

# Area SEND inspection of Southampton Local Area Partnership

Inspection dates: 13 May 2024 to 17 May 2024

Dates of previous inspection: 6 February to 10 February 2017

## Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

## Information about the local area partnership

Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Southampton.

The commissioning of health services changed across England in 2022. At this time, the responsibility for health services in Southampton passed to Hampshire and Isle of Wight ICB. Southampton City Council and the ICB work together to deliver a whole-service approach for education, social care and health services.

Southampton City Council commissions alternative provision (AP) in Southampton. This is to provide education for children and young people, including those who cannot attend school due to social, emotional and mental health and medical needs, or for those who have been excluded, or are at risk of permanent exclusion. The local authority maintains a list of registered and unregistered alternative providers that it has approved following checks on safeguarding arrangements. It carries out quality assurance of these providers and shares this information with schools.

## **What is it like to be a child or young person with special educational needs and/or disabilities (SEND) in this area?**

The experiences of children and young people in Southampton are varied. Many receive support from committed, caring practitioners who want the very best for children. However, not all children and young people benefit from this work. Challenges around staffing and resources in education, health and social care have had an impact on local leaders' plans to make improvements to the provision on offer. In addition, there can be a lack of multi-agency working between professionals across education, health and social care, meaning not all children and young people can access the support they need.

Younger children mostly receive well-coordinated support. Pre-school children with emerging speech and language needs can attend one of the three drop-in 'chatter matters' sessions that take place every week at family hubs across the city. At the 'stay and play' sessions, a speech and language therapist completes initial assessments and provides advice and strategies at the earliest point. Families benefit from support from health visitors and therapists in these locations.

Young people are beginning to have more opportunities to share their lived experiences about growing up in Southampton with leaders. This is evident in the collaborative work to improve the local offer on the local authority website, and to promote the visibility and inclusion of children and young people in their communities. However, as yet, not all children and young people have the same opportunities to have their voices heard. The Framework for Participation aims to improve this, but is in the early stages of implementation.

Some children and young people experience delays accessing specialist health or education settings. The time spent waiting for support impacts negatively on aspects of their lives, including their mental health. One family described a feeling of 'hope' once they received the specialist help and tailored provision that they required after experiencing delay.

While it is positive that all children and young people receive education, health and care (EHC) plans in a timely way, these plans do not always precisely outline all the support they need. This includes ensuring all agencies work together to appropriately review and then drive provision across education, health and social care. While health practitioners have some effective quality assurance processes, these have not been brought together across the multi-agency partnership to improve the quality and consistency of plans, meaning EHC plans do not yet consistently meet the needs of children and young people.

Many mainstream schools collaborate to provide inclusive environments. Leaders have recognised the need to strengthen the expertise of staff to meet the emerging needs of children and young people. Despite this, some families feel the needs of their children are not met, with some removing their children from school. In these instances, children and young people may spend extended periods of time out of education while waiting for support to be put in place.

The majority of children and young people who go to special schools attend well and benefit from precise provision tailored to meet their needs. While many who attend mainstream schools do achieve positive outcomes, too many have higher rates of absence than their peers. This impacts on their achievement, particularly at key stages 4 and 5 where they do not achieve as well as they should.

The local area partnership's preparation for adulthood and transition strategy is not yet having a positive impact. Some young people have their holistic needs assessed and supported, but for others this planning comes too late. As a result, some experience anxiety and placement breakdown. Stakeholders across education, health, and social care are not yet working as effectively as they could to achieve positive transitions and outcomes for all young people.

