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Ms G Hopper
Director of Children's Services
Rochdale Borough Council
Number One Riverside
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Mr S Wootton, Clinical Commissioning Group Chief Officer, NHS Heywood, Middleton
and Rochdale

Ms P Wharton, Local Area Nominated Officer

Dear Ms Hopper

Joint local area SEND inspection in Rochdale

From 19 to 23 September 2016, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Rochdale 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 CQC.

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

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 of Education, Children's Services and Skills (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 (CCG) are responsible for submitting the written statement to Ofsted.

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

Main findings

- Leaders do not have a comprehensive understanding of the area's strengths and weaknesses in the delivery of the SEND reforms. It is not clear from leaders' self-evaluation how the local area interrogates outcomes for specific groups of SEND pupils, such as those on SEN support. It is difficult to determine what the key issues are for improvement and how the local area can deploy its diminishing resources to best effect in having maximum impact.
- The local area does not have an accurate and informed understanding of parent and carer views. Although the vast majority of parents whose children access specialist health services or attend specialist provision, such as special schools, have a positive view, there is a high level of dissatisfaction for parents and carers of children with SEND in mainstream schools.
- Local area leaders and individual schools are ineffective in promoting the local offer. Parents and carers across the local area have a very limited understanding of it. Consequently, many of the parents spoken to do not know what support is available for children and their families in Rochdale or how to access that support.
- Education, health and care services have a clear, shared vision to deliver an integrated approach to meeting the needs of children and young people. There are good examples of co-location of services to facilitate more effective joint working. The Rochdale parent carer forum is engaged at a strategic level and is increasingly involved in shaping existing and future provision.
- New education, health and care plans (EHCPs) and those which have been transferred from statements of educational need are completed in a timely manner. There are effective systems in place to ensure that plans are agreed within the expected timescales. Completed EHCPs are child-centred, express the views of children, young people and their parents or carers and have a clear focus on outcomes.
- Provision at post-16 and post-19 is improving and the numbers of young people who have special educational needs and/or disabilities who are not in education, employment or training continues to reduce. There is a wide range of options for young people to aspire to, including access to further education and university in addition to apprenticeships, traineeships and supported employment.
- Children and young people with a statement of special educational needs or an EHCP achieve positive outcomes and their needs are well met. However, SEN support children and young people do not fare as well. There is a lack of strategic overview for this group by leaders in education. Their educational outcomes are weak at all key stages and rates of exclusion have risen consecutively for the last four years.

- Leaders in the local area are vigilant around safeguarding children and young people. As a result, children and young people feel safe and know how to keep themselves safe.

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

Strengths

- Early identification and referral arrangements in the early years are strong. The health visiting, specialist and additional needs team, together with the children's community nursing team, effectively screen for a diverse range of risks to the health and well-being of young children.
- The co-location of services, such as the children with disabilities team and the special educational needs team, is helping to strengthen the identification of those children and young people with the most complex needs. As a result, the needs of these children and young people are being met in a more timely fashion.
- New EHCPs are issued in a timely fashion. In 2015, every new plan was issued within the expected twenty-week timescale. The conversion rate of existing statements of special educational needs to EHCPs is also timely compared to other local areas nationally. This helps to ensure that where additional support is needed it can be accessed more quickly, leading to a more timely meeting of needs.
- Approaches to joint identification of needs and review of progress against outcomes are well developed in therapy services, with effective tracking of the achievement of therapeutic goals. Health visitors are engaged in multi-agency assessments and planning meetings to enable targeted support to children and their families who are experiencing difficulties. Where personal budgets are used well, they enable a range of creative, individually tailored support and activities to be provided for children with complex health needs. Such arrangements are helping to promote wider understanding of the wishes and needs of children, young people and their families.
- The local area has involved parents, carers and young people in the development and redesign of services such as those for emotional and mental health support for young people up to the age of 19. As a result, these parents and young people feel that they are listened to and that their comments and ideas are taken seriously.

