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Noreen Dowd, Chief Officer, Stockport Clinical Commissioning Group  
Cathy Lyall, Nominated Officer, Stockport Metropolitan Borough Council

Dear Ms McLoughlin

### **Joint local area SEND inspection in Stockport**

Between 24 September 2018 to 28 September 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Stockport 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 Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, 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 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, 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 is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

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

## Main findings

- Stockport local area has not made enough progress in implementing the SEN and disability reforms since 2014. There are serious weaknesses in the local area's arrangements for identifying, assessing and meeting the needs of those who have SEN and/or disabilities (SEND) and improving their outcomes.
- The local area does not know itself well enough. There is a lack of information about how well these children and young people achieve. This hampers leaders' ability to evaluate accurately strengths and weaknesses and the local area's effectiveness in improving outcomes for this group. Furthermore, the local area leaders' strategic planning lacks specific, ambitious and measurable targets to improve outcomes.
- Much work has been done to put the structures in place to meet the health, social care and education needs in Stockport better. However, too little heed has been paid to meeting the specific needs of those who have SEND. Some of these children and young people, particularly 0- to 5-year-olds, do benefit from improved joined-up working, such as through the 'Stockport Family' approach. Moreover, health and education services work well to support children with the most complex needs to achieve better outcomes. However, too few children at the SEN support stage benefit from the wealth of services and support available across the local area.
- There are passionate, knowledgeable and dedicated front-line workers across education, health and social care who make a positive difference to the lives of children, young people and families who they work with day to day. However, across the local area, the effectiveness of identification and meeting of the needs of these children and young people is inconsistent and variable. Their day-to-day, lived experiences are polarised. This results in different outcomes for children and young people who have similar needs and starting points. Some parents say that their children have received 'amazing support'. On the other hand, most feel that they must 'fight' every step of the way to get the right help and support.
- Co-production is weak. Local leaders do not understand that co-production should be a way of working where children and young people, families and those that provide services work together to make decisions or create services which work for them all. There are some examples of co-production such as the development of the local offer. However, leaders have not engaged with a sufficiently representative group of parents, children and young people and families. As a result, these decisions and services do not work as well as they could or should across the local area. Some plans are presented to parental representatives for feedback as opposed to parents being involved at the initial planning stage.
- Recent improvements in the quality and range of performance data available to local area leaders helps them to identify some of the most pressing issues. Local area leaders are targeting the high rates of school exclusions, the unmet health needs of some young offenders and improving living arrangements for care leavers. However, local area leaders have not fulfilled their duties, as set out in

the SEND reforms, to jointly plan, commission and provide services. As a result, local area leaders do not predict and put in place the provision that is needed.

- While those children and young people who have the most pressing social care needs receive a package of support, for other families help only comes at the point of crisis. An assessment of social care needs as part of the education, health and care (EHC) assessment process is not routine as is required by the 2014 reforms. For this reason, opportunities are missed for early intervention and prevention work to avoid family breakdown, mental health problems and other negative consequences reported by parents.
- Local area leaders have engaged with the local parent carer forum, Parents in Partnership Stockport (PIPS), who conduct many surveys to ascertain the views of parents. However, most of the parents who inspectors spoke to reported that they are unaware of this forum and so have not had their views heard. Consequently, the local area's strategic engagement with parents is not sufficiently translating into improvements to the day-to-day lives of many children and young people and their families.
- Many parents are unaware of the services and support across the local area. When they are directed to the local offer, many find it hard to get the information they need. There is a disconnect between the wealth of information provided by the local area and parents' knowledge of the services and support available to them.
- New education, health and care plans (EHCPs), and those that have been transferred from statements of special educational needs, are completed in a timely manner. There are effective systems in place to ensure that plans are agreed within the expected timescales.
- The local area takes good care of some of its most vulnerable children and young people who have SEND. For example, those in care receive effective support to meet their medical needs. Care leavers who wish to move back to their local community are well supported so these moves are successful. Holiday provision for those known to the youth justice systems helps those children and young people make good use of their time.
- Across the local area, those services working with children in the early years have a joined-up, collaborative approach to the assessment of specific health needs. As a result, these young children receive help and support to meet their individual needs in a timely manner.

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

#### **Strengths**

- There are effective pathways into the local area's child development unit. These pathways facilitate the identification of children's needs before they start school. A range of specialist services, such as speech and language and occupational

therapy, work well together to understand and meet children's specific needs. Consequently, young children who have SEND, particularly those with the most complex difficulties, have their needs well met.

- The number of children and young people who have SEND who are electively home educated has increased year on year since 2014. Local area leaders better understand the reasons for this trend now. They have increased resources to support and help this group. For example, health professionals make sure that these children and young people do not miss out on their entitlement to routine health checks and specialist services. Moreover, the local area has worked well with those families who feel a school would better meet the needs of their child to find a suitable placement.
- The local area has ensured that all statements have been converted to EHCPs. The timeframe for completing EHCPs in Stockport falls within 20 weeks.

