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Steven Forbes, Executive Director of Children and Adult Services

Martin Waddington, CCG lead, Borough Director/Director of Joint Commissioning

Annita Cornish, LANO, Assistant Director SEND

Dear Mr Forbes and Mr Waddington

Joint area SEND inspection in Hounslow

Between 28 February 2022 and 4 March 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Hounslow to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted (HMI), with a team of inspectors including another HMI and a children's services inspector from the CQC.

Inspectors spoke with children and young people with 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 area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required because of

significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

Main findings

- It has taken too long for area leaders to commit themselves to implementing the SEND reforms. While things have changed in recent years, over time progress has been too slow. This means that leaders are not where they should be in the implementation of the reforms, eight years after they were introduced. Current leaders, however, are determined to secure improvements for children and young people with SEND. In some aspects of work, partners working across the area are making a difference.
- Some parents are frustrated with the system as they see it. Parents, children and young people are not sufficiently involved in decision-making. Alongside leaders of settings and other practitioners, they are keen to be an integral part of the area's improvement work.
- Together, leaders across education, health and care are now focused on improving services in Hounslow. The area's self-evaluation is accurate. Leaders' plans confirm their awareness and understanding of the shortfalls. They have credible plans to build on their achievements to date.
- Joint working arrangements are inconsistent and do not inform the area's work at all levels. Processes to check the quality of provision and services are weak. This slows improvements across education, health and care. Recent changes to governance structures have put suitable arrangements in place to ensure that the impact of actions taken is reviewed effectively.
- Co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) is not ensuring that parents and young people become involved in shaping policy and practice. Parents' concerns about the quality of education, health and care (EHC) plans and the time it takes to access health and well-being services are well founded.
- Although some health provision is well established, such as the neurodevelopmental, and social, emotional and mental health services, children

and young people with SEND wait too long to get the help they need. This includes speech and language (SALT) and occupational therapy (OT).

- Parents value the guidance they receive from the special educational needs and disabilities information advice and support service (SENDIASS). Both SENDIASS and the parent carer forum (PCF) representatives are included in consultation groups in the area. Despite these services being available, many parents are not clear about what support is available to them. Effective communication is a continual source of frustration for parents and practitioners.
- The recruitment and retention of permanent leaders and personnel across the area is a challenge which is still to be resolved. This means that leaders have not been able to build capacity to sustain improvements over time.
- Children's health needs are not being identified early enough by health visitors and the healthy child programme, particularly the one-year and two-year reviews.

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

Strengths

- Early years practitioners feel very well supported by the early years specialist SEND team in identifying children's needs early. Procedures for managing initial concerns when these are raised by setting leaders and/or parents are consistent. Specialist early years practitioners based centrally offer a range of bespoke and central training. Some parents commented that there is a high quality and joined-up service in the early years.
- Leaders rightly prioritise the need to further embed a culture of inclusion in all settings. Most schools warmly welcome children and young people with SEND and support is put into place quickly to meet the needs of children and young people with SEND.
- Special educational needs coordinators (SENCOs) and setting leaders work effectively with educational psychologists and other therapeutic services. Therapists assess and identify needs and provide appropriate and informed advice for assessments and plans.
- The needs of vulnerable children with SEND are well understood. They are well supported through the work of the virtual school. Children and young people with SEND are aware of the difference this service makes to their lives. Their plans are aligned so that a holistic view is taken in identification, review and meeting of needs.
- Health visitors use a variety of methods to engage with parents in the early identification of children and young people's SEND. Health visitors are adaptable

in order to accommodate the diverse community in Hounslow. When parents are less responsive, they conduct opportunistic home visits. Health visitors escalate concerns and refer to children's social care where necessary.

Areas for development

- Some children do not receive important checks that are part of the healthy child programme. This is mainly due to a lack of reviews by health visitors at important milestones, mainly the one- and two-year reviews. Health visiting services are experiencing some challenges because of the COVID-19 pandemic and workforce issues. Nevertheless, opportunities are being missed to identify early signs of SEND at the very earliest point.
- Waiting times for both assessment and therapeutic interventions for both SALT and OT are too long. The inconsistent and inequitable SALT and OT services that are currently in place do not always meet the needs of children and young people.
- Waiting times for a diagnosis of autism spectrum disorder (ASD) are also a concern. Currently, children and young people wait almost two years for assessment. Both schools and parents told us that this is too long.
- Too many parents are not aware of the support available to them while they wait for therapeutic assessment or treatment. This is partly due to the online local offer not being easily accessible.
- There are few opportunities for children and young people with complex needs to prepare for adulthood post-16 and post-18. Parents do not feel that leaders identify their needs accurately or take their concerns seriously. They report poor communication on a series of levels and most say that they wait for long periods before getting a reply from the SEND team. This exacerbates parents' concerns and frustration. This causes further delays in identifying their children's needs and receiving diagnosis or support.
- Setting leaders and parents are frustrated by leaders' poor oversight of EHC plans and the annual review process. The poor quality of EHC plans, the lack of oversight of amendments to these following annual reviews, and the inconsistencies in practice when children and young people move from one education setting to another cause distress and frustration to schools and parents. This has an impact on how well school staff can meet children and young people's needs because often the contents of plans are either out of date or inappropriate.
- Too many children and young people are placed outside the borough to meet their needs effectively. Leaders plan to build capacity within the current system for new school and residential places. This was identified before the pandemic,

