AGENDA FOR

CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

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To: All Members of Children and Young People Scrutiny Committee

Councillors : C Boles (Chair), A Arif, S Arif, D Berry, C Boles (Chair), U Farooq, E FitzGerald, J Grimshaw, S Haroon, J Lancaster, G Marsden and L Ryder

Dear Member/Colleague

Children and Young People Scrutiny Committee

You are invited to attend a meeting of the Children and Young People Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 16 September 2025
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Cabinet are asked to consider whether they have an interest in any of the matters of the Agenda and, if so, to formally declare that interest.

3 MINUTES *(Pages 3 - 8)*

Minutes from the meeting held on 10th July 2025 are attached for approval.

4 PUBLIC QUESTIONS

A period of 30 minutes has been set aside for members of the public to ask questions on the agenda for tonight's meeting.

5 MEMBER QUESTIONS

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee. This period may be varied at the discretion of the chair.

6 CHILDRENS SERVICES COMPLAINTS REPORT *(Pages 9 - 34)*

7 OFSTED STANDARD INSPECTION OF CHILDREN'S SERVICES IN BURY *(Pages 35 - 38)*

Report of the Deputy Leader and Cabinet Member for Children and Young People is attached.

8 THE LOCAL AREA RESPONSE TO THE PUBLISHED SEND INSPECTION AND MONTHLY UPDATE *(Pages 39 - 54)*

A Report from Councillor Smith, Deputy Leader and Cabinet Member for Children and Young People is attached

9 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Agenda Item 3

Minutes of: **CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE**

Date of Meeting: 10 July 2025

Present: Councillor C Boles (in the Chair)
Councillors A Arif, S Arif, D Berry, U Farooq, E FitzGerald, J Grimshaw, S Haroon, K Hussain, J Lancaster, G Marsden and L Ryder

Also in attendance: Stephen Holden, Janet Lloyd, Robert Arrowsmith, Joanne Burns Union Representative

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence:

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59 APOLOGIES FOR ABSENCE

Apologies are noted above.

60 DECLARATIONS OF INTEREST

There were no declarations of interest.

61 MINUTES

It was agreed:

That the minutes of the meeting held on the 13th March 2025 be approved as a correct and accurate record.

62 PUBLIC QUESTIONS

Questions were received in advance of the meeting, these were dealt with outside of the committee and responded to over email.

63 MEMBER QUESTIONS

There were no member questions.

64 BURY ATTENDANCE PARTNERSHIP APPROACH

Councillor Smith opened the meeting by introducing the Bury Attendance Partnership report. She explained that responsibility for school attendance had shifted from Education Welfare Officers to schools themselves, and praised Janet Lloyd for her leadership in taking a collaborative and strategic approach. Janet has been actively involved in attendance groups and has worked to ensure that the partnership is embedded across the academic year.

Janet Lloyd provided further detail, explaining that the approach has involved a wide range of stakeholders and has placed student voice at the centre. A survey was conducted with over 2,400 students using Microsoft Teams Forms, with most completing it as a homework task. The data was broken down by year group and gender, and covered issues such as transport,

safety, and wellbeing. Workshops were held in schools to explore these themes further, and student councils were engaged to help act on the findings.

Councillor Arif asked how students were involved in the survey and how the data was collected. Janet explained the process and highlighted that the survey had been designed to be accessible and inclusive. However, when asked about neurodivergent students, she noted that the survey did not include a question to identify neurodivergence, so this data could not be disaggregated. Councillor Smith added that the “Change Makers” youth group, which works alongside the SEND improvement programme, helps to ensure that the voices of young people with additional needs are heard in strategic discussions.

The conversation then turned to menstrual health and its impact on attendance. Janet shared that some girls reported missing school due to their periods, and that a support group is being developed in partnership with health services to address this. Councillor Farooq mentioned the Lily Pads community group, which provides sanitary products, and stressed the importance of reducing embarrassment and stigma. Councillor Smith agreed, noting that while schools say they provide sanitary products, girls still feel uncomfortable asking for them. As a result, peer support groups are being set up, particularly for Year 7 and 8 students, to help normalise these conversations and empower young people to support one another.

Councillor Fitzgerald raised concerns about the rise in elective home education and asked how the council ensures that children are still receiving an education. Janet explained that the council maintains an updated website and holds regular attendance forums. A multi-agency panel meets fortnightly under Section 19 policy to review referrals, and information is also gathered from other services such as housing. Councillor Smith emphasised the importance of safeguarding in these cases and ensuring that national policy is implemented locally. Janet added that the Multi-Agency Safeguarding Hub (MASH) plays a key role in these decisions and that wraparound support is available for families.

Councillor Berry requested access to the survey questions and data on excluded and suspended children. Janet confirmed that she would circulate the materials following the meeting.

Councillor Boles asked about the safeguarding assurances linked to the attendance pledge. Janet responded that regular stakeholder meetings are now well attended, and three sub-groups have been created to address emerging issues. The pledge will continue to evolve, with branding and logos being developed to support its visibility. Councillor Boles also asked about the involvement of health services. Janet confirmed that there has been strong collaboration, particularly around elective home education, although Councillor Smith acknowledged that there are still challenges in aligning health and education services and ensuring adequate funding.

Joanne Burns Union member raised the issue of transport and its impact on attendance for children with SEND. Janet confirmed that transport had been identified as a barrier in the survey and that this led to the formation of a sub-group involving the police and other partners. Joanne also asked whether data was available on looked after children. Janet explained that this data is monitored anonymously through the Virtual School.

There was further discussion about how the work could be embedded at a Greater Manchester level, particularly in relation to Emotionally Based School Avoidance (EBSA). Councillor Smith stressed the importance of capturing young people’s voices carefully and building trust, especially given the fear some may have of social services involvement.

Finally, Joanne Burns suggested extending the survey to parents, particularly those who may face language barriers. Janet confirmed that this is being trialled in primary schools, with the

aim of improving parental engagement and understanding attendance challenges from a family perspective.

It was agreed:

- To note the report, and thanks Janet for her contribution to the meeting
- To circulate survey questions and results.

65 UPDATE ON CURRENT PROJECT SAFETY VALVE POSITION

Councillor L. Smith cabinet member for children and young people provided an update on the current financial position regarding the High Needs Block.

It was reported that the council is facing a significant overspend of approximately £20 million, and that the current funding model is not working effectively for schools, parents, or local authorities. The system is operating in deficit, and while the council has entered into a legal agreement with the Department for Education (DfE) to reduce this deficit, it is unlikely that the targets will be met. Councillor Smith stressed that this is not a localised issue but part of a wider national challenge affecting many councils.

Robert Summerfield provided background on Project Safety Valve (PSV), a programme introduced by the previous government to help local authorities manage increasing costs associated with children with additional needs. He explained that the 2014 SEND reforms significantly changed the landscape by extending the age range for Education, Health and Care Plans (EHCPs) from school-age to 0–25 years, and by lowering the threshold for assessment. These changes led to a substantial increase in the number of EHCPs issued, which in turn drove up costs across the system.

Councillor Fitzgerald asked whether the council was in a holding position pending the release of the upcoming White Paper on resource provision. Robert Summerfield confirmed that engagement had taken place with the Local Government Association (LGA) and referenced a substantial report by Isos Partnership. He noted that the White Paper is expected to propose systemic changes, and that the issue is now being treated as a national crisis rather than a local failure.

Councillor Fitzgerald also queried whether the issue had bypassed the usual Green Paper stage. Summerfield responded that while formal consultation had occurred, the urgency of the issue may have accelerated the process.

Councillor Boles raised concerns about whether Project Safety Valve had helped local authorities regain financial control over SEND. Robert Arrowsmith responded that while there has been no national improvement, locally the PSV programme has supported investment in provision and helped shift some support into mainstream schools. However, the rising number of EHCPs remains the key driver of the deficit.

Councillor Boles pressed further, asking whether it was feasible to regain financial control. Robert Arrowsmith acknowledged that it would be a long and slow process, and that rapid change is unlikely due to the complexity of the system. He noted that the upcoming changes in the autumn could bring about systemic reform.

Councillor Boles suggested that members review the LGA report, which includes a proposal for writing off high needs deficits. He offered to circulate this to members. Councillor Smith clarified that while Bury has a legal agreement with the DfE to reduce the deficit, it is unlikely that the council will be able to meet the agreed targets.
It was agreed:

- The update be noted

66 FORWARD PLANNER DISCUSSION

The committee convened to explore a range of emerging priorities and concerns within Children's Services, with a particular emphasis on the intersection between health and education, SEND provision, and the voice of young people in shaping services.

Councillor Lancaster opened the discussion by highlighting the importance of strengthening the connection between Health and Children's Services. She stressed the need for scrutiny to regularly engage with health-related issues, particularly those affecting children with SEND and sensory processing needs. She also raised the significance of maternity services, including prenatal care, and the broader concept of the "First 1000 Days" as a critical window for early development and intervention.

This led to a wider conversation about the potential benefits of holding a joint scrutiny meeting between the Health and Children's Committees. Members agreed that such a meeting could help address overlapping areas of concern and foster a more integrated approach to service delivery.

Councillor Fitzgerald supported this direction and proposed the establishment of a Task and Finish Group to examine the interface between health and children's services, with a particular focus on SEND. The group would aim to identify gaps, improve coordination, and ensure that scrutiny is aligned with the evolving landscape of provision.

Joanne Burns contributed insights around early identification, particularly in relation to mental health and emotional wellbeing. She emphasized the importance of timely access to CAMHS and the need for services to be responsive to the needs of children and families at the earliest possible stage.
Councillor Berry raised concerns about the quality assurance of special schools, noting that some placements come with disproportionately high costs. She questioned the rationale behind these expenses and called for greater transparency. She also highlighted issues around exclusions and suspensions, particularly during the winter months when transportation challenges can exacerbate attendance problems.

The committee then turned its attention to the curriculum and age appropriateness of learning activities. Members expressed concern that some aspects of the national curriculum may not be developmentally suitable for all children, and that more attention should be paid to how these are implemented locally. There was strong support for amplifying the voice of children and young people, with suggestions that video content could be used to hear directly from them about their experiences and ideas for improvement.

Councillor Bury emphasized the need for regular updates on persistent non-attendance, and requested reassurance around how attendance is being monitored and addressed. This tied into broader discussions about inclusion and the implementation of the Attendance and Inclusion Strategy, which several members felt should be revisited and strengthened.
Councillor Smith brought forward several key themes for future scrutiny, including the development of Family Hubs, school readiness, and the importance of embedding youth voice into all aspects of service design. She echoed earlier points about the First 1000 Days and suggested that this framework could be used to guide early years policy and investment.
The committee noted that the outcome of the upcoming Ofsted ILACS inspection would be presented at the next meeting. Members acknowledged that the resulting judgement would necessitate a robust Improvement Plan, and agreed that scrutiny should play a key role in monitoring its implementation.

Finally, there was a call for greater assurance around school standards, outcomes, and benchmarking. Members expressed a desire to understand how Bury compares to other areas and how performance is being tracked over time. There was also interest in exploring the Graduated Approach to SEND provision, with a request for a briefing or presentation to clarify its application and implications.

67 URGENT BUSINESS

The Committee extended its sincere thanks to Stephen Holden for his valuable contributions during his time with us. His insights and commitment to improving outcomes for children and families have been greatly appreciated. We wish him every success as he transitions back into the education sector, where his experience and passion will no doubt continue to make a positive impact.

COUNCILLOR C BOLES
Chair

(Note: The meeting started at 7.00 pm and ended at 9.00 pm)

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Agenda Item 6

SCRUTINY REPORT

MEETING:	**Children's and Young People's Scrutiny Committee**
DATE:	**September 2025**
SUBJECT:	**Children's Social Care Complaints for years 22/23 & 23/24**
REPORT FROM:	**Rachel Everitt, Elections Manager**
CONTACT OFFICER:	**Claire Holt, Information Governance Manager**

1.0 BACKGROUND

1.1 The Annual Complaints Reports for have been produced in accordance with 24(D) & 26 of the Children Act 1989 Representation Procedure (England)Regulations 2006 and statutory guidance for the Department for Education, Getting the best from complaints to update Members in respect of complaints to Childrens Social Care Services.

1.2 The reports look at the period March 2022 – March 2023 and March 2023 – March 2024 and will allow Members to see the extent and complexity of Children's Social Care Service's span of activity and to receive information relating to the quality of the services delivered

2.0 MARCH 2022 – MARCH 2023

2.1 Children's Social Care Teams received a total of **118** total complaints during the 2022/23 financial year. Of these complaints, **42** (35.5%) were resolved at the informal stage. **66** (56%) were investigated as Stage 1 formal complaints.

2.2 Within these complaints, **10** (8.4%) were received via MPs/Councillors which is a significant reduction on the previous year (20 in 2021/22). There were **2** complaints which were escalated to the LGO this year (not included in total).

2.3 Performance Indicators show that there was a small downward turn in the compliance of timescales for responding to complaints within ten working days. This is further reflected by the decrease in responses within 20 working days and increase in late responses.

3.0 MARCH 2023 – MARCH 2024

3.1 Social Care Teams received a total of **117** total complaints during the 2023/24 financial year. Of these complaints, **11** were resolved at the informal stage. **106** were investigated as Stage 1 formal complaints.

3.2 Within these complaints, **9** (7.7%) were received via MPs/Councillors which is a slight reduction on the previous year (10 in 2022/23).

3.3 Performance indicators show that compliance for responding to complaints within ten working days is met let than 50% of the time with a round a quarter of responses provided after the deadline.

