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Dear Mrs Brooks

Joint local area SEND inspection in Southampton

From 6 February to 10 February, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Southampton City Council 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 CQC.

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

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

Main findings

- Local area leaders in Southampton are taking effective action to implement the reforms of the new 'Special educational needs and disability code of practice: 0 to 25 years'. Their honest and accurate assessment of where there are strengths and weaknesses in the area, combined with their determination to improve outcomes for children and young people who have special educational needs and/or disabilities, means that the pace of change is increasing. Overall, children and young people who have special educational needs and/or disabilities are being identified in a timely manner and are increasingly supported well.
- The strength of strategic leadership within the teaching school alliances in the city is a key contributing factor in implementing the reforms. This is particularly the case in the work led by leaders from Springwell Special School, through the Southampton Advisory Outreach Service (SAOS), who have been commissioned by the local authority to support other schools. For example, local area leaders collect and evaluate data about school-level identification of special educational needs and/or disabilities. They analyse this information to target the work of SAOS where identification has been inaccurate. Through this work, useful strategies, such as the graduated approach to identification, is leading to more accurate identification of need across the city. Although proportions of pupils identified as requiring support for special educational needs and/or disabilities but not an education health and care plan or statement remain above the national average, they have been consistently dropping for the last three years.
- Excellent joint commissioning arrangements between education, health, and care services is leading to a better coordination of services for children and young people who have special educational needs and/or disabilities and their families. Leaders within the integrated commissioning unit are targeting resources diligently to have the most impact. For example, they have ensured that integrated services, such as Jigsaw, the joint equipment service and the behaviour resource service, provide value for money and families benefit from better services. However, the role of the designated clinical officer lacks capacity because the post-holder is only given a day a week to carry out the role. Furthermore, the role has not been coordinated well enough with the new role for 19 to 25 years, which has only very recently been appointed to. The 0 to 18 years designated clinical officer and designated doctor for children looked after have not met to ensure that their areas of work are well coordinated.
- Leaders analyse the effectiveness of the local area's arrangements accurately. Leaders identify strengths and areas for improvement based on scrutiny of a range of outcome measures. This means that plans for improvement are rightly focused on where provision and outcomes are weakest. For example, leaders in the local area have rightly identified the need for more pupil places in special schools within the city, as reflected in the recently agreed expansion of special school places at the Springwell School. In particular, leaders have identified the need to improve the experience for children and young people

who have special educational needs and/or disabilities in their secondary education, where historically exclusions have been too high and attendance too low. Similarly, there are signs of much needed improvement to the opportunities for young people who have special educational needs and/or disabilities who would like to access education post-16.

- Some of the reforms are more established than others. For example, the strength of the early years provision ensures that early identification is successful, particularly for children with complex needs who do not meet early milestones. This is because collaboration between children's centres, early years settings and health and care providers is consistently effective. However, other areas, such as the effective involvement of children and young people who have special educational needs and/or disabilities and their families (often known as co-production) at a strategic level, have not been successfully maintained since the time the city acted as a pathfinder. The recent reformation of the parents and carers forum is already leading to greater co-production of what services are needed in the city, but is not yet as established as it should be.
- The local area is on track to meet the 2018 deadline for transferring from statements of special educational needs to education, health and care plans. However, the quality of some plans is not as good as it should be because of leaders' drive to improve the timeliness of transfers and the issuing of new plans. At their best, education, health and care plans make direct reference to the wishes of pupils who have special educational needs and/or disabilities and their families. Effective plans also reflect strong cross-agency collaboration. For example, where the contribution from health, care and education professionals is equitable this leads to holistic long- and short-term outcomes for pupils. However, this is not yet consistently the case. Many plans, particularly those conceived in mainstream schools, are dominated by education outcomes. Local area leaders have taken action to address the inconsistency, which is evident in the improvements seen in the most recent plans. Leaders have rightly identified the need to ensure the same consistency in plans for all children and young people.
- Local area leaders recognise that the 'local offer', the online tool for signposting families to services, is outdated and has some gaps. Very few parents know what the local offer is. Most rely on front-line practitioners to signpost them to services.

