

# Area SEND inspection of Bolton Local Area Partnership

Inspection dates: 17 to 21 June 2024

Dates of previous inspection: 23 to 27 May 2016

## Inspection outcome

The local area partnership's special educational needs and/or disabilities (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

The next full area SEND inspection will be within approximately five years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

## Information about the local area partnership

Bolton Council and NHS Greater Manchester Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Bolton.

Since the 2016 inspection, there have been changes to some of the senior leadership of Bolton's SEND services, including the Director of Children's Services and the Assistant Director of Inclusive Education and Learning. The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Greater Manchester ICB became responsible for the commissioning of health services in Bolton, taking over responsibility from Bolton Clinical Commissioning Group (CCG). As part of this transition, the Chief Executive of Bolton NHS Foundation Trust was appointed as the place based leader.

The local authority commissions a range of alternative provision (AP) through the Bolton Impact Trust. The trust is made up of three AP settings. This includes those pupils who cannot attend school due to their social, emotional and mental health (SEMH) and medical needs, or for those who are at risk of, or have been, permanently excluded. The local authority also commissions other AP when appropriate.

## **What is it like to be a child or young person with SEND in this area?**

Local area leaders in Bolton demonstrate a genuine determination to meet the needs of children and young people with SEND. They inspire a culture of care and creativity. Children and young people are at the centre of local leaders' thoughts, planning and decision-making.

Many children and young people with SEND have their needs identified accurately and assessed in a timely and effective way. Professionals make sure that parents, carers, and other practitioners, in schools and early years settings, have access to easy-to-use pathways to identify and support children and young people's emerging needs, for example Bolton's 'Start Well' website for early years children and the single point of access to the autism spectrum disorder (ASD) pathway. Despite this, waiting lists remain too long for those children and young people with attention deficit hyperactivity disorder (ADHD) and ASD. Also, children and young people who have SEMH needs can experience delays as there is not enough immediate support available.

Children and young people typically benefit from well-developed services in Bolton. There is a comprehensive and timely speech and language service offer. When children and young people are identified to be at risk of harm, social workers respond in a well-timed manner to reduce risk. For example, they quickly hold strategy meetings and initiate enquiries when children may be at risk of significant harm. There is an appropriate safety net around those children and young people with SEND who are missing education or electively home educated. For example, teams make sure they make contact with, and preferably see, children and young people as soon as they are known about. Most pupils who have been excluded from school are supported well to secure a new school placement quickly.

Many children and young people with SEND receive the right help at the right time. Health, education and social care professionals work well together and ensure that they know children and young people well. This means that schools are ready for children as soon as they arrive. Children and young people who are new to the country are picked up swiftly, assessed and given the right help as quickly and flexibly as possible. Although there is support available for children and young people who have SEMH needs, they and their parents and carers feel that there is not enough immediate support available to avoid situations getting worse.

Children and young people's voices are present in care planning and increasingly in their education, health and care (EHC) plans. Their individual needs, aspirations and views are evident in records. Positive multi-agency work, for example in school and nursery settings, typically supports children, young people and their families to contribute to the decisions made about their care and education.

Typically, children and young people with SEND in Bolton, including those placed in alternative provision, benefit from attending education settings that suit their individual needs. They receive strong support and help from education staff. Pupils with SEN

support at the end of key stage 2 and 19-year-olds achieve qualifications that equip them well for their next steps. However, young people at the end of key stage 4 receiving SEN support do not achieve as well.

Children and young people are typically well prepared for their next steps. A well-thought-out strategy to support young people's preparation for adulthood brings together a wide range of professionals who are committed to making young people's transition to adulthood as smooth as possible. For example, in the ADHD diagnostic pathway, young people approaching their 18th birthday will be prioritised and all assessments will be completed before they transition to adult services for ongoing medication management. Children and young people also benefit from impartial careers information, advice and guidance from the local area's provider.

Children and young people with SEND have some opportunities to participate in activities within their local community. However, the opportunities for children and young people to engage in a variety of activities within their community are variable. For some children and young people, there can be barriers to their involvement in these activities, especially those who have more complex SEND.

