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18 December 2017

Mr Peter Murphy  
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Sarah Thompson, Local Area Nominated Officer

Dear Mr Murphy

### **Joint local area SEN and disabilities inspection in South Gloucestershire**

Between 6 November 2017 and 10 November 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of South Gloucestershire to judge the effectiveness of the area in implementing the disability and special educational needs (SEN) 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 SEN and/or disabilities, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke with leaders, staff and governors about how they were implementing the SEN 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.

As a result of the findings of this inspection, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the

local authority and the area's clinical commissioning group(s) are jointly responsible for submitting the written statement to Ofsted.

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

## **Main findings**

- Senior leaders have been too slow to implement the disability and SEN reforms. A lack of strategic direction, frequent staff changes and changes to the roles and responsibilities of senior leaders have reduced the capacity of the local area to deliver the statutory reforms effectively. Joint commissioning between healthcare services and the local authority was not established soon enough and is underdeveloped. As a result, inequalities in the quality of services and the provision for children and young people who have SEN and/or disabilities remain.
- The local area's SEN and disabilities strategy is still at the consultation stage. This has slowed significantly the local area's work to plan and deliver high-quality services and provision for children and young people who have SEN and/or disabilities.
- There are long-standing problems in some services provided by the local area. As a result, young people have to wait for lengthy periods of time to have their needs assessed, and met, by clinicians and specialist health and social care practitioners. For example, families continue to experience unacceptably long waits for the assessment and diagnosis of children and young people with autistic spectrum disorder (ASD). This constitutes an area of significant concern.
- A significant proportion of parents and carers express dissatisfaction and a lack of confidence in the local area's ability to have their child's needs assessed quickly and effectively. This is in part due to their poor experiences of the referral process, for example the long timescales for the statutory assessments to be completed, slow rates of conversions from statements to education, health and care (EHC) plans and a lack of high-quality communication with workers.
- Parents and carers overwhelmingly report that the 'local offer' is not easy to use and fails to provide the information they want and need. A significant number of families who shared their views with inspectors had not heard of the term 'local offer' or did not know what it was. Many of them do not know what help is available, where or how to access it. They are too reliant on self-help, and 'ad hoc' or informal support from other parents and families.
- Fixed-term exclusions from local schools are higher than national figures for those pupils who have SEN support and for those who have a statement or EHC plan, especially in secondary schools. Permanent exclusions from local schools are also higher than seen nationally for those with SEN support.
- Overall, outcomes for children who have SEN and/or disabilities in early years and for those at the end of key stage 1 are positive and improving. Outcomes are improving by the end of key stage 2 in reading and writing, but are less strong in

mathematics. However, in 2017, the standards reached, and the progress made by the end of key stage 4 by pupils in local schools who have SEN and/or disabilities, continued to decline. At age 19, the proportion of young people achieving level 2 or level 3 qualifications is also below that seen nationally.

- The local area's provision for 19- to 25-year-olds is underdeveloped. The identification of the options available to these young people, including housing or possible pathways, is not understood by families or communicated clearly with all staff. Leaders know that more needs to be done to ensure greater independence and employability for young people and adults who have SEN and/or disabilities.
- There has been little formal training for health services and their practitioners to enable them to deliver the 2014 SEN and disabilities reforms. As a result, these staff do not have a good level of awareness of individual practitioner and service roles and responsibilities in implementing the reforms. This has slowed the implementation of the reforms. Front-line practitioners are keen and committed to ensuring good outcomes for children who have SEN and/or disabilities. However, they express a lack of understanding about what is expected of them.
- Health leaders and managers do not have sufficient oversight of practitioners and participation in the EHC plan processes across the local area's health services. Quality assurance is underdeveloped. As a result, operational managers do not have a strong grip on ensuring that finalised plans are received, checked and implemented as part of the child's record to inform day-to-day practice.
- The pace of development to integrate health services, particularly in early years, has been slow, but has significantly quickened over recent months. However, the lack of engagement between speech and language therapists (SALT) and early years settings militates against the provision of effective support for children.
- Senior leaders accept that it has taken too long to complete EHC plans. They are now completing more new plans within the 20-week statutory assessment period. They are on track to complete the assessment of the remaining statements by the required deadline of 31 March 2018, with all transfer reviews due to be completed by the end of the autumn term 2017.
- Since April 2017, the leadership of the CCG (Clinical Commissioning Group) has been strengthened. The work of the designated medical officer and designated clinical officer and improved joint commissioning arrangements contribute effectively to improvements now being made to the support provided for children who have SEN and/or disabilities.
- In recent months, the pace of change to improve and develop provision and services for children and young people who have SEN and/or disabilities has improved. This is being driven by new key senior leaders in the SEN and disabilities team, along with new initiatives that have been introduced by front-line officers. However, many strategies are new, or not yet fully developed. They have yet to demonstrate sustained improvement on the outcomes for children and young people.
- New key senior leaders within the SEN and disabilities team demonstrate keen

