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Ms Theresa Leavy  
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Ms Claire Shiels, Corporate Director, Commissioning, Quality and Partnerships, Dorset Council

Ms Sally Sandcraft, Director of Primary and Community Care, Dorset Clinical Commissioning Group

Dear Ms Leavy

### **Ofsted and CQC visit to Dorset local area**

Following the Ofsted and the Care Quality Commission (CQC) joint visit to Dorset, I write on behalf of Her Majesty's Chief Inspector of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and Integrated Care of CQC to summarise the visit findings. Thank you for the time you made available to discuss the impact of the COVID-19 (coronavirus) pandemic on children and young people with special educational needs and/or disabilities (SEND).

Ofsted carried out this visit under a section 118(2) request from the Department for Education. CQC provided assistance to Ofsted under paragraph 9(1) of schedule 4 to the Health and Social Care Act 2008. The visit was not an inspection and local areas are not required to publish or share this letter. This visit was carried out as part of a series, the findings of which will be aggregated into three national reports to support whole-system learning. The national reports will be published on Ofsted's and CQC's websites.

Thank you for contributing valuable information. During the visit, we spoke to local area leaders, children and young people with SEND who were chosen to be part of case studies, their families, and the education, health and care professionals who work with them. We also surveyed parents and carers, as well as children and young people with SEND over the age of 16 years.

### **Context**

The purpose of this series of visits is to support local areas to understand the impact of the COVID-19 pandemic on children and young people with SEND and their families, learn from what has happened and identify opportunities for improvement.

You can find more information about how inspectors carried out the visit at:  
<https://www.gov.uk/guidance/interim-phase-area-send>

Inspectors were told that:

- From the beginning, leaders across services worked together to coordinate a response to the pandemic. A multi-agency 'Local Resilience Forum' allowed services to develop new ways of sharing information. This led to services often meeting on a daily basis to review how they could respond to the changing needs of families in the area.
- Services across the area assessed all of their children and young people with an education, health and care plan (EHC plan) early into COVID-19 restrictions. This allowed for the most vulnerable children and young people to return to school and continue to receive support from the local authority. This early response did not include parents and carers as much as leaders would have wanted. However, as time went on, parents and carers were increasingly involved.
- Practitioners from the across services held regular telephone discussions with vulnerable families. As COVID-19 restrictions progressed, leaders responded to feedback from families and introduced a 'key worker' as a single contact for families. Allocated social workers took responsibility to be that single contact for families they already worked with. In most other cases it was a member of school staff who took this role. Where social workers were involved, face-to-face catch-up meetings were reintroduced during the summer term 2020.
- Responding to feedback from the parent carer forum, a 7 day-a-week COVID-19 helpline was set up. At allocated times, parents and carers were offered telephone consultations with an education psychologist if they required it.
- Area leaders continued to adapt and review the impact of services on children and young people with SEND and their families. Personalisation became central to leaders' vision and professionals continually looked to put children and young people at the centre of their discussions and work. Weekly partnership meetings were established to allow for ongoing discussion. Services were able to share information and identify children and young people who became vulnerable or those whose circumstances had improved. As a result, professionals found they knew the needs of the individuals they worked with increasingly well.
- Area leaders worked with frontline practitioners in each area through locality clusters. These clusters allowed for two-way communication. Services focused on the most vulnerable children and young people. A vulnerable children's tracker was created to identify those most in need of support or continued services from education, health and care. Services were able to adapt provision in response to the changing needs of children, young people and families.
- Area leaders and practitioners describe some benefits to meeting remotely using technology, as well as some challenges. Overall, many believe that the opportunity to meet remotely has allowed for better attendance at meetings. For example, paediatricians state it is easier to attend team around the child

meetings and annual reviews for children and young people with EHC plans when they are run remotely because of the reduction in time needed for travel. Professionals in the area agree that this way of working should continue regardless of what happens with the pandemic.

- Area leaders strived to provide school places for children with EHC plans as early and as often as possible. Where this was possible, professionals were much better placed to continue the provision in children and young people's plans. By the end of the summer term 2020, nearly all children and young people with an EHC plan were back in school.
- Area leaders recognise that for children and young people who were unable to return to school early, the experience of the pandemic was much more varied. This was particularly the case for those children and young people with identified special needs but without an EHC plan.
- Some health services were difficult to maintain during the pandemic. As a result, new ways were used to provide speech and language therapy and physiotherapy using technology. Leaders report that at times the alternative approaches worked well. However, they also felt that there were some therapy interventions which could not be conducted remotely.
- Some assessments of children and young people's needs have been negatively affected by the pandemic. Some assessments were delayed and others took place remotely. However, professionals said that remote assessments were not as effective as those carried out with children and young people face to face. Professionals report that this has been particularly challenging when completing speech and language or neuro-diverse assessments on children.
- Area leaders rapidly developed a range of short-break options for families called 'Summer in Dorset' when they found out that schools would close for the summer break. Much of the offer was received well. Leaders identified that better co-production of the programme of activities would create greater choice for children and young people who have different needs.
- Leaders report that children and young people with SEND have experienced differing levels of anxiety and stress as a result of the pandemic. Some have benefitted from being away from school or taught in small groups because they find communication and interaction challenging. However, for others, prolonged periods of time away from their normal routines, schools, friends and relatives have increased a feeling of isolation and worry.
- Area leaders believe the overall experience in Dorset has been different compared to most of the rest of the country. Infection rates up until now have remained low. The rurality of the county has allowed families access to open spaces with low levels of contact with others. Area leaders have been able to utilise resources, such as outdoor education settings, to provide a wide range of support for families. Locality approaches have enabled responses to meet local need. Therefore, the number of families significantly negatively affected by the pandemic has been considered proportionately lower in Dorset than in other areas.

Leaders told inspectors that their emerging priorities for supporting children and young people with SEND include the following:

- To ensure that children and young people's needs are accurately assessed across education, health and care. This will ensure that the impact of COVID-19 restrictions on children and young people's progress, health and well-being is understood and EHC plans reflect their current needs.
- To continue to address inequalities in the experience of children and young people who have SEND, particularly those who have identified SEND but without an EHC plan. Some frontline services remain more adept at working in a person-centred way. Where it is weaker, co-production remains poor and children and young people have more varied experiences.
- To increase the capacity and reach of respite provision, particularly where an overnight short break is needed.

Ofsted and CQC will not publish this letter and will keep it confidential as far as possible. This letter will be shared with Department for Education SEND Advisers and NHS England SEND Advisers. These advisers may then choose to offer further support to the local area based on the findings.

Yours sincerely

Matthew Barnes  
**Her Majesty's Inspector, Ofsted**

Louise Hocking  
**Her Majesty's Inspector, Ofsted**

Kaye Goodfellow  
**Children's Services Inspector, CQC**