

An evaluation of the framework for inspecting local areas' special educational needs and/or disabilities services

This report presents findings of a small evaluation of the framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities (the area SEND inspection framework).

It evaluates the fidelity of the framework's implementation and explores views on the impact of the framework on services for children and young people with SEND. We find that the inspections allow us to collect good evidence on how well areas identify children and young people with SEND and assess and meet their needs. The joint working between inspectorates allows us to get a holistic picture of education and health provision, though there is a need for a greater emphasis on social care in future inspections.

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Executive summary

In 2016, Ofsted and the Care Quality Commission (CQC) published the area SEND inspection framework.¹ To date, we have inspected 117 local areas since May 2016. We have re-visited 21 of these areas to determine whether sufficient progress has been made in addressing the significant weaknesses identified at the initial inspection.

This evaluation project looks at how the area SEND framework is being implemented and its perceived impact on children and young people with SEND.

We took a mixed-methods approach to this evaluation. We spoke to area leaders, frontline professionals, parents and carers, and parent/carers forum representatives. We reviewed evidence collected by Ofsted and the CQC as part of inspections, and we reviewed inspection outcome letters.

To what extent do inspections meet their purpose?

The area SEND inspections assess how well areas:

- identify children and young people with SEND
- assess and meet their needs
- improve outcomes for them.

We found that inspectors felt confident that the inspections allow them to collect good evidence on how well areas identify children and young people with SEND and assess and meet their needs. But they said that it was harder to assess the extent to which areas improve outcomes. This was because areas were often unable to provide meaningful information about the education, health and social care outcomes that children and young people with SEND achieve.

They felt that the inspection approach meant that they are better able to collect good evidence from health and education than for the social care contribution to SEND arrangements. They said that weaknesses in practice are usually easy to identify.

The breadth and nature of the inspection framework present some challenges to areas in deciding what evidence to make available to inspectors and who it would be best for inspectors to meet. The efficiency of inspections could be improved by inspectors providing more information about the focus of inspection activities in advance of the inspection. But even then, because of the flexibility inherent in the

¹ The framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities, Ofsted and the CQC, April 2016; www.gov.uk/government/publications/local-area-send-inspection-framework. When we refer to 'area' in this, area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England, schools, early years settings and further education providers.

approach, inspectors would need to take decisions about the most appropriate sources of evidence during the inspection.

Inspectors felt that the framework encouraged a focus on whether areas are meeting their statutory duties, and that this could mean less of a focus on the impact of decisions on children and young people with SEND. Adjusting the framework further towards the lived experience of children and young people could bring the quality of service and its impact more to the fore.

Which inspection methods are providing the most valuable evidence?

Inspectors gather evidence during inspections by speaking to representatives from the area, children and young people, and parents and carers. They scrutinise and evaluate relevant documents and they visit partners and providers.

Inspectors told us that they find visits to partners and providers were usually the richest source of evidence. During these visits, inspectors speak to children and young people, parents and carers, and staff who are making frontline decisions using guidance and support given to them by the area.

They found the first meeting on inspection the least useful. This meeting brings together the SEND senior leadership team and generally includes a presentation to introduce the area. Inspectors told us that much of the information presented in this first meeting could be read off site or combined with discussion about the area's self-evaluation.

There is also scope for improving how data is used in these inspections. Quality assurance of inspections has shown that, although some areas appear to be data-rich, the data available does not always directly help inspectors with the questions they are seeking to answer. This is, in part, because the data available nationally does not provide meaningful measures of outcomes for children and young people with SEND. There is also a danger that inspectors focus too much on a specific measure because of the greater availability of data in that area (for example, educational attainment).

Discussions with children and young people and their parents and carers provided valuable insights. But inspectors noted that the limitations of the logistics of the inspection meant that many parents and carers were unable to participate, for example because of work commitments.

Inspectors said that inspection methods, such as case tracking and thematic deep dives, should be explored. These may yield valuable insights into the lived experiences of children and young people.

How well are inspections coordinated across different sectors?

Both inspectors and area representatives said that inspections focused primarily on education and health, and that the evidence gathered on the social care contribution

to area SEND arrangements was limited. This was reflected in our review of the evidence bases from four area inspections. In education, there appeared to be a greater emphasis on schools than on further education.

Inspectors said that the joint inspection arrangements were important in role-modelling collective responsibility in areas. But some area leaders sensed differences of approach between Ofsted and CQC inspectors. Inspectors said that they have worked together to overcome these differences.

How well are inspection findings reported?

Area leaders thought that inspection outcome letters generally give a fair and accurate reflection of area provision and outcomes. They said the letters:

- give direction to SEND provision
- identify areas for development
- help to maintain momentum
- promote more joint working
- are helpful to hold staff to account.

The findings from our team of reviewers supports this.

There was some question about the intended audience for the letters. Area leaders thought that, if they were intended for parents, then they should be written in more accessible language.

