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Stuart North, Clinical Commissioning Group, Chief Officer
Jane Whittam, local area nominated officer

Dear Ms Dolton

Joint local area SEND inspection in Bury

Between 12 June and 16 June 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Bury 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 Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs and/or disabilities, 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.

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 is required because of significant areas of weakness in the local 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.

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

Main findings

- Leaders' evaluation of the strengths and weaknesses of the local area lacks rigour. It does not focus on the impact of actions and statements are loose assertions which are not supported by robust evidence. This, coupled with an absence of a special educational needs and/or disabilities (SEND) strategy for Bury, is indicative of a lack of strategic drive and determination to ensure that children and young people who have special educational needs and/or disabilities are given the prominence and focus they deserve. These children and young people have not had a champion for their cause at the highest strategic level.
- The perception that outcomes for children and young people in Bury are strong has masked a worrying degree of complacency. There has been a misplaced attitude that provision for children and young people who have special educational needs and/or disabilities was good. It is only with the arrival of a number of newly appointed leaders that there is less delusion about the reality of the situation. Not all leaders share the accurate view that these new leaders have. This has hindered the pace of reform. These new leaders rightly place Bury as being two years behind where they should be in terms of implementation of the code of practice. Children and young people who have special educational needs and/or disabilities and their families have been let down.
- Co-production is non-existent. Inspectors did not see a single example of co-production. This is at odds with what is set out in the code of practice.
- The lack of joined-up thinking and working in Bury undermines the commitment and dedication of many professionals across the local area. It also hampers the effectiveness of good practice which exists within specific provisions and services.
- The local offer in Bury fails to achieve what it is meant to be. The overwhelming majority of parents and carers had never heard of it and practitioners only have a vague awareness. This is a reflection of the splintered provision for children and young people who have special educational needs and/or disabilities.
- The inaccurate identification of special educational needs and/or disabilities by schools means that Bury has a higher than average proportion of children and young people needing special educational needs support, a statement of educational needs or an education, health and care (EHC) plan. The lack of capacity within schools to meet the needs of these children and young people is evident by the high numbers educated out of borough and far too many being excluded from school.
- The systems to share information within health services and with other agencies and partners are antiquated and inefficient. This adversely affects needs being

identified and met in a timely manner. Poor communication exacerbates the problem of parents and carers repeatedly having to retell their children's situation.

- Joint commissioning arrangements in the local area are weak. There is no clear process by which partners across education, health and social care agree at a strategic level what is needed for improvement and how they will work together to commission and deliver it. Joint commissioning arrangements have failed to effectively engage with children and young people who have special educational needs and/or disabilities and their families.
- Bury has achieved an impressive record of ensuring that all EHC plan assessments have taken place within the 20-week period. The local area is already well placed to have transferred all statements of educational need to EHC plans by March 2018.
- The EHC plans are very well written and parents readily recognise their children in the plans. Outcomes and needs are made clear and provide professionals with the information they need in planning to meet the needs of the children and young people. Despite this, inspectors identified that a number of health professionals from different services were unaware of the EHC plans for children and young people under their care.
- Children looked after receive good care from health services and are able to access provision quickly. Their outcomes are improving and the virtual head keeps an attentive eye on their progress and personal development. This is an aspect of provision of which Bury can be proud.
- Children and young people who have special educational needs and/or disabilities told inspectors that they enjoy living in Bury. They told inspectors that they feel safe and demonstrated a good knowledge of how to keep themselves safe and healthy. They knew who they would speak to if they had any concerns and were confident that any concerns they may have would be dealt with quickly.

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

Strengths

- All EHC plan assessments are completed within the 20-week statutory timescale. This is a significant achievement when compared to the national average. The transfer from statements of special educational needs to EHC plans is progressing very well and leaders are on target to complete these transfers by spring 2018. This is no mean feat and is testimony to the sterling work of the team who are responsible for this.
- Delivery of the healthy child programme by health visitors in Bury, leading up to the two and a half year check, is effective. Although not a statutory requirement, it is offered to all and taken up by the majority. Health visitors also lead antenatal home visits with midwives at 28-week gestation. This allows for the home environment to be assessed and any developmental risk to be identified at an early stage.

