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Mr J Winterbottom
Director of Children's Services, Wigan
Town Hall
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Donna Hall, Chief Executive Officer
Cath Pealing, Local Area Nominated Officer

Dear Mr Winterbottom

Joint local area special educational needs and/or disabilities (SEND) inspection in Wigan

Between 18 June 2018 to 22 June 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wigan 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 CQC.

Inspectors spoke with children and young people who have SEND, 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 SEND 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

- Leaders have an accurate view of the local area's strengths and weaknesses. Education, health and social care work well together to improve the provision for children and young people who have SEND and their families. Leaders'

empowering of professionals and families to devise and implement local solutions has made a positive difference. However, this 'ground up' approach has led to inconsistency and variability in some aspects of SEND provision across Wigan.

- Children, young people and their families are at the heart of the Wigan local area SEND strategy. Effective joint working between health, education and social care leaders, managers and frontline staff is breaking down professional boundaries. The local parent carer forum is a valued partner. They host consultation events, share information and are involved in the 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) of the renewed local offer.
- Leaders have already put in place credible plans to realise their ambitious vision. The local area's transformation plan and draft SEND strategy are truly co-produced because leaders ensured that all key stakeholders were involved. All partners continue to work together to improve SEND provision for children, young people and their families.
- Identification of children and young people's less-obvious needs is inconsistent. For example, the identification of children and young people's social, emotional and mental health (SEMH) needs often focuses on symptoms rather than underlying causes. However, the educational psychology service (EPS) has carried out some action-based research projects. Their findings have informed the early intervention and support for an increasing number of children and young people identified with SEMH needs.
- Multi-agency partnership work is a strength of the local area. Good working relationships between leaders, managers and frontline staff help to accelerate the pace of change. Moreover, leaders' mandate to staff to put in place 'quick fixes' to make things better for children, young people and their families is improving lives.
- Children and young people's academic outcomes are not improving quickly enough. Children and young people who have SEND make slower progress from their starting points than those without SEND, both nationally and in Wigan.
- Too many children and young people who have SEND do not attend school on a full-time basis. The attendance of children and young people who have SEND reduces dramatically as they move into high school. This decline continues until the end of Year 10. Moreover, the number of children and young people who have SEND who are excluded from school is above the national average.
- Leaders know what a good education, health and care (EHC) plan looks like. They have ensured that education, health and social care staff all contribute meaningfully to plans and that the voices of the child and family are evident. Training for staff is helping to make the quality of these plans more consistent. However, the outcomes set for children and young people are not holistic and do

not routinely match with the aspirations of the child or young person and their parents.

- The identification, assessment and meeting of needs for the youngest children is a real strength across the local area. As a result, an increasing number of children are 'school ready' or have appropriate support in place as they begin school.
- Across the local area, children and young people, including those who have SEND, have a good understanding of how to keep themselves safe, including in relation to sexual health, drugs and alcohol.
- Many parents are unaware of Wigan's local offer. In addition, although many parents and their children access short break provision, there is confusion about what constitutes a 'short break'. Wigan's new local offer, co-produced by parents, young people, professionals and other stakeholders, is due to be launched shortly. Parents and professionals agree this new local offer is more accessible and 'user-friendly'.
- Transitions across education, health and social care at key points in children and young people's lives are well planned and managed.
- The local area takes good care of its most vulnerable children and young people who have SEND. Staff across the different partnerships work well together to make sure that children looked after, those missing education and young offenders have their health, care and education needs met so far as possible.
- The quality of provision to prepare young people for adulthood is variable across the local area. There is inconsistency between the different post-16 and post-19 providers. Some young people are exceptionally well prepared for adulthood; they live in settled accommodation, have a good social network and are in employment. However, other young people and their families are anxious about the future as no suitable long-term plans are in place.
- Leaders and managers do not evaluate the impact of their work routinely enough. As a result, planning is not always based securely on an accurate, in-depth understanding of what makes the most difference to outcomes for children and young people. This means that there are missed opportunities to share and celebrate successes.

