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Dr Matt Walsh, Chief Officer, NHS Calderdale Clinical Commissioning Group
Julie Kiley, Local Area Nominated Officer, Calderdale Borough Council

Dear Ms Jenkins

Joint local area SEND inspection in Calderdale

Between 11 March 2019 and 15 March 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Calderdale 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, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are 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 strength and areas for further improvement.

Main Findings

- Local area leaders are ambitious for children and young people with SEND in Calderdale. Their self-evaluation is accurate; leaders know the strengths

and weaknesses in the local area's SEND arrangements. They are making strong progress in implementing the 2014 reforms and engage well with children and young people with SEND and their families.

- Children and young people with SEND have a strong voice in shaping provision and services. Leaders know children and young people's needs very well. Strategic decisions to expand opportunities for social development, employment and independent living in Calderdale fully reflect the aspirations of young people.
- The identification of children and young people's needs is well supported by health, care and education professionals. The vast majority of children and young people have their needs identified in a timely and effective way. Early help from multi-agency support teams, including specialist inclusion teams and services, provides swift and effective support to children and young people who have hearing, visual and multi-sensory impairments and complex needs.
- Arrangements for joint commissioning are responsive to children and young people's needs. Strategic decisions have improved the local offer, expanded opportunities for short breaks and increased access to support in local communities. Collaboration with schools, colleges and employers has strengthened curriculum provision, increased access to training opportunities that are tailored to young people's needs and interests, and provided young people with greater access to work.
- Outcomes for children and young people with SEND are improving. Early identification of needs and effective packages of personalised support are leading to more children and young people making progress towards their aspirations. This includes exercising choice about where they live and work.
- Local area leaders are increasingly prioritising their work to solve problems but are less adept at using local intelligence in a timely way to anticipate where pressures and demands for services may arise. Long waits for autism spectrum disorder (ASD) assessments, wheelchair reassessments and to access the portage service are areas for improvement. Several parents told inspectors that they are disappointed by these long waits and the variability in the support their children receive in some local schools.
- Parents and carers typically have a positive experience of co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all). Almost all have been involved in developing plans and provision for their children. Many parents told inspectors that professionals and services have 'gone the extra mile' to provide the help and support their children need.
- Parents and carers, education professionals and health practitioners have different perceptions of child and adolescent mental health services

(CAMHS) and the effectiveness of pre-diagnosis and post-diagnosis support for ASD. Knowledge about what support is available, how to access it and the expectations about its quality and timeliness are not communicated clearly.

- Waiting times for ASD assessments and to access wheelchair services have reduced recently, as a result of the actions taken by the clinical commissioning group (CCG). However, further work is required to ensure that the long waits families experience continue to reduce.

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

Strengths

- Well-established health procedures and pre-birth screening support the identification of children's needs at the earliest opportunity. This leads to early contact with health and care services. Effective advice is given to reduce risk factors. Leaders are assiduous in checking the impact of this work, and levels of smoking in pregnancy at time of delivery are much reduced.
- Early identification of babies and very young children with hearing, visual and multi-sensory impairments ensures that extra help is offered from Calderdale's specialist inclusion team without delay. In many cases, this occurs before the family leaves hospital and continues through to adulthood. The high-quality advice and support for families of children and young people who have benefited from this service is much appreciated.
- Education, health and care professionals work together to ensure that children and young people with the most complex needs are swiftly identified. This leads to tailored packages of care and support and, for some families, an ongoing relationship with health, care and education services into adulthood.
- Relationships between health and early years settings have been further strengthened since 2016. Children's two-year progress checks are well integrated, and the outcomes are reported to parents. Health visitors report that strong communication with the child's education setting leads to improved identification of additional needs. This means that children are benefiting from speedy and appropriate professional support that is well coordinated and meets their needs.
- Early identification of needs for young children has led to increasing numbers entering Reception classes with education, health and care (EHC) plans. The number of these plans has increased from 45 to over 94 in the last 12 months.

- Strategic decisions to retain children's centres in communities have meant that there are opportunities for swift identification of emerging needs. Children up to the age of 18 years and their families are benefiting from these arrangements.

Areas for development

- Children and young people are waiting too long for clinical assessment of ASD. Plans to tackle this concern are in place, and improvements are beginning to be seen for some groups of children and young people. For example, children under five years of age are receiving support while waiting for clinical assessment.
- In a small number of Calderdale schools, the identification of needs for children and young people receiving support for their special educational needs, and at earlier stages of the graduated response, is variable. Local area leaders recognise the issue.

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

Strengths

- A wide range of support for children and young people who have social, emotional and mental health needs has recently been implemented. Young people receiving this support have a positive experience of these services. Children and young people with a mental health condition who require specialist help are receiving support from CAMHS within two months of referral. Transitions between the universal and specialist emotional health services work smoothly and effectively.
- The school nursing service is accessible to all children and young people, whether they are educated at home or at school. This provides an equitable offer to children and young people and their families, no matter what choice parents make about educating their children.
- The community children's nursing service is helpful in supporting the most vulnerable children and young people to spend as little time as possible in hospital. This is because community nurses are effective in meeting children and young people's complex needs at home.
- Transition arrangements between schools are effective for children and young people with SEND. Parents and carers spoke to inspectors about the portage service, which has an important role in helping children under five years old move successfully into nursery provision.