### **What is the area partnership doing that is effective?**

- Leaders share a strong moral purpose and hold children and young people and their families at the heart of their work. Many well-planned initiatives for improvement are in the early stages of strategic development or implementation. For example, the Inclusion Charter, the Framework for Participation and the newly refreshed Ordinarily Available Provision strategy are not yet fully established. Therefore, these ambitious plans are not yet having an impact on the experiences of all children and young people and families.
- Parents and carers access valuable support from organisations, including the parent carer forum (PCF). Lived experiences are used to constructively challenge partnership leaders and drive improvements, such as the transformation of the school travel service. The PCF is an active strategic partner which supports the co-production of provision such as the recommissioning of short breaks. The community interest company Re:Minds provides support for families with children or young people with neurodiverse or mental health needs. They have collaborated on the redesign of the well-being hub that provides mental health and emotional well-being services.
- Younger children with the most complex needs receive support from the portage home visiting service and the SEND health visitor team. This valued support enables families to navigate the health system. Practitioners in early years settings receive guidance and training through the expertise of the Early Years Advisory Team. They support with initiatives such as the Wellcomm programme through the inclusion support fund to target early communication needs. This helps children to make a positive start to their education.
- The integrated therapies team assesses children and offers joint appointments when clinically appropriate, so families do not have to repeat their story. All schools and early years settings in Southampton have a link speech and language therapist, occupational therapist and physiotherapist. They assess and treat children and young people, working alongside education staff to develop skills and expertise.
- The café in the youth hub, Opportunity Brews, is designed and run by young people, many of whom have SEND. They have co-produced, with the Youth Justice Service, the summer holiday activities and food (HAF) scheme. However, leaders recognise

there is more work to do across the SEND system to fully engage all children and young people with SEND as co-production partners.

- Families access an array of parenting courses through which they learn positive strategies to meet their children's needs. Targeted early help is provided to those who need it, and clear assessments identify need and areas of focus to support the Team Around the Family approach. Eligible children and families also access a variety of activities such as the HAF scheme and short-break services through the Max Card Plus. Children who meet the criteria for the disabled children's team, Jigsaw, are well supported by social workers and learning disability nurses.
- Children and young people who are referred to the Child and Adolescent Mental Health Service (CAMHS) are assessed within five weeks and placed on a treatment pathway. For children and young people who are on the Dynamic Support Register, multi-agency oversight and creative provision from the key-working service is reducing the numbers of young people being admitted to acute mental health settings. Transition at key points for children and young people with the most complex needs is smooth and well planned. Those open to CAMHS are well supported to move on to adult mental health services.
- Children and young people who access the medical outreach service receive the right help at the right time. The curriculum meets their needs and supports them to reintegrate back into education when they are ready.
- Leaders' ambition for children and young people with SEND is apparent in the collaborative improvements being made to the educational provision on offer. Some mainstream schools are now utilising additional funding to provide alternative curriculum or vocational pathways in key stage 4. In addition, over the past year the number of young people commencing local area supported internships in the city doubled. Voluntary organisations, such as the Prince's Trust, provide additional activities for young people to develop their social skills and to foster positive relationships.
- There has been collaborative work to improve the AP offer and establish an assurance framework. As required, places are commissioned through registered AP to provide education for identified children and young people. This includes those who have been permanently excluded. Some early work is in place to further explore the specific needs of individual children and young people along with new initiatives planned to extend available provision.
- Rightly, there has been a focus on work to reduce the number of young people with SEND who are not in education, employment or training. Increased joint working is beginning to show positive early signs, for example identifying which young people urgently need support and guidance.

## **What does the area partnership need to do better?**

- There are times when the quality of EHC plans and the review process is inconsistent, including lack of involvement from some professionals or agencies. Importantly, this includes the extent to which EHC plans are used to precisely identify and regularly

review provision. Consequently, there is variability in how well the provision set out in EHC plans meets the needs of children and young people.

