

# Paper Summary Sheet

<b>Presented to:</b>	Governing Body - Public
<b>Date of Meeting:</b>	22 May 2018
<b>For:</b>	Discussion

<b>Agenda Reference:</b>	GOV/18/05/15
<b>Title:</b>	Special Educational Needs and/ or Disabilities (SEND) Local Area Inspection Outcome Summary
<b>Executive summary:</b>	
<p>In February 2018 Ofsted and the Care Quality Commission conducted a joint inspection of the local area of Wiltshire to judge its effectiveness in implementing the disability and special educational need reforms as set out in the Children and Families Act 2014.</p> <p>This paper summarises the findings from the inspection, including identified areas of strength and areas for further improvement. Actions required to address these areas for further improvement have been outlined, where they specifically relate to CCG areas of responsibility.</p> <p>Overall feedback from the local area inspection was positive, and neither the local authority nor the CCG were asked to provide a Written Statement of Action; this is a requirement on areas where an inspection raised significant levels of concern in the ability of the area to meet the needs of children and young people with special educational needs and/ or disabilities (SEND).</p>	
<b>Recommendations:</b>	The Governing Body is asked to note the outcomes of the inspection
<b>Previously considered by:</b>	Outcomes of the SEND report have been reported at the Health & Wellbeing Board
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<b>Sponsoring Director / Clinical Lead/ Lay Member:</b>	Ted Wilson, Community & Joint Commissioning Director

<b>Risk and Assurance:</b>	No risks identified as a result of this inspection
<b>Financial / Resource Implications:</b>	No finance/ resource implications
<b>Legal, Policy and Regulatory Requirements:</b>	Children & Families Act 2014
<b>Communications and Engagement:</b>	A communications exercise has taken place between the Council, CCG and Wiltshire Parent Carer Council
<b>Equality &amp; Diversity Assessment:</b>	Equality Impact Assessment not required as no decision is being requested. The SEND reforms were established to ensure that opportunities and access to services for children with Special Educational Needs and/ or disabilities are fair and equitable.

# **SEND Local Area Inspection**

## **Outcome Summary**

### **1. Background**

New duties on local areas regarding provision for children and young people with special educational needs and/or disabilities are contained in the Children and Families Act 2014. The Minister of State for Children and Families has tasked Ofsted and the Care Quality Commission (CQC) with inspecting local areas on their effectiveness in fulfilling the new duties. The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year's settings, schools and further education providers.

Although inspections are designed to hold local areas to account, they also intend to assist local areas in improving and developing their processes and support systems, ultimately becoming more effective and delivering better outcomes for children and young people. Where a local area is deemed to be failing to meet its duties under the Children and Families Act, Her Majesty's Chief Inspector will request a Written Statement of Action.

Inspectors focus their attention towards ascertaining:

- The effectiveness of the local area in identifying children and young people's SEN and/ or disabilities
- The effectiveness of the local area in meeting the needs of children and young people who have SEN and/or disabilities
- The effectiveness of the local area in improving outcomes for children and young people who have SEN and/or disabilities.

### **2. Summary of findings**

The full inspection outcome letter can be seen in appendix 1. Key findings of the inspection, particularly those relevant to CCG commissioned activities, have been summarised below:

#### **Strengths:**

- Inspectors saw evidence of education, health and social care working well together to drive improvements in services for children and young people who have special educational needs and/ or disabilities.
- Joint commissioning arrangements are effective.
- The area's self-evaluation and SEND strategy are honest and accurate, and inspectors felt that leaders have a clear and precise understanding of strengths and weaknesses across Wiltshire.
- Children who have SEN and/ or disabilities achieve well in Early Years.
- The local area completes a higher proportion of education, health and care plans (ECH plans) within set timescales than the national average.
- The Wiltshire short-break service was seen as high quality and personalised, with more than 1,300 children and young people accessing this scheme yearly. Young people talked about positive outcomes as a result of the scheme.

