



13 July 2016

Mr Pinaki Ghoshal
Executive Director of Children's Services
Brighton and Hove City Council
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Mr John Child, Clinical Commissioning Group Chief Officer
Ms Regan Delf, Local Area Nominated Officer

Dear Mr Ghoshal

Joint local area SEND inspection in Brighton and Hove

Ofsted and the Care Quality Commission (CQC) conducted an inspection to judge the effectiveness of the local area of Brighton and Hove 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 team inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers. They visited a range of providers to speak with leaders, staff and governors about how they are 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 reviewed performance information and evidence relating to the local offer and joint commissioning arrangements, and met with leaders for health, social care and education. The local offer sets out, in one place, information about the provision expected to be available across education, health and social care for children and young people who have special educational needs and/or disabilities.

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

Main findings

- Brighton and Hove local area puts the child or young person who has special educational needs and/or disabilities and their family at the centre of its vision to improve services. Consequently, children and young people who have special educational needs and/or disabilities achieve strong outcomes and their families are very well supported. Families benefit from services that work

very cohesively together. This ensures that children's needs are usually identified early and that provision is effective in meeting those needs.

- Leaders evaluate the local area's effectiveness exceptionally well by assessing services' strengths and weaknesses precisely. Consequently, leaders know clearly what is going well and where further improvement is needed. For example, the recent refreshment of the joint strategic needs assessment (JSNA) and aligning of the child and adolescent mental health services (CAMHS) transformation plan is beginning to drive forward positive change.
- Of particular strength is the local area's approach to joint commissioning, without the need for legal arrangements between the local authority and NHS services, known as section 75 agreements. Services buy into leaders' strong vision to be family-centred. The effective working relationships between services are productive, so they ensure that identified needs in the local area are appropriately prioritised. Furthermore, strong working relationships ensure that safeguarding arrangements for children and young people who have special educational needs and/or disabilities are effective.
- Co-production, where services and families work together to review and plan provision, is well embedded. Children and young people and their parents attend local area planning meetings, such as the Learning Difficulties Project group, where they have a clear voice. The local advocacy and support organisations, known as Amaze, and the Parents and Carers Council (PaCC), provide a particularly valued service to support families. They have strongly influenced the local area to improve services for families, for example in the development of a disability register by Amaze and commissioned by the local authority that is used by services to improve provision.
- The impact of services for care, education and health is consistently reported by parents as improving the lives of children and young people who have special educational needs and/or disabilities and their families. This is particularly the case for families with children or young people who require a health plan, child in need plan, an education, health and care plan (EHCP) or statement.
- Leaders know there is more to do for families who do not meet thresholds for formal plans, particularly for those who have children and young people in mainstream education who present with mental health difficulties. This is reflected in the views of a minority of parents who report variability in the support offered. Leaders are already taking action to strengthen the role of primary care within the special educational needs and disabilities population, to address this need.

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

Strengths

- Early identification of children and young people's special educational needs and/or disabilities is a strength; parents and carers are closely involved with this process.
- There is excellent delivery of the healthy child programme. All statutory visits for the under-five population take place with robust arrangements to ensure that all new families moving into Brighton are visited. Consequently, families with children who are not meeting their early milestones are identified in a timely manner.
- Health commissioners ensure that robust screening supports early identification. For example, where an infant is identified as having, or likely to have, special educational needs and/or disabilities, immediate referral is made to the Seaside Child Development Centre. This leads to timely support offered from the specialist health visitor both prior to and after birth. Similarly effective are hearing screenings for new-born babies, carried out by midwives. These ensure that children who have hearing difficulties gain early access to more specialist assessments. Parents report positively about the specialist advice and support they receive during this early period of diagnosis. Families who meet key thresholds also appreciate the early support they receive from care services.
- Services demonstrate an unwavering focus on the overall needs of children and young people who have special educational needs and/or disabilities. They work very effectively with parents to co-produce new EHCPs. Medical advice for statutory assessments is timely and ensures that accurate identification leads to early help for children and their families. Early identification training for social workers has enabled them to contribute usefully to early planning of assessment and support.
- Children and young people up to the age of 16 who require specialist assessment are referred to the Seaside Child Development Centre. Practitioners work in a cohesive and flexible way to meet the needs of families, children and young people, including through multi-disciplinary assessments. As a result, waiting times to access therapy services and autistic spectrum condition diagnosis have improved and for children under 11 are now a strength.
- School nurses act effectively on information gathered through health questionnaires for children in their first year of primary or secondary school. Where necessary, well-coordinated healthcare plans are drawn up to support individual children's identified needs. These plans are discussed appropriately with parents and school staff.
- Services provide very useful proportionate support to schools to improve identification. School leaders have a strong understanding of the requirements

