaches to help children and young people with SEND to improve their personal development. However, there is still work to be done to improve their educational outcomes across all key stages, including in the early years.

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

Strengths

- To help prepare young adults with SEND for the changing world of work, a local college has successfully redesigned its curriculum. As a result, the variety of pathways and bespoke packages available to young adults with SEND is having a positive impact on the development of their employability skills. Last year, 46% of young adults from the college went on to paid employment or voluntary work.
- The identification of emerging social, emotional and mental health (SEMH) needs has been strengthened by the introduction of the Coventry and Warwickshire Partnership Trust (CWPT) dimensions web-based app. The web-based app is accessible to professionals, parents and young people. When used, it provides advice and signposting to services that can provide appropriate interventions and support.
- There is good identification of ASD in girls. The 'Curly Hair Project' is a social enterprise that has worked effectively with professionals across the partnership. This helps groups and individuals to understand how girls with ASD may exhibit different behaviours to their male peers who have similar neurodevelopmental needs.
- School nurses are providing a good range of drop-ins for children and young people with SEND. These provide several opportunities for individuals and

their families to access health advice and support. Drop-ins are also available in a number of youth clubs across the city. Consequently, the harder-to-reach and more-difficult-to-engage young people have additional opportunities to build rapport with a school nurse outside their educational setting. This is contributing to better identification of their needs.

- Physiotherapists are involved in work to ensure that children and young people who may have cerebral palsy are identified. The implementation of the 'cerebral integrated care pathway' means that children and young people with this condition are benefiting from annual assessment and access to intervention at the earliest opportunity.
- There is a family nurse partnership service in Coventry that provides an enhanced level of support for young parents who are care leavers and those with SEND. While the recent retender has reduced the commissioned offer, the service is still playing a pivotal role in supporting the needs of this group of parents.

Areas for development

- Two-and-a-half-year child development checks are not fully integrated in Coventry. This may mean that an early opportunity for health practitioners to identify a child's additional needs is missed. In addition, when the checks are made, early years practitioners told us that the developmental assessments from the ages and stages questionnaires are not routinely shared with them. This may mean that a child's additional needs are not identified or fully supported.
- Furthermore, the low take-up of funded education provision for two-year-olds limits the early identification of needs. For example, we heard of a child arriving in Reception with complex needs that had not been identified or assessed. As a result, suitable specialist provision had not been planned or implemented.
- School nurses consistently receive accident and emergency notifications from both local and out-of-area hospitals. However, there are not robust processes in place to ensure that all notifications are uploaded onto the electronic record-keeping system in a timely way. This inhibits the identification of need and vulnerability as records do not provide a holistic picture of the child or young person.
- Coventry provides speech and language therapy (SALT) to the youth offending team to help the identification of previously unmet speech, language and communication needs. However, the current lack of capacity in this service hinders the arrangement. Some children and young people are waiting more than 20 weeks to access SALT.
- Due to current capacity issues in some health visiting teams, not all women in

Coventry are benefiting from antenatal visits. This is resulting in inequity and limits the health visitor's ability to identify children's additional needs and vulnerabilities at the earliest opportunity.

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

Strengths

- The clinical commissioning group and local authority have a longstanding partnership which precedes the 2014 SEND reforms. This enabled leaders to implement the reforms at pace. In addition, several innovative projects have been introduced. For example, 'RIP:STARS', a group of disabled young people aged 17 to 25, has been trained by Coventry University to research issues which impact on the lives of children and young people with SEND.
- Area leaders understand the importance of co-production. Many activities and processes have been co-produced within education, care, the police and health services. For example, the current EHC plan template was co-produced with parents and was informed by research conducted by RIP:STARS. This research has since been presented to a Parliamentary select committee. Children and young people with SEND also created their vision statement, 'to lift the cloud of limitation'.
- All stakeholders, including, for example, education, health, multi-academy trusts, the police and care, support the 'One Coventry' approach. This approach puts the needs of the child and young person at the heart of all decisions. However, while there is a clear intent, at times, this intent is not realised. For example, a comprehensive SALT offer has not yet been achieved.
- There is a strong partnership between school settings and education service providers, with a high level of buy-back of specialist services. Headteachers value the high-quality services provided by the area, including those provided by the complex communication team and the SEMH team.
- The area's priority to improve the outcomes for children and young people with SEND is demonstrated by the success of the peer-to-peer support model adopted by schools. Headteachers are working closely together to work out better ways to meet children's and young people's needs. For example, the decisions they have made at fair access panel meetings and supported transfer panel meetings have led to some of these pupils being moved to different schools or alternative provision. As a result, 80% of these pupils are successfully managing their own behaviour in a new setting.
- There has been a designated medical officer (DMO) and a designated clinical officer (DCO) in place in Coventry since the start of the reforms. The DMO

and DCO work together well to deliver the actions in their joint work plan. This plan makes sure that professionals consider and act upon children's and young people's additional needs and health needs at the same time.

