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Interim Corporate Director, Children's Services,  
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Bournemouth Town Hall  
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Tim Goodson, Accountable Officer, Dorset CCG  
Sally Sandcraft, Director of Primary and Community Care, Dorset CCG  
Rachel Gravett, Local Area Nominated Officer, BCP Council

Dear Mrs Redding, Mr Goodson, Ms Sandcraft and Ms Gravett

### **Joint local area SEND inspection in Bournemouth, Christchurch & Poole**

Between 28 June 2021 and 2 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Bournemouth, Christchurch & Poole to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (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 CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers remotely 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 area, including the 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 (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that

the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

## **Main findings**

- Area leaders in Bournemouth, Christchurch and Poole (BCP) are only just beginning to implement the SEND reforms. Leaders have been distracted and delayed from this important work by the reorganisation of the council and high staff turnover. The amount there is for leaders to do is significant. A lack of urgency remains among some services to work together to tackle the issues with the pace that is needed. Despite some promising new appointments to key posts and useful joint working during the pandemic, progress has not been maintained. Consequently, there is little evidence that key elements of the reforms are becoming embedded. Many children and young people with SEND and their families continue to have a poor experience, and there is little sign of their outcomes improving.
- Deep cultural issues within the local area continue to hamper leaders' ability to make progress. The complexity of the local government reorganisation in the area has consumed much of leaders' capacity. Some staff and front-line practitioners struggle to identify with the reorganised council. A poor understanding of the reforms, a need to save money and an embedded blame culture among some services are preventing effective joint working. Consequently, many parents describe themselves as the 'gate keepers' of the support provided for their children.
- Leaders' evaluations of the effectiveness of the local area are too generous. Area leaders do not use feedback from children and young people with SEND and their families to inform their evaluations of their work well enough. This means leaders are too quick to flag effective projects or local initiatives as indicators of improvement. They fail to recognise their limited contribution to the lived experience of children and young people with SEND and their families. Furthermore, developments to improve leaders' ability to identify strengths and weaknesses in the area are implemented poorly. For example, the recently introduced process to check the quality of education, health and care plans (EHC plans) is weak. Leaders evaluate the plans overgenerously and are unaware their actions have had limited impact.

- Co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all) is poor and misunderstood. Parents are held at arm's length and they are not able to contribute meaningfully to leaders' strategic thinking. Some area leaders do not understand what co-production is. They invite parents to contribute after they have already considered what improvements they want to make to provision. Progress in building trusted relationships with and between parents and services is slow. As a result, the chance for area leaders to co-produce effectively with children and young people with SEND and their families is limited.
- Staff turnover and challenges with recruitment across education, health and care have led to a lack of confidence in the SEND system in BCP. Front-line staff describe the same frustration as families with changes in key personnel. They rightly state these changes have stalled progress in improving the SEND system locally. Parents and professionals describe new initiatives often beginning, but not resulting in sustained improvement because those driving them leave or change roles. The same challenges have also caused significant and continuing delays at Poole Child Development Centre. Even when positive strategies are implemented, parents and front-line practitioners lack faith that it will lead to sustained improvement.
- The implementation of the reforms across front-line services is too variable. Many parents have described that much of their experience relies on 'the luck of who you get'. This is particularly, but not exclusively, the case in schools. Schools and health providers work in isolation because there is no coherent strategy to help them to work in partnership with each other or with families. This presents a barrier to families in accessing other services for the identification and meeting of need. As a result, the processes for early identification once children and young people reach school age are mixed and unfair.
- The overall quality of EHC plans is not good enough. Too often they reflect the lack of joint working between education, health and care. There is some evidence to show recent plans are improving. However, contributions to plans and annual reviews rely too heavily on schools. Health and care contributions are often lacking. Quality assurance processes are not established and not leading to robust improvement. Consequently, many children's and young people's EHC plans do not specify the provision that will meet their education, health and care needs well enough.
- Processes can prevent families from having appropriate access to services and support that can improve their outcomes. For example, families have limited access to suitable assessments. Furthermore, families are not able to access direct payments without having a social worker. These weaknesses prevent children and young people from accessing appropriate provision and support in a timely fashion. Families commonly end up in crisis before their circumstances become properly assessed and understood.

