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Dr Sarah Mansuralli, Clinical Commissioning Group Chief Operating Officer
Sandra Bingham, Local Area Nominated Officer

Dear Ms Tolley

Joint local area SEND inspection in Brent

Between 15 May 2017 and 19 May 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Brent 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 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, 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 (SEN) 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.

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 clinical commissioning group (CCG) are jointly responsible for submitting the written statement of action to Ofsted.

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

Main findings

- Strong commitment from senior leaders across Brent local authority is improving outcomes and services for children and young people. The local children's trust board is chaired by the director of children's services who ensures that improving education and care outcomes for children and young people remains at the heart of their work.
- The local authority's evaluation of its effectiveness in implementing the reforms is accurate. Development planning identifies appropriate actions to improve in most areas. However, there is insufficient focus on aspects relating to health provision.
- Leadership of the SEN reforms within the CCG has been compromised by the lack of capacity at a senior level. The CCG has not yet appointed a designated medical officer and the role remains unfilled. Consequently, health outcomes for children and young people who have special educational needs and/or disabilities have not been given sufficient priority.
- The joint commissioning of services is at an early stage of development. The local area does not have a cohesive strategy to ensure that all children and young people who have special educational needs and/or disabilities and who need therapy services are assessed quickly and access treatment.
- Some groups of children and young people who have special educational needs and/or disabilities do not have their health or therapy needs met effectively. There is no access to speech and language therapy in some provisions and there is insufficient occupational therapy (OT).
- The work of the parent and carer forum is at an early stage. Two parent and carer forums have been set up, then discontinued since the SEN reforms were introduced in September 2014. At the start of January 2017 the Westminster Society started work to again set up a parent and carer forum in Brent. Parents are beginning to establish support mechanisms through this forum, but it is too early to see the impact of its work.
- Parents are involved in the co-production of education, health and care (EHC) plans and the identification of support services for their own children. However, their involvement in the wider design and joint commissioning of services is at a very early stage. Parents typically told inspectors that they are keen to work alongside the local area to improve services. For example, one parent commented: 'Come on Brent, you have some good people who come to work to make a difference – well let's do that together – be creative and target those limited budgets to make successful outcomes rather than poor expensive ones... We could be great – trust us, work with us.'
- The local area rightly evaluates the identification of children and young people who have special educational needs and/or disabilities as a strength. Parents

agree that professionals typically identify the needs of young people accurately and promptly.

- Children and young people who have special educational needs and/or disabilities in Brent achieve well academically because education providers are of a high quality. Leaders of special schools are held in high regard by their peers in mainstream schools because of the good or better standard of their provision and inclusive ethos.
- Leaders monitor the number of times the online local offer is accessed. They have responded to feedback and improved the accessibility of the website. Parents' views of the online local offer vary. Some did not know about it, others found it useful, a third group had spent time looking for information but not been able to find what they needed.
- The civic centre building itself provides a pleasant, safe space for children and young people to meet after school. Pupils who have special educational needs and/or disabilities told inspectors that they use the library and social areas to meet their friends, do homework and socialise. They feel safe and secure in this public space which is a calm and purposeful environment.
- A wide range of short breaks are available within the local area. The short breaks centre is well-established and provides excellent overnight residential provision for those children and young people who have very complex needs. Other opportunities for short breaks are available but not routinely well communicated to ensure that parents are aware of what is on offer.

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

Strengths

- A high proportion of EHC plans are completed within the 20 week time frame. Almost all of those not completed in this time frame are finalised within 30 weeks. The local area is on track to convert statements of special educational needs to EHC plans by April 2018 as required.
- Schools and early years settings have received good guidance on the application process for statutory assessment of needs. The local area panel which considers these applications makes swift, appropriate decisions on whether or not an assessment should take place because they receive relevant, recent information and advice.
- Local area officers have worked together with school special educational needs coordinators (SENCOs) to make sure that the identification of children's and young people's needs is consistent across the local area. Children and young people who have special educational needs and/or disabilities are identified reliably, regardless of the setting in which they are placed.
- Effective advice and training for SENCOs has resulted in a structured approach for those children and young people who receive SEN support. These children and young people are assessed regularly and their needs identified accurately.

Parents, children and young people are included in planning meetings, ensuring that their priorities and wishes are taken into consideration.

