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Rutland County Council
Oakham
Rutland
LE15 6HP

Sam Little, Lead Commissioner, Children and Families
Bernadette Caffrey, Local Area Nominated Officer

Dear Dr O'Neill

Joint local area SEND inspection in Rutland

Between 10 July 2017 and 14 July 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Rutland 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 CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were 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.

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

Main findings

- Leaders are very committed to improving the local area's arrangements for identifying, assessing and meeting the needs of children and young people who have special educational needs and/or disabilities. An 'inclusion strategy' clearly sets out the leaders' vision to improve the provision in Rutland. There have been

noticeable improvements in the local area's arrangements, particularly in the last 12 months. However, leaders recognise that the action plan to support their inclusion strategy does not have enough check points and measures to enable the children's trust and the health and well-being board to hold them fully to account.

- The local area's self-evaluation is accurate. The director for people, the head of early intervention and inclusion and the lead commissioner for children and families are very reflective about the local area's strengths and areas for development. They have included the voices of children and young people to support strategic decision-making, for example by creating the post of an emotional health and well-being specialist nurse.
- The designated clinical officer has a clear quality assurance role to ensure that health practice is effective in meeting the needs of children and young people who have special educational needs and/or disabilities. Health practitioners contribute well to the formation and effectiveness of the education, health and care (EHC) plans.
- The local area's identification of children who have special educational needs and/or disabilities in the early years is highly effective. The early years inclusion officers provide valuable guidance and support for parents and practitioners, and involve a wide range of professionals in identifying children's needs. Parents speak very positively about this service.
- The local authority and health professionals work very closely together to meet the needs of children and young people who have special educational needs and/or disabilities.
- The quality of EHC plans has improved markedly over the past 12 months. They capture the children's voices and the views of parents and carers well. The outcomes are sharply focused and reflect the hopes and aspirations of children and young people. Parents have appreciated the greater clarity in the plans.
- A higher proportion of EHC plans are completed within the statutory time frame than nationally. The local area is on track to meet the 2018 deadline for transferring statements of special educational needs to EHC plans.
- The academic outcomes for children who have special educational needs and/or disabilities are improving. Pupils are starting to make better progress between key stages 1 and 2. Pupils who have an EHC plan in Rutland made better progress than other pupils nationally between key stages 2 and 4 in 2016.
- The communication of the local offer (the online tool for signposting families to services) has not been effective. Many parents are unaware of the local offer and some expressed frustration about the lack of information within the local offer website. Leaders recognise this and have already started talking to parents about how they could communicate the local offer to them more effectively.
- Children and young people who have special educational needs and/or disabilities say that they feel safe in Rutland. The 'safe place' initiative in Oakham, which signposts places where young people can go if they feel

vulnerable and need support, has given young people more confidence to visit the town independently. In addition, professionals are vigilant and act promptly on any safeguarding concerns that arise, to help keep children and young people safe.

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

Strengths

- The early identification of children who have special educational needs and/or disabilities is a strength in Rutland. Consequently, support is put in place quickly to meet the needs of children and their families.
- The children's centre in Oakham provides good opportunities for practitioners to identify children who have special educational needs and/or disabilities through their work with parents, carers and children from the pre-birth period to pre-school. Central to this is the co-location of health visitors within the centre, which helps to facilitate dialogue about children and assist staff to recognise when to make referrals to other services.
- Health practitioners make timely referrals to specialist health services to help identify children's needs quickly. There is good, effective discussion between different services to ensure a common understanding of children who have complex or multiple needs. In addition, information is shared easily and quickly between health practitioners, including general practitioners (GPs), to help identify children's needs early through the use of a single electronic data system.
- Health visitors successfully promote a programme called 'Let's Get Talking', which is aimed at pre-school children who have speech delay. This enables health visitors, early years practitioners and parents to use consistent strategies to improve speech development. Observational evidence during the four-week programme enables health visitors to identify if children's needs can be met at home or within a setting or if a referral to more specialist services is required.
- There is a good 0 to 19 service that utilises a variety of different arrangements to identify and support children and young people who have special educational needs and/or disabilities. For example, school nurses use health questionnaires and a drop-in service in primary and secondary schools.
- There are now improved systems for the early identification of special education needs and/or disabilities of children and young people from service families. A health visitor identifies the needs of children who will be moving into and out of Rutland to enable the child to access services in a timely manner. The local area enables practitioners, including headteachers, to visit services families before they arrive in Rutland to ensure they are aware of the needs of children at the earliest opportunity.
- There are effective multi-agency arrangements to identify young people who have special educational needs and/or disabilities and who may be at risk of child sexual exploitation. Professionals link well with the safeguarding hub in Leicester

and meet the local police regularly to discuss young people who may be at risk. In addition, social workers provide useful information to support these discussions.

