

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



5 September 2018

Mr Steve Kay  
Director of Children's Services  
North East Lincolnshire Council  
Municipal Offices  
Town Hall Square  
Grimsby  
DN31 1HU

Rob Walsh, Chief Executive, NE Lincolnshire Council and NE Lincolnshire CCG  
Roz Danks, Local Area Nominated Officer, NE Lincolnshire Council

Dear Mr Kay

### **Joint local area SEND inspection in North East Lincolnshire**

Between 2 July 2018 and 6 July 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of North East 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 from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, along with 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 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 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 to Ofsted.

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

## **Main findings**

- North East Lincolnshire local area has made too little progress in implementing the disability and SEN reforms since 2014. Leaders have failed to translate their ambition for children and young people who have SEN and/or disabilities into a clear and coherent strategy for improvement.
- The outcomes achieved by children and young people who have SEN and/or disabilities vary too much. This is especially the case for those in mainstream secondary schools and young people who have SEN and/or disabilities aged 16 to 25.
- There are gaps in the local area's analysis of the outcomes achieved by children and young people who have SEN and/or disabilities. Local area leaders do not have a well-thought-out strategy for developing the knowledge and skills of frontline practitioners or a coherent approach to developing and implementing effective, and widely understood, systems and procedures.
- Local area leaders have a superficial understanding of the needs and experience of children and young people who have SEN and/or disabilities and their families. Arrangements for jointly planning and commissioning services in a needs-based way are undeveloped, as are arrangements for managing the delivery and performance of these services.
- Co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all) is not sufficiently embedded in the local area's approach to improving the outcomes that children and young people who have SEN and/or disabilities achieve.
- Frontline staff work hard, individually and in their teams, and make a valued difference to children and young people who have SEN and/or disabilities and their families. Crucially, however, families have starkly contrasting experiences of the local area's arrangements for identifying, assessing and meeting the needs of this group of children and young people.
- The health needs of children and young people who have SEN and/or disabilities and are looked after by the local authority are identified, assessed and met effectively. This group of children and young people receive high-quality support from Young Minds Matter, the local area's specialist child and adolescent mental health service (formerly known as CAMHS).
- Parents and carers are committed to working with local area leaders to make things better for children and young people who have SEN and/or disabilities and their families. The independent advice and support service, provided by Barnardo's, is highly valued by families.

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

### **Strengths**

- The local area successfully transferred all statements of special educational needs to education, health and care (EHC) plans by 31 March 2018.
- Effective support from the educational team for hearing and vision is helping many schools and settings to identify children and young people's needs effectively.
- The health needs of children and young people who are looked after by the local authority, and placed in the local area, are identified well as a result of timely initial health assessments. Children and young people's needs are identified accurately and information from initial assessments is used to inform EHC plans. Planning for care leavers is similarly well informed by high-quality health advice. In addition, the needs of foster carers for children and young people who have SEN and/or disabilities are picked up, and acted upon, in a timely way. Importantly, children and young people who are looked after by the local authority have strong and influential voices in the identification and assessment of their needs.
- Children and young people who have SEN and/or disabilities benefit from an effective school nursing service. Initiatives such as 'chat health', and the use of an open appointment system for children, young people, families and schools, contribute to timely identification of emerging concerns and needs.

### **Areas for development**

- Local area leaders do not have a comprehensive or incisive enough understanding of the needs of children and young people who have SEN and/or disabilities and their families. The local area's joint strategic needs assessment (JSNA) provides a poor starting point for planning and commissioning the services children, young people and families need. The JSNA lacks detail and precision and, as a result, provides limited insight into the things that are important for children and young people who have SEN and/or disabilities in the 0 to 25 age range.
- Local area leaders have a limited understanding of the views of children and young people who have SEN and/or disabilities and their families. This is because there are fundamental weaknesses in the local area's approach to co-production.
- The healthy child programme for children aged 0 to 5 is not delivered in an effective way. There are too few face-to-face antenatal contacts, new birth visits are not always completed within statutory timescales and two- to two-and-a-half-year checks are not completed in a timely way. As a result, new or emerging

developmental concerns may be missed.

