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Hillingdon Borough Council
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Ms C Morison, Clinical Commissioning Group, Chief Operating Officer
Ms J Mellor, Local area nominated officer

Dear Mr Zaman

Joint local area SEND inspection in Hillingdon

From 28 November 2016 to 2 December 2016, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Hillingdon 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. The team members were an Ofsted Inspector and a children's services inspector 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 some areas of strength and areas for further improvement.

Main findings

- Leaders in the local area are dedicated to developing strong joint working practices that result in improved outcomes for all groups of children and young people who have special educational needs and/or disabilities. Their self-evaluation of strengths and weaknesses is accurate. A coherent plan to improve services further in response to local need is in place.
- Leaders share an ambition to use personal budgets as the vehicle to a more creative approach to care packages for children and young people who have special educational needs and/or disabilities. Several agreements are in place to jointly commission services. These include pathways of care for those with learning disabilities, child and adolescent mental health services (CAMHS) and provision of specialist equipment.
- Leaders in the local area prioritise the safeguarding of children and young people. Without exception, children and young people who spoke to inspectors said they are kept safe by adults who support them.
- The clinical commissioning group (CCG) is committed to successful implementation of the special educational needs reforms. A designated medical officer has been identified and is in post. The CCG recognise that the designated medical officer's ability to provide strategic oversight is hampered because he lacks the time to fulfil the role in the one half day per week currently allocated.
- Leaders make sure that they involve parent and carer representatives in their strategic development work. Parents and carers sit on planning boards for many aspects of the local area's work. Consequently, their views are taken into account as early as possible when planning improvements for children and young people who have special educational needs and/or disabilities.
- There is a wide range of support groups for parents and carers run by voluntary groups and charities. Local area leaders consult effectively with these groups when planning and implementing changes to provision. Parents and carers new to Hillingdon are very pleased with the support they receive from education, health and social care professionals.
- Academic outcomes for children and young people in the local area are positive. Most groups of pupils who have special educational needs and/or disabilities in Hillingdon make good progress at both primary and secondary level. Outcomes are particularly strong for these pupils at the end of the early years foundation stage and in the Year 1 phonics screening check. They achieve well because their needs are well catered for in schools, colleges and early years providers. A high proportion move on successfully to employment or further education. The progress made by middle prior attainers who receive SEN support is not as strong as that made by other groups.
- New education, health and care plans (EHCPs) are completed in a timely manner. They include the views of children and young people, parents and carers. The local area is on track to convert statements of educational need to EHCPs in the

timeframe allowed. However, the work of health and social care professionals is not consistently documented in the final EHCPs despite the fact that services are working effectively together to meet needs.

- Leaders' evaluations of the changes they make sometimes lack rigour. The success of some programmes is judged through consideration of case studies or a small sample. This means that leaders do not always receive precise information to determine how successful their actions have been.
- Some parents and carers do not know about the local offer. These parents and carers lack information about the services offered by the local area or by voluntary organisations. Consequently, some children and young people miss out on opportunities to participate fully in their local community.
- Waiting times for CAMHS are too long. This means that more children and young people develop serious mental health concerns than should be the case. Leaders are aware of this and are reviewing the way this service is delivered. The new CAMHS service for those who have learning disabilities is proving to be effective.

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

Strengths

- Leaders gather accurate information about the level and type of special educational needs and disabilities in the local area. They work well together to identify emerging needs and commission provision which closely meets these priorities. For example, several schools have opened specialist resourced provision as a result of this work.
- Families benefit from effective delivery of the universal healthy child offer. This increases the opportunities for identification of additional needs at an early age. In addition, statutory health assessments for those in care are carried out in a timely manner, ensuring that emerging needs in this cohort are identified quickly.
- New EHCPs are completed within the required 20-week timeframe. Transfers from statements of educational need to EHCPs are also on track. Professionals make sure that the views of parents, carers, children and young people are included in the plans. Targets set for educational outcomes are precise and measurable.
- Leaders have introduced 'my support plan' to be completed as soon as a need is identified. This is used to inform professionals' work with the child or young person while a more detailed assessment takes place. 'My support plans' have been well received by professionals, but it is too soon to judge how effective they are.
- Special educational needs coordinators in schools recognise a shift in culture since the reforms were introduced in 2014. They describe a more dynamic approach. This means that professionals are more effective at identifying changing needs as children and young people get older, and adapting the support offered accordingly. Those who receive SEN support are more likely to benefit from

additional help from therapists or specialists since the reforms came into place. Professionals reflect on their practice and make improvements to enable children and young people to achieve more.

- Leaders have been highly effective in gathering the views of parents and carers, children and young people about the local offer through consultations with groups. They have implemented changes as a result. For example, local area officers provided a group of young people with access to the local offer website on tablet computers. Leaders asked specific questions, and sought feedback about the accessibility and quality of the information available. Following the consultation, improvements were made to the website.

Areas for development

- The effective work of health and social care professionals is not recognised in EHCPs. Targets and desired outcomes in relation to these services are superficial. Time is wasted when professionals attend multiple meetings to discuss the same issues. The exception to this is the use of EHCPs to inform health assessments for those in care. For this small group, annual health assessments are clearly linked to the objectives of the EHCP.
- Processes to identify additional needs in those who are home educated or out of school are variable. Key services such as the school nursing service often do not know who these children and young people are. This is a concern because some children and young people who are out of education are recognised as being vulnerable.
- There is limited involvement of GPs in carrying out health assessments for people who have learning disabilities, with only 41% of GPs offering this service. Therefore, emerging health needs may not be identified at an early stage and family doctors may not be aware of all their patients' needs.
- Initial health assessments for children and young people moving into care do not routinely contain parental health histories. This may result in some health needs not being identified and planned for.

