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Mr Mark Palethorpe  
Acting Executive Director of People and Director of Children's Services, Cheshire East  
Middlewich Road  
Sandbach  
CW11 1HZ

Jerry Hawker, Chief Officer, Eastern Cheshire Clinical Commissioning Group  
Clare Watson, Chief Officer, South Cheshire & Vale Royal Clinical Commissioning Group  
Gill Betton, local area nominated officer

Dear Mr Palethorpe

### **Joint local area SEND inspection in Cheshire East**

Between 12 March 2018 to 16 March 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Cheshire East to judge the effectiveness of the area in implementing the special educational needs and disability 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 (SEN) 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 groups 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**

- While there are significant strengths in Cheshire East, these are overshadowed by serious weaknesses in the timeliness, process and quality of education, health and care (EHC) plans and the lack of an effective autism spectrum disorder (ASD) pathway.
- Leaders' evaluation identifies the main strengths and areas for development but the extent of the weaknesses in some areas of provision are not accurately identified. As a result, leaders' plans to address these significant issues are underdeveloped and not specific enough.
- Leaders know the context of the local area and the challenges they face regarding SEN provision. Actions have been taken to build the necessary capacity to ensure that more children and young people have their needs met within the local area, particularly around building capacity for extra spaces.
- There has been a significant improvement in the strategic leadership of SEN in the area. This has given impetus to the tardy implementation of the special educational needs and disability code of practice. Leaders are honest about how recently the implementation of the reforms began. There is no doubt that the pace of change has dramatically increased but there is a lot of lost ground to recuperate. Many actions are new and the impact cannot be fully seen.
- The energy and enthusiasm of leaders at a strategic level to improve provision is yet to impact on children, young people and their families. Professionals are able to see the difference and how their own practice is improving. Frontline professionals are committed and resolute in their work for children, young people and their families.
- There are well-established and strong relationships between leaders that facilitate joint working and a shared vision to improve outcomes for children and young people in Cheshire East. However, there is no formalised agreement as to how leaders in education, health and social care will work together.
- Children and young people are the local area's richest asset. Inspectors were impressed and humbled by the contribution that they make to enrich the lives of their peers and the local area. As was said to the lead inspector, 'I'm proud of my disability, it helps me see others in a different way and as they are. I'm a much better person as a result.'
- The children and young people who inspectors spoke to all had a secure understanding of how to keep themselves safe and what they would do should they have any concerns or worries. Inspectors also saw some excellent examples of the work carried out around sexual exploitation and lesbian, gay, bisexual and transgender matters.

## **The effectiveness of the local area in identifying children and young people's SEN and/or disabilities**

### **Strengths**

- The local area has ensured that all statements of educational need will have been converted to an EHC plan within the required timescale.
- Relationships between health professionals and professionals working in children's centres and early years are strengthened through co-location. This provides improved opportunities to identify and share information about families and young children who have additional needs.
- Robust pathways are used by the hearing and visually impaired services that support early identification. This leads to the effective assessment and meeting of these children's needs, which is praised by parents and school leaders.
- Health visitors seconded within the early years team have boosted the partnerships between settings, early years and health. This supports joint working and information-sharing. Early years settings have a named health visitor and links are developing with childminders. Where embedded, this joint working approach supports the identification of young children who have additional needs.
- School nurses are commissioned to complete the national child measurement programme and school entry assessments to include hearing and vision checks. This allows for quick and early referrals to other services if required and appropriate support to be put in place.
- Professionals working across the area are proactive in identifying where the needs of children and young people could be met. For example, professionals recognise the need for bespoke sexual health, drugs and alcohol education for young people who have SEN and/or disabilities. This is delivered in schools by the youth service with parental permission. The young people spoke to inspectors about how much they learned and felt well informed.
- Health visitors have good links with general practitioners and attend practice meetings to discuss vulnerable children. These meetings support joint working and information-sharing about children and families and allow for a timely response to families' changing needs.
- All schools have a named nurse and all secondary schools have a 'drop in' service. This enables children and young people to have timely access to health services.

### **Areas for development**

- The vast majority of parents who contributed to the inspection do not believe that their children's needs have been identified in a timely manner. They are justified in their view.
- EHC plans are not being completed in a timely manner. This delays children and young people's needs being met and sets them and their families back.
- Capacity within the education psychologists' team has severely affected the delays.
- The process of requesting an EHC plan is not universally well understood. There

is the widespread perception that only educational professionals can request an assessment for an EHC plan. Most parents reported that the responsibility to gather evidence was left to them. Other professionals agreed with this. The process is not clear for parents or some professionals and the parents feel 'abandoned' in the process.

