

# Area SEND inspection of Hounslow Local Area Partnership

Inspection dates: 21 to 25 October 2024

Dates of previous inspection: 28 February 2022 to 4 March 2022

## 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 Hounslow 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 Hounslow.

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 Hounslow.

The local authority commission one main provider to deliver alternative provision (AP) for children or young people who have been permanently excluded. This commissioning also includes placements for children or young people whose medical needs prevent them from attending mainstream school. The local authority also commissions a small 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?**

There are lots of positive changes happening in Hounslow to make things better for children, young people and their families. However, some of these changes are new and it is too early to see the sustained impact of the local area's work, for example in relation to increasing the number of young people in education, employment or training. Overall, the 'lived experience' of children, young people and their families is varied.

For children in the early years there are strong examples of practitioners coming together to identify and support children's needs quickly. However, for some older children, the identification of their needs is not as secure. Too often, children who are permanently excluded from school and subsequently referred to the fair access panel are only having their needs identified after they have been placed in AP.

Children and young people's voices are not heard across the local area as loudly as they should be. There are examples of effective working with young people, such as 'The Overcomers' group working with the child and adolescent mental health service (CAMHS). However, the partnership's strategy for engaging children and young people in genuine co-production (a way of working where children, families and those that provide the services work together to create a decision or service that works for them all) is not well developed.

A high proportion of children and young people receive their education, health and care (EHC) plan in a timely way. While the overall quality of EHC plans is variable, more recently issued plans have the child or young person's individual needs as golden threads that run through them. However, some EHC plans are significantly out of date. For these children, the plan is no longer relevant to the age or phase of education that the child or young person is currently in. Also, the timeliness with which annual reviews are completed and final amended plans issued is not good enough. These weaknesses mean that there are gaps in the information that practitioners need to provide high-quality support.

Children and young people with SEND typically achieve well across all phases of their education. Some groups, such as those with more complex physical and medical needs who are known to the children with disabilities team, are effectively supported, for example in their preparation for adulthood (PfA).

While there remains more work to do to develop an inclusive approach across the local area, some strategies, such as the 'mainstream inclusion partnership' (MIP), are successful. The MIP is helping to improve children and young people's experiences through improved communication between schools and the services provided. This is because the MIP is enabling schools to secure additional resources that they use effectively in order to meet the specific needs of children and young people.

Children and young people are now having their therapy needs identified and assessed more quickly. The partnership is effectively reducing wait times for therapies such as

speech and language. This means that support packages are being developed and commissioned more quickly. However, the local area does not have a strong oversight of how well education providers use their allocated funding to improve children and young people's therapy outcomes. At times, those who are being educated other than at school are not receiving the social care and health packages that are set out in their EHC plans.

Too many children are waiting a long time for a neurodisability assessment. Leaders' progress in addressing this has been slow. However, children, young people and their families can access effective help in times of crisis and/or if they are engaged with the mental health support team. The dynamic support register (DSR) is managed well for those children and young people with a diagnosis of a learning disability or autism. Practitioners who work with vulnerable children, young people and their families coordinate their care and help effectively. This reduces the risk of any unplanned hospital admission.

Recently, the numbers of children and young people not in education, employment or training (NEET) has been rising. While those who are of statutory school age are being monitored and guided effectively, those young people who are age 19 or above are not. For this group, there is a lack of a timely and coordinated approach in giving them the effective advice and guidance that they need. Consequently, they remain NEET for too long.

Vulnerable children and young people, such as unaccompanied asylum-seeking children and those looked after children, are well supported. This includes through the work of the specialist health visitor as well as the resources and advice that are provided to the educational settings that these children attend. Practitioners across education, health and social care also work well together to identify, assess and meet the needs of those children and young people who live in residential special schools. They achieve well during their placements.

