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Dear Dr Jensen

Joint local area SEND inspection in City of Bristol

Between 30 September 2019 and 4 October 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of the City of Bristol. This was to judge the effectiveness of the area in implementing the disability and special educational needs 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 Care Quality Commission (CQC).

Inspectors spoke with children and young people with disabilities and/or special educational needs, parents and carers, and 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 special educational needs 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

- The implementation of the 2014 Special Education Needs (SEN) reforms in Bristol has been too slow and fragmented. Until recently, there has been significant turbulence in the leadership and governance of the local area. Frequent changes in leadership have resulted in widespread weaknesses in the local area's arrangements for identifying, assessing and meeting the needs of children and young people with SEN and/or disabilities (SEND).
- The absence of true joint working over time means that leaders of education, health and social care are only just starting to hold each other to account for the effectiveness of their work. Until very recently, there has been a lack of systems to quality assure provision or hold leaders to account.
- Leaders across local area partnerships have correctly identified examples of poor data quality and data compliance in the local area, particularly around EHC plan processes. There is, in some places, weak analysis of this information and it is not used routinely to inform and drive improvements or determine what future provision is needed.
- Since early 2018, there have been noticeable improvements in the leadership of SEND in the local area. The energy, enthusiasm and determination of new leaders to improve provision is palpable. Leaders are honest about the significant weaknesses in the local area and about how recently some of the reforms have been implemented. There is no doubt that the pace of improvement is accelerating to tackle the previously slow implementation of the SEN code of practice. However, there is a significant amount of catching up to do that is needed urgently. Local area leaders recognise that many actions are new, and, therefore, it is too early for parents and carers to have noticed better outcomes for their children and young people.
- The education, health and care (EHC) plan statutory process is ineffective. EHC plans are not fit for purpose. Parents and carers say they are 'not worth reading', contain old information, and that agreed changes are not made.
- Leaders have not tackled with sufficient urgency the high number of fixed-term exclusions and persistent absence of pupils with SEND in schools and other settings. The negative impact of exclusions on children and young people, along with their families, is extensive.
- While work has been undertaken to improve parents' awareness of the local offer, there remains work to be done. Parents and carers do not know about the local

offer or what is available for them and their children and young people to access.

- Parents and carers are overwhelmingly condemning of the SEND system in Bristol because of the experiences they have had. Parents and carers are baffled by the process to decide the services their children receive. They say systems and processes are often opaque and unfair. Consequently, a significant number of parents who contacted inspectors said that they have lost trust in the local area. Leaders know that much work, resolve and commitment is needed to regain the trust and confidence of parents and carers and to convince them that children and young people are at the core of their work, and that they care.
- Ensuring the safeguarding of children and young people is a stated priority of the local area. Children and young people in the schools and settings, met by inspectors, told them that they feel safe and well looked after. Many are confident that they can share any worries or concerns, including about bullying, with staff and they will be sorted quickly.

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

Strengths

- In the early years, multi-agency work is a relative strength. This includes services such as portage, the inclusion team, commissioned educational psychology and the autism spectrum disorder (ASD) support team. The early years special education needs coordinator (SENCo) clusters, which meet six times a year, enable key messages to be shared. They also provide the opportunity to help early years settings to identify children's needs better and provide the right support.
- The children's centres provide valuable support and access to services for parents of young children. A consultation in 2017/2018 showed that parents and carers value these centres. Some referred to the centres as being their 'lifeline'.
- The identification of young children's medical needs is effective. For example, primary infant mental health specialists work mostly with pre-school-age children and their families. They focus on children's emotional health and well-being and make the most of the opportunity to identify need at an early stage.
- Children and young people have good access to suitable speech and language services. Speech and language therapy 'link' practitioners provide helpful support in most primary and secondary schools. Drop-in sessions provided at children's centres also enable children and young people to receive expert help easily. Surveys show that the majority of parents are able to access a suitable drop-in clinic within two weeks.

Areas for development

- In previous years, the capacity of front-line staff to recognise the needs of children and young people has been limited. This has meant that the identification of children and young people with SEND has not been timely or accurate. While this issue is now being resolved, the improvements made are not yet impacting on children and young people.
- Some children and young people report that they did not have their needs identified early enough, particularly around their social and emotional health, and it had to get to crisis point before anything was done to help them. Parents and carers who spoke to inspectors confirmed this.
- There are inconsistencies in the understanding of SEND by staff across schools and settings. These inconsistencies are as a result of staff in mainstream schools not receiving effective SEND training. Children and young people feel that, too often, staff in mainstream schools do not see past their disability and have a 'blanket view' of what it means to have SEND. Health practitioners generally submit good information to inform the EHC plan process. However, they do not ensure that children's desired outcomes and health aspirations are set out well enough in plans.
- Although plans to introduce the new diagnostic pathway that aims to reduce waiting times for ASD assessment are advanced, current waiting times to see a paediatrician are too long. Although parents and carers understand that resources are limited, the long waiting times were not explained clearly to them. This has resulted in frustration and anger.

