

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
Lasend.support@ofsted.gov.uk



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Ms Jenny Coles
Director of Children's Services
Hertfordshire County Council
County Hall
Pegs Lane
Hertford
Hertfordshire
SG13 8DF

Ms B Flowers, Chief Executive, NHS East and North Hertfordshire Clinical
Commissioning Group

Mr C Ward, Interim Accountable Officer, NHS Herts Valley Clinical Commissioning
Group

Jenny Eccles, local area nominated officer

Dear Ms Coles

Joint local area SEND inspection in Hertfordshire

From 4 to 8 July 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Hertfordshire to judge the effectiveness of the area in implementing the disability and special educational needs 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 team inspectors including an Ofsted Inspector and two children's services inspectors from the CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the 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 special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

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

Main findings

- The local area's strategy to deliver the government's reforms for children and young people who have special educational needs and/or disabilities is informed by the lessons learned as a pathfinder authority for the reforms from 2011. For example, the strategy was strengthened to challenge the effectiveness of existing practice in health services.
- The local area embraced the government's reforms and sensibly took the opportunity to coordinate the changes in the special educational needs and disability code of practice alongside its other work. For example, the Health and Well-being Board is now well sited in the reforms, and supports the developments through the new all-age autism strategy and the transformation of the child and adolescent mental health service.
- Leaders of the two clinical commissioning groups provide strong leadership and have established a clear understanding of key priorities with partners across the local area.
- The designated medical officer and the designated clinical officer are well informed about the specific health needs and disabilities of children and young people. They play a key role in promoting partnerships and new approaches to meeting individual needs.
- The nine regional areas delivering special provision locally (DSPLs) are well established and starting to make a positive difference to the outcomes for children and young people.
- The support to parents and their children is inconsistent across the local area, because the joint commissioning of services for education, health and care is more advanced and effective in some DSPLs than others. Some DSPLs challenge existing practice effectively and have invested in new processes that rely on systems underpinned by strong local multi-agency partnerships, and not solely on the work of individual professionals.
- Over the past year, parents have been well represented at meetings with senior leaders about improving services. However, despite awareness of parents' views, the local area is not using these views sufficiently to inform improvement work.
- Parents are very critical of the support for their children, the extent of coproduction of plans and their influence on improving the local area's work. Although the local area benefits from a range of parent-led support groups, and membership of Herts carers' forums is strongly promoted, the local area was not aware of the full extent of parental dissatisfaction.
- Parents are not convinced that the reforms have improved services for them or their children. Parents are very frustrated about the quality of information and guidance, the timeliness of responses to concerns, the fairness of access to specialist services and sufficient recognition of the breadth of their children's and family's needs.

- The participation of, and challenge by, children and young people, such as the 16 paid young commissioners, help to maintain a strong focus on the things that matter most to the users of education, health and care services. They know that their suggestions make a difference, such as promoting employment opportunities.
- Although overly positive about parents' experiences of the area's work since the 2014 reforms, leaders' evaluation of its strengths and areas for development is generally accurate. Inconsistencies in DSPL practice have been identified, as has the need to strengthen the way that the success of the reforms is measured, checked and evaluated.

The effectiveness of the local area in the identification of children and young people who have special educational needs and/or disabilities

Strengths

- Arrangements to identify the needs of the youngest children are well thought through and have improved over the past 12 months. Parents of very young children, who are experiencing local area support for the first time, often have high levels of confidence in how these arrangements are decided.
- The needs of most young children are picked up through a range of early years services, particularly at children's centres and child development centres. Health visitors and speech and language therapists effectively screen for developmental delay and ensure that further assessment is undertaken, as required, to meet individual needs.
- Ongoing support from speech and language therapists in children's centres helps to address parents' concerns about their children's communication or social skills. Actions are identified for parents to take, alongside the early years staff, to promote children's confidence and communication skills. Advice and support are highly valued by parents, including the 'Play and Stay' group work, which is strongly promoted and easy to access.
- Whatever their age, those with the most complex health needs who are accessing services out of area, such as at Great Ormond Street Hospital, are often well served. This is because services work closely together to monitor their care and vulnerability, particularly at the point of discharge or transferring to services nearer home.
- When urgent or unexpected needs are identified, partnerships between education, health and care often work well to give support quickly and effectively, particularly for children and young people with mental health needs.