Areas for development

- Waiting times for NHS-provided occupational therapy remain significantly above national targets which is impacting negatively on the timely identification of needs. Plans to address this and other capacity issues, including autism diagnosis and school nursing, have yet to have an impact.
- Existing information and intelligence held by the local area on the high prevalence of autism has not been used effectively to identify and commission appropriate

support and services for children and young people on the autistic spectrum and their families. This is particularly the case for children and young people in the mainstream settings visited. This leads to the disruption of education for these children and young people and affects their health and well-being.

- The local area does not have a thorough understanding of the views of parents and carers of children and young people who have special educational needs and/or disabilities. Although parents and carers of children and young people in special schools are mainly happy with provision, this is not the case in mainstream schools. Parents and carers in mainstream schools reported serious concerns around the timely identification of needs, a lack of information for parents around available support, poor communication and the expertise of staff in understanding and meeting the needs of their children.
- The identification of children and young people at SEN support stage is inconsistent across all schools. The needs of these children and young people are not rigorously and routinely reviewed. As a result, educational outcomes for these pupils remain weak and they are increasingly likely to be excluded from school.

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

- Children and young people with a statement of special educational need or an EHCP have their needs met effectively. This is particularly the case within specialist provision where parents, children and young people report positive experiences and strong outcomes.
- Where provision is best at meeting needs, it is rooted in person-centred approaches and a positive culture that the child's needs are paramount. This is achieved through the effective implementation of EHCPs in the 'my plan' approach. The hopes and aspirations of children, young people and their parents or carers are taken fully into account.
- Children and young people from vulnerable groups, such as those looked after and families from a range of ethnic backgrounds are well identified and their needs are met well.
- Co-production at a strategic level is developing well. The parent carer forum is firmly established as a partner in strategic developments for children and young people. For example, it has been instrumental in helping to establish a new single point of access, which is a system to help deal with referrals and provide a coordinated response to the assessment of health needs. It is also involved in the appointment of key professionals within the local area and has helped to establish new services, such as '#Thrive' – a service to support young people with emotional health and well-being issues from birth to 19 years.
- Where there are contributions from all services, children, young people and their parents or carers, EHCPs are of good quality with clear aspirations articulated. The majority of plans are outcome-focused and promote child-centred approaches.

This means that children, young people and their parents or carers are well informed and supported and are clear about the next steps in their journey.

- Post-16 and post-19 provision for young people with SEND is strong. The number of young people not in employment, education or training continues to reduce. Young people spoken to are ambitious for their futures and feel well supported in achieving realistic future goals. The local area has developed strong links with a range of businesses and providers who help to support young people in apprenticeships, traineeships and supported employment. Those in post-16 settings are also well supported in applying for university places if this is a chosen career path.
- Transition arrangements, when children and young people with SEND move between schools and settings and between child and adult health and social care services, are well understood. There is an effective local area policy around transition. Leaders, parents and young people reported this to be helpful and it makes for a smooth start in new places of learning and preparation for adulthood.
- The Rochdale additional needs service (RANS) is well regarded across services and by parents. The service has had a positive impact on the effective delivery of provision for children and young people with statements of special educational need or education, health and care plans.
- The children and young people spoken to said that they were well supported and that their views and ambitions were taken into account. An example is the young people who had experienced the transition into post-16 and post-19 settings. They said that, with assistance, they had been able to secure placements onto further education or higher education courses or into work placements which were of interest to them.
- Leaders in all of the settings visited are vigilant to ensure that children and young people feel safe and know how to stay safe. All of the children and young people spoken to said that they feel safe at school and beyond. For example, they are taught about places that are safe and unsafe and how to stay safe online. Young people also explained how, when using the internet at school, inappropriate websites are blocked to protect them from harm.