3.0 CONCLUSION

3.1 Members are asked to note the reports in respect of complaints to Childrens Social Care Services.

List of Background Papers:-

Contact Details:-

Rachel Everitt, Elections Manager

Executive Director sign off Date:

Meeting Date:

Children & Young People

ANNUAL COMPLAINTS REPORT
APRIL 2022 – MARCH 2023

Donna McDermott
Complaints Co-Ordinator – Children's Services
May 2023

PURPOSE/SUMMARY:

This report has been produced in line with the statutory requirement to update Members and provide current information in respect of complaints related to Children's Social Care Services. This report looks at the period 1 April 2022 to 31 March 2023 and will allow Members to see the extent and complexity of Children's Social Care Service's span of activity and to receive information relating to the quality of the services delivered.

Members are asked to note the content of the report and advise Officers of future requirements in respect of the reporting of complaints relating to Children's Social Care Services.

1.0 INTRODUCTION

1.1 In line with guidance from the Department for Education, Local Authorities are required to publish an Annual Complaints Report covering the council year. This report is to provide current information in respect of complaints related to Children's Social Care Services for the year 2022/2023.

1.2 As part of our continued approach to monitoring performance, the status of all complaints is also shared weekly to the Children's Senior Management Team. Analysis of lessons learnt from complaints are also reported to Senior Managers and, where there is wider learning, discussions take place accordingly.

2.0 WHAT IS A COMPLAINT

2.1 A complaint may be generally defined as 'an expression of dissatisfaction or disquiet' in relation to an individual child or young person, which requires a response. A complaint may be made by a written or verbal expression.

2.2 Complaints principally concern service delivery issues, including the perceived standard of these services and their delivery by service providers. These recorded figures only represent a percentage of complaints received as many of the issues are resolved on an informal basis operationally and do not need recording by the complaints section.

2.3 The Complaints Procedure is not designed to deal with allegations of serious misconduct by staff. These situations are covered under the separate disciplinary procedures of the Council.

2.4 It is a legal requirement that Children's Social Care Services has a distinct complaints procedure. This statutory procedure provides the means for a child or young person to make a complaint about the actions, decisions or apparent failings of a local authority's children's social care provision. It also allows an appropriate person to act on behalf of the child or young person concerned or to make a complaint in their own right.

2.5 For some service users, and for children and young people particularly, it is not easy to make a complaint. This can be the case when the person using the service may be apprehensive about what may happen if they do complain. It is important, therefore, that all complaints are treated seriously, in confidence, investigated and are given due attention. It is therefore the role of the Complaints Manager – Children's Services to provide a degree of independence and support to the complainant whilst ensuring the complaint follows the statutory procedure. If a

complaint is received directly from a child or young person, an automatic referral is made for advocate support to Bury Children's Rights Service, which is an independent advocacy service commissioned by Children's Social Care. Feedback to complainants about their complaint is essential.

2.6 A prime objective of the Children's Social Care Complaints Procedure is to ensure the Local Authority develops a listening and learning culture where learning is fed back to children and young people who use services. Complaints present an opportunity for the Local Authority to learn why people who are using our services find them unsatisfactory, and how we can improve the services we provide.

3.0 THE SOCIAL CARE COMPLAINTS PROCEDURE

3.1 When a complaint is initially received, it is logged and acknowledged. It is then allocated to the relevant Team Manager with a request to contact the complainant within 48 hours to attempt to resolve the matter informally. If there is no resolution or the complainant cannot be contacted, the complaint is moved to formal Stage 1 at that point.

3.2 The formal handling and consideration of complaints consists of three stages:

- Stage 1: Local Resolution, informal or with written response
- Stage 2: Independent Investigation
- Stage 3: Review Panel

3.3 Local Resolution requires the Local Authority to resolve a complaint as close to the point of contact with the service user as possible (i.e. through front line management of the service). Emphasis is placed on resolving complaints under Stage 1, local resolution, because this should provide a timelier response and is user friendly. The Department strives to investigate and resolve complaints within 10 working days although the procedure does allow a 20-working day timescale for more complex complaints. In most circumstances attempts are made to resolve complaints informally within 48 hours of receipt. If this proves unsuccessful, the complaint automatically moves to formal Stage 1 within 48 hours of receipt of the complaint.

3.4 Where the complaint is not resolved locally, e.g. Stage 1, or the complainant remains dissatisfied with aspects of the Local Authority's response, the complaint can be considered at Stage 2. Stage 2 involves an independent investigation which is completed by an external Investigating Officer. This has the oversight of an Independent Person, also from outside the Local Authority, to ensure a full and fair investigation is carried out. We aim to send a Stage 2 response with a full report within 25 working days, although this can be extended up to 65 working days in complex cases.

3.5 When Stage 2 of the Children's Social Care Complaints Procedure has been concluded and the complainant remains dissatisfied, they are eligible to request further consideration of the complaint by a Stage 3 Review Panel. The Chair of the Panel decides membership of the Panel on a case-by-case basis. Membership of the Panel would depend upon the issue being complained about as specialist advice may be required, for example an adoption complaint would require an adoption specialist, etc.

3.6 The Review Panel does not reinvestigate the complaint or consider any substantively new issues of complaint that were not first considered at Stage 2. The purpose of the Panel is to consider the initial complaint and wherever possible, work towards a resolution. The Panel should be convened within 30 working days of a request and its report (including any recommendations) will be sent within 5 working days following the meeting. The Department then issues its response to the complainant within a further 15 working days.

3.7 Where a complainant remains dissatisfied with the Local Authority's response to the Review Panel's recommendations, the complainant has the right to refer their complaint to the Local Government Ombudsman. The Complaints Manager will assist with this process by providing contact details for the LGO. The LGO will not consider complaints which have not completed the Complaints procedure through all three stages.

ANALYSIS OF PROGRESS OF COMPLAINTS RECEIVED

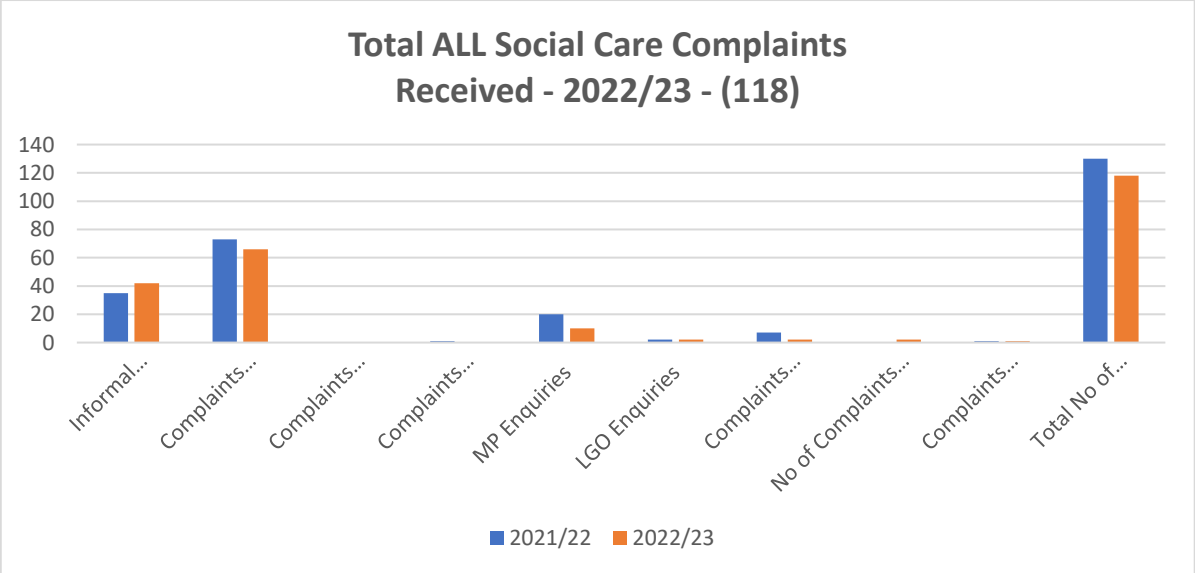
All figures below relate to the period from 1 April 2022 to 31 March 2023. Reference is also made to outstanding complaints or complaints which were reported as not being agreed or completed as of 31 March 2022.

4.0 SOCIAL CARE COMPLAINTS RECEIVED

4.1 Social Care Teams received a total of **118** total complaints during the 2022/23 financial year. Of these complaints, **42** (35.5%) were resolved at the informal stage. **66** (56%) were investigated as Stage 1 formal complaints and these are the focus of this report.

4.2 This year, within these complaints, **10** (8.4%) were received via MPs/Councillors which is a significant reduction on the previous year (20 in 2021/22). There were **2** complaints which escalated to the LGO this year (not included in total). Overall, **118** complaints were considered. (See table at 4.3).

4.3

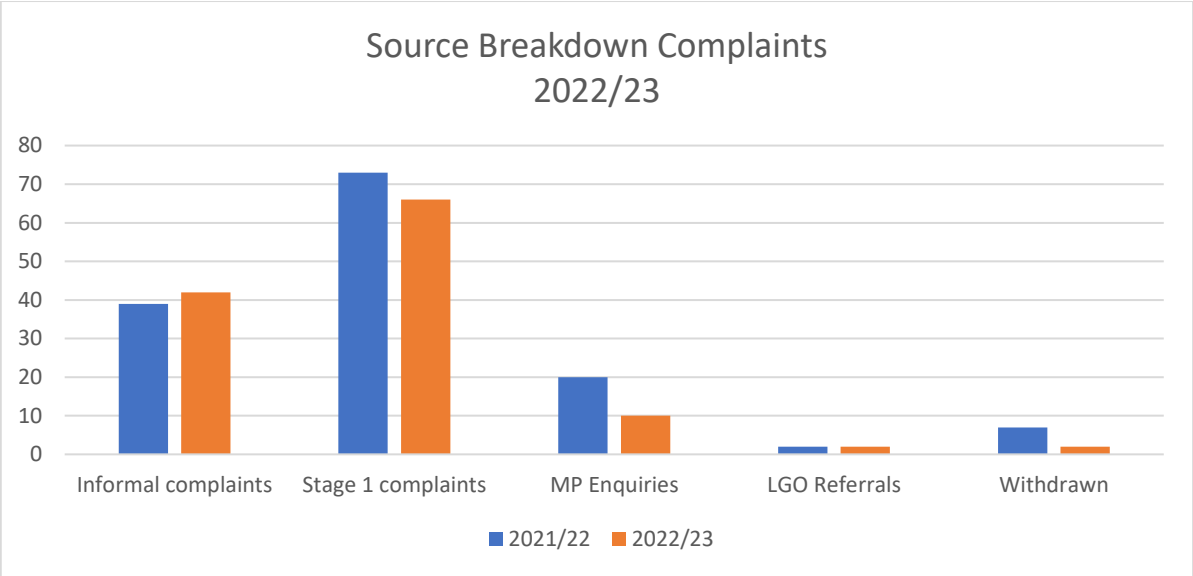


4.4 The focus of this report is the **66** Stage 1 complaints received in 2022/23. Overall, this represents a decrease overall in the total number of complaints received compared to 73 received last year (April 2021 – March 2022) which is positive.

4.5 Complaints resolved at informal have increased compared to last year (**35.5%** this year, 26% last year). This means complainants are receiving a response within 48 hours of their complaint.

4.6 Complaints are received from a variety of sources. The breakdown of the originator of the complaints is as follows (4.7):

4.7



4.8 It should be noted that, in previous years, LGO complaints have not been included in this report. However, this is complaints activity, it seems appropriate to include them to ensure a true reflection of the overall complaints received is presented to members, the LGO contacts are not added to the total as they have already been responded to internally. MP complaints will be included in future reports.

4.8 We have also continued to record the number of informal concerns/complaints received into the Complaints Department. This does not include any informal concerns or complaints which have been raised directly with individual teams. **35** informal concerns/complaints were resolved immediately by telephone and did not result in a formal complaint being made. This is an increase of **7** concerns/complaints resolved informally compared to 2021/2022. Any complaints which are not resolved within 48 hours of receipt are moved to Stage 1 and included in that total.

4.9 All Stage 1 complainants receive a written letter of response outlining details of the investigation and any findings. At the end of the letter, complainants are requested to contact the Complaints Team if they wish to discuss any outstanding issues or if they remain unhappy with the response. Apologies are offered as appropriate.

4.10 There were **9** complaints in 2022/23 where the service user was dissatisfied with the response they received and requested consideration at Stage 2. However,

following further discussions or a meeting with the relevant Service/Senior Manager or Strategic Lead, matters were resolved. There has been one recommendation from the LGO that a formal Stage 2 investigation should be completed and this is ongoing.

4.11 There have been **2** enquiries from the Local Government Ombudsman (LGO) in 2022/23 regarding Social Care related matters. In the previous year, 2 enquiries were received for Social Care from the LGO.