- Wiltshire Parent Carer Council was recognised as an effective organisation both in supporting parent carers to access information and navigate the local offer, and enabling the parent carer voice to influence and inform strategy.
- There was clear evidence of improved integrated working resulting from the re-commissioning of children’s community services.
- Evidence of commissioners and health services using feedback from families, children and young people to shape provision.
- Positive integration between education settings and therapy provision, reducing the need for children to be withdrawn from education.
- Unaccompanied asylum seekers receive joint assessment of their health needs in a timely manner, with a three month review to identify emerging needs and trauma.
- CAMHS access coordinator role was praised in its focus on directing children, young people and families towards the most appropriate support rather than rejecting referrals. Also the ‘Thrive’ model adopted across highest risk schools and Wiltshire College provides a more accessible and responsive service, supporting pupil’s well-being and mental health needs more effectively.

### Areas for development

- The local area currently has no designated medical officer (DMO) or designated clinical officer (DCO) and although inspectors felt that the local area was able to fulfil the majority of its statutory functions effectively it was felt that this was contributing towards a lack of oversight for the CCG with regards the implementation of the SEND reforms.
- Health input into EHC plans is variable in quality and there are inconsistencies in inclusion of some targeted services (for example looked after children). Inspectors did however acknowledge improvements in the quality of health input in more recent plans.
- Wiltshire pathways for autistic spectrum disorder were flagged as a concern, however it was acknowledged that the area is already well progressed in an initiative to develop a new joint pathway for ASD between CAMHS and children’s community health services.

### 3. Next steps

Action	Timescale	Status
Recruit to a Designated Clinical Officer post	Q1 2018/19	CCG has been out to advert three times and been unsuccessful in recruiting. Currently exploring alternative options for fulfilment of post
Improve health input into EHC plans	Ongoing	As this would have been a DCO function, interim measures have been put in place in order to escalate to children’s commissioner where health submission is insufficient, and provide a random sample for a monthly quality assurance exercise
Autistic spectrum pathway	Q1 2018/19	A NICE compliant ASD pathway has been designed in collaboration with CAMHS and Virgin Care, to be implemented by the end of Q1 2018/19

### 4. Recommendations

The Governing Body is asked to note the outcomes of the inspection.

**Appendix 1- Full inspection outcome letter**

**Appendix 2 – Response to Wiltshire SEND Inspection Outcome**

## APPENDIX 1

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13 March 2018

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Corporate Director Children and Education  
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Laura Mayes, Cabinet Member, Children's Services  
Linda Prosser, Interim Chief Officer at NHS Wiltshire CCG  
Ted Wilson, Director of Community and Joint Commissioning/Group Director at NHS Wiltshire CCG  
Susan Tanner, Local Area Nominated Officer

Dear Mr Herbert

### **Joint local area SEN and/or disabilities inspection in Wiltshire**

Between 29 January 2018 and 2 February 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wiltshire 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 special educational needs and/or disabilities (SEN), 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 were 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.

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

## Main findings

- Senior leaders in the local area from education, health and social care are working together constructively to deliver and improve services for children and young people who have special educational needs (SEN) and/or disabilities. They demonstrate ambition to deliver high-quality outcomes for children and young people, despite the increasing demands on budgets and financial constraints. As a result, they have detailed and appropriate plans in place to tackle their key priorities for improvement.
- The local area's joint commissioning arrangements are effective. Senior officers across education, health and care work together effectively, adopting a well-integrated and multi-agency approach to plan and deliver services to meet the needs of children and young people who have SEN and/or disabilities.
- The local area's SEN and/or disabilities strategy and self-evaluation are honest and accurate and are driving improvements in Wiltshire. The local area has made effective use of its previous experience as a member of the SEN and/or disabilities pathfinder group to plan and deliver improvements since the implementation of the reforms in 2014. As a result, leaders have a clear and precise understanding of the strengths and weaknesses of the local area. They are using this information to inform future plans and to tackle the areas that they know need to improve.
- The close professional relationships demonstrated by partners working in support of children and young people looked after are a strength of the local area. Foster carers and adoption teams are invited to events organised by the Wiltshire Parent Carer Council and are signposted to other offers of support. Foster parents praised the work of the virtual school. This work ensures that carers receive the support and guidance for the children and young people in their care to meet their needs effectively.
- Children who have SEN and/or disabilities achieve well in early years. This is because professionals in education, health and care quickly and accurately identify their needs and put in place the correct support to meet children's needs effectively.
- Outcomes for children and young people who have SEN and/or disabilities have significantly improved in reading, writing and mathematics at the end of key stages 1 and 2. The improvement has been consistent and results are now in the top quartile nationally. However, the outcomes for all pupils who have SEN and/or disabilities at the end of key stage 4 remain too low. They make insufficient progress by the end of Year 11 from their starting points in Year 7.
- A higher proportion of education, health and care plans (EHC plans) are completed within the 20-week timescale than is found nationally. The local area is on schedule to complete all transfers by April 2018 to meet the statutory requirements of the Special Educational Needs and Disability Regulations 2014. However, targeted services provided by health and social care are not consistently included and recorded within all the EHC plans. Although the quality of some of the older plans is variable, improvement is evident in the most recent plans. Staff

have also taken on board the need to involve parents and children and young people fully in the co-production of these plans (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) to improve their effectiveness and quality.