- Joint commissioning between services in BCP is limited. Some front-line services identify that opportunities to commission jointly are being missed. For example, in some specialist provision, leaders commission therapy services for themselves. This misses the chance to achieve an economy of scale from jointly commissioned therapy services across the local area. Poor collaboration between services means the culture is not right to improve this issue. This means in a period of limited budgets, opportunities to tackle areas of need in the local area through planned joint commissioning are under-exploited.
- Exclusions of pupils with SEND are too high. Due to weaknesses in identification, many pupils go through school with their needs unmet. Variability in the quality of school provision means that when some pupils present with challenging behaviour, this is not managed well, and their underlying need is not considered. In the absence of suitable support from services, including health and social care, schools resort to taking action in isolation. For example, they make direct arrangements with alternative provisions, charities and therapists. Similarly, they compensate by recruiting their own staff to support pupils' mental health, challenging behaviour and well-being. While this meets individual needs sometimes, it is not equitable across the area and further embeds fractured provision across BCP.
- Strategic leaders have recognised the scale and range of challenges they face. They have appointed staff, such as a new director of education, to build some capacity to secure change. However, the delay in starting to implement the reforms means there is a significant amount for leaders to do. Furthermore, too many of the recent plans to improve are not focused well enough on culture, strategy and securing urgency among front-line services to change. Consequently, despite the recently improved commitment to the reforms, there is little evidence of sustained improvement in the local area. Rather than seeing improvements in their outcomes, many children and young people with SEND and their families find that things are getting worse.

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

### **Strengths**

- Strong and established joint working in the early years has led to timely identification of need for children. Area special educational needs coordinators (SENCOs), pre-school leaders, health visitors and Portage service staff work well together. This supports rapid information-sharing and referrals for assessments where needed. Consequently, children and young people up to the age of five who present with additional needs have their needs identified promptly.
- The Portage service is well led and effective. Service leaders work collaboratively with other services to develop provision to meet local need.

For example, the service has provided sessions to help parents support their children with speech and language difficulties. Parents who access the service report it has helped them to understand and support their children better.

- Leaders have maintained the SENCo networks within the local area. Area SENCos and school SENCos who access them receive useful training and information. This has supported effective early identification in patches across the local area.

### **Areas for development**

- Area leaders have not successfully implemented the graduated response. Providers' engagement with the local area has been inconsistent. This means recent published guidance has had little impact where most needed. Some school leaders choose to work in isolation, or within their own multi-academy trusts, and respond in their own way when they identify that children and young people have additional needs. Consequently, the identification of children's and young people's SEND varies widely in its accuracy once they reach school age.
- The local area continues to struggle to meet statutory timescales for the assessment of children's and young people's SEND. Although there are signs that timescales for issuing new EHC plans have improved, a significant backlog of weak plans remains. The efficiency of these processes is undermined by weaknesses in joint working and information-sharing, particularly for children and young people who attend school. Parents and schools further identify high levels of caseworker turnover as an important contributory factor in long waiting times. Children's and young people's needs are not identified quickly enough.
- Leaders do not identify their commissioning, capital and provision needs precisely. Recent changes in key positions in the local area have led to a new commitment to implementing the reforms. However, historic weaknesses and poor identification mean that much of the outcome information published in relation to the local area is not useful to identify need. Leaders' evaluations identify the challenges for the area in only broad terms. These evaluations do not allow leaders to have a full and accurate picture of the lived experience of children and young people with SEND and their families.
- Many front-line workers are not trained sufficiently to identify need accurately and consistently. For example, social workers' understanding of how to identify social care needs for children and young people with SEND and their families is insecure. Social workers are too quick to look at the care provided by parents, rather than review the challenges caused by the complexity of their children's needs. Similarly, there is great variety in the skills and experience of SENCos in schools. This means that children and young people with SEND are often assessed as not needing support when they do.

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

### **Strengths**

- There are several examples of strong practice in meeting needs across the local area. Some schools are highly committed to the reforms and skilled in implementing them. Where this is the case, leaders have excellent working relationships with professionals across education, health and care. This allows them to support families effectively and signpost other services in a timely way. Parents who access these services report their children's needs are met very well.
- Established specialist provision, including special schools, enhanced provision and pupil referral units, provide very well for children and young people with SEND and their families. Children and young people often access bespoke provision in specialist settings. Therapies are commissioned locally to ensure the provision outlined in EHC plans is met in full.
- Some localised projects represent very strong practice in preparing young people with SEND for adulthood. For example, the 'classroom at the heart of industry' project in one specialist setting that allows young people access to placements in retail organisations as part of their curriculum. Through carefully designed bespoke packages, young people often secure appropriate and meaningful pathways into employment. Furthermore, the children in care team have appointed a care leavers' nurse. The nurse works closely with area leaders and sits on the strategy group focused on preparation for adulthood. Together with the virtual schools headteacher, who has seconded a SEND champion to work with children looked after, they have developed useful joint working to improve provision for this group of young people.
- The independent advisory service in BCP is effective. The service is well led and has a strong understanding of who it advocates for and why. Leaders have used the reorganisation of the local area to secure and sustain posts within the service. Parents report a mixed experience of the service. For some, they lack confidence that the service is truly independent. For others, the lack of trust in the reorganisation of the council has been transferred to their view of how well the service is run. However, evidence shows the service advocates well for children and young people with SEND and their families.
- The development of Children Centres into Family Hubs for children and young people aged 0-19 has laid the foundation for greater access to services through a single gateway. Area leaders have rightly recognised the opportunity to extend the effectiveness of joint working in the early years through this strategy. Some children and young people with SEND are already benefiting from this approach. For example, teenage mothers who have a child with additional needs are receiving extra support.