Areas for development

- There is a mismatch between information in the annual census for the Department for Education (DfE) and information within the local area on the proportions of children and young people identified with moderate learning difficulties and those

with autism. This means that the local area does not have accurate information for commissioning, planning and monitoring the quality of the support required.

- There are delays in identifying support for some children and young people, because some health services struggle to meet the increased demand for appointments and assessments. Some children wait too long for appointments with educational psychologists, paediatricians, occupational therapists, and the specialist dental and health visiting services.
- There are gaps in the knowledge and expertise of staff in the private, voluntary and independent providers for early years. This leads to inequality and inconsistency across the local area for timely access to services and identification of needs.
- Some health and education professionals give parents inaccurate information about the need for a medical diagnosis before support or assessments can take place. This leads to unnecessary delays in providing appropriate support, and unhelpfully leads parents to believe that they are not listened to. This is particularly the case for special educational and health needs relating to autism, attention deficit hyperactivity disorder, dyslexia, mental health or complex medical symptoms.
- When moving to adult services, the identification of ongoing therapy needs for young people placed out of area for education or care is not effective enough. Unnecessary delays lead to uncertainty and anxiety, which means that young people and their parents are not well prepared for the next stage in their lives.
- The local area is aware that more must be done to gain accurate information about young carers, because inaccurate information could compromise the area's ambition to support all family members well.

The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- Strong partnerships between health and social care professionals have improved the checks and reviews of children and young people who are looked after by the local council. This was an area for improvement highlighted in the previous inspection by the CQC in 2014. Those who undertake the statutory reviews now have a clear picture of the range of health services involved and the contribution of each professional to improving the outcomes for the children and young people.
- The emphasis of the new reforms on transition into adulthood led the local area to reflect on the things that work best within the existing adult services, and to extend these for younger adults and children. For example, the purple passport for healthcare for adults, which provides a comprehensive picture of individual needs and support strategies, is now being adapted for younger age groups.

- The transfer of support for children and families from health visitors to school nurses is working well, because the local healthcare trusts have established clear pathways from one service to the next.
- The alignment of education, health and care plans (EHCPs) with support services helps to avoid parents 'telling their story' repeatedly to a range of professionals.
- When EHCPs are integrated into wider family support, such as Team Around the Family, parents feel well supported in working their way through what can be a complex range of services to identify the most appropriate resource for their child.

Areas for development

- The conversion of statements of special educational needs to the EHCPs has not gone smoothly for many parents or school leaders. While the area has completed 55% of conversions, which is higher than the national average, some EHCPs are completed without the contribution of all relevant professionals. In addition, some health professionals are given insufficient notice to contribute.
- A review is currently underway to check on the quality of current EHCPs and to revisit those that were completed early on in the process.
- The local authority is unclear about why the local area's information on the proportion of EHCPs completed within the required timescale is more favourable than parents' views of the requirement. A common understanding is needed to ensure that expectations and requirements are well understood.
- Inefficiencies and gaps remain in the use of systems, including electronic systems, for sharing EHCPs in an efficient and timely manner among professionals. Health professionals do not routinely receive copies of EHCPs and, when they are made available, they are not systematically added to files. These barriers hinder the effective coordination and review of outcomes for children, and for parents to have a single conversation about their children's needs.
- Health services are sometimes perceived as a minor contributor in the EHCP process and education as the main or only player. This means that they do not play a full enough part in assessing and meeting the needs of children and young people.
- Some draft EHCPs do not reflect what is discussed at the conversion meetings, leading to lengthy delays and disputes.
- The local offer is underdeveloped, unclear and the source of much frustration among parents. The local area's website is not effective in helping parents get the help that they are entitled to.
- Many parents do not know about the local offer, and others do not know where to look or they feel that the offer does not meet their family's needs. The local area acknowledges the gaps in the quality and comprehensiveness of what is currently available, and plans to make changes that are closely aligned to the 0 to 25 strategies.