- Young people are increasingly well supported as they move into adult life. Pathways are in place to provide appropriate support for young people, including those with complex needs. Integrated teams work closely together to ensure that post-19 learners can stay in education if this is the most appropriate next step, often with bespoke packages of care and support. Consequently, the proportion of young people staying in education, employment or training is high and continues to be above the national average.
- Typically, children and young people who have SEN and/or disabilities have access to a personalised high-quality short-break service. Young people told inspectors that they enjoy spending time with their friends and visiting new places, for example going to a show or improving their swimming skills. Such activities improve their self-esteem and confidence and provide welcome respite for parents and carers. Nonetheless, some parents and carers reported to inspectors that they are unaware of the short-break service. However, the local area does ensure that they publicise events relating to the short-break scheme. For example, every family with an eligible child or young person receives a personal letter annually as well as a weekly email. This information reaches approximately 2,500 parent carers across the local area.
- The local area ensures that a high proportion of children and young people who have SEN and/or disabilities benefit from support and provision available through the personal budgets scheme available in Wiltshire. However, it recognises that the take-up of health personal budgets, in particular, is low and is working to address the reasons for this. Some parents said that they do not wish to use personal budgets to access healthcare provision. Others say that they could not find relevant information on the local offer website. Where parents have made use of personal budgets, they describe the very positive impact they have on their children and families.
- The local area's website for the local offer provides a wealth of information and guidance. In addition, information officers, employed by the Wiltshire Parent Carer Council (WPCC), work tirelessly to support parents and carers in navigating the local offer and providing individual information, guidance and support to families. They provide informative weekly newsletters, information events and regular workshops which are well attended. Often facilitated by the WPCC, the local area has been very active, consulting with parents and carers across the county and responding to feedback through regular 'You said, we did' reports. However, the local area wants every parent carer to be satisfied with its information offer and is currently working with parent carers to redesign its local offer website. This work is needed, as some parents reported to inspectors that they are unaware of the local offer and some say that they still experience issues accessing information.
- Specialist services such as education psychology and lead workers for SEN provided by education, health and social care professionals are effective and well



regarded by those whom they serve. However, some parents and carers remain frustrated that they cannot access the services they require in a timely way. They reported that the delays they experience in gaining the correct support for their child or young person increase their levels of anxiety.

- Senior leaders and officers take their responsibilities to safeguard children and young people seriously. Concerns raised are acted upon swiftly. Cabinet and portfolio holder members ensure that they have a detailed understanding and oversight of the local area's work to safeguard children and young people.
- Children and young people do not benefit from a NICE-compliant autistic spectrum disorder (ASD) pathway. However, the local area has identified this as an area for development. Plans are well advanced to implement a joint ASD pathway for child and adolescent mental health services (CAMHS) and children's community health services. Nonetheless, a significant number of parents and carers reported to inspectors their dissatisfaction with the provision that the local area provides for children and young people with a diagnosis of ASD. They say that communication between specialist services and themselves is not effective in addressing the concerns that they may have. In addition, as a result of the limited places available, some children have to travel significant distances to the appropriate specialist setting. This increases anxiety for both parents, carers and their children and young people. The local area recognises that children and young people who have ASD are currently not well served across all parts of Wiltshire. However, their strategic plans include detailed arrangements to increase the numbers of specialist places available in the primary phase for pupils with a diagnosis of autism across the county, and to make available new secondary phase specialist provision in the south of the county.
- The local area has taken significant action to reduce the number of SEN and/or disabilities pupils who are permanently excluded from school. The numbers have been steadily declining and are below the national average for secondary. However, fixed-term exclusions from local schools are higher than national figures for those pupils who have SEN and/or disabilities support and for those who have a statement of special educational needs or EHC plan. Senior leaders have identified this concern. However, actions taken by leaders in the local area have yet to have an impact on reducing the number of children and young people who receive these fixed-term exclusions. Indeed, parents reported to inspectors that there are occasions when children and young people are not in school for periods of time.
- The local area currently has no designated medical officer (DMO) or designated clinical officer (DCO). Consequently, there is a lack of oversight across the local area. This limits the opportunity for the Clinical Commissioning Group (CCG) to fully discharge its responsibilities with regard to the implementation of the 2014 SEN and/or disabilities reforms. However, the local area is able to fulfil the majority of its statutory functions effectively. Leaders are in the process of appointing health professionals to these posts and have begun to take the necessary steps to tackle this gap.