- Pathways from the three main maternity services to health visiting to support antenatal contacts are inconsistent and hinder the timely sharing of information about ongoing pregnancies.
- Neonatal screening checks are not achieving expected targets. This means that some babies who may have additional needs are not being identified in a timely manner.
- Antenatal and two- to two-and-a-half-year integrated health checks are undertaken on a targeted basis rather than being completed as part of a core universal offer. This limits this key approach to assessment from benefiting more children and aiding the joint early identification of needs.
- Leaders' own data indicates that the reach of mandated checks in children under five is variable and not consistently achieving expected targets. The needs of some of these children are not being identified early enough and their needs are going unidentified for too long.
- School nurses are not commissioned to complete additional universal health needs assessments on children at key points. This delays the early identification of emerging or unmet health needs throughout children's school years.

## **The effectiveness of the local area in meeting the needs of children and young people who have SEN and/or disabilities**

### **Strengths**

- The SEND toolkit developed by the local area is being rolled out across settings to ensure that there is a consistent approach to children and young people's needs being met. The toolkit is designed to provide cohesive provision from 0 to 25 years. Leaders in schools are very positive about its usefulness in helping to further improve and strengthen provision in their own settings.
- The early years complex care team is highly valued by parents. Parents appreciate the support they receive. Communication from the team is strong and the advice and support provided to parents is of high quality. As a result of the work of the team, parents are confident that their children's needs are identified accurately and in a timely manner. Parents believe that their children's needs are then met effectively within settings.
- The children with disabilities team is effective in its work. The team play a key role in coordinating provision for the children and parents have confidence that the support provided by the team to families has a positive impact on the quality of family life.
- The children with disabilities team's care packages panel ensures that joint decisions around individual support are taken promptly, enabling provision to be put in place in a timely manner. For example, there is an existing agreement around tripartite funding. This means that where a child's support needs require

funding from education, health and social care, decisions can be made at panel without the need for further referrals to individual agencies. There is consistent multi-agency representation and strong links have been established with adults' social care and health services.

- Cheshire East autism team is universally praised by parents and school leaders for the quality of service it provides. Many parents told inspectors that they would be 'lost' without this service. They particularly value the interest that this team pays to the families of the children and young people.
- Health staff engage in multi-agency working to help safeguard children, which ensures that children's health is considered as part of ongoing multi-agency assessments.
- The quality of the review health assessments completed by the 16 to 19 children looked after nurse are of a high standard. Health actions are clear and person-centred. As a result, needs are being effectively met.
- The designated clinical officer has established links with the cared-for children team to improve joint working and align plans for cared-for children who have SEN and/or disabilities. Staff have been trained and have access to records where appropriate. This ensures that the most vulnerable children are known to health leaders.

### **Areas for development**

- ASD diagnostic pathways across Cheshire East are inconsistent and not compliant with NICE guidance. Children under four years of age are not able to access any diagnostic pathway in parts of the area. This is a serious shortcoming in meeting the needs of children and young people.
- The quality of EHC plans are inadequate. The plans are, at best, statements of educational need. Despite other professionals making good contributions to the plans, this information does not always translate into meaningful outcomes. Inspectors saw far too many examples of children who have significant health and/or social care needs yet their EHC plans state 'none identified'. This failing on the part of leaders has a detrimental effect on the lives of children, young people and their families.
- The annual review process is often not completed within expected timescales. As a result, many children and young people's changing needs and outcomes are not being acknowledged in a timely enough manner and required changes to provision or placement are not reflected in children and young people's EHC plans. Inspectors saw a number of examples where annual review plans had not been finalised after more than 18 months.
- The overwhelming majority of parents who contributed to the inspection did not believe that their children's needs were being effectively assessed and met.
- Due to delays in identification of needs and the subsequent failure to meet needs effectively, some families have now entered the social care system. This situation could have been avoided had their children's needs been identified sooner and the appropriate provision put in place. Some parents recounted how they now 'fear' for their children's futures.

