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Darren Chaplin, Local Area Nominated Officer, North Lincolnshire Council  
Helen Davis, Interim Director of Nursing Quality, North Lincolnshire Clinical  
Commissioning Group

Dear Ms Brierley

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

Between 6 December 2021 and 10 December 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of North Lincolnshire to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) 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 two children's services inspectors from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and NHS officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the 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.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

## **Main findings**

- Leaders in the local area demonstrate a commitment to the principles of the 2014 special educational needs code of practice. Commissioners use the SEND joint needs assessment, alongside consultation with providers, parents and carers, and young people, to identify needs and plan support. Strong systems of governance and quality assurance are in place to check that the service meets the needs of children and young people.
- Leaders in the local area take the idea of co-production seriously. Co-production is a way of working where children and young people, families and those who provide the services work together to create a decision or a service that works for them all. Members of the parents' forum sit on a number of steering groups to advise and evaluate aspects of SEND provision. They organise annual conferences, coffee mornings and virtual support to help parents and carers. The clinical commissioning group (CCG) has regular meetings with the highly effective special educational needs and/or disabilities information, advice and support service (SENDIASS). Leaders use feedback from parents and carers well to explore how the local area can better respond to the needs of children and families.
- In recent years, leaders have worked closely with schools to enhance provision for children and young people with SEND. Further enhanced provision is being provided in mainstream schools for pupils with SEND, including pupils with autism spectrum disorder and social, emotional and mental health (SEMH) needs. The recent commissioning of a new post-16 free school for young people with complex needs reflects a determination to better prepare young people with SEND for adulthood.
- Leaders ensure that new education, health and care (EHC) plans are completed in a timely manner and to an appropriate standard. Leaders are less effective in ensuring that amended plans are returned on time after annual review meetings. This leaves parents uncertain as to whether actions discussed at reviews are considered by the professionals who are supporting their children.
- Health visiting and school nursing offer a fully integrated 0–19 service. In some cases, health visitors keep children and young people with SEND on their caseloads for up to seven years to provide continuity of care. In addition, school nurses continue to work with young people aged over 19 years. This is helping children and young people to access a consistent service.
- The voices of children and young people with SEND in North Lincolnshire are important in influencing the services that support them. For example, young people sit on interview panels for school nursing, children's centres and

community interest companies, such as Changing Lives. The views of young people who use the child and adolescent mental health service (CAMHS) are being used to inform the redesign of the CAMHS building.

- The local area team coordinates actions that enhance wider outcomes for children and young people with SEND effectively. Community children's nurses help children with complex needs move on to their next steps in education and training. They start the transition process early to achieve the best outcome for the young person. Leaders take effective action to support independent living through a series of managed actions that help young people into housing and employment.
- There are areas where effective provision for children and young people with SEND is helping them to achieve better outcomes. In primary schools, children with an EHC plan are achieving good outcomes in reading, writing and mathematics. In the post-16 phase, higher proportions of young people with SEND progress to employment and training than are seen nationally. In secondary schools, the picture is more variable. Pupils at SEND support achieve lower outcomes than their peers nationally.
- The vast majority of children and young people with SEND benefit from good mainstream school provision in the local area. This is complemented by highly effective special school provision in the maintained and independent sector. The use of enhanced provision in mainstream schools is increasing the local area's provision for pupils with SEND. In some cases, staff from special schools work with staff across the local area to build expertise in mainstream settings. Despite this, there are insufficient places for children and young people with SEMH needs. This gap has contributed to high rates of school suspension for pupils with SEND.
- Although local leaders are taking action to improve communication, some parents are concerned that the local area fails to respond to their requests for help. They express frustration that referral processes are too slow and that excessive barriers are put in place that prevent them getting support. Over time, many parents and carers feel that they have had to battle to get the provision and support their child needs.
- In some places, capacity to meet the needs of children and young people with SEND is stretched. For example, in occupational therapy, children's needs are not met in a sufficiently timely way. In addition, some families face considerable challenge while awaiting diagnosis on the neurodiversity pathway. Leaders are mindful of this and have put new strategies in place. Currently, these strategies are providing extra support as families await a diagnosis.
- Over time, pupils with an EHC plan and pupils at SEND support have been more likely than their peers nationally to be suspended from school. Leaders are working with schools to address this issue. Their actions include support for

additionally resourced provision within school settings. This stronger partnership working is contributing to a recent reduction in suspension figures.