of the statutory special educational needs code of practice. They make useful decisions about how to strengthen identification in schools. The early years support team regularly visits schools and nurseries to improve families' experiences when children move from the early years into schools and to strengthen staff expertise in identification through training and support. School special educational needs coordinators (SENCOs) work together in established clusters to share practice and strengthen their own knowledge. Consequently, schools are increasingly adept at identifying need early.

- Educational psychologists in the local area are rightly highly valued by school leaders and parents. They work collaboratively with schools, nurseries and children's centres to ensure that identification is timely and accurate. This is particularly the case for those children and young people who present with more complex special educational needs and/or disabilities. The educational psychology service links very well with the autism support service, which also provides excellent support to schools where the need has been identified.

Areas for development

- Currently, childcare providers and health services are carrying out the health development checks for two-and-a-half-year-olds separately. Some progress is being made to share assessments. However, the plans in Brighton and Hove to implement integrated checks for two-and-a-half-year-olds could be accelerated.
- Leaders in the local area have rightly recognised that some children on the autistic spectrum are not always identified during their primary education, because of successful inclusive practice. Some of these children struggle to make a successful transition into secondary education. Assessment and diagnosis through CAMHS for these children is then too slow.
- Parents have not been sufficiently involved in the development of the care pathway for supporting children with Down's syndrome.

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

Strengths

- Many parents report positively about their experiences of the support they have been offered by different commissioning services prior to, during and after identification of need. Similarly, the vast majority of pupils were positive about their experiences in the local area, particularly the support they receive in school.
- The proportion of schools that are good or better in Brighton and Hove is higher than the national average. All special schools in the local area are

judged to be at least good and many are outstanding. In all schools, leaders are clear about their role within the local area and show commitment to improve provision for children who have special educational needs and/or disabilities. For example, there is an area-wide drive to ensure that children access lessons successfully by receiving effective support, regardless of their level of need, rather than be withdrawn from classes to learn on their own or in small groups.

- Co-production between services, schools at all stages and parents is very strong. For example, cooperation between the educational psychology service, the autistic spectrum condition support service, school leaders and parents has led to high-quality work to improve support for pupils who have anxiety difficulties. The virtual school provides excellent support for children and young people who have special educational needs and/or disabilities who are in the care of the local authority.
- The co-production of new EHCPs is very effective. Parents report that their views are taken seriously and that they contribute fully. Parents of pupils who have special educational needs and/or disabilities whose needs do not require a formal plan share similar views. Parents' strong relationships with school leaders and staff ensure that there are useful opportunities to discuss what is going well and what could be better for children. Pupils are also able to make a useful and valued contribution because school leaders work effectively to ensure that the pupils have a voice.
- Pupils, both in special and mainstream schools, are overwhelmingly positive about how they are supported to make progress. Pupils are encouraged to be self-aware, which allows them to develop independence as they increasingly identify what helps and hinders their learning.
- The vulnerability tracker and special educational needs or disability transfer forms effectively support children with identified need to move from early years settings into schools successfully. Parents appreciate how well this works. Parents also report positively about how they are supported by the robust transfer arrangements from the health visiting service to school nursing service. Secondary leaders also value the information the tracker provides as children move into key stage 3.
- The early help service includes a good range of services for young families through the children's centre, which is highly valued by parents. All families with children under five who speak English as an additional language and require a translator are offered enhanced health visiting support. This helps to quickly identify and support families of children who have any emerging health need and ensure that the most vulnerable families are very well supported in a timely manner.
- Children's social care services provide excellent, graduated support to families that have a child who has special educational needs and/or disabilities. Key workers are allocated to families if they do not meet the threshold for a social worker. Parents for whom this is the case report they value their key workers

because of the useful support they provide during a typically difficult time following early identification.