Our reviewers found that coverage of the social care contribution to area SEND arrangements in reports was limited, reflecting the quality of evidence in that area. They also found that reports tended to focus more on education, and include more examples of education outcomes, than was the case for health. And they found that, although inspections had a focus on compliance with statutory duties, the reports often did not explicitly mention this compliance. Instead, they referred to it in reporting on other aspects of the inspection.

What impact do inspections have on areas?

Area leaders and frontline professionals told us that the inspections had raised the profile of SEND within their areas. They said that SEND was given a higher priority following inspection, which had helped with strategic planning. They considered themselves to be more accountable for SEND provision across health, education and social care than they had been previously.

Frontline professionals said that the quality and coordination of education, health and care plans (EHCPs) had improved as a result of the increased focus on SEND. Areas described having clearer direction from their leadership and an improved structure for enabling change.

Area leaders and frontline staff also thought that receiving a joint inspection from both Ofsted and the CQC reinforced collective responsibility. We heard that inspections had a pronounced impact in this respect in areas where the partnership had previously not been strong. Inspection has also been a catalyst for access to support and funding from external agencies, including the Department for Education (DfE) and NHS England. Despite these positive shifts in strategic direction, areas and inspectors commented on the lack of impact on children's social care.

Areas also said that they are being held to account for some practices that they have no means of practical influence over. This may reflect the complex accountability for SEND in local areas, in which different actors are independently responsible for different parts of the system. As examples of this, they described schools identifying children and young people for SEND support, and off-rolling (the practice of moving pupils off the school roll in the interest of the schools rather than pupils).

There was some question about the longevity of the impact. In many areas that we revisited (because, during the initial inspection, inspectors had significant concerns about practice), inspectors had found insufficient progress. Inspectors and area leaders considered that actions to address the areas identified as needing development were often basic and short-term, rather than strategic and sustainable.

Inspectors thought some areas that did not require a revisit may have lost focus on improvement in the years after inspection. This may be a result of the ambiguity around future inspection arrangements. In the absence of a continuous cycle of inspection, improving SEND may become a lower priority in areas.

Introduction

Context for area SEND inspections

1. In the Children and Families Act (2014), the government placed duties on the health, social and education services that provide for children and young people with SEND.² The reforms were designed to:
 - make the system less confrontational and more efficient for children and young people
 - identify SEND at the earliest point and put support routinely in place quickly
 - help parents understand what services they can reasonably expect to be provided
 - fully involve children and young people and their parents or carers in decisions about their support and what they want to achieve

² Children and Families Act (2014); www.legislation.gov.uk/ukpga/2014/6/contents/enacted.

- raise aspirations for children and young people through an increased focus on life outcomes, including employment and greater independence.
- 2. The 'Special educational needs and disability code of practice' was updated in 2014 to reflect these reforms.³ The updated code of practice requires better cooperation between councils and health services to make sure that services for children and young people with SEND are jointly planned and commissioned. Health, social care and education services are expected to work together to:
 - publish a 'local offer' that sets out the support and provision the area offers for children and young people with SEND
 - provide accessible information for children and young people, as well as their parents and carers, about the services and support available in the area
 - make sure that SEND are identified as early as possible by working with children and young people, their parents and carers, and services
 - assess the needs of children and young people with SEND who may need an EHCP, in cooperation with children and young people and their parents and carers
 - produce an EHCP for all children and young people assessed as needing one in cooperation with the relevant partners as well as children and young people and their parents and carers
 - provide the support agreed in the EHCP and regularly review their plans.
- 3. Changes to the code of practice reflect the intention of the Children and Families Act (2014) to put parents and children 'at the heart of the system'. The desire to include children and young people and their parents and carers in the arrangements for identification, assessment and meeting needs is an important aspect of the changes to SEND provision.
- 4. The changes also replaced SEND learning and disability assessments with birth-to-25 EHCPs. An EHCP details the education, health and social care support that is to be provided to a child or young person with SEND. It is drawn up by the local authority after an EHC needs assessment of the child or young person has determined that an EHCP is necessary, and after consultation with relevant partners.
- 5. As of January 2019, there were 1,373,800 children and young people with SEND, representing 15.4% of the total pupil population. The figure has increased for four successive years following a sharp drop after the 2014

³ 'Special educational needs and disability code of practice: 0 to 25 years', Department for Education and Department of Health and Social Care, June 2014; www.gov.uk/government/publications/send-code-of-practice-0-to-25.

reforms, which included a revision of categories. The recent increase still leaves the percentage well below its peak in 2010 of over 21% of pupils.