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

### **Strengths**

- The local area's arrangements for the identification of need are effective. The Wiltshire Graduated Response to SEN and/or disabilities provides structure and guidance for school leaders, special educational needs coordinators in schools, (SENcos) and teachers who work with children, young people and their families. This supports these professionals and families to understand the needs of children and young people who have SEN and/or disabilities and plan appropriate interventions and provision.
- The local area ensures that EHC plans are issued in a timely way. Overall, 72% of EHC plans are issued within 20 weeks. This compares favourably to the national average for England of 59%. The most recent EHC plans are of a higher quality and include information about health, education and social care. Conversions from statements of special educational needs to EHC plans are on schedule to be completed by the statutory deadline of April 2018.
- Children under five years old with emerging or identified SEN and/or disabilities and their families benefit from strong multi-agency provision from early years partners. District specialist centres, including outreach support, are highly valued by multi-agency partners and parents. The specialist provision is based in four localities with a 'hub and spoke' approach for families living outside of those areas. This supports early, holistic and joined up identification and assessment of need.
- Speech and language therapists offer pre-school children early intervention in the community, which helps to reduce the need for speech and language therapy referrals. The pre-school communication tracker is an effective tool used by professionals to monitor the progress children make and to check that they are reaching their developmental milestones. The tracker gives guidance to early years professionals, including educational settings and health visitors, about specific activities to use with families as well as support for referrals. As a result, children receive timely interventions, often without the need for a future referral.
- The portage service is a strength of the local area. Operating across the county, the service provides a detailed and comprehensive assessment of children's needs. Children who have SEN and/or disabilities then benefit from a bespoke package of care and support to meet their needs effectively.
- The district specialist centres provide effective support for children who have SEN and/or disabilities and their families. Several parents gave positive feedback about their experiences of the services provided. For example, effective support enables parents to have some respite or to spend more quality time with their other children. They also welcome the opportunity to meet other parents at organised events such as 'Saturdads' and 'Rabbits'. Parents describe how these opportunities reduce their isolation and anxiety.
- Special schools in Wiltshire carefully identify children and young people's needs when they join the school. Parents of children and young people who attend these



settings talk favourably about the quality of care and education which their children receive which precisely meet their needs. Typically, parents report that their child settles quickly and attendance improves significantly. This enables them to achieve successfully in their academic and personal development.

- The number of mediation cases that went on to appeal is well below the national average. This is because professionals from education, health and care work together effectively to tackle concerns as they arise. Elected members and senior officers from Wiltshire Council regularly attend workshops and information-sharing events, often facilitated by the WPCC, to engage with and listen to feedback from parents and families. This collaborative approach is effective in reducing the number of cases which move on to further stages in the appeals process.

### **Areas for development**

- The quality of some older EHC plans is variable. In the past, these were not always consistently tailored to precisely meet the individual needs of children and young people. In addition, these plans did not always include precise information about education, health and social care requirements. Nevertheless, there is evidence that the targets set out in the most recent EHC plans are more specifically tailored to the needs of the children and young people. This is as a result of the commitment of the SEND Service to regularly review and audit quality through a multi-agency approach and reflect on feedback from parent carers.
- Some parents and carers remain frustrated and concerned about the provision offered to their child. Parents report that when they raise a concern, their perception is that the local area does not always listen. In addition, some parents and carers consider that their child's or young person's needs are not being identified quickly enough and that providers do not ensure that specialist assessments take place as early as they should. This is particularly the case for children and young people who have ASD. Some parents say that the experience for their child has resulted in a breakdown in their school placement. They are then out of school for extended periods of time. However, information provided by the local area shows that the majority of children and young people who have SEN and/or disabilities have their needs identified promptly and responded to in a timely way.
- Children and young people who are home educated do not have their health needs consistently identified, assessed and met. The school nursing service is not commissioned to offer a universal service to this group of young people. This limits the opportunity for early identification and assessment of need.

