

Area SEND inspection of Bury Local Area Partnership

Inspection dates: 12 to 16 February 2024

Dates of previous inspection: 13 to 15 May 2019

Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately three years.

As a result of this inspection, HMCI requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

Information about the local area partnership

Bury Council and NHS Greater Manchester Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Bury.

There have been changes in the senior leadership of Bury's SEND services since the previous inspection. These include the appointment of a new executive director of children's services and new cabinet members for children and young people and health and adult care.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Greater Manchester ICB became responsible for the commissioning of health services in Bury. The chief executive of the council was appointed as the place lead for NHS Greater Manchester in Bury, and the council's executive director for health and adult care became the deputy place lead.

The local authority uses a range of alternative provision (AP) for children and young people. This includes those who cannot attend school due to medical needs and those children who have been permanently excluded.

What is it like to be a child or young person with SEND in this area?

Too many children, young people and their families have experienced limited positive change over time. They, and professionals, described a 'stop/start' approach to the design and implementation of the SEND strategy in Bury. The experiences of many children and young people with SEND, and their families, have been poor for too long. Transformational change to Bury's SEND services has started. New structures and systems now provide a more secure foundation for future growth. However, many improvements are in the very early stages of development.

Many children and young people wait too long for some services and diagnostic pathways. The partnership has not focused enough energy on truly understanding what this means for children, young people and their families and the impact that these delays in diagnosis have on them. The recently strengthened partnership has driven some improvements effectively. Over the last 12 months, there has been a significant improvement in the timeliness of assessments for many health services. The partnership is involved in several positive and innovative projects. However, it is too early to see the impact of many of these projects on the experiences of children and young people.

Children and young people awaiting specialist health assessments, or speech and language therapy, do not receive useful support. The concept of 'waiting well' is more of a strapline than a reality, particularly for those awaiting a neurodevelopmental assessment. There is very little offered to help meet the needs of children, young people, and their parents and carers while they wait for these services.

The quality of education, health and care plans (EHC plan) in Bury is typically poor. While partnership leaders know what a 'good' EHC plan should look like, and plan writers have benefited from recent training to improve their work, the quality of many EHC plans remains unacceptable. In part, this is due to professionals providing generic outcomes and provision that are not personalised closely enough to children and young people's needs. Additionally, social care professionals do not routinely contribute to children and young people's EHC plans when relevant, as they are not always invited to do so when there has been social care involvement. Consequently, these children and young people's EHC plans do not reflect all of their needs effectively.

Many children and young people's EHC plans are significantly out of date. Some examples sampled during the inspection, for older young people with SEND, described the young person when they were a child in primary school. While the statutory annual reviews are completed, EHC plans are not updated to reflect children and young people's changing needs accurately. Therefore, many EHC plans are not useful to parents, carers, professionals, and children and young people. As a result, professionals' ability to meet the needs of children and young people is hindered. This contributes to continued frustration with the SEND system.

Transitions across health, social care and education are underdeveloped. As a result, many children and young people experience poor transitions throughout their lives. For example, when young people move from children's to adult services, and from early years to primary education, transitions are not well managed. This is because of a lack of a joined-up, strategic approach to effective transition planning. For many children and young people, transition planning did not start until the point of transition.

For many children and young people, their needs are not identified accurately and assessed in a timely and effective way. Furthermore, young children do not benefit from a robust approach to identifying and assessing their needs at the earliest opportunity. Many professionals work in isolation and do not share relevant information with each other. As a result, some children and young people move to primary, secondary or tertiary education with unidentified and unmet needs. The partnership has recognised that the support for children and young people's social, emotional and mental health needs is variable and not widespread. It is establishing an improved model of support.

Inspectors met with many supportive, professional and dedicated practitioners and leaders. These professionals, including school support staff, the children's complex needs team and the care leaving service, are praised for their commitment by children, young people and their families. Many pieces of work to improve the SEND system in Bury have started. That said, there is significant work to do to improve the experiences of children and young people with SEND and their families.

What is the area partnership doing that is effective?

