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Dr James Kent, Clinical Commissioning Group (CCG) Accountable Officer (Chief Accountable Officer and Integrated Care System Executive Lead)
Lucy Pike, Local Area Nominated Officer

Dear Mr Nash and Dr Kent

Joint area SEND inspection in Buckinghamshire

Between 7 March 2022 and 11 March 2022, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the area of Buckinghamshire 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 another Her Majesty's 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 officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders 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 are jointly responsible for submitting the written statement to Ofsted.

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.

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

Main Findings

- After a prolonged slow start, in recent years, leaders have started to take effective action to implement the reforms. Delays in meaningful and/or effective action in too many respects, and an insufficient focus on SEND against competing priorities historically, have left a legacy of weak provision and practices. There are clear signs that momentum is growing. However, the current realities for too many children, young people and their families still fall short of what they deserve.
- There is a lot to do before the reforms will have been implemented as intended. Area leaders know what is working well and do not shy away from the crucial areas where sometimes much improvement is still required.
- In recent years, SEND has become an increasingly prominent priority for area leaders. There is evidently much more appetite for improvement from everyone involved. This important agenda is frequently discussed at all levels and there is now a considerable amount of coordinated activity that is starting to make a meaningful difference for some.
- Capacity within the speech and language therapy and occupational therapy (OT) services is unable to meet the demand. These services are trying to develop local solutions to meet needs earlier, and reduce the demand on specialist provision. However, this is not underpinned by an area strategy to address the integrated therapy needs of the children and young people across the county.
- Too many children and young people are waiting for assessments for a possible diagnosis of autism spectrum disorder and attention deficit hyperactivity disorder.
- Children are waiting too long to see a community paediatrician. This has remained the case for a number of years and predates COVID-19.
- Where other weaknesses currently undermine the area's effectiveness, there are robust plans in place and early signs of demonstrable improvement. However, after years where parents and carers have felt they have had to

push constantly to get anywhere, it is too soon to see the impact of recent efforts on many families' confidence and trust.

- The area's SEND inclusion strategy 2021 to 2023 has been developed with a wide range of relevant people, including children, young people, and their families. This process is known as co-production. The strategy sets out a clear and ambitious vision and principles. It aligns closely with the associated plans for improvement which are fit for purpose.
- Coming together with children and young people and their families to co-produce strategies and improvement plans is a routine way of working in Buckinghamshire. The SEND integrated services board is co-chaired by the chair of the parent/carer forum, FACT Bucks, a pattern that repeats over several other key groups.
- The central focus of the SEND strategy on preparation for adulthood shows that this area has been correctly identified as an essential priority. This vital improvement work is still at an early stage of development. For many families, uncertainty about what the future holds is a source of considerable anxiety.
- There is a clear governance structure, closely aligned to each identified strategic priority. Impact groups, with representatives from both professionals and parents, help keep a watchful eye on the progress that is being made in bringing about the necessary improvements.
- Partners from education, health and care have demonstrated they are able to work well together in jointly commissioning services. They have shown a flexible approach and pooled budgets to create some innovative and effective care and education pathways.
- There is a good track record of identifying SEND in early years. Notifications from health practitioners ensure that children with additional needs are identified early and supported into settings that can provide well for them.
- The overall quality of education across Buckinghamshire schools is strong. However, the quality of inclusive practice and SEND provision varies at individual school level. A lack of suitable places locally means that a notable minority of pupils are placed beyond the county's borders.
- The area's own sufficiency strategy identifies a number of important priorities where the need for more suitable placements is most acute. Priorities rightly include groups with areas of need such as communication and interaction; speech, language and communication; and social, emotional and mental health, including for those who are academically able.
- Part of the area's strategy for raising the quality of inclusive practice in the area is strengthening the 'ordinarily available provision'. While this approach is largely embraced and valued by schools in theory, its roll out in practice

was hampered by the pandemic. The level of expertise and success in identifying and meeting needs in schools is not consistently strong enough.

- It takes too long to make important changes to education, health and care (EHC) plans that are agreed following annual reviews. Currently, there is a backlog. The systems are in place to make this process more efficient to help alleviate the situation and the backlog is being systematically addressed.

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

Strengths

- Early years practitioners are confident and knowledgeable about how to identify potential needs and how to act on these initial concerns. Providers are very positive about the support they receive from the early years SEND team. Support for children identified through the 'assess, plan, do, review' process is led by children's needs rather than formal diagnosis. This means children get the support they need when they need it.
- Health visitors and school nurses routinely deliver the mandated checks. Young children with SEND have a dedicated health visitor who maintains an oversight of their progress and makes sure the transition into the school nursing service is a positive one. The school nurse team has recently introduced a helpful school readiness programme to identify emerging needs.
- All children and young people referred to the school nurse team receive a comprehensive emotional screening to help target the necessary intervention. This helps direct the most appropriate support. School nurses have good links with mental health teams and can refer directly into child and adolescent mental health services.
- Children and young people who are referred to the youth offending service are supported well with the first-time identification of mental ill health or communication difficulties. The youth offending team has commissioned some bespoke work to improve outcomes for marginalised groups.
- The organisation of the local SEND decision-making panels into multidisciplinary 'surgery groups' ensures decisions are well informed by multiple professional voices. School leaders typically express confidence in these arrangements.
- Most statutory assessments are completed within the prescribed timeframes. This marks a significant improvement compared with the past, and has been achieved alongside a notable improvement in the overall quality of the plans. Almost all assessments result in the issue of an EHC plan first time.