6. Within that broader group of all children and young people with SEND, the number with statements or EHCPs has steadily increased since 2014. As of January 2019, 294,800 pupils (3.3%) of the total pupil population had an EHCP and a further 1,079,000 pupils (12.1%) were receiving SEN support.⁴
7. Official identification rates for SEND vary widely across Europe and are often not comparable between countries. This is linked to differing definitions of SEND and is further complicated by different categories within the SEND definition. For example, not all countries define complex needs in the same way England does.⁵ This makes it almost impossible to know what the 'right' identification rate is.
8. Research for the DfE found that the following factors can improve families' experiences of the EHCP process:⁶
 - one individual from the educational setting or local authority being proactive, taking ownership of the process and providing information, advice and support
 - dedicated specialist support where staff work with families to guide them through the process
 - having the EHCP ready before a transition to primary or secondary school
 - working together with sustained face-to-face contact between the family and professionals
 - involving the child or young person in the process in a meaningful way.

Area SEND inspection framework

9. In 2016, when Ofsted and the CQC published the framework, we introduced this new type of joint inspection. The aim of inspection is to evaluate how well areas are meeting their statutory duties described in the code of practice and achieving the vision of the Children and Families Act 2014. Inspections are led by Ofsted and review how well areas support children and young people with

⁴ 'Official statistics: special educational needs in England: academic year 2019–2020, Department for Education, July 2020; <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england#releaseHeadlines-dataBlock-tables>.

⁵ 'European Agency statistics on inclusive education: 2016 dataset cross-country report', European Agency for Special Needs and Inclusive Education, 2018; www.european-agency.org/resources/publications/european-agency-statistics-inclusive-education-2016-dataset-cross-country. The 2016 dataset includes data from participating countries from 2014/15 academic year.

⁶ 'Education, health and care plans: qualitative investigation into service user experiences of the planning process', Department for Education, March 2018; www.gov.uk/government/publications/education-health-and-care-plans-parents-and-young-people-survey.

SEND to achieve the best possible outcomes and be well prepared for their adult lives. This includes their preparedness for:

- higher education/employment
- independent living
- participation in society
- being as healthy as possible in adult life.

10. Inspection is intended not only to hold area leaders to account, but also to assist them in becoming more effective and to deliver better outcomes for children and young people with SEND. The framework describes its aim as being to 'assist local areas in improving and developing their processes and support systems'.
11. Inspectors use a range of activities before and during an inspection to gather evidence to evaluate an area's effectiveness in identifying, meeting needs and improving outcomes of children and young people with SEND.
12. The inspection leads to an ungraded narrative report. The report provides children and young people, parents and carers, council members, local providers and those who lead and manage the delivery of services, including clinical commissioning groups (CCGs), with a narrative assessment in line with the requirements of the code of practice. The assessments pay particular attention to:
 - the accuracy and rigour of the area's self-evaluation, including the extent to which the area knows its strengths and weaknesses, and what it needs to do to further improve the life chances of children and young people with SEND
 - what extent the outcomes for children and young people are improving as a result of the collective actions and support of local partners
 - the efficiency, timeliness and usefulness of identification of SEND
 - how well local partners and bodies plan and coordinate their work to assess need and provide effective support
 - how well the area engages with children and young people, and their parents and carers, to inform decisions about the strategic commissioning of services (known as joint strategic needs assessments)
 - how well the area involves the individual child or young person, and their parents and carers, in the process of assessing their needs
 - how well the area communicates with children and young people, and their parents or carers, to ensure that these primary users are clear about the identification and assessment processes and the criteria used to make decisions

- the extent to which the area gives due regard to its duties under the Equality Act 2010 to children and young people with SEND.
- 13. When inspectors have significant concerns about the practice in an area, Her Majesty's Chief Inspector (HMCI) requires area leaders to prepare a written statement of action (WSOA). The WSOA sets out the actions the area will take to address the significant weaknesses highlighted in the inspection report and a timetable for them. HMCI determines which person or body is responsible for producing the WSOA. Regardless of who is designated as responsible, area and CCG leaders have a duty to collaborate in preparing the WSOA. The WSOA is sent to Ofsted, the CQC and the Secretary of State and published on local websites. The DfE, working with NHS England, provides support to these areas.
- 14. In 2018, the DfE announced its intention for Ofsted and the CQC to revisit areas where leaders are required to produce and submit a WSOA. Ofsted published guidance for revisits in our handbook.⁷ Areas given a WSOA are usually revisited within 18 months of the WSOA being approved by Ofsted and the CQC. Revisits last two to four days and assess whether the area has made sufficient progress in addressing the areas of significant weakness outlined in the initial inspection report. During a revisit, Her Majesty's Inspectors (HMI) and CQC inspectors follow a similar methodology to the initial area inspection. The main difference between the two inspection visits is that, during a revisit, inspection activities focus on the areas of weaknesses that led to a WSOA being required.
- 15. Following a revisit, areas receive a decision as to whether they have made 'sufficient progress' in improving each of the significant weaknesses identified at the initial inspection. If they have made insufficient progress in addressing all the weaknesses, it is for the DfE and NHS England to decide the next steps. These steps may include the Secretary of State using their powers of intervention.

