# Area SEND inspection of Tameside Local Area Partnership

Inspection dates: 12 to 16 May 2025

Dates of previous inspection: 18 to 22 October 2021

## Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately three years.

As a result of this inspection, HMCI requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

## Information about the local area partnership

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

There have been several changes to the senior leadership team across Tameside's SEND services since the previous inspection. The borough has also had a change of political leadership with a new leader of the council appointed in October 2024 and a new executive cabinet. The changes include the appointment of a new council chief executive, a new lead member of children's services and a new executive cabinet member for education and lifelong learning. There is also a new director of children's services, a new head of SEND and a new interim director of education.

The commissioning of health services changed across England in 2022. On 1 July 2022, Greater Manchester NHS ICB became responsible for the commissioning of health services in the borough of Tameside. This change resulted in senior leadership changes in health, including the appointment of the chief executive of the local authority as the place lead for Tameside and the deputy place lead being an NHS executive lead.

The local authority commissions a single pupil referral unit to provide education for children or young people who cannot attend school due to their social, emotional and mental health needs, or have been permanently excluded from school. The local authority does not commission any other alternative provision (AP).

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

Too many children and young people with SEND, and their families, do not receive the support that they need to thrive. Recently appointed local area leaders are keen to ensure that children and young people with SEND are at the heart of all that they do. They are fully committed to bringing their vision to improve provision for children and young people with SEND into reality.

Many children and young people with SEND wait too long for their needs to be identified and met. This is particularly the case if a child or young person is waiting to access the neurodevelopmental (ND) assessment pathway. This is compounded by children, young people and their family's frustrations at not being able to access sufficient support while they wait for assessment.

Similarly, children and young people with SEND wait too long to be assessed and to receive their education, health and care (EHC) plan. Although there have been some recent improvements in newly issued EHC plans, the quality of older plans is generally poor. Often, EHC plans are not consistently updated following annual reviews. This means that many EHC plans are not the valuable documents that they should be, and that they are less helpful in improving the outcomes of children and young people with SEND.

A small number of children with SEND were identified to be at potential risk of child exploitation. These children were living with unassessed risk and therefore may not receive appropriate support in a timely way. Some professionals identified that there is a lack of staff understanding, training and management of child exploitation risks to help them to meet the needs of these children and young people with SEND across the partnership.

There are some examples of positive work to support children and young people with SEND. For example, for the youngest children, and those with complex health needs, practitioners are more likely to work together to understand children's and young people's needs and provide the right support at the right time.

Some children and young people told inspectors that they felt positive about the support that they receive from their schools. They reported that their schools know them well and often gave them just the right support to help them succeed. However, inspectors found that this was not a consistent picture for children and young people with SEND in Tameside, particularly those without an EHC plan.

Children and young people with SEND are not as well prepared for future education, training or employment as they should be. This is because there is a lack of coordination around preparing them for adulthood effectively. Additionally, children and young people with SEND are not always supported well enough to transition between children's and adults' health services.

Educational outcomes for children with SEND are generally positive in early years settings, but as they get older, the gaps between children with SEND and their non-SEND peers widen. By the time children and young people with SEND attend secondary school, increasing numbers struggle to attend regularly. Too many children and young people with SEND are at risk of, or have been, excluded from school.

In EHC plans, children's and young people's voices are strongest where plans bring the child and family to life and the plans express children's and young people's hopes and aspirations. Some children and young people who need support are helped to successfully share their views using symbols and signs. Young people with SEND in further education were positive about their involvement in the development of the Local Offer. However, there are still many children and young people with SEND who feel that they do not have enough of a say about the decisions made about them as individuals, nor the chance to talk about what is important to them.

Most children and young people with SEND living in out-of-borough residential settings are well supported by a wide-ranging, multidisciplinary team. Most benefit from up-to-date assessments and plans which capture their voice accurately. These children and young people are seen regularly by their social workers and typically have their needs met well.

Children and young people placed in AP settings experience variability in the quality of their education. Some children and young people have their needs met well, while others do not. The local area does not have a strong enough oversight of these settings.

