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Ian Williamson, NHS Manchester Clinical Commissioning Group Chief Accountable Officer

Julie Hicklin, Local Area Nominated Officer

Dear Mr Marshall and Mr Williamson

Joint area SEND inspection in Manchester City Council

Between 22 and 26 November 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Manchester City Council 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 another HMI and three children's services inspectors from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and 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 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 our findings from the inspection, including some strengths and areas for further improvement.

Main findings

- Leaders have a clear vision for improving the outcomes of children and young people with SEND. This vision is communicated to stakeholders with passion and ambition. Leaders have made progress in improving the quality of provision for children and young people with SEND since the 2014 reforms. In recent years, these developments have gained pace. However, leaders are not complacent. They know what is working well and the priorities for further action.
- Despite the pandemic, leaders have continued to make improvements. Leaders recognised the considerable strain some families were under. They thought carefully about what children and young people with SEND needed during this difficult time. Leaders acted swiftly from the start of the first national restrictions. They worked with the parent carer forum (PCF) and provided many families with resources, such as 'sensory bags', delivered to their door.
- Area leaders have a strong working relationship with the PCF. Leaders and the PCF work in partnership on the key strategic and operational SEND boards. The PCF both challenges and supports area leaders in equal measure, acting as a critical friend, for example in evidencing the anxiety of some parents around young people's preparation for adulthood. This ensures that leaders' plans incorporate the views, wishes and feelings of parents and carers across the city.
- There has been some improvement recently in the quality and timeliness of education, health and care (EHC) plans. This is due to increased capacity and high-quality training, which have improved processes within the statutory assessment team. More robust quality assurance is helping to improve the standard of new EHC plans. Parents recognise and welcome these recent improvements. However, there is still some work to do to ensure that outcomes are more personalised for each child and young person.
- The contributions from social care professionals to EHC plans is variable. Too often, when not accessing statutory services, children and young people's wider social needs are not identified well. This means that some children and young people's needs escalate as suitable provision is not in place. For example, some children and young people feel isolated at home and do not have the guidance and support they need to take part in their community.

- Area leaders work hard to improve how they communicate with key stakeholders, including parents. Despite this, too many parents say that they have not heard of the online local offer. When they have, they find it difficult to use. School leaders recognise improvements in communication from area leaders. They reported that area leaders alert them to any planned changes in good time. This means that they are better able to implement any new plans as intended.
- Leaders have an accurate, up-to-date and comprehensive view of the most pressing issues across the area. They adapt their approach to meet the changing needs of different communities. For example, in some parts of the city, leaders have recognised the increased demand for mental health provision. They have trained frontline staff in schools to provide early intervention to prevent children and young people's needs escalating.
- Specialist settings provide valued outreach support and guidance to parents, providers and professionals. This means that a wide range of children and young people benefit from this specialist knowledge and expertise in early years settings, schools and post-16 placements. As a result, some children and young people with SEND have their needs identified and met earlier and sometimes without needing specialist support.
- Leaders have meaningful discussions about services that are jointly commissioned between health, social care and education. There are several examples of projects that are making a positive difference, such as the review of the joint equipment adaptations service. This ensures that important equipment for young people transitioning to adulthood is continually available.
- Many parents are frustrated with the school transport system. They, and often school leaders, are confused by the application process. This makes parents feel that the system is unfair. Also, parents and school leaders reported that organised transport changes frequently. Drivers and escorts change, and transport is often delayed. This has been further exacerbated by the pandemic. These problems distress some young people. In addition, some children and young people do not arrive at school on time and ready to learn. Leaders share these concerns and are taking steps to improve this situation.

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

Strengths

- Leaders have ensured that special educational needs and/or disabilities coordinators (SENCOs) attend regular network meetings. Professionals also have access to a wide range of specialist training and advice. This has strengthened the ability of frontline staff to identify needs more quickly.