- Partnership working has been strengthened since the previous inspection. This renewed approach has created improved governance and strategic direction. The introduction of an independent chair to the SEND partnership board offers further opportunity for scrutiny, support and challenge.
- Several teams are appreciated by settings, professionals and parents and carers for providing useful, timely and specialist support to help assess children's emerging and changing SEND needs. These services include physiotherapy, occupational therapy, school nursing, the virtual school and the hearing and visual impairment teams.
- Leaders have secured significant investment from the ICB to improve the child and adolescent mental health service (CAMHS), which includes the school-age neurodevelopmental pathways for the assessment of autism and attention deficit hyperactivity disorder (ADHD). Waiting times have reduced using 'blitz' activities, while maintaining service quality.
- Leaders provide parents, carers, children and young people with forums to discuss the SEND strategy in Bury. For example, they do this through the youth council and children in care council. 'Bury2gether', the local parent carer forum (PCF), is included in many strategic boards. This allows the PCF to contribute their views.
- Leaders across the partnership use a range of data to identify emerging trends in Bury accurately. This has been recently improved with a refreshed joint strategic needs assessment, service performance data and several dashboards to track cohorts

of children and young people. As a result, the partnership has started to deploy its resources more effectively to meet children and young people's needs.

- Leaders have established effective oversight arrangements for children and young people who use AP. The partnership completes quality assurance visits to local settings and the AP assurance board monitors the effectiveness of settings regularly. AP is being used appropriately to re-engage children, young people and their families with mainstream education.
- Recently improved systems to monitor requests for elective home education (EHE) help to ensure that decisions are made in children and young people's best interests. For example, requests for EHE are now sent to the multi-agency safeguarding hub for consideration.
- Children and young people have timely access to the physiotherapy service. There is a strong culture of improvement and learning within the service. For instance, they successfully implemented an adaptive cycling offer within a special school. Consequently, children can join in with cycling clubs alongside their peers on both adaptive trikes and standard bicycles.
- Leaders have established an outreach and support service to develop professional knowledge across Bury. This includes 'coffee and catch up' special educational needs coordinator support meetings. The SEND support service offers welcomed support and challenge to schools across Bury and promotes the graduated approach toolkit.
- The children with disabilities team has received significant investment. The team completes effective direct work with children and young people. This considers the views of children, young people and their families in decisions about their support.
- The local area partnership has increased the size of the SEND team. This has improved the timeliness of the EHC needs assessment process. Consequently, most EHC plans are now completed within the 20-week statutory timeframe.
- The partnership has secured additional specialist provision. This includes new free schools and a substantial increase in the number of specially resourced provisions which are available. Supported internships provide a range of high-quality placements with local employers. Consequently, more children and young people with SEND receive their education in Bury.
- Children and young people receiving education and care in residential special schools, including those placed out of area, benefit from effective oversight of their placements. Communication between the teams involved with these children and young people is effective. The partnership's oversight of local authority commissioned AP helps to ensure that children and young people are placed in safe settings that contribute to their education and outcomes.

What does the area partnership need to do better?

- Many parents, carers and professionals report poor communication between services in Bury and from the partnership. As a result, trust in the SEND system has been lost. Parents, carers, children and young people have experienced significant change over

the years. While new leaders have secured a foundation for future improvement, they have not communicated their plans to stakeholders, including children, young people, their families and professionals well enough. This leads to uncertainty about the pace of change and the direction of travel.

- The voice of the child or young person is frequently absent from their EHC plans. This means that children's, young people's and their families' views are not considered as well as they should be during the EHC needs assessment and annual review process. Many EHC plans are significantly out of date. Furthermore, despite some recent improvements to the quality of EHC plans, many are of an unacceptable quality. They do not provide a holistic view of the child or young person's needs and provision across education, health and social care.
- Preparation for adulthood is rarely considered well in children and young people's EHC plans. Recent training for partnership staff is not impacting positively on improvements to preparation for adulthood for children and young people. As a result, young people and their families do not receive timely information and guidance about their next steps in life.
- Professionals across the partnership, including in early years, schools and further education settings, have limited access to the educational psychology service. The service primarily focuses on completing statutory assessments for EHC plans. This limits professionals' ability to gain psychological advice to help assess and meet children and young people's needs as early as possible. Furthermore, stakeholders' understanding of what the service offers is underdeveloped. As a result, some settings, and parents and carers, apply for an EHC plan to access educational psychology advice and guidance.
- The graduated approach to meeting children and young people's needs in Bury is not well understood and is used inconsistently. While the partnership has identified that this needs to improve, the robust focus on the graduated approach only started in Autumn 2023. Consequently, this is not embedded fully across the local area and some children and young people's needs are not identified, assessed and met in line with the code of practice.
- There is no strategic, coordinated and effective approach to sharing information about children and young people when they transition between phases. Individual schools and settings lead this, and this results in gaps in knowledge about a child or young person. This limits leaders' ability to plan for children and young people's needs effectively.
- Some professionals' reports do not reflect leaders' ambitions to focus on children and young people's strengths. There is a partnership commitment to move to a social model, not a medical model, of disability. However, some professionals' reports hinder this priority. For example, several reports seen during the inspection ask parents and carers to manage their expectations about their child's aspirations.
- The recently established EHC portal is not always as accessible and efficient as leaders intend. This reduces the ability for effective information sharing across education, health and social care professionals.
- While seen as a strong example of coproduction by parents, carers and professionals,

the renewed local offer has not been launched. Parents, carers and professionals are not clear as to why this is the case. Unfortunately, despite the project being welcomed, the delays in the launch of the local offer further damaged stakeholders' trust in the partnership's ability to embed sustained change.