- The local area has converted a much higher proportion of statements of special educational needs to EHC plans than is seen nationally. In addition, the proportion of new EHC plans issued within the 20-week timescale is much higher than the national average.
- The local area has started to use information about the different groups of children and young people who have special educational needs and/or disabilities to identify how more children can be educated locally. They have started discussions with headteachers from the special educational needs strategic group to achieve this aim.

Areas for development

- The local area acknowledges that too many children are waiting to see an educational psychologist to identify their additional needs. This has caused anxiety for families and for schools. Leaders have secured additional resourcing of educational psychology services and expect to clear the backlog by December 2017.
- The local area has not previously used the full range of information about the profile and number of children and young people who have special educational needs and/or disabilities well enough to inform the planning of school places. This has led to a higher proportion of children and young people than seen nationally travelling from their homes to access specialist provision out of the local area.
- Parents report some frustration in gaining access to services that will help them identify whether their child has additional mental health and emotional well-being needs. The range of services available to support the emotional well-being and mental health of children and young people are not widely known or fully understood.
- Health assessments of children looked after by the local authority are completed in good time. However, the assessments for those who are placed out of the local area are not always completed within the statutory timescales. This means that children's additional health-related needs are not consistently identified in a timely manner.

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

Strengths

- The quality of EHC plans has improved and there is good evidence of the co-production of plans between families and professionals. The voice of the child

through 'my story' and the voices of families through 'our story' are represented well within the plans. The plans have clear outcomes and specific time scales to measure progress. Parents have noted and appreciated the improved plans to support their child's progress.

- Assessments of children's needs are rigorous and thorough in the early years. Integrated assessment meetings involving the child, parents, early years practitioners and health visitors take place at the same time as the 'healthy child check' for two-and-a-half-year-olds. This enables a child's needs to be discussed and the effectiveness of any additional support to be monitored.
- Transition arrangements from the early years to primary school education have improved. This has enabled the support provided by professionals in the early years to be continued when the child starts school. The 'Amazing Me' initiative provides an opportunity for a simple but effective assessment of a child's needs to help ensure that they are well prepared for entry into primary school. This is particularly valued by parents and enables practitioners to offer targeted support to help children to be ready for school.
- There is a clear and well-understood process for health practitioners to make referrals to the inclusion team for extra support for children who have special educational needs and/or disabilities. This ensures that those who have complex needs and those who have additional social care needs are considered by a multi-agency team in a timely manner. The strong relationships between the local authority and health services are a key strength in assessing and meeting the needs of all children.
- Assessments completed by the different therapeutic services are effective, with good evidence of the child's voice being heard. Treatment plans provide children and young people with clear, achievable goals which enable their progress to be measured.
- 'Care navigators' support children and their families to gain access to health services. The impact of their role is particularly effective where a child or young person has complex or multiple needs.
- Health assessments for children looked after by the local authority take full account of EHC plans. This helps carers to have a clear picture of the complete health needs of children in their care.
- The Diana Community Children's Nursing Service provides a comprehensive programme of training for practitioners in a range of settings. This enables them to meet the needs of children and young people who have complex health needs more effectively.
- The '0 to 19 digital offer' provides a range of alternative methods of supporting young people and their families to meet different health needs. For example, the use of online clinics facilitates access to the school nursing service for young people who may otherwise experience difficulties in accessing this service. The 'chat health' and 'teen health' services also provide help and advice for young people in a welcoming and friendly way. These initiatives are evidence of the

effective joint commissioning between the local authority and health services following extensive consultation with children and young people.

- The 'transitions operations group' effectively helps children and young people to prepare for adulthood. The group reviews all EHC plans of children and young people aged from 14 to 25 years, to assess health and care needs. This ensures the smooth transition from children's services to adult services, including into primary care.
- All young people who have an EHC plan receive careers advice and guidance from Year 9 onwards. This advice is closely linked to individual plans which reflect the young person's aspirations. They effectively incorporate aims for independent living, social participation and education, training and employment. Young people who are applying for college courses complete voluntary work experience that is relevant to their career choice. In addition, the plans are tailored well to help young people to prepare for adulthood.
- The 'Aiming High' service provides short breaks for children and young people who have special educational needs and/or disabilities. Feedback shows that this service is highly valued by children and parents. In addition, the service offers a support group for siblings, which is equally valued.
- The parent and carer forum has become increasingly involved in contributing to decisions taken by the local authority to improve provision for children and young people who have special educational needs and/or disabilities. For example, forum members have recently helped to appoint an additional special educational needs case worker.
- The 'Youth Chaos' group promotes well the inclusion into society of young people who have special educational needs and/or disabilities. Through a range of activities and trips, they have given young people the confidence to join in a variety of groups in the local area. Young people speak very highly of this group.
- There has been effective co-production between school special educational needs coordinators and the local authority to produce a special educational needs toolkit. This has been well received by schools and helps staff to better identify and meet the needs of children.