- There are different views among professionals, parents and services about what is needed, offered and available, and what support parents can reasonably expect to meet the needs of children and young people. This leads to misunderstanding, inaccurate advice and dissatisfaction among parents and professionals.
- Often, parents and school leaders do not have timely or accurate responses to their queries or concerns, such as emails or phone calls. Consequently, they feel frustrated, undervalued and confused. As a result, they either give up or escalate their concerns. For parents, this sometimes leads to misunderstanding or complaints that could have been avoided.
- Some of the parents who are dissatisfied with the services that they receive sometimes opt to make formal requests for additional services or for tribunals, which then lead to changes that could have been agreed at an earlier stage.
- Parents are often confused about personal budgets, direct payments and exceptional needs funding, and the link between EHCPs, special needs support and funding.
- Some services, such as occupational therapy and physiotherapy, are not well informed about the reforms. Some health professionals are not sufficiently aware of the options available to parents for support or provision, or where parents can get the information. Therefore, they are unable to provide accurate advice and guidance.
- Although the local area is aware that some services do not provide the most effective support, parents are unaware of the steps being taken to remedy some of the weaknesses.

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

Strengths

- Parents of young children and young people at college are often satisfied with the provision and outcomes for their children's health and well-being.
- The number of children and young people excluded from school has been reduced since the 2014 reforms.
- Currently, 110 children and young people are educated in independent schools, which is a reduction by more than half over the past few years and includes less demand for residential provision. The reduction is a result of the local area making changes to improve the competence and confidence of staff to meet the needs of children and young people in local schools, colleges and academies.
- More children and young people with complex needs now remain successfully in local schools, academies and colleges, because of the improved culture of integration and a collective responsibility for meeting needs. The change in culture is matched with training for professionals and increased collaboration between services over the past 18 months. An example is the recent collaboration between

the child and adolescent mental health services and the behaviour support service for a graduated approach to meeting mental health, social and emotional needs.

- Schools, academies and colleges focus well on helping young people reach meaningful and aspirational destinations for further education or employment. Collaboration with health and care services and Connexions increasingly leads to smooth transitions to college. Transition support workers play an important role in parents' and young people's aspirations, increased personal control and independence.
- Collaboration between services and joint training mean that local colleges are increasingly well placed to meet the needs of young people with a range of complex social and educational needs or disabilities. For example, the support to young people who have been out of school for some time successfully re-engages them with education or moving on to higher-level courses with confidence.
- In order to give young people who have special educational needs and/or disabilities opportunities to succeed that are at least as good as those of other students, all young people at Hertford Regional College attend for five days each week, an increase on the previous offer of four days a week for most young people.
- The colleges and the local council offer employment through the sponsored internships programme. This helps young people to have their first taste of employment before going on successfully to employment in the wider community. The local area monitors this through its meetings with young people.
- The number of young people not in education, employment or training, although already small, continues to decrease.

Areas for development

- Strategic plans focus well on joining services and the processes that support collaborative work, but do not make clear enough the intended outcomes for the children and young people. The plans focus on measuring compliance with or delivery of the reforms, rather than on the difference that the reforms make on children, young people and their families, particularly for improving their life chances and well-being. This impacts negatively on the contribution and perception of those who are otherwise well placed to achieve the vision and, importantly, on the involvement of parents and those professionals working directly with parents and their children.
- The lack of clear targets reduces strategic leaders' facility to measure, monitor and evaluate thoroughly the local area's contribution to improved outcomes for children and young people. The same is true for the work of health professionals who, in their reports, often write about clinical interventions rather than outcomes that demonstrate the impact on individuals' well-being, safety and personal independence.

- The nine DSPLs have sufficient information about the range of needs and the general academic attainment of children and young people who have special educational needs and/or disabilities, regardless of whether they have an EHCP. However, it is not clear whether the local area knows enough about whether the children and young people make as much progress from their individual starting points across a range of academic and personal skills as other pupils in schools, academies and colleges.
- Some initiatives are new and unproven in improving outcomes for children and young people. For example, plans by the virtual headteacher to visit independent schools are in place, but the visits have not yet been undertaken. Similarly, support to schools for emotional and mental health needs and to colleges for speech and language support are at early stages of development.
- Some senior staff are new to their role and are yet to play a full part in the strategic plans for the 0 to 25 strategies.

Yours sincerely

Heather Yaxley
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director, East of England	Susan McMillan Deputy Chief Inspector, Primary Medical Services (North), Children, Health and Justice.
Heather Yaxley HMI Lead Inspector	Sue Talbot CQC Inspector
James Hourigan Ofsted Inspector	Suzanne McDonnell CQC Inspector
	Lee Carey CQC Quality Assurance

CC:
 Clinical commissioning groups
 Director of Public Health for the local area
 Department for Education
 Department of Health
 NHS England