- Most EHC assessments are completed within the 20-week timescale. Health and education professionals work closely to provide detailed assessment information. Over time, due to targeted training, these contributions have improved. This means that children and young people's health and education needs are more clearly identified in their EHC plans.
- EHC plans are reviewed annually. The area has a clear commitment to amend those children and young people's EHC plans at transition points. This could be when children move to secondary school, post-16 provision, or when their needs escalate.
- Children, young people and their parents reported that, more recently, professionals better understand their needs, wishes and feelings. Approximately two thirds of parents who responded to our survey said that they had been involved in making decisions about the help and support that they receive.
- Leaders responded quickly to the challenges presented by the COVID-19 pandemic. They encouraged the most vulnerable children and young people to attend educational settings. Many health teams, such as community nursing, continued to offer care remotely. When required, this happened in person. This ongoing contact ensured that professionals continued to identify any changes to children and young people's needs.
- Parents of children with complex needs that are identified at birth or shortly after feel well supported by professionals. They receive timely and relevant information that helps them better understand their child's needs and what to expect. For example, the Manchester sensory support service gives advice to parents of visually and hearing-impaired children, including those without an EHC plan. They help parents to make more informed decisions about education and specialist equipment, and how to access community activities.
- The 'start well pathway' provides early years professionals with robust systems to identify needs in the under-fives. Examples include the communication and language pathway, where up to 2,000 children are assessed each year. This has improved the early identification of children's speech, language and communication needs.
- The designated clinical officer (DCO) has clear ambitions and priorities to improve ways to identify and meet needs, and improve outcomes for children and young people across the area. The DCO works closely with multi-agency partners on a range of projects, which include the city-wide roll-out of the social communication pathway. This was co-produced with parents (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), and has already shown some impact in reducing waiting times in the south of the city. More widely, leaders across the city are seeking to address inequities in service offers and the variation in waiting times reported by parents.

- The delivery of the healthy child programme at the important two- to two-and-a-half-year assessment stage currently stands at 77%, which is above the national average. This means that most children's needs are identified at the earliest stages. When children are not brought to appointments in the health visiting service, practitioners follow this up. This helps to make sure that there are no unmet needs.
- There is an open referral system in place for all therapy services. This means that multi-agency professionals or parents, carers and family members can make a referral into the service. SENCos have received training that has improved their ability to identify and support children's emerging speech, language and communication needs. Referrals to therapy services are then triaged and, where accepted, either signposted for urgent attention or placed on the general waiting list for assessment. This makes it easier for families and professionals to get the support that they need.

Areas for development

- Too often, the social needs of children and young people with SEND are not identified early enough. This means that they do not receive timely support. Families who are struggling do not always get the support they need. As a result, some children and young people's needs escalate. For example, some children and young people do not access clubs and activities alongside their peers due to their social needs. Professionals and parents do not always have the guidance or help that they need to help children and young people to participate.
- The 'tell it once' aspect of the SEND reforms does not always work well across Manchester. Most parents told us that they continually have to repeat their story to a range of multi-agency professionals. They said that joint meetings and reviews were rare. Leaders have plans to improve this, including the continued development of 'about me' and 'more about me' profiles. The initiative is planned to reduce the number of times families have to tell their story to different professionals.

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

Strengths

- Co-production is a strength. Across the area, multi-agency professionals work well with parents, children and young people. Professionals know each other well and there is a culture of collaborative working. Leaders and parent representatives jointly make important decisions for SEND provision across the area. For example, professionals and parents worked together to improve the online local offer and develop the new neurodevelopmental pathway.

- The 'changemakers', a large group of volunteer children and young people with SEND, work closely with area leaders. They help to shape future projects such as the area's leisure offer, and challenge leaders about existing services. This means that the views of children and young people are at the heart of decision-making.
- Leaders work closely with the PCF across Manchester. The PCF helps parents to navigate the SEND system. Parents appreciate this support. The PCF ensures that the views of parents and carers are considered carefully.
- Leaders jointly commission many services in Manchester. For example, leaders from health, social care and education worked together to redesign the short-breaks offer. This includes a facility that provides children and young people, many with autism spectrum disorder and learning difficulties, with short breaks and respite for families. This has a positive effect on these families, avoiding the need for further statutory involvement of social care professionals.
- Leaders have provided a 'matching provision to need' document for education settings. Education leaders and health professionals find this useful. This has ensured that the graduated approach works well across the 0–25 age range. Over time, settings have become more inclusive due to leaders' expectation that 'all teachers are teachers of SEND'.
- Area leaders in health, social care and education use social media to advertise support to parents. Parent champions, who are volunteer SEND advocates, have been appointed across the city. Parents value the advice and guidance that they receive from this group. The special educational needs and disabilities information advice and support service (SENDIASS) is also a welcome resource for parents. For example, these groups signpost parents to other useful charities and organisations.
- Area leaders are not afraid to pilot carefully considered, new and innovative ways of working, such as the continued roll-out and extension of the 'Manchester i-thrive' model for emotional well-being. This has started to ensure the widest possible access to social, emotional and mental health well-being services. This includes high-quality training to schools via the school nursing service.
- Children and young people referred to the neurodevelopmental pathway for autism spectrum disorder and attention deficit hyperactivity disorder are triaged initially to ensure that their needs are considered quickly by the most appropriate professional. The process ensures that informed decisions are made as to which service would be best placed to provide appropriate care, support and assessment.
- Following referral onto the neurodevelopmental pathway, children and young people have access to a lead professional who is best placed to understand the specific or suspected medical condition. This helps to maintain continuity for families and ensures a single point of contact for all agencies involved in the assessment process.