- Completion of annual health checks for 14- to 25-year-olds who have learning disabilities varies between CCGs. As a consequence, there is a risk that needs are not identified or assessed in a timely way so as to improve outcomes.
- The local offer initially appears intuitive, comprehensive and easy to use. However, many parents do not believe that it actually provides them with the information and support that they need. For example, the local offer does not contain up-to-date information about the provision of the school nursing service and where staff are based. Similarly, the local offer does not signpost to mainstream post-16 providers, only to specialist provision.
- Professionals are not always aware of the range of post-16 provision available within Cheshire East. Parents are concerned about post-16 and post-19 pathways. This is due to the absence of awareness amongst parents of the pathways that exist for these young people. Some parents told inspectors that they had been told that Cheshire East do not provide supported internships and to go elsewhere to access routes into employment. This does not build parental confidence in the system within Cheshire East.
- The lack of commissioned sensory occupational therapy in Cheshire East means that children and young people's sensory needs are not always recognised and the appropriate strategies and support provided. Some parents report that the lack of training and support for schools leads to heightened levels of anxiety in their children.
- Health visitors reported that they are providing more support to children who have additional needs. Practitioners offer families enhanced support but they do not feel they have all the necessary skills to meet identified needs.
- The school nursing service do not have an oversight of children and young people with SEN and/or disabilities and are not routinely contacted to contribute to EHC assessments and reviews. This prevents critical information being used to inform EHC plans.
- The school nursing service reported they are not part of transition planning meetings for children and young people with EHC plans. Inspectors did not see any evidence of EHC plans in school nurse records.
- Although parents acknowledge there has been some improvement since 2014, parents' experience is that services still do not appear to be joined-up, which results in parents having to tell their story many times to different professionals. Parents are particularly frustrated at the frequent changes in health professionals involved with their child. This means that the 'tell us once approach' is not embedded across the local area.
- The preparing for adulthood policy is not a multi-agency transitions protocol, but focuses solely on the transition from children's to adults' social care services. There are no agreed multi-agency pathways for transition from children's to adults' services. This means that young people who have SEN and/or disabilities do not routinely experience continuity in provision and access to services when they reach the age of 18.
- There is no shared understanding or definition across all partners of co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all). This means that there is varying quality of co-



production happening. Inspectors saw examples of strong co-production but also saw other examples that demonstrated engagement and involvement rather than true co-production.

- Results from the 'strength and difficulty questionnaires' are not effectively shared to inform children looked after health assessments. This does not allow opportunities to consistently assess, track and respond to emerging emotional and mental health difficulties for these children.

## **The effectiveness of the local area in improving outcomes for children and young people who SEN and/or disabilities**

### **Strengths**

- Cheshire youth justice service have developed a prevention project aimed at diverting young people from formal criminal sanction. The service works with a range of multi-agencies to ensure that young people who are under the justice system have their SEN and/or disabilities supported. This has resulted in young people not being involved in the justice system and accessing more appropriate treatment services.
- Programmes to re-engage young people who have SEN and/or disabilities and who are not in education, employment or training include the allocation of a designated worker. This is proving successful in that these young people are re-engaging with education, employment or training.
- The work of the supported accommodation panel is having a positive impact on the lives of young people. As a result, young people with complex needs transition into supported living with appropriate support tailored to meet their individual needs.
- Joint working between health and social care services in relation to planning services for vulnerable young people such as care leavers is effective. This leads to positive outcomes for young people such as the provision of housing for care leavers facing homelessness.
- Children and young people who have an EHC plan consistently achieve above the national average across all measures at all key stages. The attendance of these children and young people is also better than the national average.
- The proportion of 19-year-olds who have an EHC plan qualified to level 2 including English and mathematics or level 3 is consistently well above the national average.
- The proportion of young people who are in paid employment is much higher than the national average. This is as a result of the local area's work to engage with the various employers and local businesses.
- The medical needs tuition team are effective in ensuring that the children and young people in their care achieve well and attend well. All of these children and young people are engaged in education, employment and training. Parents are very complimentary of this service.
- The emotionally healthy schools project has entered the next stage of its development. The initial findings are extremely positive. For example, those

involved in the project saw a notable reduction in referrals to child and adolescent mental health services. Children and young people are its biggest advocates and they are instrumental in its implementation across Cheshire East.

- All the children and young people involved in the inspection access some form of activity outside of school. This supports the development of their independence skills and provides them with the opportunity to meet their peers outside of the school context.
- There has been a significant rise in adults with learning disabilities in settled accommodation. This allows young adults to live independently and continue to grow in confidence.

### Areas for improvement

- It is unclear how outcomes achieved by children and young people as a result of access to short-break provision are measured. This means that the local area cannot be certain of the effectiveness of the short-break programme in improving outcomes for children and young people who have SEN and/or disabilities.
- Children and young people who have SEN support do not achieve as well as their peers nationally across subjects and in all key stages. This group of pupils are also more likely to have a fixed-term exclusion than their peers nationally.
- Personal budgets are not being routinely offered to parents. Many parents told inspectors that they had not heard of it or had it offered to them. The opportunity and resource to improve the quality of the lives of children and young people and their families is therefore being missed. Personal health budgets are still in the early stages of development.

### 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 timeliness, process and quality of EHC plans
- the lack of an effective ASD pathway and unreasonable waiting times.

Yours sincerely

Ofsted	Care Quality Commission
Andrew Cook HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice



Jonathan Jones HMI Lead Inspector	Elaine Croll CQC Inspector
Lesley Cheshire Ofsted Inspector	

Cc: DfE Department for Education  
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