Objectives of the review

- 16. The objective of this review is to evaluate the implementation of the area SEND framework and its perceived impact on children and young people with SEND.
- 17. The research questions guiding the evaluation were:
 - To what extent are inspectors following the methodology outlined in the handbook, training and guidance? How is the inspection methodology coordinated across inspectorates?

⁷ The handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities, Ofsted, April 2018; www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors.

- To what extent does the framework, inspection structure and methodology (including sampling) give inspectors adequate information to validly assess against each area of the framework:
 - identification (without seeing decision making)
 - provision (without inspecting services)
 - outcomes?
- To what extent are Ofsted and the CQC clear on statutory duties and non-statutory support, and how does our assessment of each affect the inspection outcome?
- To what extent is inspection informed by those using services, such as children and young people and parents and carers?
- Which aspects of inspection and reporting have areas found most and least useful?
- How well does our inspection activity cause others to take action?
- Are there aspects of area SEND we should be inspecting, but currently are not?

Research methods

18. A brief outline of the methods we used to collect data is given below. Full details are available in Appendix A. We used a range of approaches to collecting evidence:
- Three focus groups with a total of five HMI, six Ofsted Inspectors (OI), and eight CQC inspectors. All these inspectors had taken part in area SEND inspections.
 - Two-day visits to four areas to interview area leaders, frontline professionals, parents and carers, and parent/carer forum representatives.
 - Fifteen inspection outcome letters for areas with and without a WSOA from five Ofsted regions were retrieved and reviewed by inspectors. Inspections took place between June 2016 and December 2018. Each report was reviewed and scored by an HMI and a CQC inspector against criteria linked to the area SEND inspection framework and handbook.
 - Evidence collected by Ofsted and the CQC as part of six area SEND inspections was examined by an HMI and a CQC inspector.
19. The focus groups and visits to areas gave us insight into the perceived impact of inspection on area leaders, frontline professionals, children and young people, and parents and carers. They also allowed us, in combination with the reviews of inspection reports and inspection evidence, to evaluate whether the inspection methodology is being implemented uniformly and to assess its strengths and weaknesses.

20. The reviews of inspection outcome letters and evidence allowed us to evaluate the extent to which inspectors were able to collect the information they needed to come to reliable and valid judgements.
21. We assessed inspection outcome letters to see how well they addressed each of the areas in the inspection framework. Our review of the letters, in combination with our interviews, allowed us to evaluate how well the letters supported areas in addressing areas for development – particularly those given a WSOA.
22. There are limitations to our approach. We were relying on the views of inspectors and areas who had experience of area SEND inspections. We did not have direct evidence of the impact of the inspections on children and young people.
23. However, the approach we took allowed us to triangulate findings between different groups of participants and sources of data and look for similarities as well as differences. For example, inspectors and area leaders reported similar evidence about the impact of inspection. We were also able to confirm evidence gathered from interviews with what we found in our reviews of evidence and inspection reports.

Research findings

Purpose of inspection

24. The area SEND inspections assess how effectively an area:
 - identifies children and young people with SEND
 - assesses and meets the needs of children and young people with SEND
 - improves outcomes for children and young people with SEND.
25. Inspectors said they were able to collect good evidence in each of these areas for health and education. But they said it was harder to gather evidence for the social care contribution to SEND arrangements. The timetable for inspection and meetings tended to be structured around the above areas of the code of practice. Inspectors said this meant that specific weaknesses in practice were usually easy to identify, and therefore inspection met its intended purpose.
26. Inspectors and staff within areas said that it was not always clear to areas who exactly inspectors wished to meet and what evidence should be made available to them. They said that the efficiency of the inspections could be improved by inspectors asking for more information in advance. That would then allow more time on site to ask questions that arose from that information.
27. This view needs to be balanced with the intention of the inspection approach, which is to encourage area leaders to decide who is best placed to provide the evidence to support the area's self-evaluation.

28. In general, staff in areas felt they had to guess what data or case studies inspectors wanted to see. One leader said the process felt more like 'a test of our memory at the time'.
29. In contrast, local leaders and inspectors who had experienced revisits said that the narrower and clearer focus of the revisits meant that more focused inspection activity could take place:

'The first inspection was a bit of an unknown and quite wide. During the re-visit, we got the right people at the right meetings. I do not feel that was the case in the first inspection. Knowing what the focus is helps make sure that we provided case studies that supported improvement.' (Area leader)
30. Inspectors did not believe that these issues could be resolved simply through clearer communication. They said that they were a result of the breadth of the framework. As the framework stretches across three important areas for all children and young people with SEND, it can be difficult for areas and inspectors to know what specific areas will be of interest until evidence collection begins. The inspections are specifically designed to allow this flexibility and not to follow a formulaic, prescriptive approach.
31. Inspectors recognised that the framework is designed to evaluate how well areas are meeting their statutory duties described in the code of practice. But they thought that this discouraged a more meaningful conversation about the impact of decisions on children and young people with SEND. They said that, on inspection, much attention is given to the content and timely processing of EHCPs, but less to the quality of services stated in that plan, or its impact on the child or young person.
32. This raises two issues. The first is whether inspectors are correctly interpreting the framework in this respect. The handbook specifically emphasises the importance of gathering the views of children and young people, describing it as a central feature of inspection activity. But the finding that inspectors believe that there is greater emphasis on the timely processing of EHCPs (which is easier to measure) than their content and impact suggests a slight dissonance between the guidance and the practice.
33. The second is whether future versions of the framework would benefit from a greater focus on the lived experience of children and young people. That increased focus could bring the quality of service and its impact more to the fore during inspections.

Methods of inspection

34. The area SEND inspection handbook provides a flexible approach to inspection activities and when they take place. During the week of the inspection, inspectors gather evidence through:

- meetings with representatives from the area
 - meetings with children and young people
 - meetings with parents and carers
 - scrutinising and evaluating documents that the area uses to strategically plan for and evaluate impact in meeting the requirements of the code of practice and delivering high-quality practice
 - visits to partners and providers to meet with staff and review documents.
35. Inspections are led by an HMI working with an OI and a CQC inspector. Before the inspection, the lead HMI and CQC inspector consider all available evidence to develop an initial picture of the area's performance in fulfilling its duties and to establish initial lines of enquiry. The HMI and CQC inspectors separately contact the local area's nominated officer and CCGs respectively to arrange visits to providers, interviews and regular feedback meetings. The final report is written by the lead HMI and based on joint decisions about findings. The CQC inspector contributes to finalising the inspection report.
36. Inspectors also review a selection of records held by the area. This may include data on school performance, attendance and exclusions, SEND identification, waiting times for assessment and intervention, offer and uptake of services (such as health visitor contacts for the healthy child programme) and access to health pathways.
37. Of all the tools of inspection, inspectors generally thought that visits to settings gave them the richest evidence for their evaluation. During these visits, inspectors spoke to children and young people, and staff who are making frontline decisions using guidance and support given to them by the area.
38. Inspectors found the first meeting of every inspection the least useful. This meeting brings together the SEND senior leadership team and generally includes a presentation to introduce the area. Inspectors told us that much of the information presented in this first meeting could be read off site or combined with discussion about the area's self-evaluation. Inspectors agreed that this meeting 'doesn't provide the same richness of evidence as other activities'.
39. Despite inspectors finding setting visits most useful, area leaders and frontline professionals said they thought there was an over-emphasis on data during inspection. This was particularly noticeable in data-rich areas, such as education. It is worth noting, though, that quality assurance of inspections has shown that, although some areas appear to be data-rich, the data available does not always directly help inspectors with the questions they are seeking to answer. For example, because schools themselves are responsible for identifying children and young people with SEND, the validity and comparability of some of this data can be questionable.

40. As part of this study, researchers examined the evidence base collected by Ofsted and CQC inspectors from four area SEND inspections to determine its source. In all four, the overwhelming majority of evidence collected was based on written documents or discussions with representatives from the area. There was, in these inspections, less evidence from site visits and from discussions with children and young people, and with parents and carers.
41. One reason for this may be the difficulty of speaking to a representative group of parents and carers, or children and young people. In areas where thousands of children have EHCPs or are in need of SEND support, it is not feasible for any inspection team to speak to adequate numbers of children for the sample to be truly representative. The small number of parents and carers participating in some inspection activities raised concerns among inspectors, who said it made it harder for them to find the evidence they sought.
42. In addition, inspectors noted that the limitations of the logistics of the inspection meant that many parents and carers were unable to participate, for example because of work commitments.
43. Similarly, because of logistics, it is only possible for inspectors to visit a small proportion of providers in the area. It is not the providers that are being inspected, but the overall arrangements in the area.
44. More generally, inspectors thought that the in-depth discussions with parents, carers and children and young people could only provide evidence for some parts of the inspection framework.
45. This is not a criticism of the methods of inspection, but rather recognition of the breadth of the inspection framework itself and the limitation of different inspection methods.
46. There was agreement among inspectors, area leaders and frontline professionals that, for some parts of the inspection framework, other methods of inspection may be more suitable. These include case tracking and thematic deep dives. This is one way to understand the lived experiences of children and young people, and the impact of area SEND provision on them and their outcomes:

'Case tracking would pick up missed/not eligible children who are later identified as SEND. If we are confident the processes are good for identification, but a parent says a child is missed then we need to track the case to evidence this.' (Inspector, CQC)

'Case tracking would bring to life the challenges an area has and what's going well.' (Area leader)

