

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



2 May 2019

Mr Mike Bowden
Corporate Director
Bath and North East Somerset Council
Lewis House
Manvers Street
Bath
BA1 1JG

Tracy Cox, Bath and North East Somerset Clinical Commissioning Group
Christopher Wilford, local authority nominated officer

Dear Mr Bowden

Joint local area SEND inspection in Bath and North East Somerset Council

Between 18 March 2019 and 22 March 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Bath and North East Somerset Council 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 with special educational needs and/or disabilities (SEND), parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the 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.

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

Main Findings

- Local area leaders, driven by strong and shared values, are determined to provide the best for children and young people with SEND. They provide strategic leadership that enables a solid foundation for effective services, continuous improvement and creative solutions.
- Collaborative working underpins the effectiveness of the local area. Joint commissioning is strong and continues to be strengthened. This means that traditional barriers of funding or service specifications are overcome so that children, young people or their families receive an offer that meets their needs in education, health and care.
- Individual practitioners from health, education, care and the voluntary sector have positive working relationships with each other. They problem-solve together to improve support for children and young people.
- Effective working together enables co-production (a way of working where children and young people, families and those who provide the services work together to create a decision or a service which works for them all). This is particularly evident in the recent recommissioning of the short-break service that incorporated the views of siblings into the information collected.
- Many parents and carers talk very positively about the support they have received from staff of the local area and the difference that this has made to their children and families. A few parents are much less positive and attribute their poor quality of life to the battle they have had to fight for their children.
- Many parents and carers praise the support they receive from schools, particularly specialist provision or those mainstream schools that are confident in working with children with SEND. They feel that their children are doing very well. A few parents are much less positive about the response they received from schools, where they felt unwelcome, or their concerns about their child were dismissed. The local area has recognised the inconsistency in schools' responses to SEND and has launched a graduated approach tool to strengthen identification and assessment. However, it is early days.
- The proportion of education, health and care (EHC) plans completed within the 20-week timeframe is high and still improving. EHC plans are clear. They describe the child or young person well. However, annual reviews of the plans are not always effective in capturing progress and ensuring that changes are made to plans to secure further improvements in outcomes.
- Most parents and carers feel that they are able to get the information, advice and support they need. The SEND partnership service is particularly praised. The local offer meets the expected statutory requirements and has recently been refreshed. Many parents and carers, though, do not find it a useful

resource. They say that it isn't clear enough, and this causes frustration.

- Leaders are aspirational to close the gaps between the progress of pupils with SEND and that of other pupils in Bath and North East Somerset and nationally. They have rightly recognised that there is more to do to secure improved academic progress, especially for those pupils with SEND who may be further disadvantaged due to poverty or other complexities. They have taken further steps to work strategically with leaders of schools and multi-academy trusts on this issue, as well as implementing targeted interventions.

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

Strengths

- The early identification of the complex needs of babies is a strength of the area. There are effective and well-established pathways to identify babies' needs at the earliest stages so that they receive specialist occupational therapy (OT) and physiotherapy as soon as possible.
- There is also effective early identification of young children with speech, language and communication needs and those with autism spectrum disorder. As a result, assessment and/or diagnosis is timely, and children receive appropriate support from a young age.
- The local area's performance on the Healthy Child programme key developmental checks by health visitors is positive and enables early identification of need. The provision of a named link health visitor for each children's centre ensures that the children's developmental checks within the setting inform the health visitor's face-to-face developmental review well. More integrated developmental reviews are taking place so that information can be shared effectively between health professionals and settings.
- The children looked after health team, clinicians and practitioners have a good awareness and understanding of those children with SEN, complex needs or learning disabilities who are in the care of the local authority. This means that there are accurate and systematic oversight of this cohort of children and young people.
- There are well-established arrangements to ensure that young people aged 14+ with learning disability have a primary care annual health assessment. These are being further strengthened to include dental, eyesight and hearing checks over the next 12 months.
- The local area partnership has good awareness of the cohort of children who are electively home educated (EHE), and of young people who are not attending school but who remain on the school roll. This means that support can be put in place to re-engage a child in education or to ensure that they

receive the right support at home.

