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Simon Banks, Clinical Commissioning Group Chief Officer, Halton
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Dear Mr Vasic

Joint local area SEND inspection in Halton

Between 27 March and 31 March 2017, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Halton 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, and 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 disability and 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.

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

Main findings

- The local area is on track to complete all transitions from statements of special educational needs to education, health and care (EHC) plans by March 2018. The majority of plans are completed within the expected 20-week timescale.

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However, staff vacancies in a number of services impact negatively on the length of waiting times and the ability of services to meet the needs of children and young people.

- Children and young people who have special educational needs and/or disabilities and are looked after receive effective support. The needs of these children and young people are well met as a result of early identification and appropriate and timely assessment.
- The achievement of children and young people shows secure signs of improvement across all key stages. Most rapid improvements can be seen in the early years as a result of early identification and intervention. There is still some way to go until outcomes for children and young people are similar to the national averages but there have been sustained improvements.
- Young people in Halton are being prepared well for adulthood. The achievement of young people in post-16 provision is continuing to improve so as to be closer to the national average. The proportion of young adults in independent living and those in paid employment is much higher than the national average.
- The work of visual impairment services, audiology, teachers of the deaf and school nurses are strengths of the local area. The quality of the support and provision that these services offer makes a positive difference to children and young people.
- The children and young people spoken to say they are happy and feel safe in school or college. They show a good understanding of how to stay safe, especially when online, and know who to speak to if they were to have any concerns or worries. Leaders have worked closely with schools and colleges to raise awareness and understanding of extremism and radicalisation.
- Leaders generally have an accurate understanding of what is working well and what needs to improve. This is included in the 'SEND Strategy for Halton'. However, the action plan for the implementation of the strategy is not sufficiently robust. Joint plans and evaluations do not incorporate well enough aspects of health services and consideration is not always given to how actions will impact on outcomes for children and young people. This lack of sharp focus and joined-up thinking is also reflected in the quality of some EHC plans.
- Leaders do not have a thorough understanding of the range of parental views. A number of parents do not feel that there is transparency regarding identification, assessment and the rationale for decisions being made. Co-production is not firmly embedded and there is no shared understanding of how it should look in Halton. Leaders' work with children and young people is beginning to improve and there are some strong examples of co-production, for example, on short breaks.
- The local offer is extensive and up to date. Nonetheless, it is used by too few parents and some told inspectors they had never heard of it. A number of schools' websites do not provide a link to the local area's offer.
- There has been a sharp increase in the proportion of children and young people with social, emotional and mental health (SEMH) issues. This is increasing the

number of children and young people who are persistently absent and/or being excluded from school. Leaders are working with schools and child and adolescent mental health services (CAMHS) but it is too soon to see the impact on outcomes for these children and young people.

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

Strengths

- The number of statements of special educational needs transitioning to EHC plans significantly increased in 2015/16. The local area is on track to transition all statements of special educational needs by March 2018.
- There has been a marked improvement in the timely completion of the initial health assessments for children looked after. This supports the early identification of needs when children become looked after.
- The uptake of the two-and-a-half-year integrated check has increased. Health assessments undertaken when children join Reception class, including vision and hearing checks, are achieved within timescales.
- Plans to broaden the reach of school health checks to Year 6 and mid-teens are encouraging. Children and young people who are electively home educated or those missing education are also offered access to the healthy child programme. This contributes positively to the early identification of needs.
- Plans completed by children's community nurses, including EHC plans, show good identification and awareness of the protected characteristics outlined in the Equality Act 2010.
- The integrated contact and referral team services (ICART) have greatly improved since Ofsted last inspected Halton in 2014. It is used as a 'one-stop shop', pointing professionals in the right direction in a timely manner. Professionals and users across the local area commented on the significant improvements in timeliness and appropriateness of the advice given in recent years. As a result, professionals are able to access the most suitable help and advice within a very short period of time.
- The virtual head works effectively with schools. By September 2017, all children looked after will have been assessed to address nurture needs and to support children and young people who are at risk of exclusion. Halton are proactive in supporting training towards the National Schools Nurture Award. This is helping to support better inclusion of children and young people looked after with social, emotional and mental health needs in mainstream schools.
- Bridgewater Community Health Care NHS Foundation Trust introduced one central point of contact so that requests for health information and care assessments can be dealt with more efficiently. This is shared with relevant services and contributes to more timely responses and a reduction in waiting times.

