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Ms Linda Uren  
Commissioning Director (Children and Families)  
Gloucestershire County Council  
Shire Hall  
Westgate Street  
Gloucester  
GL1 2TG

Mr Simon Bilous, Joint commissioner for children's health and maternity

Mr Tim Browne, local area nominated officer

Dear Ms Uren,

### **Joint local area SEND inspection in Gloucestershire**

From 13 June 2016 to 17 June 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of Gloucestershire to judge the effectiveness of the local area in implementing the special educational needs and disability 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 team inspectors including an Ofsted Inspector and a children's services inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs and disabilities, parents and carers, representatives of the 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 and disability reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

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

## Main findings

- The Gloucestershire local area fulfils its responsibilities towards children and young people with special educational needs and/or disabilities. Education, health and social care professionals work well together as a strong team to deliver their vision of providing high-quality services to their children and young people. Leaders' self-evaluation is effective. They know where services are of a high quality and deliver strong outcomes and where they are not yet good enough or in development.
- The local area's 'graduated pathway' is known and understood by schools, health and social care professionals, and parents. This approach ensures that the needs of children and young people are clearly identified, appropriate targets set and realistic outcomes planned. This work is part of a staged process based on individual levels of need. Many parents, children and young people confirmed that they have a voice in planning provision to meet their needs and that their contribution is valued.
- Some parents raised concerns that their views are not being sufficiently taken into account when the local area plans provision to meet the needs of the child or young person. These parents described frustration at having to fight for a 'joined-up' approach that involves health, social care and education professionals. In addition, some parents felt that their views are not sufficiently taken into account when the local area makes decisions regarding school placements.
- Effective co-production of plans is a characteristic of the local area's work. This closer involvement in identifying the needs of children and young people and planning suitable provision is raising young peoples' expectations and aspirations to achieve successful personal outcomes.
- Health professionals are regularly present in local strategic and operational panels to influence and inform decision-making, alongside social care and education professionals. Consequently, roles and responsibilities are clearly defined, helping to identify needs and jointly plan and deliver positive outcomes.
- The work of the local area to prepare young people for employment and participation in society is highly effective. The 'supported internship' pilot has resulted in a marked increase in young people who have special educational needs and/or disabilities finding paid employment in their local community. As a result of its success, this pilot is set to be extended across the local area.
- Children and young people who have special educational needs and/or disabilities benefit from effective joint commissioning arrangements to deliver improved services and outcomes. The Gloucestershire Children's Partnership identifies and prioritises the needs of disabled children and young people in its children and young people's plan. This work is successfully driving forward both the quality and appropriateness of services delivered in the local area.
- There are long waiting times, of up to a year, for families to receive support through the children's NHS community learning disability team. In addition, children and young people who have complex special educational needs and/or

disabilities who are home educated are not eligible for this service, which limits the level of services and support they receive.

- Children and young people who need in-patient care for their mental health needs are not able to gain access to local provision. The distance from the family home to where children and young people are provided with services to meet their mental health needs makes it difficult for families to support their children during a worrying time.
- Despite growing strengths in transition arrangements, some families and school leaders question the timeliness of transferring pupils into special schools when it becomes apparent that mainstream education is not meeting the needs of their child. This is particularly the case for families with children who have complex needs and leads to frustration and anxiety for some families. In addition, provision for young people aged 19 to 25 is still in development across the local area.

### **The effectiveness of the local area in identification of children and young people who have special educational needs and/or disabilities**

#### **Strengths**

- Effective screening processes are in place to identify need in newborn infants. Professionals respond well to identified need and offer appropriate early support. Families who move into the area benefit from the health visitor checks that ensure that all screening has been completed or to arrange any tests that are overdue.
- Leaders have ensured that all school, health and social care professionals understand and consistently implement the local area's 'graduated pathway' approach to identify needs and plan appropriate provision. Throughout the process, staff seek the views of parents and the child or young person. These views contribute to education, health and care plans, which are taking the place of statements of special educational needs. In addition, 'my plans' record the early actions taken by professionals and the support provided in schools. Both types of plan set out the support required to meet the needs of individual children or young peoples. As a result, professionals identify the needs of children and young people at an early stage and put appropriate support in place.
- Advisory teaching staff and educational psychologists help to ensure that children receive the support they need to be able to gain access to pre-school settings, nursery education and the Reception class in school. For example, these professionals encourage the parents of children under five to access the recently introduced diagnostic social and communication service. A health visitor with specific expertise in autism supports colleagues and parents with advice and guidance effectively.
- Practitioners who identify the need for additional support to help children access early years settings can seek extra funding. As a result, there has been a 68% reduction in the number of early years children entering special schools than was the case three years ago. This work is successfully supporting a higher proportion of children to stay in their local community early years settings.