Areas for development

- In some EHCPs, the contribution from health services does not reflect the quality and detail of the health advice provided. Quality assurance of completed plans is not yet well embedded across the local area. This means that it is not always clear for children, young people, parents or carers and other professionals where the accountability for the delivery of health provision lies. Parents and carers also report that the advice given by health professionals is not systematically applied by staff in mainstream schools.
- The impact of training for staff and leaders, particularly in autism, is highly variable in mainstream settings. Parents and carers report that the needs of children with autism are not understood well enough and issues, such as dealing with challenging behaviour, are not handled effectively.
- The local offer is not well publicised across the local area, including on school websites. This means that parents, carers and young people are not made aware

of the full range of services and support available to them in Rochdale. The vast majority of parents and carers spoken to did not know what the local offer was or how it could be accessed.

- The use of personal budgets is poor. Very few personal budgets have been agreed and parental feedback indicates a lack of awareness among parents of their right to request one.
- There is a high level of parental dissatisfaction around how the needs of children and young people with autism are met across the local area, especially in mainstream settings. Inspection evidence confirms the veracity of parents' concerns. The key issues include lengthy waiting times for diagnosis and assessment, the lack of ability and expertise of mainstream schools to adequately support children or young people and the timeliness of response when situations reach crisis point. This has led to severe disruptions to education and to the health and well-being of children, young people and their families.

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

Strengths

- The proportion of pupils with a statement of special educational needs or an EHCP who pass the phonics screening check in Year 1 is in line with the national average. At the end of key stages 1 and 2, the proportion of pupils who achieve the expected standards in reading, writing and mathematics is also in line with the national average.
- The proportion of pupils with a statement of special educational needs or an EHCP who achieve the expected five GCSEs at grades A* to C including English and mathematics improved significantly between 2014 and 2015, to be in line with the national average.
- In post-19 provision, the proportion of SEN support young people achieving level 3 qualifications is improving and was above the national average in 2015.
- There is a more proactive approach to dealing with children and young people with a statement of special educational needs or an EHCP at risk of exclusion. As a result, the number of fixed term exclusions more than halved between 2014 and 2015 and is now more in line with the national average, having been well above average historically.
- Destinations match young people's aspirations at the post-16 and post-19 stages. The proportion of young people not in employment, education or training is reducing.
- The quality of work undertaken by the children's community nursing team has been effective in reducing unplanned admissions into hospital.
- There are strong outcomes for care leavers with SEND in accessing suitable accommodation.

Areas for development

- The number of fixed-term exclusions for SEN support children and young people is on a four-year increase and shows no sign of improvement. The number of days lost to fixed-term exclusions has risen from 120 days in 2012/13 to 706 days in 2015/16. This significant weakness was not highlighted in the local area's self-evaluation.
- There is a lack of strategic overview for SEN support children and young people and the responsibility for this group of pupils lies with individual schools. As a result, outcomes for these pupils have been historically weak at all key stages and remained below national averages in 2015.
- Joint commissioning arrangements for the significant numbers of children and young people with autism are poor. Arrangements are failing to ensure an appropriate range of support and services are in place to meet both current and predicted demands within this population.
- There has been a failure to appoint to the role of designated medical officer in a timely manner. This has impacted upon the effectiveness of the clinical commissioning group in providing the levels of leadership and quality assurance required to fully meet its statutory responsibilities for ensuring assessment, planning and health support is effectively carried out.
- Parents report limitations in the short breaks offer. There are gaps in provision for young children and some options are deemed inappropriate or ineffective in meeting the needs of the whole family. For example, some activities do not take enough account of the sensory needs of young children.

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 capacity of mainstream schools to identify and effectively meet the needs of the increasing population of children and young people with SEND, in particular those with autism.
- The weak educational outcomes for children and young people at the SEN support stage and the increasingly high number of exclusions for this group.
- The timeliness of response to children, young people and their families in need of significant help and support, with particular reference to children and young people with autism.
- The ineffective promotion and understanding of the local offer.

The approach to responding to findings from inspections, including the production and review of the statement, is set out in Annex A of the Local Area SEND inspection handbook.

Yours sincerely

Ian Hardman
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Ian Hardman HMI, Lead Inspector	Susan Talbot CQC Inspector
Lesley Cheshire Ofsted Inspector	

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