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Shane Devlin, Chief Executive Officer at NHS Bristol, North Somerset and South Gloucestershire, Integrated Care Board (ICB)
Graham Wilkie, Local Area Nominated Officer (LANO), Bristol City Council.

Dear Ms Tudge and Mr Devlin

Joint area SEND revisit in Bristol

Between 4 and 6 October 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Bristol to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 13 November 2019.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, His Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 19 March 2020.

The area has made sufficient progress in addressing four of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing one significant weakness. This letter outlines our findings from the revisit.

The inspection was led by one of His Majesty's Inspectors from Ofsted, an Ofsted Inspector and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing the five significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

In reaching their judgements, inspectors took account of the impact of the COVID-19 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.

Main findings

- At the initial inspection, inspectors found the following:

The lack of accountability of leaders at all levels, including school leaders.

Leaders in Bristol have made considerable progress since the last inspection. Leaders share a commitment to improving the support for children and young people with SEND in the area. This is leading to a positive culture among professionals and more collaboration between partners. Consequently, leaders have an increasing sense of shared responsibility and accountability which is beginning to impact on children and their families.

Almost all of the improvement has taken place during the COVID-19 pandemic. Although COVID-19 impacted on some plans, leaders ensured that it did not impact on partnership working. Consequently, the ways of working adopted during the pandemic promoted better communication between professionals and resulted in more effective joint work.

The improvements in accountability are leading to better support for children and young people with SEND. However, these improvements are not yet being experienced by all parents and carers. While some parents and carers have a more positive experience, many still feel that professionals do not communicate well, and they believe that their children are not well supported. Although there are examples of 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), this is not an established way of working between area leaders and parents and carers.

Leaders know that some children and young people with SEND still do not get the support they need quickly enough. However, leaders have ensured that improving the support available for children and young people with SEND is a key feature of the major improvement programmes in health, care and education services. This

is resulting in significant financial investment. For example, additional investment is providing targeted help while children and young people wait to see health professionals.

School leaders value the overhaul of systems and processes that has taken place since the previous inspection. They feel that the introduction of standardised documents and regular meetings are leading to good communication and effective partnership working. A range of processes are now in place to provide schools with greater support and advice. For example, the quality assurance of Education, Health and Care (EHC) plans provides schools with useful feedback. This also enables the area to have a greater understanding of the aspects of the EHC plan process that may need additional support or training. Consequently, schools are more closely held to account for the quality of support they provide to children and young people in their care.

The area has made sufficient progress in addressing this significant weakness.

- At the initial inspection, inspectors found the following:

The inconsistencies in the timeliness and effectiveness of the local area's arrangements for the identification and assessment of children and young people with SEND.

The identification and assessment of children and young people with SEND in Bristol is improving. More effective partnership working between professionals has been supported by the introduction of a range of systems and approaches. This is leading to a much more consistent approach to helping children and young people with SEND and is strengthening inclusive practice.

Leaders have worked together to identify the support that is available for children and young people with additional needs. They have put this in a document called Ordinarily Available Provision (OAP). This makes clear the support that children and young people with SEND are entitled to without the need for referral or assessment. This information is available for parents and carers, schools and professionals, and covers all areas of need, for example letting schools know the support available from health services without the need for specialist referral.

Professionals value the new approach to identification and assessment. This is because the approaches clarify what individuals are supposed to do and the support that is available from other services. Some schools are now using the OAP to help them identify training needs in their provision. This is supporting the developing culture of inclusion in Bristol.

Parents and carers remain worried that many schools do not give children and young people with SEND the support they need. However, there has been a cultural shift in the way that professionals and schools work together. This is improving the way that they work together to meet the needs of children and young people with SEND. Even so, this is not yet experienced by many parents

and carers, who still have difficulty getting the right support for their children to stay in education.

Leaders are taking steps to reduce the waiting times for neurodiversity diagnosis and Child and Adolescent Mental Health Service (CAMHS) assessments. For example, a team of occupational therapists, speech and language therapists and educational psychologists have been introduced to review children in schools and ensure that school staff and other professionals are trained to offer strategies to children and families.

In addition, a range of support has been introduced for children and young people and their parents and carers who are waiting for CAMHS appointments, such as a telephone advice line, some of which were developed in partnership with parents and carers.

The area has made sufficient progress in addressing this significant weakness.

- At the initial inspection, inspectors found the following:

The dysfunctional EHC plan process, and inadequate quality of EHC plans.

