

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

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



9 February 2016

Mr Steve Walker  
Interim Director of Children's Services  
Leeds City Council  
PO BOX 837, Children's Services  
Leeds  
LS1 9PZ

Dr Andy Harris, Chief Clinical Officer, Leeds South and East CCG

Mr Nigel Grey, Chief Officer, Leeds North CCG

Ms Philomena Corrigan, Chief Executive, Leeds West CCG

Ms Barbara Newton, local area nominated officer

Dear Mr Walker

### **Joint local area SEND inspection in Leeds**

From 5 December to 9 December, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Leeds 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 team inspectors including an Ofsted Inspector and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, representatives of the local authority and National Health Service (NHS) officers. Inspectors also met with parents and carers at the settings and held an online webinar for other parents and carers to gather their views.

Inspectors visited a range of providers and spoke to leaders, staff and governors about how they are implementing the reforms for children and young people who have special educational needs and/or disabilities. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

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

## **Main findings**

- Children and young people who have special educational needs and/or disabilities are proud to be citizens of Leeds. They have a real voice in shaping their education, health and care plans. Many make strong progress towards achieving their personal development goals. Children and young people also have a voice in developing new services to meet their different needs.
- Leaders listen to children and young people and respond by doing all they can to keep them safe. Crucially, leaders act robustly on information that indicates that settings or services may not be as diligent as they should be in this key area of work, for example in their response to potential concerns raised during the inspection.
- The outcomes for children and young people who have special educational needs and/or disabilities are improving in relation to the progress they make towards their personal development goals and ambitions. However, academic progress is poor, particularly for secondary-aged young people who require support for their special educational needs and/or disabilities.
- Most parents are confident that their child's needs are being met, particularly relating to personal development, and as a result, are fulsome in their praise for individual staff across the services' workforce.
- The quality and sufficiency of provision for children and young people who have special educational needs and/or disabilities across the area are variable, leading to variability in outcomes. Leaders themselves have recognised the need for improvement and demonstrate their commitment to securing this through current and planned developments.
- Leaders across education, health and care services demonstrate clear insight and capacity to improve services in response to unmet needs, by working together with parents and young people. For example, the development of the Future in Mind strategy has led to improved services to assess and meet the needs of children and young people with social, emotional and mental health (SEMH) needs.
- The efficiency of the identification of children and young people's special educational needs and/or disabilities is inconsistent. Joint working in the early years sector, particularly in children's centres, is reaping rewards, as an increasing number of children reach a good level of development by the age of five. However, the identification of specific educational needs that emerge during childhood, for example dyslexia, is less efficient.
- Leaders are beginning to develop a systematic approach to understanding the reasons for the poor educational outcomes and attendance of children and young

people with different types of special educational needs and/or disabilities. It is too soon to assess the impact of this crucial aspect of the local area's work.

- In some health services, insufficient resources, combined with increased demand, result in children and young people experiencing unacceptable delays in having their needs assessed. This is particularly the case for those whose assessment may result in a diagnosis of autism and children waiting for speech and language therapy.
- Some parents raised concerns about the delays in identifying their child's needs, particularly those with specific learning difficulties relating to dyslexia, or in meeting identified needs requiring support from care services. Inspection evidence confirmed weaknesses in these aspects of the local area's work.
- Only a few of the parents to whom inspectors spoke were aware of the local offer. Those who know about the web-based information are involved in working with the local area to improve the website. Records show that very few parents use the independent advice and support service. Parents describe both feeling isolated and benefiting from the support networks created by schools and settings.

## **The effectiveness of the local area in identification of children and young people who have special educational needs and/or disabilities**

### **Strengths**

- Leaders have maintained and developed services for the youngest children living in vulnerable communities. As a result, children who have delayed development are identified early. Parents of these children report smooth and efficient identification of needs, particularly through their involvement in children's centres.
- The increased uptake of health checks for children and young people aged 0 to five and five to 19 supports the early identification of children who may have additional needs. Extra checks about bonding and attachment are made by health visitors at the babies' six-to-eight-week review. This supports access to additional services, where needed, to secure the best start to developing good emotional health.
- The implementation of care pathways in some health services is supporting children to have earlier access to these services. In child and adolescent mental health services (CAMHS), waiting times for consultation appointments have reduced by 11 weeks over the last 12 months. The single point of access through the 'MindMate' website, together with additional resources, has led to improvements in the timely identification of mental health needs.
- During the academic year 2015/16, 63% of parents attended the multi-agency panel meetings that decided whether their child needed to be assessed for an education, health and care (EHC) plan. The opportunity to discuss their child's needs resulted in a good proportion of parents being satisfied with the outcomes

of the meeting, including when it was agreed that their child did not need an assessment.

