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10 October 2016

Ms Sally Robinson  
Director of Child and Adult Services  
Hartlepool Borough Council  
Civic Centre  
Hartlepool  
TS24 8AY

Ali Wilson, Hartlepool and Stockton-on-Tees clinical commissioning group chief officer

Danielle Swainston, local area nominated officer

Dear Ms Robinson

### **Joint local area SEND inspection in Hartlepool**

During 3 October to 7 October 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Hartlepool 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 team inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the 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 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 also met with leaders from the local area for health, social care and education. Inspectors 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 of Education, Children's Services and Skills (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are responsible for submitting the Written Statement of Action to Ofsted.

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

## Main findings

- The impact of leaders on the quality of services for children and young people who have special educational needs and/or disabilities in Hartlepool varies widely. Consequently, the experiences and outcomes for different groups of children and young people, and their families, in relation to education, care and health are too variable.
- Inspectors found some examples of effective practice in education, care and health services that enrich and enhance the lives of children and young people. Conversely, weaknesses in monitoring and evaluating the effectiveness of other aspects of the same services mean that leaders are, at times, not well enough informed to intervene quickly when improvement is needed.
- The needs of the youngest children and those who have complex health needs are identified and assessed effectively and in a timely way. Education, health and care provision for these children and young people is flexible and highly personalised. As a result, they are achieving better outcomes.
- Many families told inspectors that they do not know how to get the help and support their children need. Some families told inspectors that they find the local area's arrangements confusing and, at times, frustrating, as a result of long waiting times and because their views are not always heard or valued.
- Although, compared with the national picture, a high proportion of existing statements of special educational needs have been converted to education, health and care plans in a timely way, too few new assessments are completed within the required 20-week timescale.
- Health leaders' analysis of children and young people's needs is limited, and the local area's approach to jointly commissioning services is not focused on the difference these services will make to children, young people and their families.
- Leaders do not have a clear view of how well the local area improves outcomes for children and young people who have special educational needs and/or disabilities. This is because the outcome measures in plans focus on what services will be delivered and not on the difference these services will make.
- Inspection evidence indicates that children and young people who have special educational needs and/or disabilities are kept safe and protected from harm. However, leaders do not routinely evaluate the effectiveness of the local area's safeguarding arrangements for this key group of children and young people. Consequently, leaders do not know what is helping the children and young people to feel safe in Hartlepool and what could be improved.
- Inspectors recognised the deep commitment of frontline staff who work with children and young people who have special educational needs and/or disabilities. This was echoed by many families who shared their views with inspectors.

## **The effectiveness of the local area in identification of children and young people who have special educational needs and/or disabilities**

### **Strengths**

- The needs of the youngest children who have special educational needs and/or disabilities are identified quickly and accurately as a result of effective work in newly formed teams of community-based education, health and care professionals. The use of early help assessments provides these children with timely and well-targeted support.
- Children's centres provide the communities they serve with access to a range of services that support timely identification and assessment of children's needs. Effective training and development is helping staff to spot more quickly children whose development is atypical.
- Parents and carers report that children's education and care needs are identified and assessed effectively through the autism transition pathway. Much is done to work out how best to support Years 5 and 6 pupils so that they are ready for the move to secondary school.
- Children with complex health needs are identified effectively. Care coordination plans successfully capture the voice of children and young people, for example: 'I find lumpy foods difficult so please give me smooth food and thickened fluids.' This helps professionals to understand what is important to each child and know how best to support them.
- Professionals in schools and settings are knowledgeable about what makes children and young people who have special educational needs and/or disabilities vulnerable and how to protect them from harm and keep them safe and well.

### **Areas for development**

- Leaders' understanding of families' experience of identification and assessment is limited. There are too few opportunities for families to be heard and not enough consideration is given to what they say, for example at the point of, or indeed following, diagnosis.
- Many families told inspectors that the systems for identifying and assessing children and young people's needs are confusing and hard to access. These systems were described by parents and carers as 'opaque' and needing to be 'simplified and explained'. Too often, families have to repeatedly 'tell their story' to health professionals in different settings.
- Too few assessments are completed within the statutory timescales. When compared to the national average, the proportion of assessments completed within the required 20-week period is low.
- The impact of training in the disability and special educational needs reforms is too variable. For example, while leaders are confident about the knowledge and skills of health services staff, they do not monitor the impact of training and

development on the identification of children and young people who have special educational needs and/or disabilities.

- The existing mechanism for sharing information about checks completed by early years practitioners and health visitors is not robust. This limits the effectiveness of the local area's arrangements for identifying children and young people's additional needs.
- Leaders in the local area do not evaluate the effectiveness or impact of arrangements for identifying and assessing the needs of specific groups of children and young people, for example those who have special educational needs and/or disabilities who are also looked after by the local authority.

### **The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities**

#### **Strengths**

- Jointly commissioned education, health and care services are effectively meeting the complex health needs of some individual children and young people.
- The range of short breaks provision is greatly valued by children and young people and their families because it is flexible, needs-led and highly personalised. Similarly, carers' grants are used creatively and flexibly to provide valuable help and support for families.
- In the 19 to 25 age range, well-planned and effectively coordinated learning programmes are helping some young people with severe and complex needs to develop their independence and work-related knowledge and skills. This includes work experience, work placements and supported internships. Expectations for these young people are high, and a determined and purposeful drive helps them to achieve better lives.
- The 'all about me' section of education, health and care plans is consistently and effectively co-produced with children, young people and their families. One parent told inspectors, 'It is like my son has written it himself ... it is not like a medical journal.' Children and young people themselves say that these plans help other people to understand what is important to them.
- Families who use the local area's special educational needs and disabilities information, advice and support service (SENDIASS) say that they have received invaluable help, enabling them to have a stronger and more influential voice.
- There are many good examples of schools working individually or together to develop new provision which meets children and young people's needs well, for example by using specialist training and support from speech and language therapists to develop staff knowledge and skills and improve children's learning and development.

