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Mr Mike Maguire, CCG Chief Officer, West Lancashire

Mr David Bonson, CCG Chief Officer, Blackpool

Mr Roger Parr, CCG Chief Officer, Blackburn with Darwen

Mr Stephen Martin, Local Area Nominated Officer

Dear Ms Hatton

Joint local area SEND inspection in Lancashire

Between 13 November and 17 November 2017, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Lancashire to judge the effectiveness of the area in implementing special educational needs and disability (SEND) reforms, as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including an HMI, an Ofsted Inspector and two children's services inspectors from the CQC.

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, 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 were implementing the SEND 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 information 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 groups are jointly responsible for submitting the written statement to Ofsted.

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

Main findings

- There are two fundamental failings in Lancashire local area. Children, young people and their families are not at the heart of the delivery of the SEND reforms and leaders have failed to work together to deliver these reforms. As a result, children's and young people's needs are not always being effectively identified or met and many outcomes are not improving.
- The provision for children and young people who have SEN and/or disabilities has not been a priority for elected members or leaders across health, education and social care. The local authority has had to deal with significant turbulence and unrest in leadership arrangements in past years. This, coupled with an inadequate judgement for children's services and reorganisational and financial challenges, have diverted leaders' attention away from ensuring the implementation of the Code of Practice.
- Leaders in the local area are unable to demonstrate effective joint strategic leadership in terms of implementing the reforms. They rightly describe being late in terms of implementation, but have underestimated how far behind they are. The local area is well behind in terms of implementation.
- A lack of effective strategic leadership means that there is poor joint working across education, health and care professionals. This is exacerbated by a lack of a designated clinical officer (DCO) or designated medical officer (DMO) or a clear SEN strategy. As a result, the health and well-being, and improvement of outcomes, for children and young people who have SEN and/or disabilities are compromised.
- Leaders have an inaccurate view of their strengths and weaknesses. This is because they have not evaluated the impact of their actions or taken into account the views and lived experiences of children, young people and their families. This has led to weak arrangements for joint commissioning.
- The autism spectrum disorder (ASD) pathways, where they exist, do not comply with the guidelines of the National Institute for Health and Care Excellence (NICE) guidelines. This results in inaccurate identification and the needs of children and young people and their families not being met.
- Inconsistency and variability in terms of children's and young people's needs being met are constant themes across the local area. Too much depends on

where a child lives and which professional is involved in their situation. This results in an inequality of experience for children and young people and their families. Where there are successes, they are in silos and because of the excellent work of front-line staff or leaders, rather than because of strategic leadership. Where there are strengths in terms of provision, this good practice is not shared across the area.

- Parents report bewilderment and confusion about how decisions are made by services about their children. They do not believe that systems and processes are transparent and fair. Consequently, most of the parents whom inspectors heard from have lost trust in the local area.
- The views and experience of provision among parents who took part in the inspection are overwhelmingly damning. Leaders are unaware of the extent of this. During the inspection, it became clear to leaders that much work, tenacity and purpose are needed to regain the trust of parents and carers and to put them, children and young people at the heart of the SEND reforms.
- Co-production is weak and there is no clear understanding of what true co-production means. This is contrary to the requirements of the Code of Practice.
- The quality of education, health and care (EHC) plans seen during the inspection was alarmingly poor. Many EHC plans contain gaps, are out of date and/or do not reflect all of the child's or young person's needs. This means that those needs are not being met.
- Leaders have not acted quickly enough to reduce the proportion of children and young people who have an EHC plan or statement of SEN who are permanently excluded. The number of exclusions is at an unacceptable level and continues to rise. The negative impact of these exclusions on children and young people and their families is considerable.
- The local offer is not used effectively. This is because of little awareness of its existence and the inaccessible manner in which information is provided to users.
- There are not enough commissioned healthcare services for young people who have SEN and/or disabilities beyond the age of 16. Many parents who took part in the inspection described the provision as 'a chasm'. Weaknesses also exist after the two- to two-and-a-half-year-old checks.
- Inspectors identified weaknesses in the quality of record keeping and sharing of information relating to safeguarding. Some of the more vulnerable children and young people who spoke to inspectors did not have a good understanding of how to keep themselves safe.
- POWAR (Lancashire's participation council group for children and young people who have SEN and/or disabilities) gives individual young people the opportunity to share opinions about issues that affect them. POWAR has recently produced impressive resources around child sexual exploitation and

healthy relationships for children and young people who have SEN and/or disabilities. These young people are a force for good in the local area.