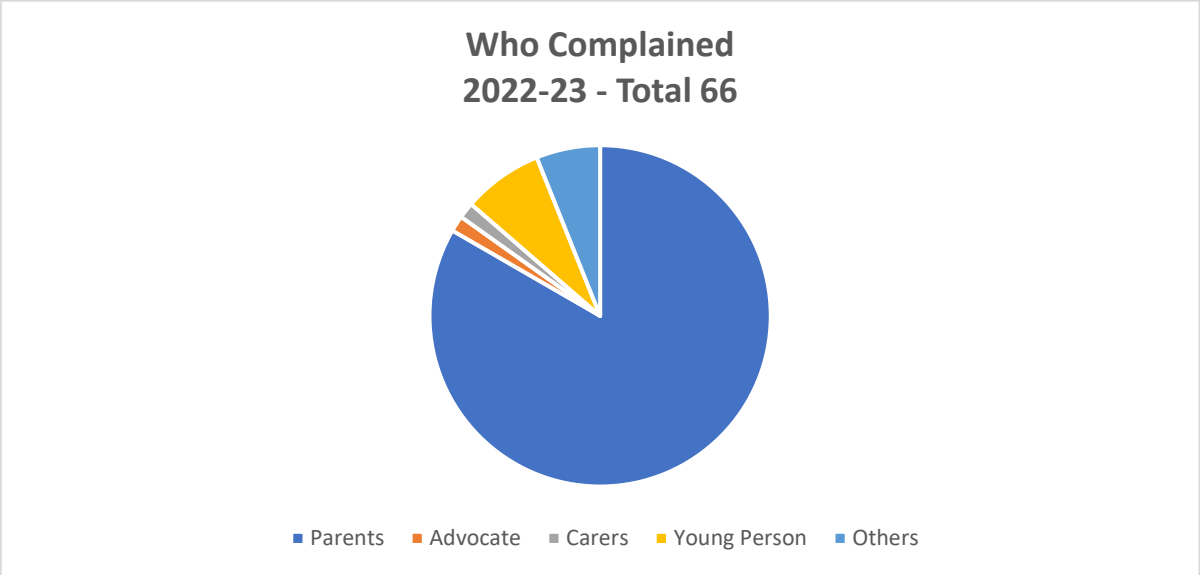
4.12 This report therefore focusses on the **66** complaints which were investigated and resolved at Stage 1 of the Social Care Complaints procedure.

5.0 WHO COMPLAINED?

5.1 The breakdown of sources of complaints is reported at 5.3. Of the **66** complaints resolved at Stage 1, most of the complaints received (83.3%) were from parents/carers of children. Young people are encouraged and supported to raise their own concerns with the assistance of advocacy from Bury Children's Rights Service. Bury Children's Social Care Services and Bury Children's Rights Service continue to work with their joint working protocol to ensure that a consistent and timely service is offered to children and young people in the care of Bury Local Authority when they raise a concern via their advocate.

5.2 The other categories are self-explanatory (please refer to graph below) except "others". This year, complaints have been received from extended family members, a teacher and an unrelated 3rd party. However, due to confidentiality issues, we are unable to respond to these complaints. A letter was sent in each case explaining the reasons behind the refusal to investigate.

5.3



6.0 ADVOCACY

6.1 Concerns and complaints received from Children and Young People in Care are very important. Young people are often supported to make a complaint by Bury Children's Rights.

6.2 An advocate from Bury Children's Rights Service will initially raise the concern with the Young Person's Social Worker, and if no timely response is received, this will be referred to the Social Worker's Team Manager for a response.

6.3 If the Young Person is unhappy with the response, their advocate will assist the child or young person to make a formal complaint at Stage 1 of the Statutory Children's Social Care Complaints Procedure.

6.4 There have been no complaints received this year via Advocates for Young People. There were two such complaints in each of the last two years. Complaints made by Young People this year were via their own resources. It is important to note that numerous informal meetings have taken place between advocates and social workers and concerns were resolved prior to formal complaint procedures.

7.0 TIMESCALES OF STAGE 1 SOCIAL CARE COMPLAINTS

7.1 Performance Indicators show that there has been a small downward turn in the compliance of timescales for responding to complaints within ten working days. This is further reflected by the decrease in responses within 20 working days and increase in late responses (see tables at 7.2 and 7.5).

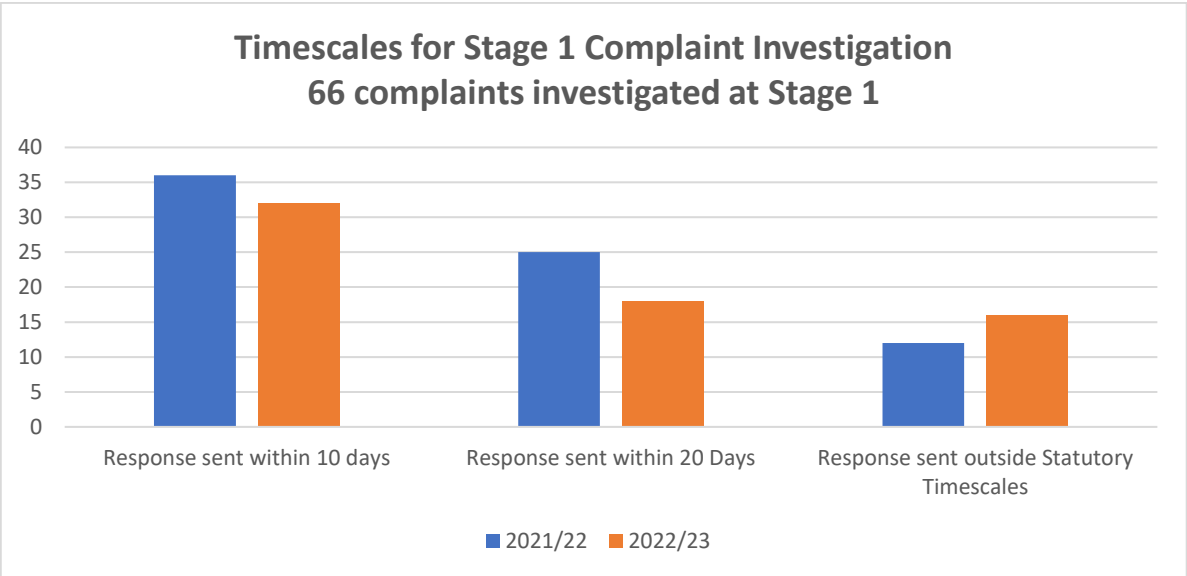
7.2

Year	10 Working Days	20 Working Days	Late Responses
2018 / 2019	42.8%	42.8%	14.3%
2019 / 2020	29.3%	37.3%	33.3%
2020 / 2021	37.2%	37.2%	25.5%
2021 / 2022	49.3%	34.2%	16.4%
2022/2023	**48.4%**	**27.2%**	**24.2%**

7.3 It is disappointing to note the increase in late responses. There were **16** (24.2%) complaints which received out of timescale responses at Stage 1.

7.4 Factors affecting the meeting of timescales are usually due to the complexity of issues raised within the complaints, complainants adding further complaints to the original complaint and complaints where a request for Stage 2 is received but, with further discussions and meetings, the matter was resolved at Stage 1.

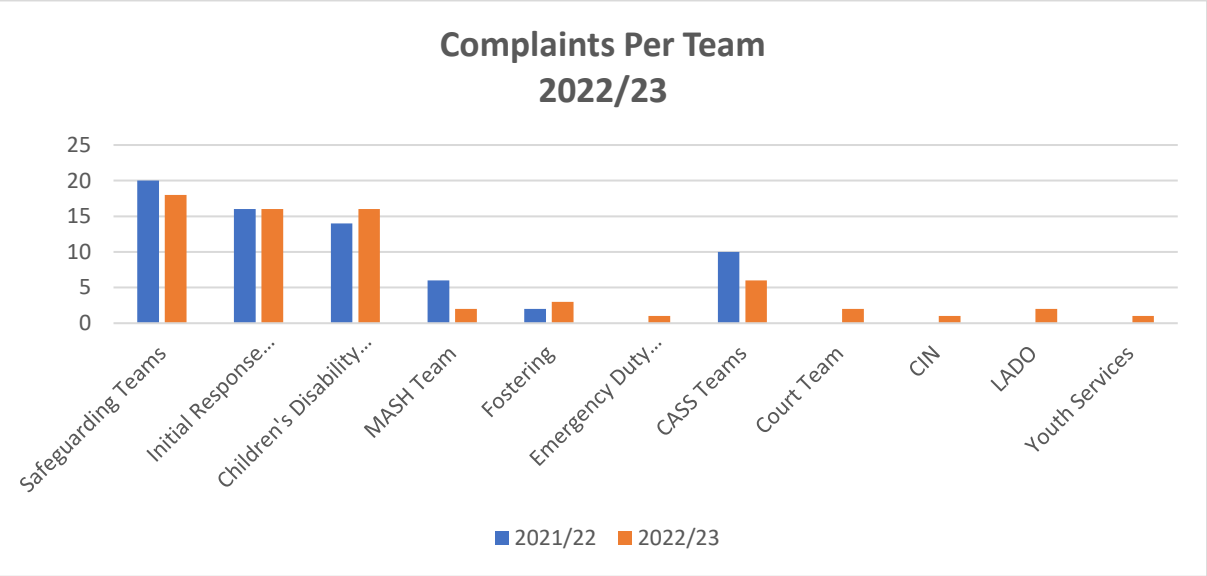
7.5



8.0 COMPLAINTS BY TEAM

8.1 Some Teams have experienced a small increase in the total number of complaints receive – Children with Disabilities and Fostering (see 8.2 below) However, Safeguarding, Care and Support service and MASH have experienced a decrease in complaints received. There are also a number of areas where we have not recorded complaints previously due to the emerging concerns of a failed inspection and implementation of new teams. Some complaints raise issues relating to more than one Team.

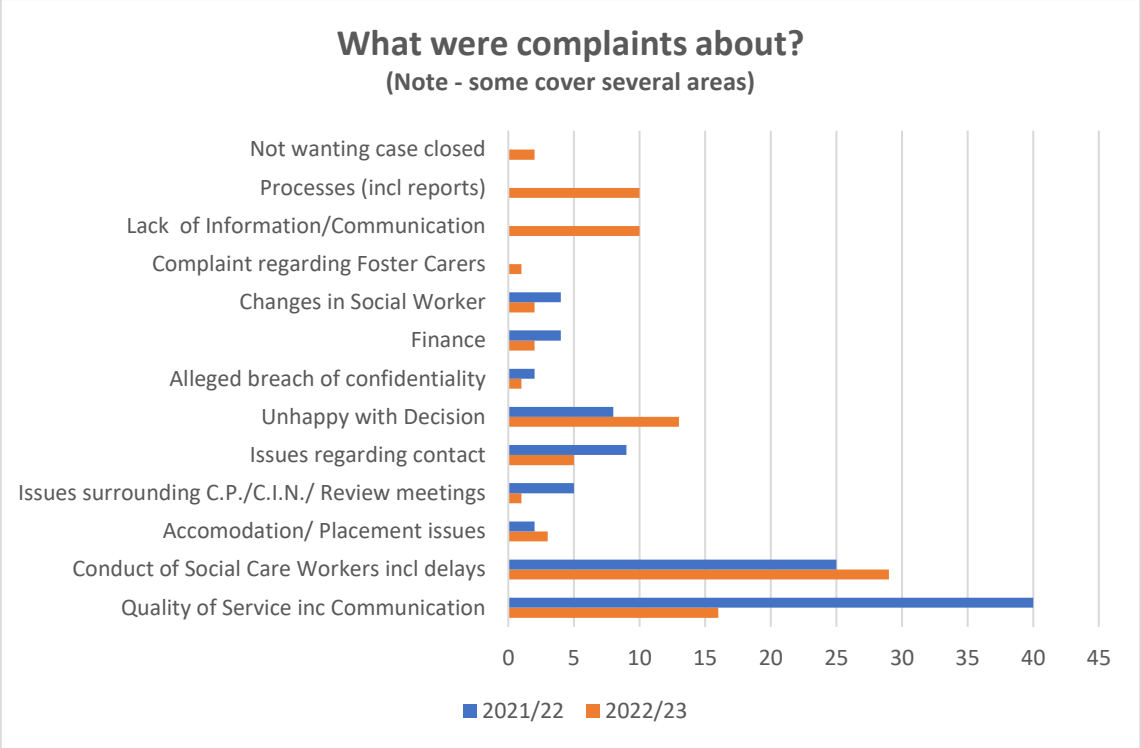
8.2



9.0 WHAT PEOPLE COMPLAINED ABOUT

9.1 All complaints are categorised by the issues being raised as shown within the graph below. Many complaints cover more than area category and are included in all relevant categories to capture the themes of Stage 1 complaints overall.

9.2



9.3 The categorisation of reasons for complaints is complex and these are therefore broad headings. Each individual complaint has been scrutinised and there are no patterns of specific issues or specific workers being complained about except communication which continues to be a topic that is raised regularly.

9.4 **Quality of Services;** this includes issues relating to communication and Social Workers and are subjective areas. It also relates to unhappy customers who do not agree with the involvement of Social Care.

9.5 Complaints regarding the number of **changes of Social Workers** has decreased by half compared to last year which is positive.

9.7 **Unhappy with decisions**; It needs to be highlighted that there are complaints received whereby service users report issues attributed to Children's Social Care when the issue relates to decisions made by the Courts.

The correct challenge to any decisions of the Court is during the proceedings, via the parent/carer's legal representative, as the complaints process cannot overturn a decision of the Court.

If a complaint is received which is currently in proceedings, a letter is issued to the service user advising them that we cannot investigate their complaint whilst the proceedings are ongoing. Once the proceedings are finalised, the complaint can then be investigated. They are also advised to discuss any issues of complaint with their legal representative who can raise the matter within the proceedings.

9.8 **Alleged Data Breaches**; there has been **1** formal complaint alleging that data or information has been shared incorrectly. Whilst it is acknowledged there are some genuine data breaches, there are times when information must be shared with

others, e.g. during Court proceedings or to ensure a child is safeguarded. Improved communication with families would be beneficial in explaining this. Most data breaches are relatively minor and do not require reporting to the ICO. Training to prevent data breaches has reached 95% of the workforce in the last year which has significantly raised awareness and this would appear to be reflected in the very low number of reported breaches.