Inspecting across education, health and social care

47. Both inspectors and area representatives commented on a lack of focus on the social care contribution to area SEND arrangements during inspection. This was clear when researchers reviewed evidence bases from four area inspections. In three evidence bases, there was slightly more evidence on education than on health, and in all there was much less evidence on social care than either education or health. In education, the majority of evidence was on schools, while information on colleges and other further education and skills providers was limited.
48. This translates into inspection reporting too. We found fewer specific examples for the social care contribution than that for either education or health.
49. Although an OI, who may be a serving practitioner with a background in children's social care, is part of the inspection team, social care is not seen as an equal part of the inspection process. There is a straightforward solution to this, which is to include a social care inspector in some or all inspections under future arrangements.
50. The joint inspection arrangements were considered to be important in role-modelling collective responsibility in areas. However, some areas felt there was an imbalance between health and education:
- ‘It’s not really health’s inspection. I know we feed in to it but it’s not really our inspection.’ (Nurse)
- ‘It was clearly two different inspectorates with different approaches, different methodologies and different languages from the two inspectorates.’ (Frontline professional)
51. Ofsted and the CQC have worked together to find ways to navigate problems with sharing evidence and organisational differences between our two inspectorates. Some of these differences relate to organisational culture and the different ways that we plan and carry out inspection activities. There are also differences in the way different HMI involve CQC inspectors in the report-writing process.
52. Inspectors told us that joint working between HMI and CQC inspectors has improved since we began these inspections. However, they felt that it could be further strengthened and made explicit in the methodology as well as in pre- and post-inspection activities. This includes ensuring that there are joint systems for sharing documents, writing evidence and quality assuring inspections.

Inspection outcome letters

53. Area leaders generally thought that inspection outcome letters represented a fair and accurate reflection of provision and outcomes. Area leaders said that

the letter is a useful document to give direction to SEND provision and identify areas for development. The outcome letter helps to maintain momentum, promote more joint working, highlight areas for development and is used to hold staff to closer account.

'It provided the local area with a clear baseline to work from.' (Frontline professional)

54. However, respondents were not clear whether the letter's primary audience is the area or parents and carers. If it is primarily for parents, then the language of the report and notification letter needs to be more accessible. Respondents said that parents are not always familiar with the terminology of Ofsted and the CQC. They commented that no glossary is provided, and that reports and notification letters are 'too wordy' and could be more clearly written.
55. As part of this study, inspector-researchers reviewed outcome letters from 15 area SEND inspections. Letters were generally clear on the strengths and weaknesses of provision. They addressed effectively how well partners collaborate and coordinate their work across health, education and, to a lesser extent, social care, which is a central element of the code of practice. In a small number of cases, letters could have been clearer on the priorities for development.
56. As stated previously, reporting on social care, other than collaboration between services, was limited. In all reviewed letters that included social care, there were fewer examples given than for health and education. In some instances, there were no specific comments on, or examples given of, social care contributions.
57. Reviewers found that reports were less effective in describing the effectiveness of areas in improving outcomes. In particular, there was generally less information on health outcomes than education outcomes. This could reflect outcomes in the health sector being measured more often using qualitative than quantitative indicators than those in education. One way of addressing this could be to look for indicators that reflect outcomes across sectors and then report on those indicators jointly. Greater use of real life examples could also be beneficial.
58. We asked reviewers to comment on how well letters promoted improvement. They felt that letters best promoted improvement when they:
 - clearly identified and reported on areas for development
 - made a strong link between those areas and the underpinning inspection findings
 - illustrated the findings with concise examples
 - described what has previously led to improvement in the area (for example, strong leadership and co-production)

- made clear how the areas for development could lead to improved outcomes.
59. They noted that areas that did not have a WSOA had no imperative to address the areas for development that inspectors identified.
 60. The HMI and CQC inspectors reviewing the letters gave them the lowest scores for reporting on areas' compliance with statutory duties. Eight out of 15 received a combined score of four or less, out of a possible eight. Reviewers found that reports often did not explicitly mention compliance with statutory duties, but instead referred to it in reporting other aspects of the inspection. These aspects included statutory duties regarding EHCPs, the designated clinical officer role, the local offer, personal budgets and transition to adulthood. Several reviewers commented on the lack of an explicit statement referring to the code of practice or statutory duties. Others said this was implied and embedded in reporting of particular aspects of area SEND.

