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Gill May, CCG lead, Director of Nursing and Quality
Lisa Savage, Local Area Nominated Officer, Swindon

Dear Mr Haley and Ms May

Joint area SEND revisit in Swindon

Between 11 October 2021 and 13 October 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Swindon 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 15 January 2019.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action (WSOA) 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 (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 20 April 2019.

The area has made sufficient progress in addressing all of the significant weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including another HMI from Ofsted 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, teachers and leaders from schools, the parent carer forum, Swindon SEND Families Voice (SSFV), and local authority

and National Health Service (NHS) officers. An inspector visited two schools and met senior leaders, children and young people, parents and carers. Inspectors looked at a range of information about the performance of the area in addressing the eight significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation. Inspectors considered 211 responses to an online survey for parents.

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

Area leaders used the findings from the previous inspection as a catalyst to improve things for children and young people with SEND in Swindon. There was a great deal to do.

Under strong and determined leadership there has been a change in culture in the area. SEND is now central to everyone's work. The local authority has increased resources and staffing in its SEND team. Partner agencies from education, health and social care are working together to address the challenges and solve problems. Consequently, the knowledge of staff, processes and communication have all improved. There is resilience and sustainability to improve even more.

The COVID-19 pandemic put additional strain on services. However, the relationships between different services meant that the area was able to support schools and families effectively. Officers kept disruption to the improvements in SEND to a minimum.

There is deep knowledge of data, trends and individual cases across the area. Leaders in partner agencies know the impact of improvements so far. They also know there is more to do. Some parents and carers remain dissatisfied and do not feel there has been any improvement. Some say that they are not listened to and are frustrated with the quality of provision that their child receives. Leaders take these concerns seriously.

The parent carer forum, SSFV, is a strength of the area. As one parent put it, 'SSFV work like champions to make sure the voice of parents and children is heard.' Service leaders listen. Unafraid to challenge, the group collaborates with different professionals to make things better. It is an integral part of the area and has made a significant difference.

- At the initial inspection, inspectors found that:

'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'.

Leaders are committed to placing children and families at the heart of services. They have articulated clearly what 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) looks like. They have an ongoing ambition to ensure that there is true collaboration, partnership and a sharing of power.

The voice of parents and carers is now central to the strategic work of the area and its improvement. Parents, through SSFV, influence design, evaluation, problem-solving and commissioning.

'Reshaping Conversations' is a project led by SSFV and produced with other local parent groups. The aim of the project is to inspire positive change in the language used by professionals when speaking to parents. Based on this project, a new training module for staff has been created in collaboration with the area. The module is now part of the mandatory training for staff.

Children and young people with SEND have also played a key part in shaping service design and delivery. Examples include the annual survey design, the mental health trailblazers and the online local offer. Young people have now been recruited to act as 'Young Inspectors' and to become part of the governance of the area.

Co-production at an individual level remains a little too varied. Some frontline services are expert at co-producing provision. For example, at a school we visited pupils are positive about their influence on the support they receive. They articulate very well how their education, health and care (EHC) plans reflect their needs and aspirations. However, parents of children and young people in some non-specialist settings describe a much less joined-up experience. The area is addressing this through close working with special educational needs coordinators (SENCOs) and the launch of an inclusion audit.

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

- The initial inspection found that:

'governance arrangements in place in the local area were not effective in holding leaders to account sufficiently to improve the outcomes for children and young people with SEND and to ensure that they were safe'.

There is a very strong commitment from council members and the CCG governing body to hold leaders to account. The CCG has remained focused on SEND through its reorganisation. Forward planning is in place for the move to an Intergrated Care System.

Leaders have put clear structures and processes in place to monitor progress on the WSOA. The SEND Strategic Partnership Board includes the SSFV, representatives from a range of education providers, commissioned services, young people and officers for education, health and social care. Collectively, they have developed a deep knowledge of the issues. They have insisted on accelerated action when this is appropriate. They also understand the wider systems needed within the area to ensure that children and young people are safe, bring about further change and long-term, sustainable improvements.

Significant advances in the collection and reliability of data and information have underpinned improvements to governance. Leaders are very clear about risks, current strengths and areas for further improvement. Score cards and quality assurance frameworks are used effectively. Performance management and workforce development in SEND have improved.

Collaborative problem-solving underpins the governance arrangements. There have been ongoing challenges, particularly in recruitment to some key posts. There has been significant disruption due to COVID-19. Despite these challenges, leaders have managed to secure significant financial investment and so strengthened services.

Leaders are aware that some dissatisfaction remains. They are aware that while processes might be clear, the impact on improving the lived experiences for children and young people is not always as clear or well defined.