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

Strengths

- Early identification is a strength. The alignment of health, care and education services into distinct areas helps to ensure that professionals communicate effectively. For example, health visitors, portage staff and early years advisers meet regularly to discuss any concerns about children they have met. Their discussions lead to the prompt identification of children who do not meet early

milestones. Consequently, those who present with the most complex needs are identified early.

- For individual children looked after there is effective communication and liaison between the designated doctor for children looked after and community paediatricians. Together, they accurately determine whether the initial health assessment undertaken for children looked after is current and contains sufficient information to inform the development of an education, health and care plan for that child without duplication of the clinical assessment. Similarly, community paediatricians who have undertaken a clinical assessment of health needs for a child who then becomes looked after use this information to inform the initial health assessment.
- Staff in the Youth Offending service (YOS) have been trained well by speech and language therapists to accurately identify speech, language and communication needs in young people. As a result, there has been a small increase in referrals into the integrated therapies service from the YOS.

Areas for development

- Children and young people with less visible needs are not identified consistently as having special educational needs and/or disabilities. This is particularly the case for higher-functioning children or young people on the autistic spectrum. Local area leaders are aware of the need to improve this by, for example, creating a single pathway for identification when autistic spectrum conditions are not identified early. However, the experience for families remains too varied. In particular, school staff are not as well informed as they need to be to identify possible milder forms of autistic spectrum conditions so that they can raise concerns or make referrals for diagnosis.
- Too many pupils in the local area are inaccurately identified as needing support for special educational needs and/or disabilities. Therefore, the proportion of pupils identified as needing support is higher than the national average. This is because not all schools understand the special educational needs and/or disabilities identification criteria well enough. Consequently, some children are identified as having special educational needs and/or disabilities when they actually need support managing their own behaviour. Conversely, other children and young people whose complex or varied behaviour is as a result of underlying special educational needs are not identified as having special educational needs and/or disabilities. This means that they do not consistently receive the right support.
- Health visitors do not record child health and developmental reviews undertaken under the Healthy Child Programme consistently well. Some are not prompt enough and others lack the accuracy of information that is needed. Although health managers are working on improving consistency, performance data on the delivery of the Healthy Child Programme needs improvement.

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

Strengths

- The result of effective identification and strategic leadership from children's centres, pre-schools, nurseries and local area staff helps to ensure that children's needs are met well in the early years. For example, the 'Every Child a Talker' (ECAT) has continued as a universal service and is effective in providing timely intervention for children who have mild speech, language and communication needs. A high proportion of parents who have children in the Reception Year have attended ECAT workshops. They report positively on the strategies which they have been taught to help improve their children's speech, language and communication development at home. Skilled and experienced speech and language support assistants then work effectively with children in infant, primary and secondary schools, resulting in improved outcomes for those who present with speech and language difficulties over time.
- The portage service is a strength. Operating citywide, the service provides a comprehensive assessment of children's needs over an eight-week period. Children who have special educational needs and/or disabilities then benefit from eight weeks of home-based teaching. Portage workers provide a detailed report on outcomes and identify targets for the child on transition into nursery.
- The opportunity groups, including Southampton Opportunity Group, provide effective support for children who have special educational needs and/or disabilities and their families. Several parents gave positive feedback about their experiences of the services provided. For example, effective support has enabled parents to have some respite or to spend more quality time with their other children. They have also been able to meet other parents in an environment that helps facilitate healthy separation between the parent and child. Parents report that this helps their children socialise, build confidence and improve their language skills.
- The integrated therapies service has established a useful and detailed referral form to access support. The form has accelerated access for children with physical or communication needs to the most appropriate therapy or therapies.
- Speech and language therapists have led successful communication through signing taster sessions for parents. Many parents who have children learning or using non-verbal strategies to communicate reported positively on the impact of the support they have been given. They feel better able to communicate with their children and promote their learning.
- Effective partnership working is leading to improved holistic provision for many children and young people who have special educational needs and/or disabilities. For example, where health needs have been identified in the initial health assessments for children looked after these are used to inform the

development of stronger education, health and care plans. Specialist health visitors, who provide effective support for the most vulnerable children in the city, also usefully advise and supervise generic health visitors. This ensures that all health visitors maintain expertise in working with children who have special educational needs and/or disabilities.

