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Steven Pleasant MBE, Clinical Commissioning Group Chief Officer

Charlotte Finch, Local Area Nominated Officer

Dear Mr Hancock and Mr Pleasant

Joint area SEND inspection in Tameside

Between 18 and 22 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Tameside to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including another HMI and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and 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 area, including the area's self-evaluation. Inspectors met with leaders 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 (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group(s) (CCG) are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information

about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

Main findings

- Implementation of the 2014 code of practice started very late in Tameside. Since 2018, the new leadership team has started to make the changes needed to address historical weaknesses. However, these have been affected by the pandemic. There have also been difficulties in recruiting and retaining staff. Since 2018, leaders have established a clear and accurate view of the area's strengths and weaknesses. They have drawn up suitable plans to resolve endemic issues. It is early days. Parents and carers and professionals recognise some improvements, but believe there is still a long way to go.
- Leaders have set a clear vision for the future. Leaders have developed SEND strategies to prioritise planned improvements and joint commissioning. This is starting to bring services together to work more collaboratively. However, these strategies have been hampered by the pandemic and so they have not been fully implemented.
- The area's failure to implement the reforms earlier means that children and young people and their families have continued to be let down by services. For too many children, young people and their families, drift and delay have led to needs escalating and poor outcomes across education, health and care.
- The high levels of parental dissatisfaction are unacceptable. Parents told inspectors that there are obstacles to identifying and meeting the needs of children and young people at every stage. Too much time is wasted by unnecessary bureaucracy. Parents do not feel that they are treated as the experts on their own children.
- Parents are quick to cite the positive difference made by the excellent front-line staff who work with them and their children. However, parents are concerned that these front-line staff are not able to do their jobs as well as they could due to the overly bureaucratic processes.
- Parents and professionals alike are frustrated by the excessive waiting lists for services. Too often, requests for services are not acknowledged, important paperwork goes missing, assessments have to be repeated and the voice of the parent and child is lost.
- Most parents do not know what services and support are available in their local area. Many parents are unaware of the local offer. Those who have accessed the local offer find it hard to navigate. Added to this, parents find that the information is out of date and not relevant to their needs.
- Those parents who know about local charities and voluntary groups value their support. The recent local offer information day hosted by Our Kids Eyes was well received by parents. Those parents who attended were impressed by the support, services and activities provided by voluntary and charitable organisations.

- The area has introduced a new model for the graduated approach. It is too early to evaluate whether this works better than the previous model. However, limited access to specialist advice and support means that schools often do not know what more they could do to support pupils at SEND support.
- The quality and timeliness of education, health and care (EHC) assessments are poor. In 2020, timeliness did improve, but this has now regressed because too many plans are exceeding the 20-week timescale. This is due to the effects of the pandemic. Too often, there are delays in submitting professional advice. These plans often do not accurately reflect the education, health and social care needs of children and young people.
- Weaknesses in the timeliness and quality of EHC assessments particularly affect those children and young people who are moving on to the next stage of their education. The lack of clear plans contributes to weak transition arrangements across all stages of education. For some young children, this can mean that support is not in place in time for starting school. Consequently, a small number of children are held back in nursery settings or are only able to attend school part time. For other young people, the move to high school and college becomes even more daunting. For some, this has led to placement breakdown.
- Leaders do not ensure that EHC plans are kept up to date. Annual reviews for too many children and young people have not been held. EHC plans are not co-produced with children, young people and their families. Consequently, plans do not always provide services with the information required to meet the needs of children and young people effectively.
- There are no established and robust systems to check the quality of provision for children and young people with SEND across the area. This means that weaknesses in provision are not identified quickly enough and can go unchallenged.
- The area has failed to ensure that all children and young people with EHC plans are well prepared for adulthood. From the earliest years, opportunities are missed to help children and young people be ready for independent living and the world of work. Too much is left to chance.
- Those children and young people who receive high-quality support that is well matched to their needs usually achieve well. This means that they have the skills and knowledge needed to move on successfully to their next steps. However, too many children and young people are let down by poor-quality support for their specific needs. This is detrimental to their future.

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

Strengths

- Leaders have started to resolve the historical weaknesses in the area's identification of SEND. They have put in place training for healthcare professionals, including those working with early years providers, to ensure that more young children have their needs identified prior to starting school.