### **Areas for development**

- Senior leaders do not know the local area well enough. Leaders have taken too long to put together data sets which provide them with the information they need to plan strategically. Consequently, they do not have an accurate understanding of how well those who have SEND achieve across the local area. This has hampered leaders' ability to jointly plan, commission and provide the services that children and young people and their families need.
- Local area leaders have failed to predict and plan for the increased demand on therapy services. As a result, waiting times have increased. Front-line staff have put support in place, such as parent workshops, to reduce the impact of the delays. However, parents' frustrations with these delays are exacerbated by services' poor communication.
- There has been limited progress to date in establishing clear autism spectrum disorder (ASD) and attention deficit and hyperactivity disorder (ADHD) assessment pathways for 18- to 25-year-olds. These young people have to access these services out of area, which requires them to travel long distances for appointments. These arrangements are further heightening these young peoples' stress and anxiety at a potentially difficult time.
- There is a disconnect between the views of leaders about the lived experience of children, young people and their families, and their realities. Despite some efforts to gain their views, leaders do not have an accurate and deep understanding of how well children, young people and their families feel that the local area is identifying and meeting their needs.
- Across the local area, parents' common experience is of delays in having their school-age children's needs identified. Moreover, once identified, parents' perception is that without a formal diagnosis, their child will not receive the support they need. This results in further anxiety and frustration for parents and a high demand for EHC assessments.

- If a child or young person is not already known to social care, no assessment and advice is provided as part of the EHC assessment and planning process. As a result, these children and young people do not have all of their social care needs identified. Too often, failure to signpost children, young people and their families to holiday clubs, out-of-school activities and support groups means that they miss out on the local offer. For too many children, crisis point must be reached to have their social care needs identified and assessed. For some families, this comes too late to prevent family breakdown, social isolation and mental health difficulties.
- Delays in planning and implementing joint commissioning approaches mean that health, social care and education do not make the best use of their resources to meet the needs of children and young people.
- There is inconsistency in the quality of front-line services. As a result, accuracy and timeliness of identification are variable across the local area. Moreover, the use of information about children and young people's needs to ensure appropriate provision is also variable. This means that those who have similar starting points and needs can have very different experiences and outcomes depending on where they live or which school they attend.
- Despite the perception of leaders that information is shared widely across the local area, many parents are unclear about what is available. This includes the local offer. Even if parents are aware of it, many find it hard to access. Several families report reliance on friends, family and known professionals to provide the advice and guidance that they need.
- As young children move on to school, there is more reliance from health on other partners, such as education, to identify any emerging issues. This means that some of these children's needs are not identified quickly enough.

## **The effectiveness of the local area in meeting the needs of children and young people who have special educational needs and/or disabilities**

### **Strengths**

- Those children and young people who have the most complex health needs receive effective interventions from the community children's nursing team. These interventions are timely and appropriate. There is a wide range of specialist support on offer to meet the diverse needs of these children and young people. This approach results in fewer hospital admissions for this group.
- Parents appreciate the local area's follow-up when they are refused requests for EHC assessment. This allays parents' anxiety and helps the school and other professionals better meet the needs of these children and young people.
- There is an enhanced Healthy Young Minds (child and adolescent mental health services) offer to those who have moderate to severe learning disabilities with mental health needs. This means that these groups of young people can access specialist support without delay.

- The local area ensures that all young children have their needs assessed in a timely manner. They ensure that an EHC plan is in place to help those young children who have SEND get off to a positive start at school. These children achieve the expected levels in most of the early learning goals before they start Year 1. The local area has identified weaknesses in children's physical development and writing for this group. Leaders use these findings to inform their work with schools.
- The willingness of some front-line services to adapt their offer in response to feedback from parents makes a positive difference to children, young people and their families. For example, parents appreciate the availability of a private area when they attend baby clinics as well as the option to choose Saturday morning clinics to bring their child for their two-year old checks. Flexible responses such as these reduce parental anxiety. In addition, the increased proportion of young children attending routine checks facilitates the early identification of SEND.
- The educational psychology service has seized the opportunity afforded by the reforms to revise their core and traded service offer. Schools and parents hold this service in high regard. The changes they have made have resulted in a flexible and dynamic service tailored to local need.
- General practitioners (GPs) have increased the number of young people accessing the annual health check for those aged over 14 with a learning disability. This ensures that these children and young people do not miss out on essential health checks as they transfer to adult services.

