

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



**1 December 2021**

Simone White  
Director of Children's Services, Wirral  
Corporate Director for Children  
Wirral Council  
PO Box 290  
Brighton Street  
Wallasey  
CH27 9FQ

Simon Banks, Wirral Clinical Commissioning Group Chief Officer  
James Backhouse, Local Area Nominated Officer, Wirral Council

Dear Ms White and Mr Banks

### **Joint local area SEND inspection in Wirral**

Between 27 September 2021 and 1 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wirral to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

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

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

## **Main Findings**

- The area has been too slow to implement the 2014 reforms. Moreover, any changes that have been made by the area have followed the 'letter of the reforms, not the spirit'. Consequently, the lived experience for the majority of children and young people with SEND and their families has not improved. Too many parents and carers told inspectors that 'the system is broken' in Wirral.
- The area's new leadership team has ambitious plans to transform the quality of provision for children and young people with SEND. These plans identify key weaknesses accurately but lack sufficient detail. Leaders have started to undertake consultations with key partners, including parents and carers, children and young people and providers, to better understand the issues. However, parents, carers and providers are yet to be convinced about whether things will improve. This is because their experience over the past few years has been one of constantly changing personnel and lack of continuity. Too often in the past, leaders have not delivered on their promises.
- Many families across Wirral have felt completely let down by the area. Often, families are pushed to the limits, emotionally, financially and physically. They feel overlooked and ignored as well as blamed for asking for the help that their children need. Furthermore, a lack of communication from the area to parents and carers exacerbates their frustrations. This experience is magnified for those parents whose children have hidden disabilities.
- The relationship between area leaders and Parent Carer Forum Wirral is fractured. This has delayed the implementation of planned improvements and has reduced opportunities for co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them). The members of the new leadership team are keen to repair this relationship.
- Parents and carers sing the praises of some teams, frontline workers and managers. Parents and carers are keen to celebrate the positive difference that these professionals make to the lived experience of children, young people and their families day-to-day. It is clear that some schools, teams and individuals 'go above and beyond' to provide a first-rate service.
- New leaders have established key strategic and operational groups to drive improvement. However, the lack of a shared information system has hampered

leaders' ability to produce a sharply focused self-evaluation and action plan. This means that these strategic and operational groups do not have the essential information that they need to fulfil their responsibilities effectively.

- The poor quality and lack of timeliness for education, health and care (EHC) assessments and plans are unacceptable. Too many parents and schools are driven to seek private specialist advice in order to mitigate failings in this process. Moreover, families are left in the dark about the progress of these assessments as parents are not told how the process is progressing. Added to this, annual reviews are not processed in a timely manner.
- There are marked differences in the quality of provision for SEND across the area. This means that outcomes for children and young people with similar needs vary between schools and settings. Often, the pockets of best practice are found in those areas which face the greatest challenges. Sadly, too few children and young people benefit from this exemplary, inclusive practice.
- There is no effective joint commissioning of services in the area. Leaders do not have an accurate, up-to-date, sufficiently detailed understanding of the most pressing shared priorities. This hampers meaningful discussion around what services could and should be jointly commissioned. There are some examples of partners working together on small-scale projects. For example, the development of specialist provision to prevent young people with mental health needs requiring hospital admissions.
- The online local offer fails to provide parents with up-to-date, useful information. Too many parents are unaware that the offer even exists. Parents who do visit the local offer website struggle to find the information that they need.
- Local initiatives have helped to reduce the numbers of children and young people excluded from school considerably. This is helping more children and young children to stay in mainstream schools and older young people to move on to meaningful post-16 destinations.
- Despite a poor experience for many children and young people and their families in Wirral, services for the most vulnerable children and young people are routinely timely and of high quality.
- The area is still recovering from the impact of the pandemic. Key health professionals were redeployed to the COVID-19 frontline during the pandemic. This has resulted in increased waiting times for some services as they catch up.

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

### **Strengths**

- The area's most vulnerable children, including children looked after and those known to the youth justice service, have routine checks to identify any new or

emerging needs. For example, all young people referred to the youth justice team receive a multi-agency assessment, including a speech and language assessment. Also, the children looked after nursing team frequently reviews children so that any emerging concerns can be followed up.

