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## 4 April 2022

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Director of Children and Families  
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Clare Watson, Accountable Officer, NHS Cheshire Clinical Commissioning Group

Mark Grady, Local Area Nominated Officer, Cheshire West and Chester Council

Dear Mrs Brackenbury and Ms Watson

### **Joint area SEND inspection in Cheshire West and Chester**

Between 14 and 18 February 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Cheshire West and Chester to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and NHS officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

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



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

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

## **Main findings**

- Leaders from health, social care and education worked quickly to implement new processes in response to the 2014 SEND reforms. This ensured that more children and young people with SEND received support in a timely manner. An increased demand for education, health and care (EHC) needs assessments, compounded by the restrictions of the pandemic, has presented some challenges for the area. This includes the timeliness of EHC needs assessments. Leaders have clear plans in place to get back on track following the pandemic and recent data shows an improvement in the number of EHC plans being issued within 20 weeks.
- Leaders are ambitious for children and young people with SEND. They have a clear understanding of the area and know what is working well and what needs to improve. Leaders use this knowledge to inform their strategic planning.
- During the pandemic, leaders ensured that the most vulnerable children and young people were offered a school place. Where possible, services provided remote support to children, young people and their families. This ensured that these children and young people received help and guidance at this difficult time.
- Parents' and carers' experiences of communication with the SEND service is variable. Some parents told inspectors that this is strong; new systems, including an online 'EHCP Hub' that parents can use to track the progress of their EHC needs assessment, improve the transparency of the process. Other parents said that they do not receive replies to simple queries without complaining. This means that issues escalate and cause some parents to lack trust in the system.
- During the pandemic, a range of health professionals, including commissioners, paediatricians and therapists, were redeployed to provide and coordinate care for people during the crisis. This has had a detrimental impact on the area's ability to maintain services for children and young people with SEND. However, recovery plans are in place and leaders are on track to meet their targets.
- The quality of EHC plans is improving. Children's and young people's needs are often described appropriately. Most EHC plans contain suitable health, social care and education outcomes that capture the aspirations of the child or young person. However, educational provision within some plans is not always specific enough.
- The vast majority of EHC plans are reviewed annually. A range of professionals contribute to these meetings. However, these recommendations are not reflected in an updated version of the EHC plan as quickly as they should be. This causes frustration to many parents and school leaders.



- Leaders have developed a joint commissioning strategy that brings together health, education and social care partners. There have been some successes in jointly commissioned projects. Leaders plan to launch a new joint commissioning strategy. This has been delayed, in part due to the pandemic, and is a priority for the local area.
- Some parents told inspectors that mainstream schools are not as inclusive as they should be. Parents are especially nervous when their children are due to move to secondary education. As a result, some parents feel that their children's and young people's needs cannot be met in their local school.

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

### **Strengths**

- During the pandemic, many health teams and professionals were quick to provide services in a flexible way. This included completing assessments remotely. When required, assessments were completed in person. This ensured that professionals continued to identify emerging and changing needs at this difficult time.
- The local area benefits from a well-established designated clinical officer (DCO). The DCO has good connections with the regional DCO network. This helps to support an effective understanding of the area's strengths and weaknesses. Health professionals alert the DCO to a child's or young person's emerging needs swiftly if additional oversight or input is needed. This supports the early identification of needs.
- Leaders have ensured that the 'Our Ways of Working' model, a trauma-informed approach, is embedded across health, education and social care. This improves professionals' understanding of the needs of children and young people who are looked after. For example, the life experiences of children and young people are carefully considered when assessing their needs.
- The identification of needs in early years is a strength in the local area. The 'Starting Well Service' works closely with early years colleagues, including specialist teachers, and a range of health and social care professionals. The service works with settings to provide training, explain the clear assessment pathways available and identify emerging needs in the under-fives.
- There is a well-embedded 'Action for Inclusion' process that helps to identify children's needs in early years. These meetings ensure that co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) is at the heart of the identification of needs.
- Professionals from health and education worked together to develop training to target the identification of girls with social, emotional and mental health (SEMH) needs and autism spectrum disorder. School staff who have completed this



training report that they feel more confident in identifying these needs. As a result, more girls with SEMH and autism spectrum disorder needs are being identified at an earlier stage.