### **The effectiveness of the local area in meeting the needs of children and young people who have SEN and/or disabilities**

#### **Strengths**

- The local area has a clear and in-depth understanding of the quality of provision across education, health and care for children and young people who have SEN

and/or disabilities. Accurate self-evaluation demonstrates how future needs across the local area are analysed and plans put in place to tackle them appropriately. For example, the need to improve provision for children and young people with ASD, particularly in the south of the county, is being tackled through the future opening of additional mainstream and specialist places to address this identified need.

- Commissioners ensure that the portage service is targeted effectively to support families with young children who have identified additional needs. Health visitors refer families to the service and work together to secure children's well-being. Portage is viewed as a strength of the local area and is appreciated by families in supporting their children, particularly in readiness for starting school.
- Health practitioners support children, young people and their families to 'tell it once' through strong joint working between health services. Health practitioners reported a significant improvement in integrated working practices as a result of the new hub working model. This has been made possible by the recommissioning of children's community health services, and the district specialist centres. Referrals have reduced as a result of the colocation of staff, which enables advice and information-sharing. Such integration between health services provides a unified community health service for children and young people. In addition, it ensures that all professionals involved in the assessment and intervention for children and young people can meet needs and improve outcomes more effectively.
- Unaccompanied asylum seekers receive a joint assessment of their health needs in a timely manner. The designated nurse and named doctor, with an interpreter present, complete the joint assessment as recommended in the Kent Dispersal Scheme guidance. It is also reported that the assessment is reviewed within three months to identify emerging needs and trauma that may not have been disclosed initially. This means that this particularly vulnerable group of children and young people have their needs met in a responsive and timely manner, with the acknowledgement that not all needs will be apparent at the initial assessment.
- The use of feedback from families, children and young people to shape health services is strong. Services use a variety of tools such as the Friends and Family test, which is available in paper and electronic formats. Parents, carers, and children and young people are informed about the impact of their feedback through regular 'You said, we did' reports. Inspectors were given examples where improvements to services have been made following feedback. These include moving venues of appointments closer to home, out-of-hours appointments and home visits to support families where a child is particularly anxious in a clinic setting. This collaborative approach is supporting families well to meet the needs of their children and young people.
- Staff in schools benefit from effective advice and support from occupational therapy and physiotherapy services. Health professionals provide interventions to staff and parents, to be incorporated into normal daily activities. This reduces the need for children and young people to be withdrawn from education to complete therapy interventions.

- All schools in Wiltshire are on target to benefit from a 'school health assessment' to identify the health needs of the school's population. The assessment is completed by school nurses with school staff. This results in bespoke training for staff on a range of interventions to appropriately meet the needs of the school population. There is a rolling programme in place to ensure that all schools receive a school health assessment in the coming months.
- Children and young people and their families are able to access CAMHS support by telephone. A CAMHS access coordinator contacts families where a referral is not being accepted or does not contain enough information. The coordinator then has a detailed conversation with parents in order to identify the most appropriate service and signpost or make onward referrals. CAMHS also runs a daily telephone duty line to provide advice and appropriate signposting, which is open Monday to Friday between 9am and 5pm. In addition, a daily telephone consultation line is provided for professionals to enable them to source the most appropriate service and/or provide the most appropriate intervention if CAMHS is not the right service to meet need. This work supports young people to have their needs met in a timely way, within their own school or community, and by the most appropriate service.
- Children and young people attending 12 Wiltshire schools and Wiltshire College benefit from access to an on-site CAMHS 'Thrive' practitioner. Joint drop-in sessions are provided in conjunction with school nurses to provide a more holistic service. The result is a flexible and more accessible and responsive service to provide earlier assessment, intervention and/or signposting or onward referral where required. The schools and college involved report that they value this service to enable them to support pupils' well-being and mental health needs more effectively.
- School nurses invite parents to attend drop-in sessions in school, covering topics requested by parents to support them in meeting their children's needs. As a result, parents develop greater confidence to manage their child's needs more effectively at home.