## **What is the area partnership doing that is effective?**

- There is lots of passion and ambition from professionals to make the lived experience of children, young people and families better. Leaders across the partnership are accurate in the self-evaluation of their work. They know that they are on a 'journey', but there is strong evidence that this journey is going in the right direction. For example, leaders are more rigorous in the use of data to monitor the impact of their work. Co-production with parents and carers and wider stakeholders has improved. The partnership's quality assurance processes of EHC plans are now robust.
- Leaders have used a range of external reviews to evaluate important aspects of their work. This includes their strategies for therapies, transport and AP. Leaders have responded to these reviews positively and are using the recommendations to set out their improvement strategies. Leaders in education have also undertaken a detailed analysis of the projected trends and patterns in relation to the needs of children and young people with SEND. They are using this information well, for example to commission new employment and independence hubs that will specifically ensure that those young people aged 16 to 25 with the most complex needs will have access to

educational pathways that support their PfA.

- The partnership works well with stakeholders in education to develop their plans in relation to PfA, for example in being able to offer more opportunities for young people to follow a supported internship. Leaders are now working to find ways of promoting these opportunities more effectively so that take-up rates improve.
- The partnership's relationship with the parent carer forum (PCF) has much improved. The PCF value the openness and dialogue that they have with leaders. They also talk positively about their involvement in co-production. This is helping to improve aspects of the local area's work, for example in relation to PfA and the partnership's learning from complaints. Through the 'you said, we did' approach, the partnership has introduced monthly SEND surgeries in different parts of the local area, enabling parents to 'drop in' and receive any support and guidance that they might need, such as in relation to therapies and/or early help.
- There are strong examples where the work of CAMHS is making a positive difference to the lives of children, young people and their families. For example, parents can access accredited programmes which are offered across all CAMHS services. These programmes are enabling parents to build a stronger relationship with their children, for example in learning how to help their children to adapt their behaviour. Specialist teachers in the CAMHS team work directly with children and young people to improve their mental health and well-being. They also advise those who work alongside the child or young person, such as school staff. The impact of the specialist teaching team can be seen through children and young people's engagement with and continued attendance at school.
- The local area's approach to identifying, assessing and meeting the needs of children in the early years is well developed. This area is an example where the partnership's approach to joined-up thinking and information-sharing works well. For example, early years advisers and specialist practitioners give expert advice and guidance to settings. Health practitioners make sure that early years settings receive the training that they need to have confidence in being able to meet children's health needs.
- Other strengths in health provision include parents being able to have access to the school nursing team through the 'parent line'. Children can also access a health app. These initiatives help the school nursing team to understand the needs of families as well as being able to provide quicker advice and guidance. The co-location of health services and shared information systems enable practitioners to access and share information about children and young people quickly.
- The partnership's early help offer has recently been improved to focus on the specific needs of families in the local community. Families can more easily access the offer through the 'family hubs'. Practitioners use assessments well to pinpoint and plan the early help that enables families to move forward. Most children with more complex needs that are known to social care are well supported. Most have their needs assessed in a timely way; parents receive the right help to meet their child's needs while being able to care for them at home.

## What does the area partnership need to do better?

- Insufficient numbers of babies and children benefit from the one- and two-and-a-half-year development reviews. Universal antenatal contacts are currently completed virtually for families assessed as lower risk, while in-person appointments are completed for families where vulnerabilities have been identified. Overall, a child's possible needs may not be being identified and met at the earliest stage.
- There is no commissioned pathway for children and young people to access a learning disability assessment. This means that they are unable to receive coordinated support from the wider partnership, including accessing the DSR and specialist provision. Similarly, for some children and young people aged five and above who have complex health needs and a learning disability, they are unable to access a pathway for a neurodevelopmental diagnostic assessment. This means that interventions and strategies may not be accessible to them through specialist services.
- There are weaknesses in the partnership's work in relation to EHC planning. There are still too many children and young people who have out-of-date EHC plans. There are also inconsistencies in how well EHC plans and annual reviews are being used to set out each child or young person's PfA journey from Year 9 onwards, for example in relation to their planned outcomes.
- There are some important aspects of the local area partnership's work that are not coordinated as well as others. This includes the work of the fair access panel, oversight of the use of part-time timetables and the support given to those young people aged 19 and over who are NEET. Leaders have not given sufficient thought to establishing a systematic approach to information-sharing and collaboration in relation to these areas of work.
- Currently, too many secondary-aged pupils remain in local authority commissioned AP for too long. One cause of this is that some children's needs are only being identified once they start their placement in their provision. Too few are being successfully reintegrated back into mainstream education.
- Sometimes, practitioners who work with children and young people do not consider their holistic health and care needs well. The reviews of children and young people's plans and provision across education, health and social care are sometimes not completed in a timely way. The overall impact of this means that some children and young people do not receive the 'rounded' package of care that they need, including in their PfA.
- The impact of collaborative work across the partnership is variable. For example, some practitioners lack the knowledge and skills to work with families effectively. Sometimes, others lack an understanding of the local offer and the range of advice, guidance and pathways that they can signpost parents or young people to. Leaders do not consistently liaise with the SEND information, advice and support service well. This means the partnership does not gain valuable insights that help them to plan improvements, for example in relation to parents' concerns and the patterns of referrals going into the service.
- The local area partnership's understanding of how well its work, including the local