Areas for development

- Specialist provision in Halton to meet the needs of children and young people who have the most complex needs is at full capacity. This is slowing the rate of EHC plan completion within the 20-week timescale because of the challenge in securing alternative placements for these children and young people.
- Limited resources in the health visitor team have reduced the reach of four of the five mandated healthy child programme contacts. There is a prioritisation plan in place, supported by commissioners, whereby ante-natal and six to eight week checks follow a targeted, rather than a universal, approach. Although recruitment is underway, the reduced reach of these health checks limits the early identification of need.
- There is not a 'tell it once' culture across Halton, with parents and carers having to repeatedly tell the story of their child to different health services. This causes delays in children and young people being identified as in need of help and is a source of genuine frustration to parents and carers.
- Arrangements in health to ensure that information submitted for EHC plan assessments and plans is sufficient and of good quality are not robust. The way that this information is used and put into plans is inconsistent. In some cases, outcomes submitted by health staff were not the outcomes in final plans. This does not support effective planning for 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

- Visual impairment services, audiology and teachers of the deaf provide effective support for children and young people. Services are timely and of good quality. Their work is making a positive difference to the lives and development of these children and young people. For example, the work of the teachers of the deaf ensures that teachers have the skills and strategies to fully engage children and young people who are deaf in learning alongside their peers.
- Parents welcome a recent initiative which involves weekly visits to their school by an ophthalmologist. Children are now able to have their eye tests and eye drops put in at school, where previously children had to go to a clinic appointment. This is less stressful for them and means they do not miss valuable learning time in school.
- The special educational needs and disabilities information and advice support service (SENDIASS) works effectively with young people as well as parents across the local area and is developing strong links with the local college. It supports a large number of young people, encouraging them and giving them confidence to have their voices heard.
- Parents are signposted to SENDIASS from the ICART team and also by school special educational needs coordinators (SENCos). SENDIASS have recently

engaged with 'Umbrella Halton', who offers support to newly arrived asylum seekers in the area. As a result, vulnerable children and young people who are new to the country receive early support and advice.

- Young people are involved in the allocation of grants of up to £10,000 to enable community organisations to develop new and different short-break opportunities. In response to parental requests, a new initiative to offer specialist swimming tuition for children and young people was scheduled to start in April 2017. This widens the leisure opportunities for children, young people and their families.
- The quality assurance arrangements for reviewing health assessments for children looked after in Halton are strong. Plans are holistic and support the improvement of children's health and well-being. Carers of children looked after indicate that they receive good, prompt support from occupational and speech and language therapists.
- The provision for short breaks is, in the opinion of those who use it, 'excellent'. This is a good example of provision not designed 'for' young people but 'by' young people. There are 122 personal budgets in place for short breaks which give families greater choice and control.
- The support offered by the local area special educational needs (SEN) consultants to SENCos in schools is of good quality. SENCos report that this support is helping to improve their practice and ensures that the needs of children and young people are better met. There are effective examples of sharing good practice among schools. Special schools, schools with a resourced provision base and the pupil referral unit are readily available to offer support and advice to their colleagues.
- School nurses provide additional support to children with medical conditions by helping settings to manage medical problems and provide training to school staff. When needs are identified, this collaborative approach supports children to have their health needs met in school so they can continue to access their education.
- Joint working between health settings and the early years settings which inspectors visited is well established. Each setting has a named contact from the health visiting team which supports the integration of the two-year-old checks.
- Parents and carers of children in the early years settings which inspectors visited were positive about the progress their children have made. Parents and carers also benefit from access to resources and additional support to meet the needs of their children, such as behavioural programmes.
- The youth justice service works closely with the local area to meet the needs of young people in custody and to ensure that they receive appropriate support while serving their sentences. There are smooth transitions to enable their reintegration into society.
- Parents and carers of children and young people who have special educational needs and/or disabilities value the contribution of the designated clinical officer

(DCO) and specialist nurse for children with complex care needs. Having access to a named person for SEND in the clinical commissioning group (CCG) supports a coordinated response by health services.

- Local area and CCG officers support initiatives such as 'Halton Speak' and 'Bright Sparks'. These initiatives give young people who have special educational needs and/or disabilities the confidence to make a difference to their lives and also work for the benefit of other young people in the area by being involved in decision-making. For example, 'Bright Sparks' has involved young people with a sexual health consultation and in improving the quality of short breaks.

Areas for development

- The protocol in place for sharing information between agencies is not robust or clear enough. This is impacting negatively on the assessment and meeting of children's needs in Halton.
- Parents believe that professionals do not routinely work well together to meet the needs of children and young people. To a user, the system can feel disjointed and the history of the child's circumstances and situation has to be retold too often.
- The extent of parental dissatisfaction among a number of parents is not fully appreciated by leaders. At its root cause is ineffective communication, which creates frustration. There is a willingness from parents to understand better the position of leaders' rationale for decisions but parents say that there needs to be more transparency. As a result, some parents and carers are unable to manage their own expectations, for example when waiting for health services.
- The awareness of the local offer among parents is variable, with a number of parents reporting that the first time they had ever heard of it was during the inspection. Work and training has been undertaken to establish 'Local Offer Ambassadors' with the aim of offering peer support to access the local offer. However, this service is not yet established and parents want to know who to contact if they need support to access information available on the website. A number of schools within the local area do not have a link to the local offer on their websites.
- There is no protocol in place to support the transfer of specialist equipment for children and young people once they move settings. This leads to duplication, where similar equipment is being purchased for use both at home and in school.
- A number of children and young people are waiting too long to be assessed and to have their needs reviewed in some health services. In occupational therapy (OT) the challenge of attracting and recruiting staff to include a specialist sensory OT, in addition to increased demand for the service, contribute to these delays.
- The local area recognises that there is more to do to develop and increase the uptake of personal health budgets beyond continuing healthcare. Broadening

this will support children and young people in Halton to have more choice in how their needs are met.

