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Mr Steve Miley
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Hammersmith Town Hall
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Janet Cree, Managing Director, Hammersmith and Fulham Clinical Commissioning Group
Mandy Lawson, Assistant Director of Special Educational Needs

Dear Mr Miley

Joint local area SEND inspection in Hammersmith and Fulham

Between 3 December 2018 and 7 December 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Hammersmith and Fulham 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 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 disability and 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 know the area very well. They communicate effectively with key partners and stakeholders, and use information well to drive improvement. Their self-evaluation is detailed and accurate. They know where improvements in provision, accessibility and outcomes still need to be made.
- Leaders are committed to the publication of a revised strategy for special educational needs and/or disabilities (SEND) by March 2019. This follows on from a review of provision that has taken place since Hammersmith and Fulham returned to single borough status in April 2018.
- Parents and carers, children and young people agree that outcomes have improved. They appreciate the way in which area leaders have implemented the reforms. Young people achieve well at each key stage of their education.
- Strong partnerships between the clinical commissioning group (CCG) and the local authority ensure that their priorities for children and young people with SEND are strongly aligned. Leaders use this partnership well to develop effective joint commissioning. Their intentions for future commissioning projects show commitment to the re-design of services, which will have increased capacity and sustainability.
- The designated clinical officer (DCO) has a secure overview of SEND across the borough. This has been achieved through establishing strong partnerships with other designated professionals and key strategic leaders in the local area.
- Leaders have successfully implemented a strong culture of co-production. This is a way of working where children and young people, families and those that provide the services all work together to create a decision or a service that works for them all. This important change in culture means that implementation of the reforms is carried out 'with' and not 'to' users.
- The independent advice and guidance service, known as Insights, and the parent carer forum, known as Parentsactive, are both well regarded. However, parents have less confidence in, and awareness of the local offer.
- The co-location of services at the newly opened Stephen Wiltshire Centre local hub is showing early signs of success in improving access and increasing the range and reach of services such as short breaks. The majority of families registered at the centre were previously unknown to professionals.
- Leaders have rightly placed a priority on improving the quality of education, health and care (EHC) plans. The quality of plans is inconsistent. The more recent examples sampled on inspection show that this emphasis is beginning to improve the clarity, precision and quality of objectives identified for children and young people.
- Leaders in the local area ensure that timescales for assessment are usually met, and all but eight statements had been converted to EHC plans by the March 2018

deadline. These have all subsequently been converted.

- The Designated Doctor for children looked after is also carrying out the role of Named Doctor. This means that the post holder has operational and strategic responsibility for the service for children looked after. The current arrangement is not in agreement with current guidance issued by the Royal College of Paediatrics and Child Health, which states that these posts should be distinct.
- Effective joint commissioning has resulted in shorter waiting times to see a speech and language therapist. However, the waiting time for autism spectrum disorder (ASD) diagnostic assessment is still too long.

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

Strengths

- Leaders have carefully considered the locations of children's centres to ensure that they are accessible to the most deprived and isolated families in the borough. As a result, centres are reaching more children, young people and parents.
- Parents are typically positive about the skills of staff in mainstream primary schools in identifying and responding to their children's needs. Practitioners say that identification and assessment are quicker and more accurate since the reforms. Leaders ensure that support staff, as well as qualified teachers, benefit from training in identifying and meeting needs.
- Leaders of specialist provisions appreciate the accessibility and good communications with area leaders in their work to improve the quality of EHC plans. They express confidence in current leaders' capacity to make the necessary improvements to EHC plan quality.
- Health visitors provide the full Healthy Child Programme for all children and families in Hammersmith and Fulham. A comprehensive programme of screening tests and developmental reviews supports the early identification of need very well.
- Speech and language therapists carry out effective assessments to identify speech and language needs in children under five. Early years practitioners are supported well by therapists to distinguish between needs related to communication and interaction and those arising from multiple languages being spoken in the home.
- Young people known to the Hammersmith and Fulham youth offending team (YOT) benefit from effective speech and language therapy provision. YOT practitioners are trained to identify unmet speech, language and communication needs.

- Early years settings are typically effective in identifying additional needs and disabilities in children under five. They carry out home visits and hold 'stay and play' sessions before the child starts in the setting. This provides practitioners with opportunities to observe the child in a range of environments, which may highlight additional and emerging needs.
- The 'think family approach' adopted by the Cheyne Child Development Service is effective in identifying when children's needs may have an impact on the health and well-being of their parents, carers and siblings.
- The strong working relationships between health visitors, midwives and the neonatal teams are effective in supporting the early identification of need. For example, midwives liaise with health visitors in a timely way when antenatal and diagnostic screening tests indicate that a baby may be born with additional needs.

