

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



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Mr David Haley  
Corporate Director of Children's Services, Swindon  
Euclid Street  
Swindon  
SN1 2JH

Gill May, Executive Nurse  
Roz Pither, Local Area Nominated Officer  
Jo Godwin, Local Area Nominated Officer

Dear Mr Haley

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

Between 19 November 2018 to 23 November 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Swindon to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) 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 special educational needs and/or disabilities, 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 SEND 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) (CCG) 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

- Turbulence in staffing has had a negative impact on leadership capacity. Swindon local area has undergone considerable changes in leadership following the implementation of the 2014 SEND reforms. The process of change in personnel continues. As a result, the provision that children and young people with SEND receive across the local area, and the outcomes they achieve, are not good enough.
- Leaders in the local area have failed in their duty to meet the statutory deadline for the conversion of statements of special educational needs to education, health and care (EHC) plans. Leaders have not assured themselves that EHC plans are of a high quality or support children and young people to achieve strong outcomes and keep them safe. Not all statements were converted by the April 2018 deadline. While the local area has sought to complete these conversions, there remains a small number which have yet to be successfully transferred.
- There is currently no designated clinical officer (DCO) or designated medical officer (DMO) in post. Inspectors acknowledge that the local area is seeking to appoint to this post, and that there are interim arrangements in place to secure DMO input in complex cases. Nevertheless, there remains a lack of oversight and quality assurance for lower-risk cases.
- Joint commissioning in Swindon is underdeveloped. There is evidence that agreements are in place to fund services jointly. For example, Swindon Borough Council commission services to coordinate and support the Youth Council Thought Tank (children and young people's SEND participation group) and SEND Young Inspectors. These groups have helped shape the SEND offer and transitions work including 'Planning Live' and 'Transitions Roadshows'. However, the local area acknowledges that change needs to be made regarding joint commissioning to meet the education, health and care needs of children and young people with SEND effectively.
- Care services provided by the local area are weak. These services do not provide the necessary support, care and guidance for children and young people with SEND. The local area itself recognises that care services are not good enough. This situation has predominantly been caused by the high turnover of staff. For example, some young people report that they have had a high number of social workers in a two-year period and do not feel their needs are being met.
- Until recently, leaders across the local area have not had robust systems in place to check the quality and impact of their work. They have been too slow to identify and tackle weaknesses to improve the quality of services for children and young people with SEND. Furthermore, governance arrangements across the local area

are not strong enough to hold leaders to account sufficiently to improve outcomes for children and young people with SEND and ensure that they are safe.

- Overall, education outcomes for children and young people with SEND are not good enough. For example, those in mainstream secondary schools and young people aged 16 to 25 with SEND, do not achieve the outcomes of which they are capable.
- Co-production (a way of working where children and young people, their families and those that provide services work together to plan or create a service which works for them all), especially in health and care services, is weak. While there are some recent examples of effective co-production, joint working is not embedded sufficiently in the local area's approach to identification and meeting of needs. Consequently, the quality of provision and services provided and the outcomes for children and young people with SEND are not improving quickly enough.
- The health needs of children and young people with SEND who are looked after by the local authority are identified, assessed and met effectively. However, some children looked after, who are placed outside of Swindon experience delays in having their needs identified through initial health care assessments (IHAs). As a result, the additional needs of these children and young people are at risk of not being identified and met appropriately.
- Attendance for children and young people with SEND is not good enough. Too many are persistently absent from schools and settings in Swindon. This is especially so for those children and young people with an EHC plan.
- Fixed-term exclusions are too high and remain higher than national figures for children and young people with SEND, especially in secondary schools.
- Parents and carers who contributed to the inspection are overwhelmingly negative about their dealings with the local area. They told inspectors that they consider the future for their children as 'bleak'. Consequently, many of these parents and carers are upset, angry and concerned about the services and provision that their children receive.
- Many young people with SEND who spoke to the inspectors are frustrated with the local area. They informed inspectors that they are not listened to by officers and 'have been failed' with the quality of provision they receive.
- The corporate director of children's services has an accurate understanding of the actions needed to improve provision and accelerate the outcomes of children and young people with SEND. He is building a committed and cohesive staff team who are working together to make the necessary improvements. He has gained the respect of settings in the short time he has been in post. However, many of the changes made are in their infancy and as yet are not having the impact needed.
- The local area's evaluation of its own performance identifies correctly the significant weaknesses that need to improve. Until recently, the area has been too slow to make the changes necessary to improve the outcomes for children and

young people with SEND.

