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Mr Conor Burke, Barking and Dagenham Clinical Commissioning Group, Chief Officer
Ms Joy Barter, Joint Local Area Nominated Officer
Ms Vikki Rix, Joint Local Area Nominated Officer

Dear Mrs Bristow

Joint local area SEND inspection in Barking and Dagenham

Between 27 March 2017 and 31 March 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Barking and Dagenham 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 children's services inspectors from the Care Quality Commission.

Inspectors spoke with children and young people who have disabilities and/or special educational needs (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 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 strengths and areas for further improvement.

Main findings

- All partners in the local area show a high level of commitment to implementing the reforms and to working together to best meet the needs of children, young people and their families. Where successful partnerships between education, health and social care are in place, they are making a positive difference to the timeliness and quality of provision to meet children's and young people's needs. These provide good models for the future developments needed.
- Governance is strong. Responsible elected members together with the Health and Wellbeing Board successfully hold leaders to account for improving outcomes in a local area which is rapidly changing. Leaders of healthcare services and the local authority understand the needs of the community and appropriate plans are in place to develop sufficient educational and healthcare provision through to 2020.
- A significant strength in implementing the reforms is the quality of collaboration between healthcare and local authority staff and personnel in settings, schools and colleges. Detailed analysis of information ensures that the local authority understands how well both pupils identified for special educational needs support and those eligible for education, health and care (EHC) plans are doing. These good-quality relationships are building capacity and developing the expertise necessary to meet children's and young people's needs.
- The local area involved parents at the initial stages of setting up the local offer. However, not enough parents know about or use it to find advice and help. Advocacy information and advice services (Barking and Dagenham Carers and Barnardo's) and 'Just Say', the parents' forum, provide much valued advice and support to families. The forum also works at a strategic level to influence how the reforms are implemented. Despite this, some parents do not have access to the information and support they need.
- Through the strong relationships established with providers both within the local area and where placements are made beyond it, leaders monitor the safety and well-being of children and young people. The regular review of the appropriateness of provision means that changes are made quickly when children and young people are considered to be at risk.
- Where the local area reviews specific aspects of provision, the views of young people and parents are effectively sought. For example, the Barking and Dagenham Youth Forum, which includes representatives who have special educational needs and/or disabilities, has presented to council members on the challenges of managing mental health issues. Parents have been specifically consulted on the improvement of short-break provision.

- Education, health and social care professionals have contributed to the local area

self-evaluation. The findings of this inspection reflect the priority areas identified. Detailed targets and timescales are not incorporated into plans and there is a lack of clarity about how some aspects of services will be jointly commissioned. Consequently, it is difficult to know how well the local area is on track to achieve its aspirations for children, young people and their families.

- The capacity to provide therapies such as speech and language, occupational and physiotherapy is hindered by difficulties in recruiting and training staff who can deliver these services sufficiently to a population that has grown rapidly. Consequently, some EHC plans are delayed and some families spend too long waiting for the support they need. Healthcare funding has been allocated to the 2017/18 budget to recruit further staff to address these issues.
- EHC plans do not consistently benefit from appropriate input from health and social care. The detail of the support that a child needs and how this will be provided is, at times, insufficient. The level at which parents' and young people's views are taken into account is variable. Some parents and young people said that they did not feel fully engaged in, or informed about, the process.

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

Strengths

- Processes for the identification of need are effective. They draw on parents' concerns and on school assessments which are moderated by the local authority. In the early years, healthcare and education draw on a range of information about children to identify when they have additional needs. Healthcare professionals recognise that further work is needed to improve take-up of the universal offer for assessments. When triggered, social care identification of need is effective and timely.
- Effective pathways are in place for the identification of needs as part of neonatal screening by midwifery services. Health visitors use nationally recognised tools to support identification of need during the assessment process, which is undertaken as part of the healthy child programme.
- The health visiting service offers families flexible ways of working to assist them in accessing the healthy child programme. For example, appointment times are offered outside standard daytime working hours to accommodate working families. Early notification of the one-year checks has also been introduced. These strategies have resulted in the increased uptake of the one-year checks and resulting early identification of need.
- The inclusion team provides detailed advice and training to all education providers regarding the identification of need. Identification is confidently made

against the same benchmarks across the local area. The proportion of new EHC plans completed within the 20-week timeframe is well above the national average. Importantly, members of the EHC plan panel from education, health and social care are budget holders, so decision making is immediate and action is taken quickly.

