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27 November 2017

Ms Lucy Butler  
Director of Children's Services, Oxfordshire  
Oxfordshire County Council  
New Road  
Oxford  
OX1 1ND

David Smith, Chief Executive Oxfordshire Clinical Commissioning Group  
Janet Johnson, Local area nominated officer

Dear Ms Butler

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

Between 25 September 2017 and 29 September 2017, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Oxfordshire 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 are 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 are jointly responsible for submitting the written statement of action to Ofsted.

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

## Main findings

- The local area's work to implement the reforms and improve outcomes for children and young people who have special educational needs (SEN) and/or disabilities has not been effective enough. Some areas of notable weakness have not been tackled sufficiently quickly or robustly. A significant number of parents reported dissatisfaction with their experiences, describing the struggle they have had to ensure that their children's needs are suitably recognised and met.
- Although leaders have a broad understanding of strengths and areas for improvement, self-evaluation is not typically sufficiently detailed to prove fully useful. Too often, leaders do not use performance information well to gain a clear understanding of the impact of their work on improving the effectiveness of services. Leaders are not routinely well enough informed to spot when a change of approach is needed and to make suitable adjustments.
- The CCG has not carried out an effective enough self-evaluation of its approach to implementing the reforms. Seniors managers of health services do not have a clear understanding of progress being made in reform implementation. They are not as well placed as they should be to identify and tackle areas of weakness.
- Arrangements for holding leaders to account across education, health and care services are not effective enough. No single, identified body holds a strategic overview of work across education, health and care services. Leaders and officers do not have a consistently clear understanding of which project board or person has oversight or responsibility for which aspect of implementation of the reforms. Leaders are involved in numerous projects and work streams that lack cohesion or a clear line of reporting to the children's trust.
- The designated clinical officer post has been vacant for a considerable period of time, despite a national recruitment campaign. Interim arrangements have been in place since 2015. This continues to be the case, with the recent appointment of two senior practitioners who will undertake the role jointly as a pilot for the next six months. As a result, there has been limited capacity within the CCG for developing and maintaining strategic oversight of the reforms and ensuring that the CCG fully meets its responsibilities.
- Education, health and care (EHC) plans are often not of a good quality. The voice of the child and family is typically captured well in EHC plans. However, the provision and outcomes identified in plans often fail to match children and young people's needs and aspirations closely enough. Social care needs and certain health needs are often missing from plans.
- The proportion of new EHC plans completed in the required timescale is low.

The situation has not improved notably over time.

- The level of fixed-term exclusion of pupils who have SEN and/or disabilities who do not have a statement of special educational needs or an EHC plan in mainstream secondary schools is high and has increased over time. Work to improve provision for pupils with social, emotional and mental health needs has not been effective enough.
- Weak arrangements between child and adult health and care services means that some young people age 18 and above do not get the social care and health provision that they need when they move to college.
- The local area has embraced consulting with children, young people and their families in order to improve services. There are some examples of effective collaborative planning (co-production), such as the relatively recent work on the short-break service. However, the extent to which local area leaders' knowledge of the views of children and their families is leading to improvements across the area is limited.
- The achievement of primary school pupils who have SEN without a statement of special educational needs or an EHC plan has improved steadily since 2014. However, it is still below the national figure.
- Pupils with a statement of special educational needs or an EHC plan achieve in line with similar pupils nationally at the end of each key stage.
- The integrated therapy service provides effective support for children and young people who have SEN and/or disabilities who access these services.
- Typically, children and young people supported by specialist services such as those for hearing impairment have their needs met effectively.
- Safeguarding arrangements are effective. During the inspection, no concerns were raised about safeguarding. Children and young people reported feeling happy and well-cared-for. None reported feeling unsafe.

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

### **Strengths**

- The local area's approach to ensuring the accurate and timely identification of needs in the early years is effective.
- Children's needs are picked up suitably early through antenatal visits, early health checks and health screening programmes. Health visitors make good use of a standardised developmental assessment process.
- The midwifery and health visiting teams communicate effectively with each other. Health visitors have the information they need to be able to identify children's possible additional needs at birth and initiate early help.
- The neonatal hearing screening programme is well developed and early

contact is offered to parents on confirmation of diagnosis. This helps to give families confidence that their child will be fully supported.