- Early identification of speech and language needs is effective. Therapists assess children's needs before starting school and work with staff in schools to ensure a smooth transfer and continuing improvement of outcomes.
- The 'team around the child' meetings are used to identify and plan for individual needs. For example, social care professionals identify the needs of children and young peoples through a well-established screening process. This cohesive approach is successful in ensuring that professionals have oversight of the whole child.
- Pupils in Gloucestershire take part in the bi-annual online survey on a wide range of lifestyles and other issues, including emotional health and well-being. This helps to identify specific needs. Schools use this information well to adapt their personal, social and health curriculum to address identified concerns such as mental health, e-safety and drug and alcohol abuse.
- Children and young people who are involved with youth justice services are offered health screening and home visits. This helps professionals to spot previously unidentified needs, especially concerning communication and emotional health and well-being. Appropriate support is then put into place following effective collaboration between education, social care and health professionals.
- The 'joint funding personal exceptional needs panel' contributes well to identifying and providing for the needs of young people who have learning disabilities. Following discussion, resources from social care, health and education are jointly commissioned to plan, provide and monitor the most effective support for individuals with complex needs.

### **Areas for development**

- Some parents, and particularly those of pre-school children who have complex needs, expressed concern with the systems in place to identify and assess their child's needs. They did not all express satisfaction in the local area's decisions to place their child in a mainstream school.
- The local area completes 100% of education, health and care plans on time within the scheduled 20 weeks. However, some parents do not feel their views are reflected in the plans when they request amendments to planned provision, involving education, health and care.

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

#### **Strengths**

- Leaders in the local area across education, health and social care are reflective and measured in their approach to delivering the special educational needs and

disability reforms. They ensure that staff understand their roles and responsibilities and have provided the training required to undertake these roles.

- The local area has ensured that its approach to the consideration and assessment of children requiring 'my plans' and education, health and care plans is understood by all staff and consistently implemented. As a result, health, care and education services work effectively together to deliver a quality of provision that is valued by most parents and families.
- Parents, children and young people are involved in the co-production of plans and their reviews. This work is especially strong in special schools. For example, pupils spoke of their satisfaction in co-hosting their review meetings. In addition, pupils spoke about their aspirations to attend college, take GCSEs and attend the local mainstream school to follow relevant courses to achieve their dreams.
- The local area is successfully building the skills and capacity of staff in mainstream schools to support pupils who have special educational needs and/or disabilities. Central to this work is the development of the role of special educational needs leaders. These leaders work closely with advisory specialist teachers to ensure that mainstream staff deliver effective support to pupils with hearing impairment, visual impairment and communication and interaction needs. This work is changing the culture in the local area schools, with a greater focus on delivering provision in pupils' local community schools.
- The published local offer provides a wealth of information to support families. Staff carefully monitor its quality and appropriateness to meet education, care and health needs in the local area.
- Representatives from the parent/carer forum are influential in providing valuable support for parents, children and young people in the local area. This group regularly communicates with 1,600 families across the area to provide advice, support and information. However, leaders from this group acknowledge that there are some families who continue to say that they do not feel included in decisions being made about their child.
- Special schools offer professional development and targeted support to mainstream schools. This is effective in developing the capacity of mainstream schools to provide better quality support to children and young people who have special educational needs and/or disabilities. For example, a teacher from one special school is training teaching assistants to develop effective strategies to work with pupils with identified social, emotional, mental and health needs. In addition, pupils from mainstream schools can attend a special school for a short time so that they are able to have their needs carefully assessed by highly trained professionals. The special schools visited during the inspection confirm that they are working with mainstream schools to build the skills, knowledge and understanding of staff. However, the local area has not yet agreed a strategy to formalise this approach. As a result, its overall impact across the local area is hard to determine.
- The children's community learning disability and intensive support teams provide a highly valued service to the children with the most complex needs who attend

special school. Children receive support to access education, which is helping to prevent the breakdown of school placements.

- The local area is successfully developing post-16 internships through strong collaboration with local colleges and employers. This work is highly effective. As a result, young people who have special educational needs and/or disabilities are increasingly successful in gaining high-quality work experience. In discussions with young people, they said that this work has lifted their career aspirations and given them planned pathways leading to further training and employment.
- Planning by health visitors to meet identified needs of children and young people who have special educational needs and/or disabilities has been strengthened by the use of a better template for recording needs. As a result, health visitors have a clearer understanding of pupils' needs and they make referrals in a timely way. In addition, access to school nursing is available to every school-aged child across Gloucestershire. This includes children who are home educated or who are in private or independent provision.
- Children who have life-limiting conditions benefit from short breaks organised by the complex care children's nursing teams. In addition, children and young people who receive healthcare from the children's community nursing team can access a seven-day-a-week service. The nursing team's contribution to the graduated pathway for these children is timely and comprehensive.
- Therapy services work effectively and collaboratively in assessing children and young people who have additional need. This work contributes successfully to support children to access education and to be included in wider activities in their communities.
- A current pilot to provide more mental health support in schools as part of the local 'futures in mind' plan is providing early help to children and young people to support their emotional health and well-being. This pilot has helped to ensure that children and young people who have mild to moderate mental health needs receive the support they need to prevent their mental health needs escalating.
- Assisted speech and language equipment provided to a child or young person travels with them to their next setting. This ensures access to the most appropriate equipment to support learning during their education and transition into adult life.
- Transition for young people into adult health services is being facilitated well by the 'Ready Steady Go and Hello' programme. As a result, young people have access to appropriate services such as occupational therapy, physiotherapy and the learning disability team. This supports their needs and development effectively.
- Parents, carers and professionals confirm that the portage service is successful in helping young children fulfil their potential across all areas of learning.



