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Denis Gizzi, Clinical Commissioning Group Chief Officer, Oldham

Cath Millington, Local Area Nominated Officer

Dear Ms Kufeldt

Joint local area SEND inspection in Oldham

Between 2 October and 6 October 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Oldham to judge the effectiveness of the area in implementing the disability and special educational needs (SEN) 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 Children's Services Inspectors from the Care Quality Commission.

Inspectors spoke with children and young people who have 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 SEN 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 information, 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 (CCG) are jointly responsible for submitting the written statement to Ofsted.

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

Main findings

- The implementation of the SEN reforms has been slow and fragmented. Leaders have not approached the implementation as a joint partnership between education, health and social care.
- The lack of accountability at all levels is endemic. The absence of joint working means that leaders of education, health and social care are not holding each other to account for the effectiveness of their work.
- The CCG has only recently appointed to the role of the designated clinical officer (DCO). It is too soon to comment on the effectiveness of the role. The lack of oversight on both the strategic and operational impact of the reforms has contributed to the weaknesses identified in the local area.
- Leaders do not have an accurate view of the strengths and weaknesses of the local area. While acknowledging that there are challenges, leaders are unaware of the extent of the weaknesses which the inspectors found.
- Performance information is not accurately evaluated and used to inform and drive improvements. Leaders do not routinely evaluate the difference that their actions make to the lives of children and young people who have SEN and/or disabilities. Too often during the inspection, inspectors were provided with erroneous and misleading information.
- The local area has struggled with a constant churn of leadership in pivotal positions. This has hampered the implementation of the SEN reforms and has slowed the pace of improvements.
- Leaders have no mechanisms to check the quality of documentation, processes and systems within the local area. There are inconsistencies in how officers carry out their work and their understanding of what they are statutorily required to do.
- Leaders do not demonstrate the capacity to implement future plans. For example, they were unable to provide secure and reliable evidence of the difference their actions have made to children and young people and their families to date.
- The education, health and care (EHC) process in Oldham is fundamentally flawed, does not comply with the Code of Practice and there is possible illegal practice.
- The quality of EHC plans is unacceptable. Outcomes for pupils are often meaningless and the level of input made by professionals can be shoddy and inaccurate. Not all professionals routinely contribute to the plans.
- The children and young people who have SEN and/or disabilities in Oldham do not make strong academic progress. Oldham is one of the worst-achieving areas nationally for educational achievement for this group of children. This prevalent poor achievement is exacerbated by high levels of fixed-term exclusions and persistent absences from school for children and young people who have SEN and/or disabilities, especially at the secondary phase.
- The transport policy and related arrangements contain serious flaws which are not safeguarding-related. The local area is aware of this and is reviewing the policy.

- Despite the serious weaknesses evident in the local area, the quality of many front-line services is good. Oldham has undertaken a number of projects and initiatives that are making a difference to children and young people who have SEN and/or disabilities, especially in the area of health.
- The children and young people in Oldham told inspectors that they felt safe. They told inspectors about the different ways that they can keep themselves safe. The children and young people were all able to identify a trusted adult with whom they would speak if they had any worries or concerns.
- The children and young people of Oldham who met with the inspectors are inspiring. They are champions in breaking down the barriers and misconceptions of what it means to be a young person who has additional needs and/or disabilities. They spoke to inspectors with stunning conviction and humbling humility about the work they do to improve the lives of their peers. The work they have undertaken on mental health stands as a good example to others.

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

Strengths

- The positive and sensitive commissioning of services to support families from ethnic minorities is a strength in health services across Oldham. Families who speak English as an additional language who access health services are supported effectively through good use of interpretation services. Staff receive effective support through training packages on how to make best use of an interpreter. This ensures that families receive information in their own language and limits their misunderstanding of assessment, advice and guidance.
- A genetic outreach worker has been appointed to work in ethnic minority communities, specific to the Oldham area. She offers targeted support and advice around consanguinity and its impact on the health of children. She also offers targeted support and advice to families either in their own home or at drop-in centres. The outreach worker also delivers training to professionals and communities so that families are empowered to make informed decisions.
- New families benefit from an innovative and integrated early years offer. The Right Start programme is delivered through a multiprofessional team of public health nurses and additional education needs practitioners. Good uptake of the 'healthy child programme mandated visits' means that any emerging developmental delay is quickly identified. Families are referred to local children's centres, where a range of evidence-based interventions are available. Consequently, services are commissioned to meet the specific needs of communities.