offer, is meeting the needs, interests and aspirations of children and young people is too limited. Leaders have not considered with enough precision what they want to get out of their work with young people and how best to make it happen.

<b>Areas for improvement</b>
<p>Leaders across the partnership need to develop and implement a more effective strategy for working with children and young people. This should particularly focus on:</p> <ul style="list-style-type: none"> <li>• developing a cohesive approach to genuine co-production</li> <li>• ensuring that the voice of children and young people is heard more clearly and better represented when practitioners review children and young people’s plans and provision across education, health and care.</li> </ul>
<p>Leaders across the partnership need to accelerate their work to improve the timeliness and quality of some aspects of their strategies that relate to EHC planning. This includes:</p> <ul style="list-style-type: none"> <li>• ensuring that children and young people with out-of-date EHC plans are prioritised</li> <li>• significantly improving both the quality and timeliness of annual reviews</li> <li>• ensuring that a child and young person’s journey through PfA is more effectively planned, particularly from Year 9 onwards</li> <li>• significantly increasing the timeliness with which final amended EHC plans are issued.</li> </ul>
<p>Leaders should develop more coherent strategies to coordinate and evaluate their work in relation to:</p> <ul style="list-style-type: none"> <li>• the fair access panel and its role in supporting the development of a more inclusive approach within mainstream education</li> <li>• their oversight of the use of part-time timetables</li> <li>• how they support young people aged 19 and over to sustain participation in education, employment or training</li> <li>• ensuring that more secondary-age pupils who are in local authority commissioned AP successfully reintegrate into mainstream education</li> <li>• ensuring that those children in education other than school routinely receive the health and care provision that is set out in their EHC plans.</li> </ul>
<p>Leaders across the partnership need to ensure that practitioners are better placed to support children, young people and their families. Their work should particularly focus on ensuring that:</p> <ul style="list-style-type: none"> <li>• staff have a better understanding of SEND, particularly in the local context of Hounslow and supporting children’s PfA</li> <li>• staff know the range of advice, guidance and pathways that are available within the local offer and signpost these more effectively</li> </ul>

- they develop strategies to improve how practitioners share information and collaborate between and across education, health and social care.

Leaders in health and other commissioners in the partnership need to ensure that they:

- prioritise reducing children's and young people's waiting times for a neurodisability assessment
- commission a pathway to enable young people to have a coordinated learning disability assessment
- establish a system that provides oversight of the impact of funds that are directly allocated to education providers on children and young people's therapy outcomes.

## Local area partnership details

Local authority	Integrated care board
Hounslow Local Authority	North West London Integrated Care Board
Steven Forbes, Executive Director Children's and Adults' Services	Rob Hurd, Chief Executive Officer
<a href="http://www.hounslow.gov.uk">www.hounslow.gov.uk</a>	<a href="http://www.nwlondonicb.nhs.uk">www.nwlondonicb.nhs.uk</a>
7 Bath Road Hounslow UB8 1UW	15 Marylebone Road London NW1 5JD

## 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: an Ofsted Inspector from education and an HMI from 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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