Areas for development

- The health and development checks for children between the ages of two and two and a half are not fully integrated in Hammersmith and Fulham. The lack of joint clinics means that not all children are benefiting from a collaborative developmental review that may support the earlier identification of need. Leaders have recognised this and aim to pilot integrated reviews in January 2019.
- Children who are looked after by Hammersmith and Fulham are not always receiving an initial health assessment in accordance with the statutory timescale, which may result in a delay in their needs being identified.
- Leaders are aware that annual reviews of EHC plans vary in rigour. However, they are prioritising children and young people who are moving from one setting to another when attempting to improve consistency.

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

Strengths

- Nearly all statements of special educational needs were converted to EHC plans by 31 March 2018. Leaders are aware of the reasons why eight plans were not, and have now ensured that these are converted.
- The 20-week timescale for EHC assessment is usually met. Parents and providers typically express confidence in arrangements to meet statutory timescales.
- There are some creative examples of co-production with young people. For example, a 'youth takeover day' in the local council enabled providers and leaders to hear the views of young people, which helped them to shape future activities.
- Children's community nurses work closely with the families of children and young

people with complex and continuing healthcare needs. They provide families with support and training to safely and competently meet the needs of their children. This has had a positive impact on reducing the number of outpatient appointments and is enabling children to have their needs met in a familiar and non-clinical environment.

- Most of the parents who spoke to inspectors whose children access the Cheyne service speak highly of the paediatricians and the quality of support for their children. They consider that this support has helped to improve their children's outcomes.
- Schools have been involved in improving the annual review framework through focus groups and special educational needs coordinator (SENCo) forum meetings. This is helping the drive for more consistency in the assessment process.
- There is a good standard of expertise in, and accessibility to independent advice services in the local area. Parents are typically positive about the help they have received. The Parentsactive forum is also well known and positively regarded.
- Practitioners from the different therapy teams provide joint assessments and hold clinics for children and young people with complex healthcare needs. This reduces the need for multiple appointments that can be difficult for families to attend.
- The short-break strategy is having a positive impact on meeting the needs of children, young people and parents in very challenging circumstances.
- Waiting times to access therapies in Hammersmith and Fulham are good for most children and young people. Those who have identified speech, language and communication needs are assessed within eight weeks following referral. This is a result of effective jointly commissioned work between healthcare and education professionals. Parent workshops provide valuable support, advice and guidance, and have also helped reduce waiting times. One parent said, 'The support that my speech and language therapist provided made such a massive difference to my son. It was just brilliant.'
- There is a good range of support available for children and young people who have sensory processing needs. Occupational therapists run feeding clinics and a range of drop-ins at the Stephen Wiltshire Centre, which provide parents with advice and the opportunity to meet other parents and carers.
- Those who are diagnosed with ASD benefit from appropriate support that is compliant with national guidance. Help is also available for parents to understand their children's diagnosis and the range of interventions and services that are available. Some parents told inspectors that the support that they received was 'fantastic'.
- Professionals in child and adolescent mental health services (CAMHS) understand that co-production is vital if they are to provide sustainable services that effectively meet the needs of children and young people. Parents are involved in training and staff development, providing feedback that is used to influence

service re-design and delivery.

- Children and young people who have a hearing impairment can access a wide range of support in children's centres. The 'Pip Squeak' programme is offered by therapists and teachers for the deaf to provide ongoing interventions, advice and support for the families of children with a hearing impairment.
- A high proportion of young people aged over 14 who are registered with a general practitioner (GP) and are on their learning disability registers have benefited from an annual health check. GPs know when a young person has missed a check, which prompts swift follow-up.
- Health visitors and GPs share information effectively. For example, all GP practices have a link health visitor who meets regularly with GPs. This helps ensure that appropriate support is provided for children's healthcare needs.
- Practitioners from the community children's nursing team are making good-quality contributions to EHC plans. They receive draft plans to ensure that their contributions are focused sharply on meeting the healthcare needs of children and young people.

Areas for development

- EHC plans are inconsistent in quality and effectiveness. Some include convoluted language that is hard for parents and children to understand. The views and wishes of pupils are not considered enough and some plans contain far too many objectives. Some plans finalised around the time of the deadline for conversion from statements of special educational needs are of particularly poor quality. EHC plans inherited by specialist settings frequently include objectives that reflect a limited knowledge of how pupils with complex needs or disabilities learn.
- Some parents of children with complex needs find the local offer unhelpful and of little relevance to them or their children.
- The significant variations in deprivation and pockets of affluence in Hammersmith and Fulham are creating some challenges. Leaders are aware of the links between issues stemming from SEND and other social issues such as housing. There are good communications between other services and leaders, such as the independent advocacy service, which allows parents' concerns to be raised and explored.
- Health visitors and occupational therapists do not routinely receive draft EHC plans to check that the contributions that they have made are reflected accurately.
- Arrangements for preparing young people with complex needs for transition into adulthood are fragmented. While continuing care may be provided, some young people find the changes in healthcare provision disorientating and confusing.

