

# Wolverdene Special School

22 Love Lane, Andover, Hampshire SP10 2AF

Residential provision inspected under the social care common inspection framework

## Information about this residential special school

Wolverdene is a local authority school in Hampshire catering for primary-age children who are experiencing social, emotional and mental health difficulties. The school uses the Thrive Approach, which draws on research in neuroscience, attachment, effective learning and child development, and the PACE (playfulness, acceptance, curiosity and empathy) model to underpin its work.

The school provides mainly day placements. Ten residential placements are available for boys in The Lodge, where they stay for up to four nights a week. It is situated in the school grounds.

### Inspection dates: 25 to 27 February 2020

<b>Overall experiences and progress of children and young people, taking into account</b>	<b>outstanding</b>
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	outstanding
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The residential special school provides highly effective services that consistently exceed the standards of good. The actions of the school contribute to significantly improved outcomes and positive experiences for children and young people.

**Date of previous inspection:** 21 January 2019

**Overall judgement at last inspection:** outstanding

## Inspection judgements

### **Overall experiences and progress of children and young people: outstanding**

All children have made measurable progress across a range of developmental areas, much of it substantial and all of it sustained. Targets set for children help them to make improvements. Tracking these targets means that staff are clear about the progress children make, what they need to do to build on successes and areas to work on next.

Children's self-esteem has increased because staff meet children's needs and especially because of the emotional support that staff lavish on them. A member of staff encapsulated the approach that has enabled this progress, saying, 'We build relationships with children like you would not believe, with children who find it hardest to make them.'

Children have benefited enormously from making friends in the residential provision and in school, when both have proved too difficult elsewhere. This is a result of children feeling secure and so able to explore relationships and open themselves up to learning. Self-care skills have increased so those who had difficulties are now proud of their appearance.

Staff are very sensitive to children's identity needs. They explore cultural and religious ceremonies, recreating them and talking about their origins. During the inspection, staff initiated a discussion about the origin of a Christian festival while children chose pancakes. Discussions with a person of faith have led to staff sensitively including a child in activities around celebrations in a way that does not overtly include a cultural or religious dimension. This has allowed him to join in with his peers while being respectful of his family's wishes.

Staff work well with children who experience high levels of anxiety, enabling them to work through fears so that they can try new activities such as trips to swimming pools. Children are able to adopt strategies that staff teach them in order to manage difficult feelings and better maintain control of their emotions and behaviour.

There is an institutional feel to areas of the provision, partly due to extensive use of the same colour paint for most rooms, including all bedrooms. However, children are able to personalise their rooms and some make 'dens' in them if they wish. There is plenty of space and facilities within the building and outside play areas.

Managers and staff make thorough preparations for children moving in. They work extremely well with families to arrange admissions, taking account of a child's need for gradual or swift introductions. Some children would be at a significantly greater risk of family breakdown if it were not for their weekly stays in the residential provision.

## **How well children and young people are helped and protected: good**

Every child now has a plan that identifies areas to work on regarding emotional regulation, academic progress, risks and behaviour, and any diagnostic issues. This plan combines parents' views with those of school staff, and the education, health and care plan. This provides an excellent foundation for work with each child. It sets goals for, and strategies to meet, targets for education, therapy and the residential provision, for children who use it.

Managers create impact risk assessments and match children's needs and potential risks against established control measures and the needs of children already using the service. On two occasions, control measures did not clearly meet an identified low-level risk, but managers could say what staff were doing to address each of them. There is now greater clarity to decisions made about which children are suitable to come into the residential provision. The implementation of impact risk assessments has been so successful that leaders are introducing it for all admissions to the school.

Leaders and managers have developed a clear approach to meeting children's emotional and mental health needs, from a 'universal layer' that ensures that the daily routine input of staff supports every child, through targeted support, to specialist assessment and intervention. Although the setting is in a process of transition to this model, there is evidence that children are benefiting from this tiered approach.

A higher number of complaints and allegations than usual have been received since the last inspection, the majority about events during the day in education rather than the residential provision. Managers have appropriately reported safeguarding concerns to other agencies, including the designated officer of the local authority, whose advice they have closely followed. Leaders, managers and governors provide rigorous oversight of incidents, assisted by a new electronic recording and monitoring system. Some complaints have been complicated to manage. For example, evidence of the process followed to address them is logged but without a chronology it is difficult to follow.