- The visibility and needs of children and adults with a learning disability in some general practices has increased. The use of the Commissioning for Quality and Innovation (CQUIN) incentive has, for example, identified additional children who had not previously been recorded on learning disability registers. There is more to do to embed this practice.
- The special education needs inclusion team (SENIT) provides an effective service that identifies children's needs through a range of assessments and support for special educational needs coordinators in schools.
- The educational psychology team provides a timely assessment service to children who arrive in the city new to the country. This ensures that those who have special educational needs and/or disabilities in addition to being new to English are identified.
- The process for identifying and assessing needs leading to an EHC plan runs efficiently. Currently, 90% of new EHC plans are completed within the 20-week timescale.
- Effective planning for adulthood is in place through early identification of the skills that young people need to achieve their aspirations. For example, the independent travel training programme is ensuring that young people have the skills they need to get to the workplace.

### **Areas for development**

- Leaders have not responded to the significant difference between the proportion of children who have specific learning disabilities, particularly dyslexia, and the proportion seen nationally for the same group. Consequently, leaders have not ensured that all children with specific learning disabilities have their needs identified adequately. Parents and young people have concerns about the impact of unmet needs stemming from dyslexia on their emotional health.
- The local area established an unrealistic timetable for the conversion of statements of special educational needs to EHC plans, resulting in unnecessary pressure on schools and colleges. Equally, the timescale has created a log jam, and many reviewed plans are not getting back to parents and schools before the date of the next review meeting.
- The NHS England commissioner oversees an action plan to improve the early identification of the needs of babies, because this is not as effective as it could be. For example, fewer checks take place on new-born babies' hearing compared with other areas in England.
- The school nursing service is not commissioned to complete health checks at key points of transition for young people. This commissioning decision limits the

opportunity to identify the needs of young people at these crucially important times.

- Some parents reported that their child's need for social development away from their immediate family, through short breaks, is not accurately identified. Examples of EHC plans confirmed that this is the case for some young people.

## **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**

- Leaders have responded to the inadequacy of provision for children and young people who have social, emotional and mental health (SEMH) needs. Over the last two years, improved collaboration between education and health professionals, parents, and children and young people has led to a range of provision that is substantially different from previous services. The positive impact for children and young people within mainstream schools is beginning to emerge, as their needs are now assessed and met.
- The local area works closely with the multi-academy trust that leads the new special school specifically for children and young people who have SEMH needs. Together, they work to systematically review and assess each young person who has SEMH to ensure that their needs are met appropriately.
- Funding for inclusion, including for the early years, allows funding resources to be used to meet children and young people's needs whether or not there is an EHC plan or statement of special educational needs in place. The local area monitors whether this additional funding is making a positive difference in meeting children and young people's needs and responds appropriately if not. Schools and settings, including the college visited, reported satisfaction with the funding process as it currently stands.
- Parents and young people describe the benefits of school-based resourced provision. Children and young people access specialist support, including support provided by health services, while being included in all aspects of school life with other children. For example, in a resourced provision for deaf and hearing impaired children, deaf children learn about deaf culture that defines aspects of their lives that they have in common with other deaf people, while being included with their hearing peers. This is supporting their social development and communication skills.
- Leaders make effective use of resources by allocating funding and decision-making to area inclusion partnerships (AIPs). Leaders of groups of schools ensure that the funding is targeted to those young people most in need. As a result, permanent exclusions are low, and even non-existent, in some areas of Leeds.

- Local colleges and some special schools have been instrumental in increasing the range of options to develop work skills, including supported internships. This has increased opportunities for all young people with additional needs, including those who have SEMH needs.
- Children and young people who are additionally vulnerable are, overall, supported well to meet their personal development goals. Parents of adopted children spoke highly of the ongoing and effective support provided by post-adoption social workers. The youth offending service makes good use of the EHC plans of young people who are supported by the service to ensure that their needs are being met while they are in custody, on remand or on youth rehabilitation orders.
- Progress has been made towards ensuring that parents only need to 'tell it once'. A shared system between hospitals and community health providers and the local authority means that information about a child can be appropriately accessed to aid joint working. The early stages of this work are promising, as paediatricians now have access to a better range of information about children's care.
- Leeds Teaching Hospitals NHS Trust has made good progress in its arrangements to meet the needs of children and adults with learning disabilities. It provides information and advice to children and young people who have special educational needs and/or disabilities to help prepare them for hospital care. These approaches ensure that the needs of the young people are well known to all staff, so they can be met effectively.

### **Areas for development**

- In many EHC plans, the connection between the description of the child's needs and the intended outcomes of the plan is poor. Many outcomes are based on the universal expectation that a child will make progress in core subjects in school. Too few are child-specific. The limited focus on what is important to the individual child restricts the opportunity for progress in those areas.
- Equally, the connection between outcomes and actions to ensure that the outcomes are met is not strong. Examples of service protocols being listed as actions that do not relate to the specific child contribute nothing to the effectiveness of plans.
- In a range of support plans for children and young people who have additional needs, the lack of detailed analysis of the barriers to young people achieving good outcomes weakens their effectiveness. As a result, this group makes slow progress.
- The education plans for young people who have special educational needs and/or disabilities from Leeds who are serving custodial sentences do not relate to the education, health or care needs of each young person but, instead, focus on standard targets for behaviour in the prison. This lack of recognition of their individual needs does not aid their effective re-integration into society when released.



