

Area SEND inspection of Cheshire West and Chester Local Area Partnership

Inspection dates: 17 to 21 November 2025

Dates of previous inspection: 14 to 18 February 2022

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately 3 years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

Cheshire West and Chester Council and NHS Cheshire and Merseyside Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Cheshire West and Chester.

There have been several changes to the senior leadership of Cheshire West and Chester's SEND services since the previous inspection. These include the appointment at the beginning of 2025 of a new Director of Children's Services, known in Cheshire West and Chester as the Executive Director for Children and Families. The current Cabinet member for Children and Young People was appointed in 2023. Additionally, the council created, and appointed to, a new role of Director of Education and Inclusion in June 2025. The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Cheshire and Merseyside ICB became responsible for the commissioning of health services in Cheshire West and Chester.

The local authority commissions four alternative providers to provide education for children or young people, including those who cannot attend school due to social, emotional and mental health needs. The local authority does not commission any other alternative provision (AP).

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

Some children and young people with SEND in Cheshire West and Chester receive positive experiences. This enables them to achieve and to develop well in readiness for their next steps in education or employment. However, other children's and young people's experiences are less positive, due to greater variability and inconsistency in the support provided. This has a negative impact on their outcomes in wellbeing, learning and development, and preparation for adulthood.

Children and young people with SEND are typically highly valued within their communities. For example, they participate fully in school life and act as role models for their peers. Pupil representatives, for example in special schools and in youth groups, value the opportunities they have to engage in activities beyond school, such as cookery and travel training. These activities support children and young people with SEND to prepare for life beyond school.

Most children and young people with SEND benefit from a well-organised programme of support from health visitors, specialist SEND nurse services and school nurses, known locally as 'Starting Well'. Onward referrals from this programme to other specialist services are carried out in a timely way. However, despite such prompt referrals, some children and young people wait too long for some services. These include paediatric assessments, as well as diagnostic services such as those for global developmental delay and neurodevelopmental difficulties. This prevents these children and young people from receiving the right help at the right time.

The experiences of children and young people in need of speech and language therapy vary considerably in Cheshire West and Chester. Children aged from 0 to 3 years are likely to receive prompt and effective help. This is similar for those children and young people with swallowing difficulties, known as dysphagia. However, children of primary school age often wait too long for therapeutic interventions for their speech, language and communication needs. This can impair their learning, development and wellbeing.

Communication about the local offer for children and young people and their families is not always clear enough. For instance, there is very little information about AP in Cheshire West and Chester. There is also a lack of clear information about the range of short break support available to children and young people, from universal to targeted and specialist social care services. This makes it more difficult for some families to access these important and valuable services.

Some disabled children and their families benefit from receiving creative and flexible packages of support, from early help workers and social workers in the children with disabilities service. Workers gather and share information about children's needs with professionals from a range of agencies. This helps to identify appropriate support and interventions needed and informs children's plans. Some children supported by this team have experienced recent changes in social workers, which means children and their families have to retell their story and rebuild trusting relationships.

Most disabled children receiving a service from the children with disabilities team experience appropriate help and timely support in preparing for adulthood. Children and young people receive intervention from the children and adult transition team workers, who coordinate children's plans for next steps well, in partnership with the SEND service.

The partnership seeks the views of children, young people and their families in a range of ways. For example, it draws on the parent carer forum's unique insight into the needs and opinions of families. This is helping to ensure that the partnership hears and acts on these views, for example when developing the strategy for transport for children and young people with SEND. However, children and young people have few opportunities to contribute directly to the partnership's strategic work. Consequently, their ability to shape and influence the services that most affect them is limited.

What is the area partnership doing that is effective?

- The local area partnership is ambitious for children and young people with SEND to succeed and to thrive. Investment in key appointments by the local authority and the integrated care board (ICB) has brought extra capacity to leadership. The partnership has sought external scrutiny and guidance in order to ensure that the evaluation of its strengths and weaknesses is as accurate as possible. All of this work is beginning to have a positive impact for children and young people with SEND. However, there is recognition that there is further work to do to ensure that children and young people with SEND receive experiences that are consistently positive.
- The partnership makes appropriate use of information, such as the joint strategic needs analysis (JSNA), to understand the needs and outcomes of children and young people with SEND. This guides the partnership's work to make improvements and to commission services. For instance, identification of an increased need for special school places has led to the commissioning of additional specialist places in some mainstream schools and increased special school places. This is contributing to the improved sufficiency of suitable school places for children and young people with SEND.
- There is rigorous scrutiny and monitoring of the progress made by children and young people with SEND who are not currently in education, employment or training. This oversight contributes positively to children and young people's safety and wellbeing, as well as to their educational outcomes.
- The most recent education, health and care (EHC) plans reflect the views and aspirations of children and young people, and include contributions from relevant education, health and social care providers. Where this is the case, children and young people make appropriate progress towards their identified outcomes, families feel informed, and practitioners are able to talk about children and young people with detail and pride. However, there is variability in the extent to which children and young people's EHC plans contain such a broad range of insight and information. Consequently, some EHC plans are less effective in ensuring that the needs of children and young people are understood and met.

