Ofsted Agora Nottingham NG1 6HJ

**T** 0300 123 1231 **Textphone** 0161 618 8524 6 Cumberland Place enquiries@ofsted.gov.uk www.gov.uk/ofsted lasend.support@ofsted.gov.uk



#### 15 June 2021

Martin Samuels Strategic Director of Social Care and Education, Leicester City Council Leicester City Hall **Rutland Wing** Floor 3, 115 Charles Street Leicester **LE1 1F** 

Chris West, Deputy Director of Nursing, Quality and Performance, Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups

Jane Pierce, Acting Head of Children's Performance, Planning and Transformation, Local Area Nominated Officer

Dear Mr Samuels and Ms West

#### Joint area SEND revisit in Leicester

Between 5 and 7 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Leicester to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the written statement of action (WSOA) issued on 18 June 2018.

As a result of the findings of the initial inspection in 2018 and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 25 September 2018.

The area has made sufficient progress in addressing four of the five significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. This letter outlines the findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

The inspection was carried out remotely. Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority and National Health Service (NHS) officers. They spoke to





leaders, managers and staff from Leicester for education, health and social care about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation of their actions in relation to the WSOA. They reviewed performance data and evidence about the local offer and joint commissioning. 209 parents responded to our online survey.

### **Main findings**

■ The initial inspection found that there was:

## 'a lack of strategic planning to improve the outcomes for children and young people with SEND'.

Since the initial inspection, there have been significant changes to leadership of the local area. Leadership is now stable, with leaders across education, health and social care services working well together. They now have a shared and ambitious vision for children and young people with SEND in Leicester.

Leaders have put in place an improvement plan that they have co-produced and developed with parents, children and young people, and professionals from education, health and social care. The plan focuses on what leaders need to do to improve the outcomes for children and young people with SEND. A 'SEND improvement board' is in place to check how well leaders are bringing about these improvements. Leaders have increased the pace of improvement in the last 18 months.

Leaders have reviewed their plans for improvement to take into account the impact of the COVID-19 (coronavirus) pandemic on the different services available to children and young people with SEND. This has ensured that leaders have kept their focus on improving the provision at this time.

Education outcomes for all children and young people in Leicester remain low. Improvement work carried out in schools before the start of the pandemic helped to raise outcomes for children and young people with SEND. Leaders have ensured that staff have continued to receive training during the pandemic, so that they can continue to build on these early improvements. Leaders have acted to provide more places for children and young people with SEND in special and mainstream schools and colleges. They expect there to be new provision and more places available from September 2021.

Area leaders are not yet able to show how they have improved the health and social care outcomes of children and young people with SEND. However, leaders are now in a better place to focus on checking on their work to improve services and provision in the future.

Parents, children and young people with SEND who spoke with inspectors explained how they are beginning to experience the benefit of some of the actions taken by leaders to improve outcomes, including in relation to the improved education, health and care (EHC) plan assessment process. However, not all parents who responded to Ofsted's online survey shared this





view. A large majority of those who responded to the survey are not yet seeing improvements in the provision for their children. There is still a need to promote the local offer more widely with parents and for leaders to build the trust and confidence of the local community as they move forward with their co-produced plans to improve outcomes for children and young people with SEND.

## The local area has made sufficient progress to improve this area of significant weakness.

■ The initial inspection found that there were:

### 'poor quality EHC plans'.

Leaders have improved the quality of EHC plans. They have worked with professionals from education, health and social care to improve the way plans are set out and completed. Suggestions for improvements have been discussed and agreed with parents, children and young people. Members of the Leicester City parent and carer forum (LCPCF) act as 'critical friends' to give leaders support and challenge. They help leaders to improve the efficiency of the statutory assessment process and the quality of EHC plans.

There is a rigorous procedure in place to make sure that EHC plans are of good quality. Appropriate training is provided to professionals who contribute to the plans. The proportion of plans with health and social care assessments has increased. Contributions from health and social care professionals are now more evident in EHC plans. They receive draft copies of plans to check before the plans are completed. Electronic systems have been introduced to make sharing of assessments and EHC plans more efficient and ensure that annual reviews are timely.

EHC plans clearly capture the views, interests and aspirations of children and young people. Suggested support and strategies are clearly stated. The plans inspectors sampled contained appropriate details about children and young people. Most plans were appropriately focused on ambitious but achievable outcomes.

Parents, children and young people inspectors spoke with said that EHC plans provide an accurate reflection of the child or young person. A typical comment was, 'My EHC plan helps people to know who I am and what I need.' Professionals for education, health and social care told us that they are positive about the improved quality of EHC plans. The recent appointment of a review co-ordinator ensures that area leaders have good oversight of when each plan needs to be reviewed. However, some parents who responded to our online survey remain unconvinced about the quality of EHC plans. Leaders realise that there is still further work to do to ensure that all plans are of consistently high quality.