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

- The local area partnership has a renewed determination to improve the lives of children and young people with SEND in Tameside. To this end, there has been significant recent financial investment made across education, health and social care. Local area leaders are open and committed to change. They are acutely aware of the significant journey ahead to improve the experiences and outcomes of children and young people with SEND.
- There are positive signs that leaders are gaining the confidence of some stakeholders. Special school leaders expressed confidence in the new local area senior leaders for SEND who they say are visible, communicate well and who are open to working with their schools. Similarly, the parent carer forum told inspectors that there is a stronger, positive sense of intention and willingness from local area leaders, to make a difference for children and young people with SEND and their families in Tameside.
- The pathway for young children with speech, language and communication needs is effective. Children receive targeted screening and support from trained practitioners in the health visitor and school nursing teams and early years settings. Following targeted intervention, those children requiring specialist assessment are seen quickly by a speech and language therapist. Children with significant communication needs can be fast-tracked for a specialist speech and language assessment at any stage in the pathway.

- For children with SEND in the early years, there is some effective multi-agency working across education and health. Practitioners meet regularly to understand children's needs and agree plans and next steps. However, this is not the same for many other children and young people.
- There are thoughtful and varied services for children and young people with SEND who are struggling with their mental health in Tameside. These include mental health support teams in schools, the school nursing team, the core child and adolescent mental health service (CAMHS) and other commissioned providers. Children and young people who require help for areas such as anxiety, weight or sleep management are offered support in their school by health mentors.
- Considerable improvements have been made in occupational therapy (OT), speech and language therapy and physiotherapy services since the last inspection. Children and young people with SEND benefit from joint working between these teams, promoting the 'tell it once' approach. There has also been a reduction in how long children and young people wait to have their needs assessed across these services. Most children and young people are seen and assessed in a timely manner.
- The dynamic support register (DSR) is well established in Tameside. Children and young people with a diagnosis of autism and/or learning disabilities who require support from the DSR benefit from a range of professionals to help coordinate services, preventing inpatient admission where possible. These children and young people are reviewed regularly to make sure that their needs are met.
- Tameside Educational Psychology Service and Tameside Specialist Outreach Support Service are widely used and respected. These services also provide clear information for the writing of EHC plans and offer support for children and young people with SEND in educational provision.
- Most social workers in the children with disabilities (CWD) service establish positive relationships with children, young people and their families. They work with professionals from other disciplines effectively. Assessments, plans and transition arrangements demonstrate an understanding of children's complex SEND and the impact that this has on their and their families' lives.
- Clear and purposeful planning takes place for children and young people in the CWD team who are placed in out-of-borough residential settings. There is appropriate advice, guidance, oversight and assessment for children and young people with SEND, with agile coordination of services to ensure their needs are met.
- Local area leaders are making inroads to address some of the issues around providing sufficient, appropriate school places for children and young people with SEND. A new special school, which opened in September 2024, is already providing more places for primary-age children with complex SEND. There are plans to develop several locality-based specially resourced provisions. The aim is to ensure that more children and young people with SEND can be educated in their local community.

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

- Local area partners are tackling long-standing failings in provision and services for

children and young people with SEND in Tameside. There are still many areas that require considerable improvement. The intermittent nature of improvement in the recent past has meant that local area partners are only just establishing more effective partnerships and developing more robust strategies and systems.