Areas for development

- The communication of the local offer requires further improvement. Many parents and carers were unaware of the website about the local offer. Furthermore, those parents who did know about it complained that the site was not as helpful as it could be. The local area has organised events to publicise the local offer. However, it is too early to gauge the impact of these events.
- Parents express frustration at accessing support from the child and adolescent mental health service (CAMHS). The local area has recently re-modelled the mental health offer. However, it is important that these plans for improvement continue to be implemented, particularly in relation to services to strengthen

children's emotional resilience.

- Although representatives from CAMHS are present at meetings to formulate EHC plans, they are not sent a draft copy of the proposed plans and, therefore, are not consulted as to whether the final outcomes in the plan are appropriate.
- Practitioners do not communicate well enough to parents all the services available to support children and young people who have mental health and emotional well-being needs. Often parents believe that the only support available is through the CAMHS and are unaware of the other services offering support in the local area.
- GPs are not yet regularly involved in early preparations for transition from childhood health services into adult services. Consequently, young people have to repeat their medical history, which is a cause of frustration to them and their parents.

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 in the schools and colleges visited by the inspectors said that they are well supported and their views are heard by professionals. All said they enjoy living in Rutland and feel safe. Good links with the police have helped to establish the 'safe place initiative' in Oakham, which enables young people to have more confidence when walking around the town independently.
- Children who have special educational needs and/or disabilities make good progress by the end of the foundation stage. This reflects the strong and effective professional practice which identifies and meets their needs in the early years.
- The progress of young people who have an EHC plan between the end of key stage 2 and key stage 4 is strong in English and mathematics.
- The proportion of 19-year-olds who have an EHC plan and who are qualified to level 2 or level 3 is consistently higher than the national average.
- The proportion of young people who have special educational needs and/or disabilities and who are in paid employment is much higher than the national average. Young people's aspirations are supported well through internships and access to work programmes.
- Parents and early years providers speak positively about the effectiveness of 'team around the family' meetings in meeting the needs of children. These meetings support children who may have special educational needs and/or disabilities and who have additional care needs to achieve good outcomes. Local leaders believe that this is why the number of children who are identified as children in need and who receive special educational needs support in schools is lower than the national average.

- The independent living skills course aims to help young people who have special educational needs and/or disabilities to live as independently as possible. Feedback from young people about this course was very positive. The proportion of young adults who have special educational needs and/or disabilities and who are in settled accommodation is much higher than the national average.
- The attendance of children and young people who have special educational needs and/or disabilities is broadly the same as other pupils nationally. The number of permanent exclusions within this group has reduced significantly from 2014 and now very few pupils are permanently excluded.
- The 'Let's Get Talking' initiative to promote speech development in the early years has been very successful. Over 60% of children no longer require any further specialist support by the end of their involvement in the programme.
- The progress of children looked after by the local authority is good. The voice of the child can be identified within personal education plans and their EHC plans. The virtual headteacher is very proactive and ensures that children are in the right placements for their education. If they are found not to be in an appropriate placement, their needs are reviewed and a more suitable placement is found. The latest performance information shows that 77% of this group have made expected, or better than expected, progress from their starting points.

Areas for development

- The progress of pupils who have special educational needs and/or disabilities between key stages 1 and 2 has been slower than other pupils who have the same starting points.
- The use of personal budgets to support young people to meet their needs is low. The local area has not communicated the difference between direct payments and personal budgets well enough to encourage more families to apply.
- Young people aged 19 who have received support for their special educational needs, but have not had an EHC plan, do not achieve as well as similar pupils nationally in gaining level 2 qualifications including English and mathematics.
- The information and advice services for parents or carers of children and young people who have special educational needs are highly valued by the parents who use them. However, the services are not used widely by parents and many parents do not know that they exist.

Yours sincerely

Martin Finch
Her Majesty's Inspector

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