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Javina Sehgal, Managing Director, Harrow Clinical Commissioning Group (CCG)
Patrick O'Dwyer, Divisional Director Education Services, Local Area Nominated Officer

Dear Mr Hewitt and Ms Sehgal,

Joint local area SEND inspection in Harrow

Between 1 July 2019 and 5 July 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Harrow 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 special educational needs and/or disabilities (SEND), 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 are implementing the SEND 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 responded promptly and purposefully to implement the SEND reforms and drive improvement. They are strongly committed to working together as a strategic partnership between education, health and social care.
- Recent improvements to the local area's strategy have appropriately shifted the

emphasis from compliance with the SEND regulations to embedding the SEND reforms. The refreshed strategy accurately reflects the emerging strength of the partnership. However, the strategic vision remains education focused and makes no reference to the value given in practice to health and social care provision.

- Leaders' self-evaluation is balanced and accurate. A comprehensive analysis of areas of strength is augmented by analysis of areas where further work is needed. Through this process, leaders have accurately identified aspects of the local area's work that require further improvement.
- Leaders have created a strong culture of listening and learning. Operational staff told inspectors that they can communicate directly with strategic leaders to influence positive change.
- Leaders know their communities well. They understand and respond to the implications of increased demand for services and the challenge of meeting a broad range of needs.
- Leaders have developed effective systems for joint commissioning. They identify the right priorities which inform service delivery and design.
- Co-production (a way of working where children and young people, families and those that provide services work together to create a decision or a service which works for them all) is relatively new and underdeveloped. A range of recent events have enabled parents to share their lived experiences with senior leaders from health and the local authority. Representatives of the parent carer forum welcome leaders' engagement in their work. However, more needs to be done to further embed co-production in Harrow.
- The designated clinical officer (DCO) lacks the capacity to fully engage with and promote the SEND reforms across the health partnership. This has been recognised as a gap by the clinical commissioning group (CCG) and plans are in place to increase capacity.
- The local area is not making the most effective use of its rich dataset to better understand the needs of its population. This is acknowledged by commissioners and strategic leaders who are developing a better way of using data and information to identify strategic priorities and inform future commissioning.

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

Strengths

- Leaders ensure that most children and young people with SEND have their needs identified at the earliest possible stage. Generally, parents say that the identification of their child's needs is swift and accurate.
- Leaders have responded to increased demand for services with purpose and commitment. For example, the council has invested funds for additional

caseworkers in the special educational needs assessment and review team (SENAR). Leaders have ensured that staff are deployed to areas of deprivation with the highest prevalence of need. These two key decisions are having a positive impact on early identification and waiting times.

- Leaders know their most vulnerable children and young people. Professionals responsible for children looked after, children in need, those known to therapists or the youth offending team, and those who are electively home-educated all have systems in place to identify emerging needs.
- Leaders encourage innovation. They work in partnership with early years providers, schools and post-16 providers to foster sector-led improvement.
- Leaders' commitment to networking and training is having a positive impact on the local area's ability to identify accurately a child or young person's needs. Training is of high quality and is accessible to a range of professionals. This ensures that services, thresholds and procedures are known and understood widely. The primary and secondary special educational needs coordinators' (SENCo) forums are well attended and effective sources of information and training.
- Integrated working contributes strongly to successful early identification of children and young people's needs. For example, the local area uses data from the early years inclusion funding panel to pinpoint under-identification of certain types of need. This valuable work includes supporting the identification of need in vulnerable groups living in areas of high deprivation.
- The educational psychology service undertakes termly planning meetings with SEND leaders. This consultative approach enables children and young people's emerging needs to be discussed and strategies to be considered.
- Effective arrangements with the child and adolescent mental health service (CAMHS) ensure that young people who have social, emotional and mental health (SEMH) needs are fast tracked. This means that their emerging needs are responded to as quickly as possible.
- Universal drop-ins and groups facilitated through the early support hubs provide further opportunities to identify children requiring additional support. Children and young people known to the youth offending team benefit from a variety of health assessments. This supports the identification of previously unmet needs in speech, language and communication (SLCN) and SEMH.
- School health questionnaires for Reception-aged children in Harrow are supporting school nurses to identify previously unmet needs. They enable nurses to identify children requiring further assessment, support and intervention. This success has prompted leaders to plan to introduce school health questionnaires for children transferring to secondary school.

Areas for development

- Systems and processes for sharing information are underdeveloped. They lack coherence because there are multiple systems in use across the health partnership. This is preventing swift information sharing and sometimes contributes to delays in identifying children and young people's needs.
- The identification of SEMH needs, securely embedded in CAMHS, is not as effective across all services. Parents we spoke with told us that responses to their children's needs can feel fragmented.