- School leaders rightly report that the school nursing service is excellent. For example, school nurses deliver relevant and appropriate assemblies and provide useful help to schools around sleep, hygiene, continence and healthy eating. Specialist practitioners are providing better support for children's emotional health and well-being. School leaders report an improvement in behaviour and attendance for some pupils as a result of these services. Their view is supported by the recent improvements in attendance and exclusions for pupils who have special educational needs and/or disabilities across the city.
- The special schools in Southampton provide an excellent service for the children and young people that access their provision. Parents of children and young people who attend these settings speak very highly about the education and care which their children receive. Similarly, pupils believe that they are very well supported to make strong progress because their needs are understood well. Pupils were particularly positive about how their views were considered when developing their targets with teachers, who then plan bespoke programmes of study.
- The take-up of personal budgets in the local area is a strength. Parents report favourably on the difference that is made to their lives because of the autonomy they are given in how to use the money by the local authority. For example, parents report that personal budgets have a positive impact on their child by enabling them to purchase specialist items such as weighted blankets, specialist toothbrushes and seamless socks.
- The 'Ready, Steady, Go' approach, used to support the transition from children's services into adult care, delivered by Southampton's Children's Hospital, has had national recognition from the Council for Disabled Children. Young people are positive about the approach and leaders are rolling it out to community services.

Areas for development

- Despite the recent improvements being led by SAOS, provision for children and young people who have special educational needs and/or disabilities in mainstream schooling is too varied, particularly in secondary schools. Although there has been an improvement in attendance and reduction in exclusions, several parents said that they had been asked to take their children home by leaders because of difficulties in meeting the children's needs. Inconsistencies in the quality of alternative provision across mainstream education limits how well schools provide for the large numbers of pupils identified as having social, emotional or mental health needs. Leaders have rightly commissioned a review of alternative provision across the

area. However, as this was only commissioned in December 2016, there remains a long way to go to secure the improvements that are needed.

- Provision for those who have hearing or visual impairments has been negatively affected by recruitment issues in this area. This means that the experience for children and young people with visual and hearing impairments is not of a consistently good quality. Although aware of this issue, leaders have not tackled it sufficiently.
- Parents who are waiting for their child to have an assessment for autistic spectrum disorder and/or attention deficit hyperactivity disorder do not feel well supported. They report that health visitors are not sufficiently knowledgeable about the conditions to best support them. Although awareness training on autistic spectrum disorder has been provided to health visitors and in early years settings, the design of the training has not been co-produced with parents to ensure that it is delivering what is needed. Parents have not been involved in this training.
- Local area leaders have rightly identified that there are insufficient options for young people who have special educational needs and/or disabilities beyond the age of 16. This view was reflected in the parent and carer webinar, where some parents cited lack of college provision for young people identified as having social, emotional or mental health needs when they leave secondary school. A school leader confirmed that this was the case, saying that former pupils who had gone on to college had been unable to maintain their placements because of a lack of understanding of the young person's needs.
- Parents have had a mixed experience of 'The Buzz Network', a group for parents with children who have special educational needs and/or disabilities, through which they can access short breaks for their families. Many did not know about this service. There is inconsistency of information and communication. One parent stated, 'There is nowhere to go to find information – no website to go to.'
- The children's community nursing service works closely and effectively with children with highly complex health needs. However, the service has a very low profile in education, health and care planning processes. The service has not been proactive to ensure that it is fully engaged when education, health and care plans that are being developed for children with whom the service is working.