10.0 HOW WE DEALT WITH COMPLAINTS

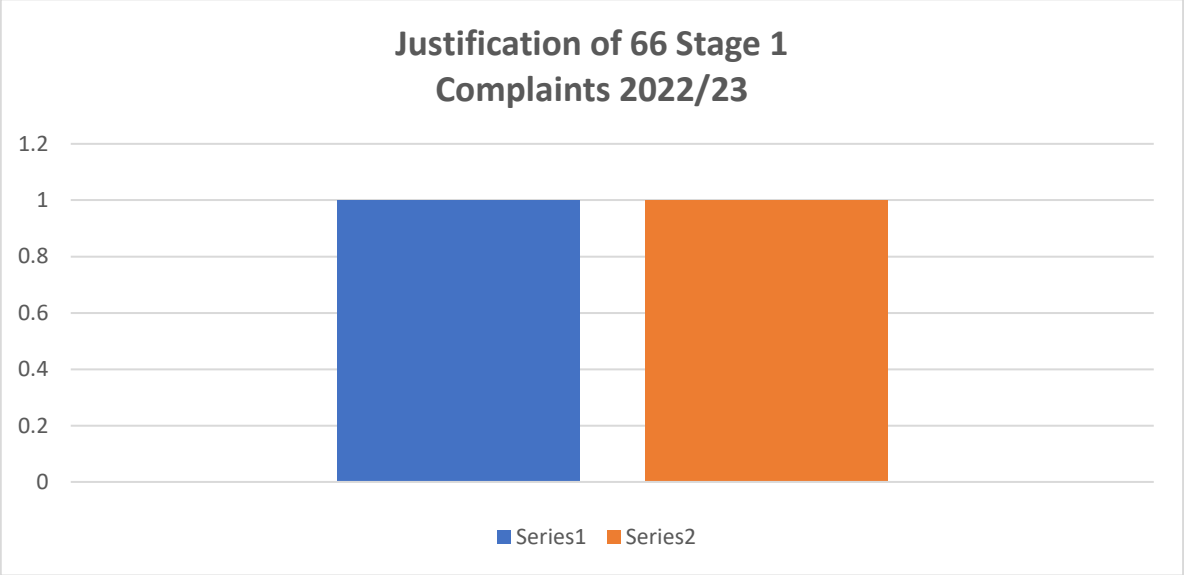
10.1 Initially, **42** complaints were allocated to Team Managers as informal complaints with a request to ring the complainant within 48 hours to try to resolve the issue. Of these complaints, **35** (83.5%) were resolved by a call. There were **7** complaints which were not resolved informally and these were moved to formal Stage 1 for resolution. All complaints are also copied to the relevant Service Manager and/or Strategic Lead for their information.

10.2 However, there will always be some complaints which require further investigation and Stage 1 is therefore triggered once the 48 hours have passed without resolution.

10.3 Complaints which move to formal Stage 1 are investigated by the relevant Team Manager, with oversight by the Head of Service. A written response is provided to the complainant which highlights the findings of the investigation. It also includes, if appropriate, information regarding any action that is being taken because of the complaint. In most cases, a letter of explanation, with an appropriate apology if required, are sufficient to resolve the matter.

10.4 In 2022/23, **11** complainants were initially dissatisfied with the Stage 1 outcome and requested to move to Stage 2. However, through further discussion and/or meetings with the Heads of Service and/or Director of Practice, **10** of these complaints were resolved without the need to progress to formal Stage 2. One complaint is currently being investigated at Stage 2 as recommended by the LGO.

10.5



11.0 QUALITY ASSURANCE / BUDGET POSITION

11.1 The Complaints Manager attends quarterly Team Teach meetings with Children's Services Social Care staff. Additionally, Team Managers are now familiar with carrying out complaint investigations and providing a written response. A training pack has been created for use by managers and they can seek support if required. Heads of Service have continued to have quality assurance oversight of responses and, where required, additional mediation and meetings have taken place. This means that most complaints were resolved at Stage 1 of the Complaints process.

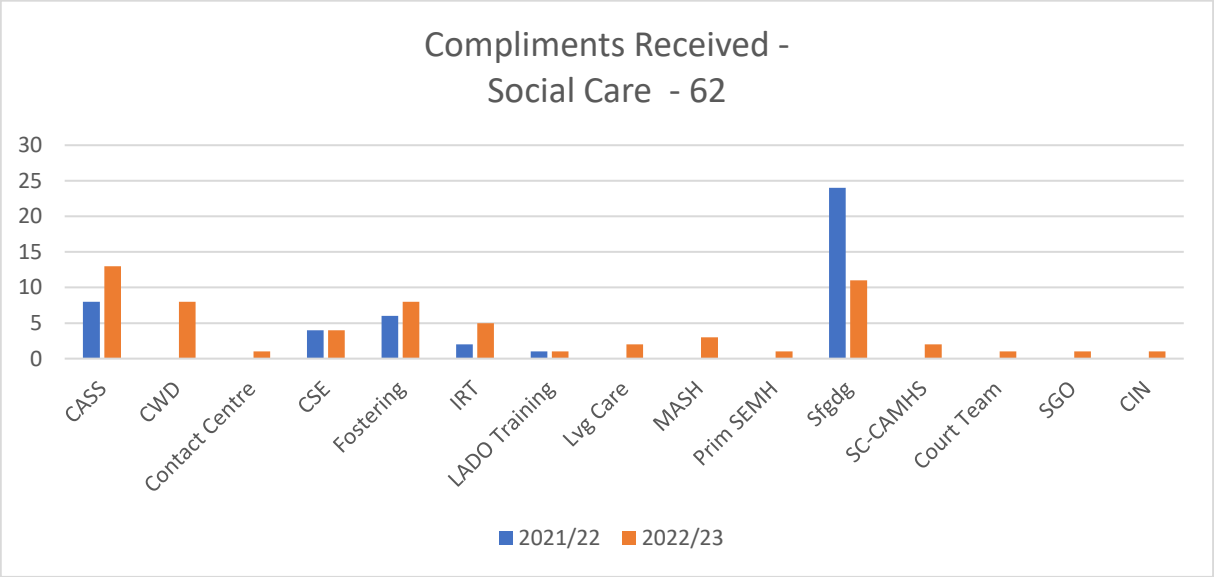
11.2 As outlined above there is currently one ongoing Stage 2 investigation. This is due to conclude. These investigations incur costs for independent investigators and, potentially, for meeting recommendations.

12.0 COMPLIMENTS RECEIVED

12.1 It is positive that the Teams also receive compliments for work which is well done. The graphs below show compliments received by Team and, separately, where these compliments have originated from.

12.2 We have received **62** compliments regarding the Children's Services Teams in the last year, compared to 60 last year. However, it is possible that this figure could be higher as some managers do not always forward these to be logged centrally. Team Managers are encouraged to encourage their staff to record and share compliments received, as it is important that good practice is acknowledged and shared across all services as wider learning. These are shared at Teaching Tuesday sessions.

12.3



13:0 EQUAL OPPORTUNITIES MONITORING

13.1 Whilst efforts have been made to monitor the personal data of the Authority's complainants; many have not returned the diversity questionnaire

13.2 Due to the limited number of questionnaires being returned, a true and accurate reflection of the diversity of the Authority's Complainants cannot be reported.

14.0 REPEAT AND VEXATIOUS COMPLAINTS

14.1 We do receive some complaints which may be construed as either vexatious or persistent. This type of complaint impacts greatly on the time of both the Complaints Manager and Departmental Staff and hinders the completion of other complaints.

14.2 The Local Government Ombudsman remains a source for advice in these situations, especially when it is felt that a Stage 2 Investigation would not provide a different outcome/resolution. A small number of complainants are advised to contact the LGO if they remain dissatisfied with the Local Authority's response.

15.0 DEVELOPMENT OF COMPLAINT MANAGEMENT & EXPERTISE

15.1 The North-West Complaints Managers Group meets bi-monthly. The network aims to raise standards for Complaint Management across Authorities. The group continues to be a valuable source of advice and support.

15.2 The Complaints Manager has completed the Queen Margaret's University "Complaints Management Award" course. This allowed the sharing of knowledge and learning from others in similar roles. It was a very positive experience.

15.3 As a result of the above events, a "complaint definition" system has been introduced. This breaks down all complaints identifying the specific themes being raised. This is shared with both the Team Managers and the complainant and precisely highlights the issues to be investigated.

15.4 Use of the Complaint Definition system means complainants have a clear list of the issues which will be address. It allows Team Managers to focus on the issues which need addressing and gives them a template to respond to the complaint thereby saving time and resources. This is also a useful resource when Stage 2 investigations are requested allowing for clarity of the initial issues agreed and maintaining focus. It is especially useful when the LGO requests information.

15.5 It is anticipated that the use of this system will help with more consistent identification of themes and issues and improve the quality of reporting.

16.0 LEARNING FROM COMPLAINTS

16.1 To demonstrate learning from complaints, and the Department's commitment to use complaints to improve standards of services, all Team Managers are required to complete a "Lessons Learnt" form following each complaint investigation. Quarterly analysis of feedback and learning is shared with Managers and is shared during Team Meetings.

16.2 Some complaints identify lessons learnt in dealing with a particular individual or family which may benefit others; others offer a wider learning experience. It is important that we all learn from the messages within complaints and act upon these to bring further improvements to Social Care work within Bury. The return rate, 45 forms returned from 66 complaints has been less than last year and this means we are missing some opportunities to learn and improve.

16.3 The recommendations which have arisen from complaints during 2022/2023 have been themed below:

- Accurate reporting – of both complaints and compliments
- Communication of social workers – including during transitions
- Quality of service – both when carers feel they should be getting a better service and when they do not feel they need to the support of statutory social work teams
- Information Governance – including secure emails
- Feedback/sharing of information – building a better service

16.4 The two key themes; quality of service and changes in social workers are central to our Improvement Plan. The purpose of the Improvement Plan is to improve the quality of service for children and families. As part of our improvement work, we have implemented a new model of practice which is founded on strengths and relationship-based practice. We have developed the Bury Commitments which describes the cornerstones of good practice and the first of which is relationships. Changes in social workers is related to the high use of agency, and recruitment and retention is another key workstream within the Improvement Plan. Securing a permanent workforce to ensure that relationship- based practice can flourish is a priority.

We are also reviewing our approach to learning from complaints and ensuring that there is a more robust approach to implementing the learning from complaints, including those that go to the LGO.

The complaints officers will attend SLT regularly to share updates on complaints and learning themes so it can inform service planning and improvement real time.

17.0 CONCLUSIONS

17.1 The Complaints process has been monitored and evaluated throughout the year to ensure that we not only meet the requirements of the statutory regulations and guidance, but those of the families we work with. Quarterly reports are provided to senior managers.

17.2 Whilst it is positive that response timescales have slightly improved this year, and there has been a reduction in complaints, there is still room for improvement. All managers to comply with responding within timescales. Formal Stage 1 complaints must be responded to within ten working days. Twenty working days should be the exception to be used only when complaints are complex and complainants must be kept informed of progress and any delays.

17.3 To ensure that we work to resolve complaints quickly. The Complaints Manager can provide support if required in the investigation and response to complaints. All written responses must go through a final stage of quality assurance ensuring all issues identified in the newly instigated Complaint Definition system are appropriately addressed. The system has been well received by managers who report they have found it helpful.

17.4 It is essential to the smooth running of investigating and responding to complaints that delays are kept to a minimum, and that any delays in the investigation process do not add to the initial complaint. Communication is key.

17.5 Strict monitoring and following up on complaint investigation to continue to ensure responses are ready within the ten working days timescales accompanied by a completed Lessons Learned proforma.

Children & Young People

Bury Council

ANNUAL COMPLAINTS REPORT
APRIL 2023 – MARCH 2024

Donna McDermott
Complaints Co-Ordinator – Children's Services
May 2023

PURPOSE/SUMMARY:

This report has been produced in line with the statutory requirement to update Members and provide current information in respect of complaints related to Children's Social Care Services. This report looks at the period 1 April 2023 to 31 March 2024 and will allow Members to see the extent and complexity of Children's Social Care Service's span of activity and to receive information relating to the quality of the services delivered.

Members are asked to note the content of the report and advise Officers of future requirements in respect of the reporting of complaints relating to Children's Social Care Services.

1.0 INTRODUCTION

1.1 In line with guidance from the Department for Education, Local Authorities are required to publish an Annual Complaints Report covering the council year. This report is to provide current information in respect of complaints related to Children's Social Care Services for the year 2023/2024.

1.2 As part of our continued approach to monitoring performance, the status of all complaints is also shared weekly to the Children's Senior Management Team. Analysis of lessons learnt from complaints are also reported to Senior Managers and, where there is wider learning, discussions take place accordingly.

2.0 WHAT IS A COMPLAINT

2.1 A complaint may be generally defined as 'an expression of dissatisfaction or disquiet' in relation to an individual child or young person, which requires a response. A complaint may be made by a written or verbal expression.

2.2 Complaints principally concern service delivery issues, including the perceived standard of these services and their delivery by service providers. These recorded figures only represent a percentage of complaints received as many of the issues are resolved on an informal basis operationally and do not need recording by the complaints section.

2.3 The Complaints Procedure is not designed to deal with allegations of serious misconduct by staff. These situations are covered under the separate disciplinary procedures of the Council.

