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Anthony Hassall, Chief Accountable Officer, Salford Clinical Commissioning Group
Geoff Catterall, Nominated Officer, Salford City Council

Dear Ms Ramsden

Joint area SEND inspection in Salford

Between 9 December 2019 and 13 December 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Salford 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), as well as local authority and National Health Service (NHS) officers. They considered the views expressed by parents and carers in open meetings, via a webinar and through email correspondence. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders from the 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

- Leaders have a balanced and accurate understanding of the area's strengths and weaknesses. They know where they are making a positive difference to the lives of children and young people with SEND. They also understand which aspects of their work are less effective and how these weaknesses have an impact on families.
- Leaders' plans target those areas that are likely to make the biggest difference. Their plans are broad and ambitious. They align with the area's vision that every child and young person aged 0 to 25 with SEND 'will have the fullest opportunity to be happy, healthy and achieve their full potential'.
- Implementation of the reforms has gathered momentum in recent years. The recently launched 2019–21 SEND strategy aims to build upon the good work that has already been undertaken. Leaders are keen to try new ways of working. For example, they have piloted a pathfinder model in the south of the city to make processes for identifying and assessing needs more transparent, and to work with families as truly joint partners.
- Across the area there is strong commitment to joint working. Education, health and social care work together well to support children and young people with the most complex needs.
- The council and clinical commissioning group (CCG) have become more ambitious in the way that they jointly plan and deliver services. For example, they have worked together to plan and deliver strategies for improving emotional health and well-being and to address needs relating to speech, language and communication. Since April, the council and CCG have pooled their budgets for children.
- Leaders are becoming more creative and systematic in the way that they work with parents to improve services. For example, parents have played a pivotal role in creating a post-college provision for young people with complex needs. Despite this, parents do not play a truly key role at a strategic level across the area.
- Parents have mixed views about the way they are supported. Many are effusive about front-line staff who have made a significant difference to their lives and the lives of their children. Others say that they have had a negative experience of the system. Some describe a 'battle' to get access to services. Many parents feel frustrated with what they see as poor support from some mainstream schools.
- Leaders are aware that the children and young people with SEND who do not have an education, health and care (EHC) plan are not supported consistently well in mainstream schools. In some cases, this results in a decline in the emotional well-being of individuals and an increase in distressed behaviours. Leaders are in the early stages of developing a strategy to help schools to apply consistent graduated approaches to assessing and meeting the needs of these pupils.

- Most children and young people we met during the inspection were positive about the support that they receive. Many spoke with real affection about the staff who help them and the friends that they have made.

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

Strengths

- Leaders follow the Greater Manchester eight-stage model for early identification of needs. Following a successful pilot, plans are well advanced to introduce an additional developmental check for all children at 18 months. The intention of this is to further improve the early identification of language and/or emotional needs of young children.
- Identification of children's needs in the early years has improved due to an increase in the use of different assessment tools.
- Paediatricians run dedicated clinics for assessing the health needs of children and young people who are undergoing statutory assessment. This helps to identify new or emerging health needs.
- Identification of hearing needs in newborn babies and children of Reception age is effective due to universal screening. Where necessary, this leads to swift involvement from the hearing impairment service and to needs being met in a timely manner. This service is greatly appreciated by parents and early years practitioners, who are given clear guidance on how to meet young children's needs.
- Staff in different early years settings value training which enables them to identify and support a range of needs. This includes children's medical needs and also those that relate to their social and emotional well-being.
- Within the youth offending service (YOS), children and young people have access to a range of specialist services, such as speech and language therapy (SALT) and the Child and Adolescent Mental Health Service (CAMHS). These services provide specialist assessments and interventions. This has led to improved identification of previously unmet or additional needs.

Areas for development

- Children and young people do not have their needs identified consistently well in different settings. In particular, some schools are too quick to identify that a child or young person has moderate learning difficulties when a more precise assessment may be needed.
- Expectant parents do not benefit from universal antenatal checks. This impedes the early identification of needs prior to birth.

- School nurses do not universally check for potential health needs in school-aged children at key points of development. This represents a missed opportunity to identify new or existing health needs.
- The two- to two-and-a-half-year check is not fully integrated. This delays professionals in developing a shared understanding of children's identified needs and how they will be met. However, practitioners from health and the early years meet regularly to share information, including that relating to their assessments of different children.
- The health needs of some vulnerable groups are not identified early enough. The delivery of learning disability health checks for those aged over 14 is inconsistent. Health assessments for some children that enter care are not completed within statutory timescales.