- Leaders are forward-looking and innovative. New work includes a project the area has in place to support families waiting for an ASD diagnosis. Because of this work, the needs of children and young people with ASD are being met more effectively.
- There is an extensive range of pre-diagnostic support available for parents. Parents value this support. A comment representing the views of many was: 'My son is on a long wait, but the support has been amazing. I had support from the autism spectrum disorder team even though he hasn't been diagnosed. They have been brilliant.'
- There is a good-quality Portage service in Coventry. Key workers work closely with pre-school settings to provide a tailored, holistic package of support. This is used both within the home and in early years settings to facilitate the child's development. It is helping children to be ready to start school. Parents spoke positively about how this support helps their child to learn through play, improve their communication and develop relationships.
- There is a wide range of support available to meet the needs of children and young people with SEMH needs who do not meet the threshold for child and adolescent mental health services ((CAMHS) Tier 3). The 'Rise' service (Tier 2) is a partnership between CWPT and Coventry 'MIND'. This service provides support for family hubs and schools across the city. The effective links between 'Rise' and CAMHS are ensuring that children and young people with SEND with escalating levels of need are able to benefit from the right support at the right time.
- The mental health and emotional well-being of children looked after with SEND is improving in Coventry. Strengths and difficulties questionnaires (SDQs) are frequently used across the partnership to measure the mental health of children and young people and to capture their views. Current SDQ scores show that children with SEND who are looked after by the local authority feel well cared for. This is indicative of the holistic approaches adopted by the children-looked-after health team and the success of the recently commissioned children-looked-after health service. This has resulted in timely and appropriate responses to the often-complex health needs of this group of children and young people.
- Children's community health nurses adopt a 'think family' approach and recognise the impact that children's and young people's complex health conditions have on the emotional well-being of parents and siblings. Siblings of children and young people with life-limiting or complex health conditions who display signs of emotional distress are offered support from a play

therapist. This ensures that their SEMH needs are responded to quickly.

- Health visitors are supporting the 'tell it once' approach. With support and training from paediatricians, health visitors have been able to undertake a variety of screening in the home on pre-term babies that would normally have been done in hospital. This means that parents of pre-term babies have not had to attend multiple clinic appointments or repeat their 'story' to different clinicians.
- Health visitors have a good understanding of the diverse needs of the communities they serve. They work well with the voluntary sector to ensure that families from minority ethnic groups are helped to access support with identified needs. For example, MAMTA (the child and maternal health programme for black and minority ethnic women in Coventry), is helping health visitors to better engage and improve child and maternal health outcomes in the area.
- Parents feel well supported by the special educational needs and disability information, advice and support service. A recently completed parental satisfaction survey showed that 95% of parents value the impartial advice the service provides for them. Parents gave many examples of how frontline staff in the area and in schools have gone above and beyond to ensure that their child's needs are met. In addition, the work of 'One Voice' is providing a useful and valued forum to ensure that the lived experiences of children, young people and families are heard and acted upon by strategic leaders across the partnership. The low number of tribunals held in Coventry over the last few years is testament to the effective use of mediation and dispute resolution in the city.
- The children and young people inspectors met during the inspection told us they felt happy and well looked after. They were confident and articulate and said they liked school and college. They spoke about the many activities available for them in Coventry.

Areas for development

- While most parents we spoke to told us that they are accessing the services and support they need, many are not familiar with the local offer. Of those who are aware of it, many do not find it helpful, and some told us they find it difficult to navigate. Leaders have begun to address this. For example, children and young people have been involved in a redesign of the local offer and it was relaunched in July 2019. However, the impact of these actions is yet to be fully realised.
- The area recognises that further analysis of the needs of children and young people with SEND is required to address the gaps in current SEND services and provision. The area has produced a detailed joint strategic needs

assessment (JSNA) that summarises the broader health needs of the population of Coventry. However, it lacks specificity in relation to SEND. To address this, leaders have a clear plan in place to produce a SEND JSNA by March 2020 that will inform future commissioning decisions.

