

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



6 February 2019

Mr Steve Peddie  
Director of Children's Services, Warrington  
2nd Floor, New Town House  
Buttermarket Street  
Warrington  
WA1 2NJ

Andrew Davies, Chief Officer, Warrington Clinical Commissioning Group  
Kellie Williams, Nominated Officer, Warrington Borough Council

Dear Mr Peddie

### **Joint local area SEND inspection in Warrington**

Between 10 December 2018 and 14 December 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Warrington 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 with special educational needs and/or disabilities (SEND), parents and carers, local authority and 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.

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

## Main findings

- Leaders have a generally strong awareness of strengths and weaknesses across the local area. This is reflected in Warrington's new SEND strategy, which seeks to ensure that 'the right services get to the right children at the right time'. The local area's initial response to the reforms was focused on compliance and building the infrastructure for future development. The new strategy embraces the spirit of the reforms and seeks to transform the quality and effectiveness of services further.
- Leaders have devised sound plans to address many of the weaknesses that they have identified. In most cases, the local area can demonstrate how it has built capacity to address these weaknesses. In addition, leaders have already taken actions that are bringing about improvement. For example, their actions to improve preparation for adulthood have resulted in a significant reduction in the proportion of young people with SEND who are not in education, employment or training (NEET).
- Senior leaders from education, health and care work closely. They are increasingly commissioning services jointly for the benefit of individuals and groups of children and young people. However, they recognise that more needs to be done to develop services for young people with SEND who are aged between 18 and 25.
- Families are becoming increasingly influential in the design and implementation of plans and services across the local area. The Warrington Parents and Carers group (WARRPAC) is valued greatly. It provides a focal point for the local area's work to co-produce services with parents and carers.
- Children's needs are generally identified well before they start school. This leads to the timely assessment of need and the provision of appropriate and effective support through a coordinated multi-agency approach. The early years inclusion panel acts as a single point of entry for all early concerns.
- Leaders have ensured that educational providers are at the forefront of the local area's response to the reforms. They have established effective systems to build the skills and expertise of school staff. This ensures that schools identify children and young people's needs more quickly than in the past. It also underpins improving academic outcomes for those with an education, health and care (EHC) plan and those requiring SEN support.
- Schools and colleges have typically embraced the spirit of inclusion that has been promoted by the local area. This helps to ensure that children and young people with SEND continue to attend well and are rarely excluded.
- The quality of EHC plans is inconsistent. In particular, the intended outcomes are often poorly written and lack specificity.
- The virtual school works closely with staff who support children and young

people with SEND who are looked after. This ensures that their needs are identified early and are well met.

- Children and young people have benefited from a consistent approach to the promotion of their emotional health and well-being. Jointly commissioned initiatives, such as the 'Future in Mind' project, have contributed to the strength of the local area's work in this area.
- The local area has not always ensured that children and young people have had timely access to specialist equipment and resources. Although leaders are aware of this and are taking effective action, some children have had to wait too long for vital equipment such as wheelchairs.
- The local area's work to prepare children and young people for adulthood has not been consistently effective and this has led to very mixed outcomes. For example, care outcomes, such as the proportion of young people in settled accommodation, have compared favourably to national averages. In contrast, the proportion of young people in paid employment has been low and too many young people have been NEET in the past.
- Leaders have not ensured that children and young people benefit from a consistent and coordinated approach to independent travel training. This exacerbates the weaknesses that exist in relation to young people accessing appropriate education, employment or training.
- The clinical commissioning group (CCG) does not consistently take swift and effective action to address areas of known weakness in the services that it commissions.

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

### **Strengths**

- The local area completed all transitions from statements of special educational needs to EHC plans by the deadline of March 2018. The large majority of plans are completed within the expected 20-week timescale.
- Early years staff work closely with healthcare professionals. They are co-located in children's centres, which helps to further strengthen joint working. Children's centre staff also have strong links with the neonatal unit at Warrington Hospital. This proactive approach helps to identify the needs of babies and their families at the earliest point.

- Healthcare professionals complete initial health assessments for children who enter care in a timely manner. This aids the early identification of healthcare needs. However, healthcare staff have more to do to improve the timeliness of the review of health assessments that aid the identification of new or emerging healthcare needs.
- The youth offending service quickly identifies communication difficulties in children and young people that it works with through the employment of a dedicated speech and language therapist.
- The needs of young children are identified well. As a result, children and families are able to access the support that they need in an appropriate timeframe.
- Improved support and training for SEN coordinators (SENCOs) has helped to sharpen processes for identifying pupils' needs. Schools are becoming increasingly adept at identifying whether needs relate to SEND or other factors such as deprivation.

