

Area SEND inspection of Hartlepool Local Area Partnership

Inspection dates: 13 to 17 March 2023

Date of previous inspection: 3 to 7 October 2016

Inspection outcome

The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership is taking action where improvements are needed.

The next full area SEND inspection will be within approximately 5 years.

Ofsted and the 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

Hartlepool Borough Council and NHS North East and North Cumbria Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Hartlepool. This is a small local authority where partnerships are well established. Communication between partner agencies, including the parent carer forum 1 Hart, 1 Mind, 1 Future, and voluntary organisations is strong.

The local authority commissions alternative provision for secondary-aged children and young people through their pupil referral unit (PRU), Horizon School. The PRU includes provision for pupils whose health needs have led to extensive periods of non-attendance at mainstream secondary schools. Additionally resourced provision in mainstream schools provides support for primary-aged pupils with social, emotional and mental health (SEMH) needs. There are limited places available in these settings. Work has recently begun on a new free school for pupils with SEMH which is due to open in 2024. A small number of children and young people with SEND, who need to study from home due to their physical and mental health needs, have access to online alternative provision.



What is it like to be a child or young person with special educational needs and/or disabilities in this area?

Children and young people with SEND are at the very centre of decision-making in Hartlepool. Local area partners work to a combined vision that 'these young people are our young people'. This vision shines through all collaboration and decision-making. Through opportunities such as the youth partnership forum, young people with SEND make their voices and opinions heard.

Children's needs are accurately identified at an early stage by the health visiting team. Health visitors make timely referrals to medical partners for more specialist assessment and support. All early years providers across Hartlepool have a named nursery nurse who supports with assessment and provision for children with SEND. The school nursing team provides effective support with areas of care such as sleep, continence, weight management and emotional health needs.

Most children and young people benefit from effective identification of SEND. The educational psychology team is a strength of the area. The team provides school leaders with valuable advice, support and training. This directly contributes to the accurate assessment of children and young people's education, health and care needs. For example, in the early years, training on early communication and interaction has strengthened the accurate identification of neurodevelopmental needs.

Children and young people receive effective early help intervention, which contributes to the early identification of their needs. Highly skilled family support workers know and understand children's needs well. They act as advocates for children and young people, ensuring that their views inform the development of support plans. Other education, health and care partners contribute effectively to these plans. Co-location with health partners helps to strengthen the sharing of information and communication about the needs of children and families.

Children and young people who are in mental health crisis have access to a 24-hour support service and intensive home treatments. Professionals provide additional support for children and young people who have a learning disability or autism spectrum disorder (ASD). Integrated therapy professionals run weekly drop-in clinics at children's centres across Hartlepool. Therapists assess children and young people's needs and direct parents and carers to other professionals. Where possible, practitioners consolidate appointments to support a 'tell it once' approach.

Enhanced transition processes support children and young people with SEND as they move between primary and secondary schools. This helps to provide a settled start to the new school. The post-16 offer for young people is strong. Local leaders use termly commissioning meetings to ensure that all provision matches needs. The designated clinical officer ensures that there are effective transitions between children and adult hospices in end-of-life care.



Primary, secondary and post-16 children and young people with learning disabilities enjoy and benefit from a wide range of community-based activities. Personal assistants (PA) and community short breaks workers support them well. However, a small number of families struggle to find PA support, which means that their children and young people have limited access to short break activities. Family support workers step in to provide this support wherever possible.

Increasing levels of need and recruitment challenges mean that children and young people wait too long for speech and language therapy or assessments which may lead to diagnoses such as ASD or attention deficit hyperactivity disorder. This leads to frustration for children, young people, parents and carers. Local area partners take steps to minimise the impact of these delays on the provision and support available. For example, families and professionals can access a wide range of accredited training programmes, such as for autism spectrum disorder and early communication, to help meet emerging needs.

What is the area partnership doing that is effective?

- Leaders, across education, health and social care, articulate their vision for children and young people with SEND well. Leaders understand the issues facing families in the local area. They are committed to providing person-centred services to meet individual needs. School and college leaders agree that there is a shared ambition to develop an inclusive approach to SEND provision across Hartlepool.
- Leaders have developed systems to ensure that they have an accurate picture of the needs of children and young people with education, health and care (EHC) plans. Close working relationships between partners help to ensure that pertinent information is shared on an informal and formal basis. Since the last inspection, leaders have strengthened governance arrangements, which have improved the strategic oversight of developments.
- Leaders have made a significant investment in the educational psychology provision for the area. This investment means that children and young people benefit from accurate identification of needs and timely support.
- Leaders have prioritised the development of a needs-led neurodevelopmental pathway. With the support of the parent carer forum, leaders have made improvements to the diagnostic process for children and young people. For example, on the under-fives pathway, parents and carers benefit from access to support from a consultant paediatrician during the waiting period. In addition, parents and carers have contributed to the foundation of an assessment pathway for children and young people with Down's Syndrome.
- Leaders have integrated the physiotherapy and occupational therapy teams in Hartlepool. This has improved the way that these teams understand and meet the needs of children and young people with SEND. This integrated team has developed training programmes to empower and upskill parents, carers and staff in special schools. For example, the 'Move' programme supports families and