- As part of the EHC assessment process, all children and young people are offered a community paediatrician assessment. This supports the identification of any unmet health needs and ensures that children and young people are signposted to the most appropriate service.
- Young people referred to the youth justice service are offered both speech and language and mental health support. Needs are identified quickly and are met effectively. Young people can also continue to access support if needed, even when they have been discharged. Some of these young people move on successfully to gain employment.
- Young parents have access to a family nurse partnership service up until their child reaches the age of two. As part of this package, this service carries out thorough checks to support the early identification of SEND.
- Health visiting teams work closely with other services as part of the early health pathway. Health visitors and other early years professionals routinely attend children's centre groups to support the early identification of need.

Areas for development

- The agreed graduated approach is not followed well across the area. This means that too few children and young people at SEND support benefit from consistent, high-quality provision to meet their education, health or care needs. This delay in the identification of needs leads to some children and young people's needs escalating.
- Social care and health services have ongoing struggles to manage demand and build capacity. There have been, and continue to be, challenges with the recruitment and retention of staff. The COVID-19 pandemic has further exacerbated these issues. There are long waits for assessments and intervention for children and young people with SEND. Both parents and professionals are frustrated by the paucity of provision available across the area.
- Antenatal contacts are not routinely offered to all expectant mothers as part of the healthy child programme. These are missed opportunities to support early identification.
- The two-year developmental reviews are not fully integrated between health visitors and early years settings. Consequently, parents are having to tell their story more than once as information is not routinely being passed on or referred to by professionals.
- Parents are not seen as the experts on their children. They do not feel believed by professionals about their children's needs. This is most prevalent when their children's needs are not overt. This further delays children and young people in having their needs assessed and met.
- Both parents and professionals report that SEND processes are overly onerous. Many of these processes have several stages, which parents describe as feeling like 'jumping through hoops'. At each stage, parents and professionals agree that the paperwork is overly long and complicated. Moreover, too often, parents and professionals submit paperwork, only to be told that they have completed the wrong form. Added to this, all too often, parents told inspectors that the paperwork that they submit is lost.

- There is too much variation in the quality of identification of SEND in schools. In some schools, staff are highly effective in identifying children and young people's needs. However, in other settings, teachers and SEND co-ordinators do not spot emerging needs quickly enough or are incorrectly categorising pupils' needs.

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

Strengths

- Leaders took effective action to improve the timeliness of EHC plans in 2020. They made sure that the large majority of plans were completed within 20 weeks. However, this has not been sustained in 2021 because of the effects of the pandemic.
- Some children and young people with the most complex needs have access to the community complex needs service. The service is responsive to meeting the needs of these children in a timely manner.
- Many front-line staff 'go the extra mile' to improve the experiences of children, young people and their families. Parents are particularly positive about the work of some school staff, such as SEND co-ordinators and educational psychologists.
- There have been some improvements in post-diagnostic support for children and young people with autism spectrum disorder. The early help team has recently appointed support workers to help the parents of children and young people with a neuro-developmental need. Recently, some families also have had access to parenting courses.
- Many parents told us of the invaluable advice that they have received from the SEND information, advice and support service (IASS). This has helped to alleviate parents' anxiety, and enabled them to better navigate the SEND system and understand how to help their child.
- Leaders are increasing the number of specialist school places. They have also recently added more places in resourced provision in mainstream schools. This helps to ensure that more children and young people are placed in suitable provision.
- The early help team provides support and advice to schools, settings, parents, and children and young people. This helps to prevent children and young people's social, emotional and mental health needs escalating.

Areas for development

- Parents feel very frustrated and let down by the local area. They do not feel listened to by services and often feel blamed for their child's condition. There are ongoing challenges with access to education, health and care services. This is despite many parents having concerns about their child's development from the earliest years. As a result, children and young people wait too long to receive the support needed to improve their long-term outcomes.