- Leaders provide special educational needs coordinators (SENCOs) with training and support at well-attended local networks. Professional advice is available at these events, which improves SENCOs' ability to identify needs.

### **Areas for development**

- One in every four children do not receive a key developmental check at the age of 12 months. One in every five children do not receive a key developmental check at the age of two and a half years. This is because the 0–19 universal health services have low staffing levels. Leaders have attempted to support families by using different professionals, such as nursery workers, to undertake these important reviews. However, the number of children receiving a key developmental check is still below expected targets.
- In some parts of the local area, children and young people wait too long to have their needs identified for autism spectrum disorder and attention deficit hyperactivity disorder. Some children and young people have their needs met while they wait for diagnosis. However, this offer is not well communicated. This creates uncertainty and frustration as families experience differences in how and when needs are met across the area.

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

#### **Strengths**

- Leaders have invested in an improved offer of outreach support. This offer enables special schools to work more closely with mainstream schools. This improves staff confidence by sharing specialist knowledge and expertise. As a result, frontline staff can identify and meet needs more effectively.
- There is a clear commitment from the area for more children and young people to have their needs met in mainstream settings. Area leaders have invested in settings to support this, for example by funding additional classrooms to accommodate more children and young people with SEND in mainstream settings. There are signs of this working well as more children and young people with SEND are receiving their education alongside their mainstream peers.
- Advisory teaching services, such as the autism service and sensory service, are highly regarded. Many parents and school leaders describe these services as 'second to none'. These services continue to support young people in mainstream post-16 settings. Specialist advice and guidance ensure that children's and young people's needs are met effectively.



- Parents appreciate the support of the parent carer forum (PCF). This helps parents' voices to be better heard by leaders. The PCF is included in many strategic workstreams and boards. This makes sure that the views of parents and carers are considered in strategic planning.
- Leaders have worked collaboratively with health, social care and education colleagues to produce a '0–25 Inclusion Framework'. This has improved the graduated approach to meeting needs in early years settings, schools and colleges, and is well understood. This means that children's and young people's needs, including for those on SEND support, are met more effectively.
- The youth justice service offers good access to a range of health partners for young people with SEND who enter the criminal justice system. Furthermore, the service offers useful training to professionals in the justice system. This means that young people with SEND have their needs better understood.
- Child protection and child-in-need reviews are typically aligned with EHC plan reviews. This reduces the likelihood of children, young people and their parents and carers having to repeat their story to different professionals. The social care provision that these children and young people need is clearly shown in the vast majority of EHC plans. Staff from the virtual school regularly monitor the impact of this provision. The support that these children and young people receive is well coordinated.
- The educational psychology service has provided a range of training to improve school staff's ability to meet SEMH needs. This training empowers staff through regular supervision and improves staff's confidence in meeting a range of mental health needs effectively.
- An online 'EHC Plan Hub' enables most professionals to contribute to the EHC needs assessment process. There are clear quality assurance processes in place for health advice. Parents who have access to this hub appreciate the transparency that it offers. They have a clearer understanding of where their child is up to on the assessment journey. Furthermore, for those who can access the system, this ensures a joined-up approach between different professionals to better meet children's and young people's needs.
- Owing to the restrictions of the pandemic, speech and language therapists used different ways to support parents to improve their interaction and communication skills with their child or young person. This included an online channel demonstrating strategies that support positive communication. Parents appreciated this effective support.
- Therapists, including physiotherapists and occupational therapists, support parents and settings when planning for children and young people to move between schools. This proactive approach helps to reduce parents' anxiety and ensures that settings are well prepared to meet needs before the child or young person starts at the setting.