- The most recently produced EHC plans are of much better quality than those written in the past. These newer plans are typically fit for purpose, and many are strong. They are much more likely to represent the views, wishes and aspirations of the child and their family. Closer attention is paid to long-term outcomes and there is a suitable focus on preparing for transition at critical points. Education sections of the EHC plan are strong and this is where parents understandably have most confidence. Health sections remain more variable and the social care sections are comparatively the weakest.
- The designated clinical officer is new in post and is prioritising improving quality throughout the EHC plan and annual review process.

Areas for development

- Difficulties recruiting and retaining education, health and care coordinators and other central staff has led to the breakdown in effective communication for many families. Leaders are taking sensible steps to address this issue, but it remains a considerable barrier to building trust and confidence.
- The area has rightly highlighted the early and accurate identification of children and young people at school age requiring SEND support as an area for development. Currently, the proportion remains lower than is seen nationally. More importantly, too many parents still have recent or current stories of struggling to get the needs of their children recognised and met.
- Timeliness of health contributions from the community paediatric service to the EHC plan assessment process was significantly out of compliance. The future of a recent successful project which reduced the times from 27 weeks to nearly full compliance has not been secured.
- Co-production of EHC plans is patchy. There remains a significant legacy of weaker plans. Issues around the variable quality and timeliness of annual reviews are only just starting to be addressed.
- Information from EHC plans and annual reviews regarding the social participation of children and young people with SEND is not yet routinely considered or used to help evaluate and plan provision.

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

Strengths

- The young people participating in the Shout Out for SEND group are rightly proud of what they have done to promote awareness of SEND to practitioners. Members rightly see the group as good preparation for

adulthood, the world of work and participation in society. This aspect of co-production is a real strength. There are other lovely examples of the involvement of children and young people with SEND, for example as 'SEND young inspectors' of the suitability of clubs and activities in the area.

- The 16 family centres across Buckinghamshire enhance the good quality of pre-school support available in the area. The early years service has established a team of childminders who offer respite and specialist SEND assistance.
- The early years service team assists settings through a comprehensive accredited training programme, supported by bursaries in some instances. For example, effective training has enabled settings to deliver speech and language screening and the related interventions. Early signs indicate that this strategy may be successful in reducing the need for later intervention. Front-line leaders report this strategy has helped to address some of the impact of COVID-19 on young children.
- Educational psychologists are expanding their reach into early intervention and are able to offer a range of support across Buckinghamshire. Within specialist provision, children and young people have their needs met in a targeted way through group work or one-to-one clinical sessions.
- Children and young people have their emotional and mental health needs supported well through an extensive range of evidence-based interventions across all levels of need. The introduction of the 'Step-up' tutoring groups is making a positive difference to how practitioners in primary schools support children with escalating and immediate need. The collaborative approach the area has taken to support the introduction of mental health support teams is noteworthy. The innovative way that this support has been designed means it delivers services in a multidisciplinary way.
- The expanded reach of the virtual school beyond children looked after to include pupils with other additional vulnerabilities ensures that more children and young people benefit from this strong provision. The annual reviews for children looked after are aligned with their personal education plan reviews where possible and appropriate. In addition to carrying out health assessments, the looked after children's nurse supports ongoing referrals to other health disciplines.
- Social opportunities for children and young people following COVID-19 are still not as well developed as leaders intend. Leaders are continuing to address this, supporting available clubs and activities to increase provision for pupils with SEND. For example, they have trained providers to understand how to include autistic children and young people, including through a conference for the out of school sector and holiday clubs with the theme 'If you only know this, you'll be more inclusive.'