Leaders are aware that parents and their children have different experiences in different Swindon schools. They are also aware of the unhappiness of some individual families with particular services or decisions. They remain determined to improve even more.

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

- The initial inspection found that:

'there was the lack of a designated medical officer (DMO) and designated clinical officer (DCO)'.

The area took quick action to ensure these important posts were filled and continue their commitment to these roles. For example, they placed a priority on recruiting to a recent vacancy.

The DMO and DCO have ensured that the health commitment to the SEND agenda is high. They have been integral to the work to improve all the significant weaknesses identified in the previous inspection.

Parents and carers talk positively about the impact the DCO has had. They report that she responded quickly to the concerns about aspects of medical care and has brought about welcome changes.

The DCO and DMO acted as crucial points of contact between SEND teams, schools and health during COVID-19. Providers were helped to anticipate changing circumstances and families' needs so that children and young people, including those who were extremely clinically vulnerable, continued to receive support in the safest way through this difficult time.

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

- The initial inspection found that:

'the quality of EHC plans was too variable. Too often, there was limited or no contribution included from health and care professionals'.

All recent EHC plans now have contributions from health and social care. These determine a child or young person's needs and the provision to meet them. Social care professionals engage in all assessments, even those of children and young people who were previously not known to their services. This means that any unmet needs are identified. Parents or young people are signposted to different services or provision is put in place as part of the plan.

EHC plans are now clearer. They capture the views and aspirations of parents and children and young people. Jargon is avoided. A shared quality assurance process tracks improvement. This process is helpful and enables a dialogue and understanding about what makes a good plan. Different services are improving their advice at different rates. Some, but not all, services have a clear process, and they feedback strengths and areas for improvement.

The majority of parents responded positively to questions about EHC plans in the online survey. However, a minority of parents and carers are still dissatisfied. They say mistakes are still made and that their views are not listened to. This undermines their confidence in the plans and the professionals responsible for

them. The area has significantly increased the capacity of the SEND team so that they can tackle these remaining issues.

The most recent plans are of better quality. There is more to do to ensure that the provision described in plans relates to the distinct needs and aspirations of the child, enabling all involved to support the academic, personal and social development of the child.

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

- The initial inspection found that:

'there were significant and continued concerns raised by parents and young people at the delays in assessments, lack of communication and quality of provision'.

The area has refined the pathways for SEND support in early help. Families and professionals now have one place of referral. There are now clear processes so that support is offered more quickly. Services are more joined up and integrated.

The local authority has invested in a new management structure for the statutory SEND team and increased staffing. This has led to a reduction in caseload and new ways of working. A 'Day One Call' has been introduced to build positive relationships with parents from the start. The area's performance in completing assessments within the 20-week deadline is high.

Professionals from different agencies universally agree that communication between them has improved. It is clear that professionals are now working together more closely.

The area has taken concerns about communication with parents seriously. One response has been the introduction of the 'SEND Front Door' that parents and carers use for all communication. Recent evidence shows that almost all contacts, by email, phone or the portal, are now responded to on, or before, their allocated deadline. Other initiatives to improve communication include improving the effectiveness of the local offer, the SEND Splash newsletter and the Listening and Support Phone line hosted by SSFV. Some parents recognise the improvement in communication. They describe that they are 'impressed' and 'services are doing the best they can'. They highlight the good communication with services such as speech and language therapists, schools and the learning disability team. They recognise the benefits of this joined up work in, for example, effective transition planning for their child. Other parents say that they are still 'telling their story

from the start, no matter who you talk to'. They say that parents are left to 'do the chasing of professionals' and things still feel 'disjointed'.

There have been a number of improvements to provision. Leaders took action so that parents know travel arrangements much earlier. Children are better prepared for their travel arrangements and so are less anxious. Transition planning is also better. There is now closer working across agencies and partners. Young people and their parents have more information, often from the Transitions Roadshow, so that they make informed choices for the future.

Leaders know that the quality of some of the provision across the area remains too variable. Parents and carers agree. There is a great deal of satisfaction with specialist education, but the picture is much more mixed when parents give their views on mainstream schools. Important work to tackle this variability is in place through ensuring inclusion and SEND are key elements of school improvement. Collaborative work with the SENCo Champions group means that there is better communication and more help and support available for SENCos across the area.

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

- The initial inspection found that:

'there were long waiting times to meet the needs of children and young people effectively: especially ASD, ADHD and mental health services'.

The area's own data, and the opinions of some parents, show that, while improved, the waiting times to see some clinicians remain too long. This is due to a lack of staff and a significant increase in demand for some services during the pandemic. There is a strong grasp of these challenges across the area. Reducing waiting times continues to be a priority. Waiting lists are reviewed regularly to identify any child who needs to be seen sooner. Leaders are confident that they will meet the ambitious targets in place to reduce waiting lists further. Support for children, young people and families is available while they are waiting for clinical appointments.