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

Strengths

- There has been a dramatic improvement in the proportion of EHC plans that are completed within the 20-week timescale. The vast majority are now completed on time.
- Generally, parents, children and young people play a central role in making decisions about how their needs will be met. EHC plans typically capture the wishes of children, young people and their parents well.
- Leaders have increased the scope of their joint working with parents, children and young people. For example, the 'Voice of the Child' advisory group was involved in the design of the new SEND strategy. The area is also using a range of creative solutions to engage parents more effectively.
- Leaders have piloted an approach to working with families in the south of the city that has placed them at the heart of multi-agency working. This has increased the transparency of assessment and given families an even louder voice. Those parents who have been involved in this pathfinder project are positive about their experience.
- Recently, leaders have jointly commissioned SALT services for those aged 0–25. The commissioning of these services is based on a careful evaluation of the needs of children and young people in Salford. Practitioners have started to support those aged 19–25, although it is too early to judge the impact of this work.
- The Salford Information, Advice and Support Service (SIASS) is greatly valued by those parents who ask for help. The service helps to empower parents. It gives them knowledge and the confidence to seek appropriate support and, where necessary, challenge providers to do better for their children.

- Special educational needs coordinators (SENCOs) from the area support early years settings to improve the way that they meet the needs of young children. They also help settings to provide a smoother transition into schools.
- An integrated approach to identifying, assessing and meeting children's speech, language and communication needs is beginning to have clear impact. Leaders have focused on developing the ability of early years providers to support the improvement of children's communication skills. In a short period of time, this has increased the proportion of children who achieve a good level of development in the early years.
- Those families helped by the portage service are positive about their experience. They typically report that it has enabled them to support their child's development more effectively.
- Professionals from education, health and social care work together well to provide comprehensive packages of support for children and young people with the most complex needs.
- Health services work collaboratively with early years settings. This ensures that the needs of children are generally met well.
- Significant improvements have been made to the way that children and young people are helped to maintain their emotional health. Staff from the CAMHS are linked to schools and help them to become more emotionally friendly. They are also available to support those who experience challenges with their emotional well-being.
- Leaders have a clear strategy to reduce the variability that exists in the way that mainstream schools meet the needs of children and young people with SEND. For example, the education psychology service helps schools well. Educational psychologists provide bespoke training to schools that enables school staff to meet a range of needs more effectively. The learning support service also provides effective support to schools. In some schools, the ability of staff to support children with dyslexia has been transformed as a direct result of training.
- Area leaders have built productive relationships with staff in schools. School leaders feel listened to and are keen to work with the area to improve support for those with SEND.
- Parents with children in special schools speak in glowing terms about the quality of provision. They are positive about how education, health and social care services work together to meet the needs of their children and to support their families. A significant number of children and young people in these schools have experienced difficult periods in mainstream settings before moving to specialist provision. The parents of these children often credit special schools for transforming their lives and the lives of their children. Parents are typically understanding of the financial pressures facing the area.

- Staff from some special schools provide effective support for colleagues in mainstream settings. For example, staff from the primary pupil referral unit provide bespoke support to help staff meet the needs of children exhibiting distressed behaviours.
- Many parents are also positive about the educational support that their children receive in resourced provision within mainstream schools. Some of these parents appreciate the flexibility that a specialist resource within a mainstream setting provides.
- Young people benefit from a broad range of post-16 educational opportunities. In conjunction with several providers, including the local further education college, leaders have ensured that young people can study courses that match their interests, aptitudes and aspirations. In many cases, these study programmes involve opportunities for high-quality work experience.
- Leaders have established robust procedures for overseeing the process of elective home education for children and young people with SEND. They work with parents to ensure that the education offered meets the needs of the individual.
- Therapy services, children's community nurses and CAMHS provide a range of training to professionals in settings. This helps other professionals to better meet the needs of children and young people without always relying on the direct support of a specialised therapist.

Areas for development

- A significant number of parents feel frustrated with the area. Some describe a 'battle' for their children's needs to be assessed and met.
- Mainstream schools provide inconsistent support for children and young people with SEND, particularly those without an EHC plan. This contributes to parents' mixed views about how well their children's needs are met.
- Transition from primary to secondary school is often not managed well for children with SEND who do not have an EHC plan. Leaders are aware of this and have worked with parents to develop a new policy to direct schools' work.
- Periodically, some mainstream schools struggle to meet the needs of some children and young people with SEND. Where this is the case, children sometimes exhibit distressed behaviours and/or experience a decline in mental health. On occasion, this has led to pupils being placed on part-time timetables, being absent from school for a long period or parents choosing to home educate. Leaders are aware of these weaknesses and are in the process of enacting plans to secure improvement.
- Parents, children and young people report that there is a lack of accessible leisure opportunities available to them. This limits opportunities for some children and young people with SEND to develop interests and hobbies.