- The existing arrangements for the effective exchange and quality assurance of health information are not robust for the conversion of statements of special educational needs to EHC plans. This means that health staff are not always aware that a child has an EHC plan; for example, some practitioners are not asked to contribute to plans despite having completed a recent health assessment on children in the care of the local authority.
- Children and young people wait too long to have their health needs assessed or checked by some health services. The CCG has secured additional funding to increase resources at Leeds Community Healthcare NHS Trust (LCHT) to reduce waiting times for autistic spectrum disorder assessment because some children have experienced waits of over 52 weeks.
- Decisions made by LCHT leaders about recruiting speech and language therapists (SALT) to the NHS mainstream provision, and their plans to implement new ways of working, are not meeting the needs of children effectively. Children still wait too long to receive their services. More than 600 children in school-based settings and more than 200 children in clinic settings are experiencing prolonged waits that exceed 18 weeks.
- The arrangements to ensure that the health needs of children and young people who have special educational needs and/or disabilities are met while they are supported by the escorts in the transport team are not clear. Inspection evidence indicates that there is a discrepancy between policy and practice in different settings.
- Leaders recognise that the assessment of need for social development outside of the family, through short breaks and leisure activities and including personal budgets and direct payments, is not linked to the EHC planning process. This is causing anxiety and confusion for parents, many of whom feel there is little transparency in how services are allocated to meet identified needs. Leaders' plans show they are going to revisit this element of their offer so that it is better aligned to the EHC planning process.
- Nearly all of the parents that inspectors spoke to during the inspection did not know of, or use, the Leeds local offer. This means that they miss out on key services or do not know where to get high-quality support. The feedback from a small number of parents in August 2016 is being acted on by leaders. Some parents, through the EPIC (empowering parents, improving choices) parents forum, remain involved in improving the offer.

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

### **Strengths**

- Many young people make significant progress in achieving their personal development goals and ambitions, for example by learning to swallow safely and/or being toilet trained.

- Indicative results for 2016 show that by the end of Year 6 the most able children who have additional support needs made good progress. As a result, a larger proportion of these children reached or exceeded the standards expected for their age in reading, writing and mathematics, when compared with children without special educational needs and/or disabilities nationally.
- School and college leaders are supportive of the new SEMH strategy. A significant number of young people who have SEMH needs now receive appropriate support. As a result, they are developing better attitudes to learning and are making stronger progress in their social and emotional development.
- Joint actions between local services and schools have led to very low rates of permanent exclusion. Consequently, more children benefit from greater continuity in their learning. Strategies to tackle the high rates of fixed-term exclusions are developing, and are linked to the successful implementation of the new SEMH strategy.
- Young people placed in schools and settings outside Leeds are in appropriate settings for their needs. Officers have good oversight of these young people and know that they make strong progress towards meeting their personal goals.
- The independent travel training package promoted by the local area has proved successful with young people and has begun to increase the confidence of parents. Young people have been involved in commissioning the providers for travel training. This involvement in recruiting boosts their confidence in the support they receive.
- The supported internship project for 16- to 25-year-olds who have special educational needs and/or disabilities is developing following a pilot project during the academic year 2015/16. Thirty-six young people are currently involved. This allows young people to develop the skills they need to achieve their ambition to work.
- Most young people indicate that they feel safe in school and when out in Leeds. They confidently identify what they would do if anyone was unkind or disrespectful to them. Multi-agency involvement in child protection plans is strong. Records confirm that differing views about what is in the best interest of the child or young person are resolved with respectful debate. Leaders responded swiftly, with great care and sensitivity, when concerns about individual young people were brought to their attention during the inspection.

### **Areas for development**

- Overall, educational outcomes for children and young people who have special educational needs and/or disabilities are poor. Indicative results for 2016 reveal that progress in half the secondary schools is slow, particularly for those who need additional support.
- Attendance for over 100 pupils who needed additional support was among the lowest in England in 2016.



- Attainment in English and mathematics by the age of 19 remains low for this group. Equally, the proportion of young people aged 17 who have special educational needs and/or disabilities and remain in education or employment with training in 2015 was 82% compared with the national figure of 88%.
- The school improvement service works with schools to improve the outcomes of children and young people who have special educational needs and/or disabilities. As a result, schools develop systems that provide better support for children and young people. Unfortunately, the impact on the educational progress that children and young people make, particularly for young people who have additional support needs, is limited.
- Leaders have not used information about the progress young people with different needs make to target their support for schools. However, since September 2016, systems to use information about the progress of different groups of young people are being developed and put to better use.
- The use of outcome measures in health services is variable. This has been recognised by the designated clinical officer, who is working with health commissioners to use the CQUIN scheme to develop child-focused outcomes within children’s health services.

Yours sincerely

Susan Hayter  
**Her Majesty’s Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Cathryn Kirby Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services Children, Health and Justice.
Susan Hayter HMI Lead Inspector	Elaine Croll Children’s Services Inspector
Ian Chambers Ofsted Inspector	

CC: Clinical Commissioning Group  
 Director, Public Health for the Local Area  
 Department for Education  
 Department of Health  
 NHS England