

Area SEND inspection of Hillingdon Local Area Partnership

Inspection dates: 29 April 2024 to 3 May 2024

Dates of previous inspection: 28 November 2016 to 2 December 2016

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

The London Borough of Hillingdon and North West London Integrated Care Board (ICB) are responsible for the planning and commissioning of services for children and young people with SEND in Hillingdon.

The commissioning of health services changed across England in 2022. On 1 July 2022, North West London ICB became responsible for the commissioning of health services in Hillingdon.

The local authority commissions one main provider to deliver alternative provision (AP) for children or young people who are at risk of, or have been, permanently excluded. This commissioning also includes short-term placements for children or young people whose medical needs prevent them from attending mainstream school and/or who have recently arrived in the local area and are awaiting a place in a mainstream school or further education. The local authority also commissions a range of other provisions, including unregistered provision, to meet the needs of children and young people who are educated other than at school.

What is it like to be a child or young person with SEND in this area?

While leaders have made many improvements, overall, children and young people and their families have a varied experience. For example, while children in early years have their needs identified swiftly and receive prompt support, others are only having their needs identified once they move to alternative provision. This is too late. It has meant that some children and young people have not been able to sustain their education in their mainstream school. Once pupils are in the alternative provision, they are well supported.

While the local area issues new education health and care (EHC) plans in an increasingly timely way, the same timeliness cannot be said about issuing final amended plans that are agreed as an outcome of the annual review process. Many are issued late. Furthermore, the quality of EHC plans is variable. While more recent plans are of better quality, some children and young people have moved through different phases of their education with EHC plans that are no longer meaningful to those working with them.

More children and young people now stay in Hillingdon for their education. Leaders have successfully worked with schools and multi-academy trusts to expand the number of places available in special schools, resourced provision and designated units. Parents and carers speak highly of the quality of specialist education in the local area. However, some parents state that their children are not as well supported in mainstream schools. Leaders know this and are working with schools as part of their improvement work to develop more inclusive approaches.

Vulnerable children and young people, including new arrivals into Hillingdon, such as Ukrainian families and unaccompanied asylum-seeking children, are well supported by the local area partnership. This includes training for schools and practitioners in health and social care who work with families in identifying and supporting their SEND or health needs. Most children in care who live in residential special schools, receive regular and planned visits by their social workers. These children settle into the provision quickly and go on to achieve well.

The dynamic support register (DSR) is well established in Hillingdon. There is careful transition as young people move through to the adult DSR. Collectively, the approach to the management of the DSR means that children and young people get the right support at the right time.

There is variability in how well information about children and young people's needs is shared across the partnership. Where it works well, such as within early help services, children and young people benefit from strong and timely support. At other times, shortfalls in information-sharing all combine to mean that some children and young people 'slip through the net' and do not consistently get the right support when they need it. For example, sometimes when some children and young people start their placement in alternative provision, the provider does not receive the information that

they need from the referring school. Furthermore, the timeliness and quality of health and social care practitioners input into EHC plans is inconsistent.

There are strengths in how well leaders work with children and young people, including where co-production has been effective. For example, there are different groups such as 'talkers' and 'step up' and strong evidence of the 'you said, we did' approach. Young people are particularly proud of their 'walking in our shoes' training that they create and deliver. This project helps services to make positive changes to their work because practitioners develop a better understanding of SEND.

Children and young people wait too long for neurodisability assessments in Hillingdon. The average wait time is 18 months. Children and young people can access support while they wait for assessment. Leaders have well developed plans in place to reduce waiting times. In Hillingdon, children and young people are assessed on different pathways for autism and ADHD, and, in some cases, this means children and young people waiting twice for a full assessment of their needs.

What is the area partnership doing that is effective?

- Leaders across the partnership are highly ambitious. They work collaboratively with a range of stakeholders, including children and young people to inform their work. This includes the creation of the 2023 to 2028 five year 'SEND and alternative provision strategy' and their approach to joint commissioning. Much of the partnership's improvement work is well underway, but it is too early to see the sustained impact of some strategies.
- Leaders have built very positive working relationships with the Hillingdon parent carer forum (PCF). The PCF speaks highly of communication with the local area and their involvement in moving the SEND agenda forward. The Hillingdon SEND information, advice and support service (SENDIASS) is also well regarded by the PCF.
- Children and young people typically achieve well at the end of their primary, secondary or further education. Young people benefit from a range of strategies to effectively prepare them for adulthood. For example, the local area has worked with its partners to develop a strong approach to supported internships. Many young people go on to paid employment. More recent projects include working with a further education provider to offer high numbers of young people access to a six-week course of 'vocational carousels' and bespoke careers guidance. Leaders' work is helping more young people to stay in education, training, or employment.
- Children with more complex needs are well supported by those working in the children with disabilities team. Many receive comprehensive and detailed packages of support that help parents and carers continue caring for children at home. This support helps prevent family breakdown. Children known to the youth justice service also receive early and appropriate intervention from youth justice officers. They are also well supported by therapy teams.
- CAMHS learning disability team offers effective support to children and young people, for example through positive behaviour support plans.

- There is lots of positive work going on to help identify SEND in young children, including the role of the early years advisers in supporting nurseries and childminders. Children who receive speech and language therapy pre-school are successfully supported with transition into Reception through a summer holiday play session. Further speech and language support is provided where needed.
- Leaders have invested in making early support funding (ESF) available to specifically focus on helping children with SEN support. The success of the use of the ESF can be seen in the significant reduction in those children or young people who go on to need an education, health and care needs assessment.
- The designated clinical officer (DCO) role in Hillingdon is jointly commissioned by the ICB and Hillingdon Borough Council. This approach enables the DCO to work strategically across the partnership. The child development centre provides an effective multi-agency and needs-led approach when children are referred with undiagnosed health conditions. Children and young people are assessed using a multidisciplinary approach by paediatricians and therapists. This is an example where parents telling the story once works well.
- Every special school in the local authority has an allocated school nurse who provides health interventions to support children, such as promoting oral hygiene and continence.