## Areas for development

- The amendments to EHC plans made at the time of annual reviews are significantly delayed. This means that many updated EHC plans are not useful. Some parents described the annual review process as 'a waste of time'. For some children and young people, this impacts negatively on their transition from one setting to another.
- The educational provision in some EHC plans is too generic. In these cases, it is not clear what personalised provision is required to meet children's or young people's needs.
- The educational psychology service lacks the capacity needed. This is because the area has struggled to recruit additional psychologists. This results in a delay in statutory advice. The recent focus has been more on statutory duties and less on preventative work with children, young people, their families and settings. This causes some children's and young people's needs to escalate and require further, more specialist support.
- School leaders report that there is a clear drive to improve inclusion in mainstream schools across the area. However, they told inspectors that there is a long way to go to 'win the hearts and minds' of all school leaders. Parents agree that inclusion in schools is too variable and said that there are particular concerns when pupils move from primary to secondary school.
- Leaders' action plans for joint commissioning are not understood clearly by all partners. A planned review of the joint commissioning framework has been pending since 2019. This has been delayed by the redeployment of health commissioners during the pandemic. This means that joint commissioning has not been at the forefront of leaders' thinking. That said, there are some examples of successful, jointly commissioned services in the local area.
- There are complex health commissioning arrangements in parts of the local area. This means that there is inequity in the timely meeting of children's and young people's needs, depending on where families live. For example, waiting times to access health services and pre-diagnostic support vary widely. This is most apparent for children and young people waiting for neurodevelopmental assessments or involvement from child and adolescent mental health services.
- Not enough parents and carers know about the local offer website, 'Live Well'. Just under half of the respondents to Ofsted's survey had never used the local offer or had not heard about it. Those that do know about it report that it is difficult to navigate and does not easily provide the information that they need. This limits parents' ability to support their child or young person and to see what services are available to help.
- The short-break offer is limited. Children and young people with complex needs have a lack of options available to them. Parents and carers are concerned about short breaks and are uncertain about the pathways available to access support.



- Many parents say that the quality and ease of communication with the area's SEND team are variable. It is difficult for parents and carers and schools to get in touch. This means that some concerns escalate when they do not need to.
- Some parents and carers are concerned about the options for young people post-16. This is especially the case for young people with complex needs. Parents are anxious about what the future holds. A particular concern of parents is the move from children's to adults' social care. Parents say that they struggle to get the information they need in a timely manner when their child or young person is approaching this transition point.

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

### **Strengths**

- Children and young people talked positively about youth clubs in the local area. They also told inspectors that they enjoy the activities run by a wide range of supportive charities. During the pandemic, a range of online activities was available. These activities helped to develop children's and young people's social skills, confidence and community participation.
- Parents report that the 'team around the family' process is improving children's and young people's outcomes. This holistic, strength-based approach brings together education, health and social care professionals to support a child or young person. There are many examples of this approach improving outcomes, including participation in education and attendance at medical appointments.
- Children looked after are encouraged to participate in their local communities. The area provides support, for example to foster carers, by providing free travel passes and leisure cards to access swimming pools. This ensures that children and young people with SEND who are looked after can engage in a range of social activities.
- Young people describe positively their involvement with the young people's service. As learners come to the end of their formal education, this service helps them to consider work experience and employment. Special school staff and parents particularly value this service. It reduces the number of young people who are not in education, employment or training.
- School leaders told inspectors that staff are increasingly aware of children's and young people's mental health needs and the responses that they should be providing, due to a range of training. As a result, children and young people who may not have been able to engage in education attend school more often and are less likely to be excluded.
- The children's community nursing teams provide effective support to children and young people with complex needs. They deliver tailored interventions to ensure



that children's and young people's medical needs are met so that they can access education safely.

### Areas for development

- The mediation process does not improve outcomes for children, young people or their families consistently. Too many cases progress to tribunal. Parents feel that the process does not give them any answers or reassurance. Leaders have recognised this and have commissioned a new mediation provider. It is too early to say whether this is having an improved impact.
- The progress that children and young people make towards the outcomes in their EHC plan is reviewed as part of the annual review. However, the local area does not currently have a process to collate and monitor this data. This means that leaders are not able to ensure that children and young people with EHC plans are making sufficient progress.
- Young people with complex medical needs do not always benefit from an effective transition into adult services. Community children's nurses and parents worry about the lack of support available. For some children and young people, there are issues with identifying named adult health professionals to ensure a safe transfer of care.
- Some children's community nurses do not have access to EHC plans for the children and young people whom they support. They do not have full oversight of the holistic needs of a child or other services that may also be supporting the child or family.

Yours sincerely

Adam Sproston  
**Her Majesty's Inspector**

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