practitioners to deliver bespoke physiotherapy and occupational therapy programmes. This has increased the confidence of parents, carers and practitioners to challenge the child or young person to achieve their potential. 'Move' has achieved significant positive results. These include increased levels of communication and a reduction in the need for hip replacement surgery.

- There is a comprehensive package of support for post-16 young people at risk of not being in education, employment or training (NEET). School leaders work in partnership with the NEET team to identify vulnerable young people. There is an established partnership structure between different agencies to ensure that each young person receives a tailored package of support. Young people with SEND speak positively about the support and opportunities available to them. This includes supported internships which lead to paid employment.
- Co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all) with parents and carers is a golden thread which weaves through new initiatives and service redesign. Leaders listen to and value the views of parents, carers, children and young people. For example, the views of children, young people and their families have contributed to strategic decisions around school place planning as well as operational improvements such as child-friendly spaces in the hospital. In addition, consultation with the parent carer forum led to the creation of a direct payment pathway. Family support workers help children, young people and families to manage and review their direct payment package. This means that families receive the right help without the need for social work intervention.
- Relationships between social workers and families are strong. Social workers speak passionately about children and young people and know them well. They demonstrate appropriate challenge and are not afraid to escalate their concerns when children are waiting for next steps from partners in health and education. Children and young people known to social care benefit from regular multi-agency meetings. Team around the child meetings, children in need meetings and looked after children reviews ensure that partners share information effectively. This means that children and young people's respective individual plans are progressed in a timely manner.
- Leaders have established arrangements for commissioning services and provision to meet the needs of children and young people with EHC plans. Partners work together to commission places for pupils in enhanced provision, the PRU and residential provision. There is a well-established process of quality assurance and oversight included as part of all commissioning arrangements. The needs-led dynamic support register identifies high levels of support for children and young people with or without a diagnosis. This effectively reduces the need for hospital admissions.



What does the area partnership need to do better?

- Too many education, health and support assessments are not completed within the statutory timescales. Contributions to plans from different professionals vary with specific concerns around the timeliness and accuracy of those from the speech and language service. Leaders have taken significant steps to mitigate the impact of these delays on provision for children and young people. For example, integrated health visiting and early help services provide effective early identification of the needs of children and young people and timely support. Staff in early years settings and schools can access a health hotline through which they can receive advice and support from senior clinicians. The educational psychology team contributes effectively to the ongoing support for children and young people in schools and early years settings. In addition, leaders have recently increased the number of case workers to ensure the timely administration of plans. However, leaders need to increase the number of plans completed within the statutory timescales and improve the timeliness of reviews.
- Leaders do not have an accurate enough oversight of children and young people receiving SEND support. This means they do not have the information necessary to check trends in areas of need. This limits leaders' ability to identify the training requirements necessary to ensure that the wider workforce meets the needs of all children and young people with SEND.
- Leaders do not have a comprehensive strategy for the identification of alternative provision, other than the PRU. School leaders work together to identify and share school-based alternative provision. This ensures that they can meet the needs of children and young people with SEND. However, leaders do not collate this detail to help identify any gaps in provision that could be better met through the commissioning process.
- The waiting times for a diagnosis on the neurodevelopmental pathway and for speech and language therapy are too long. Leaders have completed an analysis and identified resources to begin to reduce local waiting times. However, development plans do not contain precise targets or timescales for improvement. This impacts on the accuracy of leaders' oversight of identified improvements.

Areas for improvement

Leaders across the partnership should ensure that they continue to make rapid improvements to the EHC assessment and review process to ensure that all children and young people receive the support they need in a timely manner.

Leaders across the partnership should collaborate with school leaders in schools and academies to collect and analyse regular information on all children and young people receiving SEND support to check for trends.



Leaders across the partnership should ensure that plans to target the reduction in waiting times for speech and language and neurodevelopmental assessments contain accurate targets and ambitious timescales for improvement.



Local area partnership details

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Information about this inspection

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

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