- Children and young people who have special educational needs and/or disabilities are supported well by the occupational therapy and physiotherapy services to access the specialist equipment they need.
- Children and young people with diabetes are supported well by dedicated children's community nurses. Case studies show that children with diabetes and their families are supported effectively when they move from primary to secondary school and from children's to adults' services.

### **Areas for development**

- The process for checking the quality of education, health and care plans is applied inconsistently. The health outcomes in these plans are imprecise and do not always link with the assessments of children and young people's needs. Plans for some of the children who have special educational needs and/or disabilities who are also looked after by the local authority do not align well with their personal education plans. Consequently, reviews of their plans are sometimes superficial.
- Of the families who spoke with inspectors, very few knew about the local offer or how to get help and advice in the local area. Many are heavily reliant on others to help them make sense of the resources and support that are available. Some parents and carers described feeling particularly vulnerable and isolated at the point of their child's diagnosis.
- Children with additional needs who receive care from a number of health services do not always benefit from a coordinated approach to assessing and meeting their needs. This episodic and condition-led approach inhibits the development of joined-up healthcare planning and leads to a lack of clarity for parents. For example, children and young people on the autism diagnostic pathway can wait for 10 to 12 months for a diagnosis, and too many families experience long waiting times for speech and language therapy or to see a paediatrician.
- Transition arrangements for children and young people who have special educational needs and/or disabilities moving from paediatric to adult health services are not always well supported. While there are strong arrangements for some children and young people, transition arrangements for others are less effective.
- Leaders do not make the best use of some of the strongest and most valuable resources in the local area to improve the quality of services. Highly effective practice resides within individual services, settings and schools and too little is done to help professionals 'learn from the best'. Similarly, leaders do not give sufficient prominence to the views of children, young people and families in evaluating what is working well and where improvement is needed.
- Inspectors identified weaknesses in leaders' understanding of the effectiveness and impact of specialist provision. The local area has been too slow to develop an approach to commissioning services which is sharply focused on improving outcomes for children and young people who have special educational needs

and/or disabilities. This includes poor arrangements for providing personal health budgets.

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

### **Strengths**

- Rates of progress of primary-aged children who have special educational needs and/or disabilities in reading, writing and mathematics are comparable with, and sometimes better than, those for other children nationally with similar starting points.
- Individual health services are working well to improve the health outcomes of children and young people who have special educational needs and/or disabilities.
- Services are provided sensitively and with care and compassion. Short breaks provision effectively helps children and young people to develop their confidence, independence and skills away from their families.
- Well-planned, coordinated and highly personalised learning programmes are effective in supporting young people in the 19 to 25 age range to develop their functional skills, lifeskills and work-related learning skills. This, importantly, improves their independence and employability.

### **Areas for development**

- The outcome measures in education, health and care plans tend to focus on what services will do for children and young people and not on the difference these services will make. As a result, leaders do not know how well the local area improves outcomes for children and young people who have special educational needs and/or disabilities.
- Leaders in the local area do not analyse outcomes for children and young people who have special educational needs and/or disabilities rigorously enough. The learning and progress of children and young people with different needs, and those who are also looked after by the local authority, are not systematically analysed. This means that leaders cannot evaluate the effectiveness of provision on key groups of children and young people, which weakens future planning.
- Leaders' understanding about what is helping children and young people who have special educational needs and/or disabilities to feel safe in Hartlepool is not well developed because leaders do not routinely seek their views.
- The progress of children and young people who have special educational needs and/or disabilities in secondary schools is not as strong as it is in primary schools. While some young people achieve outcomes which help them to be well prepared for the next stage of their learning and their adult lives, others do not. Comparative analysis of the learning outcomes of young people who have special educational needs and/or disabilities in the 16 to 25 phase is lacking.

- Levels of absence, persistent absence and fixed-term exclusion for children and young people who have special educational needs and/or disabilities are too high, especially in the secondary phase, when compared with the national averages for all pupils. Leaders are not doing enough to increase levels of attendance and reduce fixed-term exclusions.
- The existing arrangement for the role of designated medical officer or designated clinical officer in the local area is not providing the influence needed to ensure better health provision and improved outcomes for children and young people who have special educational needs and/or disabilities.

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

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities
- weaknesses in providing the clear and timely information, advice and support that families need
- weaknesses in the strategic joint commissioning of services for children and young people who have special educational needs and/or disabilities
- weaknesses in the monitoring of the effectiveness of services in improving outcomes for children and young people who have special educational needs and/or disabilities.

The approach to responding to findings from inspections, including the production and review of the statement, is set out in Annex A of the local area SEND inspection handbook.

Yours sincerely

Nick Whittaker  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Cathryn Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services Children, Health and Justice.
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CC: Clinical Commissioning Group  
Director, Public Health for the Local Area  
Department for Education  
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