### **Areas for development**

- The local area knows that there is a gap in ASD provision, especially across education and health services. While they are taking steps to tackle this, especially in the south of the county, the provision is not yet meeting the needs of the children and young people well enough. Some parents continue to voice their frustration and anxiety.
- Children and young people receiving health services, including children looked after, do not consistently have their specific health needs and vulnerabilities considered during the EHC plans process. Looked after status is not always recorded on the EHC plan health information requests. Consequently the children looked after nurse is not always routinely invited to contribute. Health services reported that they do not consistently receive proposed plans for review, or final plans for saving to the child's records. Information is not always being shared

effectively, limiting the impact of the work of health professionals to meet the needs of children and young people.

- The Wiltshire local area does not currently have a dedicated DMO/DCO in post. Leaders are working hard to mitigate the risks arising from these vacancies and are able to fulfil many of the statutory functions required from within the partnership. Nonetheless, the CCG does not currently have a complete oversight with regard to the implementation of the SEN and/or disabilities reforms to ensure the health and well-being, and improvement of outcomes, in the population of children and young people who have SEN and/or disabilities. Officers, including the joint commissioning team, know their area and needs well. A business case with a strong proposal for the CCG to recruit a substantive DCO with support from a sessional DMO has been approved, with the recruitment process beginning during the week of this inspection.
- Parents told inspectors of their anxiety while waiting for a formal diagnosis of ASD, particularly for those children without a dual need such as a learning disability or mental health concern. The local area does have a range of services available which are targeted at supporting children with SEN support, but acknowledges that the period prior to any formal diagnosis is an anxious time for parents.

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

#### **Strengths**

- Outcomes continue to improve for children at the end of the early years educational provision. Children who have SEN and/or disabilities make good progress by the end of the Reception Year. Pre-school children with identified SEN benefit from attending children's centres in Wiltshire. Leaders plan transition arrangements carefully, involving parents. As a result, children transfer to schools successfully from these settings and settle quickly.
- Children and young pupils who have SEN and/or disabilities build effectively on their achievements in early years. They continue to make good progress in reading, writing and mathematics in key stages 1 and 2. In 2017, the proportion of children and young people at the end of key stage 2 reaching the expected standard in reading, writing and mathematics with a statement of special educational needs or EHC plan increased. Those children and young people reaching the expected standard with SEN support is also improving.
- Local area teams work closely together to create bespoke packages of care and support to meet the needs of post-16 learners. Young people are provided with support and guidance to make informed decisions about their futures. The Wiltshire Employment Support Team (working in close partnership with Wiltshire College, Fairfield College and Swindon College to provide internships), the Community Connecting Team and the Building Bridges Project all help to successfully secure the positive destinations of young people. As a result, the number of young people not in education, training or employment remains well

below the national average. The number of internships available in the local area is growing, which supports young people into paid employment. For example, the careful profiling of their aspirations to work in retail, and support in writing CVs and interview technique, enabled young people to successfully gain experience and then employment in their chosen career.

- The proportion of 19-year-olds with SEN support with qualifications at level 2 including English and mathematics is rising and remains above the national average. Similarly, the percentage of 19-year-olds with a statement of special educational needs or EHC plan with qualifications at level 2, including English and mathematics, has risen year on year and is now above the national average. The proportion of 19-year-olds with qualifications at level 3 with a statement of special educational needs or EHC plan is above the national average but below for those with SEN support. Nevertheless, this means that more young people are becoming suitably qualified to seek paid employment and an increasing number of young people who have SEN and/or disabilities are getting and sustaining paid employment.
- The integrated SEN and/or disabilities service for children and young people aged between 0 and 25 have made transition more seamless for many young people. For example, the increasing consistency of social care helps young people to transfer successfully from children to adult services. This minimises anxiety and stress for these young people and their families.
- The local area, through the specialist SEN support team, education officers and the specialist leading SENCo provision, supports schools effectively to provide high-quality training for staff. Leaders in school welcome this guidance and support. Indeed, parents and carers spoke highly of the role of the SENCo in schools, summed up eloquently by one parent stating, 'the support of the SENCo is fantastic'.
- Health professionals offer children with cerebral palsy therapy intervention, with their parents, in the motor group. This group is jointly facilitated by occupational therapists and physiotherapists. Outcomes are set by children, young people and their parents rather than the therapists. They develop child-focused outcomes that fully capture the child's voice, for example, 'I want to be able to write my name' and 'I want to tie my own shoelaces.' Records confirm that this work successfully supports children and young people to meet their individual targets, increasing mobility and independence. The integrated team is now working to adapt the model of the motor group to support children and young people with ASD and motor coordination difficulties.
- Children with complex needs and learning disabilities with continence difficulties, benefit from a specific children's continence service. This is as a direct result of commissioner-led action following parental request and consultation. All children, with the exception of those receiving palliative care, who are offered continence products when required, are offered an assessment. This assessment determines whether they can be supported to achieve some level of continence. Training for parents and educational staff is successfully supporting schools and families to manage children's needs more effectively and develop their independence at home and in school.