2.4 It is a legal requirement that Children's Social Care Services has a distinct complaints procedure. This statutory procedure provides the means for a child or young person to make a complaint about the actions, decisions or apparent failings of a local authority's children's social care provision. It also allows an appropriate person to act on behalf of the child or young person concerned or to make a complaint in their own right.

2.5 For some service users, and for children and young people particularly, it is not easy to make a complaint. This can be the case when the person using the service may be apprehensive about what may happen if they do complain. It is important, therefore, that all complaints are treated seriously, in confidence, investigated and are given due attention. It is therefore the role of the Complaints Manager – Children's Services to provide a degree of independence and support to the complainant whilst ensuring the complaint follows the statutory procedure. If a complaint is received directly from a

child or young person, an automatic referral is made for advocate support to Bury Children's Rights Service, which is an independent advocacy service commissioned by Children's Social Care. Feedback to complainants about their complaint is essential.

2.6 A prime objective of the Children's Social Care Complaints Procedure is to ensure the Local Authority develops a listening and learning culture where learning is fed back to children and young people who use services. Complaints present an opportunity for the Local Authority to learn why people who are using our services find them unsatisfactory, and how we can improve the services we provide.

3.0 THE SOCIAL CARE COMPLAINTS PROCEDURE

3.1 When a complaint is initially received, it is logged and acknowledged. It is then allocated to the relevant Team Manager with a request to contact the complainant within 48 hours to attempt to resolve the matter informally. If there is no resolution or the complainant cannot be contacted, the complaint is moved to formal Stage 1 at that point.

3.2 The formal handling and consideration of complaints consists of three stages:

- Stage 1: Local Resolution, informal or with written response
- Stage 2: Independent Investigation
- Stage 3: Review Panel

3.3 Local Resolution requires the Local Authority to resolve a complaint as close to the point of contact with the service user as possible (i.e. through front line management of the service). Emphasis is placed on resolving complaints under Stage 1, local resolution, because this should provide a timelier response and is user friendly. The Department strives to investigate and resolve complaints within 10 working days although the procedure does allow a 20-working day timescale for more complex complaints. In most circumstances attempts are made to resolve complaints informally within 48 hours of receipt. If this proves unsuccessful, the complaint automatically moves to formal Stage 1 within 48 hours of receipt of the complaint.

3.4 Where the complaint is not resolved locally, e.g. Stage 1, or the complainant remains dissatisfied with aspects of the Local Authority's response, the complaint can be considered at Stage 2. Stage 2 involves an independent investigation which is completed by an external Investigating Officer. This has the oversight of an Independent Person, also from outside the Local Authority, to ensure a full and fair investigation is carried out. We aim to send a Stage 2 response with a full report within 25 working days, although this can be extended up to 65 working days in complex cases.

3.5 When Stage 2 of the Children's Social Care Complaints Procedure has been concluded and the complainant remains dissatisfied, they are eligible to request further consideration of the complaint by a Stage 3 Review Panel. The Chair of the Panel decides membership of the Panel on a case-by-case basis. Membership of the Panel would depend upon the issue being complained about as specialist advice may be required, for example an adoption complaint would require an adoption specialist, etc.

3.6 The Review Panel does not reinvestigate the complaint or consider any substantively new issues of complaint that were not first considered at Stage 2. The purpose of the Panel is to consider the initial complaint and wherever possible, work towards a resolution. The Panel should be convened within 30 working days of a request and its report (including any recommendations) will be sent within 5 working days following the meeting. The Department then issues its response to the complainant within a further 15 working days.

3.7 Where a complainant remains dissatisfied with the Local Authority's response to the Review Panel's recommendations, the complainant has the right to refer their complaint to the Local Government Ombudsman. The Complaints Manager will assist with this process by providing contact details for the LGO. The LGO will not consider complaints which have not completed the Complaints procedure through all three stages.

ANALYSIS OF PROGRESS OF COMPLAINTS RECEIVED

All figures below relate to the period from 1 April 2023 to 31 March 2024. Reference is also made to outstanding complaints or complaints which were reported as not being agreed or completed as of 31 March 2024.

4.0 SOCIAL CARE COMPLAINTS RECEIVED

4.1 Social Care Teams received a total of **117** total complaints during the 2023/24 financial year. Of these complaints, **11** were resolved at the informal stage. **106** were investigated as Stage 1 formal complaints and these are the focus of this report.

4.2 This year, within these complaints, **9** (7.7%) were received via MPs/Councillors which is a slight reduction on the previous year (10 in 2022/23).

4.3 The focus of this report is the **106** Stage 1 complaints received in 2023/24. Overall, this represents an increase overall in the total number of complaints received compared to 66 received last year.

4.4 Complaints resolved at the informal stage have decreased compared to last year.

4.5 All Stage 1 complainants receive a written letter of response outlining details of the investigation and any findings. At the end of the letter, complainants are requested to contact the Complaints Team if they wish to discuss any outstanding issues or if they remain unhappy with the response. Apologies are offered as appropriate.

4.6 There were **16** complaints in 2023/24 where the service user was dissatisfied with the response they received and requested consideration at Stage 2. Five of these, following further discussions or a meeting with the relevant Service/Senior Manager or Strategic Lead, matters were resolved.

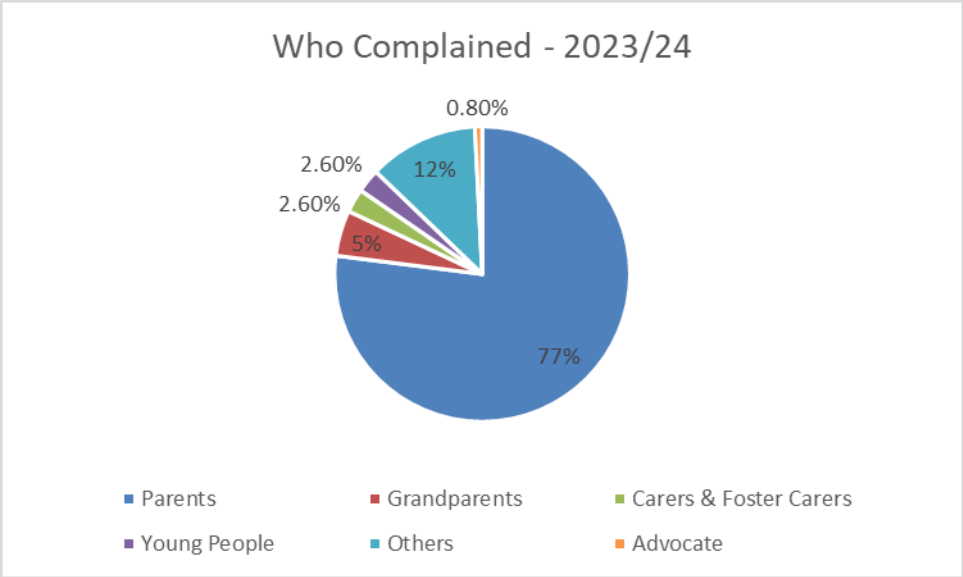
4.7 There have been **8** enquiries from the Local Government Ombudsman (LGO) in 2023/24 regarding Social Care related matters.

5.0 WHO COMPLAINED?

5.1 The breakdown of sources of complaints is reported at 5.3. Of the **106** complaints resolved at Stage 1, most of the complaints received (79.6%) were from parents/carers of children inc foster carers. Young people are encouraged and supported to raise their own concerns with the assistance of advocacy from Bury Children's Rights Service. Bury Children's Social Care Services and Bury Children's Rights Service continue to work with their joint working protocol to ensure that a consistent and timely service is offered to children and young people in the care of Bury Local Authority when they raise a concern via their advocate.

5.2 This year, complaints have been received from extended family members, a teacher and 2 unrelated 3rd parties, these are in the 'other' category. However, due to confidentiality issues, we are unable to respond to these complaints. A letter was sent in each case explaining the reasons behind the refusal to investigate.

5.3



6.0 ADVOCACY

6.1 Concerns and complaints received from Children and Young People in Care are very important. Young people are often supported to make a complaint by Bury Children's Rights.

6.2 An advocate from Bury Children's Rights Service will initially raise the concern with the Young Person's Social Worker, and if no timely response is received, this will be referred to the Social Worker's Team Manager for a response.

6.3 If the Young Person is unhappy with the response, their advocate will assist the child or young person to make a formal complaint at Stage 1 of the Statutory Children's Social Care Complaints Procedure.

6.4 There was 1 such complaint received this year via an Advocate for a Young Person. We also received 2 complaints made by Young People this year. It is important to note that numerous informal meetings have taken place between advocates and social workers and concerns were resolved prior to formal complaint procedures.

7.0 TIMESCALES OF STAGE 1 SOCIAL CARE COMPLAINTS

7.1 The table below shows the percentage of complaints responded to within reporting timescales.

7.2

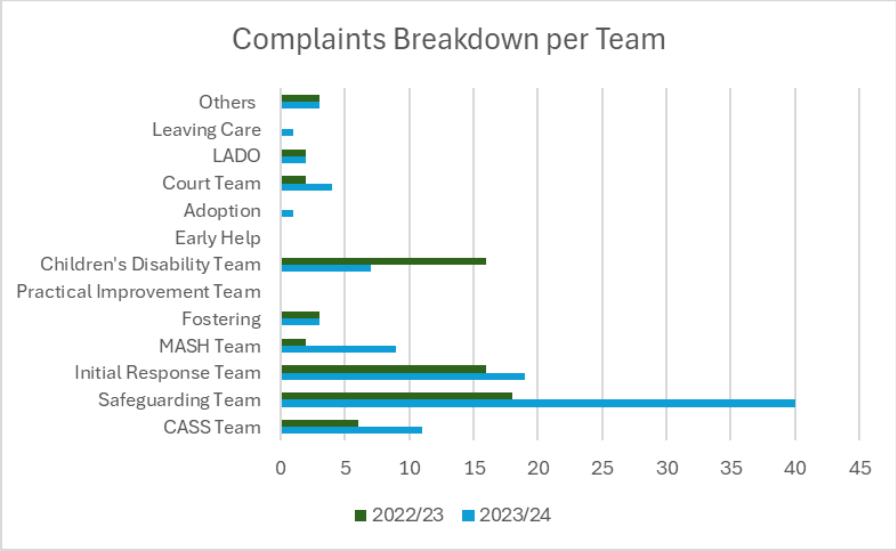
Year	10 Working Days	20 Working Days	Late Responses
2023 /2024	**14.3%**	**49.1%**	**36.6%**

7.3 These delays were as a result of the following: complexity of issues raised within the complaints; complainants adding additional issues to the original complaint; and complaints where a request to move to Stage 2 is received but, with further discussions and meetings, the matter was resolved at Stage 1.

8.0 COMPLAINTS BY TEAM

8.1 Some teams have experienced a small increase in the total number of complaints received – the Court Team, Initial Response Team, the Care and Support Service (CASS). The Multi Agency Safeguarding Hub (MASH) and the Safeguarding Teams have experienced a significant increase, (see 8.2 below) However, the Children with Disabilities Team have experienced a significant decrease in complaints received. Some complaints relate to more than one team.

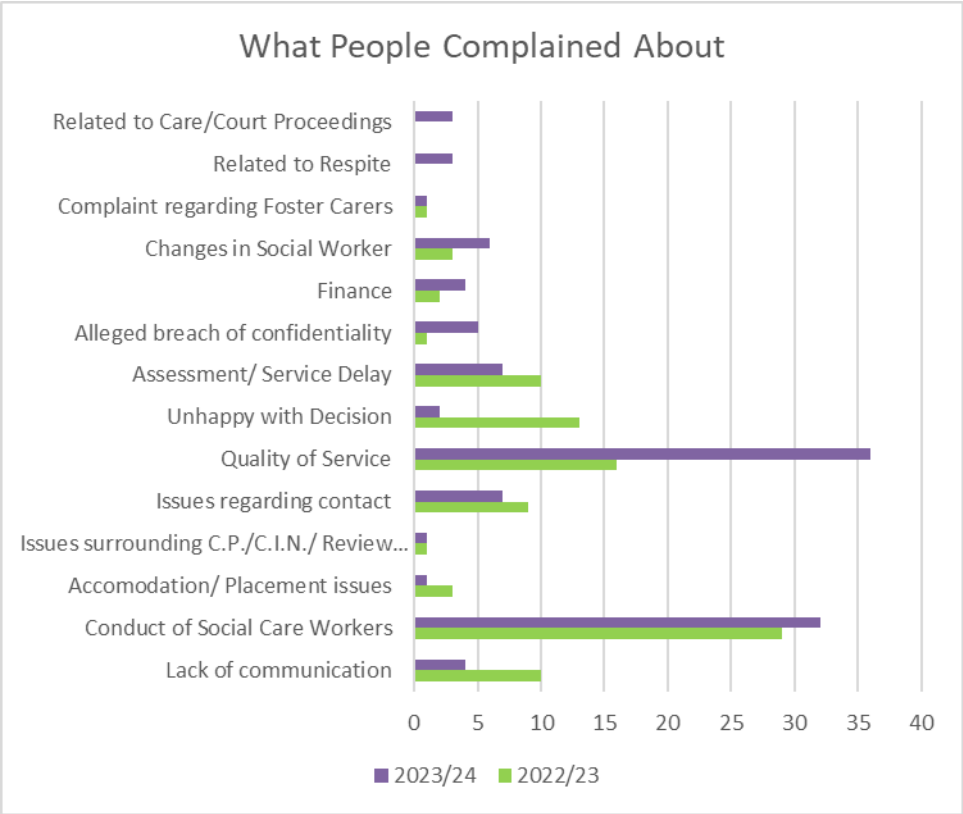
8.2



9.0 WHAT PEOPLE COMPLAINED ABOUT

9.1 All complaints are categorised by the issues being raised as shown within the graph below, some complaints cover more than one category and are shown in both categories for reporting.