## Areas for development

- The local offer is not easy to navigate for some families. Some parents continue to be unaware of its purpose.
- Leaders from education, health and social care do not yet have an agreed strategy for sharing expertise and training staff to benefit children and young people who have special educational needs and/or disabilities. This limits the capacity of leaders to evaluate the impact of this work on pupils' outcomes.
- A single pathway to develop provision, particularly for young people aged 19 to 25 is still in development.

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

### Strengths

- There is a coordinated approach to meeting the needs of children and young people. The majority of parents and children agree that young people have higher aspirations and expectations for their future as a result of their better involvement in helping to plan for the future.
- The proportion of schools in the local area that are good or better has risen in the last three years. This includes special schools. As a result, fewer pupils now need out-of-area placements to meet their needs.
- Leaders have focused on reducing exclusions from schools. The behaviour support service has been successful in reducing permanent exclusions for the past two years, particularly from special schools. The percentage of pupils excluded from special schools is now 0.25%. This is well below average compared with all pupils nationally. Nonetheless, leaders recognise there is more work to do in this regard to reduce exclusions in all the local area schools.
- The local area's 'building better lives' strategy is successfully developing a range of opportunities to support and improve the outcomes of vulnerable children and young people. This work is resulting in improved transition arrangements for those aged 14 to 25 who have complex special educational needs and/or disabilities. In addition, a good proportion of young people are becoming independent, accessing employment, voluntary work and education. Over three years, the percentage of young people finding paid employment has risen from 5% to 21%. The local area has recently won an award for innovation in education for its work in this area.
- The Gloucestershire group of 'ambassadors' is highly effective in influencing provision at the local level. Leaders meet regularly with these articulate young adults, who have all benefited from support in the local area. This partnership is having a positive impact in developing more effective arrangements with local colleges and employers and improving their access to qualifications, employment and work-based training.

- Post-16 transition arrangements for the local area's young people who have complex needs are working well. Schools work successfully with colleges and specialist providers to plan career pathways for pupils from Year 9. Through the supported internship programme, over the last 12 months, more young people are ready for work, such as in the hospitality and retail trades. Consequently, they are successfully supported into employment where appropriate. During the inspection, young people in special schools spoke with confidence about their aspirations and plans for the future. These include their determination to achieve qualifications to help them access their chosen career pathway, such as engineering, design or journalism.
- Attendance for pupils with statements or education, health and care plans over time has been higher than for all pupils nationally. However, attendance in special schools is improving as a result of new leadership in schools where historically, attendance was higher than the average. This increase in attendance is enabling these pupils to gain recognised qualifications including GCSEs in English and mathematics.
- The local area prioritises the needs of children in care. Professionals carefully consider appropriate school placements, resulting in no permanent exclusions this year for children in care. Over time, 27 young people in care have gone on to university. In addition, GPs carry out high-quality health assessments to identify health needs and create comprehensive health care plans to support these children and young people.

### **Areas for development**

- The progress of pupils who have statements or education, health and care plans and for those receiving support for special educational needs and/or disabilities is insufficient. In particular, the progress of pupils from key stage 2 to the end of key stage 4 continues to be below national levels for pupils compared with all pupils in English and mathematics.
- Transition of young people into adulthood aged 19 to 25 with complex needs, remains an area for development. Parents confirmed options are limited. For example, young adults find that an over-reliance on personal assistants can be isolating. At present, provision and pathways for young adults, post 19, is under developed in the local area.
- Very few families choose to access personal budgets despite information provided to them. In discussions, some parents confirmed they did not fully understand the information they received from professionals or recognise the benefits these budgets might bring in supporting their child's needs.

Yours sincerely

Catherine Leahy  
**Her Majesty's Inspector**



Ofsted	Care Quality Commission
Bradley Simmons Regional Director	Susan McMillan Deputy Chief Inspector, Primary Medical Services (North), Children, Health and Justice.
Catherine Leahy HMI Lead Inspector	

CC: Clinical commissioning group(s)  
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Department of Health  
NHS England