- Important information about the health needs of children and young people who have SEN and/or disabilities which is held in general practitioners' records cannot be accessed by other health professionals for initial health or EHC assessments. In addition, information about the health needs of children and young people who are looked after is not transferred to new health records within the adoption process. This is a barrier to the timely and effective identification of children and young people's education, health and care needs.
- The preparation for adulthood needs of children and young people who have SEN and/or disabilities are not identified in a timely or effective way. As a result, local area leaders have a limited understanding of how to help this group of children and young people to be independent, healthy and visibly included in the communities where they live. Crucially, it also limits their ability to prepare children and young people who have SEN and/or disabilities for employment, further education and training.
- There are weaknesses in the local area's arrangements for reviewing EHC plans. Children and young people's health and care needs are not routinely reviewed, which results in a lack of integration in updated EHC plans.
- The local area's self-evaluation gives an overgenerous view of the effectiveness of arrangements for identifying the needs of children and young people who have SEN and/or disabilities.

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

### **Strengths**

- Strengths and difficulties questionnaires are used well to assess and measure the emotional and mental health of children and young people who are looked after by the local authority. This group of children and young people's emotional and mental health is discussed and reviewed regularly, and they have access to a specialist child and adolescent mental health service provided by Young Minds Matter.
- Family first practitioners and other universal and specialist services, based in family hubs, provide a range of valued services, including bespoke packages of care for children and young people who have SEN and/or disabilities and their families.
- The needs of children and young people who may meet the threshold for continuing health care funding are assessed quickly and individual packages of care are commissioned effectively. Some families are using a personal health budget to help children or young people who have complex needs to take part in community-based activities. Often, this is supplemented by social work support or

a service such as a short break.

- Generally, section A of EHC plans is co-produced well with children, young people and families. The wider determinants of health, including important health-promoting behaviours, are often included in EHC plans and some plans are highly personalised and integrated.
- Children and young people who have SEN and/or disabilities are benefiting from an integrated emotional and mental health and well-being service. School nurses are trained to provide cognitive behavioural therapy and practitioners from Young Minds Matter provide flexible, needs-based support. Admissions to specialist inpatient mental health units are rare. This is because an effective crisis and home intervention team supports children and young people who are acutely unwell until they are ready to be stepped down or discharged.
- Children and young people have developed a 'well-being personalised passport' which has replaced formal care plans. Children and young people are fully involved in planning care, setting outcomes and measuring progress. Since the introduction of these passports, the proportion of children and young people who do not attend an appointment with Young Minds Matter has reduced significantly.
- Children and young people's special educational needs are assessed and met effectively in some mainstream schools and settings. Special educational needs coordinators in these schools work closely with families and a wide range of professionals and services and, as a result, children and young people receive the timely and well-coordinated help and support they need.
- Children aged 0 to 5 with more than one education, health or care need can be referred to the child development centre (CDC) where, if accepted, they have an effective multidisciplinary assessment of their needs. Support plans developed by the CDC are co-produced well and capture the voice of the child.
- Diagnostic assessments of autism for children and young people aged over 5 years old are comprehensive and timely. Assessments are evidence-based, use national guidance and are informed by best practice. Reports given to families are detailed and include information about support provided by local and national groups, as well as practical advice and guidance. Importantly, however, these strengths do not mitigate widespread concerns about the effectiveness of post-diagnostic support for children and young people who have autism and their families.
- Families value the support and help they receive from the special educational needs and disabilities information, advice and support service (SENDIASS) provided by Barnardo's. Case studies show that the outreach support services for physical disability and autism, also provided by Barnardo's, have a positive impact on the outcomes achieved by children and young people.