The local area has made sufficient progress to improve this area of significant weakness.





#### ■ The initial inspection found that:

### 'there was a lack of effective assessment of children and young people's social care needs'.

At the time of the initial inspection, there was a high turnover of social care staff. There is now a comprehensive strategy to support staff recruitment and retention. This includes links with a local university and a social care apprenticeship offer. Social care teams have been restructured to work more effectively together. Staff told us that there is a renewed sense of purpose and culture of learning. They say that the service is now focused on driving forward improvements for children and young people with SEND.

Strong partnerships have been developed between social care, education and health services. Leaders for social care are engaging more widely with working groups across all sectors to support families in the local area. For example, the principal educational psychologist is working closely with Connexions to support young people in the youth justice system. The 'corporate parenting board' for children looked after is working with health services and colleges to support young people with SEND to move into further education.

Social care professionals often attend LCPCF meetings and are engaging more effectively with parents, children and young people. These activities are helping to shape and drive improvements to the wider early help and social care offer for children and young people with SEND.

The implementation of 'strength based' assessments has improved the social care and early help offer within Leicester. Extra training and resources have been supplied for lead professionals working in schools to carry out joint meetings to assess early help and EHC plans.

Social care assessments are now routinely offered to all children and young people with an EHC plan. If this offer is not taken up, plans include a link to the social care section on the local offer website where families can find information about wider social care support in the future, should they change their mind. Social care assessments are reoffered at every annual review.

There is a robust procedure to check the quality of social care assessments and contributions to EHC plans. This process helps leaders to keep track of the number of children and young people with SEND who contact social care for advice and support. There is an effective system to identify and support children and young people who contact social care and have an EHC plan.

Despite improvements, some parents do not understand the purpose of a social care assessment. Leaders are aware that social care assessments can be concerning and misunderstood by some parents. Social care staff are working with the LCPCF and members of the Special Education Service to help parents understand the purpose of this offer and how it can help their children.





# The local area has made sufficient progress to improve this area of significant weakness.

■ The initial inspection found that there was:

### 'a lack of joint commissioning of services to support young people's health needs post-19'.

Leaders recognise that their work to remedy this weakness has not been rapid enough until more recently. Leaders have now developed a joint commissioning strategy which sets out a clear direction for the local area. It identifies appropriate actions to support young people to move into adulthood in the future. However, the joint commissioning strategy is in draft format and has not been implemented. There is little evidence of effective progress with arrangements for joint commissioning to support young people with SEND to move from children's services to adult services. Leaders have plans in place to implement the joint commissioning strategy in the near future.

Health leaders have strengthened partnerships across the local area. Partners are now in a good position to bring about improvements for children and young people with SEND through the joint commissioning of resources and services.

There are some measures to support young people to transfer from children's services to adult services which are having a positive impact. For example, care navigators help young people to find the right support, resources and provision to prepare them for education, employment or training. There is a digital mental health resource to support young people attending university. This offer is to be expanded more widely. Leaders are also expanding the current mental health offer for schools and colleges to meet the increasing needs of young people, particularly those with SEND.

## The local area has not made sufficient progress to improve this area of significant weakness.

■ The initial inspection found that there was:

### 'a disjointed approach to the preparation for adulthood'.

There is now a coordinated and collaborative approach to this area. Education, health and social care professionals help children with SEND to start preparing for adulthood from 13 years of age. Leaders aim for all EHC plans to include outcomes which are focused on preparing children for adulthood from Year 9.

The 'Preparation for Adulthood' strategy has been co-produced. It is linked to the economic regeneration in Leicester to ensure that there is a strong offer for young people with SEND, when they leave school. There is a focus on creating opportunities for employment for young people. Local authority leaders have supported schools and colleges to set up effective links with training providers and potential employers.

The proportion of young people with SEND who are not in education, employment or training has decreased since the initial inspection. Area leaders





closely check the destinations of young people when they leave school. They offer young people support with education, health, social care, employment, housing, and inclusion within the community.

School and college leaders work closely with the local authority to ensure that young people with SEND are supported into education, employment or training. Despite the negative consequences of the pandemic, leaders are confident in their strategy. They are working flexibly to help young people make the right choices for their future careers. Leaders believe that the right process is in place to help young people to lead fulfilling lives.

## The local area has made sufficient progress to improve this area of significant weakness.

The area has made sufficient progress in addressing four of the five significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. As not all the significant weaknesses have improved it is for the Department for Education and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

### Stephanie Innes-Taylor **Her Majesty's Inspector**

Ofsted	Care Quality Commission
Katrina Gueli	Victoria Watkins
Regional Director	Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Stephanie Innes-Taylor	Rebecca Hogan
HMI Lead Inspector	CQC Inspector

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the area
Department of Health
NHS England