- The management of direct payments has been a challenge. Leaders are focusing on ensuring that more choices are available and that methods of payment vary, so that choice is not restricted. However, some parents remain frustrated by the current system.
- There is significant variation in the arrangements that schools make for speech and language therapy (SALT) support for children over the age of five. This is leading to a lack of parity in SALT provision in schools. Some parents told inspectors that the level of support their children receive is significantly reduced once they start school.
- Health visitors and school nurses told inspectors that children and young people are waiting too long for ASD diagnostic assessments. Records reviewed demonstrated that some children and young people had been waiting for an assessment for over 12 months.
- The current published joint strategic needs assessment for Hammersmith and Fulham contains little information about the healthcare needs and profiles of children and young people with SEND. Leaders have drafted a more detailed assessment, but this is yet to be published.
- Parents and carers cannot make direct referrals to occupational therapy and physiotherapy services. Only referrals made by education and healthcare professionals are considered for assessment. This limits the scope for parents to tell the story of their child only once.
- While joint commissioning is well developed, the partnership needs to do further work to ensure that it fully evaluates the effectiveness and impact of commissioned services.
- Children who become looked after are not always receiving their initial health assessments in accordance with the statutory timescales. This is resulting in unnecessary delays in their healthcare needs being met.
- The young people's mental health worker, based in a local learning disability charity, is effectively supporting young people with mental health and neurodevelopmental conditions in their transition to adult services. However, some gaps in provision for young adults remain, as there is a lack of advocacy for those requiring ongoing support.

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

Strengths

- Leaders and SENCos value the opportunities to share good practice through their well-attended and productive forums.
- Young people are benefiting from the training on offer to help them become

confident in using public transport independently. One parent commented that, 'this transformed his life'.

- The children's community nursing team helps schools and professionals who provide after-school activities to practically support children and young people with more complex health conditions. This increases the likelihood of children and young people being able to remain in their school setting and enables them to gain access to a wide range of interesting and enjoyable activities.
- Supported internships implemented through providers are well regarded by young people and their families. Around two thirds of the first cohort of interns are now in employment.
- Leaders and practitioners understand that outcomes for children and young people should be wide ranging. This helps them to drive improvement in outcomes across a broad range of cultural pursuits. For example, the music therapy service enables children and young people who are non-verbal to communicate with their families through the medium of music. This well-regarded service contributes well to improved health and education outcomes.
- The number of hospital admissions due to mental health problems has significantly reduced in 2017/18.
- Pupils with complex needs and disabilities in specialist settings are ambitious for their future lives. Settings provide a wide range of opportunities for them to engage in work placements and learn how to pursue their interests.
- Pupils with SEND attend school well. Schools benefit from the support of a named school nurse, who provides training to help school staff support pupils with medical conditions. This helps to minimise their absence from school.
- The launch of an online counselling and emotional well-being platform for children and young people and the partnership work with voluntary organisations have helped to reduce waiting times for community and specialist CAMHS.
- Young people with visual and hearing impairments have been successful in sustaining places in higher education due to early intervention and provision of suitable technology.
- Pupils we spoke to in primary settings were confident about their preparedness for secondary school and were looking forward to it.
- Early years practitioners are working creatively with children with additional needs and vulnerabilities to ensure that they are included and are achieving similar outcomes to their peers. Adjustments are made to ensure that children with additional needs can participate in the same activities as their friends, and this is leading to better inclusion and integration.

- The educational psychology service is evaluating its impact on pupils' outcomes promptly and rigorously: 80% of pupils involved with the service reported a positive impact on their progress towards individual objectives because of this work.

Areas for improvement

- Some leaders and parents express concern about what they see as variability in transition and inclusion arrangements provided by secondary schools.
- Inspectors found variations in how well pupils with SEND but without an EHC plan understand their objectives for learning. Some pupils whom inspectors spoke to were not aware of their current objectives.
- Some parents expressed concern that access to extra-curricular activities is variable and limited due to transport issues.
- Fixed-term exclusions for pupils with SEND at secondary school are declining, but remain high.

Yours sincerely

Andrew Wright
Her Majesty's Inspector

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cc: Department for Education
Clinical commissioning group(s)
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Department of Health
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