

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



## **01 October 2021**

Ann Graham  
Director of Children's Services, Haringey  
River Park House  
225 High Rd  
Wood Green  
London  
N22 8HQ

Rachel Lissauer, Director of Integration, Clinical Commissioning Group (CCG)  
Mary Jarrett, Head of SEND, Local Area Nominated Officer

Dear Ms Graham and Ms Lissauer

### **Joint area SEND inspection in Haringey**

Between 5 July 2021 and 9 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Haringey to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) 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 Care Quality Commission CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and 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 area, including the area's self-evaluation. Inspectors met with leaders from the area for health, social care and education. They 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 (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 CCG are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

## **Main Findings**

- Leaders have made insufficient progress in implementing the 2014 reforms. Recent leadership changes have ensured an increased sense of urgency in completing much needed improvements. Parents and providers have increasing confidence in leaders to work more closely with them, including newly appointed leaders. Leaders are aware of the deficiencies in SEND provision for children and young people in Haringey.
- Area leaders have produced a clear, fair and detailed self-evaluation which sets out the area's priorities in identifying, assessing and meeting the needs of children and young people with SEND. Accurate analysis carried out by leaders has highlighted areas of strength, but equally areas where further improvements are needed to embed the SEND agenda across the partnership.
- There is a developing culture of listening and learning, with operational staff telling leaders what they are experiencing on the ground.
- Parents told inspectors that they are concerned about the way that the SEND reforms are being delivered. There has not been a parent carer forum for some time. Leaders have worked hard to find a number of solutions in the absence of a parent carer forum and have recently awarded a contract for a new parent carer forum.
- Leaders know their community well. They understand the implications of increased demand and the challenge of meeting an increasingly broad range of needs. Leaders and front-line staff share an ambition for, and practise, integrated working.
- The quality of education, health, and care (EHC) plans is poor. Education, health and care professionals do not work together well enough to draw up these plans. Weaknesses in assessment and planning processes remain. Amendments made to EHC plans after annual reviews are often inaccurate. Inspectors identified too many errors and shortfalls in EHC plans.
- The CCG and local authority work in collaborative partnership to promote the SEND agenda and to deliver provision which meets the needs of children and young people with SEND and their families.

- Effective joint commissioning systems are in place in Haringey and are well embedded. The strong collaboration between partners is informing commissioning decisions and contributing to the redesign of services with increased capacity and sustainability.
- Strategic leaders understand the importance of co-production. However, in practice there is neither a culture nor practical systems in place for this to occur. Leaders are clear that more needs to be done to embed co-production with parents, children and young people in Haringey.
- Too many children and young people wait too long for assessments to identify autism spectrum disorder (ASD). There is little or, in most circumstances, no specific support available while waiting for assessment.

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

### **Strengths**

- Children and young people with SEND in schools benefit from knowledgeable and skilled special educational needs coordinators (SENCOs). SENCOs attend regular training to hear about best practice. They know about the support that is available to children, young people and their families. This equips them well to identify any emerging SEND.
- There is a coordinated approach to the sharing of information in the early years, so that children's needs can be identified in a timely way. Education, health and social care staff work together well to support the early identification of children's needs. Health visitors and other partnership services deliver an effective range of early interventions and support for families.
- Young people who become known to the youth justice service benefit from a variety of health assessments. These help to identify previously unmet speech and language needs and social, emotional and mental health needs.
- Leaders are determined that children and young people with SEND should have their needs met at the earliest possible stage. To support this aim, they have increased capacity in the statutory assessment team in recognition of increased demand and lack of timeliness and quality.

### **Areas for development**

- The coordination of education, health and social care services and support across the area is inconsistent. Although some services work together well, this is not the case for all. Some children and young people with SEND do not experience a well-planned and consistent approach to identification of their needs. As a result,

some parents and school leaders are frustrated and have resorted to paying for assessments, for example speech and language assessments, to identify children and young people's needs.

- Leaders know who their most vulnerable children and young people with SEND are. They have effective systems in place to identify these children and young people. However, the processes for assessing and meeting these identified needs are not well communicated to families.
- Over time, leaders have not ensured that EHC plans are checked thoroughly. They have not tracked progress towards the outcomes identified in EHC plans well enough. Some outcomes are not specific to the child or young person's needs. Too often, health and care outcomes are missing from plans. A structured approach to assure the quality of new plans and improve existing plans is being implemented.
- Waiting times for assessment of ASD in Haringey are too long. This has more recently been exacerbated by the pandemic, with, for example, waiting times for assessment in the five to 12-year-old age group being up to, and in some circumstances more than, two years. In addition, some children are required to be assessed by speech and language therapists (SALT) as part of their ASD assessment process. Waiting times for SALT are high and these families are waiting too long for a potential diagnosis, with little or no support provided during the waiting period.

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

### **Strengths**

- Early years settings visited by inspectors have an ethos of inclusivity. Settings make reasonable adaptations to ensure that children, including those with the most complex needs, can access and enjoy mainstream settings. Early years practitioners ensure that children without additional needs interact with those who have SEND, which is helping to create a positive and inclusive culture.
- The Special Educational Needs and Disability Information and Advice (SENDIASS) service is well led and impartial. Leaders are aware of their function within the system. Parents who use the service value its high quality and appreciate the support provided.
- Health visitors advocate for children, families and the local community over and above the delivery of the healthy child programme. This includes work with families who find it hard to make their concerns known. For example, they assist

families with enquiries about housing issues, which helps improve environments for vulnerable babies and children.