- Local leaders know the strengths of their work and areas for further development. They take appropriate action to improve services. They have a detailed knowledge of priorities and have developed a clear road map to transform and keep improving their services.
- Health services value the annual SEND position statement that each provider submits to the integrated commissioner. This process supports a culture of self-challenge and continuous improvement. Practitioners and managers identify strengths of the services offered by the local area and devise new objectives to improve further outcomes for children and young people.
- The local area is aware of the inconsistency within schools' practice when identifying SEND. It has launched a graduated approach tool to support schools, but it is too soon to see the impact of this work.

Areas for development

- The way schools identify and welcome children with SEND and work with their parents and carers is too variable. Some schools are seen as fully inclusive in their approach. Others are not. This causes distress to some parents and carers when they feel their children are not welcome at a school or their concerns are not taken seriously.
- The diagnostic pathway for the identification of older children with autism spectrum disorder is less effective than the pathway for young children. Parents describe this pathway as confusing. Many feel that they have had to fight to get their child's needs recognised.

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

Strengths

- There is a clear process in place through which parents, carers and professionals are invited to participate in EHC plan development and submit written information. Effective governance arrangements are in place in all health services to ensure the timely submission of reports.
- Most plans are completed within expected timescales. The local area performance exceeds the national average.
- EHC plans capture the positive qualities of the young person, as well as describing their needs well. The expected outcomes are clearly recorded so that they can be used by schools to meet pupils' individual needs and by practitioners to inform their work.
- Quality assurance work carried out by leaders in the local area is effective in

identifying any inconsistencies in the quality of plans and further improving them. Recent work with the local college has improved plans to make them more relevant for older students. For example, provision and outcomes are now written so that they are appropriate for implementation in the college.

- All plans start with the one-page profile of a child or a young person. This is used effectively by many practitioners, particularly in the universal health services, specialist therapies and Child and Adult Mental Health Services (CAMHS), to strengthen the child voice and inform multi-disciplinary case discussions.
- The local area decision-making arrangements to assess and issue EHC plans are clearly articulated and support the work to assess and meet a child's needs. There is a confidence and transparency about the systems.
- Parents and settings appreciate the work of individual members of staff who help them navigate processes. They value their proactive and collaborative work. One parent spoke of 'a great team through a difficult journey'.
- Early years settings have good access to specialist support for individual children. Specialists travel to the child routinely. Parents say that joint appointments are becoming more common, which means that their children benefit from combined, multi-disciplinary expertise.
- Targeted funding to ensure the transition from pre-school to school is successful. It enables the removal of barriers to learning and helps children get off to a good start.
- Specialist provision and some mainstream schools provide a range of high-quality provision to meet children's and young people's needs. Many special needs coordinators are praised by parents because of their contribution to meeting their children's needs.
- The local further education college offers appropriate, graduated provision. Students have access to specialist and mainstream courses. They receive support such as tailored provision in class, exam adjustments and courses such as Life and Independent Living Skills. Students can also receive additional help that may include occupational health, nursing or speech therapy. The college continues to develop this offer, working closely with the local area. Plans are in place to enhance pre-entry provision, and local residential and work place opportunities.
- Services consistently meet their targets to see children who require specialist assessment and intervention from CAMHS, OT, physiotherapy and speech and language services within a specified time.
- Specialist health support in services working with vulnerable groups who have significant numbers of children and young people with SEND are effective. For example, a speech and language therapist, school nurse and CAMHS professionals work in the youth offending service. As a result, young people

benefit from informed assessment and tailored interventions.

- There is strong transition planning that starts early. There are clear pathways involving local partners. When young people are at risk, a range of statutory and voluntary agencies provide creative interventions so that they remain engaged and are more likely to develop skills that help them to stay in education, employment or training.
- The SEND partnership service delivers a service that is well known and highly valued by parents. Its offer is clear and accessible and meets the changing needs of parents and carers. The service uses volunteers to strengthen the workforce. As a result, they are better able to respond to needs as they emerge through school settings and community networks.