- There is a range of mental health support available to children and young people with SEND. Appropriate use of risk assessment helps to ensure that support is tailored to their particular level of need. However, long waiting times for therapy, or treatment delay, mean that some children and young people do not benefit from this support quickly enough.
- Advocacy from the 0 to 19 universal health service for children and young people with SEND is tenacious and committed. This has a positive impact on the extent to which children's and young people's needs are met.
- Training provided by the partnership is enabling practitioners in nurseries and schools to improve their provision for children and young people with SEND, including those receiving SEN support. As a result, an increasing number of children and young people are having their needs met in mainstream settings, including those with EHC plans.
- Disabled children in care who live in out of area residential special school settings, receive regular visits from their social workers. Most children are settled and have their needs met. Senior leaders have appropriate oversight of children in these placements. They recognise that there are sufficiency challenges in finding the right placement for disabled children in care when they first need it, and as a result, some children have experienced multiple placement moves.
- Where children and young people attend AP, leaders and practitioners maintain careful oversight of placement planning and impact. This helps to ensure that, in general, these children and young people re-engage with education and develop personally.

What does the area partnership need to do better?

- Waiting times for some specialist assessments and services are too long. This is particularly the case for mental health services, neurodevelopmental assessments, and where community paediatricians have identified possible complex needs. Although many children can access timely speech and language initial assessments, some children experience an extended wait for the interventions to commence. The partnership has put in place ambitious plans for service transformation. Nonetheless, some of these plans are at an early stage of implementation. Impact is therefore limited, and the needs of some children and young people go unaddressed while they wait.
- At the point of transition from paediatric to adults' services, young people aged over 16 face extensive waits, should they need a diagnosis or ongoing support for attention deficit hyperactivity disorder. Currently, community paediatricians go 'above and beyond' to ensure that children and young people receive the right help at the right time, but this is not a formalised process. There are plans in place for GPs to provide these services in the future. However, these plans are at too early a stage to have had a positive impact for the young people concerned.
- Some practitioners in early years settings do not fully understand the partnership's expectations and protocols for making referrals to some health services. This is

because these expectations have not been communicated or explained to them clearly enough. This makes it difficult for settings to ensure that referrals contain the right information to be accepted for assessment of a child's needs, such as for speech and language. Where this happens, referrals are rejected, and sometimes without adequate explanation. This leads to delays in children receiving the help that they need.

- Despite work to improve the timeliness of EHC plans, the majority of children and young people have to wait longer than they should to receive their plan once they have been assessed. Furthermore, EHC plans are of variable quality, with inconsistent contributions from health and social care. These weaknesses, where they occur, prevent the needs of children and young people from being fully understood and addressed.
- Some parents express the view that their child's needs are not adequately met in school. This leads a number of these parents to choose to educate their child at home. Although the partnership has developed plans to increase the sufficiency of high-quality AP, these plans are at an early stage of implementation. Consequently, the choices available to children and young people whose needs cannot be met in mainstream schools are limited.
- Not all disabled children and young people can access available advocacy support that they need to help them through the preparation for adulthood process. More is required to ensure that this offer is understood and promoted. Once young people become 18, they can access the adult advocacy service.
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- The partnership has not ensured that all agencies working with children and young people with SEND are made aware of those who are educated in settings other than schools. This lack of effective communication prevents services from planning and maintaining appropriate oversight. In a minority of cases, this has led to increasingly complex mental health difficulties developing, with increased personal risk.
- Children and young people with SEND are not required to have a neurodevelopmental or learning disability diagnosis in order to be registered on the dynamic support database (DSD), although this has not been consistently communicated effectively across the local area. In Cheshire West and Chester, the perception of needing a diagnosis to access the support from the DSD, and long waits for the diagnostic services for learning disabilities or autism, limits the overall effectiveness of the service. Even when registered onto the DSD, including those with a formal diagnosis and those awaiting assessment, some children and young people do not consistently have their risks assessed quickly enough to prevent hospital admission. Therefore, some particularly vulnerable children and young people do not receive the right help at the right time from this service.

Areas for improvement

Areas for improvement
The local area partnership should ensure that its recovery plans continue at pace to reduce the lengthy wait times for: - community paediatric services, including neurodevelopmental assessment and diagnostics - speech and language therapy - children and young people's mental health services. In addition, the partnership should also ensure that there are effective plans in place across care and education to support children, young people and their families while they wait for assessment and diagnosis from health services.
The local area partnership should continue to drive forward its work to improve the quality and timeliness of EHC plans, and to sustain this improvement over time.
The partnership should ensure that its sufficiency strategies, including for AP, and for short breaks, are securely enacted and embedded so that there is a sufficient range of high-quality provision to meet the needs of children and young people with SEND.
Leaders across the partnership should improve communication to professionals, parents and carers and children and young people, especially in the local offer, so that available services, their strategies, actions and impact are better understood.

Local area partnership details

Local authority	Integrated care board
Cheshire West and Chester	NHS Cheshire and Merseyside
Amanda Perraton, Executive Director for Children and Families	Cathy Elliot, CEO
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Children and Young People's Service Cheshire West and Chester Borough Council Civic Offices 4 Civic Way Ellesmere Port CH65 0BE	No 1 Lakeside 920 Centre Park Warrington WA1 1QY

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 and Ofsted Inspector from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

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