- Additional scrutiny identifies any children and young people, either with SEND support or who have an EHC plan or statement, who require crisis support or who are at risk of exclusion. The placement panel, which meets fortnightly, effectively considers those who are at risk and, where necessary, makes rapid decisions about resources and provision to enable them to continue learning with the right support.
- Transition between different phases of education is well supported. Local area staff work closely with settings, schools and colleges to ensure that the handover of information is managed carefully. Special educational needs coordinators from a receiving school meet face to face with colleagues and children at review meetings. This ensures that they understand a child's or young person's needs and make appropriate provision ready for them to start the next stage of their education journey.
- Children looked after are offered fast tracking to healthcare appointments. The timeframe from initial referral to commencement of treatment is currently no more than four weeks. This includes specialist child and adolescent mental health services (CAMHS) intervention for children and young people placed out of the area.
- An identified practitioner works with children missing from education and those who are educated at home. The role allows for home visits to be undertaken to develop health care plans for children educated outside the school setting. Assessments undertaken are shared with the GP and the local authority. This process supports the identification of children and young people who are not at school and who have special educational needs and/or disabilities.
- Through the local area's responses to the reforms and increasingly collaborative working, the identification of need is more effective. While there is still more to be done, particularly to support older pupils in schools, the number of appeals resulting from dissatisfaction with assessments or plans has reduced year on year. It is well below the national average.

Areas for development

- The speed of transition from statements to EHC plans has been below the national rate. Although this is now accelerating and the quality of identification of needs within the plans is improving, some children and young people still have to wait too long for their plans. Parents said the 'tell it once' principle of the SEND reforms is not well implemented in some instances. Some feel that they have to share their story too many times to get the help and advice they need.
- Except for the most vulnerable pupils, where identification is effective, social care needs are not regularly recognised or addressed in plans. This means that some children and young people and their families do not always receive the level of help and support they need.
- Healthcare professionals do not routinely review how their assessments are addressed in plans. This means that in some cases, the right actions and support are not in place. The lack of availability of therapist advice due to limited capacity means that some children's and young people's needs are not identified in a timely way. This leads to a delay in the provision of support and is a source of frustration to parents.
- Parents are unaware of personal budgets. They said that they do not have enough support to help them understand what they are for and how they can use them. In order to support parents in understanding some ways they can use the additional funding available to them, the local area is providing an online offer. Through this, parents are given a budget to purchase activities and resources for their children.
- There is a downward trend in meeting the 20-day initial health assessment targets. Where reasons are given for this, they relate to a lack of paediatrician availability and parents not attending appointments. The clinical commissioning group (CCG) and healthcare trust have identified these delays as unacceptable.
- Children who have sensory disorders receive no funding to access occupational therapy specialist services. This prevents them from making the progress they are capable of unless individual providers or parents purchase this expertise themselves.
- The health visiting service is not meeting targets for undertaking mandatory assessments at 12 months and at two years. This limits the ability to identify and assess children's needs, including of the most vulnerable groups.