- The current policy for children and young people educated other than at school (EOTAS) is underdeveloped. Leaders recognise this and are working with agencies, alongside parents and carers, to co-produce a policy. The lack of a suitable, co-produced and well-understood policy makes decision-making difficult. There remain some inappropriate historic packages of support that leaders are working to improve so that these children and young people's needs can be more effectively met.
- While leaders have acted swiftly due to the findings during this inspection, a very small number of EHC plans name unregistered AP settings. This means that children and young people with SEND are placed in unregulated provision. Leaders recognise the need to improve the sufficiency and range of suitable AP, especially for post-16 young people with SEND in Bury.
- The current home-to-school transport policy is not widely understood by parents, carers and practitioners. Many parents are dissatisfied with the changes made to their child's transport arrangements, usually without consultation or explanation. The partnership has launched a consultation regarding the transport policy.
- The current commissioning arrangements for the health visiting service have left health visitors stretched to capacity. Longstanding issues impact negatively on the service's ability to universally identify children's needs early.
- Children and young people wait too long for assessment and intervention from some health services, such as the speech and language therapy service and community paediatricians. The average waiting time for speech and language therapy is 75 weeks for an initial appointment post-triage, and the average waiting time for a community paediatric assessment is 39 weeks. These children, young people and their families do not receive useful help while they wait.
- For those awaiting a neurodevelopmental assessment, children under five years old wait on average six months for an autism assessment and children over five wait up to 15 months for an autism or ADHD assessment. There is also a 13-month wait for children and young people to access an appointment for medication which creates a secondary wait following diagnosis. The local area partnership has not provided these children, young people and their families with sufficient useful support while they wait. Work has only recently begun to consider what this means for families who are awaiting support during the diagnostic process. Furthermore, the partnership does not have a systematic way of identifying, assessing or responding to children and young people's escalating needs while they wait. This damages parents' and carers' trust in the SEND system, and some children and young people's needs escalate while they wait.
- There is currently no locally agreed provision in place for older young people, aged 18 to 25, to access an assessment for ADHD or autism. Leaders have a weak grip and understanding of those young people over 18 years old and the impact of any potentially undiagnosed needs. There is also no oversight of the quality of the

diagnostic services that these young people may be accessing as many are web-based via the 'right to choose'.

- Thresholds to access services across the partnership are not widely understood. For example, there is a lack of clarity around thresholds for core CAMHS and social care and what they can offer to children, young people and their families. This results in duplication of work and further confusion in the SEND system.
- Despite lots of pockets of professional development, including networks and formal courses, there is no strategic workforce development plan across the partnership. As a result, there is a limited approach to prioritising workforce development to match the current needs in the area. Furthermore, the partnership has not capitalised on some specialist settings that have considerable expertise, such as those supporting young children with SEND and those helping young people at risk of permanent exclusion.

Areas for priority action

Responsible body	Areas for priority action
Bury Metropolitan Borough Council and NHS Greater Manchester ICB	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.
Bury Metropolitan Borough Council and NHS Greater Manchester ICB	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: <ul style="list-style-type: none"> • 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.
Bury Metropolitan Borough Council and NHS Greater Manchester ICB	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: <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> children and young people on a neurodevelopmental pathway for an assessment of ADHD or autism. <p>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.</p>
Bury Metropolitan Borough Council and NHS Greater Manchester ICB	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.
Bury Metropolitan Borough Council and NHS Greater Manchester ICB	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.
Bury Metropolitan Borough Council and NHS Greater Manchester ICB	<p>Leaders across the partnership should further improve the quality of the statutory EHC plan process. This should include:</p> <ul style="list-style-type: none"> 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.

Areas for improvement

Areas for improvement
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.
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.
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.

Local area partnership details

Local Authority	Integrated Care Board
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Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including an HMI from social care and an Ofsted Inspector from education; a lead Children's Services Inspector from the Care Quality Commission (CQC); and two Children's Services Inspectors from the CQC.

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