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

Strengths

- Holistic health and development assessments help to identify the emerging needs of very young children. For example, the integrated two- to two-and-a-half-year-old developmental assessment is completed with the parent, by a member of the health visiting team and early years education staff, including early years SEND coordinators. This ensures that a child's needs are identified, assessed and met efficiently and effectively. As a result, the number of early health notifications is

increasing and the number of children starting school with unidentified needs is reducing.

- In the overwhelming majority of cases, the local area is meets the 20-week deadline for EHC needs assessments. This is well above the national average.
- The EPS are starting to make good use of more accurate information around the profile of needs across the local area. They find what works well and use this information well to plan more effective approaches to early identification and prevention. For example, they deliver programmes in schools to reduce the number of teenage girls developing mental health conditions.
- Multi-agency early intervention and preventative work is helping the child and adolescent mental health service (CAMHS) to have greater capacity to provide more timely support for the children and young people with the greatest needs.
- The local area has wasted no time in putting in place support for those young people who present with previously unidentified needs when they move on to sixth forms and colleges. As a result, these young people are helped to complete their courses successfully and the large majority move on to further and higher education or employment.
- Regular multi-agency meetings provide useful forums for professionals to share information about children and young people. Professionals are then able to agree the most appropriate course of action to address any emerging issues or concerns. This approach helps to ensure that children and young people's needs are identified in a timely manner.

Areas for development

- Children and young people whose needs are not immediately obvious do not have their needs identified consistently well. For example, too often, professionals do not investigate potential underlying causes that lead to the challenging behaviour of an increasing number of children and young people. As a result, these children and young people do not always have any primary needs, such as communication and language difficulties, met in a timely manner.
- Parents' perceptions are that schools, particularly primary schools, are the gatekeepers to SEND support for their children. Parents and other professionals are frustrated that some primary schools do not always believe them if the child is struggling at home but appears to be coping in school. For these families and their children, the lack of identification and assessment of needs has a detrimental effect on their day-to-day family life. Many parents describe how their child 'holds it together' in school but then their behaviour is unmanageable at home.
- Follow-up support and help for parents once a diagnosis is notified is inconsistent. Some parents feel that they are left 'high and dry', with no idea what will happen next, at a time when they need support and help the most.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs (SEN) and/or disabilities

Strengths

- Families with infants identified in the neonatal period as having an additional need benefit from additional support. In addition to the named health visitor, families are offered a joint visit with a 'screening link health visitor', who supports the family following the identification and diagnosis. This reduces parental anxiety and empowers parents to be confident in the specialist services that they may be required to access. This is an improved experience, because many parents of children at primary school describe a negative experience in the past.
- The child development unit (CDU) is a team of multi-agency professionals for children aged 0 to 5 years. Joint assessments by the different services under the CDU ensure that the children's holistic needs are assessed and understood by all professionals. This approach reduces the need for duplicate appointments for families. Moreover, this supports the 'tell it once' approach, avoiding the need for parents to retell their story to multiple professionals.
- The families of young children with the most complex health needs benefit from a holistic community nursing service. This works to the local area's 'think family' approach. Nurses support parents and siblings as well as the children on their caseload. This enables nurses to meet the needs of each child within their family better.
- Training is used effectively to increase the skills of frontline staff and their ability to improve services. For example, midwives, health visitors, school nurses, early years and school staff have had training from the speech and language therapy team. This training has improved front-line staff's understanding of normal speech and language development. As a result, they are able to identify any potential needs earlier. Moreover, these staff can now provide timely strategies, activities and interventions, often without the need for a speech and language referral.
- The local area's transition to 'place-based teams' has significantly improved the joined-up approach of education, health and social care staff to meet the needs of children, young people and their families in the pilot areas. This has increased the proportion of children and young people having their needs identified and met earlier. Furthermore, the number of referrals from these areas to specialist services have reduced.
- In response to the increase in children and young people identified with SEMH needs, the local area implemented an 'emotionally friendly schools' programme in a cluster of 10 schools. The pilot involved consultation and training for staff as well as direct work with children and young people. The schools involved increased their understanding and confidence to support young people with their mental health. As a result of this programme, the number of young people in

these schools referred to CAMHS specialist services reduced dramatically, improving the timeliness of accessing CAMHS for those children and young people who need it.