- A fundamental barrier that remains is an overwhelming culture of distrust and frustration from stakeholders in Tameside. Although some inroads have been made in winning hearts and minds, there is much more still to do. Despite new leaders' best efforts, the local area partnership does not have a strong and enduring foothold on the many aspects of SEND provision and services that need to be improved for children, young people and families in Tameside.
- An overarching SEND strategy for the local area partnership remains in development. This means that important improvement strategies, in key areas such as inclusion, AP and preparation for adulthood, are poor. This is having a significant impact on the experiences and outcomes of children and young people with SEND, and their families across health, education and social care.
- Robust governance structures are underdeveloped. This impacts negatively on local area partners being held to account against agreed priorities. This has also resulted in a lack of pace, drive and timely action to make the vital improvements urgently needed.
- The strategic prioritisation of SEND has been difficult to embed across Tameside. Practitioners across health, education and social care are not working together as effectively as they should to meet the needs of children and young people with SEND. For example, a lack of communication and information-sharing for children and young people accessing the ND assessment pathway means that families often feel 'bounced around' services and they must tell their story multiple times to different practitioners.
- There are disjointed commissioning arrangements in Tameside. Children and young people with SEND, and their families do not always have their needs met due to the gaps in commissioning arrangements. For example, there is no commissioned specialist sleep service in Tameside. Nor is there a palliative care pathway or commissioned continence service. Up until very recently, there has been a significant gap in commissioned CAMHS for young people aged 16 to 18. Transition to adult mental health services has been inconsistent for many young people. Despite an increase in commissioned CAMHS it is unclear if the service has the capacity to meet the increased volume.
- There are often long delays in the availability of overnight short breaks. For some children, this means they are waiting for up to 18 months for support. This negatively impacts on parents' and carers' capacity to fully meet their children's needs.
- Inspectors found that a small number of children and young people with SEND are living with unassessed risk in relation to child exploitation. Leaders are reviewing their systems to address these concerns.
- Children and young people with SEND on the ND pathway wait too long for assessment and diagnoses of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). For example, the average wait times for an initial assessment for ASD and ADHD are significantly above referral to treatment times.

Furthermore, some children and young people are waiting for up to four years for a diagnosis. There is also a lack of coordinated support in place for children and young people while waiting on the ND pathway.

- Parents and carers, as well as professionals, often report being exasperated with processes that currently must be completed before a referral can be made for an ND assessment. This involves these stakeholders having to navigate a hugely complicated screening process, for which there is a lack of support and guidance available.
- There has been a focus on improving the EHC plan process over the last 12 months. Special schools particularly feel that the new way that SEN case workers are allocated is working well. There are emerging improvements in the quality and timeliness of EHC plans. However, longer standing EHC plans are not fit for purpose, are of a poor quality and are often inaccurate. In many EHC plans, children and young people's health needs, outcomes and provision are not sufficiently detailed. Also, contributions from social care are rare and, if included, are brief.
- There is significant variability in the annual review process for EHC plans. The strongest annual review practice takes place in special schools, but for some other children and young people, annual reviews do not take place. There are again limited contributions from social care and health. Most noticeably, EHC plans are not being updated sufficiently well following an annual review, even when there have been significant changes to a child's or young person's needs and provision. Overall, the EHC plan is not viewed as a useful shared planning document that charts the journey, needs and successes of a child or young person. Instead, it is seen by many practitioners as merely a tool to secure suitable provision.
- The preparation for adulthood strategy is embryonic, with no deadline for completion or launch. As a result, preparation for adulthood is disjointed and ad hoc. Preparation for adulthood is mainly reliant on individual practitioners signposting and supporting children and young people with SEND and their families.
- Children's and young people's transitions into education, between education settings and into adulthood, are not always well planned, timely or appropriate. This can lead to complications due to poor multi-agency working and information. Transition from children's to adults' health services, OT, physiotherapy, speech and language therapy and nursing services are underdeveloped. Although there is evidence that professionals sometimes work together to support transition, the different service offers can often lead to a disjointed approach. As a result, the needs of individual children and young people with SEND are not being met, and, in some cases, they are being missed entirely. Transition work for this cohort of children and young people is variable, determined only by the strength of knowledge and expertise of individual practitioners.
- The oversight of AP is typically poor. The local area does not have a strategic plan for AP. There is a lack of quality assurance by the local area. Instead, the partnership delegates the quality assurance of AP to schools. This has led to an inequitable offer for children and young people. Schools are not clear of the options available to them when exploring AP offers for children and young people in crisis and at risk of disaffection, including permanent exclusion. For some children and young people, this has led to some permanent exclusions, where they may otherwise have been

mitigated if AP commissioning processes were appropriate.