- The speech and language therapy service is cohesive and strong. Exceptional leadership and management mean there are full complements of therapists who support schools very effectively to deliver excellent programmes for children.
- The independent advice support service for parents provided by Amaze is highly effective. As a result of its work, together with that of the various special educational needs services, appeals against placement decisions are very rare and mediation effective. Local area leaders make very good use of the disability register developed by Amaze to evaluate the effectiveness of services in meeting needs and to plan improvements.
- Children and young people who have special educational needs and/or disabilities benefit from strong support from the health service. For example, health passports ensure that practitioners are aware of children and young people's needs, and how to communicate with them. There are also effective specialist dental and continence services available to families in Brighton and Hove. Families were very positive about their experience of these services.
- The specialist CAMHS 'Team to Adult Personal Advisors' is persistent and positive in reaching out to young people who are difficult to engage with a more traditional model of service. It offers a highly flexible and mobile service and supports the young people through timely transition into adult services.
- Social care services provide well-targeted and useful support to families whose children or young people have profound or complex special educational needs and/or disabilities. For example, respite care provision has been judged as good or better by Ofsted. The decision to extend the compass scheme (a passport to access leisure facilities such as local sports centres) to young people up to the age of 25 is very popular and demonstrates the local area's continued implementation of the new code of practice.

Areas for development

- Local area leaders have rightly identified that the local offer is not easy enough to use. Many parents are not aware of what the local offer is and very few use it to help them. Instead, they use the Amaze website, which is much easier to navigate and includes the information they need.
- Currently, those children and young people who are home-educated do not benefit from the same proactive school nursing support that is given to their peers accessing formal education.
- Parents and practitioners have rightly identified the difficulties in sharing information and coordinating care when a child or young person is receiving support from tertiary specialist hospitals.

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

Strengths

- Parents and carers comment positively about how well their children are prepared for adult life. As one parent expressed, 'Brighton and Hove accepts you for who you are'.
- Children and young people who have special educational needs and/or disabilities develop into self-motivated and self-aware contributors to their own local area. They experience success at the appropriate level for their ability. For example, internships developed through joint commissioning have supported some young people to secure employment. Others access appropriate placements in further education or training, where they rapidly develop skills that help prepare them for the world of work. Many report positively about how services, including Amaze, have helped guide them into pathways that allow them to succeed. This reflects how the local area is very successful in preparing children and young people for adult life.
- Academic outcomes for those who have special educational needs and/or disabilities are improving because they are making increasingly rapid progress. The attainment gap between those identified as 'special educational needs support' and their peers is narrowing. This is particularly the case in English.
- Outcomes for those educated in special schools are also strong. Pupils are prepared well for the next stage of their education, employment or training because they benefit from bespoke programmes of study that are linked to their interests and areas of strength.
- The proportion of young people recorded as not in education, employment or training (NEET) after the age of 19 has historically appeared relatively high. However, there are no young people who have special educational needs and/or disabilities whose pathway is 'not known'. Leaders have already taken effective action and so levels of NEET have fallen. Pathways chosen by young people are typically successful and appropriate for their level of need, demonstrating the strength in support they have been given earlier by services. Young people report enthusiastically about the support they have been given by services to secure clear pathways into their adult lives.
- School SENCOs have a clear understanding of children's holistic needs, including their health and care needs. Children and young people typically meet, or are on track to meet, the suitable targets set in their EHCPs.
- The number and frequency of exclusions of pupils who have special educational needs and/or disabilities are rapidly declining. This is because of the effective use made by school leaders of very strong locality authority services in this area.
- Children and young people who have special educational needs and/or disabilities who are educated out of the area are carefully tracked because

services attend their review meetings. Their placements are regularly reviewed to ensure that outcomes are in line with the local area’s expectations. Placements are changed if problems arise.

Areas for development

- Leaders have rightly recognised that there is more to do to secure better outcomes for those White British pupils whose primary need has been identified as social, emotional or mental health.

Yours sincerely

Matthew Barnes
Her Majesty’s Inspector

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Bradley Simmons HMI Regional Director	Susan McMillan Deputy Chief Inspector, Primary Medical Services (North), Children, Health and Justice.
Matthew Barnes HMI Lead Inspector	

CC: Clinical commissioning group(s)
 Director Public Health for the local area
 Department for Education
 Department of Health
 NHS England