## **What is the area partnership doing that is effective?**

- Local area leaders are passionately ambitious for children and young people with SEND in Bolton. Leaders know the children and young people well. They ensure that their shared understanding of children, young people and their families' needs are translated into actions that make a real difference to them. For example, leaders are working proactively with housing to broaden the range of options for young people who want to live independently.
- Across the partnership, a wide range of strategies reflect local area partners' priorities for children, young people and their families. This includes the development of the SEND handbook and the comprehensive workforce training offer. The commitment to improving the offer for children and young people identified as requiring SEN support is outlined through the multi-disciplinary, co-produced SEN Support Strategy.
- The local area partnership is committed to co-production. Its success lies in how well all partners work together. Bolton Parent Carers, known as BCP, are an equal and valued strategic partner. There are abundant examples of co-produced strategies, plans and services, including the AP service specification and health preparing for adult pathways.
- Local area leaders listen to children and young people and their families, and make changes and improvements based on their feedback. For example, leaders responded to feedback from families about accessible after-school and holiday clubs and, as a result, expanded the offer. Leaders are always seeking to extend the involvement of children and young people further, including to those who might have something to say but not necessarily the voice to say it.
- Parents and carers are actively involved in many decision-making forums about their child or young person through representation on the local parent carer forum, BCP,

and advocacy and support from Bolton's Information and Advisory Service (IAS). An example of this can be seen through the recent work on supporting children and young people who are struggling with emotionally based school non-attendance (EBSNA), which involved a range of stakeholders, including parents and carers.

- Practitioners across health, social care and education share leaders' high level of dedication. Practitioners work together highly effectively. They actively listen, understand and, often, respond imaginatively to children, young people and their families. The voice of children and young people is captured in plans and in the personalised packages of support provided for those children and young people who are educated other than at school.
- There are many examples across the partnership of timely, effective assessment and identification of SEND. The comprehensive early years strategy provides valuable guidance and support to providers and practitioners as well as parents and carers. Children with deteriorating conditions, those being discharged from hospital and those children and young people whose needs have significantly changed are prioritised at clinical triage in community health services. They receive timely clinical assessments from a wide range of practitioners and are put on appropriate treatment pathways. Work across the partnership has improved the uptake of annual health checks for children and young people aged 14 to 25 years old with a learning disability. There are many creative ways in which primary care clinicians engage with children and young people, including by offering health checks in special schools and in residential homes.
- There is a single point of access to the ASD pathway. Multi-disciplinary teams in both community health services and child and adolescent mental health services (CAMHS) have responded to the increasing demand for assessments with flexibility and innovation. The clinical evidence review pathway is a strength. This fast-track assessment reduces the waiting times for children and young people where their ASD presentation is less complex. Comprehensive information is provided to families at the point of acceptance on a waiting list and families are encouraged to contact services if their child or young person's needs escalate.
- The ADHD pathway, delivered by CAMHS, has undergone a period of transformation. The use of the new community assessment referral tool and a 'one stop shop' approach means that the pathway is streamlined and clear to follow. All children and young people on the ADHD pathway have a mental health assessment at the start of the process and are offered mental health support when needed. Although the average waiting times are still too long, leaders have plans in place to reduce these, and the new pathway ensures that education staff know how to support these children and young people in schools. In addition, leaders ensure that the right children and young people are referred for a diagnostic ADHD assessment.
- Across social care, there is a well-established and effective early help pathway for referrals into specialist services. The information gathered at the point of the referrals for early help and children's social care contributes effectively to the information gathering for EHC plan applications and assessments of children's needs. Children, young people and their families have social workers and early help workers who know them well. They are sensitive to the different communication methods needed to

ensure that children and young people's voices are heard. Children and young people are regularly visited by workers at a level that is responsive to their needs. Equally, parents are actively involved in any decision-making about their child or young person. The plans for most children and young people, developed by early help workers, are comprehensive. They are clear in setting out the needs of the child or young person and in identifying the person and timescales to meet these needs. Through regular, multi-agency meetings, plans for most children and young people are progressed at a pace that meets their needs.

- The dynamic support register (DSR) is well established with a clear governance process. Strong multi-agency working through the DSR brings the right professionals together from across health, social care and education to deliver flexible, bespoke support for children and young people with complex needs. Additionally, young children with complex profiles are included in the DSR to allow closer multi-agency oversight and early support to prevent escalating needs.
- Local area partners work together to commission and deliver services effectively. This includes support for children and young people's mental health. There is a comprehensive range of training available to a wide range of stakeholders, including schools, practitioners, parents, carers, children and young people. For example, workshops are held to support and guide parents and practitioners in understanding a range of aspects of SEND. Ladywood outreach service provides an extensive range of SEND specialist and bespoke training to a large number of schools and practitioners.
- The local area partners' approach to AP in the borough is effective. Partners are invested in making sure that children and young people access good quality provision. The AP provision strategy has a robust commissioning process, which involves a broad range of stakeholders, including children, young people and their families. More places in registered provisions and a small number of unregistered providers have been commissioned to help meet demand. These provisions are subject to regular checks and monitoring for suitability and safeguarding by local partners.
- There is an effective and strong commitment among local area partners to prepare young people well for adulthood. For example, for those children known to social care as they approach adulthood, there is a clear framework for early information-sharing and decision-making that supports young people into independence. There is joint assessment undertaken by children's and adults' social care that means that there is a clear understanding of their needs. These needs are clearly documented in pathway plans and in the care needs assessment work. This means that for most young people, they are well supported as they move on to independence.