but the slow pace of change has resulted in partners not sharing the same vision.

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

Strengths

- Provider leaders can see improvements over the last two years in relation to placement planning and consultation for school places. They feel that they are now part of a conversation to ensure that children and young people with SEND are offered the most appropriate school place. This has led to fewer last-minute changes and has reduced some of the stress that parents face.
- Parents are confident in the support offered to children by early years settings. This means that children with a range of needs can access support locally and when it is needed.
- Parents are positive about the advice and guidance they receive from the SENDIASS service. They say that the SENDIASS team offers appropriate challenge to services on behalf of parents and in support of children and young people.
- Leaders are focusing on improving support for pupils in schools who have SEND but do not have an EHC plan – particularly in relation to the 'Ordinarily Available' programme. Practitioners who have used the new system and the related documentation speak positively about how it has helped set expectations for what schools should provide.
- Leaders have ensured that, wherever possible, annual health assessments for children looked after are aligned with EHC plan processes. This supports the 'tell it once' approach which is at the heart of the SEN reforms.
- Across all settings, including in the early years, parents and setting leaders commend the work of the specialist sensory teachers for visual impairment and hearing impairment. Children and young people who have input from these professionals know their targets and are well supported. This helps them to access and engage in the curriculum with the right levels of support.
- The multi-faceted social, emotional and mental health services in Hounslow have some unique elements which serve the population well, especially those who are waiting for child and adolescent mental health services (CAMHS) intervention. Children and young people in immediate crisis who may be at risk to themselves are seen immediately.
- Nationally, the waiting times for treatment or therapeutic intervention by CAMHS are too long. In Hounslow, the picture is no different, with a significant increase in referrals since the pandemic began. However, the local authority, voluntary

and community sector organisations bridge the gap while children and young people are waiting with alternative interventions which may be more suited to the needs of the children and young people. These include: KOOTH (online support for children and young people); educational psychology in schools; mental health support team in schools; Hounslow youth counselling services and crisis outreach for autism.

- CAMHS specialist teachers are attached to the different CAMHS (neurodevelopmental, adolescent, child and family) teams and work effectively with other professionals to prevent children and young people who have mental health difficulties from dropping out of education or being excluded.
- School leaders are positive about how the area has welcomed the very high number of refugee children and young people, many of whom have had little or no schooling and have additional needs. They describe area leaders as 'humane' and understanding, with children's best interests as the driver.
- Community children's nurses and special school nurses work well to coordinate the care of children and young people with severe and complex needs. They form part of an integrated service, with nurse specialists supporting those with asthma, bladder and bowel issues and phlebotomy needs. They provide well-received training to special school staff, transport escorts and mainstream settings.
- The ASD and learning disability partnership group has overseen significant investment in the assessment pathway and some progress has been made in reducing waiting times for assessment. Some parents were positive about the services available, such as social communication coordinators, Early Bird and Early Bird+ workshops (provided by the National Autistic Society) and KOOTH online services.
- Leaders and practitioners found innovative solutions during the pandemic. For example, they set up an aerosol generating procedure room in one of the local nurseries with funding from the local authority for the additional personal protective equipment needed during this time. This meant that these children and young people missed very little school.
- The dynamic support register (DSR) monitors those children and young people at risk of admission to hospital, exclusion from school or placement breakdown. This supports ongoing and timely case management. The aim of the DSR is to enable early identification and intervention, making sure that no child or young person is left unsupported.
- The Behavioural Intensive Community Service (BICS) is the first of its kind and is jointly commissioned by Hounslow and North West London CCG. The service provides training, advice and support for families, school staff and other professionals in the management of challenging behaviour related to ASD and learning difficulties. There is evidence of improved outcomes for those children

and young people who are at risk of a hospital admission or requiring a residential school.

- Area leaders are working with special schools to provide outreach services to mainstream settings. There is an agreed agenda to tackling the lack of special school places. Leaders in mainstream schools have commissioned special schools to help them to meet pupils' needs and improve understanding through staff training.