- Early help services identify the needs of families, children and young people effectively. For example, when a child or young person is referred the early help teams involve the whole family in the assessment process. This makes sure that the impact on a family is considered when making decisions about support. Professionals within the early help teams communicate effectively with each other, ensuring that the 'tell it once' approach is successful in these cases.
- Good school-to-school support systems are in place, facilitated by the Brent Schools Partnership. Within this partnership, children and young people who have special educational needs and/or disabilities are given a high priority. School leaders recognise the expertise within special schools and value the input of leaders from these settings. Mainstream schools are increasingly using a detailed assessment system for measuring the progress of children and young people who have special educational needs and/or disabilities who are working significantly below the standards typical for their age. This effective system was devised by a local special school.
- Children and young people who join a special school and are new to the local area are assessed by a school nurse. Within mainstream schools, school nurses are increasingly notified of those new to the area and arrange to assess children and young people. Any individual health needs are identified in a timely way as a result of this approach.
- Children or young people who have complex special educational needs and/or disabilities who arrive in Brent from outside the United Kingdom are quickly assessed. Leaders use the short breaks centre to provide effective support for these children and young people until a suitable school placement is arranged. In future, professionals from the nearby special school will provide advice, guidance and support through this assessment process.

Health visitors have good oversight of families because they are based in children's centres. In addition, they receive notification of new arrivals in the area from GP practices. Health visitors offer timely appointments to new families and refer appropriately to other professionals if any concerns are identified.

Areas for development

- The integrated health check for two-year-olds is not completed by health visitors. An unsuccessful pilot scheme was completed in 2015 and leaders have not acted swiftly enough to revise their implementation of this check. Opportunities to identify emerging concerns are missed.
- Professionals working with young people known to the youth justice system do not routinely check for emerging special educational needs and/or disabilities. They gather information about what needs have previously been

identified and use this to inform their work, but they do not consistently check for concerns that are new or have previously been missed.

- Children and young people's social care needs are not routinely recorded in EHC plans unless they meet the criteria for the allocation of a social worker. The identification of social care needs for children and young people whose needs are below this threshold is variable. Information about what support is available for these children and young people is not communicated evenly to parents.
- Health professionals such as therapists who provide professional advice for EHC plans do not consistently review draft plans or have the opportunity to comment on these before they are finalised. This means that inaccuracies may occur if caseworkers interpret the advice incorrectly. In addition, although the local area procedures state that health professionals who contribute to EHC plans will receive a final copy, this does not happen in practice on a regular basis.
- School nurses do not offer a service to children and young people who are home educated unless safeguarding concerns arise. This means that children and young people who have special educational needs and/or disabilities may not have their needs identified in a timely way. Potentially, these individuals may have health needs that are not addressed.
- Not all children and young people who become looked after by Brent receive an initial health assessment within statutory timescales. Leaders have plans in place to address this.
- The child development centre and therapy services do not routinely share information with health visitors. Consequently, health visitors do not have all the necessary relevant information when making decisions about how to support families. In such cases, the 'tell it once' approach is not effective.

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

Strengths

- Ninety-seven and a half per cent of schools in Brent are judged to be good or better. This proportion has improved significantly since the SEN reforms were introduced in September 2014. The academic needs of children and young people who have special educational needs and/or disabilities are met well because of the high quality of teaching they receive.
- Educational outcomes described in EHC plans and in SEN support plans are usually specific and measurable. Education practitioners focus on working towards the outcomes identified in the plan and children and young people make good progress.
- Leaders have accurately identified where more provision is needed and taken action to make improvements. Special school leaders have worked

collaboratively with the local authority to plan a new special school. Local area leaders are confident that this new school will provide high-quality provision because of the excellent standard of the founding special schools. The extension of additional resourced provision in mainstream schools has reduced reliance on out-of-borough placements.

- Multi-agency planning meetings are held as part of the early help process to support children and young people who have special educational needs and/or disabilities. Meetings are attended by parents, therapists, social care practitioners, education staff and other professionals as appropriate to individual cases. Dentists with specialist training are also involved in meetings that take place at the special schools. This reduces the number of meetings families need to attend and successfully promotes joint working.
- Targeted mental health services workers are based in 14 schools across the borough, supporting positive emotional health and well-being. This service is effective and supports appropriate access to child and adolescent mental health services (CAMHS).
- A wide range of short-break activities are available. Around 300 children and young people who have special educational needs and/or disabilities receive personal budgets which support their access to leisure activities, family outings, places of worship and other social events. These arrangements ensure that the social needs of this group of children and young people are met well.
- Children under five who have identified special educational needs and/or disabilities benefit from a named health visitor who provides an enhanced service to families and coordinates the services working with the child. This helps to ensure that all of a child's needs are met effectively.
- The early years inclusion team tracks children identified as having additional needs carefully. This ensures that young children are not 'lost' in the system. Information from the tracking system is used to identify how the provision in Brent can be improved to meet the needs of a changing population. An early years panel allocates funding to support young children placed in early years settings. As a result, their needs are assessed and met from an early stage. School leaders know when children who have special educational needs and/or disabilities are due to arrive in their schools and transition is successful because children's needs are well understood.
- Parents, professionals and leaders agree that there are some effective services in Brent that provide a high standard of support for children and young people with special educational needs and/or disabilities. The Brent Outreach Autism Team, the inclusion team and Brent Carers who provide independent advice to parents are held in particularly high regard.