- Many parents feel that the EHC assessment process is very complex and challenging. Too often, parents are left to chase up professionals for answers, advice and support. Even then, parents do not receive draft copies or final plans in a timely way. Parents feel worn down by the system and feel that they have to fight to get the support that their children need. The current rate of annual reviews is unacceptably low.
- Parents feel that the quality of provision in schools is inequitable. They feel that this is a 'postcode lottery'. Some schools are seen as a 'golden ticket' because of their inclusive culture, while others do not have the strategies in place to support pupils' needs well. Area leaders do not check on, or hold providers to account for, the quality of provision for special educational needs in schools and other settings.
- There is too little provision for short breaks and respite for children, young people and their families. There are limited opportunities for children and young people to access activities that match their interests. For example, places in holiday clubs and for swimming lessons fill up months in advance.
- There is variation in the offer of annual health assessments for young people with learning disabilities in the area. This is a missed opportunity to assess and meet needs.
- There is no robust process for aligning health assessments and EHC plan annual reviews for children and young people in care. Consequently, they have to attend multiple appointments and repeat their story over and over again.
- The support for children and young people's transition to adulthood is weak. Some young people and their families do not have access to the provision that is available for those with more complex needs. For example, young people's transition to adult services is often delayed due to no suitable provision being available to meet health and care needs. A very small number have received well-planned, high-quality, impartial careers education, information, advice and guidance. Preparation for adulthood is not a feature of EHC plans.
- There is no dedicated continence service available for children and young people with SEND. Consequently, there is a delay in meeting these children and young people's needs.
- Children and young people with SEND are waiting too long for neuro-development diagnostic assessments. Inspectors heard that there were some delays in accessing the neuro-developmental pathway due to some schools not completing the initial assessment process. Leaders are taking action to mitigate the impact of these long waits by offering support to families and by expanding the workforce around the pathway.
- Children and young people are waiting too long to access specialist health services once an additional need has been identified, such as speech and language therapy (SALT). Parents and professionals reported their frustration about the long waits and limited support available while awaiting assessment. Some parents feel pressured into paying privately for specialist assessments to have their child's needs recognised.
- Some health services do not know which children and young people are not in education, employment or training (NEET). As a result, some children and young people miss out on universal health provision.

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

Strengths

- The area has recently launched a new outreach service to reduce the number of school exclusions among young people with SEND. This has been successful in ensuring that these pupils have not been excluded since this service started.
- For some children and young people with more complex disabilities, needs are identified earlier and provision is better matched to their needs. This means that their outcomes across education, health and care are better. The families of these children and young people are happy with the support and advice that they have been given.
- Students' attainment at key stage 5 has improved over the last three years. Many young people with SEND on supported internships secure paid employment.
- The language enhancement team works closely with education settings to support the identification of children and young people with special educational needs. This small-scale project has made a significant difference to the language development of some children and young people.

Areas for development

- The lack of effective identification of needs has led to poor outcomes for children and young people with SEND across education, health and care.
- The quality of EHC plans is poor. Targets are not always specific or measurable. The area has no multi-agency quality assurance process in place to monitor the quality of contributions across education, health and care to EHC plans. When children or young people have an identified health or social care need, there are not always clear actions documented to evidence how these needs would be met. Timeframes for the achievement of actions are also unclear. The majority of annual reviews are also not completed in a timely manner.
- Poor social care involvement with families results in a lack of support for children and young people with SEND. Pressures in the family home are not addressed, which become contributing factors to escalating needs. Parents feel that the impact of waiting times for health assessments is also creating further problems.
- The designated medical officer has limited capacity and insufficient time to fulfil the role both strategically and operationally to provide effective support across the area.
- For some young people in secondary education, the delays in identifying and then meeting their needs has resulted in a high number of school exclusions.

The inspection raises significant concerns about the effectiveness of the area

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- the endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care
- the high level of dissatisfaction among parents and carers with the area’s provision
- the local offer not being well publicised and not providing parents with the information that they need
- the placement of some children and young people in unsuitable education provision
- the unreasonable waiting times, which lead to increased needs for children and young people and their families
- the lack of contribution from social care professionals to the EHC plan process
- the limited oversight of the quality of SEND provision for children and young people’s education
- the inconsistent application of a graduated approach across different settings, leading to weaknesses in meeting needs across the area
- the poor transition arrangements across all stages of education
- the lack of strategic direction in the support for children and young people to prepare them effectively for adulthood.

Yours sincerely

Steve Bentham
Her Majesty’s Inspector

Ofsted	Care Quality Commission
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Steve Bentham HMI Lead Inspector	Rebecca Horgan CQC Inspector
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Cc: Department for Education
Clinical commissioning group(s)
Director of Public Health for the area
Department of Health
NHS England