- Frontline staff work hard and are committed to making a positive difference to children and young people with SEND. Nevertheless, families, including the children and young people themselves, have differing experiences of the local area's arrangements for identifying, assessing and meeting the needs of this group of children and young people.
- The Butterflies Family Centre, a commissioned service, is a strength. This centre works with families effectively and provides parents with high-quality support and guidance for them and their children.
- The role of the SENCo champion, implemented by the local area, is effective and highly valued by settings in the support and guidance they provide. The recently formed Swindon SEND Families Voice group are playing a greater role in the local area. As a result, representation and influence of parents and carers are strengthening.

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

### **Strengths**

- Children in the early years benefit from joint working practices across the agencies within the local area. Practitioners in education, health and care are aware of the local area's graduated response to the identification of children with SEND and the processes required to access an EHC plan. Consequently, children in the early years and their families receive effective provision and support.
- Parents state that the support they receive from early years partners is highly valued. For example, The Butterflies Family Centre provides a range of specialist provision, including 'stay and play'. Staff engage effectively with hard to reach families. These sessions provide an ideal opportunity for trained staff to observe children to identify where there might be additional needs. Parents told inspectors, 'I don't know what I would do without this resource'.
- Health professionals identify the needs of children and young people who are looked after by the local authority and placed in the local area effectively. The named nurse for children looked after is based within the local area. As a result, she is well placed to identify need at an early opportunity and share information with those multi-agency partners.
- Inspectors found some examples of the SEND reforms being implemented successfully by individual practitioners. For example, the identification and intervention of children and young people with sensory impairments begins at an early age. In the youth offending service, there is an effective programme provided by speech and language therapists and child and adolescent mental health services (CAMHS). This programme provides opportunities to identify

previously unmet need that might benefit young people who are vulnerable to entering into the criminal justice system.

- Parents value the support and information they receive from the recently formed Swindon SEND Families Voice. For example, the social media page is well received with the number of parents accessing this resource rising week on week.
- Alongside local area investment, some leaders in schools and settings have established innovative projects and provision in their establishments. This work is increasing their ability to identify and meet the needs of children and young people with SEND. In such cases, pupils are being identified more quickly, especially by special educational needs coordinators (SENCOs). Pupils receive the correct provision and, as a result, their outcomes are improving.
- The local area has detailed information about the identification of need and the provision made to support children and young people with complex needs and disabilities. For example, young people who have physical disabilities describe how, because of their complex needs, they get 'more of the help we need'. However, the use of this information to inform strategic planning remains underdeveloped.

### **Areas for development**

- Until recently, leaders have made insufficient progress in implementing systems to identify the needs of children and young people in line with the 2014 SEND reforms. There is evidence of some innovative practice developing, for example triaging children and young people's challenging behaviour and the identification and assessment of need. Nonetheless, plans to improve provision and services lack precision. The lack of planned precise and measurable success criteria hinders leaders in the local area in monitoring and evaluating what is or is not working well and why.
- The transfer from statements to EHC plans has been too slow, and 112 EHC plans were not converted by the April 2018 deadline. While this situation has been almost fully rectified, there remain a few EHC plans that are not complete.
- The local area does not quality assure EHC plans effectively once they have been written and completed. Although the local area completes at least 93% of assessments within the 20-week timescale, the overall quality of plans is inconsistent, and many are weak. Frequently, contributions from health and care professionals are missing. Recorded outcomes planned for children and young people are not precise enough. Too often, they do not take sufficient account of the child's wishes or aspirations.
- Many of the parents who provided information to inspectors reported that EHC plans do not meet the current needs of their children. Parents stated that there are errors in children's names, and there are examples where reports had been copied and pasted from other EHC plans. Furthermore, EHC plans often stay the

same. Consequently, children's changing needs are not recognised and the provision is out of date. The poor quality of the EHC plans substantially reduces the local area's ability to meet the needs of children and young people successfully.