Some children are averse to restrictive physical interventions, feeling that they make matters worse. However, staff ask all children about which strategy or holds work best for them and record them in behaviour support plans. Using these gives staff the opportunity to remind children of what they can do themselves to de-escalate situations. The inspector saw staff use this practice to set clear expectations for behaviour very effectively. Many children have not been held at all in the residential provision and others require such intervention less here than elsewhere.

Staff debriefs following an incident are not routinely recorded and physical interventions involving the head of care or her deputy mean that challenge of practice could be compromised.

Managers held some documentation, such as references and employment histories, rather than placing documents in recruitment files. This makes it hard to establish if

the school is following safer recruitment practice. Once the papers were found, it was possible to see that in large part the school is doing so. However, staff have not verified references supplied by previous employers when this would be appropriate.

### **The effectiveness of leaders and managers: outstanding**

Leaders and managers have an acute understanding of the school's strengths and weaknesses. They frequently appraise the quality of service with a critical eye, as shown in the annual review of the residential provision, and have taken action to address shortfalls. The independent visitor has assisted in this process as her reports are thorough and her recommendations are very pertinent. Managers respond well to these, as they have done to the improvement areas identified at the last inspection.

Staff now routinely seek children's views and include them in relevant plans. They obtain children's opinions using well-designed forms following significant incidents. This gives managers and staff useful feedback.

There is a culture of continuing improvement. Managers are currently considering how they can improve the monitoring of children's progress and how the residential provision might further integrate into the school's management structure.

The school's involvement in piloting new clinical services has resulted in significant developments in psychiatric, psychological and occupational therapy input. Senior staff identified weaknesses in provision and introduced a new approach that means more children receive integrated therapeutic support that is integrated into education and residential care. The development of clinical supervision for residential staff helps them to meet children's emotional needs with greater understanding of the issues behind their behaviour. As a result, the team members have become skilled practitioners. Staff and children have new tools to identify when children are feeling upset or worried and so have widened the range of strategies to help them to regain control. This enables children to see themselves as having greater self-determination.

Specialist training is available for all staff that includes input on trauma, attachment and clinical conditions; some experienced workers are also undertaking more in-depth courses. Staff use this elevated level of understanding to support families as well as children, which many parents highly appreciate.

A range of formal support is available to staff to help them in their work and to manage its emotional impact. This includes group and regular line management supervision as well as the clinical supervision. The recording of sessions has improved so that supervisees can refer back to them to find details of the discussion.

Staff members are very appreciative of this support and frequently praise managers for their commitment to them as individuals. One said, 'I never leave without speaking to someone and don't worry about taking something [stressful] home.' Informal discussion with managers and colleagues is also valued, particularly to reflect on practice.

The clinical psychiatrist chairs a 'high priority group' set up to help staff from education and the residential provision to regularly consider the needs of the most vulnerable children. This enables staff to respond rapidly to developments, implement coordinated strategies and track outcomes.

## **What does the residential special school need to do to improve?**

### **Compliance with the national minimum standards for residential special schools**

The school does not meet the following national minimum standard for residential special schools:

- 14.1 Schools operate safe recruitment and adopt recruitment procedures in line with the regulatory requirements and having regard to guidance issued by the Secretary of State.

### **Recommendations**

- That the homely environment of the residential provision is enhanced by identifying fixtures, fittings and decor that present as being institutional in nature and replacing or modifying them where possible.
- That complicated safeguarding and complaints records include a chronology of events and actions to ensure that the process of how the school has addressed the complaint is clear.
- That debriefs of staff following a measure of control are recorded and that a senior manager monitors those that involve the head of care.

### **Information about this inspection**

Inspectors have looked closely at the experiences and progress of children and young people using the 'Social care common inspection framework'. This inspection was carried out under the Children Act 1989 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the national minimum standards.

## **Residential special school details**

**Social care unique reference number:** SC012029

**Headteacher/teacher in charge:** Paul Van Walwyk

**Type of school:** Residential special school

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## **Inspector**

Chris Peel, Social Care Inspector

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