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

Strengths

- The local area has an in-depth understanding of the quality of provision for children and young people who have special educational needs and/or disabilities. Future needs are analysed and plans to meet these are in place. The local area's vision for inclusion is lived through the investment it is making into new provision in partnership with providers, for example, with the new all-through and special school and the planned development of respite provision for children and young people with social, emotional and mental health needs at a primary school.
 - The wide range of portage services is targeted effectively at supporting families with young children who have identified additional needs. Services are enhanced well where health visitors refer families to the service and work in partnership to secure children's well-being.
 - In collaboration with parents, young people and professionals, leaders have implemented a 'preparing for adulthood' pathway which identifies the support and options available to young people between the ages of 14 and 25. This is helping to raise expectations for young people who have special educational needs and/or disabilities to achieve success and live fulfilling lives as valued members of their local community.
 - The partnership with providers is very strong. Settings, schools and additional resource providers benefit from the local area's quality assurance processes. These maintain and improve the quality of provision, including compliance and safeguarding practice and procedures. The inclusion team works regularly with schools to analyse how well the needs of children and young people who have special educational needs and/or disabilities are met. Providers say that the local area responds rapidly with advice and resources when they raise concerns.
 - The local area's comprehensive training offer, professional networks and conferences mean that education staff skills are continually updated. The impact of collaboration between staff in schools, and particularly the leaders in additionally resourced provisions, is considerable. Pupils' needs are met well and behaviour is managed effectively.
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- An overwhelming strength of the provision for children and young people who have special educational needs is the quality and extent of additionally resourced provision. An increasing number of schools and colleges have additional specialist provision on site. The local area carefully monitors these providers and supports

leaders and staff to share their expertise. Educational psychology support to them is well resourced. Children's and young people's views are taken into account and they benefit from good teaching and the increased understanding of their needs that these placements provide. Outreach provided by the provisions, for example, Hunter's Hall support for speech, language and communication, develops staff knowledge and understanding of particular needs across the local area, as well as supporting practitioners to improve their practice.

- The expertise within the area's special school also plays an important role in securing the quality of provision in the local area. It is used to develop provision through on-site and outreach staff training and through their engagement in the establishment and development of additional specialist provision. Links with the Riverside Bridge project are enhancing the capacity to meet the needs of children and young people with high-level needs.
- The information and advice services commissioned by the local area, Barking and Dagenham Carers and Barnardo's, provide effective independent guidance and support for parents when they need it. Parents value the help it gives them, particularly to deal with the challenges they face in understanding and managing their children's needs.
- 'Just Say', the parents' forum, is also valued by both parents and professionals. The forum's work with the local authority to develop policies that take account of parents' views and needs is effective, as are the face-to-face events and training opportunities they provide both centrally and at individual settings and providers.
- Where healthcare practitioners are fully engaged in education, health and care planning, their work is effective in enabling children and young people to achieve positive outcomes. For example, in one EHC plan, speech and language input provided clear support strategies which reflected the child's voice.
- Health visitors are trained in perinatal and infant mental health. The increased knowledge and skills gained from this training supports families who may be coping with the emotional impact of a diagnosis of increased need and vulnerability for their child.
- The Heathway Centre acts as a 'one-stop shop', providing support to families with children aged 0 to 18 years across the local area. The centre currently supports in excess of 1,700 families with children who have additional needs. When capacity allows, both speech, language and communication and occupational therapists provide advice as part of the core offer. An offer of 'plain communication' has also been developed to help improve children's communication skills before an assessment takes place.
- Learning disability provision based at Queen's Hospital is developing and strengthening transition processes for young people moving to adult services. Where young people have complex needs, planning starts early, sometimes when young people are as young as 12. Young people's and families' fears about transition are better addressed as a result.

Areas for development

- The extent to which parents' views are taken into account when plans are made to meet their child's needs, and professionals from education, health and care work together, is variable and in some instances underdeveloped. Parents who face barriers to communicating easily with professionals and some who require access to a range of services do not receive the level of support they need.
- The quality of EHC plans is inconsistent. The processes put in place to secure a plan are effective, but contributions from professionals to create well-focused targets and to identify specialist help vary too much. This is sometimes because insufficient detail from specialist reports is included in the plans. As a result, there is a risk that children and young people do not receive the level of specialist support they need to enable them to do as well as they can.
- The level of knowledge and understanding of the SEND reforms is variable across healthcare practitioners. This means that their ability to support parents through established processes can be limited.
- Too few families are seen during the antenatal period by health visitors. This is a culmination of the lack of practitioner capacity and gaps in the administrative processes between organisations. The current position means that there is a risk that early identification of need might be missed and access to support is less timely.
- Post-diagnostic support on the autistic spectrum disorders pathway is not equitable. Access to support relies on a local charity to which parents make a financial contribution in order to gain access to help. This potentially limits the availability of support to the most vulnerable groups of children.

