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17 April 2020

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Alison Edgington, Director of Delivery – Hampshire and the Isle of Wight CCGs Partnership
Tracey Sanders, County Education Manager (Inclusion), Local Area Nominated Officer

Dear Mr Crocker

Joint local area SEND inspection in Hampshire

Between 2 March 2020 and 6 March 2020, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Hampshire 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 one of Her Majesty's Inspectors, an Ofsted Inspector and two children's services inspectors from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and 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 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 strengths and areas for further improvement.

Main findings

- Leaders are highly ambitious for children and young people with SEND in Hampshire to succeed. Both leaders and practitioners are passionate about improving the lived experience for children and young people with SEND and their families.
- The recently refreshed SEND strategy reflects leaders' aspirations unambiguously. Key themes of the SEND reforms are clear in the strategy, such as co-production, joined-up working and inclusion. Hampshire is an area that knows itself well. Leaders have honestly and accurately identified where improvements are needed and know what they need to do.
- Leaders are not afraid to try out new ideas and then adapt and change if needed. However, the scale of the local area and its partnership arrangements make it difficult to deliver changes on the ground as quickly as leaders desire, even when they know what needs to be done. Additionally, leaders do not explain their actions well enough to parents. As a result, some parents feel understandably frustrated and let down when they find it hard to get the right help at the right time for their child.
- Professionals work together effectively in the early years to identify young children's needs. This is a real strength in the local area.
- There are many examples of leaders and professionals working in co-production with parents and carers to design and review strategies, provision and support for children and young people with SEND. However, this approach is not consistently experienced by all children and young people and their families. Furthermore, co-production with young people to plan strategic developments across the local area is not well developed.
- Providers highly value the quality of support, advice and training available to them. There are many examples of strong collaborative working between professionals to support schools and settings to successfully include children and young people with SEND. A parent commented, 'The reports received recently demonstrate how much all teams work together to get the best support for my son.'
- Designated Clinical Officers (DCOs) are passionate about their work to improve outcomes for children and young people with SEND. Senior leaders recognise the value of the DCO role and have helpfully increased the capacity through the appointment of a deputy DCO and a project manager. As a result, this has increased their ability to promote the SEND agenda across the clinical commissioning group (CCG) partnership and to drive forward improvements. While the DCOs have clear priorities and intentions, they do not yet have a formalised workplan that aligns with the refreshed SEND strategy to bring even greater steer and focus to their work.

- The number of children and young people with complex needs is continuing to increase. Therefore, it is important that the capacity of the DCO team is subject to regular review to ensure that it can cope with increasing demand.
- Following a sharp spike in requests for education, health and care needs assessments, too many education, health and care (EHC) plans are now not completed within the statutory time frames. The quality of EHC plans is also too variable. Senior leaders recognise this and have a firm recovery plan in place to improve the quality and timeliness of EHC plans. Annual reviews are also delayed for some children and young people.
- The short-breaks offer has been co-produced with parents and carers effectively. The 'gateway card' and buddy scheme are helpful and popular initiatives within the short-breaks offer to promote community inclusion. However, the uptake of these schemes is relatively low and their availability is sensibly being extended.
- Positive work is under way to prepare young people for adulthood. There are many strong examples of support for young people to promote employability. Leaders have well-considered plans in place to broaden this work and promote wider preparation for adulthood outcomes. For example, leaders have accurately identified that they need to extend opportunities for independent or supported living.
- Although the local offer was originally co-produced with parents, it is now not well known or understood. Many parents told us that they find it hard to get the information they need.
- Parents connected to the Hampshire Parents Carer Network or the SEND information and advice support service (SENDIASS) typically feel well supported. However, for those who are not part of these networks, access to information and support can be patchy.
- The joint commissioning board has been in place for three months and replaces previous strategic joint commissioning arrangements. Commissioners are clearly ambitious for children and young people with SEND and have a number of joint strategic priorities. However, there is currently no underpinning detailed joint commissioning strategy providing direction and focus to ensure that key priorities are achieved in a timely way.
- Overall, children and young people with SEND achieve well in Hampshire. However, children and young people receiving SEN support do not achieve as well as the same group of children nationally, in key stages 2 and 4. Pleasingly, outcomes for this group of children are improving rapidly. Schools receive a strong offer of support from the school improvement and specialist support teams, focused on raising achievement.
- Leaders are developing a helpful 'outcomes framework' to evaluate their strategic developments. Leaders are ambitious to ensure that this framework