### Areas for improvement

- Parents report their frustration and anxiety at the lack of specialist ASD education provision in the local area. Strategic plans are currently being finalised to provide resource bases and specialist provision for ASD pupils in the south of the county, for pupils in all key stages, and for additional key stage 1 and key stage 2 provision in the north to improve provision and outcomes for these pupils.
- Children and young people who have SEN and/or disabilities do not make sufficient progress between key stage 2 and key stage 4. While the local area recognises this weakness, its actions are not bringing about the necessary improvements quickly enough.
- The number of children and young people who receive fixed-term exclusions is too high. Indeed, year on year the gap is widening when compared to the national average. As a result, some children and young people are not achieving the outcomes that they are capable of, as they are missing periods of their education.

Yours sincerely

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Bradley Simons HMI  Regional Director	Ursula Gallagher  Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Jen Southall  HMI Lead Inspector	Karen Collins-Beckett  CQC Inspector
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**Nadhim Zahawi MP**

Parliamentary Under-Secretary of State for Children and Families

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Mr Terence Herbert  
Corporate Director - Children and Education  
Wiltshire County Council

Linda Prosser, Interim Chief Officer at NHS Wilshire CCG

8 May 2018

Dear Terence and Linda,

**Joint local area Special Educational Needs and Disability (SEND) inspection and completing the transfer of Statements of Special Educational Needs (SEN) to Education Health and Care (EHC) plans**

I have been taking a close interest in the Ofsted and CQC inspections of SEN and disability services and I read with great interest the findings in your report, published in March.

I was pleased to read the range of strengths in your report, including senior leaders' ambition to deliver high-quality outcomes; effective joint commissioning; prompt and accurate identification of needs in early years; support for young people as they move into adult life; a personalised high-quality short break service; and the wealth of information and guidance on the local offer.

Please continue to share your effective practice with others and build on your strengths, as well as focussing on your areas for development. This includes making sure that all children and young people on the Autistic Spectrum are well-served across all parts of Wiltshire; and continuing to tackle the number of fixed-term exclusions for pupils with SEND.

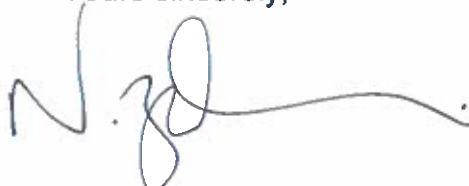
I want to thank you, your colleagues and partners for the commitment and hard work you have shown to your SEND services and to the families who have worked with you on this journey. I am pleased to see from your April data return to the Department that you have successfully completed the transfer of Statements of SEN to Education Health and Care (EHC) plans by the statutory deadline. This should have enabled those children, young people and their families to feel the benefit of the reforms and to receive a more joined-up approach to meeting their needs and improving their outcomes.

The end of the transition period marks the beginning of a new phase for the SEND reforms, focussed on continuing to improve the quality of EHC plans through annual reviews, the quality of provision, and the joining up of services. I look forward to working with you further so that together we achieve our shared vision of improved outcomes for children and young people with SEN and disability.

Our professional SEND adviser, Keith Thompson, continues to be your link contact with the Department, and is able to help with your plans to address the areas for development identified in the inspection. If you do need any further advice or support, please contact Keith in the first instance.

I am copying this letter to Robert Buckland MP, Michelle Donelan MP, John Glen MP, James Gray MP, Dr Andrew Murrison MP, Rt Hon Claire Perry MP, Justin Tomlinson MP and Jane Scott (Leader of Wiltshire Council).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'N. Zahawi', with a long horizontal flourish extending to the right.

**Nadhim Zahawi MP**  
**Parliamentary Under-Secretary of State for Children and Families**