

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



9 May 2018

Mr Tim Aldridge
Director of Children's Services, Havering
Main Road
Romford
RM1 3BB

Dr Atul Aggarwal – Chair at NHS Havering Clinical Commissioning Group
Mr Ian Elliott – Local area nominated officer

Dear Mr Aldridge

Joint local area SEND inspection in Havering

Between 26 February 2018 and 2 March 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Havering 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 a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, 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 disability and 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 met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

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

Main findings

- The local area was slow to implement the disability and special educational needs reforms when they were first introduced. However, new systems and more rigorous self-evaluation are resulting in strong improvement.

- Leaders have a broadly accurate view of their strengths and weaknesses. They are now evaluating the impact of their actions more effectively than previously. This means that they have robust evidence to use to identify the next priorities for improvement.
- Leaders have improved arrangements to identify and meet the needs of children and young people who have SEN and/or disabilities. As a result, services are having a more substantial impact on the outcomes for children and young people who have SEN and/or disabilities.
- Leaders across education, health and social care show a commitment to work jointly to identify and resolve concerns arising from complex cases. As a result, these are looked at in the round so that individualised solutions, tailored to the needs of children, young people and families are provided.
- Co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) is not strong enough. As a result, parents feel they have little input into the support provided for their children. Work to involve young people in designing services is more advanced. This shows that the local area has the capacity to improve this aspect of its work.
- A significant number of parents are concerned about the support their children receive from the local area. They say that there are delays in receiving reports, including education, health and care (EHC) plans.
- The contribution that social care professionals make to EHC plans is limited. This means that EHC plans provide only a partial picture of children's and young people's needs. However, the process for producing EHC plans has improved. Outcomes are more incisive and the plans identify more clearly what support is to be put in place.
- The local offer is not used effectively enough. This is because typically parents and young people are not aware of its existence, despite consultation. As leaders recognise, the extent of the consultation needs to be broadened considerably.
- There is a clear focus on the safety and safeguarding of children and young people. Leaders ensure that there is appropriate oversight of safeguarding. Children and young people who spoke to inspectors had a clear understanding of how to keep themselves safe.
- Some parents and carers of children and young people who have autistic spectrum disorder have articulated their concerns about a lack of post-diagnosis support. This is not compliant with guidelines and results in children and young people having identified needs which remain unmet.
- The voluntary sector parent organisations in the local area provide a range of services for parents and carers. These organisations have helpful contacts with parents and carers of children and young people who have SEN and/or disabilities in Havering.

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

Strengths

- School staff receive strong support for pupils who have SEN and/or disabilities. For example, staff feel that they are able to ask questions and that these are answered promptly. Special educational needs coordinators (SENCOs) say that the process for identifying children and young people's needs, and producing EHC plans, has improved over the past few years.
- Support, time and resilience (STAR) workers are based in two local secondary schools and offer emotional well-being support to children and young people. This includes helping teachers to develop their ability in dealing with pupils' social, emotional and mental health concerns. School leaders note that this is especially useful in supporting pupils to remain in their educational setting.
- There is a broad range of training provided by the local area for staff that is matched well to the needs of children and young people identified in schools. This includes, for example, training in speech, language and communication needs and autistic spectrum disorder. As a result of this training, the skills and expertise of practitioners are improving.
- The use of the 'hospital passports' is effective. These ensure that children and families do not have to repeat health information each time they meet a new health professional. This promotes the 'tell it once' approach well. The passports have been particularly useful in enabling those families who speak English as an additional language to communicate health needs effectively.
- The designated clinical officer (DCO) is involved actively in the quality assurance of all EHC plans, ensuring that plans are of a consistent quality and standard. This also helps to make sure that all children and young people with an EHC plan are receiving equitable levels of care and support in response to their identified needs.
- The local area records information about children who have SEN and/or disabilities, including children looked after, effectively. As a result, practitioners are alerted to any additional needs that this group of children may have. The system also ensures a 'tell it once' approach with families.
- There have been improvements in the administrative processes in the children looked after service and an increase in capacity. As a result, there is a significant increase in the proportion of children looked after receiving their initial and review health assessments within statutory timescales.
- Speech and language therapists and mental health practitioners screen and assess referrals to the youth offending service well. Working jointly, they identify previously unidentified and unmet social, communication and emotional health needs. In a relatively high number of cases they provide ongoing support to young people.