9.2



10.0 HOW WE DEALT WITH COMPLAINTS

10.1 Initially, **11** complaints were allocated to Team Managers as informal complaints with a request to ring the complainant within 48 hours to try to resolve the issue. Of these complaints, all were resolved by a telephone call and did not progress to the formal stage. All complaints are also copied to the relevant Service Manager and/or Strategic Lead for their information.

10.2 Stage 1 are investigated by the relevant Team Manager, with oversight by the Head of Service. A written response is provided to the complainant which highlights the findings of the investigation. It also includes, if appropriate, information regarding any action that is being taken because of the complaint. In most cases, a letter of explanation, with an appropriate apology if required, are sufficient to resolve the matter.

10.3 In 2023/24, **11** complainants were initially dissatisfied with the Stage 1 outcome and requested to move to Stage 2. Of these 8 were investigated by an Investigating Officer and an Independent Person as per the Children's Social Care Policy. The reports from these were sent to the Adjudicating Officer. Three complaints are currently being investigated at Stage 2.

11.0 QUALITY ASSURANCE / BUDGET POSITION

11.1 The Complaints Manager attends quarterly meetings with Children's Services Social Care staff. Additionally, Team Managers are now familiar with carrying out complaint investigations and providing written responses. Heads of Service continue to have quality assurance oversight of responses and, where required, additional mediation

and meetings have taken place. This means that the majority of complaints were resolved at Stage 1.

12.0 COMPLIMENTS RECEIVED

12.1 It is positive that the Teams also receive compliments for work which is well done.

12.2 We have received **20** compliments regarding the Children's Services Teams in the last year. Team Managers are encouraged to record and share compliments received, as it is important that good practice is acknowledged and shared across all services as wider learning.

13:0 EQUAL OPPORTUNITIES MONITORING

13.1 Whilst efforts have been made to monitor the personal data of the Authority's complainants; many have not returned the diversity questionnaire

14.0 REPEAT AND VEXATIOUS COMPLAINTS

14.1 We do receive some complaints which may be construed as either vexatious or persistent. This type of complaint impacts greatly on the time of both the Complaints Manager and Departmental Staff and hinders the completion of other complaints.

14.2 The Local Government Ombudsman remains a source for advice in these situations, especially when it is felt that a Stage 2 Investigation would not provide a different outcome/resolution. A small number of complainants are advised to contact the LGO if they remain dissatisfied with the Local Authority's response.

15.0 LEARNING FROM COMPLAINTS

15.1 To demonstrate learning from complaints, and the Department's commitment to use complaints to improve standards of services, all Team Managers are required to complete a "Lessons Learnt" form following each complaint investigation. Quarterly analysis of feedback and learning is shared with Managers and is shared during Team Meetings.

15.2 Some complaints identify lessons learnt in dealing with a particular individual or family which may benefit others; others offer a wider learning experience. It is important that we all learn from the messages within complaints and act upon these to bring further improvements to Social Care work within Bury. Disappointingly, the return rate has only been 36 forms and this means we are missing some opportunities to learn and improve.

15.3 The recommendations from complaints received during 2023/2024 are:

- Accurate reporting – of both complaints and compliments
- Communication of social workers – including during transitions
- Quality of service – both when carers feel they should be getting a better service and when they do not feel they need to the support of statutory social work teams
- Information Governance – including secure emails
- Feedback/sharing of information – building a better service

15.4 The themes highlighted are central to our Improvement Plan. The purpose of the Improvement Plan is to improve the quality of service for children and families. As part of our improvement work, we have implemented a new model of practice which is founded on strengths and relationship-based practice. We have developed the Bury Commitments which describes the cornerstones of good practice and the first of which is relationships. Changes in social workers is related to the high use of agency, and recruitment and retention is another key workstream within the Improvement Plan. Securing a permanent workforce to ensure that relationship-based practice can flourish is a priority.

We are also reviewing our approach to learning from complaints and ensuring that there is a more robust approach to implementing the learning from complaints, including those escalated to the LGO.

The complaints officers will attend SLT regularly to share updates on complaints and learning themes so it can inform service planning and improvement real time.

16.0 CONCLUSIONS

16.1 The Complaints process has been monitored and evaluated throughout the year to ensure that the Council not only meet the requirements of the statutory regulations and guidance, but those of the families we work with. Quarterly reports are provided to senior managers.

16.2 Whilst it is positive that the number of complaints resolved at stage 1 is high, there is still room for improvement.

16.3 The complaints report relates in the main, to the period of time prior to the establishment of the Policy and Compliance team. The Policy Compliance Team was established on the 1st March 2024. The new Policy Compliance team will focus on compliance to support the corporate co-ordination, quality assurance and reporting of member enquiries and casework, MP enquiries, formal complaints, FOIs, SARs (with the exception of those in Childrens and Adults) and LGO liaison; some of these functions are currently dispersed across services, leading to lack of compliance with deadlines, and importantly, minimal insight on what Members and residents are telling us about our services.

Background information:

6. ANNUAL COMPLAINTS REPOR

Agenda Item 7

SCRUTINY REPORT

Bury Council

MEETING:	**CYP Scrutiny**
DATE:	**16 September 2025**
SUBJECT:	**Ofsted Standard Inspection of Children's Services in Bury**
REPORT FROM:	**Jeanette Richards, Executive Director Children and Young People**
CONTACT OFFICER:	**Robert Arrowsmith, Head of Strategy, Assurance & Reform**

1.0 BACKGROUND

1.1 Bury's Children's Services was inspected in the 3 weeks at the start of June 2025. The final report was published on July 29th and the outcome was positive: a move from the previous overall judgement of inadequate in November 2021, to a new judgement that services require improvement to be good.

1.2 The report praised the progress made and graded the leadership provided by the council and within Children's Services as 'good', while also highlighting areas for further improvement. Bury must submit an action plan to Ofsted to address those areas by November 5th.

1.3 Under the Ofsted Inspection of Local Authority Children's Services (ILACS) framework, the improvement in the overall grade changes the type and frequency of inspection and engagement with Ofsted – moving from monitoring inspections 2 or 3 times a year, as has been the case for the post 3 years, to up to 2 focused visits, or a focused visit and a Joint Targeted Area Inspection, in between standard inspections, with a standard inspection expected in 3 years' time.

1.4 What this means in practice is that we have moved to an annual cycle of inspection and discussion/self-evaluation with Ofsted, leading up to a further 'big' inspection in the first half of 2028, with the next visit from the inspectorate likely to be in the first half of 2026.

2.0 ISSUES

2.1 Inspection Bury's children's services took place in the 3 weeks from June 2nd to June 20th 2025. One week of information provision and analysis off-site by inspectors was followed by two weeks of on-site inspection.

2.2 Following moderation of the inspectors' findings and factual accuracy checks on the draft report, the final report was published on July 29th. The report assessed that Bury's children's services had improved substantially since the previous inspection and overall, they were now judged to 'require improvement to be good', with leadership being judged to be 'good'. In particular, the report noted that "far more children are receiving services that are making a positive difference to their lives and helping to ensure that they are safe and well cared for than was found at the time of the last inspection".

2.3 The report also points to key areas for continued improvement to ensure that Bury's children and families receive good services, particularly in the quality of core aspects of social work practice around planning and supervision and management oversight.

2.4 The inspection was the culmination of a three- and half-year improvement journey, with six monitoring visits undertaken by Ofsted during that period and five formal DfE reviews of progress, in addition to peer reviews completed by peer local authorities and a focused review by a national expert on support for care leavers (and a follow-up visit).

2.5 As part of the inspection a wide raft of documents were shared with inspectors (271 in the initial upload), and during work on site the 7 Ofsted inspectors spoke to over 100 professionals, 12 young people, leaders from 6 schools, 3 adopters and 3 foster carers. They also reviewed the case records for over 240 children (around 15% of all the children and young people currently open to the service.

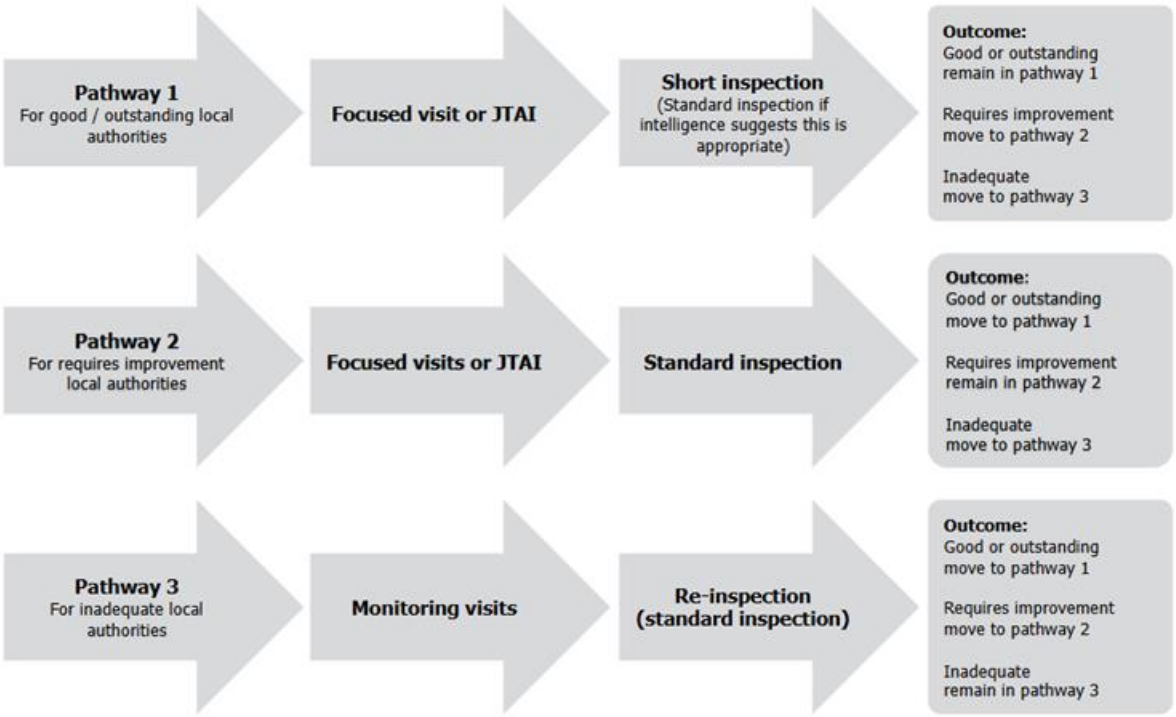
2.6 Following publication of the report, Bury was congratulated on the positive outcome of the inspection by Ofsted's National Director for Regulation and Social Care, Yvette Stanley, our DfE Adviser (Caroline O'Neill) and by our long-term Improvement Board Chair, Linda Clegg.

Next Steps

2.7 We need to submit a post-inspection action plan detailing next steps in addressing the areas that require improvement for Bury's services to be deemed good by Ofsted (listed in the inspection report which is referenced in this report as a background paper) . The plan needs to be submitted to Ofsted by November 5th 2025. This plan will inform next steps, but will also contribute to wider planning to strengthen services and outcomes for children and families, delivery of the national reforms for children's social care and budget savings.

Future engagement with Ofsted

2.8 Local authorities are inspected based on the intelligence Ofsted have about them and their most recent inspection judgement – see graphic below:



2.9 The standard or short inspections will usually happen once every 3 years, plus or minus 6 months – so the next inspection window for Bury will be between December 2027 and December 2028, most likely in the spring/early summer of 2028.

2.10 Bury has moved from Pathway 3 to Pathway 2 in the above graphic (local authorities judged requires improvement to be good at their most recent inspection). Under pathway 2, local authorities will also receive up to 2 focused visits, or a focused visit and a Joint Targeted Area Inspection, in between standard inspections.

2.11 In addition, annually, in common with all other local authorities, Bury will is expected to share an evaluation of the quality and impact of social work practice (normally in the winter each year) and have an annual engagement meeting with the Ofsted Regional Lead to discuss the self-evaluation and reflect more widely on what is happening in the local authority.

2.12 What this means in practice is that we have moved to an annual cycle of inspection and discussion/self-evaluation with Ofsted, leading up to a further 'big' inspection in the first half of 2028, with the next visit from the inspectorate likely to be in the first half of 2026.

3.0 CONCLUSION

3.1 Members should note the outcome of the recent Ofsted inspection of Children's Services and the time-horizon for future engagement

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List of Background Papers:-

- Ofsted Bury Standard Inspection Report 2025: 50283347

Contact Details:-

Name: Jeanette Richards

Position: Executive Director of Children & Young People

Department: Children & Young People

E-mail: J.Richards@bury.gov.uk

Executive Director sign off Date:_____

JET Meeting Date:_____

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Agenda Item 8

SCRUTINY REPORT

MEETING:	**Children's and Young People's Scrutiny Committee**
DATE:	**September 2025**
SUBJECT:	The Local Area Response to the Published SEND inspection and monthly update
REPORT FROM:	**Wendy Young, Head of Service – Inclusion & SEND**
CONTACT OFFICER:	**Jeanette Richards, Executive Director, Children's Services**

1.0 BACKGROUND

1.1 Following Bury's local area SEND services Inspection by the Care Quality Commission and Ofsted. The inspection team identified widespread, systemic failings in services and highlighted the challenge that we need to do more to improve the outcomes of children and young people with special educational needs.