determination to rectify the delay in implementation of the reforms. They are fully committed to improving the quality of the local offer. They complement a team that is now determined to address weaknesses with a greater focus on delivering improved and high-quality services to children and young people in the local area.

- Effective co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) arrangements that enable parents and professionals to discuss planned provision and services have been introduced recently. However, this has not been quick enough and has led to frustration among parents and carers. More recent work to involve children and young people and their families in planning suitable provision is improving their confidence in the system and trust in officers.
- There has been closer monitoring and review of pre-school settings by the early years team. They have become increasingly active, checking that pre-school settings make appropriate referrals when they identify needs. As a result, leaders in early years settings have a better understanding of knowing how and when to refer so that children receive the support that they need.
- Leaders in South Gloucestershire have ensured that there is a high-quality health service for children who are looked after. This service includes consideration of the educational impact of health problems for individual children, including those placed out of area and the cohort of unaccompanied asylum-seeking children.
- Leaders are focused on actions to ensure the safety and safeguarding of children and young people. The recent changes to the cabinet structure enable better oversight of safeguarding children and young people who have SEN and/or disabilities. The number of complaints is reducing. However, it remains a priority of the local area to ensure that children and young people are kept safe, and have the support they need in a timely manner to enable them to reach their potential.

## **The effectiveness of the local area in identifying children and young people's SEN and/or disabilities**

### **Strengths**

- Senior leaders have recently improved the completion rates for EHC plans. Currently, 74% of the most recent plans are now issued within time, and include information about health, education and social care. Plans now have a consistent format, and have smarter and more measurable targets than seen previously. As a result, the improved information is beginning to enable education, training and work providers to meet the needs of children and young people. However, this work is recent. There continue to be too many children and young people with EHC plans that do not meet their needs effectively.
- School nurses have developed an innovative mental health risk assessment tool. This is beginning to support the early identification of emotional health problems

in young people. This work has been adopted across the community children's health partnership (CCHP) and is being introduced into general practitioner practices. Young people accessing these services are now more likely to have their emotional health needs identified earlier.

- NHS England gives the local area ongoing funding for specialist SALT support to work with the youth offending service in Vinney Green and across South Gloucestershire. Although a recent introduction, the service has facilitated the identification of needs for individual young people and achieved positive outcomes.
- Staff, particularly in some pre-school settings, provide effective language development for all children and help address speech, language and communication needs (SLCN) for individuals through targeted work. However, qualified therapists do not help to direct or to oversee children's support plans for SLCN in pre-school settings.
- The early years team has identified pre-school providers who do not refer children effectively. Where these providers have engaged with the team, their understanding of the referral thresholds has improved. This is reducing the number of unnecessary referrals. It has also ensured more appropriate identification of children with additional needs before they start school. This enables the primary schools to have a 'breathing space' to employ the right support worker for the child before they start school. However, this approach is not consistent across the local area and is dependent on the pre-school setting engaging with the early years team.
- Refusal rates from the SEN and disabilities review panels to conduct, or follow through, an assessment for children with SEN and/or disability, although still high, are reducing on a month-by-month basis. Work through the 0 to 25 team with special educational needs coordinators (SENCOs) in schools has reduced the number of refusals, from 64% in July 2017 to 32% in October 2017. Support 'surgeries' are provided to clarify the written requirements and expectations for rejected cases. The 'surgeries' have been well received by schools, enabling them to refer more appropriately. In addition, they have proved to be an effective way to engage with the SENCO in some schools that traditionally have been harder to reach.