- The local area's work to prepare young people for adulthood is developing. For example, the transition to adulthood roadshows are well received by parents and young people. Nonetheless, parents and carers who provided evidence to inspectors reported that they do not have the confidence that their child's needs will be identified and planned for as they move into adulthood. 'I dread to think what the future holds' is typical of the many comments received from parents regarding the transition arrangements for their child into adulthood.
- Despite inspectors being advised during the inspection that school nurses are told about children who are home educated, records confirm that this is not the case. In discussions, school nurses were unsure which children and young people with SEND are home educated or missing from education.

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

### **Strengths**

- Frontline staff, many of who are new to post, have accurately identified what needs to improve to increase the effectiveness of meeting the needs of children and young people with SEND. However, it is too early to see the impact of their planned strategies and actions.
- Parents have confidence in the work of the school SENCOs who provide strong support to their children. These professionals are having a positive impact in meeting the needs of children and young people in education settings.
- Parents of children and young people with physical and sensory difficulties appreciate the effective provision made for their children. They are especially complimentary about the high-quality work of the hearing impaired and visual impaired service, particularly where needs are identified from birth.
- There is some evidence of recent co-production from health services. For example, the well-established SEND lanyard scheme is used effectively to recognise children and young people's additional needs and vulnerabilities when they attend hospital appointments.
- Typically, there is a good delivery of the healthy child programme (HCP) by health visitors across Swindon. This includes universal new birth visit, targeted antenatal visits, six- to eight-week universal checks, targeted one-year checks and universal two- to two-and-a-half-year developmental checks. At every check, including those targeted checks, health visitors make use of the opportunity to identify health concerns and refer to appropriate services accordingly.

- Public health nurses have implemented robust pathways to refer children and young people to therapeutic services, including speech and language therapy, the child development centre, occupational therapy and physiotherapy. As a result, children and young people's needs are now being met in a more timely and appropriate way.
- Practitioners use the managing challenging behaviour course to support families with children under 10 years of age. Outcomes have been measured and current course completion has improved and stands at 80%. As a result, there is an increasing proportion of children who no longer require a referral to the autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) pathway.
- Investment into Swindon's therapy services is being rewarded, in most cases, by reduced waiting times. As a result, the families that access services are less frustrated, and needs are more readily identified and met in a timely way.

### **Areas for development**

- Waiting times from the point of referral to assessment for ASD and ADHD remain too long, even though some cases may include those re-referred to the service. Too many children and young people are waiting for assessment and, as a result, their needs are not being met effectively.
- Parents, schools and settings raised concerns about the difficulties they experience in accessing mental health services such as CAMHS. Children and young people do not receive high-quality support from frontline mental health services when they are in crisis and urgently need help. Young people who spoke to inspectors shared their frustration at the quality of this support, for example being told to 'go and have a bath' or 'go and eat something nice' when they were in crisis. Young people who spoke to inspectors stated that they are left without the necessary support at a time when they need it most. Consequently, leaders in schools and settings report that there is an increasing number of young people self-harming and at risk of suicide.
- Waiting times for occupational therapy assessment has reduced from a high of 60 weeks from the point of referral to 34 weeks in November 2018, although urgent cases are seen in a timelier way.
- Health visitors undertake universal two- to two-and-a-half-year HCP checks. However, leaders recognise there is more to do to ensure that those families who move into or around the Swindon area are identified and their children receive these checks in a timely way. Inspectors heard from several families who stated that their children have not received visits from health visitors. Consequently, some children are nearing the age of three but are yet to have this important developmental check.
- School nurses do not routinely contribute to the EHC plan process, even when

they are involved with the young person concerned. Therefore, the plan of care is not complete and does not routinely include up-to-date and relevant information. This hinders effective joint working to meet children's needs effectively.

