

18 January 2018

Anne Canning  
Director of Children's Services, Hackney  
London Borough of Hackney  
Technology & Learning Centre (TLC) Building  
1 Reading Lane  
Hackney  
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Dear Ms Canning

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

Between 27 November 2017 and 1 December 2017, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Hackney 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 Care Quality Commission (CQC).

Inspectors spoke with children and young people with disabilities and/or special educational needs, 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 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**

- Leaders are demonstrating commitment to improving outcomes for children and young people in their use and application of the reforms. Their self-evaluation accurately identifies strengths and weaknesses of provision overall. However, leaders are at times overgenerous in their evaluation of the early impact of actions they have taken.
- The safety, inclusion and well-being of children and young people who have special educational needs (SEN) and/or disabilities is central to the work of leaders and

providers in Hackney. Young people typically say that they feel safe. Some can explain how they have been better enabled to keep themselves safe from the risks they see as predominant in their lives, such as those posed by violent crime.

- Area leaders have succeeded in ensuring that children and young people participate well in society. Children talk enthusiastically about enjoying a wealth of sporting, social and cultural activities. Groups with the express aim of improving access to local services for young people who have SEN and/or disabilities, such as the 'Hit Squad', who provide focused training for staff working in local amenities, are proving successful.
- There is a very good local offer of health support for children and young people. A wide range of clinical services, support and training is offered to parents and families. As a result, there are different options available to meet varying health needs and parents are well supported.
- Pupils who have SEN and/or disabilities typically sustain progress from their starting points. This includes those who do not have an education, health and care plan (EHCP). Children in early years settings get off to a strong start in their personal development and do well when acquiring basic skills in reading, writing and mathematics.
- Leaders hold schools and settings systematically and rigorously to account for improving outcomes. However, their analysis and comparison of the outcomes of different significant groups of pupils, such as those who have been excluded from school, sometimes lack detail.
- The joint production of services as a result of the reforms is well established. However, parents and some provision leaders are concerned about how little they have felt involved in developing strategy for the future funding of services. This has contributed to their fears and uncertainties about ongoing provision for children and young people. This appears to be undermining some of the trust built up through other effective co-production work (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).
- Leaders in Hackney have ensured that the reforms have had a positive effect on the quality and impact of EHCPs. However, the contribution made to the EHCP process at both assessment and review stage by social care professionals is less extensive than that made by other professionals.
- The pace of conversions of statements to EHCPs is quickening and leaders are broadly on track to complete this process by the deadline of March 2018. Leaders are wisely strengthening the measures in place to check that the quality of plans does not diminish due to the short timescales involved.
- The support and information provided for parents whose child is turned down for an EHCP is too limited and not helpful enough.
- The proportion of new EHCPs completed within the expected 20-week timeframe is too low. Some parents remain very concerned about what they see as the detrimental impact these delays are having on the provision for their child.

- The local offer is published in detail and has been created collaboratively. However, parents, carers and young people who speak languages other than English, or those less confident in finding information, say that they have difficulty gaining access to the offer. This leads to concern when effective provision is discovered after a frustrating delay.
- Joint commissioning has been a slower aspect of the reforms to be developed. While inspectors heard of some good examples, they also learned of projects which are at an early stage and have not yet had an impact on provision in the area.
- The designated medical officer (DMO) does not have the capacity currently to undertake quality assurance of medical assessments. She does not have a comprehensive oversight of children and young people who have SEN and/or disabilities within health services.