- While the DMO and DCO have demonstrated impact across many aspects of health provision, there are some capacity issues which are preventing the DMO and DCO from being more engaged in the quality assurance of EHC plans. Parents are concerned about this. The significant increase in the number of children and young people living in the city is likely to make this worse.
- The involvement of social care and health professionals in children's and young people's EHC plans, along with the reviews of these plans, is weak. Where health and care needs are identified in plans, provision in these plans is not always specified adequately. A typical example was seen in an EHC plan where a young person was due to transfer to adult mental health services from CAMHS. The plan contained no clear information to explain how this transition was going to be managed and who would maintain oversight of the young person as she transitioned. This is typical of the quality of many EHC plans.
- Community children's nurses are not routinely being asked to contribute to EHC plans. This means that some EHC plans issued to children with complex needs do not adequately reflect all their needs. There is no effective mechanism for quality-assuring the contribution of health and social care professionals to EHC plans.
- The area has more work to do to ensure that primary care partners are effectively meeting the needs of children and young people with SEND. The completion of annual learning disability checks in Coventry is low, which does not support the identification of health needs in young adults who have a learning disability.
- The wait for ASD assessments is too long. It can exceed 52 weeks. This is not effectively meeting children's and young people's needs. Waiting times for OT are also too long. Some children and young people have to wait in excess of 20 weeks to access an OT service.
- A growing number of children are not ready for school due to continence issues. While there is continence support in the city, the capacity of this service is limited. School nurses are commissioned to provide support and advice, and the number of children who require specialist support is growing. However, there is no increase in capacity to ensure that these children are provided with an intervention that addresses their needs in a timely way.

The effectiveness of the local area in improving outcomes for children and

young people with special educational needs and/or disabilities

Strengths

- Leaders have an accurate understanding of the strengths and areas for development in the educational outcomes achieved by children and young people with SEND. Outcomes across all key stages are weak but there are signs of improvement. For example, children receiving SEND support in 2018 achieved above the national average for similar children in phonics and in reading, writing and mathematics at key stage 1.
- At key stage 4, the progress made by pupils with EHC plans is at the national average for similar pupils. While below the national average for similar young people, the proportion of 19-year-olds with SEND achieving level 2 or level 3 qualifications in English and mathematics improved between 2017 and 2018.
- The development of a supported internship programme is having a positive impact on outcomes for young adults with SEND. We met with two young adults who had gained full-time employment following a successful internship at a local hospital. They were both thrilled.
- In 2017, the proportion of key stage 4 pupils with SEND who are not in education, employment or training was significantly below the national figure.
- Permanent and fixed-term exclusions for children and young people with SEND are reducing over time. All pupils with permanent exclusions in 2017/18 have secured appropriate full-time school provision.
- There are successful outcomes for the most vulnerable children and young people with SEND. For example, last year, children missing education with SEND all went back into education. The number on roll at the key stage 3 and 4 pupil referral unit significantly reduced last year, which demonstrates the effectiveness of the area's reintegration protocol.
- The range of opportunities on offer for children and young people to develop their independence and life skills continues to be developed. For example, one headteacher told us that between 30 and 40 young people who attended his school had benefited over the last few years from independent travel training.
- We heard about many examples where young people with SEND have influenced local decisions and improved facilities for people with disabilities in Coventry. For example, young adults with SEND have been involved in a project to ensure that taxis in the area provide suitable equipment to ensure the safety of disabled passengers. Young adults with SEND also canvassed their local councillors to ensure that a leisure centre fixed its poolside lift so that people with disabilities can access the swimming pool.
- There is an established pathway in place that is meeting the needs of families

with children who require long-term ventilation. The pathway enables children and young people who are hospitalised in acute settings out of the city to be moved to University Hospitals Coventry and Warwickshire while adaptations are being made to the family home. This means that parents do not have to travel significant distances to spend time with their children. This demonstrates an effective 'think family' approach.

- The introduction of the children's intensive support team has resulted in the number of vulnerable young people who require inpatient admission for help with their mental health needs reducing significantly.

Areas for improvement

- The proportion of children with SEND who achieve a good level of development in the early years is low and declining over time. The number of children who benefit from funded education at the ages of two, three and four is also low.
- The outcomes achieved by children with an EHC plan at the end of key stage 2 are weak and declining.
- Some parents are dissatisfied with the services being provided for their children. Their concerns include issues with transport, poor communication from area officers and staff in schools, the attendance of health and care professionals at annual reviews, EHC plans not being updated and a lack of input into EHC plans by health and care professionals.

Yours sincerely

Lesley Yates

Her Majesty's Inspector

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Lorna Fitzjohn Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: DfE Department for Education
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