Areas for development

- A significant minority of parents say that their children are not getting the support they need. They feel that they and their children have to wait too long to access services, for example occupational therapy. Parents and schools experience delay in receiving EHC plans and reports from The Acorn Centre.
- Leaders have theories about the reasons for the low numbers of children and young people who are assessed as needing support rather than an EHC plan. However, the systems to check whether these low numbers are accurate are not robust enough. As a result, there is a risk that the local area is unaware of unmet needs.
- The lack of a common information technology (IT) system across the local area means that information cannot always be shared quickly and easily. This acts as a barrier to high-quality provision.
- Not all infants receive the integrated two-and-a-half-year check. This has been identified by the local area as an area for development but progress continues to be hindered by the lack of capacity within the health visiting service.
- The ante-natal visit and the six-week baby health checks, a part of the Healthy Child Programme, are only available to those families where vulnerability has been identified. This means that the checks are not available to all families and may result in a delay in identifying the needs of some children.

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

- Practitioners, parents and carers are able to refer directly into the speech and language therapy service. This reduces the need for parents and carers to visit their GP to discuss their concerns and request a referral. This enables swifter access to speech and language support.
- The SEND Information and Advice Support Service (SENDIASS) is well regarded by parents. It provides a broad range of support to parents, children and young people and works with the local area successfully to represent their views.
- The young people spoken to during the inspection were mostly positive about the support they get, especially from their schools or colleges. For example, pupils and students feel that they get helpful support from their teachers, including about how to stay safe.

- The co-ordinated approach to care by a team of clinicians at The Acorn Centre, including therapy and psychiatry, means that support is well targeted. This reduces the need for multiple health appointments.
- The systems for EHC plan assessments are sound. SENCos get support on how to provide better information for the assessment. Health visitors and school nurses increasingly contribute to EHC plans with good-quality reports.
- The in-year fair access panel, which considers and agrees the movement of pupils between schools, is appropriately rigorous. Minutes of meetings show that the panel challenges school leaders who seek to move pupils to another school robustly.
- The local area is aware of the need to develop support for sensory processing disorder. It is working with one of the borough's special schools to commission sensory integration consultation and support.
- Shared administrative staff coordinate the health appointments of children looked after and those who have EHC plans. This supports the 'tell it once' approach well. In addition, arrangements ensure that children looked after are accessing community services, including child and adolescent mental health services (CAMHS), within four weeks of assessment. This means that the identified needs of children looked after are more likely to be swiftly met.
- Community children's nurses are adopting a whole-family approach when completing assessments. This ensures that packages of care are tailored to meet not only the needs of the child but also those of the wider family unit.
- Families with children up to 18 years old, and referred to The Acorn Centre, benefit from a coordinated approach from a team of clinicians, including therapy and psychiatric support. This ensures that the needs of children and families are discussed fully and that plans to best meet identified needs are made in partnership. Families were involved in the development of the centre and there has been a reduction in referrals to specialist services for young people over 18 years of age. This means that families are having their needs met in an environment that is friendly and local.
- Children and young people who need CAMHS are able to access assessment and treatment in a timely way. The home treatment team has been in place for 18 months and has reduced the number of young people who need in-patient care.
- The local area has established a young advisers' group to find out what young people who have disabilities think about their lives in Havering. Leaders use this group to support their understanding of what is important to young people who have disabilities in the local area.
- Currently, 150 young people are using the local area's commissioned short breaks provision although most of these have an EHC plan. In addition, 196 children and young people are using direct payments to support their social participation in community activities.