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

Strengths

- The local area has set a clear aspiration for all providers to be judged by Ofsted

to be good or better and for educational standards, including those of children and young people who have special educational needs and/or disabilities, to exceed those achieved across London. This is above the standards achieved nationally. Through a time of significant population change and growth, the proportion of good and better providers and the standards achieved by children and young people who have special educational needs and/or disabilities have improved.

- At the end of the early years, the effective work of agencies and settings means that the proportion of children identified as requiring SEND support and with an EHC plan reaching a good level of development has risen year on year. Parents receive effective support and advice at this early stage through the specialist providers and children's centres. The local area identifies and resources appropriate school placements and transition to these is managed carefully.
- The inclusion team analyses how well all pupils who have special educational needs and/or disabilities are achieving. Children's and young people's progress in reading, writing and mathematics is carefully tracked through school. While significant gaps between pupils' attainment and that of other pupils nationally remain, collated evidence shows that across the area, the majority of pupils are making good progress from their starting points.
- New initiatives are in place, for example, the location of health and well-being hubs in schools, the appointment of family liaison officers and training for staff in emotional well-being. These are supporting improvements in addressing children's and young people's social and emotional health and enabling them to remain in school and access learning.
- While a very small number of young people who have special educational needs and/or disabilities attain five A*–C grades at GCSE, there has been a sharp increase in the proportion of pupils achieving five GCSEs at A*–G.
- Almost all pupils identified as receiving SEND support move on to, and remain in, an education destination. The proportion of young people achieving a level 2 or level 3 qualification is increasing. This means that more young people are becoming suitably qualified to seek paid employment.
- Fixed-term exclusion rates, for children and young people identified as receiving SEND support, and those who have an EHC plan, are well below the national rates. Attendance rates have improved to be in line with national averages.

- The local area is working to improve how well it achieves local provision for local children and young people. Historically, placements have been made out of the area because there has been insufficient specialist support. In the last three years, the proportion of children and young people placed out of the local area has reduced by half because the provision and quality of specialist support have improved.

- The proportion of young adults in settled accommodation is well above the national average. This is because education, health and social care partners work very effectively to ensure that needs are met and appropriate provision to support young adults' transition to independence is made.
- The learning disability provision for children in the Queen's Hospital is recognised by families as a positive force in ensuring that their children have equal access to the services they need. Visual and written communication aids have been developed to help provide care to children living with autistic spectrum disorder. This promotes trust and improved communication between practitioners and patients. GP surgeries have been asked by the CCG to prioritise seeing children who have special educational needs and/or disabilities attending practices for clinical appointments. This is an example of an improvement initiated by parental feedback through the parents' forum.

Areas for development

- Education, health and social care partners are not clear enough about the long-term intended outcomes of their work. The lack of shared targets means that it is difficult for all participants in delivering the reforms to be sure that they are sufficiently improving children's and young people's life chances and well-being.
- While some young people access a range of wider opportunities, which helps their social development, for example through the 'Ab Phab' youth club and 'The Vibe' youth centre, not enough parents and young people know about the range of opportunities available to them through the local offer.
- The proportion of young adults who have learning disabilities in training and employment is low. The local area has identified this and is taking the initiative by leading a project to support employers to understand how they can provide paid employment opportunities for young people. A strong feature of this work is the partnership with Barking and Dagenham College, which is starting to support young people to find employment.

Yours sincerely

Prue Rayner
Senior Her Majesty's Inspector

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Clinical commissioning group(s)
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