- There is too much variability in the completion of annual health checks by general practitioners for those with learning disabilities aged 14 and over. This lack of consistency does not support an equitable approach to improving the outcomes of these young people.
- Bridgewater Community Health Care NHS Foundation Trust is not supporting staff to be able to write appropriate outcomes for children. As a consequence, the quality of outcomes for children in EHC plans is variable.
- The child development centre has developed a coordinated approach to support the children and young people they care for. This includes children and young people who have autistic spectrum conditions (ASC). However, input from CAMHS and educational psychology are not well established, which limits multidisciplinary decision-making and planning. Occupational therapy contributions can be delayed due to low capacity within the service.
- A number of children and young people are waiting too long to be assessed and to have their needs reviewed in some health services. Waiting times for ASC assessments exceed National Institute for Health and Care Excellence guidance. Parents can wait too long to receive the diagnosis that their children have attention deficit hyperactivity disorder. As a result, the much needed support is not received in a timely manner. In OT, the challenge of recruiting staff to include a commissioned specialist sensory occupational therapist, in addition to increased demand for the service, has contributed to delays.
- The alignment of EHC plans with child safeguarding plans is not sufficiently developed. Although these children are kept safe, professionals do not have all of the information they need to provide holistic support for these children and young people

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 children who have special educational needs and/or disabilities and are achieving a good level of development in the early years is improving and moving closer to the national average. This is the result of increased early years support and identification; stronger effective working practices and training to enhance confidence, development and expertise of staff in schools.
- Although still below the national average, the proportion of pupils reaching the expected standard in the phonics check in Year 1 is improving.
- At key stage 2 and key stage 4, the progress made by children and young people who receive special educational needs support in English and mathematics is improving and moving closer to the national average. While progress measures are below average, the attainment of these pupils is similar to or above the national average for all pupils.

- The proportion of young people who progress into post-16 provision is high. The achievement of these young people is also improving and is close to the national average.
- The proportion of 18- to 25-year-olds in settled accommodation and paid employment is much higher than the national average. Opportunities are provided for young people to stay overnight in an independent flat. Young people are supported to plan and cook meals, go shopping and undertake routine household tasks. This enables them to be away from their parents and carers for the first time and supports their effective preparation for adulthood.
- The support to develop independent-travel training is well established. This enables a significant number of young people to travel independently, giving them greater social opportunities after school or college and at weekends. Young people and their parents view this positively.
- The proportion of young people who are not engaged in education, employment and training (NEET) is broadly similar to the national average. The tracking panel has been effective in quickly identifying young people who are at risk of becoming NEET and put into place multi-agency support. An example of the effectiveness of this provision is that there is only one young person with an EHC plan who is NEET in Halton.

Areas for development

- The majority of children and young people who are excluded in Halton have special educational needs and/or disabilities. For a number of pupils, a permanent exclusion has been the trigger for an education, health and care assessment. Some parents feel that a permanent exclusion for their child is the only way to access an assessment. The local area is providing effective support to manage challenging behaviours in schools via the pupil referral unit. As a result, an increasingly high demand is being placed on this provision.
- The proportion of children and young people who are persistently absent is increasing. Leaders have identified that this is as a result of the increasing prevalence of children and young people who have SEMH issues. Leaders are working with schools and settings on a number of initiatives to meet the needs of these children and young people but there is a shared concern that current demand is outweighing the support available.
- The tracking and monitoring of the achievement of specific groups within the special educational needs and/or disabilities population is not routinely carried out with sufficient rigour. For example, the achievement of the most able pupils who have special educational needs and/or disabilities and those who are in receipt of enhanced provision funding is not evident. The information is known at a pupil level and at a school level but the overview of how well these pupils are achieving across the local area is lacking.
- Written outcomes in EHC plans are not always clear. Of the examples seen, too many are written in a jargon-ridden manner which does not clearly set out what will be achieved. At times, the outcomes are generic, for example, 'Child Y will no longer need the services of the physiotherapist'; 'Child Z will engage with

the entire learning offer in school and transfer these skills.' Guidance about EHC plans from Bridgewater Community Health Care NHS Foundation Trust is not supporting health practitioners to write effective outcomes for children and young people.

- EHC plans are not currently signed off by health professionals when finalised. Although the specialist nurse scrutinises the plans, there is no evidence to indicate that healthcare professionals sign off the EHC plans as being fit for purpose.
- The action plan to implement the SEND strategy needs further development. It does not accurately identify the impact of actions and the difference they make to children and young people. The action plan does not include appropriate timescales for the completion of tasks. There is also an absence of improvement actions from health services, despite leaders knowing what still needs to be done.
- There is no consensus of what co-production in Halton should look like. This lack of consensus has impeded how well co-production happens across the local area. Leaders acknowledge that co-production is an area for development and are committed to new and more effective ways of working.
- Young people who have disabilities believe that there is a 'them and us' divide among their peers in Halton. They are appreciative of the initiatives which leaders support but want to see more being done at a strategic level.

Yours sincerely

Jonathan Jones
Her Majesty's Inspector

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cc: Department for Education
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