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1.2 The inspection identifies 6 priority actions which Bury Council and NHS Greater Manchester ICB are jointly responsible for, along with 3 areas for improvement. As a result of the inspection outcome, the local authority has been issued with an Improvement Notice and will be subject to monitoring visits followed by a re-inspection in approximately 18 months.

2.0 ISSUES

2.1 As a result of the inspection outcome, the Bury local area has produced a Priority Action Plan, which we are locally referring to as our Priority Impact Plan (PIP).

2.2 The PIP has been co-produced with stakeholders, including parents and carers and is the strategic plan for SEND, setting out what needs to be delivered in the next 18-24 months with key milestones and key performance indicators. The plan is published on our local offer.

2.3 Support for the delivery of the Priority Impact Plan has been supported through additional investment by the council and the ICB – this will support the programme management and governance (see below) but also address some of the critical deficits identified in the report. The level of investment secured is approximately £450,000 a year.

2.4 Bury Council has also applied for Intervention Support Fund (ISF), which is a targeted grant provided by the Department for Education (DfE) to support local authorities in England that are under formal intervention to bolster resources and further support the implementation of the Priority Impact Plan (PIP). A response to the grant application is currently awaited and further information, should this be granted at the next Scrutiny Committee.

Governance arrangements

2.5 The SEND Improvement & Assurance Board (SIAB) is accountable to the Cabinet within the Council, and to the GM Integrated Care Board via the Locality Board, which operates as a sub-committee of the ICB Board and replaces the previous SEND local area partnership Boards.

2.6 The SIAB meet monthly (first meeting took place on 17th June 2024), and benefits from an independent chair, Deborah Glassbrook who has experience of working with other local areas who are subject to intervention in relation to SEND. The Board include strategic leaders from across the partnership and a Delivery Group has been mobilised with Terms of Reference agreed, with active participation in both groups from across the partnership.

Project Management support has now been onboarded and is embedded to support the programme.

Minutes and papers from each SIAB are provided through the Local Offer Website to ensure visibility.

2.7 Each Priority Action has a nominated lead officer, who will be a senior officer within their organisation. The Workstream Leads provide monthly highlight reports to the SIAB and ensure monthly reviews of the risk register. Reports will be expected to provide updates on activity, performance data and quality assurance findings.

The Local Area Priority Impact Plan (PIP) outlines the high-level strategic plan for SEND improvement, with the performance monitoring, future activity and risk/risk register. In accordance with the reporting requirements of this board and as part of this standing agenda item, Children and Young Peoples Scrutiny Committee will be reported to in the same format.

2.8 **Monitoring arrangements**

Following an Ofsted and Care Quality Commission (CQC) SEND inspection, local areas are required to implement monitoring, support, and challenge arrangements to improve their SEND service delivery. This process involves several key steps:

Monitoring: Continuous oversight of the local area's SEND arrangements to ensure they meet the required standards.
Support: Providing guidance and resources to help local areas address any identified weaknesses.
Challenge: Holding local areas accountable for making necessary improvements.

Bury Local Area Partnership remains to be subject to such scrutiny. These arrangements, to date, have taken place in the form of ‘deep dive’ activities and ‘stocktake’ visits facilitated by the Department for Education and NHS England Colleagues.

The comprehensive reviews conducted by the Department for Education (DfE) and NHS England, as previously reported, was undertaken in December 2024 and more recently in July 2025, (July 10th, report attached). The purpose of these visits was to assess progress made by the local area in addressing the issues identified in the improvement notice, progress on the delivery of the Priority Impact Plan (PIP) and the impact to date.

In summary the key findings noted:

Progress Against PIP: The partnership is delivering actions within agreed timelines. There's clear alignment between planned priorities and actual delivery.

Leadership & Collaboration: Stronger relationships have been built across the partnership, with a shift from siloed working to genuine collaboration. The Strategic Improvement and Accountability Board (SIAB) continues to provide effective support and challenge.

Voice of Children & Young People: The Changemakers presentation was highlighted as a strength, showing meaningful engagement with young people's views.

Impact & Outcomes: The focus is now shifting from planning to demonstrating tangible impact. While progress is evident, the partnership is encouraged to better evidence improved outcomes for children and families.

Statutory Compliance: Most phase transfer reviews were completed within statutory timelines, and annual review engagement has improved.

Workforce Development: A comprehensive workforce strategy is in development, alongside targeted training to build system-wide capacity.

Areas for continued focus were identified as:

- Embedding improvements into everyday practice
- Strengthening impact measurement and data use
- Expanding communication and engagement across a broader range of children, young people and their families
- Overcoming workforce capacity and workforce challenges

Deep Dive Activities

In March 2025, the Local Area Partnership undertook a focused deep dive into Priority Area 2: Early Identification, with particular attention given to the Graduated Approach, as previously reported. This activity was designed to monitor improvements by conducting a thorough examination of current practices, identifying root causes of challenges, and exploring opportunities for sustainable development. Comprehensive data and evidence were gathered to assess the current position, analyse trends, and inform targeted actions.

Building on this work, the Partnership has progressed the development of a locally tailored Ordinarily Available Provision, aligned with the Greater Manchester agreed approach. This integrated model incorporates the Graduated Approach and is supported by a Communities of Practice model to enhance school-level support and scheduled for launch in September 2025.

Coinciding with this launch, a second deep dive is planned for September 2025, focusing on SEND Quality Assurance (QA). The aim is to review existing QA activity across the partnership, map current practices, and engage stakeholders in shaping the session through coordinated group discussions. This initiative seeks to build a clear and shared understanding of QA work, identify strengths and gaps, and uncover opportunities for improvement. It will also contribute directly to strategic planning and inspection readiness.

Key evidence sources, including Education, Health and Care Plans (EHCPs), service evaluations, and stakeholder feedback, will be reviewed to inform the process. Findings will be visualised through a dashboard or slide deck to support transparency and decision-making. Crucially, the QA Framework will be triangulated with the SEND Strategy to ensure alignment, and insights from QA activity will be used to close the learning loop, feeding directly into planning, delivery and system-wide development.

This work is particularly timely as we prepare for monitoring inspections under the SEND Inspection Framework, anticipated from October 2025 onwards. The evidence gathered through these activities will play a critical role in demonstrating progress, identifying impact, and ensuring inspection readiness across the partnership.

3.0 CONCLUSION

The Local Area SEND Partnership is continuing in its committed to improving services for children and young people with SEND and their families.

The SIAB has received assurance that we are progressing, in accordance with the commitments set out in the Local Area SEND Priority Impact Plan. There is still a considerable amount of work to be done, and it is essential that we maintain a consistent pace and ensure that we capture the impact for our children, young people and their families and that this is sustained throughout.

List of Background Papers:-

Bury SEND POST Stocktake Letter, July 2025

Contact Details:-

[Report Author] Wendy Young, Head of Service, SEND & Inclusion

Executive Director sign off Date:_____

JET Meeting Date:_____

Department for Education

NHS England

Jeanette Richards, Executive Director of Children's Services, Bury Metropolitan Borough Council

Eamonn O'Brien, Leader of the Council, Bury Metropolitan Borough Council

Will Blandamer, Executive Director, Health and Adult Care and Deputy Place Lead, NHS GM

10 July 2025

Dear Jeanette, Eamonn and Will,

BURY LOCAL AREA PARTNERSHIP: 6-MONTHLY SEND STOCKTAKE MEETING: REVIEW OF SEND PRIORITY IMPROVEMENT PLAN

Thank you for ensuring appropriate attendance to review the progress made against your Priority Impact Plan (PIP) at the Stocktake meeting on 1 July 2025. We are particularly grateful for the contributions from representatives of Bury2Gether, the local authority and ICB officers who attended the meeting. We also acknowledge the effort made to ensure children and young people had their views shared.

The purpose of this joint letter is to provide a summary of the discussions held at the stocktake meeting, documenting specific feedback from participants on the Areas for Priority Action and Areas for Improvement based on evidence from the six months leading up to and during the stocktake meeting.

The evidence and presentation shared before and during the meeting reflected encouraging progress in implementing the PIP, with various actions being carried out within the agreed timelines. The local area continues to show a shared commitment to making lasting improvements to SEND services and to the well-being of children and young people with SEND. Leaders communicated the next steps outlined by the partnership, which align with the existing plan and are expected to further sustain ongoing improvements.

The update you gave us suggests confidence that the governance framework is now well-established to oversee the PIP, and actions are aligning with the plan's expectations and timelines. As partners, you have worked hard to establish strong relationships, and these continue to improve since inspection. The collegiate approach is supporting the entire partnership to check and challenge itself. There is particular emphasis placed on the voices of children and young people which is a notable strength of the partnership's efforts. We welcomed and enjoyed hearing the presentation from the Changemakers reflecting their views of priority and progress.

The partnership has clearly recognised the need to move the focus from planning and action to gathering tangible impact and improving delivery. This is where we will concentrate our support and challenge in the coming months, with the support of the SIAB, to support you in providing more compelling evidence of this impact ahead of the next stocktake.

The progress you showed in the six priority areas and three areas for improvement demonstrates a more collaborative approach across the partnership, enriching the collective understanding of how different system elements interconnect and influence each other. This strategic alignment has been pivotal in building stronger partnerships, offering both support and challenge, and transforming a culture of siloed working into one of more genuine collaboration. The successful completion of the vast majority of the phase transfer reviews within statutory timelines and the enhanced engagement in annual reviews exemplify the partnership's collective commitment to improving EHCP quality and ensuring smoother transitions for children and young people.

Furthermore, you discussed the development of a comprehensive workforce strategy and the roll-out of targeted training programs that showcases the partnership's proactive efforts to strengthen capacity and build skills within the system.

However, there are aspects that require continued focus to sustain and build upon the actions delivered. It remains essential to enhance data reporting capabilities and establish clear, measurable outcomes to better monitor and demonstrate the impact of your actions. Overcoming challenges related to workforce capacity and consistency of skills is critical to delivering sustainable, transformational change. Once a data system of routine and robust partnership wide assurance is in place you will be able to more easily show the difference you are making whilst clearly identifying pressures, progress and risk.

Additionally, expanding communication and engagement with a broader range of children, young people, and families will help ensure that their voices influence co-production and service design.

Your PIP includes six areas for Priority Action and three Areas for Improvement related to the 'systemic failures' outcome identified in the SEND Ofsted-CQC inspection report.

Area for Priority Action 1: ***Leaders across the partnership should ensure that the SEND strategy continues to be implemented to improve the lived experiences of children and young people with SEND. This should be overseen by shared strategic governance to ensure that the pace of improvement is maintained.***

You effectively demonstrated that:

- The overarching strategic vision for Bury SEND improvement has been collaboratively developed and formally approved, underscoring a truly joint approach.

- Communication channels have seen notable enhancement, evidenced by more frequent updates to the Local Offer and the implementation of effective feedback mechanisms like ‘You said, We are Doing’.
- Programme governance is progressing towards full maturity, which now allows for the proposal of significant changes aimed at driving long-term sustainability.
- Wider partners suggest that communication is improving.

Looking ahead, in line with your plans the next steps involve:

- Further developing and enhancing data and intelligence regarding the improvement plan’s progress and impact, with the aim of having a regular and robust system of performance assurance in place across the PIP and SEND services.
- Consider addressing identified delays within some workstreams to ensure that the strategic changes and improvements yield their intended impact.
- Conducting a comprehensive survey to gather the perspectives of children and families, thereby providing crucial data on the actual impact of these strategic changes.

Area for Priority Action 2: ***Leaders across the partnership should work collaboratively and effectively to improve the early identification of children and young people’s SEND as part of the graduated approach. In particular, they should urgently improve:***
• children’s access to support from education, health and social care to improve the early identification of needs
• children, young people’s and professionals’ access to an effective, well-resourced educational psychology service.

You effectively demonstrated that:

- The local offer has been reviewed, and efforts are underway to ensure it becomes statutory compliant. Additionally, the partnership's understanding of the graduated approach is being reviewed. A school’s toolkit is being rolled out, with a significant push planned for the autumn.
- The development of Section 23 notifications and subsequent follow-up support has notably strengthened early identification pathways.
- Inclusion Services have undergone a redesign, now incorporating a community of practice model and expanded capacity.
- The establishment of a dedicated SEND Health Visiting Service, crucially supported by additional funding from Bury Council, has garnered very positive feedback from families.
- Positive engagement with GPs and Primary Care networks has taken place to further enhance the early identification of SEND.

Looking ahead, in line with your plans the next steps involve:

- When you expand upon the Communities of Practice (CoP) model across all SEND services, focus on ensuring its seamless integration and alignment with key local authority functions such as School Attendance, Admissions, and the Virtual School.
- Ensure that when you are implementing a new, integrated graduated model for early assessment, identification, and intervention, it is built on robust partnerships with schools, families, health and communities to ensure that it is a coordinated and effective response.
- When you are relaunching the SENCO networks in-house from September 2025 to strengthen borough-wide collaboration, ensure they are closely aligned with the partnership's strategic priorities.
- While there has been significant progress, it is important that this progress is more clearly captured and communicated. Consider making the positive strides more visible to demonstrate how your efforts are making a tangible difference. Consider using visual tools such as graphs or charts to clearly illustrate improvements and impacts. This will help stakeholders see the progress more vividly and reinforce the momentum you are building in SEND delivery.
- Consider how to capture examples of how Section 23 notifications and follow-up support have positively impacted children: This could include evidence of improved transitions to settings, timely initiation of Early Help Care Needs Assessments (EHCNA), and other measurable outcomes that demonstrate the effectiveness of early identification pathways.
- Consider how you will gather evidence of the impact of the SEND Health Visiting Service. This could include data on improved health outcomes for children, testimonials from families, and specific examples of how the service has facilitated better access to healthcare and support. Additionally, reference any relevant reports or studies (e.g., from HSJ) that highlight the perceived impact and effectiveness of the service.
- Partnership engagement with the proposed neighbourhood delivery model to integrate early identification pathways for children and young people.