- There is an established designated clinical officer (DCO) fulfilling the statutory functions of the role for the CCG. He is well known among health workers and strategic leaders in the area. The DCO is providing useful guidance and direction to the work of health professionals who work with children and young people with SEND, as well as supporting progress in individual cases. Area leaders have rightly identified, however, that the role has had limited capacity to be strategic.

### **Areas for development**

- Since the reorganisation of the local area, leaders have developed a new EHC plan template to improve consistency. However, the lag of varying approaches from the historic boroughs means the quality of EHC plans remains too varied. Where EHC plans are weak, it is a direct result of weaknesses in joint working across education, health and care and a poor understanding of co-production. Even where children's and young people's and their parents' views are recorded, this does not result in a clear thread throughout the plan itself. Consequently, EHC plans do not reflect the desired wider outcomes shared by children and young people and their families.
- The systems and processes that surround the application for and review of EHC plans do not work well enough. Many parents report unacceptably long delays in receiving reports from health professionals. As a result, children and young people and their families wait too long to have their needs assessed collaboratively and met. There is not enough clear guidance for mainstream providers about how to provide precisely for these children and young people. This contributes to the wrong view that all children and young people who have an EHC plan need to attend specialist provision.
- Health and care professionals have not been trained well enough to ensure they understand their role in making contributions to new assessments and annual reviews. Furthermore, a lack of capacity within health and care teams leads to EHC plan processes continuing without these colleagues contributing or attending. Where processes rely on the skills and experience of SENCos, this leads to differing approaches to including health and care professionals, some of which do not work. As a result, EHC plans are too focused on educational outcomes, even when a child or young person is also supported by health or care professionals.
- Access to the autism spectrum disorder assessment pathway is not consistent for those who need it. This is because there is confusion among front-line practitioners about who can refer to the pathway and the process that should be completed. Parents report they are often bounced between education and health settings where each state it is for the other to progress the referral. Others report long waiting times when referred due to staff shortages at the child development centre. Consequently, there is a large cohort of children,

young people and their families whose needs remain unknown and, therefore, are not being met.

- The implementation of the graduated response has not been driven well enough by area leaders. This means there is a lack of consistency across provision in the area in understanding and implementing the graduated response effectively. Even when the area has assessed a child or young person's need accurately and in a timely way, this often does not lead to those needs being met well. Area leaders recognise there are weaknesses in inclusive practice in the area. However, they are late in challenging this and have not established robust systems for challenging poor practice. The experience for children and young people with SEND in the mainstream school system, particularly those identified as needing special educational needs support, is far too variable and sometimes ineffective.
- Access to speech and language therapy is inconsistent. In some cases, waiting times for specialist assessment and intervention are unacceptably long, resulting in some children and young people's needs not being met in a timely manner.
- The local offer website is not used well enough to signpost children and young people with SEND and their families to support and services. Parents who spoke to inspectors were either unaware of the website or did not trust the information that is included because of a poor experience in the past. Some parents described the frustration of attempting to find information on the website, only to jump from one link to another. Area leaders have refreshed the local offer and improved its accessibility. However, some links remain out of date. Many providers fail to use it as a way of signposting information due to previous experience. Consequently, improvements that have been made have not led to the resource being used more by children and young people with SEND and their families.
- Children and young people with SEND who need specialist equipment for their physical development do not reliably get what they need. This is because, even when occupational therapists or physiotherapists identify a specific need, the funding to secure the specialist equipment is not forthcoming. This is particularly the case for children and young people who have challenges with their physical development but do not have an EHC plan. As a result, the provision for these children is compromised.

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

### **Strengths**

- Due to the effectiveness of joint working in the early years, children and young people with additional needs are identified early. Collaboration between services leads to precise and timely provision for children with SEND and their



families. Consequently, children in the early years often achieve strong outcomes.