### **Areas for development**

- The health visiting service has not ensured that expectant parents and new-born babies have always benefited from timely checks of their needs. More recent information indicates an improvement in new-birth visits, but recent figures are still below targets. Checks on the development of children aged between two and two and a half are not fully integrated with clear information-sharing between different services. As a result, there are still missed opportunities to further strengthen pre-school identification of need.
- The uptake of annual health checks with general practitioners for those with SEND aged between 14 and 25 is low. This restricts opportunities to search for new and emerging healthcare needs for this vulnerable group.
- Older children who attend the pupil referral unit (PRU) have typically not had their needs identified well in the past. Older children in the PRU they attend have their needs quickly identified and as result some then go to specialist provision. However, younger children have typically had their needs identified prior to joining.
- Bridgewater Community Healthcare NHS Foundation Trust has not ensured that flagging systems on children's electronic patient records are accurate and used effectively. For example, records do not consistently identify children with SEND and/or an EHC plan. These electronic systems are not used consistently well. As a result, some families have to tell their story several times to different professionals.

## **The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities**

### **Strengths**

- The portage service provides much-welcomed support to young children in the family home. It helps parents and carers to support their children more effectively and eases the transition for these children to early years settings.
- The diverse needs of very young children are being met effectively through a coordinated multi-agency approach. All pre-school-age referrals are considered by the early years inclusion panel, which acts as a single point of entry for early concerns.
- Young children and families are well supported by specialist nursery settings and children's centres. Children in these settings benefit from effective joint working between different agencies, such as portage services and hearing and visual impairment services. Parents told us how much they value this joined-up approach to meeting their children's needs.
- Leaders have taken great strides towards improving the educational provision for pupils with SEND across the local area. For example, they have developed the understanding and expertise of staff in schools through the use of peer-to-peer reviews. These reviews involve staff from various schools evaluating the effectiveness of the support that is provided to pupils with SEND in different settings. This is helping to enhance the support that schools across Warrington provide for pupils. It is also working towards leaders' ambition for 'every school being a place for SEND and every teacher being a teacher for SEND.'
- Leaders have improved the knowledge, skills and understanding of schools' SENCos. A recently appointed SENCo for the local area is helping to further strengthen the support and training provided to this group. This enhances the effectiveness with which schools identify and meet pupils' needs.
- The children and young people spoken to greatly appreciate the support that they are provided with in their school or college. They praised schools for 'adapting to our needs' and spoke highly of members of staff whom they trust greatly.
- In the schools visited by inspectors, parents and carers were effusive about the 'brilliant' ways in which a broad variety of current schools and colleges meet their children's needs. They were equally glowing about the support offered by special, mainstream, maintained and independent schools. A sample of the large number of parents and carers with children in designated provisions indicates that parents and carers are particularly positive about the flexibility that specialist provision within a mainstream school provides.
- The virtual school works closely with staff who support children with SEND who are looked after. They ensure that great attention is paid to ensuring that the

needs of these pupils are consistently well met. EHC plans for these pupils outline specific and measurable outcomes that align closely with the contents of personal education plans.

- Children and young people have benefited from a consistent approach to the promotion of their emotional health and well-being. For example, the 'Future in Mind' project, which has been jointly commissioned by education and health services, involves workers from child and adolescent mental health services (CAMHS) providing guidance and support to children, young people, parents and carers in schools. These strategies help children and young people with SEND to become more resilient. The strategies have also reduced the number of children and young people falling into crisis and the number of reported incidents of self-harm.
- Senior leaders from education, health and care work closely together. They are increasingly commissioning services jointly. For example, bespoke joint commissioning ensures that effective support is provided for children and young people with the most complex needs. A number of new initiatives, such as the introduction of an electronic format for EHC assessment and new pathways to support children and young people with challenging behaviour, have also been jointly commissioned.
- Families are becoming increasingly influential in the design and implementation of plans and services across the local area. For example, the new SEND strategy 2018–2021 was co-produced by parents, carers and leaders. In addition, a new programme of support for pupils with challenging behaviour is about to be launched, which has been co-produced with parents and carers from the initial idea to the moment of delivery.
- The views of children, young people, parents and carers are captured increasingly well in EHC plans. The local area utilises useful strategies to ensure that young children and those with communication needs are helped to articulate their likes, hopes and aspirations.
- Leaders have consulted closely with parents and carers to develop a clearer understanding of gaps in the range of short breaks that are offered. Leaders have now taken steps to broaden the short breaks offered further and to address some of these gaps. For example, the variety of sessions organised through the Warrington Play and Sensory Centre has increased. In addition, many pupils spoken to by inspectors described how they participate in a range of activities, such as handball and drama, organised through the Warrington Wolves Foundation.
- A high number of families access personal budgets to give them greater choice and control over services to meet their children's care needs. However, not many families take advantage of personal budgets to meet healthcare and educational needs.