Areas for development

- The local offer is not well understood by parents. Many report that they have not heard of it. When they have heard of it, many parents say that they cannot find the information that they need. Many parents rely on friends and family for important advice and information. This results in parents feeling that they have not received the same quality of information and guidance as others across the area in order to access timely support for their child.
- The outcomes and provision outlined in some children and young people's EHC plans are too generic. This means that parents and professionals are not always able to identify suitable settings that will meet children and young people's needs well. This causes confusion and delays in the system.
- Practitioners and leaders acknowledge that, although families can be signposted to other support services while waiting for assessment or therapeutic intervention, there is more to do to communicate the offer to those families. Families we spoke with agreed that, overall, many were not made aware of the additional availability of support they could access while waiting on sometimes extended waiting lists.

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

Strengths

- Recent training for different professionals across health and education, such as for SENCos in schools, is helping to improve the quality of EHC plans. This is particularly the case where children and young people have hearing or visual difficulties. The professionals writing these plans are using the knowledge gained to write more relevant outcomes that better inform support for the child or young person.
- There has been a reduction over time in the rate of exclusions for pupils with SEND, including those on SEN support. This has been achieved due to the specialist training provided to mainstream schools by special schools and pupil referral units. Leaders' inclusion strategy has developed a culture of inclusion in the school system. Leaders are committed to further reducing the rate of exclusions for pupils with SEND.
- Across the area, there is a wealth of choice for young people moving on from key stage 4 and key stage 5 into further education, employment and training. A majority (95%) of 17-year-olds remain in education, employment and training, which is above the national average. More young people are now benefiting from the strong offer of apprenticeships, internships and traineeships. These opportunities are well matched to the demand for skilled workers across the city.

Young people with SEND who wish to follow a more academic pathway are also supported well. This means that those young people who can gain a place at university are supported to do so.

- Young people are actively encouraged to make a positive contribution to their local community. This gives young people further opportunities to develop those skills they will need as they prepare for adulthood.
- Health visiting teams use specially developed tools to maintain an oversight across Manchester of where demand for their services is high. Health visitors can then adapt their service offer to ensure that families who might require additional care and support are well catered for.
- There is a seamless transition of both specialist adaptive equipment and basic care products, including continence care items, across health services. This means that when a young person transitions into adult services, their dependence on such items to maintain and improve outcomes is not put at risk.

Areas for development

- Many parents are anxious about their child's future. They do not feel well-informed about the options available for their child's next steps in good time. For parents, this worry starts from early years and continues through to adulthood. Some parents reported that they rely heavily on friends and family for information and advice.
- The quality and reliability of transport for children and young people with SEND is poor. Many parents reported this. Area leaders are aware of this challenge and are working closely with the PCF to find a solution. However, parents and school leaders do not understand who is eligible for transport, and how it is allocated. For example, some parents say that they have an escort allocated in a dedicated taxi, and others say that they were unaware that they could have transport provided at all. This confusion is further compounded when transport is often cancelled, changed or delayed and has been exacerbated by the pandemic. This results in some children and young people with SEND being distressed on arrival at school. These difficulties in school transport also have a negative impact on children and young people's attendance and punctuality, especially in special schools.
- Children and young people with SEND are not always supported well to prepare for adulthood. This means that some young people worry about managing their finances, using public transport and moving out of home. Some young people feel isolated from their friends, unable to access the services offered and do not benefit from opportunities afforded by the city they live in. While there is an outreach service for travel training available, the reach of this is limited. Many young people are unable to travel to college independently in a safe way. This limits some young people's ambitions for their adult life.

- Practitioners in child and adolescent mental health services (CAMHS) are supported to 'hold on' to young people aged over 18 years where there is delay in finding similar service provision within adult services. This is due to it being sometimes difficult to access similar mental health support in adult services. Although it is positive that practitioners can continue working with young people beyond their 18th birthday and there is no gap in service, there is more to do to ensure transition and appropriate services are in place as young people move into adulthood.

Yours sincerely

Adam Sproston
Her Majesty's Inspector

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|--|---|
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Cc: Department for Education
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