- Young children with physical disabilities have their needs identified quickly and appropriate support is put in place swiftly. This helps these children get off to a good start when they begin their schooling.
- Across the area, early years settings have named early years SEND officers. This team provides effective support and training for frontline professionals. This increased expertise among early years staff means that more young children have their needs identified accurately before starting school. This results in more successful transitions into school.
- In order to identify potential social care needs, parents are routinely contacted as part of the EHC assessment process to discuss whether their child and the family have any potential unmet social care needs. When required, this results in a full needs assessment to determine what support is needed. The area has appointed a designated social care officer for SEND to further prioritise the needs of this cohort.

### **Areas for development**

- Parents' views about their children's needs are not always considered. Too often, parents are not believed or are ignored by professionals. This is most prevalent when their children have hidden disabilities. This leads to delays in children and young people having their needs identified in a timely manner.
- The area's agreed graduated response is not followed by all schools and settings. This means that too few children and young people who require support for their SEND benefit from consistent, high-quality provision which ensures that needs do not escalate.
- Children and young people's needs are not always accurately identified. This means that the provision chosen for some children and young people is not suitable. Consequently, these children and young people do not receive appropriate support. This can result in some placements breaking down or children and young people not making the progress of which they are capable.
- Across the area, parents are frustrated by frequent difficulties in contacting professionals. All too often, parents' emails and telephone calls go unanswered. This means that parents and carers often resort to formal procedures to get a response.
- The lack of a robust training and support programme for school leaders, SEND coordinators and staff is a barrier to the effective identification,

assessment and meeting of needs across schools. This exacerbates the inequities and inconsistencies in inclusive practice across the area.

- Since the COVID-19 pandemic began, the healthy child programme has not been delivered effectively in the area. Pregnant women do not receive a routine antenatal contact and too few children receive a 12-month developmental assessment. This means that early opportunities to identify needs are missed.
- Before the COVID-19 pandemic, around half of children attending an early years setting did not receive an integrated health and development review at age two to two-and-a-half years. Currently, only one in five children receive this review. Consequently, needs are not identified early enough in young children.
- Capacity issues across the area have resulted in lengthy waiting lists. This means that children and young people are waiting too long to have their needs identified and for support to be put in place. During these long waits, some children and young people's needs escalate. As a result, these children and young people and their families can require more support than if their initial needs had been met in a timely manner.
- The area is not adept at using information to anticipate where pressures and demands for services may arise. The absence of an accurate, up-to-date needs analysis is a significant obstacle to this. This means that leaders cannot be sure that there will be sufficient capacity in the system in future.

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

### **Strengths**

- The Wirral 'shared care' system enables partners to view health information from all providers signed up to the scheme. This reduces the need for parents to repeat the same information about their child to different health professionals.
- The speech and language team recently co-produced an integrated therapy review. This new approach reduces the number of appointments that children and young people with complex needs are required to attend. It also promotes the 'tell it once' approach. This area of good practice was recognised by a national award.
- Some older young people with complex needs receive a well-considered package of support from adult social care. This meets their changing needs as they grow up. For example, the increased availability of purpose-built accommodation in Wirral has enabled more of these young people to live independently.

- Parents applaud the positive difference that the portage team makes to the lived experience of very young children with complex needs and their families.
- The Youth Voice group's passionate and committed contribution to the area's strategic work and plans is making a positive difference. For example, the members of this group have developed the knowledge and skills of learning disability nurses through a joint project with a local university.
- Parents value the information and advice provided by the Wirral SEND partnership. This presents some challenge because demand for services is high and the team's capacity is limited. Carers appreciate the support that they receive from Wirral Information Resource for Equality and Diversity (WIRED) carers' support service. Support for parents is further enhanced by the work of voluntary and charitable organisations across the area.

### **Areas for development**

- There is no strategic approach to co-production across the area. While some teams have co-produced aspects of their work, this is not consistent. Many parents and young people do not feel that they are fully involved in making important decisions that affect their lives.
- The quality of EHC plans in Wirral is not good enough. The lack of inclusion of parents' and children's and young people's contributions, poorly written plans and unsuitable objectives means that the plans do not reflect the child or young person and their needs. The processes for considering requests for EHC assessments and agreeing to issue plans lack rigour. There is no representation from health professionals on the decision-making panels. There is also no effective quality assurance to check that EHC plans are fit for purpose.
- The vast majority of EHC assessments are not completed within the 20-week timescale. The lack of capacity in key teams, such as educational psychology and the children's services SEND team, causes considerable delays. In addition, the area does not meet timescales around the annual review process.
- The level of parental dissatisfaction means that there are a high number of complaints, mediations and tribunals. Recently, the area has made arrangements to resolve parental concerns before they escalate. This approach has had some success, but it is too early to see any sustained impact. Crucially, these arrangements do not resolve the root causes of parental dissatisfaction.
- There is a lack of support available for children and young people with sensory needs in the area. Some teams, schools and settings have identified

this gap and have provided information and advice to parents around sensory issues, despite these teams not being commissioned to do so.