- Too many children do not receive their mandated healthy child programme developmental checks. Nearly a third of children do not have a 12-month and two-year review and the process is reliant on parents making appointments. This results in missed opportunities for the prevention and early identification of emerging SEND. Leaders have targeted finite resources to children and families with the most need, for example those experiencing homelessness and children with identified health needs. There is more to do to ensure all children receive developmental checks.
- Although there is an improving picture in the uptake of annual health checks, a substantial number of eligible children and young people with a learning disability are not receiving this check with the GP. This is a missed opportunity for early identification of health needs.
- Children and young people are waiting too long for autism and attention deficit hyperactivity disorder (ADHD) diagnostic assessments. Following a diagnosis of ADHD, there can be a wait of over two years before initiation of ADHD medication for children who need this. Although children and young people are supported while they wait and plans are in place to address the long waits, many do not receive the timely medical intervention they need.
- Some children and young people do not get the support they need because of the long waiting times for specialist therapy pathways, for example pre-school speech and language therapy, and individual dialectical behaviour therapy from CAMHS. There are measures in place to regularly review those on waiting lists to manage risk, including prioritisation if needs escalate, but many are waiting too long without the help they need to thrive.
- There is quality assurance and oversight for children with a high level of need who receive a social care service and are in out-of-area settings or residential special schools, and they are seen regularly; however, the system and processes for those who are placed for educational needs only is not as robust. While this represents a small cohort, these continue to be vulnerable children out of area.
- Some education professionals do not always have the skills and expertise to meet the increasing complexity of need. Leaders acknowledge the need to implement a workforce development plan. However, this is not yet at the co-production stage of strategic planning.
- Some children and young people with SEND do not attend school regularly. This is of particular concern in secondary schools, where low attendance can impact on their achievements and pathways into adulthood. While there are some early improvements in attendance through the multi-agency 'team around the school' approach, there are still too many children and young people with SEND missing out on vital education. There is also lack of multi-agency oversight for those who have been out of education for longer periods. This includes families with children who have anxiety-based school avoidance. Delays in ensuring the voice of the child and their families is heard can result in disengagement with education and result in the need for specialist services to rebuild trust and start a reintegration process.

- The quality of transition support for children and young people depends on the settings they are moving on from, and to. This leads to variable levels of success in sustaining placement following transition, particularly at phase transfer. For some, a lack of joined-up thinking at key points of transition means their needs are not identified and met. There are examples where this has led to parents removing their children from school. For others, across primary and secondary, their unmet needs result in a disrupted education due to suspensions or permanent exclusion.
- The experiences that some young people have across the partnership do not prepare them for adulthood. Planning and help often do not come early enough. They do not gain the appropriate information, advice, guidance, and appropriate assessment, including Care Act assessments, to ensure their transition is effective and well considered.

## Areas for improvement

<b>Areas for improvement</b>
The local area partnership should continue to embed their approach to inclusion and SEND strategy so that practitioners have the skills and expertise to work together effectively to better meet the needs of children and young people across all services.
The local area partnership should improve the quality of EHC plans, so that they are of value to all agencies to better drive the provision offered. This should include: <ul style="list-style-type: none"> <li>• improved joint working of practitioners across education, health and social care</li> <li>• more timely and precise annual review process</li> <li>• more precise action and support for children and young people with an EHC plan who are not on a school roll.</li> </ul>
Health leaders need to work at pace to improve the uptake of the antenatal contact, one-year and two-year healthy child programme mandated reviews.
Health commissioners and leaders need to further develop strategies to reduce waiting times for neurodiverse assessments and ensure children and young people receive ADHD medication when needed. There should be clear processes in place to monitor and report on progress made so that there is evidence of performance against the trajectory on improvements of waits from referral to treatment.
The local area partnership should review and further strengthen their strategic approach to transition at each point, including preparation for adulthood, in a timely way, so that children and young people consistently receive the right help and support they need to lead successful lives.



## Local area partnership details

Local authority	Integrated care board
Southampton City Council	NHS Hampshire and Isle of Wight Integrated Care Board
Robert Henderson, Director of Children's Services	Maggie MacIsaac, Chief Executive Officer
<a href="http://www.southampton.gov.uk">www.southampton.gov.uk</a>	<a href="http://www.hantsiowhealthandcare.org.uk/icb">www.hantsiowhealthandcare.org.uk/icb</a>
Southampton City Council Civic Centre Southampton SO14 7LY	Hampshire and Isle of Wight ICB Omega House 112 Southampton Road Eastleigh SO50 5PB

## Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI/Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

## Inspection team

### Ofsted

Jo Petch, Ofsted HMI Lead inspector

Amanda Maxwell, Ofsted HMI

Esther Brooks, Ofsted Inspector

### Care Quality Commission

Sarah Smith, CQC Lead inspector

Geraldine Bates, CQC inspector

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit [www.nationalarchives.gov.uk/doc/open-government-licence/](http://www.nationalarchives.gov.uk/doc/open-government-licence/), write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

This publication is available at <http://reports.ofsted.gov.uk/>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

© Crown copyright 2024