Impact of inspection

61. Area leaders and frontline professionals were clear in focus groups that the existence of an inspection framework had raised the profile of SEND within their areas. In general, leaders considered that SEND was given a higher priority following inspection, which had helped with strategic planning. They considered themselves to be more accountable for SEND provision across health, education and social care than they had been previously.
62. Area leaders and representatives from parent/carer forums stated that the publicity following the outcome letter has raised the community's expectations. This was undoubtedly an implicit aim of government, Ofsted and the CQC in introducing the framework. Nevertheless, higher expectations are not always met following inspection. In one area, there was reported to be an increase in parental complaints after inspection. This was considered to be due to rising expectations rather than lower-quality services.
63. Frontline professionals said that an increased focus on SEND at a strategic level had a knock-on effect on the quality of services. Many thought that the quality and coordination of EHCPs had improved as a result. Areas described having 'more steer' from the area's leadership and a 'better organisational structure' for enabling change:

'[Inspection] has led to an improved strategic overview that is leading to informed actions to make improvements.' (Frontline professional)

'Senior leaders now recognise the need for SEND improvements.' (Frontline professional)
64. Inspectors agreed that inspection had helped put SEND 'on the agenda'. They described it as a 'real lever for improvement'.

'It's given those of us that work in this area some leverage. It has definitely raised the profile and we are part of that debate about the quality of provision.' (Inspector, Ofsted)

Inspections are seen as part of a concerted focus on SEND that has brought a more coordinated approach across education and health.

65. Area leaders and frontline staff also thought that receiving a joint inspection from both Ofsted and the CQC reinforced collective responsibility for area SEND. In areas where this partnership had not previously taken place, the inspection was said to have been 'pivotal'. It developed working relationships and provided clarity for how the local authority, CCG, service deliverers, and education, health and social care providers should be working together.
66. Although Ofsted always 'leads' an inspection, all inspectors agreed that the framework could never be truly joint unless leadership was shared in some way or other.

'We need to acknowledge CQC as equal partners through joint KiT [keeping in touch meetings] and feedbacks for example.' (Inspector, Ofsted)

'It doesn't always feel as joined up as it should be. It's important when you need to model this to the local area.' (Inspector, CQC)

However, quality assurance of the inspections has shown that KiT meetings and feedback are almost always joint activities.

67. The culture of how inspections are led will be a core consideration for future area SEND inspection arrangements. Parents also told us that they thought meetings with inspectors were about education rather than health or social care because Ofsted usually led those discussions (and we assume that they associate Ofsted primarily with education).
68. Inspection has also been a catalyst for access to support and funding from external agencies, including the DfE and NHS England. In two areas that we visited as part of the evaluation sample (one with, one without a WSOA), frontline professionals told us about support and advice from the DfE and/or NHS England following inspection. In both areas, the DfE had funded a specific review of SEND. One area had accessed early years funding from the DfE. There had also been input from NHS England to help improvement. Both areas mentioned funding from the Council for Disabled Children and contact from the Royal College of Speech and Language Therapists.
69. Despite these positive shifts in strategic direction, areas and inspectors commented on the lack of impact on children's social care. Areas thought that insufficient attention was given to this during inspection. Ensuring sufficient

balance and interaction on inspection between education, health and social care will be an important area to address in future inspection arrangements.

70. There is also a perception that areas are being held to account for matters that they have no means of practical control over. This reflects the complex and somewhat fragmented accountability structures at local area level. An example is the identification of children and young people with SEND. For the majority, this takes place within schools – including academies, which are not directly run by local authorities. One inspector commented:

‘Schools are responsible for identification, not the local area. So we cannot get into it until it reaches an EHCP. It’s down to the school not the local area so we cannot get under it [identification].’ (Inspector, Ofsted)

71. Another example given was off-rolling, the practice of moving pupils off the school roll in the interest of the school rather than pupils. Areas considered off-rolling to be more likely for children and young people with SEND, but were not able to limit the practice because decisions take place within schools. Teachers also reported that off-rolling is more likely for children and young people with SEND in research by YouGov for Ofsted.⁸
72. The bigger issue identified was the longevity of impact on area SEND provision and outcomes. Many of the revisits to areas with a WSOA have uncovered insufficient progress in improving services. Similarly, education outcomes for children and young people with SEND remain poor. Inspection itself is not responsible for a lack of progress: this lies with areas themselves. Nevertheless, inspectors and areas considered that actions to address a WSOA were often basic and short-term, rather than strategic and sustainable.
73. Additionally, inspectors thought some areas without a WSOA may have taken their foot off the pedal in the years after inspection. This may be a result of the ambiguity around future inspection arrangements. In the absence of a continuous cycle of inspection, area leaders may not consider improving SEND to always be a priority.

Conclusion

The findings from this evaluation are encouraging. Inspectors felt confident that the framework allows them to meet the aims of the inspection. Area leaders told us that inspection outcome letters gave a fair and accurate representation of provision. And we were told that inspections are a force for improving outcomes for children and young people with SEND.

⁸ ‘Exploring the issue of off-rolling’, YouGov on behalf of Ofsted, May 2019; www.gov.uk/government/publications/off-rolling-exploring-the-issue.

We found some ways in which the framework can be improved, which we have summarised below.