### **Areas for development**

- The performance on the delivery of the Healthy Child programme by health visitors, beginning with antenatal visits, is poor. Improving this is a key focus for the recently appointed head of health visiting.
- The timeliness of producing EHC plans has, until recently, been too slow. The consensus of parents is that they are not helpful in ensuring that their child's needs are identified and met. Parents and carers reported that they had waited long periods of time to get an assessment and then received an EHC plan which they sometimes thought was missing vital information.

- There are long-standing problems in some services that result in delays in assessing and meeting the needs of children and young people. This includes children waiting for one-to-one portage, and assessments for mild to moderate learning difficulties disability, speech and language, occupational therapy and child and adolescent mental health services (CAMHS).
- A high number of parents request a tribunal hearing to challenge decisions around statutory assessments, which exemplifies their concerns about the assessment process. Their concerns relate to the lack of communication, significant delays and the accuracy and quality of information in completed plans. Leaders have listened to parents and have made changes, including improving the mediation process. As a result, in the academic year of 2016/17, 15 were successful in averting a tribunal hearing, which represents an improvement.
- The quality and timeliness of annual reviews of SEN are too variable. Senior leaders and professionals recognise that more work needs to be done to ensure that the meetings result in agreed next steps and planned transition arrangements for children and young people, particularly when transferring to adult services.
- Parents, carers and young people report that the 'Tell it once approach' is not applied consistently. In addition, the local area's graduated approach to the assessment and meeting of needs is not consolidated across the local area, leading to variability and inequality of support and provision.
- Leaders have introduced targeted work with schools to strengthen capacity for services such as educational psychologists and dedicated therapists. However, the local area has not implemented rigorous quality assurance systems to ensure that this work is having a positive impact, or to make sure schools are being challenged sufficiently to provide the required support for their pupils.

## **The effectiveness of the local area in meeting the needs of children and young people who have SEN and/or disabilities**

### **Strengths**

- There is open access to a well-regarded portage service across the local area. Nevertheless, there is a waiting time of up to six months for one-to-one home portage support. Families are offered group portage support while waiting for one-to-one intervention. Portage has a high profile among professionals and services, although the awareness of parents/carers is low. The service works closely with the child development service and the early years service, contributing to the EHC plans, delivering training and undertaking visits to early years settings. This work supports the transition of individual children into these settings effectively.
- The provision of specialist workers within CAMHS is a strength. These include the new ASD diagnostic practitioners, and the specialists working with, for example, children with attachment disorder issues or those having been in households where there has been domestic abuse.

- Children's views are being captured within the 'assess, plan, do, review' cycle used by the educational psychologists. In addition, pupil passports used in schools are usefully ensuring that pupils' views are captured and schools can take their views into account.
- Leaders ensure that there is a greater consistency in those who attend the multi-agency resource panels. They have ensured an increased membership of different services, improving the quality and consistency of decision-making.
- Travel training, for those that need and have access to it, is valued both by young people and parents. This training increases young people's independence and confidence successfully. It enables the young people who have been trained to feel more confident in getting themselves to college, work and to socialise more widely.
- A good range of information, advice and support services are provided by the Special Educational Needs and Disabilities Information Advice and Support Service, KIDs (an independent support service in South Gloucestershire) and the parent/carer forum. Parents and carers say that they particularly 'fill a gap' when they are in a crisis or when they do not feel listened to.
- The local area leaders acknowledge that there is still work to do to ensure that the local offer better meets the needs of parents and carers. They have begun work to improve the accessibility and quality of information provided to parents with an intended relaunch of the related website in the spring of 2018.
- Provision for short-term breaks is in place, along with respite care support. There is a range of support available. However, planned opportunities are not always communicated well to parents. Parents told inspectors that they have to fit around what is on offer, rather than the care being there when they need it most.
- Leaders continue to work with post-16 and post-19 providers to develop appropriate courses. For example, they are developing further education provision linked with the local college in 2018, called The Chase. It is intended to reduce the demand for children and young people to attend out-of-county settings in independent specialist colleges. This is part of the 'local first' initiative to help young people to be able to stay within their local community. However, some parents who shared their views with inspectors were concerned about the location of The Chase, and the internal accommodation it might provide. Some do not regard it as local, and remain to be convinced that it will be a good provision.
- Leaders have set up an effective supported internship programme run at South Gloucestershire and Stroud College, with around 10 students on roll this year. Other internships with local employers have also been set up. Last year, out of eight students, five went on to paid work. Although this work only had a positive impact on a small number and young people, it is highly valued by families.
- The 0 to 25 transitions team is working effectively with young people leaving special schools. They are helping to develop community-based provision and earlier transition planning for them, now beginning in Year 9. However, parents and carers are not sufficiently aware of what support and services they can expect from the 0 to 25 team.