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

Strengths

- Leaders coordinate requests for statutory assessments effectively and in a timely way ensuring that the large majority are completed within the agreed 20-week timescale. Strong oversight and efficient ways of working enable parents and professionals to communicate effectively and understand the needs of the child or young person.
- Leaders ensured that all but two statements of special educational needs were converted to education, health and care (EHC) plans by the agreed deadline.
- Improved alignment of assessments between health and local authority partners is effectively supporting parents to tell their story once. Children and young people who require multiple health assessments, such as those who are looked after and also have an EHC plan, are benefitting from the local area's coordinated approach.
- The local offer is accessible, comprehensive and, in the main, includes recent and relevant information about the services available for children and young people with SEND. There are some excellent examples of universal, targeted and specialist offers including sports, arts and autism-friendly cinema screenings. There is even a nightclub 'Choices' where young people with learning disabilities can socialise with their friends. Parents who spoke to inspectors were generally positive about the opportunities available in the local area for their children to enjoy a social life.
- Regular focused reviews of the risks facing the most vulnerable children and young people enable commissioners and leaders to make timely decisions about the services and support they need. The embedded tripartite arrangements have strong senior leadership oversight. This ensures that the children and young people with the most complex needs benefit from jointly-funded holistic packages of care.
- Education and care provision is of high quality. The vast majority of children and young people with SEND attend a setting, school or college that is good or outstanding.
- Providers of care and education are inclusive. Typically, they make reasonable

adaptations to ensure that children and young people with the most complex needs can access and enjoy mainstream settings. Early years practitioners ensure that children with and without additional needs and disabilities interact together. This creates a positive culture of kindness, understanding and acceptance. SENAR officers and school SENCOs work closely together in a timely way to ensure that provision is appropriate for each child and young person. One school leader told inspectors that 'There is no "no" here.'

- Mindful of increased demand, leaders have successfully expanded existing provision and created a partnership of schools with SEND specialisms. These additionally resourced maintained schools (ARMS) are successfully meeting a range of needs. The pilot project to enhance and equip a maintained nursery school as a resourced provision for young children with significant and complex needs is welcomed by parents and professionals alike. Now viewed as a hub of best practice, it builds professional and parental confidence in the provision.
- The jointly commissioned Harrow Horizon's service provides timely support for children and young people with emerging mental health needs who do not meet the threshold for specialist CAMHS. Only a small number of children and young people who access interventions go on to require specialist support.
- The local area is helping young people to exercise choice about their post-16 destinations. Young people making the transition from school to college receive expert independent advice and guidance about their education, employment and training options from Year 9 onwards. This considered approach enables the views of the young person to be heard through the annual review process. Young people told inspectors that they feel listened to and are well supported to achieve their ambitions and to live safely and well.
- The local area values and is sensitive to cultural diversity. For example, community nurses are flexible in their accommodation of work with families around the time of Eid. The team is linked in well with the voluntary sector to support their engagement with different communities. This makes the service accessible to all faiths and cultures and effectively supports the assessment and meeting of children and young people's needs.
- Therapy passports are in use for children and young people accessing intervention and support from allied health professionals. They include important information about their therapeutic needs and preferences and are issued at pivotal transition points in the child or young person's life.
- The strong partnership between the local area SENARS and school SENCOs effectively supports children and young people at key transition points. At the time of the inspection, almost all children and young people making the transition from primary to secondary school and from secondary school to college had a place confirmed for September 2019.
- Therapists work together in an integrated way with children and young people who have multiple and complex needs. This ensures that they benefit from coordinated multidisciplinary assessment and have care plans which fully address

their health needs.

- The CAMHS learning disability team offers a wide range of services to parents, carers and families of those with a learning disability. Specialist sessions for siblings provide them with a safe place to discuss emotions, needs and lived experiences. This practice plays a vital part in preventing family breakdowns.
- Harrow SENDIASS is highly valued as an independent source of support and advice for parents and young people. Parent users of the service told inspectors how much they appreciate the advice and guidance provided and that they respect its impartiality. Data collected by SENDIASS shows that parents and young people contact the service about a broad range of issues. This information is not, however, shared formally with the local area in order to support their work in better meeting children and young people's needs.
- 'Harrow is Home', a jointly planned initiative, is beginning to enable more young people with SEND to live, learn and socialise closer to home.