1. Inspectors told us that they have some difficulty gathering evidence on the social care contribution to SEND arrangements. Our reviewers found that this was reflected in the inspection outcome letter. To address this, social care inspectors should be fully involved in the inspection process and the Ofsted/CQC inspection team.
2. The framework should fully cover 0–25. This means that in education, for example, both early years and further education are in scope. This was not always apparent in the reviewed evidence bases.
3. The breadth of the inspection framework causes some difficulties for areas in deciding who best to direct inspectors to during inspections. To some extent, this reflects a strength of the framework in that it is flexible and allows inspectors to tailor their approach. But, given the wide range of activities that take place within area SEND arrangements, future inspections would benefit from clear lines of enquiry being communicated to areas in advance.
4. Inspectors could draw on (among other sources) evidence from our other inspections in helping to decide where best to focus. Presently, area SEND inspections do not appear to draw well enough on evidence from programmes such as Ofsted’s inspections of local authority children’s services, or inspections of education providers under the education inspection framework. Information from these inspections should feed into, and in turn be informed by, the area SEND inspections.
5. Inspectors did not find that the initial meeting during inspection week made best use of their time. Any new inspection model should ensure that the initial meeting is used as productively as possible and forms a useful basis for the inspection.
6. The inspection framework is limited by a focus on compliance with the code of practice. Inspectors told us that this can be at the expense of deeper exploration of the quality of services and their impact on children and young people. Finding space in the framework for case tracking or thematic deep dives would give richer insight into the lived experiences of children and young people.
7. Inspectors would benefit from further guidance on the different sources of data in the SEND landscape. The guidance would help inspectors understand the strengths and limitations of the different sources and how best to use them on inspection.
8. There is a question about the audience for inspection outcome letters. Parents and carers of children and young people with SEND clearly have an interest in inspection findings. This could be more directly acknowledged by adjusting the language to make it more accessible; and by casting the document as a report for all interested parties rather than as a letter.
9. The framework should be adjusted to encourage longer-lasting responses to the areas for development that inspectors identify. This could be done by creating a more rigorous mechanism for following up on inspection findings.

A requirement to produce an action plan following inspection could provide areas with a structure for prioritising and addressing the areas for development.

Appendix 1: detailed methodology

This appendix gives full details of the methods of data collection and the samples included in the evaluation.

Inspector focus groups

We carried out three focus group meetings with a total of five HMI, six OI and eight CQC inspectors.

Inspectors were selected to represent all eight Ofsted regions with, as far as possible, a balance between the different inspectorates and inspectors at each focus group meeting.

This mixed group gave us the opportunity to include discussion of cooperation and collaboration between inspectors at all stages of inspection.

Focus groups gave us evidence of how the inspection framework is, or is not, currently working in practice and areas for change once the first round of inspections is completed.

Visits to areas

An HMI and CQC inspector jointly visited four areas for two days each and spoke to area leaders, frontline professionals, parents and parent/carer forum representatives who had been involved in the original area inspection. The final sample included two areas without a WSOA and two with a WSOA, of which one had been re-inspected.

We chose areas so that there was no conflict of interest with HMI and CQC inspectors working on the project. Areas were also selected to represent inspections early and later in the inspection cycle so that we could understand how inspection may have changed over its lifetime.

The sample did not include those considered as part of our review of inspection reports and evidence bases.

Evidence base review

We reviewed the evidence base for five areas gathered by CQC inspectors and HMI. The areas were selected from those not visited or included as part of our review of inspection reports. The sample was also limited to the accessibility of evidence available from Ofsted and the CQC. The evidence reviewed consisted of records of meetings, published data and area documents.

Reviewing key documents and evidence produced by the area and inspectors helped us to investigate whether the evidence base used by inspectors fulfills the objectives as set out in the area SEND framework and inspection guidance.

Reviewing the evidence base allowed us to understand the type and amount of evidence used to inform the final narrative report. It helped us to understand the balance between different types of evidence and how evidence gathered related to health, education and social care. The review also allowed us to evaluate the extent to which inspection is informed by those using services, such as children, young people and parents.

Inspection outcome letter review

HMI and CQC inspectors working on the project reviewed a sample of inspection outcome letters from 15 areas. We selected the sample from areas with and without a WSOA, and from those inspected within the first 12 months of the inspection cycle and those in the latter half. We chose areas to represent the Ofsted regions not included in the visit sample.⁹

An HMI and a CQC inspector analysed the sample against the criteria for reporting on inspection outcomes from the area SEND inspection framework (on pages 8 to 9 of the framework). These criteria set out the areas that inspection outcome letters are expected to address in giving a narrative judgement.

Twenty statements were scored from one to four (one being the lowest score) by two reviewers according to how well the report met each criterion. These were subjective judgements, but the inspectors carrying out the review had expertise in area inspections and so were qualified to make them.

⁹ Ofsted's eight regions are listed on our 'about us' page:
www.gov.uk/government/organisations/ofsted/about#who-we-are.



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