Areas for development

- The needs of families who do not speak English are not always being met well enough. There are some parents who do not know about services provided by the local area and not enough is done to inform them of the local offer.
- Many parents were unaware of the local offer, despite efforts of leaders to consult with parents, children and young people. Although the local offer on the Havering website provides a range of useful information, it does not give all the information that parents require to find the help they need.
- The local area does not evaluate the impact of its training rigorously enough. While schools and practitioners welcome the training, there is no information to check that this is improving outcomes for children and young people who have SEN and/or disabilities.
- Not all EHC plans that are converted from statements of special educational need are completed promptly enough. Some remain in a draft state with sections unfinished for over a year. This means that schools and families do not have a final plan at the next annual review, making it difficult to evaluate progress.
- The local area recognises that there is no specific published short break provision for children aged zero to five. It is currently looking to develop overnight respite provision to tackle this gap in services.
- The children's community nursing service is commissioned to support children with continuing and complex health needs from zero to 19 years. However, young people with acute health conditions move to adult services once they reach 16. Over this age, some of their needs are not met because young people do not meet the thresholds for adult community services.
- There are good links between the speech and language service and some settings but this is inconsistent across the local area. As a result, the quality of support provided is not always equitable across the borough.
- Although health practitioners contribute to requests for advice for EHC plans, some reports are not written in a way to support the outcomes that are developed and agreed with parents. This means that the health element of EHC plans is often lacking.
- Some parents and carers of children and young people who have autistic spectrum disorder have articulated their concerns about a lack of post-diagnosis support. This is not compliant with guidelines and results in children and young people having identified needs which remain unmet.

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

Strengths

- Teaching staff in schools report that they and their pupils get helpful advice, guidance and care. This is exemplified by the reduction in the number of exclusions of five-year-olds and the small proportion of young people not in education, employment or training (NEET).
- The further education college is currently running a pilot programme of supported internships for 12 students to prevent them becoming NEET. Students at the college feel that the college supports them well in meeting their aspirations and giving them the skills they need for their future.
- Leaders have a secure understanding of those schools where quality first teaching is weak, resulting in fragile provision for children and young people who have SEN and/or disabilities. The local authority's school improvement visits to schools are beginning to improve this provision. For example, children and young people who have SEN and/or disabilities make above-average progress in mathematics at the end of key stage 2.
- Leaders have a clear strategy to extend the provision for children and young people who have SEN and/or disabilities. For example, leaders have worked closely with one of the special schools to set up new provision that caters for young people who have SEN and/or disabilities aged 19 to 25.
- The engagement of young people in local area projects has been successful. For example, young people have worked with the local area to co-produce youth provision which meets their needs well.
- The new provision for 16- to 19-year-olds who have complex needs is good. For example, analysis and tracking of pupil data is used to ensure that practitioners have up-to-date information about the impact of their work. This means that these young people are now getting support that better meets their needs.
- Parents are positive about those schools where provision for pupils who have SEN and/or disabilities is effective. Parent groups recognise that there are some good services in the local area. They note that the change of approach from leaders in the local area is a positive step forward.
- All children who attend schools in Havering are offered an auditory and sight test by the school nursing service. These tests help to ensure the early identification of visual and auditory conditions. Opticians across Havering report an increase in the number of children and young people who have attended follow-up ophthalmic appointments and of those being prescribed glasses.
- Children's community nurses in Havering offer support to families, parents and carers to equip them with skills to enable them to meet some of their children's health needs. This has had a positive impact in reducing the need

to attend multiple outpatient appointments. It is enabling children to have their needs met in a non-clinical environment and is helping to increase the capacity of the service.

Areas for development

- The overall effectiveness of nearly one third of secondary schools requires improvement or is inadequate. This means that too many children and young people who have SEN and/or disabilities go to schools where the quality of education is not good. As a result, pupils who have SEN and/or disabilities do less well than their counterparts in other schools.
- Parents' views about provision for children and young people who have SEN and/or disabilities are mixed. A significant number are concerned about the inconsistencies across the local area, including the way 'inclusion' is interpreted and how the needs of pupils are met. There are parents who feel strongly that the local area's special educational needs provision is not supporting their children, including the provision of short breaks.
- The local area does not use co-production effectively enough. Parent groups feel their input into the support provided for their children is limited. They lack confidence in decisions about the commissioning of new services. Some parent groups view consultation meetings with the local area as 'tick-box' exercises. As a result, parents are losing confidence in the process.
- Many parents of pupils who receive special educational needs support in schools feel that their children do not get enough help. As a result, they see EHC plans as the only recourse to guarantee provision.
- The local area is not aspirational enough about the future outcomes of children and young people. For example, there is no strategy to support young adults into employment.

Yours sincerely

Brian Oppenheim
Her Majesty's Inspector

Ofsted	Care Quality Commission
Michael Sheridan Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Brian Oppenheim HMI Lead Inspector	Nikki Holmes CQC Inspector
Sue Franklin Ofsted Inspector	

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