- The Down's syndrome pathway is highly regarded and provides a comprehensive information and care package to new parents. Early support is offered in the immediate postnatal period and this continues with coordinated care by specialist practitioners.
- The local area's SEN and/or disabilities (SEND) guidance document is comprehensive and useful. Typically, it is helping school leaders identify and plan to meet the needs of children and young people who have SEN and/or disabilities.
- Children, young people and parents said they felt included in discussions about their needs when EHC plans were being drawn up. This is evident in the way EHC plans consistently capture the voice of the child and their family.
- The local area's current rate of conversions of statements of special educational needs to EHC plans indicates that it is on track to have completed all conversions by the required deadline of March 2018.

### **Areas for development**

- Children and young people's needs are not identified comprehensively enough in EHC plans.
- Typically, EHC plans do not identify social care needs and some areas of health needs well enough. Often, no care need is identified at all, even though it is evident from the information documented that the child has such needs. Professionals involved in constructing the plan often do not have enough understanding of what might constitute a social care requirement. Often, even when a family or young person is in receipt of a personal budget to meet social care needs, these needs are not mentioned in the EHC plan. Additionally, plans typically fail to reference when a child is receiving support from social services.
- Health services do not consistently follow agreed approaches to identify the needs of those who may require assessment for an EHC plan. Nor are they ensuring that the correct information is in the final plan.
- The identification of educational needs in EHC plans is relatively strong. Literacy and numeracy needs are typically well defined. However, the child or young person's wider academic educational needs are often not clearly identified.
- At times, out-of-date information is used to inform the writing of an EHC plan. This is resulting in inaccurate identification and planning for some children and young people. A number of parents expressed frustration that the current needs of their children were not understood well enough by professionals.
- EHC plans are not completed in a timely manner. Parents are rightly

frustrated by this. Leaders' work to improve the situation has been ineffectual. Just under a third of EHC plans were completed in the statutory 20-week timescale in 2015. Despite leaders' attempts to rectify the situation, the proportion of plans completed in due time dropped slightly further in 2016. The situation has improved a little recently. However, the proportion of plans completed in due time remains low. Leaders are now getting to grips with the reasons for this and a suitable project plan is in place. However, leaders recognise that further work is needed to ensure robust accountability arrangements and monitoring of this project so that timeliness improves rapidly.

- Some parents and settings reported the unhelpful experience of plans not being completed early enough prior to children and young people moving to a new school or college at the end of a key stage or onto post-16 and post-18 education. This reduced opportunities for school and college leaders to have all the necessary provision in place ready for the child or young person's first day at the new setting.

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

### **Strengths**

- The local area's approach of a single point of referral provides a straightforward and well-understood route for multi-disciplinary assessment and onward referral to services needed to support the child.
- The 'readiness for school task force' helps ensure that early years settings are aware of, and can meet, children's additional needs such as speech and language therapy (SALT).
- A network of early years 'system leaders' is helping to ensure that early years settings are able to gain the support and training necessary to meet the needs of children who have SEN and/or disabilities effectively.
- Children and young people who have SEN and/or disabilities typically have their needs met well in special schools and specialist provisions at mainstream schools. Parents who communicated with inspectors were positive about the education and support provided.
- The services provided by the local authority's Oxfordshire School Inclusion Team (OXsIT) are subscribed to by most schools in the county. Leaders of schools who actively use these services value the training and guidance provided, which helps them meet the needs of their pupils.
- The integrated service, providing SALT, physiotherapy and occupational therapy for children and young people who have SEN and/or disabilities, is well-developed and is an example of effective partnership arrangements. Waiting times from referral to assessment for SALT and physiotherapy services are under 12 weeks. When appropriate, the three services undertake

joint visits and coordinate working plans to minimise the impact of multiple appointments on family life.