What does the area partnership need to do better?

- Expectant parents do not receive a routine face-to-face health visitor antenatal contact. The current offer is a group session via a digital platform, and less than half of expectant parents currently attend. Similarly, children do not benefit from an integrated two-year-old review. Collectively, this means potential needs may not be identified at the earliest opportunity.
- Some young people who meet the clinical threshold for a learning disability diagnosis do not benefit from a formal diagnosis. Once they reach the age of 18, the lack of a diagnosis means that they cannot access some required adult services. Not having a learning disability diagnosis may also prevent access to certain benefits and reasonable adjustments in later life.
- The local area's approach to quality assuring EHC plans and annual reviews is not robust. It focuses too much on compliance rather than on quality. Currently, it is not enabling leaders to pick up weaknesses, particularly where: preparation for adulthood (PfA) is not well embedded from Year 9 onwards; outcomes lack specificity and do not map out well where children and young people need to be by the next phase of their education; health and social care information is either out of date, incomplete or missing; and the voice and aspiration of children and young people are not used well in shaping plans.
- Inspectors found that too often health and social care professionals were not invited, did not attend, or did not submit updated advice for annual reviews. Amendments to EHC plans are largely led by schools as part of the annual review. Consequently, the plans focus too heavily on education. Health and social care practitioners told inspectors that they do not consistently see draft plans to check before they are

finalised. Overall, many EHC plans are not useful. They do not give an accurate picture of the range of needs and provision of the children and young people who should be at the heart of the plan, particularly as they move from one phase of education to another.

- Leaders are aware that some mainstream schools are not doing enough work to identify children and young people's SEND at the earliest opportunity. Some young people who spoke with inspectors said that schools did not understand that their behaviour was a form of communication. Leaders have identified that they need to do further work to reduce the rate of suspensions and permanent exclusion for children and young people with SEND. They have put in place some very recent initiatives, such as the early intervention and inclusion panel. At the time of the inspection, it was too early to see the full and sustained impact of this work.
- Across the partnership, there are some gaps in practitioners' knowledge of how to understand and better support children and young people with SEND. Leaders have identified this weakness but their work in this area is at a very early stage of implementation.
- Some young people do not benefit from early presentation to the transition panel. This leaves children and their parents anxious about next steps into adulthood. While the transition plan assessment is helpful and detailed about children's current and future needs, parents' views are represented much more strongly than the views of their children.
- There are aspects where leaders' evaluation of the success and impact of their work lacks rigour. When this happens, leaders do not gain valuable insights into the lived experiences of children and young people and/or where further improvements could be made. This includes how effective the education provision is for those children and young people with an EHC plan who are receiving their education other than at school or college. In addition, some important information that could come from the SENDIASS team is not currently being considered as well as it should.
- The local offer is not well established. For example, many parents or young people spoken to during the inspection were not aware of it. Similarly, the short break offer is not well developed. Some children and young people wait too long to access provision, for example due to a lack of appropriate equipment.
- While there are some powerful examples of co-production and engagement with young people, there is still more to do. For example, children and young people are not directly represented on the local offer steering group or in groups overseeing governance of the SEND agenda. This means that their views are not being sufficiently heard, for example in relation to the local offer and their views on PFA.

Areas for improvement

Leaders in education, health and social care should collaborate in a multi-agency approach to strengthen and embed their quality assurance framework of existing, amended EHC plans and annual reviews. This includes:

- improving the quality and timeliness of contributions from health and children’s social care practitioners into the plans
- improving the quality and timeliness of annual reviews
- more effectively using the voice and aspirations of children and young people when shaping their EHC and/or amended EHC plan
- ensuring that PfA is more effectively planned from Year 9 onwards
- improving the specificity of outcomes, ensuring that they help the child or young person in readiness for transfer through to their next phase of education
- significantly increasing the timeliness with which final amended EHC plans are issued.

Leaders should improve how well information about children and young people and their families is shared and used between and across all those involved in the partnership. This should focus on ensuring that:

- systems to share information about children and young people are more robust and prevent them from ‘falling through the net’
- when children and young people move between settings, schools and colleges, information is shared in a timely way so that everyone works together to ensure that the support for children and young people is implemented quickly
- leaders use a wider range of information to inform how they evaluate children and young people’s needs and understand families’ lived experiences.

Leaders need to refine their strategies for training the workforce across education, health and social care in better understanding and supporting children and young people and their families. This should include how well mainstream schools identify children’s needs in relation to SEND and then effectively plan provision that meets their needs, thereby helping to avoid the risk of suspension and/or permanent exclusion.

Leaders across the partnership need to further improve their support for young people in PfA. They should focus on:

- ensuring that those young people with a learning disability under the age of 18 can receive a formal diagnosis when required to ensure a smooth and planned transition through to adult services
- ensuring that all children and young people benefit from an effective and timely presentation to the transition panel
- more robustly capturing the voice of children and young people and their lived experience about the partnership’s approach to PfA.

Local area partnership details

| Local authority | Integrated care board |
|--|--|
| Hillingdon Local Authority | North West London Integrated Care Board |
| Julie Kelly, Corporate Director Children's Services | Rob Hurd, Chief Executive Officer |
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Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI from education and social care; a lead Children's Services Inspector from the CQC; and another Children's Services Inspector from the CQC.

Inspection team

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