- Pennine Care NHS Foundation Trust has a 'learning disability challenging behaviour protocol' in place with Health Young Minds Bury (HYMB). This ensures that children and young people who have learning disabilities and present with challenging behaviour are identified effectively and receive a comprehensive assessment to assess the underlying cause of their behaviour. These children and young people receive the appropriate care and support that they need.
- Bury health visitors are each linked to a general practitioner (GP) practice in the area. Although there is variation in how often meetings with GPs and practice managers take place, important information can be readily shared regarding vulnerability so that risks are better managed.
- The school nurse based within the Young Offenders Team plays a positive role in identifying needs within a group that can often be difficult to engage with. Holistic assessments are undertaken with the young person and families and this leads to appropriate referrals being made for further assessment, care and support. This reduces the risk of offending.
- Children are referred to the Child Development Unit for assessment of autistic spectrum condition. Requests are firstly made of other multi-disciplinary and multi-agency professionals and parents and carers to better inform the assessment process. This allows for a better understanding of the child's strengths and difficulties which may or may not result in a diagnosis. From the first clinic appointment to the outcome of assessment the process usually takes up to seven months and parents are kept informed. As a result, children have their needs identified in a timely fashion.
- The transition from early years settings to both mainstream and special primary schools where children are identified as having additional needs is good. The child, support worker and family members are encouraged to visit the receiving school prior to the move taking place. Teachers from the receiving school will also visit the child at the early years setting, where appropriate, by way of introduction. This allows for a smooth transition between settings and gives the children a better start to their education in school.

Areas for development

- Practitioners from both Pennine Care and Pennine Acute NHS Foundation Trust are not all being provided with training pertaining to the special educational needs and/or disabilities reforms. This means that those same practitioners are not fully aware of the provider's strategy in relation to the reforms and are unable to appropriately inform children, young people, parents and carers with whom they have contact.
- There is not a culture of 'tell it once' in Bury. As a result, parents are repeatedly having to retell their stories. The one exception to this is the additional needs health visitor role who coordinates appointments and meetings to ensure that the story of the child is known.
- Waiting times for speech and language therapy dysphagia assessment currently stands at 28 weeks from referral to assessment. This is over and above the 12-

week key performance indicator for the service. Referrals to this service are inconsistent and are not widely understood. There is also a shortage of appropriately trained service practitioners. This leads to significant delays in both assessment and subsequent therapeutic interventions.

- There is a worrying lack of quality and consistency in the accurate identification of children and young people's needs in schools. This has led to Bury having a very high number of children and young people requiring SEN support, having a statement of educational needs or an EHC plan in comparison to the national averages. Until recently, schools have adopted their own approaches to the identification of needs while often lacking the capacity to respond appropriately to meet these needs. This is having a negative impact on the progress these children and young people make. It also contributes to the high number who are educated out of borough and the high number of exclusions from schools.
- The vast majority of parents and carers who gave their views do not think that their children's needs were identified early. A significant number felt that needs were only identified after constant fighting and pushing. 'We have to fight for our child's rights' is how one parent put it. Parents and carers feel there is a lack of transparent and understandable criteria. They also consider thresholds for support to be unrealistic and indicative of their children having to be at crisis point before identification happens. This contrasts with the early and timely identification seen in early years.
- Social care is not contributing to the identification and planning of support for children at risk of harm or in receiving youth justice support. This contributes to a deterioration in the personal, social and academic development of these children and young people.

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

Strengths

- EHC plans are written to a high quality. Parents and carers readily recognise their children and the professionals who use them find them to be realistic and appropriate. The need for a person-centred approach is well understood by the professionals who make the assessments of need. EHC plans are effective at communicating outcomes and aspirations. Person-centred approaches are well embedded in settings across the Bury system. Parents appreciate how they are involved in planning and reviewing the plans.
- The local area has a number of specialist settings which are well placed to support the wider system and to build capacity in meeting the needs of children and young people in Bury. For example, special schools are working with a small number of mainstream settings to share their specialisms and enable children to use their resources and facilities. This supports the effective meeting of needs across a diverse range of children and young people, who are well supported, happy and learning.