- School leaders spoke particularly positively about the support provided by the SALT team. This included effective work with individual pupils along with helpful training for school staff to better meet the needs of pupils with speech and language development needs.
- The autism team are also highly valued by schools. A training programme relating to target-setting and teaching and assessment for pupils with autistic spectrum disorder, proven to work elsewhere, is enabling professionals to assess and meet the needs of children and young people with such disorders increasingly well.
- The specialist services such as for hearing impairment, visual impairment and Down's syndrome are highly regarded by parents and professionals. Typically, children and young people using these services have their needs met very effectively.
- Leaders have made a considerable investment in the school nurse service, which has resulted in a comprehensive offer for all schools. The specialist community public health nurses are well trained and able to identify needs, offer suitable support and initiate referrals to other services when appropriate. Secondary school leaders value the expertise they have to hand on site. Primary schools also benefit from the services provided by an assigned school nurse.
- Children and young people with complex nursing needs are well supported by a comprehensive children's community nursing (CCN) service. The acute CCN team includes a discharge coordinator who reduces hospital stays by facilitating the coordination of support for children with complex needs transitioning from acute to community settings.
- The local area issues a much higher than national average number of personal budgets. Typically, parents and young people report that these are helpful. These resources have allowed them to furnish suitable social care support at home and enabled young people to access leisure and social activities.
- Leaders' work to improve the experiences of children and young people who have SEN and/or disabilities using provided transport has been effective. Training enables bus drivers, bus escorts and cab drivers to understand the needs of the children and young people they transport and meet these effectively. Passenger passports provide drivers and escorts with useful information about their passengers' individual needs. Children, young people and their families are typically happy with arrangements.
- The local area has worked successfully to establish a successful supported internship programme for young adults with SEN and/or disabilities. An effective partnership between Mencap, the Oxfordshire Employment service and further education colleges helps to ensure that young people are able to

receive effective training and support in a workplace. The number of places available has more than doubled in the last three years.

- Local area leaders have had some success with co-production, taking the views of children, young people and parents into account when planning services. The Oxfordshire parent carers forum reports the positive experience of developing the SEND handbooks for primary and secondary school. These handbooks have helped schools and parents to have a shared understanding of local area processes and expectations related to identifying and meeting the needs of children and young people who have SEN and/or disabilities who do not have a statement of special educational needs or an EHC plan.
- Co-production has also been used well to inform a full redesign of short-break services early in 2017. This has resulted in increased opportunities for children and young people who have special educational needs to be involved in sports and arts activities. These short-break services are well used. Children, young people and families met during the inspection appreciated the clubs and activities that are on offer. Typically, children and young people who have SEN and/or disabilities are happy with the range of leisure and social opportunities in their area of the county.
- The CCG is commissioning primary care teams to increase the number of young people, over the age of 14 with additional needs, accessing annual health checks, including those with learning disabilities and autistic spectrum disorders. This is at an early stage and therefore no impact on improving health outcomes is currently evident.
- The voluntary advocacy group, My Life My Choice, is working together with the CCG, delivering training to all general practices. This is supporting general practitioners to increase their knowledge, in order to better meet the needs of children and young people who have SEN and/or disabilities.
- Children and young people who have SEN and/or disabilities who spoke to inspectors reported that they feel listened to and involved in decisions about their educational provision.
- Parents value the support provided by the Special Educational Needs and Disability Information, Advice and Support Service. The service has a well-established network of trained volunteers. This enables it to reach out to and provide effective support for a much larger number of families than would otherwise be possible.
- Some effective partnership working has enabled the local area to meet the needs of some children and young people more successfully than would otherwise have been the case. For example, joint working with other local authorities has resulted in places being secured in specialist residential provision for a number of children with social, emotional and mental health needs, whose needs could not be met within the local area.