- Principled and ambitious leadership in some settings, such as schools and colleges, is sharply focused on preparing children and young people with SEND for independence and employment. Changes to the curriculum, increasing partnerships with local employers, and initiatives such as the five-day offer, Project Search and Springboard add significantly to how well young people are prepared for adulthood. One leader said: 'This has been a cultural change led by Calderdale local authority.'
- Young people have a voice in the decisions that affect them at an individual level. They feel well supported and listened to in schools, colleges and in their community.
- Local area leaders make commissioning decisions which are informed by the views and experiences of children, young people and families. An example of this is the expansion of provision within Calderdale to meet specialist needs, so that fewer children and young people with SEND are placed in residential provision outside the borough, away from their families.
- Information in the local offer goes beyond the statutory requirements and is generally known to parents and carers.
- Strong and effective co-production with parents and carers is reflected in the development of EHC plans. Many parents whose children previously had a statement of special educational needs say the EHC plan better reflects their son or daughter's needs.
- Arrangements for impartial information and advice to parents are strong. Calderdale special educational needs and disability information, advice and support service, Family Voice Calderdale and Unique Ways work in partnership to ensure that the voices of children, young people and families are heard. Many parents and carers appreciate their support, including, when necessary, to challenge schools and the local authority. The support they provide helps to resolve disputes. Low rates of referral to the special educational needs tribunal are testament to the difference their work has made.
- Special educational needs coordinators, including those who are newly appointed, in settings, schools and colleges feel well supported in their role, due to the wide range of training and guidance provided in the local area.

Areas for development

- Robust plans and the work taking place currently to tackle long waits for an assessment of ASD are starting to have a positive impact for some children and young people. However, waiting times, particularly for school-age children and young people, remain too long.
- Local area leaders recognise that there is a lack of awareness among education, health and care professionals about the support available for

children and young people who are on the waiting list for ASD assessment. This poor communication compromises the ability of these professionals to signpost families to important sources of interim support.

- Almost half the young people referred to the emotional well-being service do not receive intervention and these young people are signposted elsewhere. No analysis has been conducted to check whether the alternatives that are suggested are meeting these young people's needs.
- The health records system does not alert health professionals that a child or young person has SEND. Education, health and care plans are not easily accessible by clinicians in some teams. As a result, the 'tell it once' approach is less effective in health. In education and social care, parents can see improvements in developing and embedding this approach.
- Children and young people are assessed for SEND when they enter care. The children looked after health team is not asked to submit any health information to the education, health and care planning process. As a result, EHC assessments are not completed efficiently.
- Some families experience variability in services and want their children to be better supported. Actions to tackle inconsistencies in the effectiveness of 'SEN support' for children and young people in a small number of schools are underway. The local authority school improvement service has targeted its work to ensure that school staff have the training and support they need. The changes that headteachers and staff are making are helping to support this group of children and young people more effectively. Fewer children and young people with SEND are being excluded, and school attendance is improving as a result of this focused work.
- Children and young people who grow out of a wheelchair wait too long in Calderdale to be reassessed and provided with a replacement. This is an issue that can potentially impact on children and young people's physical health, as well as restricting their independence and social development. The CCG has implemented plans to address this issue and is monitoring waiting times to ensure that improvements are made quickly.
- The portage service is valued by parents. Once it is in place, children quickly make strong progress. However, children wait too long to access this service in Calderdale. A mother explained the impact of this delay for her child: 'Every week counts and every week he waits is a week he falls behind.' This is a missed opportunity to offer a highly effective intervention in the most timely way.

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

Strengths

- Increasingly, young children with SEND enter school ready to learn, because of the effective support they receive in Calderdale.
- Most school-age children and young people with SEND enjoy learning. They take pride in their academic achievements and their growing independence.
- By age 18, more young people with SEND leave school and college in Calderdale achieving qualifications in English and mathematics than do so in other local areas. A high proportion of young people stay in education, employment and training, and this outcome is well established. Take-up of work experience, apprenticeships and internships has increased significantly over the last three years.
- There is a sustained upward trend in the number of young people, including those who are looked after and care leavers, achieving their aspirations and moving on to destinations that are important to them. In the last three years, the numbers of young people with SEND entering paid employment and going into higher education have steadily increased.
- A wide range of sports, social activities and holiday schemes support children and young people's social development well throughout the local area.
- Training for independent travel has made a significant and transformative difference to the lives of many young people and families in Calderdale. Parents and carers who have had experience of this service describe it as, 'beyond fantastic'.
- The safe places scheme and 'app' which young people with SEND use on their mobile phones is helping them to feel more confident when they are travelling independently in Calderdale.
- The short-breaks offer is tailored to meet the needs of children and young people with SEND. Parents and carers are confident about the quality of short breaks and feel their children are safe and well supported.
- An increasing number of young people have opportunities to live as independently as possible and exercise choice about where they live. This is because the local area's work to improve supported living arrangements has been effective.

Areas for improvement

- Health practitioners routinely measure and track the progress of individual children and young people towards better health outcomes. However, these health improvements are not identified sharply in EHC plans.
- Health teams are not able to collate outcomes to check whether a service is effective.
- The designated clinical officer (DCO) has overhauled systems to improve the submission of health advice to the EHC assessment process. The DCO knows where further improvements are required. The CCG recognised that the DCO had limited time to establish further improvements and has secured additional capacity to the role, beginning next month.

Yours sincerely

Gina White
Her Majesty’s Inspector

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Cathryn Kirby, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: Department for Education
 Clinical commissioning group
 Director Public Health for the local area
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