## **What does the area partnership need to do better?**

- There remains too much inconsistency in the quality of EHC plans. Other than in education, the lived experience of children and young people is not always captured in sufficient detail. This is because the primary focus in many EHC plans is on educational outcomes and support. Timescales for pupils to achieve outcomes are inconsistent and are not always specific enough. Contributions from practitioners from other services are not as evident at transition points and are not routinely added to



updated plans. This means that the holistic picture of a child or young person is not always captured.

- The annual review process for EHC plans has been successfully developed to provide an accessible and streamlined approach to recording progress and changes in need. However, there is variability in terms of the timeliness and quality of annual reviews. Some EHC plans are significantly out of date. Where reviews do take place, EHC plans are not always formally updated or amended. Opportunities for sustained and effective partnership work are sometimes missed, and health practitioners are not routinely invited to contribute, which can impact on the outcomes of children and young people. The partnership is aware of these shortcomings and has put a recovery action plan in place to address these issues.
- Ante-natal contacts for pregnant women are low. This is a missed opportunity for the possible prevention and early identification of SEND. A targeted approach has been taken alongside midwives to identify those families with the highest need. There are vacancies in the health visiting team, but there is a workforce strategy in place to address this.
- Children and young people wait too long for an ASD or ADHD assessment in Bolton. Although there is a wide offer of support while waiting, children, young people and their families are being negatively impacted by the long waits. Improving support for children with neurodiversity (ND) is a priority for the local area. There is a focus on increasing capacity for ND assessments, and the local area is taking a multi-layered approach to meeting need. There has been additional investment in the ASD pathway to increase capacity, the ADHD pathway has been refreshed and there are ICB-wide projects under development, including the autism hub and neurodevelopmental hub.
- Some parents and carers expressed concerns that children and young people with SEMH needs do not get the right help at the right time. As a result, these children and young people are struggling to attend school, and, in some cases, this has led to an escalation of their mental health condition.
- There is a variability in the quality of child-in-need plans developed by social workers in the children with disability team. Stronger examples clearly set out the needs of the child or young person and the timescales in which actions are to be completed. However, other plans are both brief and general, which for some children and young people leads to drift and delay in progressing their plans.
- Exclusions from schools and the number of young people not in education, employment or training in Bolton remain too high. This is specifically the case for those young people who receive SEN support. Some children and young people with SEND do not attend school often enough. Leaders are aware of these concerns and are taking action, but the full impact of these actions is yet to be seen.

## Areas for improvement

Areas for improvement
Health leaders must deliver the neurodevelopmental transformation programme to ensure that neurodiverse children and young people receive effective support in

schools, other settings and communities. Health leaders should be clear about how waiting times will be reduced to meet the requirements of the national guidance.

The local area partnership should improve the quality of EHC plans and the annual review process. This includes ensuring that EHC plans are updated following annual review, that all professionals contribute to the plans and that professionals and families receive the reviewed plans in a timely manner.

## Local area partnership details

Local authority	Integrated care board
Bolton Council	NHS Greater Manchester ICB
Ms Bernie Brown, Director of Children's Services	Mark Fisher, Chief Executive
<a href="http://www.bolton.gov.uk">www.bolton.gov.uk</a>	<a href="http://www.gmintegratedcare.org.uk">www.gmintegratedcare.org.uk</a>
Town Hall Victoria Square Bolton BL1 1RU	4th Floor Piccadilly Place Manchester M1 3BN

## Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI/Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

## Inspection team

### Ofsted

Sue Eastwood, Ofsted Lead inspector  
Nick Bennison, Ofsted HMI  
Nigel Hunt, Ofsted Inspector

### Care Quality Commission

Gerry Bates, CQC Lead inspector  
Liz Fox, CQC inspector



The Office for Standards in Education, Children’s Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children’s social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children’s services, and inspects services for looked after children, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit [www.nationalarchives.gov.uk/doc/open-government-licence/](http://www.nationalarchives.gov.uk/doc/open-government-licence/), write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

This publication is available at <http://reports.ofsted.gov.uk/>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

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

© Crown copyright 2024