Areas for development

- Overwhelmingly, parents we heard from were upset and felt let down by the area. We heard too many examples of families having to fight to get the support their children deserve, of lengthy waiting times for assessment for SALT and OT and for ASD assessment, for example. Parents were also frustrated that EHC plans do not reflect their child's needs well.
- Some school leaders feel that they take more than their fair share of pupils with SEND, including SEND support, because they have a strong reputation for inclusion. These leaders, while supportive, feel that other schools do not take their fair share.
- Area leaders have found it difficult to replace the designated clinical officer (DCO), who worked hard to establish cohesive relationships with partners. The impact of an extended period without a DCO will weaken the impact of partners working together towards a single vision for children and young people with SEND in Hounslow.
- Most parents have not heard about the online local offer. These parents report they are more likely to get the information they need from settings and providers.
- The role of parents and young people in their EHC reviews, target-setting and provision planning is not well established. Health and social care information is not always integrated into EHC plans. School leaders find that plans lack quality and include mistakes and inaccuracies. Some plans are not well matched to children and young people's needs or future aspirations. Transition arrangements and short-breaks provision are rarely included or poorly developed in children and young people's EHC plans.
- Objectives in EHC plans are rarely written to align with the preparing for adulthood strands. This means that practitioners are not thinking about how targets and provision now will shape a child or young person's outcomes as they become older.
- Area leaders have not engaged with parents and young people enough. Since the start of the reforms, parents and young people have not been sufficiently involved in shaping the individual outcomes in EHC plans. There is no centralised

or coordinated approach to seeking and acting on the views of children and young people beyond the individual services they use.

- Some physiotherapists have been redeployed during the pandemic. This means that some children and young people have missed important treatments.
- Weak joint commissioning arrangements and excessive waiting times for assessments mean that children and young people are not getting timely and appropriate access to diagnoses and support. There are too few examples where the impact of commissioned arrangements can be accurately measured or evaluated, for example the redesign of the SALT provision or the online local offer. Therefore, the provision does not appear integrated or equal.

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

Strengths

- In the early years, early intervention means that no time is wasted, and services come together and take appropriate action. However, the limitations in finding therapeutic support can limit children's outcomes.
- Children and young people achieve well in primary schools. They are well prepared for secondary school. Education outcomes post-16 are positive. Higher-than-average numbers of children and young people with SEND, including those with EHC plans, are in full-time education or training. Professionals across services report that most young people with SEND leave school or college to enter employment, apprenticeships or work experience opportunities or move to higher education.
- At college, students are well supported to achieve good outcomes. Much work goes into providing them with what they need to remain on courses or to have supported learning arrangements. College leaders speak of an open and positive dialogue with the local authority which has been very supportive, including in their requests for additional funding or alternative arrangements.
- There are some effective procedures in place to manage brokering and joint commissioning, for example in helping young people into accommodation and supported living. Two Bridges (a service commissioned between health and care) to support housing focuses on keeping young people in the borough rather than sending them elsewhere for accommodation.
- The youth offending service has a very strong offer, where a full-time SALT is integrated within the team and screens all young people who become known to the service. Diagnoses include: developmental speech disorders; unidentified hearing impairment; ASD and attention deficit hyperactivity disorder. Screening and support benefit young people when they appear in court. They can articulate

and mitigate for themselves, helping the court to understand their offending behaviour.

- Children and young people aged ten to 18 who have a disability benefit from highly regarded short-break opportunities at a specialist residential resource centre. The Play Team provides term-time and school holiday programmes for children and young people with SEND. They also run sessions for those with severe and complex needs, supported by specialist nurses.
- The area's work with partners to extend supported internships is making a difference. Hounslow has seen positive results in supporting young people with SEND into paid work and in building employability skills over time. Young people in further education colleges speak positively of the impact this project has had.

Areas for improvement

- Some parents and young people feel that they are not helped well enough to access what is offered in the community. Insufficient coordination of support for young people over the age of 16, and their parents, limits opportunities to develop independence.
- Parents of older children and young people report a lack of guidance and support post-16. They feel that the pathways and choices post-16 are limited and that they are given little help when EHC plans come to an end. As a result, some parents choose to look out of the area to meet their child's needs.
- Waiting times for treatment provided through SALT and OT practitioners are too long. In addition, parents report that the amount of support provided is insufficient.

The inspection raises significant concerns about the effectiveness of the area.

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- poor quality of EHC plans, including preparing children and young people for adulthood
- poor communication and a lack of co-production with partners, including the workforce, parents, carers, young people and other stakeholders
- weak commissioning arrangements for therapies, meaning that some children and young people do not get the help they need early enough. In addition, there are unacceptable waiting times for some therapeutic assessment and support, including SALT and OT

- weak quality assurance processes to evaluate the area’s work to bring about improvements across education, health and care.

Yours sincerely

Phil Garnham
Her Majesty’s Inspector

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