- Leaders miss important opportunities to develop the independence of some children and young people with SEND. For example, the number being trained to travel independently each year is small.
- Within health services, the transition process between paediatric and adult services is of variable quality. For example, many young people with attention deficit hyperactivity disorder (ADHD) do not benefit from a seamless transition to adult services. Although improvements are being made, inconsistencies remain between services.
- There are weaknesses in the commissioning of some health services. While the CCG has acted to strengthen orthoptics and equipment provision, other gaps remain. For example, children in Salford do not have access to a responsive and effective orthotics service. This leads to some children experiencing sustained discomfort because referral processes are complex and waiting times are too long.
- Many parents have not heard of the local offer. A high proportion of those that have heard of it indicate that they have not found it useful. Many parents have also not heard of the Salford Parent Voice Group.
- The quality of EHC plans is variable. In particular, the details of how identified needs will be met are often too vague. Following annual reviews of EHC plans, changes to plans are not made in a consistently timely manner.
- Leaders have not ensured that health information is provided for EHC assessments within statutory timescales.
- CAMHS workers do not routinely have access to the EHC plans for children and young people in their care, despite providing advice. This prevents staff from having a thorough understanding of how this advice has been incorporated into EHC plans and how the care that they provide is supporting children and young people across their education, health and social care needs.
- Some children experience long waiting times for occupational therapy, some social, emotional and mental health services and for autism diagnostic assessments. Professionals in some settings told us that they do not always receive advice about how to meet needs relating to autism, which falls short of the National Institute for Health and Care Excellence (NICE) guidance. Leaders are preparing to launch a new neurodevelopmental pathway that seeks to remedy some of these weaknesses.
- Arrangements to progress children aged under five to statutory assessment are not always effective, despite the oversight of area SENCOs. This delays the implementation of statutory provision to meet these children's needs.

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

Strengths

- The virtual school works well with other agencies to ensure that children looked after have their needs identified, assessed and met in a timely manner. This helps to ensure that outcomes for this group are positive. For example, the academic achievement of these children and young people compares favourably to national averages.
- Due to the improvements that have been made to the way in which needs are identified, assessed and met in the early years, an increasing percentage of children with SEND achieve a good level of development.
- Children with an EHC plan and those who are supported for their SEND make good progress in primary schools. The attainment and progress of these groups compare very favourably to national averages. This, in part, is due to the area's focused strategy for improving education for children with SEND across the primary phase.
- Leaders oversee the education of children and young people with SEND who access alternative provision effectively. Once arrangements for alternative education are put in place, children and young people's engagement typically improves. This is reflected in their increased attendance.
- The area provides a comprehensive offer of supported internships. These are run in conjunction with employers such as Salford University, Salford Royal NHS Foundation Trust, the British Broadcasting Corporation and Marks & Spencer. A high proportion of young people gain paid employment after completing one of these internships. This work is contributing to a reduction in the proportion of young people with SEND who are not in education, employment or training.
- Children and young people with complex needs are supported well to prepare for adulthood. For example, a number of young people with autism spectrum disorders from the 'Moving on Up' group have been helped to live independently in supported accommodation. They also have access to a broad range of leisure activities that enable them to lead meaningful lives and develop lasting friendships.
- The designated medical officer and designated clinical officer influence strategic and operational improvements well. This is helping to improve health outcomes. Members of Salford Parent Voice are positive about their engagement with these leaders.

Areas for improvement

- Children and young people with an EHC plan or who are supported for their SEND do not achieve well at secondary school. Almost all measures of achievement compare unfavourably to national averages. The area has recently strengthened its work with schools to improve the education that these pupils receive.
- Rates of absence among children and young people with SEND in secondary schools remain a concern for leaders. This is partly due to the variable ability of secondary schools to meet these children’s and young people’s needs.
- There has recently been an increase in the number of pupils who are supported for their SEND being permanently excluded from secondary schools. The area has worked closely with schools across different phases to understand the reasons for this. They are in the process of strengthening their work to ensure that children and young people at risk of exclusion are well supported and, as a result, have their needs met.
- Post-16 academic outcomes for young people with SEND are weak. The proportions of young people attaining level 2 and level 3 qualifications are low. This limits the range of opportunities that are available to these young people.
- The intended outcomes that are outlined in EHC plans are often too generic, use language that is not easily understood by families and do not reflect the ambition that leaders and professionals have for children and young people with SEND. In some cases, this impedes the progress that children and young people make in relation to their education, health and care.
- Therapy services, including speech and language therapy, occupational therapy and physiotherapy, do not use effective outcome measurement tools which help them to evaluate the impact of these services.

Yours sincerely

Will Smith
Her Majesty’s Inspector

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Andrew Cook 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(s)
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