Areas for development

- Leaders and officers do not have a secure understanding of the statutory process for undertaking EHC needs assessments. There is non-compliance and flagrant disregard for legislative requirements.
- The local area is too quick to refuse to undertake assessments. Officers make decisions about whether EHC needs assessment should be undertaken before they have the evidence, as outlined in the Code of Practice. For example, they do not seek parents' views or gather all of the evidence from other professionals. Decisions are driven by a child's educational profile. This does not secure the accurate identification of pupils' needs.
- The local area has failed to transfer statements of special educational needs to EHC plans within the legally specified timeframes. For example, there are statements for Year 9 children from last academic year that have still not been transferred.
- To date, less than one quarter of EHC plans have been completed within statutory timelines. Although the rate of timely completion has quickened, the quality of the plans is deficient.
- Parents are unclear about the process for the assessment of EHC needs. The local area has unrealistic expectations of what parents must do when making a referral. The information provided to them is vague and convoluted.
- There is a lack of clarity about thresholds for agreeing EHC needs assessments. Officers have differing views about which cases are appropriate for assessment and have different opinions about thresholds and consistency in the application process. This means that some children are not appropriately assessed and may miss the coordinated support that should come through an EHC plan.
- Leaders acknowledge that the remaining conversion of statements to EHC plans will not be completed by March 2018. This is because of an indolent start.
- The autistic spectrum disorder (ASD) strategy has taken far too long to be developed and has only been implemented in recent months. Leaders are unclear as to what the impact of this strategy will be.
- Parents told inspectors that some schools are too quick to refuse to engage in the referral process for EHC plans. Children and young people wait too long for their needs to be identified. In some cases, a child's needs are only identified once they move from primary to secondary school.
- Too many children looked after are not having high-quality, timely and comprehensive initial health assessments to identify their health needs when they come into care. The historic use of locum paediatricians has led to poor-quality assessments. This poor-quality assessment leads to poor health planning for the future.

The effectiveness of the local area in meeting the needs of children and young people who have SEN and/or disabilities

Strengths

- Parents told inspectors that once their children had been accurately identified, the quality of services was good. Parents were particularly effusive about teachers of the deaf and the visual impairment team. The support from these services enables children and young people to engage in their learning.
- Some schools offer their children and young people extended days in which they can access opportunities not readily available to them in the local area. For example, a range of sports activities and holiday clubs is on offer. The children and young people enjoy these activities, which allow them to develop their social and physical skills.
- Very few children and young people are educated outside of Oldham borough. As a result, the vast majority are educated in an area they know and are known by others.
- Electively home-educated children and those children out of education can and do access support from the locality school nurse. This is important as this cohort of children remain vulnerable and are often isolated.
- Teams within Positive Steps, a well-established voluntary sector organisation, make a significant contribution to improve the lives of children and young people who have complex social and health needs. There is a holistic assessment within early help and youth offending services which helps to identify additional needs. This is particularly evident for young people with communication, speech and language and neurodevelopmental problems.
- Children and young people who are diagnosed with ASD are able to access good post-diagnostic support which includes face-to-face consultation and/or a number of workshops. This helps to upskill and instil confidence in families to increase their resilience and decrease their reliance on professionals.
- Transition is recognised by health services as a particularly stressful time in the lives of children, young people and their parents and carers. The early years service offers support for those young children transitioning into the early years foundation stage and continues to work with families, children and their settings. This ensures that successful transitions are achieved before cases are closed.
- The speech and language therapy (SALT) service runs transition workshops in the summer for children moving from primary school into secondary school. These workshops explore anxieties and equip children with the skills to help them settle into the next stage of their education.
- Transition nurses and learning disability nurses are successful in helping young people who have SEN and/or disabilities and their families move into adult services. The positive experience of transition that children, young people and

their families have means that they have confidence in the services and their anxieties are lessened.

- Parents of Oldham In Touch (POINT) is highly regarded by the families and professionals that inspectors spoke to. They act as a point of reference and knowledge base for information in relation to SEN and/or disabilities within the Oldham area. POINT empowers parents and carers to understand the processes and to access the services available.

Areas for development

- The quality of EHC plans is wholly unacceptable. The outcomes are not written in a manner that is meaningful to the children and young people or the professionals using the plans. A number of children and young people have additional plans that sit outside the EHC plan and this leads to duplication and disjointed provision.
- The contribution of social care to EHC plans is alarming. Inspectors saw some social care outcomes on EHC plans that were deplorable.
- Less than half of parents who shared their views and experiences believe that their children's needs are being met. Despite the local area's intervention and actions over recent years, outcomes for children and young people who have SEN and/or disabilities support parents' views. Underachievement is too common a feature for these children and young people.
- The local area officers who write the EHC plans do not understand how to identify clear outcomes for children. The process used to obtain advice from health professionals and to check the content of draft plans is flawed. Parents and other professionals told inspectors that their EHC plans were a rehash of their children's statement of educational needs. The planning and delivery of EHC services is happening in isolation to the EHC plan itself. This demeans and devalues the very purpose of EHC plans.
- There is no accurate understanding of the suitability of education for children who are electively home-educated who have an EHC plan. The annual review is the only oversight of the education being provided. Children with an EHC plan are leaving full-time education with inappropriate targets on their EHC plans. As a result, their needs are not being appropriately met.
- The eligibility criteria in the transport policy places distance above the needs of children and young people. The partnership board has acknowledged that its own criteria are too rigid and erroneous. The local authority has begun to put the needs of the children and young people first and to review its policy. However, not all parents are aware of this change and they continue to face many difficulties. Parents also report that they are being advised by local area officers to cover transport costs from their disability living allowance.
- Schools are concerned that passenger assistants are not appropriately trained to manage children with complex health needs during journeys to and from school. There are reports that this was going to be addressed but, to date, no training has

been provided. This potentially leaves children at risk if those transporting them to school are unclear how to manage their needs.