- The culture and focus at Lancashire have begun to change in recent months. Professionals are starting to talk to each other and are beginning to see the benefits of finding joint solutions to common challenges. Inspectors saw emerging signs of improvement, which should act as an impetus for the local area to move forward with greater urgency.

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

Strengths

- The portage service is highly valued by families and practitioners. This service is responsive and effective in helping to remove the challenges that face children and their families. As a result of this support, the youngest children's needs are identified early.

Areas for development

- Children and young people are at risk of delays in the provision of specialist healthcare services due to obstructive referral procedures. Access to services is challenging and inconsistent across different providers.
- Most parents that contributed to the inspection do not have confidence that the local area identifies their children's needs effectively.
- There is a lack of transparency for parents and carers about the criteria for the identification of needs. This contributes to a belief that the EHC process is done to them rather than with them.
- There is no clarity, and real confusion, among professionals about who can request an EHC assessment and when. This means that children and young people are at risk of not having their needs met in a timely manner and receiving the help they need.
- From a very slow start, the local area is well on its way to ensuring that all statements convert to an EHC plan before the nationally specified date. However, the focus on completing all conversions by March 2018 has resulted in poor-quality EHC plans. Inspectors saw delays of more than 11 months in amendments to EHC plans being made following annual reviews. This means that children's and young people's needs are not being appropriately met.

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

Strengths

- Children and young people who have SEN and/or disabilities can access effective speech and language therapy (SALT) and occupational therapy in a timely manner across Lancashire. Joint working between therapists, workshops and group therapy sessions is used appropriately and sensitively to increase the number of children who are able to benefit from these services.
- Parents and children are benefiting from SALT drop-in sessions offered across the north and south of Lancashire. Therapists are able to provide a range of services from simple advice and guidance through to formal referrals for specialist input. This gives these children and young people the help that they require.
- Young children and their families access effective child development centres in some localities. Multi-agency assessment and care planning are strong. The support from the specialist health visiting team provides a consultation service to other colleagues. In addition, the team delivers evidence-based support, for example on sleeping, behaviour and toileting.
- A joint healthcare and education provision is based in the east of the area and is overseen by the hospital education team. This day provision supports the healthcare and education needs of those children and young people who are unable to access mainstream education because of their mental health difficulties.
- Parents consider the information, advice and support (IAS) to be a well-run and well-used service. Evidence shows that when the IAS service has been involved to support families, dispute resolution has worked. This means that solutions can be found and children and young people receive the support that they need.

Areas for development

- ASD diagnostic pathways across Lancashire are of very poor quality. For the areas that have a pathway, none is compliant with NICE guidance. Worse still, children and young people in the north of the area are not able to access any diagnostic pathway whatsoever. CCGs across Lancashire have failed to reach any consensus on commissioning an area-wide pathway over a period of years. This is a serious failing in meeting the needs of children and young people.
- Families with children who need specialist input by SALT for eating, drinking and swallowing are often unable to access support and care locally. In some

areas, families are expected to travel unrealistic distances, whereas children in other areas can access the same support within their neighbourhood. This puts unreasonable pressure and expectations on families who are reliant on these essential services.

- There is no secure evidence to indicate that children looked after in Lancashire have their healthcare needs identified, assessed and met. This is because there is no oversight across Lancashire of this group. There is inconsistent practice across Lancashire and variable experiences for these children and young people.
- Families do not benefit from a unified healthcare service, particularly in relation to specialist equipment and consumables, such as continence products. There are particular barriers when children live in one area but are registered with a GP or consultant in another area. When children do not meet the continuing healthcare criteria, they have no option other than to obtain these consumables from hospitals. This means that children are at risk of not having the right equipment at the right time.
- Specialist nursing services are inequitable, with significant gaps in provision in some areas. For example, one area had only one complex needs nurse, no special school nurse, no paediatric outreach and no community children's nurse due to its commissioning arrangements. This poses not only a significant risk to children, but is also a clinical governance concern and is unsustainable for the nurses providing the care.
- Experience of the system among parents whom inspectors heard from is poor. They struggle to identify any areas that have improved as a result of the implementation of the reforms. In fact, many described a reduction in services that were a strength in the past, such as access to short breaks. Very few parents believe that their children's needs have been effectively assessed and their needs met.
- Weaknesses in joint working approaches and the process for assessing children's and young people's needs have led to stark weaknesses in the quality of EHC plans. In too many cases, poor planning and weak recording systems mean that children's and young people's needs are not being adequately met.
- The contribution of healthcare and social care professionals to EHC plans is deficient. This seriously hampers children's and young people's healthcare and social needs being met. EHC plans are too focused on educational outcomes, even when a child or young person has significant healthcare and/or social needs.
- Parents' awareness of the local offer is poor. Information on the local offer does not always give parents and users the information that they need to access the right service in the easiest way possible.
- Transition arrangements across the area are splintered. There is no evidence of a strategy to ensure that young people transition effectively into adult