- Joint working between the Pathways Learning Centre and health professionals is benefiting children and the assessment of their needs. This is particularly the case for those whose needs may not have been identified prior to entering the centre. The support that the Pathways for Learning Centre gives young people in the first term after they leave at the end of Year 11 is effectively supporting transitions to adulthood.
- Epilepsy training for school staff, and learning from related serious case reviews through the school nursing team is supporting the potential reduction of the number of pupils being sent to hospital or being at risk of serious harm/death. Although hard to quantify, the impact has the potential to reduce unnecessary hospital admissions, and increases the chances of adults being better able to help children and young people in emergency situations.

### **Areas for development**

- Pupils identified with lower levels of continence issues are not supported by the School Health Nursing Service. This group of pupils does not meet the threshold for the specialist continence service. Consequently, there is no specialist provision to support them in school and to ensure their emotional well-being. However, this service will continue to support pupils with continence issues at tier 1, to comply with the latest service specification agreement.
- Health practitioners are not sufficiently or consistently well engaged with the EHC plans development and review processes. The exceptions to this are the community children's nursing service (Lifetime) and the school nurses linked to the special schools.
- Some key services such as CAMHS and the learning disability CAMHS service are not sufficiently engaged in SEN and disability arrangements. Local area partners and some health provider services have not fully explored the establishment of a single point of EHC plans notification in their service to ensure that the appropriate health practitioner is engaged in the process in a timely way. This was identified as an area for development in the April 2017 peer review.
- Since January 2017, the redesign of the CAMHS access pathway has resulted in the establishment of a single point of access and triage. Although to date an average of 88% of young people were seen within the target of 18 weeks, the model put into place is not working as effectively as it should. Appointment slots are being blocked by triage. The service reports that this is resulting in a 'log jam', with some young people waiting over a year for a CAMHS assessment. There are no clear plans to reduce this backlog.
- The provision of a full range of pathways for learning post-16 and post-19 is starting from a low base. The transition programme being initiated for young people in special schools has not yet been extended to pupils in other settings. Some young people who would benefit from it do not get travel training to enable them to access appropriate pathways.
- Leaders acknowledge that EHC plans produced between 2014 and 2016 are



'variable and many poor'. The targets set in them were not always clear enough, making it difficult to measure the progress of some children and young people over time. The local area is tackling this now. The newest plans are much improved, although leaders recognise that older plans need to be reviewed as a priority.

- Parents and carers report that the assessment process is not clear to them. Some question why some EHC plans are being ended when the young person reaches 19 years of age as opposed to 25 years of age.
- Some young people reported that they and other children identified with SEN and/or disabilities were bullied in mainstream schools. As a result, their experience in their local school was not positive.