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

Strengths

- Early years special education needs coordinators (SENCOs) are able to undertake training and achieve an award. This is leading to increased expertise and confidence in relation to SEND in early years settings. It is therefore also ensuring that children have their needs assessed and identified more effectively in the early years.
- Inspectors recognise that there is evidence of good practice within the local area. For example, in response to concerns raised by parents and carers about the post-18 offer, effective partnership work between the local area leaders and City of Bristol College has led to the development and funding of the Project Rainbow at the Brislington Centre. This is now enabling young people to develop their independence skills, such as cooking and travel, and to be better prepared for adulthood and employment. These young people no longer need to be placed out of county and away from their own communities to have their needs met. Young people and their parents and carers speak extremely highly of this offer and the

difference it is making.

- The work of the Hope Virtual School and associated multi-agency work for children in care is effective in raising achievement for children in care. However, there are no mechanisms to use this expertise to support development elsewhere, such as in mainstream schools and settings.
- Professionals who work in the local area SEND team are committed to changing practice. Some stakeholders speak of the positive relationships they have with frontline staff. The team members want to be able to do things differently, but a lack of capacity has been a huge barrier to meeting the needs of children and young people with SEND.
- There are opportunities for children and young people to share their views and contribute to improving the system, such as the 'Hope Volunteer Champions', which is specific to the community children's health partnerships; the care leavers' forum; and the listening partnership. Through this, they have been able to raise their concerns about transport, bullying and mental health.
- Some parents and carers report that well-trained and knowledgeable SENCOs in schools make a huge difference to their children and young people. For example, SENCOs are a point of contact for them and help them to navigate the SEND systems. However, not all parents and children benefit from this high level of support.
- Speech and language therapy provision, which was identified as an area of need by the local area, has been recommissioned in partnership with parents and carers. As a result, link speech and language therapy practitioners at schools and early years settings are now in place. This provision ensures that the needs of children are met more quickly.
- The support available for children and young people with social, emotional and mental health (SEMH) needs is new but increasingly effective. Each primary and secondary school now has a link child and adolescent mental health services (CAMHS) worker. These workers visit on a termly basis to discuss the needs of identified children and young people. This enables schools to work more closely with professionals to help meet the needs of children and young people. Across Bristol, there is an emphasis on prevention and early intervention within the CAMHS service. This can be seen in the new approaches being adopted, such as intensive outreach support and 'Be Safe' approaches to breaking cycles of sexual abuse. While these developments are very positive, their impact is not yet widely recognised or experienced by parents/carers.
- The health, education and care budget for specialist equipment is enabling swifter access to resources. In particular, this is helping to support young people as they move into adulthood.
- Integrated initial assessments for speech and language therapy (SALT), physiotherapy and occupational therapies take place for children who would benefit from them. This means that children with more complex needs can be

seen and assessed by the relevant therapists in a timelier way.

Areas for development

- Many parents and carers lack confidence in the local area and its ability to do anything for them or their children. This is reflected in the increased level of complaints. They do not feel their voices are heard or their views acted on.
- The quality of EHC plans is disturbingly poor. Many plans contain gaps, are out of date or do not reflect the child's or young person's needs. There are extensive delays in draft EHC plans being finalised. Many draft plans within health settings are still at the draft stage more than 12 months after the EHC plan has been initiated. Plans do not demonstrate health, education and social care working effectively together to produce a holistic document as was intended in the 2014 reforms. Consequently, children and young people named in EHC plans are unlikely to have their needs met.
- EHC plans for young people as they move into post-18 provision do not reflect outcomes that are relevant or meaningful. Consequently, young people moving into adulthood do not have EHC plans that meet their current needs.
- The local offer is not well communicated. Many parents and carers are not aware of it or not using it to its full extent. They told inspectors they rely on word of mouth to find out what is available, and they often do not know where to get the relevant help.
- Parents and carers report having to fight to get an assessment and often resort to paying for therapy assessments and legal help to get their case heard. However, inspectors heard that many parents and carers are not able to access or challenge the system due to their own educational needs, lack of funding or having English as a second language. Therefore, the needs of their children are not being met. Some parents and carers spoken to said that those that shouted the loudest got what they wanted in terms of support and/or provision, but many parents and carers are not able to do this and, as a result, are isolated.
- Leaders are not using information well to plan future services for children and young people with SEND, for example when planning provision for young people who are likely to need support to live independently. Equally, leaders have not used what they know about schools to challenge the potential over-identification of SEMH needs. Primary infant mental health specialists work mainly with pre-school-age children and their families, particularly focusing on emotional well-being. However, leaders have not evaluated the effectiveness of this service in meeting the needs of these vulnerable children.
- A lack of parental confidence in the Bristol SEND system is leading to a drive for specialist provision. As a consequence, some children and young people are placed in these provisions when their needs could be met in mainstream settings with the necessary support. As a result, special schools are at, or over, capacity and therefore some children and young people that should be placed in those

schools are not able to be.

