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Ms G Hopper
Director of Children's Services
Rochdale Borough Council Local Authority
Number One Riverside
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Mr S Rumbelow, Clinical Commissioning Group Chief Officer, NHS Heywood,
Middleton and Rochdale
Ms J Hassall, Local Area Nominated Officer

Dear Ms Hopper

Joint local area SEND revisit in Rochdale

Between 3 and 5 December 2018, Ofsted and the Care Quality Commission (CQC) revisited the local area of Rochdale to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) issued on 3 November 2016.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 23 February 2017.

Inspectors are of the opinion that local area leaders have made sufficient progress to improve each of the serious weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

The revisit was led by one of Her Majesty's Inspectors from Ofsted and a children's services inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers and local authority and National Health Service (NHS) officers. They held meetings with a group of headteachers and special educational needs coordinators from mainstream secondary and primary schools. Inspectors considered the responses of 179 parents who completed an online survey about the serious weaknesses identified in the WSOA. Inspectors looked at a range

of information about the performance of the local area, including pupils' outcomes and exclusions.

Main findings

- **The capacity of mainstream schools to identify and effectively meet the needs of the increasing population of children and young people with SEND, in particular those with autism.** A system of peer reviews has been introduced, where schools review each other's SEND provision in partnership with an expert consultant. The primary and secondary schools which have undertaken such reviews demonstrate strong improvement in their SEND provision, for example in improved outcomes for pupils and a reduction in exclusions. Bespoke staff training has increased the confidence of school leaders and staff, resulting in the better identification and meeting of pupils' needs, including pupils with autism spectrum disorder. Referrals into autism spectrum disorder pathways now demonstrate that schools have a detailed knowledge of pupils' needs. This helps children and young people to access the correct pathway in a more timely manner. Schools report that the Rochdale Additional Needs Service and educational psychologists offer bespoke support to schools to help them to better meet the needs of pupils. The local area has made sufficient progress to improve this previous area of weakness.
- **The weak educational outcomes for children and young people at the SEN support stage and the increasingly high number of exclusions for this group.** At the local area level, there are clear improvements in SEN support pupils' outcomes in the early years, key stage 1 and key stage 2. Pupils' outcomes are on an improving trend since 2016. At key stage 4, although there are also clear signs of improvement, for example in the proportion of SEN support pupils who achieve a good pass in English and mathematics, further work is needed.

Much work has taken place to stem the historical increase in exclusions for SEN support pupils. This has been assisted through the effective use of high-quality local authority data. There is a panel which meets regularly to discuss any cases of exclusion or where consideration is being given to pupils completing a managed move to a different school. Schools can bid for additional funding to develop bespoke support to help avoid exclusions. This has proved to be successful and there are examples of impressive impact in the reduction of exclusions over time. Exclusion cases are considered carefully and schools are challenged to make sure they provide enough support to allow pupils to remain in school. Where this is not possible, careful consideration is given to allocate the best school to meet the specific needs of pupils through a managed move. The context of potential receiving schools is carefully considered to help ensure that the managed move has the best chance of success. Recent changes to this process show that placements are more successful as a result. As a result of the changes made in this area, the number of exclusions for SEN support pupils has decreased in secondary and

primary schools in Rochdale. However, the reduction in exclusions in secondary schools is less marked than in primary schools. The local area has made sufficient progress to improve this previous area of weakness.

- **To improve the timeliness of response to children, young people and their families in need of significant help and support, with particular reference to children and young people with autism.** Initiatives to reduce waiting times, including the temporary, additional resourcing for locum clinicians, have allowed more rapid access for children and families referred to occupational therapy (OT) services and child and adolescent mental health services. The implementation of the '#Thrive' model helps children and young people to access support for their mental health at an earlier opportunity. Waiting times for core OT assessments have reduced and are now within national targets, although there are continued issues with wait times for specific interventions to meet children and young people's needs. There is more to do to ensure that the robust commissioning of OT resources are based on a clear understanding of local needs in Rochdale and how these can be best met. The impact of the revised autism spectrum disorder strategy is beginning to be felt within both the under-five and over-five diagnostic pathways. The 'bubbles' pathway for under-fives is now embedded and waiting times are below the 18-week target. The more holistic focus on children's social and communication difficulties, rather than solely on an autism spectrum disorder diagnosis for under-fives, ensures that a wider group of children have access to specialist assessment and advice. The shift from support being diagnosis-dependant to needs-led has had a positive impact.

Access to the over-five's autism spectrum disorder pathway has also improved. However, local area leaders acknowledge that waiting times continue to be a work in progress to maintain an acceptable trajectory towards assessment. The impact of training additional numbers of autism diagnostic observation schedule qualified staff within the healthy young minds service is positive. The flexibility to offer clinics in evenings and weekends has served well to clear the backlog of children awaiting diagnosis. However, more detailed support strategies should be offered to families and schools both during and post diagnosis of autism spectrum disorder. The local area has made sufficient progress to improve this previous area of weakness.

- **The ineffective promotion and understanding of the local offer.** The local offer was redeveloped and coproduced with parents, resulting in a much more user-friendly version. For example, there is a facility to convert the local offer into different languages. Coproduction with parents is a strength in Rochdale. For example, parent groups continue to work closely with local area officers to maintain the development of the local offer and to keep information up to date. At the time of the initial inspection, only 12% of school websites contained a link to the local offer. The parent carer voice has ensured that all schools now have a link to Rochdale's local offer on their website. A competition for pupils was held to create a new logo for the local offer, which

helped to raise awareness. This logo is now used in communications from all agencies to help promote the local offer to parents. An increased proportion of parents are now aware of the local offer. The majority of parents who responded to a parental survey said that they are now aware of it. The number of visits to the local offer website have increased fourfold from 2016 to 2018. The local area has made sufficient progress to improve this previous area of weakness.

As leaders of the local area have made sufficient progress against all of the weaknesses identified in the written statement, HMCI recommends that the formal monitoring visits from the Department for Education (DfE) and NHS England should cease. The decision about whether to continue the monitoring visits rests with the DfE and NHS England.

Yours sincerely

Ofsted	Care Quality Commission
Andrew Cook, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Ian Hardman SHMI Lead Inspector	Lee Carey CQC Inspector

Cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
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