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

### **Strengths**

- Overall, the outcomes for children who have SEN and/or disabilities in early years and by the end of key stage 1 are positive and improving.
- In 2016/17, leaders targeted a 'year for writing' to raise standards in pupils' writing for all pupils in South Gloucestershire. This resulted in improved achievements at key stage 2 for almost all children who have SEN and/or disabilities. Their achievements in reading also improved.
- The local area has been encouraging schools to provide better training for staff and support for pupils, instead of permanently excluding them for breaching school rules. Although small in number, where schools have improved their work, several young people have been able to successfully return to, and remain in, their local school.
- Leaders are holding schools to account more effectively for the attendance of children and young people. They are checking pupils' performance more frequently, including broken weeks of absence, against national statistics.
- The Intensive Positive Behaviour Support Service (IPBSS) is effective in providing support to young people and families where the young person is on the cusp of being placed out of county in residential provision. The service works with eight young people at a time. Building on this model, IPBS Autism is being launched in January 2018 as a two-year pilot jointly commissioned by Bristol and South Gloucestershire CCGs, Bristol City Council and South Gloucestershire Council.
- The CCHP is incrementally developing a new service model to incorporate community children's nursing (Lifetime), the specialist continence service, the lead nurse for disability and six nurses from the University Hospitals Bristol Foundation Trust. This new service is being developed to meet the needs of children with complex needs in the community. It is intended to reduce the need for these children to be admitted into acute hospital care, which can significantly disrupt their access to education. However, at this time, it is too early to see the impact of this work.

## Areas for development

- The impact of the significant delays in the diagnostic assessment of ASD has a detrimental effect on the children's and the young peoples' learning, development and well-being. It hinders them being placed in an appropriate school and adds unnecessary stress and anxiety for them and their families. Parents and carers are rightly unhappy that this continues to happen.
- The proportion of pupils who have SEN and/or disabilities who have fixed-term exclusions is high. Secondary schools account for the majority of fixed-term exclusions, with five schools being accountable for around 50% of them. Overall, about 40% of exclusions take place in Years 9 and 10. The proportion of pupils with SEN support that have permanent exclusions from secondary schools is also high.
- Pupils' standards and progress (pupils' achievement) in mathematics at the end of key stage 2 is weaker than in English. Senior leaders acknowledge that this is an area that needs further improvement. Along with a continued focus on English, it has targeted mathematics as a focus for schools this year.
- As children and young people who have SEN and/or disabilities transfer into secondary schools, the proportion achieving well declines, with the gaps between them and other pupils increasing with their age. In particular, there is a year-on-year decline in the outcomes that pupils achieve at the end of key stage 4 in mainstream settings.
- In 2016, at age 19, the proportion of young people achieving level 2 qualifications is in decline, and their performance is well below that seen nationally. At level 3, although still below national figures, the performance of those in receipt of SEN support improved, while the performance of those with an EHC plan declined.
- All but two of the secondary schools in South Gloucestershire are academies. The local area has agreed with the regional schools commissioner (RSC) to share information about exclusions and attendance. They have been working with them since April 2017. However, agreements have only just been put in place. Consequently, the impact cannot yet be seen in improving academic performance and reducing exclusions in secondary schools.
- Some young people stated they do not feel that staff have high enough aspirations for them and they want to have greater, and meaningful, work-based opportunities to improve their independent living skills. The local area has recognised this need. However, the preparation for a broader range of adulthood pathways is in the early stages of development.
- The take-up of personal budgets is very small, with none in place for health.

## **The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to

Ofsted that explains how the local area will tackle the following areas of significant weakness:

- slow implementation of the SEN and disabilities reforms and the development and implementation of the SEN and disabilities strategy and local offer by senior leaders
- underdeveloped arrangements for joint commissioning, co-production and quality assurance to challenge and support providers to improve outcomes for children and young people
- continued and significant concerns raised by parents at the delays in assessments, lack of communication, timeliness and the ineffective promotion and delivery of the local offer
- children and young people having to wait for lengthy periods of time before having their needs assessed by some clinicians and specialist health and social care services
- the high, and increasing, rates of exclusions from local schools for pupils with SEN and/or disability, particularly at secondary level
- the low and declining standards reached, and the progress made, at the end of key stage 4 for pupils in local schools with SEN and/or disability
- inequality of access to services and variability of experience for children and young people with SEN and/or disability, particularly in secondary and post-16 provisions
- little or no formal training to health services and practitioners on the SEN and disabilities reforms.

Yours sincerely

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