aligns with broad holistic outcomes across education, health and care for children and young people aged 0–25. Leaders have clear plans to link EHC plans to this useful framework. However, this positive initiative is at an early stage of development.

- Despite the local area seeking solutions to address long waits for neuro-developmental assessments, some children and young people are still waiting too long to have their needs assessed and met. There is also a growing cohort of parents and carers who feel that there is a gap in sensory support for their children. The CCG partnership recognises this as an area of unmet need and is sensibly jointly commissioning provision to meet these needs.

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

Strengths

- Effective links between neonatal teams, midwifery teams and health visitors are supporting the identification of young children's needs. Health visitors consistently receive information about antenatal diagnostic tests, enabling them to provide anticipatory support and planning for families.
- Health and social care professionals have access to a 'child health information exchange' (CHIE) system that is promoting effective information-sharing and coordinated care for children, young people and families. Efficient use of flagging and alert systems within electronic records is usefully supporting the identification of children with SEND.
- Most professionals make proficient use of training, advice and support to successfully identify children and young people with SEND. Leaders are committed to identifying and meeting needs through a child-centred approach which is not dependent on a diagnosis. Professionals work closely together to share their expertise and knowledge to identify children's needs in a timely and appropriate way.
- The 'early years advisory panel' enables professionals to share information successfully. Professionals work together well to coordinate assessments and secure consistent approaches across services to identify young children's additional needs.
- Leaders have wisely invested in speech and language therapy (SALT), recognising speech, language and communication as a primary area of need. An additional service, above that provided by the NHS, is offering useful, evidence-based packages of support.
- There is strong recognition across health that some families who are geographically and socially isolated find accessing clinics challenging. In response to this, leaders are strengthening their digital offer to improve

access to services. For example, 'CHAT HEALTH' is an instant messaging service, launched for parents. This digital offer is very successful in helping health visitors to identify need which may not ordinarily be noted. Child and adolescent mental health services (CAMHS) have also co-produced a website with children and young people which provides information and advice to parents about where they can seek support for their mental health.

Areas for development

- Variations in capacity and high caseloads in some health visiting teams means that some mandated checks, in accordance with the Healthy Child Programme, are at times suspended, when staffing capacity is stretched.
- Leaders have not yet done enough work to understand the reasons why the proportions of children and young people identified with moderate learning difficulties are higher in the local area than the national average. They also do not fully understand why the identification of autism spectrum disorder (ASD) is lower than is seen nationally. Consequently, leaders do not know whether these variations link with any gaps in the processes for identifying children's needs.
- Not all parents in the area are positive about the effectiveness of early identification for children with needs that emerge as they get older. Several told us that they had experienced lengthy delays in the identification of their children's needs. Leaders acknowledge that there is more work to do to ensure consistency.

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

Strengths

- The portage service offers helpful support to pre-school children and their families. Knowledgeable staff work closely with pre-school children to provide tailored, holistic packages of support for use at home and in their early years settings. As a result, young children who have accessed this help are well prepared for starting school.
- Many children with SEND benefit from effective transitions into schools and settings. Teams work in partnership across education, health and care to provide this helpful support. For example, the early help team and health teams take a collaborative approach to support pre-school children with SEND. A parent typically explained, 'I can't speak highly enough of the support I have received. We have had everyone involved that we need, and they have been a lifeline.' 'Transition partnership agreements' help to coordinate support and plan transition onto the next school or setting.