services, or that appropriate arrangements are in place for those young people who do not meet adult thresholds. Inspectors saw evidence of good practice, such as in physiotherapy in the east of the area and where specific GPs or consultants have a special interest in transition, but there is no mechanism to share and disseminate learning.

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

Strengths

- Children and young people who have SEN support and those who have an EHC plan or statement of SEN have high attendance rates in comparison with the national averages.
- The Youth Offending Team (YOT) and SEN services work together to deliver good-quality, safe and sustainable restorative services. This improves the life chances of these children and young people.

Areas for development

- There is little evidence to show how the outcomes of pupils who have SEN and/or disabilities have improved as a result of the implementation of the SEND reforms in the local area.
- The local area is not doing enough to improve the life chances of young people as they move into adulthood. The numbers of young people on supported internships and accessing supported living is low. Similarly, the proportion of young people who have learning disabilities securing paid employment is three times lower than the national average. This is despite the high proportion of young people who have SEN and/or disabilities attaining a level 3 qualification.
- Children receiving a universal health visitor service are not supported to be school ready. The commissioned service ends after the two- to two-and-a-half-year review. For those children who do not access early years provision, concerns that may become evident after this age are not being identified. This results in some children starting school well behind in their development for their age.
- Children's and young people's access to short breaks is poor. Health visitors and school nurses across Lancashire report a lack of accessibility. This creates situations that are difficult and stressful for families.
- Leaders have not addressed the underachievement of children and young people who have SEN support or an EHC plan. The standards reached by these children are lower than those seen nationally at the end of early years and key stage 1. At key stage 4, the progress made by young people who have an EHC plan or statement of SEN is the lowest 10% nationally. Despite

leaders accurately analysing educational outcomes, the year-on-year trend of underperformance has not been addressed.

- The proportion of children and young people who have SEN and/or disabilities and are permanently excluded is too high. While the proportion of permanent exclusions has reduced in primary schools, it has increased exponentially for secondary-age pupils. For those who have an EHC plan or statement of SEN it is more than four times the national average. The local authority's own information for 2016/17 shows a bleaker picture. Even though this has been the case for a number of years, insufficient action has been taken. The impact and pressure of this are felt particularly by special schools and pupil referral units, which are beyond capacity. Consequently, pupils are being inappropriately placed in schools and their experience of education worsens.
- A number of parents reported a very poor transition experience for their children as they moved from mainstream primary to secondary. Although the transition itself was seen as well planned and managed, the experience has become less positive. Some children and young people and their parents told inspectors that some teachers do not know how to manage their special educational needs appropriately.

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 local area will tackle the following areas of significant weakness:

- the lack of strategic leadership and vision across the partnership
- leaders' inaccurate understanding of the local area
- weak joint commissioning arrangements that are not well developed or evaluated
- the failure to engage effectively with parents and carers
- the confusing, complicated and arbitrary systems and processes of identification
- the endemic weaknesses in the quality of EHC plans
- the absence of effective diagnostic pathways for ASD across the local area, and no diagnostic pathway in the north of the area
- no effective strategy to improve the outcomes of children and young people who have SEN and/or disabilities
- poor transition arrangements in 0–25 healthcare services
- the disconcerting proportion of children and young people who have an EHC

- plan or statement of SEN who are permanently excluded from school
- the inequalities in provision based on location
 - the lack of accessibility and quality of information on the local offer.

Yours sincerely

Jonathan Jones
Her Majesty's Inspector

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Cc: Department for Education
Clinical commissioning group
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