The 'time for change' programme has been introduced by leaders to improve all aspects of the EHC plan process. Professionals across health, education and care services worked with parent and carer groups to develop this. More effective partnership working is improving the quality of EHC plans. This can be seen in the work with schools to clarify the support they offer children and young people with SEND. Over three quarters of submissions for EHC plans from schools now refer to the locally agreed support.

Effective joint working between professionals has resulted in real improvements to the timeliness and quality of EHC plans. The assessment process has significantly improved the quality and timeliness of plans. Consequently, the significant inadequacies in EHC plans identified at the initial inspection are no longer widespread, and there has been much improvement. An increasing number of EHC plans now accurately capture the child's needs and set clear outcomes. Some children and young people still have to wait too long for an EHC plan to be in place.

Professionals report an improvement in joint working when completing plans. They now feel more accountable for the quality and timeliness of their contribution to EHC plans. For example, in health services, all EHC plan contributions are quality assured by senior clinicians. As a result, there is a stronger focus on improving outcomes and ensuring that the child or young person and their family's voice has been captured. Although weaknesses remain, this work is resulting in children and young people being placed at the centre of the EHC assessment process.

The area has made sufficient progress in addressing this significant weakness.

- At the initial inspection, inspectors found the following:

The underachievement and lack of inclusion of children and young people with SEND, including the high rates of persistent absenteeism and fixed-term exclusions.

The support in Bristol for children and young people with SEND is getting better. Even so, leaders know there is more to do to ensure that all children and young people attend school regularly and get a good deal.

Improvements to the early support children and young people receive and the developments in the EHC plan process are leading to a more consistent approach across the area. Leaders are more frequently working closely together and holding each other to account. This is increasing the likelihood that children and young people with SEND get the support and help that they need to do well and stay in school. This work is tackling the causes of the underachievement and poor attendance of children and young people with SEND. Nevertheless, parents and carers continue to report that some schools do not support their children. Some parents and carers also say that a number of schools are reluctant to admit children who have SEND.

Inclusion is central to Bristol's belonging strategy, which sets out to put children and young people front and centre as Bristol recovers and improves in response to the pandemic. Increasingly, the many pieces of work to improve outcomes for children and young people with SEND are linking up to improve inclusion. For example, the education standards board now considers attendance, exclusion and SEND when considering the performance of schools. One school leader summed up the strategic direction when they said that there is now far more commitment to reducing exclusion and improving attendance across the city. However, this leader recognised that the work was still at an early stage.

The proportion of children and young people with an EHC plan who have been excluded from school has fallen, but is still higher than the national average. A range of strategies have been introduced to ensure that pupils who are at risk of exclusion get the help they need from schools and professionals. Regular multi-agency panels have been introduced to give schools advice and support for pupils that they are worried about. Specific specialist help has also been developed to support schools and young people with issues to do with drugs and weapons. In health, a key worker service has been introduced for children with severe mental health illness, with a view to reduce the risk of them leaving education or being admitted to hospital. These approaches are designed to be responsive and proactive, reducing the chance that children and young people will be excluded from school.

The area has made sufficient progress in addressing this significant weakness.

- At the initial inspection, inspectors found the following:

The fractured relationships with parents and carers, lack of co-production and variable engagement and collaboration.

The difficult relationships found at the last inspection have continued. This continues to affect the quality of co-production that takes place between area leaders and parent and carers.

Parents and carers have a more mixed view of the quality of support available to children and young people with SEND than at the time of the last inspection. Some parents and carers continue to lack trust in the system and feel that leaders are not acting in the best interests of their children. However, the majority of parents and carers accessing services and support more recently are positive about their experience.

The area is committed to co-production, engagement and collaboration with parents and carers. The systems and structures that have underpinned the improvements achieved since the last inspection have been developed with parents and carers. However, there is currently no formal structure in place to make sure this continues.

Everyone shares a commitment to getting the best outcomes for children and young people with SEND in Bristol. Parent and carer representatives, along with area leaders, are committed to working in partnership in the best interests of children and young people with SEND.

Plans are in place to re-establish a formal body to represent parents and carers. Until this is in place, parent and carer representatives and area leaders must ensure that co-production with parents and carers is maintained.

The area has not made sufficient progress in addressing this significant weakness.

The area has made sufficient progress in addressing four of the five significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for the DfE and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Phil Minns
His Majesty's Inspector

Ofsted	Care Quality Commission
James McNeillie Regional Director	Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services
Phil Minns HMI Lead Inspector	Sarah Smith CQC Inspector
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cc: Department for Education
Clinical commissioning group(s)
Director of Public Health for the area
Department of Health
NHS England