- Sensible improvements have been made to transition arrangements for children with complex care needs, moving from children's to adults' social care. Last year, all 16-year-olds known to the disabled children's service had an allocated social worker. Increasingly, this group of young people have an agreed personal budget by the time they are 18 years old.
- SEN support materials provide schools with clear guidance about how to meet the needs of children with SEND who do not have an EHC plan. Area leaders check how well these materials are working and make appropriate changes to keep the guidance up to date.
- Schools value the quality of specialist support and guidance they receive from other professionals in the local area to help them meet the needs of children and young people with SEND. School special educational needs coordinators (SENCOs) keep themselves up to date through the 'SENCO Circles' networks. Educational psychologists are successfully helping schools to develop their expertise in person-centred planning (planning for children's individual needs).
- Most schools and settings in Hampshire are inclusive. Local area leaders are committed to ensuring that school systems and processes enable children and young people with SEND to thrive in their settings. Strategic developments keep this commitment to inclusion at the forefront. For example, changes to SEND funding are under way to facilitate even greater inclusion in schools and settings.
- Children and young people with SEND whose circumstances make them additionally vulnerable benefit from helpful coordinated support. For example, professionals work well together to meet the needs of children and young people with SEND who are known to the youth justice system. This group of vulnerable children and young people receive useful therapeutic support for their social and emotional needs.
- Health teams are working tenaciously with some of the most vulnerable children, young people and families with SEND, such as those from travelling communities. Over time, one SALT team has built up trust and rapport with a group of travelling families and now are welcomed onto their site. As a result, some of the most vulnerable and transient children and young people are having their needs assessed and met.
- Joined-up work to identify and meet the needs of children in care who also have SEND is effective. There are several examples of innovative approaches that are supporting young people to actively participate in their care plans. 'Care ambassadors' and the digital health application, 'Give yourself a health CIC', are two helpful examples. Care leavers with SEND receive helpful and carefully planned support from the 'independent futures team' to assist

transition planning from Year 9. The Virtual School provides helpful support and advice to promote positive outcomes for children looked after with SEND.

- Leaders keep a close eye on children and young people with SEND who are not educated in school. Information is shared well between professionals to support these children and their families. Leaders know that some parents home educate their child because they are worried that the school provision is not meeting their child's needs. Leaders monitor the data they collect to spot any trends or patterns with individual schools so that this can be followed up. This group of children also have access to the school nursing service. Information is shared with the school nursing team from both the local authority and local schools to ensure that school nurses have an oversight of those children and young people with SEND who are educated at home.
- Therapists take an effective coordinated approach to assessing children and young people who have multiple, comorbid therapeutic needs. This helpful way of working is supporting the 'tell it once' approach. As a result, therapists are working together to assess and meet children's needs successfully.
- We met with several parents who value the support their children receive and describe many examples of the school going above and beyond for their children. They gave examples of some schools taking a real interest in their child and tailoring support to meet their individual needs. They describe schools where children are known well and treated with respect and care. However, sadly, this is not the experience of all parents and carers in Hampshire.
- Many post-16 providers are successfully developing their curriculum offer for young people with SEND. Leaders ensure that young people can study courses that match their needs, interests, aptitudes and aspirations. In many cases, this now includes opportunities for high-quality work experience. Placements are carefully matched with interests and previous skills obtained. When this works well, young people have high aspirations for the future.
- Leaders have grasped the nettle of lengthy delays in the EHC needs assessment process and introduced a digital solution to tackle the issue. The EHC hub was co-produced and launched with parents in November 2019. Although at a relatively early stage of development, early indications show that the system is improving the timeliness of the completion of assessments. No EHC plans have been produced yet from the system but there is evidence that the assessments required to inform these plans are now being completed more efficiently.