## Areas for development

- Access to therapy services, such as occupational therapy and speech and language therapy, is limited by the capacity of these services to meet children and young people's needs. This is because these crucially important services are not planned or commissioned in a joined-up way. As a result, children and young people who need wheelchairs, orthotics and a range of specialist equipment, aids and adaptations experience unacceptably long waits. Access to occupational therapy in North East Lincolnshire is additionally limited by long-standing vacancies in this service. Inspectors are concerned that the local area's decision to withdraw speech and language therapy from the youth offending service has led to some children and young people, often with unidentified speech and language needs, being unable to access therapy support.
- While there is a shared belief in the potential of the single access pathway to facilitate better and more timely assessment and improved access to services, the implementation of these new arrangements lacks coherence. Indeed, this fundamentally important element of the local area's arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities is currently in disarray.
- The CDC's communication and interaction pathway is used as the main diagnostic assessment of autism for children under 5 years old. There is an unacceptable delay for children allocated to this pathway. It is not compliant with national institute for health and care excellence (NICE) guidance and the local area does not commission post-diagnostic support for children and families. Local area leaders know that the current arrangements are not fit for purpose. However, to date, the local area does not have sufficiently robust plans for reducing these long waiting times.
- The quality of EHC plans is too variable. Too often, descriptions of children and young people's health needs provide little information about the impact of these needs on their daily lives. In addition, the provision in plans frequently lacks specificity and the health and care outcomes are too generic. Arrangements for reviewing EHC plans are ineffective.
- The local area offers a range of short-break services, including high-quality overnight short breaks for children and young people who have complex needs. However, too many families do not know how to access a short break and the local area's approach is not responsive enough to their needs. In part, this is because it has not been co-produced effectively. Some families told inspectors that their sons and daughters feel isolated because they are unable to take part in activities in the communities where they live.
- The local offer is neither known about or widely understood by children, young people and families in North East Lincolnshire. Although families are consulted about the services they receive more frequently, and many report strengthening



relationships with local area leaders, there is an urgent need to move towards meaningful co-production.

- The arrangements for helping and supporting children and young people who have SEN and/or disabilities aged 0 to 25 at points of transition between schools, services and settings are weak. Commissioning arrangements for paediatric and adult services do not support effective transitions. Families told inspectors that they feel unprepared for these significant changes in their lives. Some young people move successfully on to further education, supported internships and employment, and some are well prepared to live safe, healthy and independent adult lives. However, the local area's approach to promoting these outcomes is significantly undeveloped and, as a result, young people's preparedness for adulthood varies too much.

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

### **Strengths**

- Some individual children and young people achieve positive outcomes which reflect their hopes and ambitions for the future. This is because their needs have been identified and assessed well and they have received integrated and effectively personalised help and support.
- Local area leaders have effective oversight of provision for children and young people who have SEN and/or disabilities who are placed in out-of-area schools and settings.
- Children and young people who have SEN and/or disabilities told inspectors that they feel safe in the schools and settings they attend in North East Lincolnshire. Local area leaders monitor the effectiveness of safeguarding arrangements for this group of children and young people closely.

### **Areas for improvement**

- The outcomes achieved by children and young people who have SEN and/or disabilities, especially those in mainstream secondary schools and young people in the 16 to 25 age range, are not improving. This group of children and young people are more likely to be absent or excluded from school and fewer move successfully on to further education, employment or training.
- Local area leaders have a poor understanding of the outcomes that children and young people who have SEN and/or disabilities are achieving. This aspect of their self-evaluation is weak. The local area does not have a clear or inclusive approach to measuring or evaluating these outcomes across education, health and social care services. In fact, this group of children are often invisible in the local area's information systems and performance reports. This fundamentally weakens the

local area's ability to hold schools, settings, health services and providers to account for improving the outcomes that children and young people who have SEN and/or disabilities achieve.

- The local area's arrangements for jointly planning, commissioning and delivering services for children and young people who have SEN and/or disabilities and their families are significantly underdeveloped. In addition, the local area's sufficiency strategy is disconnected from wider plans for securing improvement.
- The governance and resourcing arrangements for key health functions, such as the designated clinical officer and the designated nurse for children and young people who are looked after, do not align with national guidance.

**The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the following areas of significant weakness will be tackled:

- Local area leaders have a limited understanding of the needs of children and young people who have SEN and/or disabilities and the education, health and care outcomes they achieve. This fundamentally weakens the local area's ability to jointly plan, commission and provide the right services, resources and support for this group of children and young people and their families.
- The local area's strategy for improving arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities, and improving their outcomes, is ineffective.
- Children, young people and families have too little involvement in meaningfully co-producing the education, health and care services they need.

Yours sincerely

Nick Whittaker  
**Her Majesty's Inspector**



<b>Ofsted</b>	<b>Care Quality Commission</b>
Cathy Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI Lead Inspector	Sue Knight CQC Inspector
Andy Lawrence Ofsted Inspector	

cc: Department for Education (DfE)  
Clinical Commissioning Group  
Director Public Health for NE Lincolnshire  
Department of Health  
NHS England