- Waiting times for speech and language therapy, the child and adolescent mental health service (CAMHS) and the neurodevelopmental pathway are too long. Too many parents and schools resort to seeking private assessments to try to speed things up. These unreasonable waiting times coupled with poor communication cause children, young people and their families additional stress. There is support available while children and young people wait for some services. However, professionals and parents are not well informed about this support and how to access it.

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

#### **Strengths**

- Children and young people across the area actively participate in clubs and activities which accommodate a wide range of needs. Young people and their parents speak highly of The Hive Youth Zone. This provides an inclusive environment where young people can access a wealth of activities, events and support. Those parents whose children access short break provision value the support it gives to the whole family.
- The 0 to 19 health and well-being team uses information effectively to make improvements to their service. For example, this team identified concerns around young children's speech and language development. The team used this intelligence to plan and deliver targeted training for frontline staff. This has resulted in an improvement in the speech and language skills of children under five.
- The family nurse service has extended its provision to include young parents with SEND aged 19 to 23 years. This service provides an enhanced level of support to these young people at this critical time. Young parents told inspectors about the positive difference that this support made to them and their babies.
- The area has effectively reduced both fixed-term and permanent exclusions from schools over several years. A range of programmes are helping children and young people with SEND to successfully reintegrate back into education or move into training.
- Across the area, children and young people who require support for their SEND achieve well at the end of key stage 1 and key stage 4.
- One of the area's local colleges has amended their offer to an 'any day guarantee'. This enables young people in key stage 4 to enrol at any point in

the year. This flexible approach is making a positive contribution to minimising the number of young people not in education, employment or training.

- There is an increasing offer of work-based education opportunities across the area, including traineeships, internships and apprenticeships. This is helping more young people gain the skills and experience that they need to secure employment.
- Inspectors heard about extended transition arrangements for young people with SEND moving into post-16 education. These arrangements can start up to two years prior to young people being due to start college. This means that these young people are better prepared for the next stage of their education.

### **Areas for improvement**

- There are shortcomings in the collection, understanding and analysis of data. There is no shared information system which captures important information centrally. This makes it difficult to measure the impact of the area's provision on the progress of children and young people.
- The area does not use performance data effectively to monitor waiting times in some health services. Information about the waiting lists for CAMHS and the neurodevelopmental assessment pathway is not routinely collated to check how long children and young people wait. This has prevented timely remedial action being taken when required.
- Objectives set in EHC plans are often generic and are not well matched to the individual children and young people. This means that objectives do not help to raise expectations for what these children and young people could achieve. Added to this, the area does not carry out the checks needed to reassure themselves that those children and young people in out-of-borough placements and resourced provision achieve well.
- The transitions between children's and adults' services for young people up to age 25 are underdeveloped in health. For some young people with multiple and complex health needs, there is no equivalent adult health service. Some adult health services will not engage with transition planning until the young person reaches their 18th birthday. This increases parents' and young people's anxiety at this key transition point.
- Work to help young people plan and prepare for adulthood does not begin early enough. Furthermore, this work does not have a wide enough reach. There are plans in place to resolve this, but it is too early to know whether these are making the positive difference needed.



**The inspection raises significant concerns about the effectiveness of the area.**

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following areas of significant weakness:

- weaknesses in the quality and timeliness of EHC assessments and annual reviews
- the lack of meaningful co-production with parents and carers
- the high level of parental dissatisfaction with the area's provision
- the published local offer not being well publicised and not providing parents and carers with the information that they need
- poor communication with parents and carers across the area
- the fractured relationship between the area and the Parent Carer Partnership Wirral and the impact of this on the area's progress in implementing the reforms
- the lack of joint commissioning of services in the area
- the lack of effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account
- the lack of accurate, up-to-date and useful information which informs the area's plans and evaluates the impact of their actions
- the graduated response not being consistently applied across all schools and settings.

Yours sincerely

Pippa Jackson Maitland  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Andrew Cook Regional Director	Mani Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Pippa Jackson Maitland HMI Lead Inspector	Jonathon Parry-Hall CQC Inspector
Julie Killey Ofsted Inspector	

Cc: DfE Department for Education  
Clinical commissioning group  
Director Public Health for the local area  
Department of Health  
NHS England