Area for Priority Action 3: ***Leaders across the partnership should improve the quality and availability of support for children, young people and their families while they wait for specialist assessments. This includes:***
• children and young people waiting for a speech and language therapy assessment and subsequent intervention
• children waiting for a community paediatric assessment and subsequent intervention Inspection report: Bury Local Area Partnership 12 to 16 February 2024
• children and young people on a neurodevelopmental pathway for an assessment of ADHD or autism. Leaders across the partnership should also ensure that young people aged up to 25 years old have access to a locally

agreed neurodevelopmental diagnostic pathway.

You effectively demonstrated that:

- The partnership has actively recognised the ongoing concerns voiced by young people, Ofsted/CQC and families regarding NHS waiting times, both locally in Bury and across the wider system.
- Leaders suggest the launch of the CANDO App has supported improving outcomes in Speech and Language Therapy services including a reduction in waiting times.
- Waiting times for Community Paediatric services continue to pose a challenge; however, improvement work is underway through local transformation and improvement programmes across the provider organisation the Northern Care Alliance (NCA) including a policy review of children not brought to appointments to improve uptake. Engagement sessions have also been held with providers.
- You understand the current pressures and lived experience by your acknowledgement that more work needs to be done to explain the lengthy waiting times for health services.
- Strategic leaders report the local area partnership are engaged with the GM proposed model for the Neurodevelopmental hub. Parent carers would welcome strengthened communication around this area.
- The public consultation for the NHS GM Adult ADHD has concluded, with the final report to be published Autumn 2025.

Looking ahead, in line with your plans the next steps involve:

- Ensure continued engagement with provider organisations to address the waiting times for Autism and ADHD assessments which includes access to support for families whilst waiting.
- Consider your efforts, whilst being pragmatic about what is possible, to reduce average waiting times in critical areas and ensure that families and stakeholders are well-informed about these improvements along the way.
- Consider how you can develop and deploy mechanisms to measure the impact of initiatives, including tracking waiting times and evaluating interim support services. Celebrate and share successes.
- Ensure that children, young people, and their families are aware of how to access to support options while awaiting specialist services, with clear communication about available resources.
- Review the ICB health SEND data dashboards to consider how this will inform the local area partnerships SEND dashboard.
- Ensure continued engagement with provider organisations to address the waiting times for Autism and ADHD assessments which includes access to support for families whilst waiting.
- Continue with the GM ND hub implementation programme in co production with parents, carers and young people.

Area for Priority Action 4: ***Leaders across the partnership should improve preparation for adulthood from the earliest ages for all children and young people with SEND in Bury. This should include a well-understood and co-produced strategy to embed preparation for adulthood effectively across the partnership.***

You effectively demonstrated that:

- The partnership has made significant strides in enhancing information and guidance for Preparing for Adulthood (PFA), notably through the creation of comprehensive factsheets and the development of the local offer site, which now aligns well with information from comparable authorities.
- A dedicated PFA transition team has been successfully established, which is facilitating smoother transitions into adult social care services.
- The local offer for Preparing for Adulthood has been thoughtfully redesigned and updated with detailed pathway information, and existing provisions have been meticulously mapped and audited to inform future commissioning discussions.

Looking ahead, in line with your plans the next steps will be to:

- Ensure effective communication and foster collaborative partnerships to address PFA meaningfully within reviews, bringing in schools' and other relevant colleagues where required in playing a crucial role in enhancing pathway planning.
- Continue to think of ways to enhance communication with SENCOs and all school staff and improve access to key information, support and expectations.
- Ensure that you make attempts to address and minimise the disruption caused by staff changes within Children's Services.
- To make best efforts to increase parent attendance at co-production meetings focused on designing adult social care transition policies.

Area for Priority Action 5: ***Leaders across the partnership should establish and implement a strategic approach to high-quality transitions for children and young people with SEND from birth to 25.***

You effectively demonstrated that:

- All primary schools are now consistently inputting data into the 6into7 software, and secondary schools are actively accessing this, enabling a more standardised approach to transition and the exchange of quality information.
- The approach has significant potential to facilitate transitions from nurseries to primary education, and from secondary to further education, with additional support from education services, parent support group drop-in sessions, and targeted assistance from the Virtual School and Youth Service.

- All relevant health agencies have successfully implemented Standard Operating Procedures for transition, with ongoing quality assurance planned to ensure their continued effectiveness, including SEND Health Visiting and School Nursing, and multi-disciplinary team (MDT) lead meetings are fully operational.

Looking ahead, in line with your plans the next steps involve:

- Evolve and continue the partnerships transition best practice guide to comprehensively incorporate health and social care elements for use by education partners.
- Maintain a focus to improve the understanding of cohorts of children and young people in receipt of statutory plans and those at SEN support, as well as the interdependencies across the local area partnership.
- Ensure that you implement robust quality assurance measures to thoroughly evaluate the effectiveness of the Transition Standard Operating Procedures.
- Consider how you will mitigate any further decline in NEET (Not in Education, Employment, or Training) figures you raised with us.

Area for Priority Action 6: ***Leaders across the partnership should further improve the quality of the statutory EHC plan process. This should include:***
• improving the quality of advice received from professionals as part of the needs assessment process
• improving the timeliness and quality of updated EHC plans following annual reviews
• improving appropriate social care contributions to EHC plans so that children and young people's social care needs are reflected more accurately
• improving the focus on preparation for adulthood in children and young people's EHC plans so that their experiences and outcomes improve.

You effectively demonstrated that:

- Phase transfer reviews were largely completed within statutory timelines, which is supporting smoother transitions. Over 66% of EHCPs were reviewed in 2024–25. Improved data systems will now enable a more comprehensive tracking of review activity, while newly developed procedures are strengthening consistency and accountability. Notifications for phase transfers have been issued well in advance for next year and a new template will focus Annual Reviews on addressing all aspects of the EHCP with the aim of increasing quality.
- The partnership has successfully maintained strong statutory compliance with EHC assessment timelines while simultaneously increasing the quality of those plans. A new EHCP template has been introduced to enhance clarity and completeness, complemented by Continuing Professional Development (CPD) delivered to all SEND Officers. Furthermore, an EHC Link Officer for Social Care has been appointed to strengthen contributions and compliance.

- Improved data quality will allow for more comprehensive tracking of review activity. Newly developed procedures, which are aligned with statutory requirements and supported by targeted training, will strengthening consistency and accountability. Successful recruitment into the EHC Team has further bolstered capacity.

Looking ahead, in line with your plans the next steps will be to:

- Maintain and strengthen data collection to fully understand statutory compliance with annual review timescales, placing a strong focus on the quality of outcomes and experiences. This will require ensuring timely communication and sufficient capacity for sustained improvement.
- Consider workforce capacity and capabilities to meet current demand, through ongoing refinement of processes, and targeted training. This will likely involve improving data quality specifically on annual review timeliness and proactively addressing historical legacy issues that impact on the trust and faith of families and schools.
- Continue to strengthen partnership working across all stakeholders to ensure shared ownership of outcomes. This includes improving messaging and engagement with partners, families, and other stakeholders.
- Further expand training and quality assurance efforts to build staff confidence and consistency. This could involve developing clearer milestone indicators and utilising data to drive continuous improvement, balancing timeliness with quality, and prioritising meaningful support and positive outcomes.
- Address the issue of timely communication and ensure sufficient capacity for sustained improvement, while also addressing historical legacy issues that impact upon trust.

Area for Improvement 1: ***Leaders across the partnership should improve communication to professionals, parents and carers and children and young people so that their strategies, actions and impact are better understood and that trust in the SEND system improves. The partnership should ensure that the local offer is updated regularly to provide parents, carers and other stakeholders with sufficiently accurate information.***

You effectively demonstrated that:

- The foundations for communication improvements are established, marked by the appointment of key communication roles and the creation of an interim communications strategy supported by a dedicated working group.
- Two newsletters have been successfully produced, with a third scheduled for publication, indicating improved content curation and production quality.

- Regular updates to the Local Offer are now being systematically implemented and actively promoted through social media channels this includes updates following a compliance review.
- A set of standards have been integrated into the interim communication strategy, and a standing item has been added to the SIAB agenda to promote a shared understanding of key messages.
- A stakeholder mapping exercise is proposed to support ongoing development of the board and stakeholder engagement.

Looking ahead, in line with your plans the next steps will be to:

- Support and continue in the developing Changemakers' social media presence, ensuring proactive updates while prioritising safeguarding.
- Ensure that you publish the SEND Communications Strategy once the coordinated feedback from parents and families is included.
- Evaluate and enhance your effectiveness in strengthening direct relationships and networks within the partnership to complement mass communication methods.
- Ensure that you are continuing to involve service users, parents, and carers in co-production.
- Implementing the stakeholder mapping exercise to further refine and improve communication strategies.

Area for Improvement 2: Leaders across the partnership should continue to develop the range of suitable AP available to children and young people in Bury. Leaders should further embed the improved oversight of AP and EOTAS packages in Bury. They should publish the refreshed policy for EOTAS, providing support so that this policy is clearly understood.

You effectively demonstrated that:

- The co-production and formal approval of the EOTAS policy by the partnership represents a major milestone in delivering inclusive and consistent educational support. The delivery of comprehensive training for case officers has improved understanding and application of the policy, while establishing a multi-agency panel ensures that all EOTAS requests are considered through a collaborative and holistic approach.
- The formation of the AP Strategy Group and the development of a strategic framework show a proactive stance towards improving outcomes for learners accessing alternative education pathways. Robust oversight systems for placements have been implemented, supported by targeted training, which help to uphold quality assurance and safeguarding standards consistently across all provisions.

Looking ahead, in line with your plans the next steps will be to:

- Continue to refine the planning of new EOTAS packages and systematically reviewing existing ones to ensure they lead to strong educational outcomes and provide clear progression pathways for learners.
- Progress with the finalising and publishing the draft AP Strategy. Although a new ILP format has been launched for AP placements, it now needs to be implemented consistently to maintain a focus on outcomes that will allow you to demonstrate efficacy.
- Ensure that the partnership is exploring opportunities to expand the range of alternative providers available locally and in surrounding areas, in order to better meet diverse learner needs and improve access to quality provision.

Area for Improvement 3: Leaders across the partnership should work collaboratively to create a partnership wide workforce development strategy. This should focus on coordinating training, support and guidance to improve health, social care and education professionals' ability to identify, assess and meet the needs of children and young people with SEND, from birth to 25.

You effectively demonstrated that:

- A comprehensive workforce strategy, guided by best practices, has been developed to outline the required training levels for specific staff groups. An implementation plan is currently in development. While the framework provides clear direction, it's still early days to evaluate its impact. Efforts are underway to complete a stocktake of existing training provision, assess demand by competency level, and compare training uptake against cohort sizes to identify any gaps.
- Training remains central to your commitment to supporting inclusive practices and fostering continuous learning. As part of this initiative, Changemakers will be designing and delivering targeted training sessions for school staff on how to effectively engage with and support young people with additional needs and disabilities, starting in the summer term.
- There has been reasonable engagement with the programme of induction and Continuing Professional Development (CPD) sessions conducted with SENCOs over the spring and summer terms but that you were ambitious to improve buy in.

Looking ahead, in line with your plans the next steps will be to:

- Address any delays in the implementation of the new strategy and action plan to ensure the timely delivery of its intended impact.
- Increase participation in the staff training programme delivered by Oak Learning Partnership.

- Ensure that the partnership is continuing to develop and refine the workforce strategy and learning and development plan to ensure they meet the needs of all staff cohorts.
- Enhance data collection efforts to measure and demonstrate the impact of the strategy once fully implemented.

Intervention Next Steps:

Your DfE Case Lead, Gareth Llewellyn will be in contact to arrange the next review to assess further progress against your priority impact plan. Gareth, along with your DfE commissioned SEND advisor, Kevin Burns and NHS England Advisor, Janet Wray, will continue to offer support and challenge. Please contact either party if you require further assistance.

We are copying this letter to: Lynne Ridsdale (Chief Executive, Bury Metropolitan Borough Council), Stephen Holden (Interim Director of Education and Skills, Bury Metropolitan Borough Council), Wendy Young (SEND Head of Service, Bury Metropolitan Borough Council), Jane Case (Program Manager, GM NHS Bury), Deborah Glassbrook (SIAB independent chair), Bury2gether (Parent Carer Forum), Lorraine Mulrooney (Head of SEND, NHSE), NHS England), Janet Wray (Regional SEND Advisor, NHSE), Kevin Burns (DfE commissioned SEND advisor), Sharon Thornton (Regional Lead for SEND Improvement, DfE), and Gareth Llewellyn (SEND Case Lead, DfE).

Yours sincerely,

Janet Wray
SEND Senior Manager
NHS England –
North West Children &Young People's Programme

Sharon Thornton
SEND Improvement Regional Lead (North West)
Vulnerable Children's Unit
Regions Group
Department for Education

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