- The service offered by WARRPAC is greatly valued by many. The group facilitates a number of opportunities for parents and carers to meet and provide mutual support. WARRPAC has also provided a focal point for the local area's work to co-produce services with parents and carers. Key events, such as the annual parent and carer conference, play an increasingly important role in determining the strategic direction of service development within Warrington.
- The special educational needs and disabilities information, advice and support service (SENDIASS) works effectively with parents, carers and school staff. It also work productively with WARRPAC. SENDIASS supports parents and carers to resolve concerns at an early stage. This reassures parents and has contributed to the very low levels of appeal and tribunal against the local area.
- North West Boroughs Healthcare NHS Foundation Trust has started to use community education, treatment and review approaches to assess children's needs. While in the early stages of implementation, this is preventing hospital admissions for issues relating to children's mental health where these approaches are utilised.
- Leaders have taken actions that have begun to improve the health advice that is submitted as part of EHC assessments. Information is now submitted in a timelier manner and there is improved quality assurance of the information that is provided. Plans are well advanced to introduce an integrated electronic system to coordinate information for EHC assessments that will facilitate clear information-sharing between professionals and parents and carers.

### **Areas for development**

- Leaders are aware that information is currently not shared effectively between healthcare professionals. As a result, families must repeat their story several times to different services.
- Some parents and carers told inspectors about their dissatisfaction with certain aspects of the local area's work. Although the large majority of parents and carers spoken to by inspectors were positive about current provision for their child, some described having to 'battle' to get the support that their child now receives.
- Parents and carers are critical of the support that is on offer in the period after their child is diagnosed with a condition. Some parents spoke of the dismay that they felt at being 'left with a leaflet and little else.'
- The quality of EHC plans is inconsistent. Health advice is sometimes out of date or not provided by key staff. This increases the risk that there will be gaps in the support that is provided to manage children's and young people's health. Furthermore, the intended outcomes are often poorly written and lack specificity. Much of the language that is used in plans is jargon and means little to the lay reader. The existence of factual and typographical errors in plans

contributes to the frustrations that some parents and carers have about their quality. Leaders are aware of these weaknesses and have strengthened their quality assurance of plans. They have also ensured that staff take part in training to improve the writing of plans, particularly in relation to intended outcomes. There are signs that these actions are beginning to improve the quality and usefulness of plans.

- In many cases, EHC plans do not focus sufficiently on supporting older children and young people to prepare for adulthood. Some parents and carers described the plans as helping their child 'get through the day' rather than preparing for independence. Others indicated that the weaknesses in plans reflect wider limitations in preparation for adulthood that 'cocoon' children and young people from the outside world. Leaders also understand the weaknesses in this area. To remedy this situation, they have recently appointed a number of staff to develop the local area's work on transition and preparation for adulthood.
- Children and young people typically benefit from well-planned and effective arrangements to support transition between educational settings. On the other hand, transition from paediatric to adult/general practitioner services is not managed consistently well. For example, some professionals have started to use 'Ready, Steady, Go' materials to support the transition process. However, there is no monitoring or quality assurance of these systems to ensure that they are well used or effective.
- The local offer contains a wealth of information for parents and carers. However, a large proportion of parents say that they have not heard of it. Moreover, some who have heard of it report that technical difficulties with the 'Ask Ollie' website have caused them to stop searching for services.
- The local area has not always secured children's timely access to wheelchairs and the specialist equipment that they need. There is a backlog in the completion of important maintenance checks for some children's equipment. However, work by the CCG, local authority and Bridgewater Community Healthcare NHS Foundation Trust is beginning to address this.
- The child development centre has not provided families with consistent and timely access to assessment, diagnosis and post-diagnosis support that are fully compliant with the guidance issued by the National Institute for Health and Care Excellence (NICE). Waiting times vary significantly and are excessive for some children and their families. Leaders have not established effective systems to monitor additional internal waiting times. The CCG is working with the provider to make improvements, but actions are yet to be agreed.
- Leaders have paid less attention to the development of healthcare services for young people aged between 16 and 25 with SEND. For example, the current focus on improving neurodevelopmental pathways has not been extended to consider those aged 18 to 25.