- Health professionals are not routinely provided with draft copies of EHC plans, even when they have contributed to the process. Therefore, they are not always in a position to either confirm or challenge the content. Likewise, some health professionals do not always receive copies of finalised plans. This means that health records are not always complete, and that information from EHC plans might not then go on to inform more general health care planning processes.
- Health and care contributions to EHC plans do not make clear enough the desired outcomes for children and young people. Children's voices and lived experiences are not always clearly articulated.

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

Strengths

- As a consequence of focused work, there have been year-on-year improvements in the percentage of young people with learning disabilities in paid employment. The 'Framework for Employment' and 'Bristol Works for Everyone' initiatives have helped with this. These invite employers to pledge an offer of work experience and seek to help organisations to become disability confident employers.
- The numbers of supported internships have increased. Such increases are supporting young people in gaining the skills needed to lead purposeful and independent lives.
- The proportion of Bristol's young people with an EHC plan who attain a level 3 qualification at the age of 19 is rising year-on-year and is now in line with the national figure. This improvement is as a result of the effective advice, guidance and support young people receive to enable them to make appropriate curriculum choices.
- Outcomes for children and young people in care are improving. This is the result of well-targeted support and intervention to meet their needs effectively. The work of the virtual school is recognised and appreciated by school leaders.
- The proportion of children with SEND achieving a good level of development in the early years is rising and is now in line with the national average.
- The number of education personal budgets is now significantly above the national average. This has been supported with the alignment of education and social care personal budgets under a single officer to enable the system to be easier. This system is enabling more parents and carers to access personal budgets quickly so that they can get the help and support they choose for their children and young people with SEND.
- Some parents, children and young people report the provision of clubs outside school, such as youth clubs, archery, gymnastics and accessible parks, is enabling

children and young people to develop their social skills and undertake healthy activity.

- There has been a significant reduction in the number of children and young people with SEND who have been permanently excluded from their school. The work of the early intervention boards has contributed to this through enabling partners to work more closely together to benefit these vulnerable children and young people.
- The recent Bristol SEND conference was well attended by health practitioners across the area and shows leaders' commitment to secure change. Some said it helped them to understand how to contribute to the development of EHC plans. This included how to write clear outcomes for children and young people that mirror what they want and, therefore, help to improve actual outcomes for them.
- The transition from health visiting to the school nurse services is a strength, as is young people's transition from children's community health services to adult health services, with transition being considered and commenced typically at age 13 and 14. This means that young people and their families are well supported at a stage in life that can be particularly worrying.
- Some parents we spoke with told us that interactions, training and support provided to them by therapy practitioners is useful in assisting them to improve outcomes for their children at home and in education settings. This included, for example, physical exercises to increase strength and agility, and evidence-based exercises to improve speech and language ability.

Areas for development

- Although some outcomes have improved, there is little evidence that the key outcomes for children and young people with SEND have improved as a result of the implementation of the SEND reforms in Bristol.
- Leaders have not tackled the underachievement of children and young people who have SEND. The standards reached by these children and young people are lower than those seen nationally at the end of key stages 1, 2 and 4, especially for those with an EHC plan. For example, no child with an EHC plan achieved the expected standard in the phonics screening check in 2018.
- The proportion of children and young people with SEND who receive a fixed-term exclusion is too high, as is the level of persistent absence. Local area leaders do not challenge school leaders well enough when there is evidence that they are not inclusive in their approach.
- EHC plans do not include enough information about children's health and their wishes about their health. This was despite health practitioners telling us that some children had articulated specific desires, such as not having specific health interventions in the future.
- Quality assurance processes across health disciplines are weak. They do not

ensure that improved outcomes are part of the health planning process and are shared within the EHC plan process. Leaders recognise that there is more to do to ensure that analysis and assurance of service provision are of good enough quality to meet the needs and improve the outcomes for children, young people and their families.

- The transition into adult ASD services from paediatric ASD services can be difficult due to the differences in the services. There is more work to do in this area to ensure that the transition is smooth and that service provision is equitable so that outcomes for those young people continue to improve.

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:

- the lack of accountability of leaders at all levels, including school leaders
- the inconsistencies in the timeliness and effectiveness of the local area’s arrangements for the identification and assessment of children and young people with SEND
- the dysfunctional EHC plan process, and inadequate quality of EHC plans
- the underachievement and lack of inclusion of children and young people with SEND, including the high rates of persistent absenteeism and fixed-term exclusions
- the fractured relationships with parents and carers, lack of co-production and variable engagement and collaboration.

Yours sincerely

Ofsted	Care Quality Commission
Bradley Simmons, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Jen Southall HMI Lead Inspector	Daniel Carrick CQC Inspector

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