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

### **Strengths**

- The evaluation and review of the format and process for EHCPs is leading to an improvement in the quality of plans and better experiences for families. The more recent examples sampled by inspectors benefit from sharper, clearer objectives and timescales. They helpfully include objectives for social development aimed at helping children and young people build and maintain friendships.
- As part of the healthy child programme an integrated 27-month health check is in place for children in settings. Health visitors and early years staff follow a joint approach. This means that families only have to tell their story once. As a result, there is a shared focus on identifying the child's needs and making onward referrals.
- The reforms have been used well to strengthen the identification of needs of young people in vulnerable groups. For example, the youth offending service have used the reforms well with specialist professionals identifying speech and language needs in 69% of young people who become known to their service.
- Provider leaders and parents value specialist support from teams provided by Hackney Learning Trust and the Hackney ARK services hub. The high quality and commitment of frontline staff from these teams were frequently mentioned during the inspection.
- When inspectors visited providers there was evidence of a positive change in thinking when identifying and understanding the social, emotional and mental health needs of children and young people. Leaders often said that they valued training and support provided by the local area.
- Parents and leaders value 'HIP', the local parent network, as a source of information and support. Provider leaders appreciate the attendance of HIP members at their forum meetings. Parents say that the network is invaluable in helping them navigate information and helps them feel less isolated.

- Timescales for conversions of statements to EHCPs are on track and the pace of conversion is quickening towards the deadline without loss of quality. Area leaders have wisely put in place plans to further strengthen quality assurance as the deadline comes closer. In November 2017, 234 conversions remained to be completed. This has reduced from 427 in April 2017.

### **Areas for development**

- Though there has been some improvement in meeting the 20-week assessment timescale, too many assessments are still not completed quickly enough. Leaders have recognised this as a concern and an action plan has been put in place which aims to improve performance.
- Leaders recently identified a need for training to be given to EHCP coordinators to ensure that changes applied nationally regarding the required timescales are applied correctly.
- Parents, children and young people are sometimes left unnecessarily concerned about their support after an unsuccessful assessment application for an EHCP.
- Parents and provider leaders told inspectors that they see the involvement of social care in the EHCP process as a weaker aspect of assessment and review. There was little input from social care into EHCPs sampled during the inspection. Leaders of providers visited typically agreed that the greater involvement of social care is an area for development.
- EHCPs sampled did not always reflect all the health needs of children and young people. The range of health professionals already involved with a child included within this process was also not reflected. This means that important information may be missed and wider health needs may not be considered.
- Health assessments for children in care are not currently aligned with EHCP assessments. This means that information is collected twice and families have to tell their story again.
- There is no formal process to involve health visitors, school nurses and children's community nurses in the education, health and care assessment process nor the development of plans. Assessments for continuing care undertaken by children's community nurses are not aligned with assessments for EHCPs. As a consequence, parents have to tell their story more than once and valuable information that could help inform plans may be missed.

### **The effectiveness of the local area in meeting the needs of children and young people who have SEN and/or disabilities**

#### **Strengths**

- Parents and young people have contributed to the development of the local offer. The local parent support groups provide effective help for parents to direct them to appropriate services. The area's own information shows that the number of hits on the offer website is increasing.

- Co-production and collaboration is typically strong. For example, the short breaks offer has been co-produced with parent support groups. It is well taken up and participation has increased. This is, in part, a result of tailored consultations in parts of the area where knowledge and use of short breaks arrangements were less well known. The Orthodox Jewish (Charedi) and Turkish communities, in particular, have benefited from this work.
- The co-location of services and professionals enables service provision to be coordinated. Parents value the provision of services at the 'Hackney ARK'. Professionals from a number of services work together here. A wide range of information and guidance is available to help parents and young people.
- The recent inclusion of children and adolescent mental health services (CAMHS) representation on the children's continuing care panel has been a positive change. This means that children and young people who display complex and challenging behaviour and are referred to the continuing care panel can be more appropriately assessed and plans made to meet their needs.
- Health professionals say that the multi-agency referral service works well in Hackney. This provides a successful way to discuss both new cases and existing referrals which is valued by professionals. The process supports effective information sharing and timely onward referral to appropriate services to meet needs.
- CAMHS offers a wide range of support to families, for example parenting groups offered by CAMHS for those parents whose children are being assessed for possible learning disabilities and autism. This means that families are well supported both before and after diagnosis.
- Providers say that they value the effective and timely responses of the speech and language team. The commissioned service for visual impairment is well regarded. The portage service has been retained in Hackney. Parents who have young children with complex needs told inspectors how important the support of this service has been to them.
- The assessment panel makes its decisions in an open manner. Written records of meetings are used to inform outcome letters to parents and schools. Parents are informed of their entitlement to mediation and appeal.
- 109 students with high support needs in further education are able to access a range of programmes and pathways in inclusive environments.
- Personal budgets are beginning to be taken up more fully and used to greater effect. The introduction of a prepaid card for budgets is improving access to services. It provides an effective way of helping parents manage funding and they use this flexibly for transport and fees for activities.