Areas for development

- Although parents' views are mixed and many are complimentary, some expressed the view that the identification of their child's needs was better managed than the ongoing provision of support. This, they told us, varies according to the age and of their child and the provision they attend.
- The local area provides workshops and groups for families following diagnosis of children and young people's needs. However, the quality of this support varies and some families feel that they are not well supported when a diagnosis has been given.
- The local offer is known about but is not well used. Professionals do not routinely signpost parents to the website to see what help or support is available to them. One parent wrote, 'The Local Offer has lovely information on their website but I had to find this out rather than for them to get in touch with me.'
- Transition arrangements for meeting young people's health needs when they reach the age of 16 are not secure. Young people do not always receive the same level of support as they did during their time in school. Therapists work closely with young people to explain what support is available to them.
- There is no agreed strategic approach to the establishment of post-16 pathways and provision for young people with SEND. Leaders are clear that this is a priority and, with partners, are considering the gaps and challenges.
- Co-production is underdeveloped. Two years of close working with Harrow Parents Forum has led to some interesting examples of co-production. Some of these are already proving influential such as the development of the revised short-breaks programme and a video promoting the local offer. However, parental involvement remains an underused and rich resource that could be helping more in wider promotion and communication, particularly relating to the

local offer.

- Young people with SEND appreciate the opportunities provided by the local area such as participation in the youth parliament. However, they do not feel that listening always turns into actions which change perceptions and empower young people.
- There is a significant variation in the effectiveness of links between neonatal and midwifery teams working in the local area. Discharge summaries and results from screening and diagnostic tests are not always being received. This hampers the effectiveness of oversight of babies who have additional needs and vulnerabilities.
- Children and young people not accessing educational provision are not always benefiting from the support of therapy teams. Clinic-based appointments, although offered, prove a challenge for some families and children and young people, particularly those with additional SEMH needs. This increases the likelihood of their needs not being assessed and met.
- The speech and language therapy (SALT) provision is not equitable across all Harrow schools. Due to increasing levels of speech, language and communication needs, some schools purchase additional SALT provision in order to meet these needs. This means that some children and young people have their speech, language and communication needs addressed more quickly than others.
- The occupational therapy (OT) commissioned provision is limited in secondary schools to young people who have a physical health need and those who are on the autistic spectrum disorder (ASD) pathway. This means that some children, such as those with Down's syndrome, do not benefit from OT support in secondary school. Parents' experience of occupational therapy is one of frustration and lengthy waits.
- There has been a decrease in caseloads for children's community nurses but also an increase in the complexity of cases. This leads to children and young people with complex and multiple needs experiencing delays in accessing support.

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

Strengths

- The vast majority of children and young people with SEND benefit from attending good or outstanding provision. As a result, outcomes for children and young people at the end of each key stage are strong and improving.
- Children under five benefit from inclusive early years provision. Through effective use of additional resources and support from therapists, children's outcomes by the end of the early years are close to those of their peers.
- The outcomes achieved by children and young people receiving SEND support, particularly in key stages 1 and 2, are improving. This improvement is due to the

strength of support, challenge and partnership working between providers and the local authority.

- The number of children and young people with SEND who are persistently absent from school is reducing and is now better than the national average. This is due to effective partnership work between parents and professionals.
- The number of young people who have SEND and who are not in education, employment or training is reducing over time and is below the national average. Timely conversations between careers advisers and each young person not only support young people to stay in education, employment or training but support re-engagement where this is needed.
- Partnerships with workplace providers give young people valuable opportunities to experience the world of work and occasionally continue into employment. For example, each year Northwick Park Hospital offers a supported internship to 12 young people. This year, nine of them progressed to permanent employment.
- Social care provision for children and young people with complex needs is having a positive impact on their outcomes. Reductions in incidences of crises and in requests for residential placements indicate greater resilience within families and improved support from professionals.
- Children looked after with SEND benefit from more stable placements and fewer repeat child protection plans.
- Children and young people with a visual impairment have their needs met promptly through the work of the Children's Sensory Team. Routine ophthalmic checks are undertaken by school nurses as children enter Reception. As a result, a significant number are signposted to opticians and, following further tests, a smaller number are referred for specialist intervention.

Areas for improvement

- Outcomes for young people receiving SEND support are less positive in key stage 4 than in key stages 1 and 2. There has been improvement in these outcomes over the past two years but leaders acknowledge they are not as good as they need to be.
- Outcomes for young people post-19 with SEND into sustained employment and independent living are not all secure.
- There are still too many children and young people with SEND permanently excluded from education. Leaders recognise this as a key priority.
- EHC plans do not tell the full story of the whole child. While education assessment and outcomes are detailed and informative, health contributions vary. They do not always provide a complete and holistic picture of the child. To a lesser extent, social care outcomes also lack detail and precision. The redesigned annual review form has a sharper focus on preparing for adulthood outcomes but they are not precise enough to enable the plan to be useful to all the

professionals working with this cohort of young people.

Yours sincerely

Jane Moon

Her Majesty's Inspector

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Mike Sheridan Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: DfE Department for Education
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