### **Areas for development**

- Local area leaders have not made sure that there is an effective joined-up approach to planning, commissioning and providing services for those who have SEND in Stockport. Leaders have failed to deliver this key requirement of the 2014 reforms.
- There is a clear disparity in the speech and language therapy offer between those who attend a school who buy additional speech and language therapy provision and those who do not. This means that the local area cannot be assured that children with speech, language and communication needs have those needs met routinely.
- Some children and young people and their families speak highly of the work of individual professionals and teams. However, overall, parents do not recognise improvements in the local area's effectiveness since the implementation of the reforms.
- The 'tell it once' approach is not well established in Stockport. Parents find themselves repeating their story repeatedly. For example, universal health services do not routinely hold a copy of EHC plans for children in their case files. This further exacerbates parents' frustration as well as increasing their lack of trust in the local area's effectiveness in identifying and meeting their children's needs.

- The 0 to 25 agenda is not established in Stockport. Core therapeutic services, for example mental health, speech and language, physiotherapy and occupational therapy cease at 16, except for those who have the most complex needs. This exacerbates the challenges these young people and their parents face when they approach the age of 16.

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

### **Strengths**

- The quality of provision in both local authority and independent special schools in the local area is highly regarded by parents.
- An increasing proportion of young people move on to employment, education and training (EET). The increased offer of supported internships and apprenticeships provides more opportunities for these young people to gain valuable work experience. Targeted work for those young people who have not moved on to EET has been effective, particularly for those known to the youth justice system and care leavers. This has resulted in a number of these vulnerable young people being helped to get their lives successfully back on track.
- Despite local challenges in terms of the housing stock, more of these young people have been helped to secure settled accommodation. The local area is actively working with local partners to improve further the suitability as well as quantity of accommodation available.
- The local area's work to help those young people leaving care to move back to live in their local community, close to their friends and family, is bearing fruit. Targeted support for these young people makes for a successful move back to the local area.
- Therapy services across the local area, including speech and language, occupational therapy and physiotherapy, have introduced the use of nationally recognised outcome measurement tools. This information will enable them to accurately evaluate performance and so improve their offer.

### **Areas for improvement**

- While one quarter of SEN support children achieved a good level of development in the Reception year of school last year, no children with an EHC plan reached this milestone. The local area has identified some of the key barriers for these vulnerable groups, however, as yet, the impact of the actions put into place are yet to be seen. Despite the additional resources for this group, these children make considerably less progress than their non-SEND classmates, so that by the end of key stage 2, many lack the basic skills to stand them in good stead for secondary school. These slow rates of progress continue as young people move through secondary school.

- The poor academic outcomes for children and young people are compounded by the number of lessons they miss. Attendance rates in both primary and secondary schools have declined. On average, those who have EHC plans in secondary schools miss half a day each week across the local area. Just under a third of secondary-aged children at SEN support stage are persistently absent. Moreover, one in five children with EHC plans in primary schools are persistently absent. The local area has taken too long to put into place targeted support to improve attendance.
- The rates of exclusion are high compared to non-SEND children and similar groups nationally. The local area is taking action to tackle the disproportionately high exclusion rates across the local area. Recent initiatives have made a positive difference, for example with targeted children who have ASD in Years 7 and 8 at secondary school. However, the overall upward trend of exclusions in the wider SEN cohort has not been reversed.
- Comprehensive training has been provided for front-line staff to promote a better understanding of the different types of SEND. Front-line staff across education, health and social care report that this training has been useful in informing their work and raising their confidence and knowledge. However, there has been no evaluation by local area leaders of the impact that training has had in improving the identification and meeting of children and young people's needs, although, anecdotally, some services report more appropriate referrals being made by their colleagues since the training.
- The lack of jointly commissioned services across education, health and social care in Stockport has had a detrimental effect on the effectiveness of the local area in improving outcomes for those who have SEND.
- There is confusion amongst professionals and parents about what constitutes short breaks and respite, and how to access these services. Moreover, for those children whose needs present as challenging behaviour, too often they are unable to access the range of activities available to non-SEND peers, both in school and in the community.
- The inspection team found no evidence of the use of personal health budgets and only limited evidence of the use of personal budgets for social care. Most parents do not receive information and advice about these budgets, which are offset out in the 2014 reforms. As a result, these children, young people and their families are not able to make decisions and have control over how money is spent to meet these their healthcare and wellbeing needs.

**The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness



- lack of an effective approach to jointly plan and commission the services that meet the needs of those who have SEND
- failure to assess and meet children and young people’s social care needs in conjunction with EHC needs assessments and plans
- lack of involvement of children and young people and their families in the meaningful, effective co-production of the services, resources and support they need
- poor shared understanding by local area leaders of the needs of these children and young people and their education, care and health outcomes
- weak assessment of the effectiveness of the local area in improving outcomes for children and young people.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
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