### **Areas for development**

- Parents, carers and young people who speak languages other than English or those less confident in navigating information find the local offer hard to use. This

leads to frustration and concern when effective provision is discovered after a significant amount of time has elapsed.

- Some joint commissioning projects are still at an early stage of development. An example of this is the inclusion of young people in the 'integrated joint commissioning panel' aimed at strengthening post-16 options.
- The decisions made by the panel appointed to consider assessment requests are sometimes focused on compliance at the expense of flexibility to meet the individual needs of the child concerned.
- Transition planning for young people after the age of 19 is not as coherent as it could be due to limited engagement by adult social care professionals.
- Leaders have provided funding for a designated clinical officer (DCO) role to support the work of the DMO and increase capacity. However, a recent attempt to recruit to this post has not been successful.

### **The effectiveness of the local area in improving outcomes for children and young people who have SEN and/or disabilities**

#### **Strengths**

- Most children and young people who have SEN and/or disabilities in the area attend good or better schools, colleges and providers.
- A high proportion of these children reach a good level of development by the end of the early years and go on to reach the expected standard in the Year 1 phonics screening check.
- Young people told inspectors about a vast array of social and cultural activities they were participating in. These included sports, photography, theatre groups and trips abroad. As a result, children and young people in Hackney typically talk ambitiously of their futures, uninhibited by their needs or disabilities.
- Providers visited consistently report that the area fosters good communication through a variety of forums to ensure that they are well informed. The relationship was described as open, purposeful and collaborative. For example, the area provides well-regarded opportunities for provider leaders to meet and share good practice. These are more frequently being attended by leaders from the independent sector.
- A high proportion of young people engage in employment, education or training after the age of 16. Young people not eligible for adult social care support are picked up earlier by the targeted health outreach team. This helps young people make better informed choices for transitions to adulthood.
- Leaders of settings and parents say that the joint work of ARK therapists and 'Young Hackney' is having a positive impact on outcomes. The sensory regulation workshop for both parents and professionals was described as particularly impressive.



- Timely and flexible responses from CAHMS along with early responses in schools are enabling students to stay in school who might otherwise be at risk of exclusion.
- Leaders' support for plans and programmes is improving the transition from college into supported internships and employment. The partnership with 'Volunteer Matters' is providing further bespoke support for young people who require a personalised approach.

### **Areas for development**

- Too many children who have SEN and/or disabilities are excluded from school, especially at the secondary stage. Leaders are acting to address this through schemes such as the 'partner placement scheme', which some school leaders say have had a positive impact. However, some parents and providers remain unconvinced of the impact on reducing exclusions.
- Some parents are not sufficiently aware of what is available to young people after the age of 16. Young people have expressed a wish for more options and support into employment and independent living. Some parents and young people remain concerned about the academic and social impact on the need to move schools after the end of key stage 4. Parents of some young people with complex needs told of options running out for them between the ages of 16 and 25.
- The partnership board does not always focus rigorously enough on leading and evaluating the most urgent priorities for improvement. The DMO is unable to attend the SEN and/or disabilities partnership board very often. The impact of this is that the DMO is not in a position to directly influence strategic direction and ensure that health matters are considered in the board's work.
- Leaders monitor trends and gaps in provision. While officers can describe the presenting pressures, there is not an evidenced link with the commissioning of mainstream and specialist high-needs places.

Yours sincerely

Andrew Wright  
**Her Majesty's Inspector**

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