- The appointment of a parenting support practitioner within the school nursing team is a positive one in supporting children and families where additional support is identified. Working closely with schools and special educational needs coordinators, tailored programmes of support are put in place to help both children and families work together to resolve issues that can lead to developmental and relationship problems.
- Health visitors work proactively with school nurses when children transition between the services. Where need is identified, face-to-face meetings take place in mainstream school settings which include the child and family to ensure a more effective handover of responsibilities to better meet need.
- The health visitor for children with additional needs provides positive support to children and families. Joint visits to assess need are undertaken with multi-agency partners, including school staff, and individualised support packages are developed with families. This positive early intervention means that the risk of children being made the subject of child protection procedures is reduced.
- Therapeutic services across Bury prioritise those children who are looked after or subject to child protection measures for assessment at the earliest opportunity. They recognise the additional vulnerabilities of these children and young people. As a result, the risk of safeguarding concerns and incidents is minimised.

Areas for development

- There is weak and inconsistent practice in accurately assessing and meeting the needs of children and young people who have special educational needs and/or disabilities in schools. This explains why there is a high number of children and young people that are educated out of borough and for the high number of exclusions of those who have special educational needs and/or disabilities.
- The current system of support for schools is fragmented. Until recently, provision and training has not been 'needs' led and there has been insufficient building of capacity and experience within schools to meet children and young people's needs. As a result, there are delays in early and appropriate identification and intervention to address these needs.
- The awareness and understanding of the Bury local offer is woeful. Too many parents and carers have never heard of the local offer. This means that many parents are not accessing information early enough and arrive at support services already feeling that they need to challenge in order to access the support they need. It also limits parents' awareness of important initiatives such as personal budgets. The very few parents who had heard of the local offer found it cumbersome, uninformative and invariably gave up on trying to find what they were looking for.
- Practitioners across health disciplines demonstrated variable knowledge of the local offer, even when the location and format of the offer was explained to them. Similarly, there was a disconcerting lack of awareness of the local offer within schools. A significant number of schools are not fulfilling their statutory

requirements by not having a link to the local area's local offer on their school websites.

- There is no joined-up thinking or working across the local area. There are individual services providing effective provision with dedicated and passionate professionals but all are working in 'silos'. This means that provision for children and young people across Bury is fragmented and this undermines the principles of the special educational needs code of practice.
- Transition from paediatric health services to adult equivalent services is inconsistent. Within children's community nursing and occupational therapies there are no transition pathways in place. Transition to an equivalent adult service in some particularly complex cases is often difficult. Consequently, the needs of young people are not being considered or met consistently as they move into adulthood.
- Community children's nurses are not informing the EHC planning process. They are also unaware of children and young people who have an EHC plan in place. This means that when planning care and support for children in their care the EHC plan is not being considered. The care is incomplete and does not include up-to-date and relevant information. This is contrary to the whole notion of everyone working together for the good of the child as made explicit in the special educational needs code of practice.
- The sharing of important information across and within health services is poor. Bury health services hold paper-heavy records and are immature in their use of information technology. When providing handwritten reports, these are shared by post. This means that delays occur when sharing information that is requested at short notice, such as requests to provide written reports to inform the EHC plan or safeguarding process. Consequently, important information is not shared in a timely manner when decisions need to be taken. It is not unknown for information to have been lost.
- Some parents are left feeling despair because of the challenges they describe in access to social care. Access to short breaks is not a process well understood by parents and they would like better information about what they should expect to receive. Once parents had been assessed and were accessing the service, they describe it to be of a high standard. As one parent told inspectors, 'Once I got short breaks it was life changing.'
- Social workers in safeguarding teams are not contributing to EHC planning and do not always understand special educational needs and/or disabilities issues. Schools and parents find the limited knowledge of some social workers to be frustrating, particularly when trying to plan the support for children and young people together.
- The transfer of care from children's to adult social services is not smooth. This means that there are gaps in service delivery for young people and parent carers who are assessed to need continuous support. This is at odds with the standards laid out in the Children and Families Act 2014 and the Care Act 2014.