- Parents value specialist provision in mainstream schools and special schools. They greatly appreciate the effective way these settings meet their children and young people's needs.
- Children and young people with SEND spoke positively about their schools and were able to identify professionals who help and support them. Children and young people, in non-COVID times, can attend a variety of inclusive after-school activities, such as sports clubs, swimming, music and social events. These activities help them to build their confidence and socialise.
- Leaders encourage innovation. There are some interesting examples of this, for example the five-day offer at college, including during the holidays, and the maintenance of contact with children and young people during lockdowns by some health, social care and education practitioners.

### **Areas for development**

- The quality of EHC plans is weak. Plans do not tell the story of the whole child. The educational element is more detailed and insightful, but routinely information about health and social care needs is not included.
- Leaders have only recently started to check the quality of all EHC plans and ensure that all partners are contributing. This means that plans have not always been subject to a rigorous quality assurance process, and therefore their quality and timeliness are variable.
- The online local offer is not functioning effectively. It can be inaccessible and lacks clarity, ownership and credibility. Some health practitioners and parents spoken to were unaware of its existence. Some parents who have accessed the offer find it difficult to find and access short breaks, social activities for their children and respite provision within the area, for example. Also, for those who are older, there is limited short-break availability in the summer holidays.
- Leaders acknowledge the need to have a more joined-up approach to the planning of provision for those aged 19 to 25. Young people, including those with complex needs, are not supported well in making successful transitions into adult life. There is a limited choice of supported living opportunities, further education, and internship programmes to provide suitable options for those in this age group.
- There is more to do to embed co-production in the local area. Parents and professionals are ready to be part of the solution. An inclusive approach to young people's participation is required. Young people felt that listening did not always turn into action, and they want to participate in projects that change perceptions and attitudes towards young people with SEND and empower them.

- At the time of our inspection, some SALT provision into mainstream schools after Year 2 was focused on those children and young people with an EHC plan or those who were in the process of an EHC plan being provided. This means that children without an EHC plan might not receive the care and support that they require.
- Communication from staff to families between a referral being made for ASD assessment and the actual assessment taking place is weak, leaving some families wondering if an assessment will go ahead. Staff we spoke with agreed that communication could be improved so that families are better informed.
- Parents told inspectors that they were concerned that communication with professionals is poor, with many parents advising that they must 'tell their story' again and again. They also said that emails remain unanswered or delayed, which raises anxieties and promotes mistrust.

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

#### **Strengths**

- Academic outcomes for children and young people with SEND are good and improving because of the effective identification of needs and the well targeted support in the early years. Settings and schools ensure that the curriculum is adapted to meet the needs of children and young people.
- Most pupils attend provision which has the confidence of children, young people and their parents. Most attend schools which have been judged to be good or better by Ofsted.
- Leaders across education, social care and health are ambitious for young people with SEND. Young people told inspectors that they know what they need to do to achieve their ambitions. Some young people spoke of their desire to attain qualifications, go to college and take university courses. A large proportion of young people with SEND leave school to attend further education, enter employment or begin apprenticeships. However, the options are limited and not always matched to the needs of young people.
- Attendance is good, and exclusions have reduced over the last three years because schools are vigilant.
- Young people not in education, employment, or training are relatively few as schools and settings develop innovative approaches and pathways to find placements.
- Health practitioners recognise the vast diversity of the population of Haringey and know how to adapt the SEND service provision to meet cultural needs and beliefs.

## Areas for development

- Health practitioners do not always measure the impact of their work. This includes, for example, amended EHC plans not being routinely contained within health records. This not only means that those records remain incomplete, but also that health practitioners are not aware of key information that might be useful in their interactions with those children and young people.
- Area leaders have identified that some children and young people with ASD are not having their needs met quickly enough in appropriate provision. Parents expressed their concerns about the negative effect that delays in assessments can have on their children's long-term outcomes. This includes young adults with learning disabilities, as there is no dedicated 18+ autism service in Haringey. An autism hub is planned, but at the time of the inspection this was not in place.
- Annual reviews are not undertaken proficiently and EHC plans are not amended, even when the young person's needs have changed significantly. There is too much variation, particularly regarding health and care outcomes. This is impacting on transition for young people leaving college, because their needs are not accurately described.
- Preparation for adulthood is not planned well. There is a limited range of options for young people, particularly when moving into employment. Students and parents told inspectors that advice and guidance was limited and often too late. This limits their preparation for adult life and fails to match their needs.

## The inspection raises significant concerns about the effectiveness of the area.

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

- the poor quality of EHC plans and the annual review process, especially as children and young people prepare for adulthood
- the lack of partnership working and poor communication and co-production with parents, children and young people. This includes communication through the local offer
- unacceptable waiting times for ASD assessment.

Yours sincerely

Philip Garnham  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Michael Sheridan Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Philip Garnham HMI Lead Inspector	Daniel Carrick CQC Inspector
Claire Prince Ofsted Inspector	

Cc: Department for Education  
Clinical commissioning group  
Director of Public Health for the area  
Department of Health  
NHS England