- Young people who are supported by the youth offending service are experiencing improved outcomes. This is because of strong joint working between speech and language therapists, child and adolescence mental health services and the youth offending service in BCP. Timely information-sharing and joint strategic thinking mean that young people often receive support early. This helps young people accessing the youth offending service to benefit from bespoke packages of support.
- Where area leaders work well, or there are pockets of strong practice, children and young people and their families are supported effectively to achieve strong outcomes. This is particularly the case where children and young people access specialist provision or are in schools that show the moral imperative to implement the graduated approach diligently. Other examples include some post-16 provision where young people have been supported successfully to secure meaningful employment. Similarly, where services have worked together to support SEND children looked after, this has led to improved care outcomes for this vulnerable group.

### **Areas for improvement**

- Weaknesses in joint working when children reach school age lead to delays in the identification and assessment of children's and young people's special educational needs. The provision of therapies is slow, the implementation of the graduated response is weak and families experience difficulties accessing effective social care packages. In turn, this hampers children's and young people's progress, and their outcomes are not improving.
- Children and young people with SEND appear to achieve favourably compared to their peers nationally at the end of key stages 4 and 5. However, weaknesses in the identification and assessment of these pupils mean this picture is incomplete and cannot be relied on as an accurate reflection. The lived experience for children and young people with SEND and their families does not reflect this apparent strength.
- Area leaders rightly recognise that too many children and young people with SEND are excluded. This is particularly the case in secondary schools. Weaknesses in identification once children reach school age lead to many children and young people going through the school system appearing to have challenging behaviour, rather than an unmet need. A lack of joint working between services leads to a spiral of decline for these children and young people. Despite being recognised as a significant issue, there is little sign that an effective approach to tackle this has been found.
- Pathways into adulthood for young people with SEND are limited and too variable. Area leaders' work to develop a consistent approach to prepare

young people with SEND for adulthood has made little difference. The numbers of young people accessing supported internships and supported living are low. Similarly, the proportion of young people who have learning disabilities securing paid employment is poor. There is little sign of any of these measures improving securely over time or consistently across the area.

- A legacy of mistrust, poor co-production and inconsistent identification and meeting of need means that appeals to the SEND tribunal are rising. Historic levels of appeals to the SEND tribunal have been low. However, this masks the lack of faith that many parents and practitioners have in the local area's ability to identify and meet need. Even when area leaders are attempting to improve provision by meeting needs in a more strategic way, the legacy of mistrust means that parents still feel the need to battle for what they feel is best for their children.
- Access to and take up of personal budgets and direct payments is limited. Parents report that they are unaware of what a personal budget is. Others describe not wanting to pursue direct payments, because they must be assessed by a social worker to access them. This means many parents lack the opportunity to build support and respite packages for themselves to meet their family's needs. Consequently, many more families fall into crisis before they access any meaningful support.
- Access to appropriate short breaks is lacking. Parents describe attempting to access short breaks that have been advertised on the local offer as inclusive and SEND friendly. However, when arriving on site, parents find that the offer is run by staff who do not have the skills or the capacity in the team to meet their children's specific needs. Alongside the limitations in accessing direct payments, this leads to unacceptable levels of expectation on families to care for some children and young people with high levels of need without appropriate support and respite.
- Inconsistency in services across BCP means there is a lack of equitable opportunities for children and young people with SEND. This means that many children and young people do not have their needs met well or their needs are misunderstood. These children and young people are sometimes seen as a nuisance or too complex for schools to support. As a result, their mental health is negatively affected. Many find it increasingly difficult to continue to engage with education. In turn, this has a direct impact on the well-being of their wider family, who often are left to pick up the pieces, fight for needs to be met or look for alternative approaches for their children to access education.

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

The local area is required to produce and submit a WSOA to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the deep cultural issues leading to weak partnership working between services across education, health and care and between these services and children and young people with SEND and their families
- weaknesses in leaders' evaluations of the effectiveness of the local area, including the lack of focus on the experiences of children and young people with SEND and their families
- poor co-production practice at a strategic and operational level
- weaknesses in the sustainability of services in the face of high turnover of staff and challenges with recruitment
- the inconsistency in the implementation of the graduated response leading to slow identification and inequitable access and experience of the system across education, health and care
- the wide variances in the quality of education, health and care plans caused by weaknesses in joint working, fair access, timeliness and quality assurance processes
- poor joint commissioning arrangements that limit leaders' ability to meet local area needs, improve outcomes and achieve cost efficiencies
- the proportion of pupils not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area.

Yours sincerely

Matthew Barnes  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Andrew Cook Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Matthew Barnes HMI Lead Inspector	Sarah Smith CQC Inspector

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