- Children and young people who are electively home-educated and those who attend the alternative provision academy are able to access the universal school nurse healthy child programme. In addition, the school nursing service reaches out to children looked after and young offenders. This means that these vulnerable children and young people can have their health needs assessed and met.
- The virtual school and clinical commissioning group work well together to ensure that any emerging issues or difficulties are quickly picked up and acted upon. This means that children and young people who are looked after are helped to build up key skills, such as resilience. These skills help children looked after to make more successful transitions, whether to a new school, foster care placement or into independent living.
- Professionals work together to support children and young people well through carefully planned and supported transitions. For example, joint visits with both children's and adults' health services are offered to young people at the point of transition into adult social care. This promotes a clear understanding of needs as well as securing appropriate interventions to meet needs by adult services. Furthermore, there is positive transition work between primary and secondary schools, which includes extended and additional transition meetings and familiarisation sessions.
- Significant financial investment by the local area into the community investment fund enables the commissioning of needs-led services across the local area. For example, 'Hop, Skip and Jump' offers immediate and flexible respite day and evening care for children and young people who have SEND. Parents consistently report the positive difference that these services make to their lives and those of their children.
- The local area has introduced some innovative practices to improve the day-to-day lives of children and young people with autism. For example, taxi drivers complete autism training as part of their licencing agreement. Moreover, as part of refurbishment work at bus stations, the transport hub is being developed as an autism-friendly environment. Furthermore, virtual reality technology is used to help children and young people with autism to access new buildings virtually, such as schools, leisure centres and health services, with confidence.
- Engagement and co-production is a strength of Wigan. The local parent carer forum has been instrumental in putting together the new local offer and the co-production of the planned neuro-developmental pathway. Children and young people also play an important role. They are routinely involved in the recruitment of senior staff, service development and actively champion the rights and needs of children and young people in Wigan.
- The local area has dramatically reduced the delays in the diagnostic pathway for

autism. Over 200 children and young people have been assessed in recent months. Consequently, children and young people are now assessed within three months of referral.

- The information, advice, support training and advocacy offered by both SEND information, advice and support service (SENDIASS) and Embrace, a local charity, is a 'lifeline' for parents. Parents are effusive in their praise for the positive difference the support of the staff has made for them and their families.

Areas for development

- Leaders recognise the weaknesses in assessing and meeting the needs of children and young people with social, emotional and mental health needs. This is because many professionals do not seek to identify routinely the underlying reasons why children and young people exhibit challenging behaviour. The resulting decline in attendance and rise in exclusions has led to extended periods out of school for some young people, which further exacerbates their needs. Some professionals, including school nurses, report that they would benefit from additional training around emotional well-being and mental health difficulties. This would help them better assess and meet the needs of this group of children and young people.
- The quality of EHC plans is variable. Leaders understand the characteristics of an effective EHC plan and they ensure that the voice of the child is captured, and that education, health and social care needs are explained clearly. However, too many plans do not identify specific and ambitious outcomes that meet children and young people's needs and aspirations
- There is too much variability and inconsistency in the quality of careers education, information, advice and guidance between providers. Moreover, in some educational settings, there is a lack of urgency in equipping young people with the skills and experiences that are essential for leading successful adult lives. As a result, too many young people are unclear about what the future holds for them.
- Some parents are frustrated by weaknesses in communication across the local area. For example, many parents are unaware of the local offer. There is confusion over what constitutes a 'short break' and some parents do not understand whether they have access to personal budgets or how these can be used.
- The predominance of services around Wigan town centre means that, for too many families in Leigh, Atherton and Tyldesley, access to services is too dependent upon their own ability to transport their children. As a result, many parents access very few services outside of schools and colleges, which compounds the sense of isolation that some children, young people and their families feel.
- Parents typically have the perception that an EHC plan and access to a special school provide a 'golden ticket'. This myth is perpetuated by the LA's over-