- Leaders have not ensured that mechanisms are in place to guarantee that healthcare professionals who submit information for EHC assessments receive copies of draft and final EHC plans. As a result, healthcare staff cannot check that their advice is captured accurately in plans and this creates a risk that the healthcare provision specified in plans may not be commissioned to meet children's needs.
- The CCG's response to some known weaknesses in children's healthcare services has not been swift. For example, not enough has been done to address the weaknesses that were identified as part of a detailed review of healthcare provision in special schools in June 2018.

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

### **Strengths**

- The systems that leaders have introduced to improve the support that schools provide for children and young people with SEND are helping to improve academic outcomes for this group. Some schools have been able to dramatically improve the attainment and progress of pupils with EHC plans, so that their achievement compares favourably to that of other pupils in their schools and nationally.
- Increased early years identification and support are helping pupils with SEND to improve their attainment in primary schools. For example, the proportion of pupils reaching the expected standard in the national phonics check is improving and is well above the national average for similar pupils. Pupils' attainment has improved in key stage 1 and key stage 2 in reading, writing and mathematics. Pupils are also making stronger progress throughout key stage 2.
- Leaders have supported and challenged schools to improve their teaching for children who require SEN support. As a result, the proportion who attain the expected standard in reading, writing and mathematics at the end of key stage 2 has increased year on year for the last three years and now compares favourably to the national average for similar pupils.
- Many students are benefiting from curriculums that meet their needs in post-16 settings. This is helping to improve their attainment. For example, the proportions of students attaining level 2 and level 3 qualifications are above the national averages for similar students.

- Leaders have supported schools to become more inclusive: 80% of schools have now been awarded the Inclusion Quality Mark. Improved practices around inclusion have made a marked contribution to improved outcomes for individuals and groups of pupils. For example, these have helped to further reduce rates of exclusion. Pupils with SEND are therefore far less likely to be excluded than similar pupils elsewhere.
- Pupils with SEND continue to attend school well. The proportion who are regularly absent from school is considerably below historic national averages for similar pupils.
- Young people are very well supported to prepare for adulthood in some respects. The proportion of young people with an EHC plan in settled accommodation is well above the national average due to the careful attention that professionals pay to supporting young people in this respect. The local area's approach in this area is forward thinking. For example, it has purchased houses that are turned into supported accommodation to help young people with similar needs to live independently.
- The majority of parents and carers spoken to during the inspection were fulsome in their praise for their children's educational provision. Most could identify ways in which schools had helped their children to become happier, more confident and independent. Many feel that schools have had a transformational impact on their children and the lives of other family members.
- Professionals from some healthcare services carefully evaluate the impact of their interventions at an individual level. This helps professionals to evaluate progress and indicates that many children and young people work towards positive health outcomes.

### **Areas for improvement**

- The improvements that leaders have brought about in schools have not translated to uniform and consistent improvements in pupils' academic outcomes. In particular, there remains considerable variation in pupils' attainment and progress across secondary schools.
- The proportion of young people with an EHC plan who are NEET has been too high. Leaders have recognised this and are in the process of enacting plans to improve this through stronger multi-agency support for young people who are at risk of becoming NEET. The early signs indicate that this work is beginning to bear fruit. For example, only one young person who left school in the summer of 2018 is currently NEET.
- Leaders are also taking action to improve the proportion of young people in paid employment. This figure has been too low, despite the relative prosperity of, and high employment rates within Warrington.

- Leaders have not developed effective systems to monitor and evaluate health outcomes across the partnership. Although many children and young people benefit from positive health outcomes, leaders have limited awareness of the overall strengths and weaknesses in this area.
- Leaders have not ensured that those who would benefit from independent travel training are able to consistently take advantage of such opportunities. Consequently, children and young people do not have full access to the educational, social and employment opportunities that would improve and enhance their lives. Leaders are aware of these limitations and have begun to take steps to increase the number of staff who have the knowledge and expertise to delivery independent travel training.
- The intended outcomes that are outlined in EHC plans are often vague and imprecise. As a result, they do not provide enough direction to help children and young people to advance in a range of ways relating to their education, care and health.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
Andrew Cook Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Will Smith HMI Lead Inspector	Elaine Croll CQC Inspector
Deborah Mason Ofsted Inspector	

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