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

### **Strengths**

- The local area SEND team provides training to help staff in schools identify the needs of children and young people accurately. The underlying needs of children and young people with SEND are now identified more accurately than they were previously. This is enabling better support to be put in place.
- Health teams use an information technology system that supports information-sharing. This system is used by health visitors, school nurses, therapy teams, general practitioners and CAMHS. It provides multiple agencies with access to the information they need to identify the needs of children and young people with SEND effectively.
- Health visitors work collaboratively with other agencies, such as children's centres and nurseries, to jointly identify any emerging needs of children and to refer appropriately. This collaboration helps children's needs to be identified and met promptly.
- Local area special educational needs coordinators (SENCOs) provide effective support and guidance. The local authority SEND team supports the ongoing oversight of children identified as 'borderline' in its two-year-old checks. Where necessary, this close monitoring supports prompt referral to early help services.
- The early years triage panel works effectively to identify the right support by the right person at the right time for children under the age of five. The team has recently introduced a speech and language therapist to identify the needs of children under three. On occasion, this has led to referral to other services, including ear, nose and throat specialists. As a result, children's needs are more precisely identified and met.
- Systems are in place for families and parents and carers who live or are educated in the local area to self-refer into therapy and CAMHS. When referrals take place, children and young people receive appropriate assessments that support their care.
- Children and young people who are engaged with the youth justice programme can be referred to CAMHS. Multi-agency practitioners in the youth justice programme benefit from the attendance of a CAMHS practitioner at their weekly panel. As a result, practitioners are able to identify any previously unrecognised emotional or mental health needs.

- Children and young people with an emerging eating disorder can quickly access support and treatment through the eating disorders multi-disciplinary team approach. This is helping to avoid unnecessary hospital admissions.

### **Areas for development**

- Some children and young people are waiting too long for a neurodiversity assessment and diagnosis. This waiting time can be up to 18 months. Local area leaders have a plan in place to improve waiting times and to provide extra support for those awaiting diagnosis. Despite this, some families continue to experience a lack of support, resulting in stress and anxiety for those affected.
- The local area is yet to return to full capacity in carrying out integrated two-year reviews following the disruption caused by COVID-19. Parents expressed concern that poor communication between professionals is hindering support for their children. This is leading to gaps in some aspects of early identification.
- In some instances, children's needs are not being identified fully in the primary phase. This is leading to increased pressure on the system at the secondary phase, and further delays in children and young people receiving the right support.

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

#### **Strengths**

- The local area has introduced a range of strategies to meet the needs of young people. In special school settings, staff work closely with health and social care to meet the complex needs of children and young people. Area SENCos work with school staff to build their expertise in identifying and addressing needs. The SEND team monitors outcomes for children with SEND. It provides appropriate support and challenge to settings to check that the needs of children and young people are being met.
- The local area takes purposeful action to address the needs of children with SEND at an early stage. The early years panel provides funding to support a child's needs in advance of statutory assessment. Children's needs are therefore met at the earliest opportunity. Leaders take action to support children with complex needs by providing staff with the necessary training. This enables children and young people with SEND to be admitted to appropriate settings as quickly as possible.
- The designated clinical officer (DCO) has developed and oversees the jointly commissioned nurse educator role. This has supported training in SEND for domiciliary care agencies, ambulance staff, other health professionals and

mainstream schools. Those carrying out this role also provide guidance to the residential children's home that is used for short breaks. Such support is helping children and young people to remain in their settings.

- The overwhelming majority of children and young people with SEND who talked to inspectors were highly appreciative of the support they receive. They described how the adults they work with build their confidence and support their emotional well-being. Many benefit from an ambitious and broad curriculum in school, and receive guidance that helps them to plan their next steps in education, employment or training well.
- Many parents value the support they receive from school SENCOs and other school staff. In a number of cases, this support had a transformative effect on the well-being of pupils and families. Parents appreciate the personal help they receive from the highly effective SENDIASS. Leaders in the local area secure the views of parents and carers in joint commissioning and evaluation of services. Local area leaders are using parental feedback effectively to inform provision for children and young people with SEND.
- Mental health training has been made available across schools and early years settings for parents and carers and professionals. CAMHS has offered schools consultation appointments to discuss any concerns they may have related to the behaviour of children and young people on their rolls.
- On occasion, leaders use bespoke commissioning for children with specific high-level needs. This has included action to support children and young people with highly complex medical needs. Such commissioning has also been used to provide families with specialist mental health support at home. This has reduced the use of more intensive intervention, such as hospitalisation.