- It is unclear who is responsible for confirming a diagnosis of a learning disability in the local area. This means that there is a risk that a child or young person will not always benefit from important support, such as access to an annual health check and the DSR.
- Too many children and young people with SEND fall through a gap between mental health support services. For example, children and young people with SEND whose mental health needs are too complex for lower-level mental health support services, but who do not have the risk profile that meets the criteria for a CAMHS assessment, are missed. Accessing CAMHS services presents a huge challenge for many children, young people, their families and practitioners. The referral process and necessary supporting documentation required for CAMHS referrals is unwieldy and is a significant barrier.
- Children and young people with SEND who require equipment in mainstream education settings do not always have their needs met in a timely manner. The process for receiving appropriate funding for equipment, such as specialist seating, is difficult. This means that children and young people have to wait for extended periods of time. For some, this results in children and young people not being able to access education, or, for some, it has a negative impact on the child's physical health.
- In schools and across education services, there is weak identification of need, particularly for those children and young people without an EHC plan. For example, some schools and practitioners view children and young people as having 'behaviour problems' or 'challenging behaviour' but not SEND. This makes it difficult for the local area to have a true picture of those with SEND and plan, resource and offer support accordingly.
- There is no strategy, protocols or a considered approach to support children and young people with SEND who are at risk of permanent exclusion. Limited analysis of school suspensions means that patterns and trends are not identified and subsequent strategies to mitigate against future permanent exclusions are not in place.

## Areas for priority action

| Responsible body | Areas for priority action |
|---|---|
| Tameside Metropolitan Borough Council and NHS Greater Manchester ICB | The local authority and ICB should urgently work together to improve their shared strategy, including for:<br>• governance and oversight (including direction, ambition and expectation)<br>• commissioning arrangements and planning of services for children and young people with SEND<br>• implementation and monitoring of effective strategies. |

| | |
|---|---|
| | This should improve the experiences for children and young people with SEND in education, health and social care across Tameside. |
| Tameside Metropolitan Borough Council and NHS Greater Manchester ICB | Leaders from the local authority and ICB should urgently strengthen the information-sharing systems and processes that support professionals across education, health and social care to work together more effectively. They should implement and monitor effective joint working, to improve the experiences for children and young people with SEND in education, health and social care across Tameside. |
| Tameside Metropolitan Borough Council and NHS Greater Manchester ICB | Leaders from the ICB and local authority should continue to work together with urgency to address the delays and gaps in service provision across the ND pathway. This is to meet the full range of needs of children and young people with SEND across Tameside. |

## Areas for improvement

| **Areas for improvement** |
|---|
| Leaders across the partnership should improve the timeliness, quality and oversight of EHC plans and the annual review process. |
| Leaders across the partnership should work collaboratively to ensure that young people with SEND benefit from a well-thought-out, strategic and coordinated approach to prepare them for adulthood and when transitioning between phases of education. |
| Leaders across the partnership should work collaboratively to ensure that children and young people with SEND benefit from a well-thought-out AP strategy. |
| Leaders across the partnership should urgently improve the understanding of and response to children and young people with SEND who are at risk of exploitation. |

## Local area partnership details

| Local authority | Integrated care board |
|---|---|
| Tameside Metropolitan Borough Council | NHS Greater Manchester ICB |
| Jill Colbert, Director of Children's Services | Mark Fisher, Chief Executive |
| www.tameside.gov.uk | www.gmintegratedcare.org.uk |
| Tameside One<br>Market Place<br>Ashton-under-Lyne<br>OL6 6BH | 4th Floor<br>Piccadilly Place<br>Manchester<br>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 an HMI from social care and an Ofsted Inspector from education; 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 HMI, Lead inspector
Rebekah Tucker, Ofsted HMI
Amy Chevin-Dooley, Ofsted Inspector

**Care Quality Commission**
David Roberts, CQC Lead inspector
Gerry Bates, 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.

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/, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: 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
W: www.gov.uk/ofsted

© Crown copyright 2025