Areas for development

- Leaders know that communication with parents needs to improve swiftly. Communication from the SEN team has been limited due to the capacity of the casework team. Leaders have recruited more staff and introduced a dedicated helpline for parents to use to access information. The helpline is busy, receiving approximately 140 telephone calls and 400 emails each day. Despite leaders' positive efforts, many parents still feel highly frustrated and find it difficult to get a timely response from the team.
- Despite many examples of co-production working well, several parents also told us that they do not always feel as involved as they would like to be in reviewing and designing support for their children and young people with SEND in schools and settings. Parents say that the quality of co-production is too dependent on the attitudes of the individual school rather than being a consistent approach across the local area as a whole. Many parents are frustrated and disappointed with the level of service they receive. A parent typically explained that 'we want to be part of the solution'.
- Despite being commissioned to provide a service for children aged from birth to 18, CAMHS is providing little support for children with social, emotional and mental health needs who are under five years old. Although the service is receiving a number of referrals for children under five, it is typically not providing assessments and interventions for this cohort.
- Children and young people who require physiotherapy for musculoskeletal conditions in Hampshire are not benefiting from an equitable service offer. While some children and young people in the south-east of the local area are benefiting from support and intervention, there is no commissioned offer elsewhere.
- A significant proportion of parents and carers told us that due to lengthy waiting times, they felt they had no option but to seek private health assessments. Parents believe that some health provision is not available, although this is not always the case. The local offer does not reliably provide up-to-date information about the health services available. Leaders have more work to do communicate with parents and carers effectively.
- Despite much positive work in the local area, several parents still feel that they have a battle to get the right help and support for their child. Parents feel understandably let down by lengthy waiting lists for some services. Parents told us that there is a lack of appropriate specialist educational provision in some areas. As a result, there are some children who have not been at school for some time. A number of parents feel that their only course of redress is to make an appeal to the SEND tribunal.
- The completion of initial and review health assessments for some children in care with SEND, in accordance with statutory timescales, is variable. Capacity

issues within the children in care health team and the geographical size of the county have presented challenges. Recent changes in commissioning arrangements have also resulted in a backlog of assessments. Despite clear plans being in place to address this issue, health assessments for some children and young people are delayed.

- Waiting times for neuro-developmental assessments are too long. While there are a range of pre- and post-diagnostic support services for parents and carers, access to this support is variable around the county. Many parents we spoke with told us that they did not know where to access support. Although leaders know this is a priority, there is currently no formalised National Institute for Health and Care Excellence (NICE)-compliant post-diagnostic pathway in place.
- Access to therapy services is too variable. Capacity within staffing teams has resulted in some children and young people experiencing delays in having their needs assessed and met. The high rates of tribunals in the county have further exacerbated capacity issues in therapy teams. Leaders have clear recruitment plans to increase staffing and vacancies are currently being advertised.
- School nurses are not commissioned to provide training to staff in mainstream education settings to safely support children and young people with health needs. While the local area provides courses for education staff to access, the data shows a relatively low uptake of this training. More work is needed to ensure that schools have sufficiently trained and competent staff to meet the increasingly complex medical needs of their student populations.
- The proportion of EHC plans completed within the statutory 20 weeks is currently below that seen nationally, although until recently, it was above the national figure. The volume and timeliness of EHC needs assessments have been adversely affected by changes to the local funding system for children receiving SEN support. Leaders are acutely aware that EHC plans are not being completed swiftly enough. They have made sensible changes to improve efficiency. Timeliness is tightly monitored by the director for children's services. However, communication with parents about how the situation is being tackled has not been clear enough. As a result, many parents remain angry and justifiably dissatisfied about how long they have had to wait.
- Overall, the quality of EHC plans is weak, although there are positive signs that quality is improving. However, too often, EHC plans are heavily education-focused, rather than providing a holistic view of the child or young person across education, health and care. Many EHC plans do not reflect person-centred approaches and outcomes are typically too generic rather than specific. As a result, EHC plans are not yet making a strong enough contribution to improving the lives of children and young people with SEND.