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

Strengths

- Children and young people who have special educational needs and/or disabilities attend their schools and settings regularly. The rates of attendance are higher than those seen nationally and the proportion who are persistently absent is reducing.
- The attainment of pupils who have SEN support at key stages 1, 2 and 4 is close to, or above, the national average and is steadily improving. A marked improvement has been seen in the proportion of children who pass the phonics screening check. This is testimony to the focused drive to improve this aspect of children's early education.
- Children looked after who have special educational needs and/or disabilities are under the watchful and attentive eye of the virtual head. This aspect of provision shows effective leadership with an accurate understanding of the strengths and weaknesses and what needs to be done to continue to improve the outcomes for these children and young people.
- Young people with complex needs are able to access local housing. The development of creative care and support plans is supported by adult social care and housing with some innovative outcomes for young people. As a result, young people return to live in the local area after significant periods in residential schools.
- There is continued success of supported internships. This is having a positive impact on young people, who describe how learning through work is boosting their confidence and helping them to access paid work.
- Therapeutic services across Bury all seek service user and parent and carer feedback on provision. This helps to develop the way that services are provided, such as through extending assessment times and weekend appointments. This has been beneficial to parents and carers who might not be able to bring their children for assessment during the working week or during school hours.
- Young people with physical disabilities have been empowered through youth services to establish a group called STARS (social transition advocacy recreational support). This group has become a key consultant for the local area and beyond for a range of activities. However, they are not being used or valued as well as they should by the local area. For example, the STARS group undertook a considerable amount of commendable work leading on a consultation with young people only to find out the outcome in the local media.

Areas for development

- Strategic commissioning arrangements across the local area does not exist in Bury. Inspectors spent a considerable amount of time explaining what true co-production means to professionals, leaders and parents across the local area. It is

clear that this pivotal initiative, at the heart of the special educational needs code of practice, has bypassed those responsible for leading on its implementation. It was perturbing to note that a revision of commissioning arrangements due to be introduced in autumn 2017 had not even considered co-production.

- Too many children and young people who have SEN support or a statement or EHC plan are being permanently excluded. The number of exclusions in primary schools is a cause for concern. Leaders have identified inaccurate identification of these children and young people's needs as a significant contributing factor. There is an acknowledgment that, historically, children and young people who displayed challenging behaviour were seen as 'naughty children' as opposed to their behaviour being a symptom of a special educational need. Local area leaders are working with schools to ensure that Bury schools become more inclusive places of learning.
- Children and young people who receive SEN support, have a statement of educational needs or an EHC plan at key stage 2 and key stage 4 have not been given sufficient attention in school improvement and have often been considered as part of a wider group of vulnerable pupils rather than as a discrete group. As a result, these groups make the slowest progress of all groups when compared to their peers nationally with the same starting points.
- Parents are concerned about the way financial cuts are happening locally. They are aware of local issues and recognise the financial challenges facing the local area. Parents want to be told about things sooner and genuinely want to help the local area to find solutions. Less than one fifth of parents who contributed to the inspection believed that the local area involve them in shaping future provision for children and young people who have special educational needs and/or disabilities.
- Arrangements for multi-agency working and joint commissioning are in disarray and lack any clarity whatsoever. This indicates that where the specific areas of strength and success exist these are as a result of default rather than design.
- Despite HYMB practitioners providing training, some practitioners told inspectors that they have not received this and are not advised of strategies to provide care and support. This means that the care and support in such areas as social and emotional mental health is not always being provided where it should be.
- The designated clinical officer in Bury is not empowered at a strategic level by the local area to fully implement the special educational needs reforms. Strategic leadership is lacking and this, associated with the lack of quality assurance, means that holistic oversight of processes to improve identification, meet the needs of young people and improve outcomes is impeded.
- Health practitioners do not routinely use information contained within EHC plans to inform plans of care. The lived experience, voice of the child or parent and carer experiences are not transferred across into care plans to give a more holistic and accurate picture of how to improve outcomes for children and young people.

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

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the absence of strategic leadership and vision to drive the reforms
- the lack of understanding and practice of co-production at the heart of all strategic considerations
- the failure to ensure joined-up working so that all agencies and services are working together for children and young people who have special educational needs and/or disabilities
- the poor sharing of important information from health services both between different health disciplines and other external agencies
- the widespread unawareness and misunderstanding of the local offer
- the inaccurate and inconsistent identification of special educational needs and/or disabilities at school level
- the ignorance of children and young people's EHC plans by some key health practitioners
- the defective arrangements for joint commissioning.

Yours sincerely

Jonathan Jones
Her Majesty's Inspector

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Cc: DfE Department for Education
Clinical commissioning group(s)
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Department of Health
NHS England