## Areas for development

- EHC plans are typically not written well enough to ensure that all of a child or young person's SEN and/or disabilities are consistently well met. The voice of the child and their family is captured consistently well in EHC plans. However, children and families' aspirations and needs are not consistently well reflected in the rest of the plan. Assessments of social care needs, in particular, are often missing. Even when the health and/or social care needs are identified, the information about what is to be provided is often too vague to ensure that the child or young person's needs are met well or to support accurate evaluation of the effectiveness of the plan.
- Some mainstream schools are not making sure that staff have the skills needed to identify and meet the needs of pupils who have SEN and/or disabilities consistently effectively. Several parents spoke of teachers and support staff in mainstream schools who had failed to recognise signs that a child might have a special educational need. These parents identified a lack of suitable training as a key weakness.
- Leaders have not made sure that there is a clear, shared strategic approach between the Oxfordshire Teaching Schools Alliance (OTSA) and the local authority's OXSIT to maximise work to improve mainstream schools' provision for pupils who have special educational needs. Local authority leaders have recognised this. Discussions are underway between the lead special school in OTSA and OXSIT to try and resolve issues of duplication and agree a shared approach. However, it is too soon to judge the impact of this work.
- The needs of children and young people with social, emotional and mental health needs who do not have a statement of special educational needs or an EHC plan are typically not met well enough in mainstream schools. This is evident in the high level of fixed-term exclusions, which contribute to poor attendance. Some schools resort to reduced timetables for such pupils. School leaders do not consistently bring in the support needed to make sure that these pupils are able to access their full educational entitlement or provide suitable alternative provision. Until very recently, the local authority had not challenged schools who practise this approach. It is too soon to see the impact of this challenge.
- In the last year, some positive work has been undertaken to help schools improve provision for pupils with social, emotional and mental health needs. This has included the introduction of therapeutic approaches and training for staff. In the schools where this has been trialled it has proved successful. Additionally, a training programme for support staff on meeting pupils' emotional needs is also underway. However, it is too early to judge the impact these initiatives will have on mainstream school provision across the local area.
- The child and adolescent mental health service (CAMHS) waiting times are



too long. This causes delays in assessment and meeting needs. Leaders are working to reduce this through remedial plans and close monitoring. However, at present, long waiting times are continuing to have a negative effect on children and young people who have been referred to CAMHS. This is particularly the case for those waiting to be seen for over six months on the autism pathway.

- Children can wait up to eight months following a paediatric consultation for a full multi-disciplinary assessment. In the interim period, the child and family receive advice on management and strategies from appropriate services. However, the time it takes for children to receive specialist help tailored to their needs is too long. Leaders have not set a trajectory for reducing these waiting times.
- Arrangements in the local area for making sure young people experience a smooth transition from child to adult health and care services are not effective. Young people who continue to need services such as SALT and support to travel independently often find these services are removed when they reach the age of 18 and start college. Local area leaders have not clarified well enough whether it is the college or adult health and care services who are responsible for commissioning this support.
- Although there have been some occasions when co-production has been strong and helped improve services, leaders' intentions to consistently strengthen services through co-production have been only partially realised. This is despite consistent involvement of parents on strategic boards and working groups.
- Leaders have spent considerable time consulting with parents and working to ensure that the local offer on the council website contains much useful information. However, the local offer is not well known to parents and the limitations of the search facility make it difficult for those who do use it to quickly find the information they are seeking.

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

### **Strengths**

- On average, children with a statement of special educational needs or an EHC plan achieve in line with similar children nationally, at the end of each key stage.
- The achievement of pupils who have SEN and/or disabilities without a statement of special educational needs or an EHC plan has improved considerably over the last three years, most notably in the early years and primary phases. The proportion of these children reaching a good level of development in early years has increased steadily since 2014, and is much closer than previously to that of similar children nationally. There has been a

similar increase in those meeting the expected standard in the national phonics screening check at the end of Year 1. Achievement at the end of key stage 2 improved notably in 2017, having been particularly weak in the first year of the new tests and assessments in 2016.

