In Control Briefing


It can be no coincidence that the two reports were published within a week of each other and this briefing consequently considers them alongside each other.

Ofsted and the Care Quality Commission inspect how well local areas fulfil their 'Special educational needs and disability code of practice' duties. The Care Quality Commission and Ofsted have published a summary report of their main findings from the first 30 local area SEND inspections. ‘Local Area SEND Inspections - One Year On’ is a summary report of the main findings from the first 30 local area SEND inspections by Ofsted and the Care Quality Commission. The content seems to indicate that, broadly, there is much more work still to be done across the 3 main aspects of the inspection framework relating to children and young people with SEND, namely: identifying SEND; meeting needs; and improving outcomes.

These themes are detailed in the supplementary In Control Briefing, Main Findings - OFSTED and CQC ‘Local area SEND inspections: one year on’ October 2017.

The Local Government and Social Care Ombudsman similarly offers insights about where progress needs to be made:

“We issued a report in March 2014, highlighting the shortcomings which needed to be addressed with the new EHCP system.

“Regrettably, our first 100 investigations show this has not happened.

“The system is not failing universally. But for those people who come to us, we are finding significant problems – sometimes suffering long delays in getting the right support and children ultimately failing to reach their potential.”

All children with existing Statements of SEN should be transferred to the new plans by April 2018. But according to government statistics, by January this year just under a third of those pupils
with Statements of SEN in place 12 months earlier were transferred to EHC plans. In addition, many plans are not being completed on time, with less than 60% of new EHC plans issued within the 20-week timescale in 2016.

While the Ombudsman has seen a relatively small number of complaints so far, investigators have upheld nearly 80% of those it has received. This is far more than the Ombudsman’s average of 53%. Complaints and enquiries are also increasing, having doubled in the past two years. Because a large number of Statements are still to be transferred – and it can take around nine months for someone to go through the council’s complaints process before approaching the Ombudsman – it believes the number of complaints and enquiries it receives will continue to rise.

Issued on 23 October 2017, the Ombudsman’s report highlights some of the common issues investigators have found in their first 100 cases. One of the overriding features is significant delay in the process. Other issues include: failing to involve parents and young people properly in the decision-making process, not gathering sufficient evidence to inform decisions, and a lack of proper forward planning when young people move between key educational stages.

The report gives local authorities best practice guidance to help councils get things right. It also offers councillors and scrutiny chairs questions they can ask of their own authorities to ensure they offer children and young people with Special Educational Needs the best possible start. The advice is strong on improving processes and the competence of staff to implement those processes. Throughout the report, however, there is a continuous thread of giving importance to the quality of engagement with children and their families.

The two reports clearly identify that there is much to do. However, addressing the key issues is consistent with the shared aspirations of In Control and member authorities and agencies. The findings of the report can inform In Control’s overall programme and enable individual members to identify how best to use their membership support.

Richard Holland, In Control Associate
10/11/17
In Control Supplementary Briefing

Main Findings - OFSTED and CQC ‘Local area SEND inspections: one year on’
October 2017

1. Children and young people identified as needing SEND support had not benefited from the implementation of the Code of Practice well enough.

2. Children and young people who have SEND were found to be excluded, absent or missing from school much more frequently than other pupils nationally.

3. School leaders had used unofficial exclusions too readily to cope with children and young people who have SEND.

4. Access to therapy services was a weakness in half of the local areas inspected.

5. Access to child and adolescent mental health services (CAMHS) was poor in over a third of local areas.

6. There had not been enough progress in implementing a coordinated 0–25 service for children and young people who have SEND.

7. In particular, the commissioning of health services for up to 25 was inconsistent. For example, in some local areas, therapy and school nursing services had only been commissioned for up to 19. In other local areas, there was a lack of coordinated planning as young people moved into adult services.

8. Children’s and young people’s SEND were identified well in the early years, particularly for those with complex needs. Parents generally felt supported and involved in the process.

9. However, the further through the schooling system children progressed, the less established opportunities for education, health and care professionals to work together became, particularly in mainstream schools.

10. In over a third of the local areas inspected, leaders across education, health and care did not involve children and young people or their parents sufficiently in planning and reviewing their provision (a process known as co-production). Leaders have not been successful in establishing strong practice when co-producing children and young people’s plans. In particular, there were weaknesses in co-production during the statutory assessment and annual review processes, including when statements of special educational needs were converted to EHC plans.

11. Many local area leaders were unaware of the depth of frustration among local parents and what their concerns were about. Parental dissatisfaction was often a significant factor.
when inspectors judged that a local area should submit a written statement of action.

12. A large proportion of parents in the local areas inspected lacked confidence in the ability of mainstream schools to meet their child’s needs.

13. In the most effective local areas, strong strategic leadership had led to established joint working between education, health and care services.

14. The statutory assessment process was not working well enough in just over two thirds of local areas inspected (21 in number). In particular, there were common weaknesses in the process for securing the statutory contributions from health and care professionals to assessments. Consequently, the quality of EHC plans varied considerably both within and across the local areas inspected.

15. Local offers were not effective in helping parents to access information and services in over half of the local areas inspected. Local area leaders had not promoted their local offers well enough to parents or to frontline staff. As a result, very few parents used their area’s local offer to access the information they needed because they were unaware that the local offer existed.

16. Local area leaders have had varied success in securing the use of personal budgets. In some local areas, leaders have supported families by allowing a freer approach to how personal budgets can be accessed and used. However, in just under half of the local areas inspected, there were less than five personal budgets allocated. In three local areas, there had been a zero uptake altogether.

17. The proportions of young people who have SEND who are not in education, employment and training were low, particularly for those who had an EHC plan.

18. Children and young people who have SEND and their families typically had good access to high-quality short breaks.

Richard Holland, In Control Associate
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