willingness to carry out assessment for an EHC plan, even when not in the child's best interests.

- Parents and professionals report that SENDIASS provides a valuable and impartial service. However, SENDIASS is significantly under-resourced and, as a result, is overwhelmed by a large case load and a growing waiting list. Consequently, intervention is often crisis-driven.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs (SEN) and/or disabilities

Strengths

- Parents of children in the early years, report that their children's development and well-being have improved as a result of their own knowledge, skills and confidence increasing. This has led to an increased number of children attaining a good level of development by the end of the early years.
- Early intervention and support for families with young children who have SEND has reduced the frequency of family breakdowns. As a result, far fewer young children who have SEND are looked after when they start school.
- A large proportion of children and young people who have SEND attend schools that are judged as good or better by Ofsted. All special schools in Wigan, including the alternative provision academy, are judged good or better.
- There have been changes to local housing services, resulting in the building of new accommodation based on the needs of young people who have SEND. As a result, the number of young people who move into settled accommodation has greatly increased. The large majority of young people who have SEND in Wigan are now in settled accommodation. Moreover, this strategic approach has reduced the number of young people living outside the local area.
- The redesign of adult day services is increasing the proportion of young people who move into employment, including those going into supported volunteering.
- The local area have increased the quality and quantity of the short breaks offer. There are effective arrangements in place to secure long-term sustainable respite plans. As a result, more families and children with complex needs reap the benefits of the limited number of residential places available in the local area.
- Staff and managers in the youth offending team make much better use of community sentences to deliver the help and support that young people need to get their lives back on track. This approach means that the number of young people who have SEND re-entering the criminal justice system has reduced.

Areas for improvement

- Leaders do not gather and evaluate information around the performance of children and young people receiving SEND support systematically. This hampers

leaders' efforts to evaluate the local area's effectiveness in identifying, assessing and meeting the needs of this group.

- Educational outcomes for children and young people who have SEND are not improving quickly enough. Slow progress across the primary years exacerbates the attainment gap to other children and young people nationally as well as their non-SEND classmates. As a result, children and young people who have SEND typically start secondary school unprepared for the challenges and demands that they will face. Consequently, children and young people continue to make slow progress throughout secondary school and levels of attainment remain low at the end of Year 11.
- Children and young people's attendance rates decline when they get to secondary school. Too many children and young people who have SEND in secondary schools miss out on large chunks of their education.
- There are a concerning number of children and young people who have SEND excluded from mainstream schools. Many of these children and young people have not had the underlying causes of their behaviour correctly identified. Moreover, the rise in exclusions means that there are insufficient places for these young people at the alternative provision academy. This is compounded by more children and young people, most of whom have SEND, staying at the alternative provision academy for longer periods of time while they wait for suitable school places to come available.
- Too many children and young people who have SEND are socially isolated. This is because suitable community-based activities are either poorly communicated or dependent upon where young people live and their parents' ability to transport them.
- A significant number of EHC plans have poorly written outcomes. Frequently these outcomes do not reflect the aspirations and ambitions of the child or young person and their family. Moreover, they are resource- and service-led rather than outcome-focused.

Yours sincerely

Ofsted	Care Quality Commission
Andrew Cook Regional Director North West	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Pippa Jackson Maitland HMI Lead Inspector	Karen Collins-Beckett CQC Inspector

Matthew Rooney	
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Cc: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
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NHS England