### **Areas for development**

- While the availability of enhanced provision in mainstream settings for children and young people with SEND is increasing, shortfalls remain. The weaker attainment of young people at SEND support in secondary schools, coupled with historically high rates of suspension, show that gaps in provision have hindered outcomes for young people with SEND over time.
- Some parents and carers express concern at the delays experienced in receiving support for their children. For a small number of families, this has caused distress. Some parents and carers continue to feel that they are passed from one professional to another. For these parents and carers, their experience of the cooperation between education, health and social care has been negative.
- The majority of EHC plans are reviewed annually as a matter of course. However, annual review paperwork is not completed and returned promptly. On occasion, these reviews are not returned before the next annual review is due to take

place. This creates uncertainty for parents and carers, who worry that professionals may not be acting on the most up-to-date advice.

- There are areas where waiting lists cause delays in how well the needs of children and young people with SEND are met. These delays are evident for those accessing the neurodiversity pathway and occupational therapy. They prevent some children and young people from getting the help they need in a timely manner.

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

### **Strengths**

- Children and young people with SEND achieve many positive outcomes. They attend school more regularly than their peers nationally. They get off to a good start in their early reading. Pupils with an EHC plan secure higher attainment scores than their peers nationally and are more likely to remain in employment, education and training. This enhances their life choices.
- The local area has effective support for early years. This includes good rates of two-year-old funding, portage work across services and input from health visitors. Young children are given timely early input to help them to catch up with their peers before entry to statutory education.
- Transition arrangements are co-produced with college staff and parents and carers to ensure that information is available to all partners on what to expect as young people transfer to the next stage of education, employment or training. These arrangements address the key themes of preparation for adulthood, including independence and community inclusion. Young people are reviewed from 14 years old at the preparation for adulthood group to ensure that robust planning for their future is in place. This means that all partners have clear plans in place to consider young people's future needs to support positive outcomes.
- There are good examples of effective support for young people to live independently. For example, one college has a flatlet, which enables pupils to develop practical life skills. The local area has begun to build new accommodation that offers some young people supported living arrangements. This process is managed carefully and well, with clear steps in place to build independence in an incremental manner.
- The offer of up to five days of post-16 provision for children and young people with SEND has been co-produced. One college recently launched an 'active8' scheme that is helping students to come together for social activities. This is promoting friendships in preparation for life after college well.

- The palliative care nurse works across all of health to provide education around palliative and end-of-life care. The nursing team works closely with the hospice, with plans in place to extend support to a round-the-clock-model of care in the community. As a result, children, young people and families receive a holistic package of care.
- Leaders identified a lack of employment opportunities for young people with SEND. In response, they have appointed job coaches and improved staff training to give young people with SEND increased access to the world of work.

### **Areas for development**

- The academic outcomes achieved by pupils at SEND support in North Lincolnshire are lower than for pupils at SEND support nationally. Despite improvements, these pupils remain more likely to be suspended from school than other pupils nationally.
- Although post-16 providers help students to learn to travel independently, travel training schemes are not sufficiently in place to support children and young people at an earlier age. This limits opportunities to develop independence and confidence for school-age pupils with SEND.
- Many children, young people and their families do not believe that leisure breaks are effective. Many families feel that activities do not match the age or meet the needs of their children. While school provision is valued, wider local area support is felt to be limited. This is inhibiting the development of social skills that will help children and young people with SEND prepare for adulthood.
- Across health services, many practitioners are not trained in how to write effective outcomes for their contributions to EHC plans. In some cases, this is reflected in gaps in health input into EHC plans. This means that important areas of development for some children and young people with SEND may be missed.

Yours sincerely

### **Ofsted**

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### **Care Quality Commission**

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