Areas for development

- Schools do not always use the outcomes set out in the EHC plan to formulate their work with children and monitor their progress. Consequently, it is difficult to monitor whether the plan and provision are effective in meeting a child or young person's needs.
- Annual reviews are not always effective in ensuring that a child's needs, provision and progress are kept up to date.
- Services such as CAMHS, OT, physiotherapy and speech and language therapy do not always check that they are using the final version of the EHC plan. This means that they might miss some important information.
- The online local offer known as Rainbow Resource meets the expected statutory requirements and the recent refresh has led to increased use. However, many parents and carers still do not find it a useful resource, and this causes frustration in understanding the local education, care and support offer.
- Care support and play provision for children and young people are not well understood. There is not a clear understanding of why some families receive short breaks and some do not. Written materials do not clarify this sufficiently.

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

Strengths

- Outcomes for children and young people who are identified as requiring SEND support or who have an EHC plan are similar to national averages. Where there have been dips in performance for particular cohorts, the reasons have been quickly analysed and interventions put in place so that these are

addressed quickly.

- Leaders have reduced the number of permanent exclusions. Co-ordinated work across agencies, including changing the way educational psychologists work with schools, has meant that more placements are successfully maintained.
- Children and young people speak positively of the support that they receive. They recognise that it helps them with their academic work and managing their anger or anxiety. They express their aspirations for the future and know how they might reach these. They are clear about the options for the future, which include work placements on Project Search or further college courses that will lead to chosen employment.
- The prompt engagement of very young children with early years communication practitioners or the portage service means that early language needs are often met and do not need specialist intervention. Summer language groups run by speech and language therapists for parents with pre-school children also deliver good outcomes for children and families.
- Recent changes by the local area have strengthened alternative provision for pupils who have been excluded from their mainstream school. Children and young people are now receiving a better offer so that they feel safer and are better prepared for their next placement.
- Young people about to leave special school are well prepared for the next stage of their education, employment or training because they benefit from bespoke programmes of study that are linked to their interests and areas of strength. They have work tasters that meet their positive aspirations for the future. The travel training that is provided prepares them for life after school.
- Good college provision means pupils have access to suitable academic and vocational courses. The proportion of young people with SEND in sustained employment after leaving school is similar to the national average, and in some years better. The proportion of young people with SEND who gain a level 2 or level 3 qualification is similar to others nationally.
- The local area has good links that enable young people to move successfully to employment. Project Search is well regarded and is successful in giving young people opportunities in work place settings that lead to permanent employment. The local area is building on this work through the recent establishment of an employers' network.
- Good-quality short breaks, holiday schemes and clubs mean that children and young people have provision that they enjoy and is significantly improving their self-esteem and their ability to function in the community.
- The strong approach to integrated personalised commissioning ensures creative packages of support, often including the use of personal health budgets, are promptly put into place for children with SEND. This gives parents control over the level, frequency and time of delivery of therapeutic

and care support to meet the health needs of the child. It also sustains the emotional wellbeing of parents and the quality of family life.

- Parents’ experience of transitions is positive. This includes transition from hospital to community services, children’s social care services into adult services, and school to college.
- There are many examples of effective targeted work in the local area that improve outcomes for particular groups of children and young people. For example, there is an intervention group delivered by therapists to children with SEND moving from Year 6 to Year 7 that helps them understand new routines and deal with some new every day challenges of secondary school. There are also sports taster days run by physiotherapists for children with physical disability that enable young people to improve their physical health and get ‘sweaty and smiley’.

Areas for improvement

- The gap between academic outcomes for those with SEND and other pupils in Bath and North Somerset remains. Leaders have rightly recognised that there is more to do to secure improved academic progress for pupils who have special educational needs and/or disabilities, especially those who may also be disadvantaged due to poverty or other complexities.
- Fixed-term exclusions for children and young people with SEND, including pupils in special schools, remain above the national rate in secondary and special schools.
- The annual review of the EHC plan is not always used as an effective tool to check progress and make necessary adjustments to provision.

Yours sincerely

Stephen McShane
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Bradley Simmons, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Stephen McShane	Jan Clark

HMI Lead Inspector	CQC Inspector
Andy Lawrence	
Ofsted Inspector	

Cc: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England