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

- Teams from education, health and social care working with children under the age of five do so effectively with a cohesive culture and collaborative working. Strong links between health visitors and portage workers improve the timeliness of early interventions for this age group.
- Leaders are determined to extend opportunities for engagement and co-production with parents and carers, children and young people. Some of this work

is very effective. For example, professionals and parents worked together to create an information leaflet about how to extend speech and language therapy strategies into the home.

- Effective assessment of health needs is supported by a strong multi-disciplinary approach used in the children's development centre. Children and young people who are newly identified as having additional needs are discussed by a team consisting of health professionals likely to be involved in their ongoing care. The team includes community paediatricians, specialist nurses and therapists. Consequently, children and young people's needs are properly explored by appropriately trained staff.
- The parent carer forum, underpinned by a wide range of voluntary groups providing help and advice for families, is well-supported by officers from the local area. Views are sought regularly and taken seriously, resulting in improvements to the local offer for children and young people who have special educational needs and/or disabilities.
- The impartial advice and support service has extended its work to include advocacy for young people aged 16 to 25 as well as their parents. They also support more families of those who receive SEN support than was the case prior to the implementation of the reforms. This means that more children and young people benefit from the available independent advice and support than previously.
- The new CAMHS team working specifically with children and young people who have a learning disability (CAMHS LD) is working well with families and achieving good outcomes. A multi-disciplinary team assesses each case at the point of referral to make sure the child or young person receives the most appropriate support.
- Leaders are continually seeking to improve services. They have developed plans for a number of interesting and innovative changes to improve the local offer for children and young people who have special educational needs and/or disabilities. Some of these changes are in place, but are relatively new. Others are still in the planning stage.
- Effective mediation and improved local provision have resulted in fewer cases being escalated to a tribunal over time. This indicates that the level of parental satisfaction has improved since the reforms were introduced.

Areas for development

- Aside from the CAMHS LD provision, waiting times for CAMHS are too long. Sometimes children and young people have to wait up to four months for an assessment and then a further 10 months for treatment. As a result, their mental health needs are not addressed and may become more serious.
- Leaders, professionals and parents agree that there is a small group of children and young people whose needs are not met as well as others in the local area.

This emerging group of young people, who often have Asperger's syndrome and associated mental health difficulties, require more targeted support.

- Despite improvements being made as a result of consultation with parents, carers and young people, the online local offer remains difficult to navigate. Search functions lack precision. As a result, those seeking support do not always find what they are looking for, even if the information is available.
- The designated medical officer lacks the capacity to be fully involved in the strategic development of services.
- The provision of specialist equipment is variable. Some families and professionals reported to inspectors that they were not provided with the equipment identified by specialists as the most suitable, but with a less effective item. Occasionally, families have to wait too long for equipment.

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

Strengths

- Children and young people who have special educational needs and/or disabilities achieve well academically in Hillingdon. In 2016, a high proportion of children with an EHCP or receiving SEN support reached a good level of development at the end of Reception. Likewise, pupils at both SEN support and with an EHCP performed well in the Year 1 phonics screening check. Children and young people build on their strong start in education because their needs are met well in schools.
- Parents and carers of young children under five value the high-quality support they receive from professionals. The portage service and speech and language therapy service are particularly well thought of. The 'Attention Hillingdon' programme, which has been rolled out in around 80 early years establishments, has been very successful in improving outcomes. This programme involves activities designed to improve children's focus and attention skills. Leaders check that the programme is delivered effectively, and grade providers to reflect the improvements made.
- Parents whose children are diagnosed with an autistic spectrum condition are offered an opportunity to attend courses to help them understand the diagnosis and identify ways in which they can support their children. Since 2014, 136 families have attended these programmes. The views of parents on completion of the course are overwhelmingly positive.
- An innovative project to secure sustainable employment for those leaving special schools, 'Project Search', has been successful in its first year, with five of the eight participants moving on to paid employment. This project involves close working between professionals and a local employer. Now in its second year, it has been extended, and includes young adults aged 19 to 25 whose previous placements had failed.

- Young adults who have special educational needs and/or disabilities who move on to further education do well. They succeed in a wide range of courses tailored to their needs and aspirations. The small proportion that are not in education, employment or training (NEET) have individually allocated keyworkers to support them in seeking employment. As a result, the proportion of young people with special educational needs and/or disabilities who are NEET is small and reducing over time.
- There are clear structures in place to support young people who have special educational needs and/or disabilities and are known to the youth offending service. Consequently, the number of custodial sentences has reduced for this cohort.
- Creative solutions to overcome transport difficulties enable children and young people who have special educational needs and/or disabilities to travel to their placements safely and, where possible, independently. The independent travel training programme is successful and well received by parents and young people alike. Personal travel budgets enable parents and carers to plan transport arrangements that suit their lifestyle. For example, it enables those who work a shift pattern, or who use more than one after-school childcare facility, to set up transport arrangements that vary from day to day.

Areas for development

- Last year, pupils with middle prior attainment who receive SEN support made less academic progress at key stages 2 and 4 than those who had low or high prior attainment.
- The threshold for access to social care from the children with disabilities team is high. Some parents and carers say that this means they do not get the support they need with regard to short breaks and respite care. Parents and carers are not always aware of the breadth of the local offer regarding opportunities for their children to participate in social activities. As a result, in some parts of the local area, children and young people miss out on opportunities to access clubs, sports activities and support groups.
- Leaders' checks on the effectiveness of changes that they introduce are not consistently underpinned by reliable information that demonstrates the overall success of the strategy. Too often, leaders rely on case studies or small samples to demonstrate the value of their work.

Yours sincerely

Gaynor Roberts
Her Majesty's Inspector

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CC: Clinical commissioning group(s)
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