- Annual reviews are not reliably completed for all children and young people on an annual basis. Leaders recognise this issue and are starting to tackle the issue. Currently, the most vulnerable groups are targeted to ensure that their annual reviews are completed. Furthermore, amendments to EHC plans following an annual review are not routinely made. Consequently, some children and young people's EHC plans are several years out of date and no longer reflect their needs accurately.
- Children and young people with SEND who receive support from social care teams get the right help. However, the wider family support needs of children and young people who are not known to social care are not always considered carefully enough. Therefore, this group of children and young people do not always get the help they need.

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

Strengths

- Community children's nurses are providing effective child-specific, competency-based staff training to enable children with complex medical needs to safely remain in their educational settings. Furthermore, training and support are being provided to the parents and carers of children and young people to enable them to safely meet their child's needs at home. This practice is helping to promote positive health outcomes by facilitating early discharges from hospital and preventing readmissions.
- Children with SEND achieve well in the early years. In 2019, the proportion of children with EHC plans and those receiving SEN support reaching a good level of development by the end of Reception was above the national average. Effective joint working and inclusive approaches in early years settings enable children to succeed.
- Most children with SEND build on their strong start in the early years and continue to achieve well in school. Educational outcomes for children with EHC plans are above that seen nationally.
- Many young people with SEND continue to participate in education or training after statutory school age. The proportion of young people with SEND, over the age of 16, who are not in education, employment or training (NEET) is below national figures.
- The number of children and young people with SEND who are permanently excluded from school is low. School staff have access to a wide range of support and advice to help them support children's social, emotional and mental health and keep them in school.

- The number of children and young people in Hampshire requiring in-patient hospital admission for their mental health needs has decreased. CAMHS in-reach teams are helping to support children and young people who are at risk of in-patient admission to remain at home and in their communities. Leaders recognise that capacity of the in-reach teams is fragile due to increased demand for the service. Well-conceived plans are in place to increase the capacity of in-reach home treatment provision by July 2020.
- Supporting young people to make a positive transition into adulthood is a top priority for the local area. Colleges and the council offer a number of different supported internship programmes. Careful planning helps to ensure that young people are on a programme that matches their skills and interests. Independent travel training is often included within the planning to help increase independence. Pleasingly, the number of supported internships is starting to increase, and leaders are committed to securing further employment opportunities for young people with SEND.

Areas for improvement

- Some children and young people with SEND are not receiving their entitlement to a full-time education in Hampshire. Several parents told us that they worry about their children receiving reduced hours provision at school. Some said that they feel that they have to agree to these arrangements to prevent their child from being excluded from school. Leaders have identified this issue and provide clear guidance to schools with the aim of reducing the prevalence of reduced hours provision. Leaders know that there is more work to do to bring about the improvements that are needed.
- Outcomes for children and young people receiving SEN support are improving rapidly. However, they remain below that seen nationally for the same group of pupils in key stage 2 and 4.
- The quality of person-centred planning to prepare young people for adulthood is patchy. Annual reviews and EHC plans are not always being used effectively to support young people's smooth transition to the next stage in their lives. Frequently, plans focus on education and employment and do not consider wider health and social outcomes that will enable the young person to have a good life.
- Some children with social, emotional and mental health needs do not reliably achieve positive outcomes. Difficulties in accessing timely support is leading to a deterioration of their condition in some cases. Parents told us that despite their children having significant mental health needs, CAMHS are not always able to provide support until children reach crisis point.
- Transition between children's and adult's health services do not always work smoothly enough. Despite the community children's nursing team having

effective arrangements with adults’ services, transition for some young people with complex and enduring health needs remains an area of challenge. While plans are in place to tackle this, they are at an early stage.

Yours sincerely

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