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Mr John Daly
Director of People
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Ms S Long, Clinical Commissioning Group Chief Officer
Mr T Birch, Local Area Nominated Officer

Dear Mr Daly

Joint local area SEND inspection in Bolton

From 23 to 27 May 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Bolton 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 team 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, representatives of the 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 also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

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

Main findings

- The views of parents and carers are taken into account by professionals in the early identification of need, special educational needs support, and in the development of education, health and care plans. The vast majority of parents felt that their views and those of their children were listened to and that their children's needs were identified well. Their opinions were taken into account by professionals and in the co-production of relevant plans for the support of their children.
- A single pathway to identifying children's and young people's education, health and care needs and their onward referral to agencies is streamlined and effective.
- Agreements currently in place to pool budgets in the local area reflect a positive step towards improving the capacity to jointly commission services to meet the needs of children and young people. In practice, very many of the services were commissioned before this recent development.
- The vast majority of specialist provision, both in mainstream and special schools, is of high quality.
- Joint commissioning arrangements to anticipate and respond to significant changes in demand for services are not fully established. The pace and timescales to do this need to be brought forward to reduce the frustrations felt by some parents, carers and young people.
- A wide gap exists in the academic progress of children and young people at both primary and secondary level compared to those who do not have special educational needs and/or disabilities. Checks by the local area and limited analysis and use of data and information mean that leaders do not always know whether the gap is closing for all groups in relation to their peers who do not have special educational needs.

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

Strengths

- The local area's 'early help' assessment process is a good example of joint working across the education, health and care workforce. It is supported by high-quality training, information and guidance to inform processes and establish consistency in assessment. The high-quality 'SENCO handbook' means that all providers have a shared approach to identifying children and young people who need additional support with learning difficulties and those who may require the early involvement of specialists beyond the school. As a result, needs are being identified more sharply, and high-quality support is put in place when it is needed.
- The establishment of a new model of delivering services in early years has ensured timely and effective assessment of need, particularly through universal health visiting services. The use of a standardised developmental checklist

supports consistent identification of need by the team of health workers. This helps to identify children who need referral to early speech and language support. This ensures that the children receive in-depth assessment which leads to precision in identifying their needs and health care.

- The use of a single agency health report template for assessment in relation to education, health and care plans has brought about more cohesive working between the health teams, reduced duplication of information and made the process more efficient. Timescales have reduced using this format, rather than each health team submitting an individual report. Local area evidence shows that assessments are completed more quickly and are close to meeting the target of six weeks.
- The process of producing education, health and care plans is currently evaluated well, but separately, by each of the agencies involved. Robust governance processes are in place to ensure that clinicians' contributions are overseen by a team manager before submission to the special educational needs team.
- The use of key performance indicators within all health contracts reflects high expectations, and NHS targets are met. This is assisting more rapid access to health services for children requiring assessments.

Areas for development

- Despite positive steps and recent improvements, there is still work to do to reduce the time that children and young people have to wait for their plan to be as short as possible, and to meet the deadline for conversion from statements to education, health and care plans.
- Despite the clinical commissioning group responding by appointing additional practitioners, so that diagnoses are maintained within accepted timescales, the local area is struggling to meet the demand for referrals and diagnosis for autistic spectrum disorders (ASD). There is not enough high-quality information, guidance and support for those dealing with behaviour concerns in schools.

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

- Parents, carers and children and young people are involved in regular reviews. Co-produced plans mean that children are at the heart of their education, health and care plans.
- Established links between providers and parents and carers that pre-date the local offer continue to be the main sources providing advice to some parents and families. However, parent networks and consultative groups are beginning to provide useful advocacy to parents and carers.

- Satisfaction of children and young people that their needs are being met and their outcomes are improving is generally high. They are happy with the part they play in the process and have a clear understanding of the learning journey they are on.
- Access to high-quality health services is well established within additionally resourced provision and special schools.
- Some good examples exist of joined-up working both within health teams and other partners. For example, the 'team around the child' model at the child development unit, which can be accessed at a wide variety of locations, includes an educational psychologist. This provides access, regardless of a child's age, to practical support and enables planning to be put in place for future needs.
- The existence of joint multi-disciplinary health clinics assists families with understanding the roles and responsibilities of different teams and reduces duplication. Parents and carers said that they were appreciative of services from outreach support and paediatricians. Such teams form the early basis of the 'tell it once' approach so that parents are listened to and do not have to repeat the background to each child's special needs multiple times to different professionals. However, this approach is not firmly established in practice.

Areas for development

- Although the annual review process is sound, where additional needs emerge, or children and young people have previously not attended an appointment, the re-referral system can mean that these needs are met too slowly. The policy which outlines what happens when health appointments are missed requires review to ensure greater flexibility when dealing with vulnerable children and parents.
- Succession planning and business as usual arrangements are not fully in place. Sometimes staff changes or illness within health teams mean that children and young people's needs are not met quickly enough.
- The local area partners have not done enough to ensure that providers, parents, carers and young people are aware of the role they could play in helping to shape the local offer and the mechanisms to do so. Providers and parent and carer groups have a greater role to play in using the local offer as a medium to share information to access specialist services used by the local area.

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

Strengths

- The impact and visibility of staff in specially commissioned named roles, in education and in health, are having a significant positive effect on the progress of the special educational needs and disability reforms. Formal networking structures exist and more collaborative working across education, health and social care has increased since 2014.

- All staff in education, health and social care accessed training on the special educational needs and disability reforms and understand their roles in implementing these reforms. Additional training on the single health report template means that health information is more streamlined in education, health and care plans. As a result, the timeliness of assessment has improved.
- Individual providers are aware of their responsibility to monitor children's and young people's progress in a range of outcomes. They are keeping a close check on the development of individuals and of groups in achieving the goals in their plans. Increasing numbers of children in the early years foundation stage are meeting their development targets. In schools, the attendance of pupils who have special educational needs and/or disabilities is improving and their progress is accelerating.
- The local area ensures that robust checks are in place to monitor the pupils who are home educated, who have medical needs and are educated in hospital, and those who are new arrivals to the country. These checks demonstrate that these children and young people are responding well to targeted support.
- Early feedback provided by parent forums and consultative groups through conferences and surveys about the impact of the reforms on parents and families is being listened to by local area leaders. As a result, leaders are beginning to tackle the lack of employment opportunities that these surveys and conferences identified.

Areas for development

- Although some work has taken place at an area level to present the health service offer to parent groups, and to the network of school and college based SENCOs, there is more to do to fully inform partners of how health teams are structured in Bolton and the services they provide. This is a key first step towards enabling people to take important decisions about their own health care.
- Pathways for 19- to 25-year-olds, to support young people into adulthood, are at a very early stage of development. The local area recognises the problem and has plans in place to address this gap. Activity to share plans and consult widely with providers, parents, carers and young people has yet to begin.

Yours sincerely

Gina White
Her Majesty's Inspector

Ofsted	Care Quality Commission
Chris Russell Regional Director	Susan McMillan Deputy Chief Inspector, Primary Medical Services (North), Children, Health and Justice.
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CC: Clinical commissioning group(s)
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