Clinical time is assigned to the most complex or acute cases quickly. Those children who require a statutory assessment of their special educational needs receive comprehensive assessments within the timescales laid down.

A new neurodevelopmental pathway was co-produced with parents. Waiting lists have been reduced. While waiting, alternative services are offered to families to support them and meet their needs. This may include parenting and family support, well-being support, youth engagement worker or counselling.

Leaders have also been creative to increase the capacity of services. Some of the measures put in place include increased funding, recruiting staff with different skills and expertise, increasing the knowledge and skills of existing staff and joint commissioning of services from different agencies.

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

- The initial inspection found that:

'persistent absence and fixed-term exclusions were too high, especially in mainstream secondary schools'.

Leaders' strategies to reduce school exclusions and improve attendance of SEND pupils is showing some impact. They worked closely and quickly with leaders of secondary schools to redesign systems and processes linked to exclusions and persistent absence. For example, the creation of 'behaviour and attendance leaders' meetings', to replace the old exclusion panel, has led to improved collaboration and a shared understanding of local expectations and processes.

The behaviour and attendance leaders' group includes representatives from the area and all secondary schools and academies. Together, leaders discuss pupils at risk of exclusion in order to consider alternative pathways that lead to better outcomes. They also inform policy decisions to ensure that pupils' needs are better met in the area. Since the last inspection, exclusions of children and young people with an EHC plan have reduced.

The impact of these new systems on those with SEND, but without an EHC plan, is not as clear. Permanent exclusions for this cohort have reduced. However, the number of fixed-term exclusions for the same cohort has remained broadly the same. Nevertheless, leaders are now better informed about where and why exclusions of children and young people with SEND are happening. They know that there is a continued need to reduce exclusions for pupils identified as having social, emotional and mental health needs. Strategies to address this are either new or in development.

Leaders have strengthened systems and processes to track pupils' attendance. Information that schools are asked to submit, particularly around persistent absence, is monitored and used to inform strategy. However, parents and carers report concerns that some information lacks authenticity. They believe some confusion remains due to the complexities of the response to the pandemic. Area leaders have rightly recognised the need to do more to check that the information they receive gives them the full picture of attendance for children and young people with SEND.

Overall, the success of work to improve attendance is mixed. However, this has been influenced by the pandemic. Many pupils continue to have to self-isolate. As in other areas, pupils with SEND are often self-isolating more frequently, because of their, or their families', vulnerabilities. This disproportionately affects the SEND cohort's statistics and masks the overall impact of leaders' work.

Nevertheless, area leaders have clearer expectations about what schools must do when pupils are persistently absent or if part-time timetables are being considered. A common theme in the feedback from parents is that this work has led to mixed improvements. Pupils on part-time timetables are now more closely monitored and find their reintegration to school is more rapid than in the past. However, many parents and carers, and some professionals, express continued concerns linked to anxiety, mental health and absence. Leaders' own assessment recognises this challenge. As a result, leaders have engaged in the 'trailblazers' initiative. Many schools now benefit from training that helps staff provide early help for pupils' mental health needs. Some schools also benefit from on-site social workers. Together, these initiatives are having impact. Leaders are increasingly well placed to sustain and continue the trajectory of improvement.

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

- The initial inspection found that:

'the local offer was not up to date and did not effectively signpost parents to high-quality provision'.

The online local offer has improved. The majority of parents say that they know about the local offer and that it is informative and helpful for advice and signposting. Content is up to date. The local offer was particularly important for disseminating important information during COVID-19 lockdowns.

Leaders took quick action to improve the local offer. All aspects of the work have been co-produced with SSFV. Permanent staff were recruited. The functionality of the website was overhauled to make it more user friendly.

The local offer is key to the area's ambition to be transparent with parents. Performance data is shared. 'You said; we did' captures the work of officers. There are clear explanations of aspects of the area's work, for example the allocation of High Needs Capital Investment Funding. The area recognises that the local offer is a dynamic resource. Partner agencies work together to monitor the content and the quality of the information available.

Staff are ambitious to explore new ways of reaching parents and young people. Already there are videos of events and training on the website. There are plans to develop the use of film and social media even more. Work is about to take place to train library staff so that access is available on different sites across the area.

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

As the area has made sufficient progress in addressing all the significant weaknesses, the formal quarterly support and challenge visits from the DfE and NHS England will cease.

Yours sincerely

Stephen McShane
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director	Mani Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: Department for Education
 Clinical commissioning group
 Director of Public Health for the area
 Department of Health
 NHS England