- The proportion of young people who have SEN and/or disabilities reaching at least level 2, including English and mathematics, by the age of 19 has also improved considerably.
- The achievement rates of students who have SEN and/or disabilities who attend Oxfordshire further education colleges are above the national average for students with similar needs.
- The growing supported internship programme is helping the majority of young people taking part to progress successfully to sustained employment.
- A high proportion of adults with learning difficulties are in settled accommodation compared to the national figure. The local area's investment in supported living accommodation contributes well to this.
- Parents who met with or contacted inspectors reported positively on the achievement and wider outcomes, such as growth in confidence and self-reliance, of children and young people with hearing impairment.
- A range of leisure and social activities in the local area help children and young people who have special educational needs develop social and communication skills and become more independent.
- Children with gross motor disability function told the physiotherapy service of their aspirations to be able to ride a bike. The county council, Oxford Health Foundation Trust and Oxfordshire Sport Partnership are working collaboratively to deliver a relevant course. This is enabling these children to realise this ambition.

### **Areas for development**

- The proportion of children and young people who have SEN and/or disabilities without a statement of special educational needs or an EHC plan with one or more fixed-term exclusions is high and has increased notably in recent years. In 2017, the increase was much less than in previous years, indicating that the situation might have reached its peak. However, leaders do not have a sharp understanding of the impact of their work or a clear strategy for swiftly reducing exclusions across the local area. Although some recent initiatives have had a positive impact, work across the area to reduce exclusions is piecemeal.
- The proportion of pupils who have SEN and/or disabilities without a statement of special educational needs or an EHC plan with poor attendance is also high, linked, at least in part, to high levels of exclusion. This is particularly the case in secondary schools. Work to improve attendance is at an early stage. Some vacancies in the local authority's attendance service

have contributed to this. A reasonable plan is in place to get things moving and ensure that the service is fit for purpose. However, it is too soon to judge the impact of this work.

- Despite improvements, the achievement of pupils who have SEN and/or disabilities without a statement of special educational needs or an EHC plan remains low at the end of each key stage in relation to similar pupils nationally. Improving achievement for these pupils remains an area for development, particularly in secondary school. In 2016, the achievement of pupils with middle and high starting points at the start of secondary school who had SEN and/or disabilities without a statement of special educational needs or an EHC plan was low in mathematics and notably lower in English. Achievement in non-EBacc subjects (the open element) was even weaker.
- Disjointed transition from child to adult services is having a negative impact on outcomes. Young people who move on to college often lose access to therapies and social care support which they still need.
- The quality of outcome writing in EHC plans is not detailed or precise enough to enable sharp monitoring of the effectiveness of the plan in meeting the needs of the child or young person.
- Typically, the education outcomes in EHC plans have insufficient focus on enabling the child or young person to pursue and develop their interests and progress successfully into adult life. Educational outcomes identified in EHC plans rightly include development of numeracy and literacy skills. However, often these plans do not identify the broader academic and/or vocational outcomes needed to prepare the child or young person fully for adulthood.
- Health and care outcomes written in EHC plans are often not precise enough and, typically, intended social care outcomes are omitted completely.
- During the implementation of the reforms, leaders have not taken sufficiently determined action to tackle key areas of weakness.
- Local area leaders' self-evaluation is not sharp enough to inform improvement planning. Leaders often do not have a firm understanding of the extent of success, or otherwise, of their work, or what they might need to do differently in the future.
- Action plans typically do not capture the starting points for improvement work or the impact the work should have by key points in time. As a result, leaders and elected members are not well-placed to evaluate the success of improvement work or intervene quickly when a change of approach is needed. Leaders are starting to improve the situation, for example by bringing in a suitable consultant to work on improving the timeliness and quality of plans. However, it is too soon to see the impact of this work.

**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 clearly understood and effective lines of accountability for the implementation of the reforms
- the quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement
- the quality of EHC plans
- the timeliness of the completion of EHC plans
- the high level of fixed-term exclusion of pupils in mainstream secondary schools who have special educational needs and social, emotional and mental health needs in particular.

Yours sincerely

Diana Choulerton  
**Her Majesty's Inspector**

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