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

Strengths

- Outcomes for children and young people who have special educational needs and/or disabilities are improving at all stages of their development. They achieve particularly well in the early years and often attain better results than those who have special educational needs and/or disabilities nationally by the time they leave Reception. Therefore, their attainment is much closer to other

pupils nationally than is typically the case. Effective universal approaches, such as 'Now You Are Two' and 'Every Child a Talker' contribute to this positive picture.

- Children and young people who have special educational needs and/or disabilities who access special education also achieve strong outcomes. Many go on to access assisted living, bespoke college placements and achieve well in their academic studies. Effective collaboration between school leaders, staff, health professionals and those who offer care services helps to ensure that pupils benefit from bespoke programmes of study. For example, some pupils access part of their education in adjacent mainstream schools to maximise their opportunities to achieve the exam results of which they are capable. Many children and young people expressed their view that their needs are met well within these settings and that they are making good progress towards their targets.
- The strong start that children and young people make in the early years is often built on well as they learn in their primary schools. Although the experiences of children and young people are more varied here, overall they still leave primary school having attained better than other children who have special educational needs and/or disabilities nationally, with the gap between their attainment and the attainment of other pupils nationally continuing to diminish.
- Children and young people who have special educational needs and/or disabilities who access specialist services often experience better outcomes as a result. For example, one pupil described the positive experience of the child and adolescent mental health service, reporting that they helped her with her condition: 'I take two tablets a day; one really helped me to behave and calm down and the other helps me sleep.'
- Integrated teams of children's and adult's social workers are streamlining and integrating assessments that prepare young people for their transition to adulthood. Their assessments for short breaks and education, health and care plans are rightly focused on longer-term outcomes. Consequently, there have been improvements to the opportunities for young people who have special educational needs and/or disabilities living independently in the city. For example, the number of young people accessing assisted living has more than doubled, from eight in the past to 18 currently.

Areas for development

- Children and young people who have special educational needs and/or disabilities do not achieve as well as their peers nationally by the time they take their GCSEs. Therefore, the gap between their attainment and the attainment of other pupils nationally has widened by the time they reach the end of key stage 4. This is because many of them have had mixed experiences during their school years, particularly in secondary school. Results for young people who have special educational needs and/or disabilities are improving, albeit from a very low starting point. Local area leaders have

rightly identified that there continues to be much more to do to build on the excellent start children that make in the early years.

- Although numbers are reducing, too many children and young people who have special educational needs and/or disabilities are not accessing an education. This is reflected in attendance and exclusions data and in the feedback given by parents. Several parents reported that they had been asked to take their children home when school leaders had stated that they could not meet their children's needs. This demonstrates that there is still some way to go to ensure that school leaders fully understand their responsibilities under the code of practice. Local area leaders are already taking effective action to address this, evidenced by the reduction in exclusions in the last year and improved attendance over the last five years for children and young people who have special educational needs and/or disabilities in the city.
- Leaders in the local area have rightly identified that the proportion of young people who have special educational needs and/or disabilities who are not in education, employment or training is too high. This is because despite the proportion of young people who have special educational needs and/or disabilities who are in paid employment and settled accommodation being higher than the national averages, there are too few options for young people in further education colleges. Local area leaders are aware of this issue and initiatives such as the 'City Deal' Programme are improving the coordination and targeting of support to young people from vulnerable groups who are not in education, employment or training. For example, 51 of the 670 participants are identified as having a long-term medical condition or disability. Of the 51, just under half (47%) are now in education, employment or training as a result of their participation in the programme.

I would like to take this opportunity to thank all representatives from the local area for their time and openness when meeting with the inspection team. I hope you find the outcomes of the inspection useful in helping you to improve outcomes for children and young people who have special educational needs and/or disabilities.

Yours sincerely

Matthew Barnes
Her Majesty's Inspector

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