- Parents report a lack of activities and clubs for children with more-complex needs. This is because mainstream clubs are unable to manage them or because they require more funding to enable their child to attend. This puts added strain on families, particularly during holiday periods, when the intense needs of their children are exhausting. This lack of appropriate support is contributing to family breakdowns.
- Too many children and young people are waiting for SALT and access to community paediatricians. Although the ASD diagnostic pathway is compliant with National Institute of Clinical Excellence guidance, families are waiting for approximately six months for a diagnosis. In a number of cases this has led to delays in obtaining specialist support or an appropriate school placement.
- There is no evidence of general practitioners (GPs) championing the needs of children and young people who have SEN and/or disabilities. Too few GPs carry out health checks for young people with a disability. Parents commented that their GPs are not always supportive when asked for help, advice and referrals for specialist services.
- Parents unanimously told inspectors that they had to habitually repeat the story of their children to every professional that they came into contact with. This goes against the Code of Practice.
- Parents explained to inspectors that they were repeatedly the key worker and coordinator of meeting their children's needs. This puts unfair and unrealistic expectations on parents and carers.
- The tracking and monitoring of children and young people who have SEN and/or disabilities who are also children in need or have a child protection plan is not sufficient. As a result, leaders do not have an accurate picture of the needs of these children and young people. Therefore, leaders cannot ensure that actions are put in place to meet pupils' needs better.
- The local offer contains too much information that is out of date and there are broken electronic links to additional information. Although the local offer is known among parents, carers, young people and professionals, it does not provide an accurate resource from which to access information and support. Similarly, the local offer does not provide any translation facility for the growing number of multi-ethnic communities and those new to the country.

The effectiveness of the local area in improving outcomes for children and young people who have SEN and/or disabilities

Strengths

- The proportion of children and young people who are under the youth offending team and not engaged in education, employment or training is lower than the

national average. This is because of the work and support that the team provides for the young people during their time in custody and upon their release.

- The proportion of young people who have SEN and/or disabilities who achieve a level 3 qualification is above the national average. This reflects the appropriate curriculum choices, advice and guidance that they receive.
- All young people who receive SEN support are engaged in education, employment or training at the age of 17. This is much higher than the national average.
- Post-16 provision shows an effective use of personal budgets by learners over the age of 18. This enables them to access provision to support their preparation for adulthood. Attendance at post-19 provision prepares young adults well for the world of work and increases young people's independence and employability prospects.
- Young people who have complex health and social needs are supported well by the Positive Steps career advice, guidance and community teams when they leave statutory education. Practitioners work in a flexible, proactive way with the young people. This helps them to reach their full potential, despite the historical barriers and the prejudices that these young people face. Young people are re-engaging in college education and into the workplace, with significant improvement in their ability to participate in their local community.

Areas for development

- Educational outcomes for children who have SEN and/or disabilities are poor and show little sign of improvement. Provisional information for 2017 indicates that the standards reached by children in the early years and pupils in key stages 1 and 2 have declined. Provisional information for 2017 indicates that the attainment of pupils who have SEN and/or disabilities at key stage 4 has improved.
- The progress made by pupils who have SEN and/or disabilities, including those who have a statement or EHC plan, is poor. Their progress is among the lowest nationally when compared to other pupils with the same starting points. The actions to address the historic trend of underperformance generally, and for those children and pupils who have SEN and/or disabilities, has had negligible impact.
- Too many children and young people who have SEN and/or disabilities are persistently absent from school. This has a detrimental effect on the progress made by these pupils.
- While the proportion of permanent exclusions has reduced across the secondary phase, the proportion of fixed-term exclusions has risen significantly. The local area's drive to reduce permanent exclusions was successful, but short-sighted in not identifying the impact that this would have on fixed-term exclusions.
- Oldham's strategy for school improvement has not had the achievement of pupils who have SEN and/or disabilities as a key priority. The absence of such focus contradicts the inclusive approach that Oldham seeks to promote.
- The proportion of adults with learning disabilities who secure paid employment is strikingly and stubbornly low. Local employers have not always recognised the

unique gifts and contributions that these young adults can make to their workforce.

- There is no evidence that social care leaders have considered and recorded how they best safeguard and promote the welfare of children and young people who have a high number of overnight short breaks.
- Recently, there has been an over-reliance on consultation as opposed to co-production with parents and carers (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all). While there has been a need to progress change urgently, this has been at the expense of true participation. The strengths of co-production that were in place at the start of the reforms are at risk of being lost.

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:

- any illegal practice that maybe happening in the local area
- the lack of effective leadership and joint partnership in leading, developing and evaluating the SEND reforms
- the dysfunctional EHC process and inadequate quality of plans
- the defective transport arrangements for children and young people who have SEN and/or disabilities
- the significant underachievement of children and young people who have SEN and/or disabilities, including the high rates of fixed-term exclusions and persistent absenteeism.

Yours sincerely

Jonathan Jones
Her Majesty's Inspector

| Ofsted | Care Quality Commission |
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Cc: DfE Department for Education
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