Areas for development

- The situation regarding community paediatrician waits has been intensified by an inability to recruit, and rising numbers of referrals. Although the service has tried several initiatives to address the ongoing problem, waiting times remain at 62 weeks before a child will be seen. This is not acceptable.
- Existing capacity is unable to keep up with demand for the assessments for possible diagnosis of autism spectrum disorder and attention deficit hyperactivity disorder. The average wait is 559 days, and the longest wait is 811 days. The area has put together a business case which aims to reduce all waits to be in line with the National Institute for Health and Care Excellence's (NICE) guidance over the next three years. There is a suite of initiatives in place and more planned to help support families while they are waiting. It is positive that the diagnostic assessments are compliant with NICE guidance and that post-diagnostic support is available. However, the area's current proposed response to reduce the waiting times, and compensate for the delay in the meantime, is not sufficient to meet the needs of children and young people currently awaiting diagnosis.
- The absence of a joined-up approach across the county to the lack of sufficient speech and language therapy and OT means that early support is too reliant upon individual settings. The positive impact of initiatives such as the planned roll out of early language identification measures, school advice clinics and therapy webinars are making a difference. However, a tighter, coherent and coordinated system response is needed to tackle the full extent of the issue. Tribunal rates, though falling again, are high. Many dissatisfied parents are adamant that this is the only way to get the level of support that they believe is right. Area leaders have a detailed analysis of the reasons that cases reach this advanced stage to inform their strategy for further reducing the need for this level of intervention.
- The churn of education, health and care coordinators and other staff at the centre hinders both timeliness and quality of information and support across various stages of the processes to identify, assess and meet needs. Although children and young people are generally positive about the support they receive from school SEND departments, they say that the knowledge and practice of teachers in adapting provision for pupils with SEND is too variable. The 'ordinarily available provision' documentation sets out clear minimum expectations for settings and schools, but there is more work to do to ensure that this approach is followed consistently well.
- The recent publication of a co-production charter and pledge commits to involve children, young people and their families more consistently in planning the provision to meet their specific individual needs. Currently,

despite notable strengths in strategic co-production, the picture at individual and family level is very variable.

- Area leaders have consulted and published their sufficiency strategy regarding all education provision with a view to expanding the breadth and variety of available pathways. Leaders are taking steps to ensure that annual reviews routinely include important information about the future plans and aspirations of young people to support further analysis and forecasts of what is needed post-16. Leaders recognise that there is a restricted range of future options for some young people with SEND at age 19. They are in the process of mapping what is needed in the area to refine plans to address this gap. They aim to have what they call their 'transitions guide' published by summer 2022. Parents welcome this but are understandably both worried and frustrated by the current situation.

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

Strengths

- Young children with SEND are well supported towards school readiness, particularly those with more complex needs.
- Overall, academic outcomes for children and young people with SEND show many success stories. The picture is typically one of improvement and/or narrowing gaps compared with all pupils nationally, or with age-related expectations.
- There are some positive examples of the successful use of internship programmes as a gateway to employment. As part of the area's preparation for adulthood strategy, leaders are working proactively with potential employers to expand the amount of available provision. A rise in the proportion of adults with disabilities in paid employment bucks the national trend, although rates are still shockingly low.
- The proportion of children and young people in education, employment or training post-16 is positive. Vulnerable children with an EHC plan are able to access its protection up to age 25 if they fall out of education, employment or training. Leaders believe strongly that this supports learners with SEND to re-engage with education at a later date.
- Pupils who access the primary pupil referral unit typically re-engage with education well. The vast majority return to their mainstream placements successfully, avoiding permanent exclusion altogether and, in most cases, without further suspensions. Across the area, exclusion rates for those with an EHC plan have fallen in recent years.

- Children and young people who have an EHC plan and are placed out of county, but whose placement is fragile, continue to have their plan administered by Buckinghamshire until their placement is secure.
- At the end of February 2022 over 46% of eligible children and young people have accessed their annual GP learning disability health checks. Over 83% of those on the learning disability register have a health action plan. There is clear evidence of how these have helped support young people in accessing primary care.
- Leaders have begun work to improve social outcomes for children and young people with SEND through strengthening the contribution of social care to EHC plans. Informed by an internal audit and the annual review strategy, 70 EHC plans of children and young people in local special schools are being reviewed by a multidisciplinary team, including social care. With the permission of families, EHC plans are being updated with new advice. Leaders plan to use learning from the project to inform training, wider practice and future audit tools.

Areas for development

- Area leaders have begun taking steps that will allow them to analyse more easily how well children and young people are making progress towards their identified EHC plan outcomes, including social participation and preparation for adulthood. However, this work is still at an early stage.
- Parents are particularly concerned that they do not know about plans and preparation for when children and young people with SEND move into adulthood. While children and young people in the area's specialist provisions tend to achieve well and transition successfully to college, the range of options they need after this is not broad enough. The area priorities include a housing strategy. The area is building capacity in supported living, but this work has only recently got underway.
- Area leaders do not know enough about the social participation outcomes for children and young people with SEND to best target improvements. Leaders are instigating a mechanism to track this via annual reviews, but it is at an early stage.
- Work to record and analyse outcomes from therapy interventions to inform future priorities, improvement and commissioning has started. The trust's information systems have recently been adapted to facilitate this work. This offers the potential to enable the area to monitor health outcomes more effectively for children and young people.

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

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

- the lack of a cohesive area strategy to identify and meet the needs of those children and young people requiring speech and language, communication and occupational therapy
- waiting times for assessments on the autism spectrum disorder and attention deficit hyperactivity disorder diagnosis pathways, and the system-owned plans in place to address this
- waiting times to see a community paediatrician.

Yours sincerely

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Clive Dunn HMI Lead Inspector	Marsha Newton CQC Inspector
Lucy English HMI Inspector	Lea Pickerill CQC Quality Assurance

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