- The local offer, 'my care, my support', is not well known or used by parents. It remains difficult to navigate for parents and carers. Therefore, what is available locally is not widely known and not accessed by children, young people and their families. For example, few families take up personal budgets. Parents shared their views with inspectors that they do not understand the complex system to apply for a budget to support their child.
- Short breaks are available. However, too many families do not understand how to access these breaks or what is provided. Leaders have recognised these failings and are acting to improve the quality of information available to parents.
- There is evidence that children, young people and their parents are involved in working with leaders to develop and shape services, for example Aiming High. Nevertheless, some services do not consistently reflect the needs of children and young people with SEND and their families, and therefore do not meet their needs well enough.
- Parents and carers advised inspectors of their frustration at appointments with paediatricians being cancelled, sometimes at short notice, without explanation. Families also spoke of their frustration and anger at a lack of cohesion between health services, meaning the 'tell it only once' principle of the SEND reforms is not being followed. These issues were confirmed when inspectors spoke to SENCos in schools.

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

### **Strengths**

- The proportion of children receiving SEN support who achieve a good level of development at the end of the early years foundation stage is rising. Leaders ensure that children's needs are identified and assessed swiftly, and they receive effective help and support to enable them to achieve well.
- The number of children who meet the standard in the phonics screening check with SEN support is rising year on year.
- In key stage 1, the proportion of children with SEN support meeting the expected standard in reading, writing and mathematics is improving. As a result, the gap between these children and their peers is closing, ensuring that they are better prepared as they move into key stage 2.
- The number of young people with SEND in paid employment is rising year on year and is above the national average. As a result, these young people can make a



positive contribution to society which increases their self-esteem.

- The provision for young adults in residential care in Swindon is a strength. Young adults can engage with the local community, for example undertaking voluntary work in a local church. Some are successful in accessing college. This raises their self-confidence, increases their independence and enables them to contribute successfully to society.
- The local area is building its capacity to deliver high-quality residential provision, particularly for young adults. In addition, bungalows have been built to enable young adults to experience supported living. This accommodation will help them to increase their independence and self-esteem.
- The CCG's designated nurse for children looked after also sits on the youth offending service management board. This work means that she is well placed to obtain and share information pertaining to children looked after in Swindon in recognition of their additional vulnerabilities.

### **Areas for improvement**

- At the end of key stage 2, current outcomes for pupils with SEND with an EHC plan, while showing signs of improvement, remain weak.
- The achievement of children and young people with SEND at the end of key stages 4 and 5 is not improving quickly enough. Overall, outcomes for these children and young people remain below the national averages, for example in GCSE English.
- The proportion of 19-year-olds with an EHC plan qualified to level 2 and level 3 continues to fluctuate. In 2017, information shows that outcomes for this group of young people declined, and they continue to be below the national averages.
- The proportion of pupils with an EHC plan who were in education, training or employment at the end of key stage 4 in 2017 declined from the previous year from 98% to 90%. Similarly, young people with an EHC plan at the end of key stage 5 in education, employment or training slipped from 86% to 83% and to below the national average.
- Health outcomes, where recorded in EHC plans, do not use language which is well understood by children and young people and their families. The use of professional language is not in line with the SEND code of practice and does not represent accurately the voice or experience of the child or young person.
- Persistent absence and fixed-term exclusions are too high, especially in mainstream secondary schools, for children and young people with SEND, and especially for those with an EHC plan.

**The inspection raises significant concerns about the effectiveness of the local area.**

The local authority and CCG 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:

- Co-production with education, health and care is weak and is not shared and owned by children, young people, their families and professionals to ensure that children and young people’s outcomes and lives are improved.
- Governance arrangements in place in the local area are not effective in holding leaders to account sufficiently to improve the outcomes for children and young people with SEND and to ensure that they are safe.
- The lack of a designated medical officer and clinical medical officer.
- The quality of EHC plans is too variable. Too often, there is limited or no contribution included from health and care professionals.
- The significant and continued concerns raised by parents and young people at the delays in assessments, lack of communication and quality of provision.
- The long waiting times to meet the needs of children and young people effectively: especially ASD, ADHD and mental health services.
- Persistent absence and fixed-term exclusions are too high, especially in mainstream secondary schools.
- The local offer is not up to date and does not effectively signpost parents to high-quality provision.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
Bradley Simmons HMI Regional Director, Ofsted, South West Region	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children, Health and Justice
Jen Southall HMI Lead Inspector	Daniel Carrick CQC Inspector
Keith Tysoe Ofsted Inspector	

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