- A high proportion of GPs offer annual health assessments to young people with a learning disability. This strengthens the relationship between a young person and their GP practice when they transfer into adult health services.
- Children and young people who have special educational needs and/or disabilities are positive about the support they receive. They feel safe and secure in their settings and can identify key adults who can help if they are worried. Parents describe how their children's social skills and confidence are developed as a result of the local area's provision.
- Schools and colleges successfully adapt the curriculum for young people over the age of 16 who have special educational needs and/or disabilities. Young adults develop independent living skills and are well prepared for their future employment.

Areas for development

- EHC plans are focused on educational provision and outcomes. They do not consistently provide a full picture of the health and social care needs of the child or young person, even if these needs are met successfully by services.
- Health services are not fully integrated into the EHC plan process. Health visitors and nurses are not routinely asked to contribute to EHC plans. Therapists who contribute do not receive draft plans to review before they are finalised.
- The involvement of parents in the design of services is at a very early stage. Parents told inspectors that they were not involved in developing services and said that they would welcome the opportunity to do so. The first two parent and carer forums that were set up proved to be unsuccessful. Leaders have only very recently set up a new forum for parents in the local area.
- Some vulnerable groups of children and young people who have special educational needs and/or disabilities do not have access to speech and language therapy. The commissioning of these services is fragmented. As a result, those who are home educated, those in the youth justice system and those attending a pupil referral unit are unable to receive this form of therapy.
- OT services do not meet the needs of children and young people in Brent. When OT is identified on an EHC plan, appointments are limited and children and young people often only see a therapist for an annual assessment prior to a review meeting. Parents report long waiting times with little or no follow up. School leaders describe the OT service as virtually non-existent.
- Children and young people who have special educational needs and/or disabilities wait too long to access audiology services. The CCG has found it difficult to secure practitioners to provide this service. Nevertheless, it is unacceptable that waiting times remain long.
- The autistic spectrum disorder diagnostic pathways in Brent do not comply with National Institute for Health and Care Excellence (NICE) guidance. This is because children over five referred to CAMHS for a diagnosis do not routinely

receive a physical health assessment to rule out underlying physical conditions. The support provided by the child development team for parents with children under five who have received a diagnosis has not been evaluated. Therefore, the quality of this support cannot be measured.

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

Strengths

- Children and young people who have special educational needs and/or disabilities make strong progress academically. Since the implementation of the SEN reforms the proportion of children who have special educational needs and/or disabilities who reached a good level of development by the end of the Reception Year has increased year on year. Pupils in both primary and secondary schools make academic progress that is broadly average by the end of key stage 2 or key stage 4.
- Where specialist nurseries and therapy services are located alongside children's centres, outcomes for children under the age of five who have special educational needs and/or disabilities are positive. Collaborative working is easier because professionals are based close to providers and to each other.
- Strong partnerships and collaboration between special schools and the local college result in smooth transitions for young people who have the most complex needs. These young people choose courses that align with their strengths and interests and complete them successfully. They are well-prepared for adult life.
- In September 2016, a small group of young adults who have special educational needs and/or disabilities commenced internship placements organised by educational providers in a local hospital. At least five of the eight interns have secured permanent employment. The scheme is expanding in September 2017 to include a broader range of opportunities and businesses.
- The proportion of young people who have special educational needs and/or disabilities who are not in education, employment or training after leaving school is low. Leaders follow up these cases to check that suitable placements are found. There are only a few young people whose destination is not known to local area leaders.
- Information passports for children and young people who receive speech and language therapy are used effectively to support them as they move towards independence. These passports provide information about how the child or young person communicates and help to explain their interests and needs. This helps to reduce children's and young people's anxiety and builds their confidence when meeting new people. Health passports are also available for children and young people who have special educational needs and/or disabilities to improve communication with hospital teams.

- Professionals monitor closely the identified health needs and subsequent plans for children looked after in order to ensure that referrals to specialist health teams are made where necessary. This ensures that these children and young people are as healthy as possible.
- The short breaks centre provides excellent support to children and young people. Families appreciate the high-quality provision and the commitment of staff to making sure that their children and young people make progress in their personal and social development while at the centre.

Areas for development

- If a child or young person does not meet the criteria for an allocated social worker, it is not clear who provides cohesive oversight when the young person transfers from children's to adults' services across education, health and social care. Families told inspectors of health and social needs that were missed or ceased to be met when a young person moved from childhood to adult life.
- The progress made by middle-attaining children and young people who had SEN support in secondary school was less than that of all nationally with similar starting points in 2016.
- Some parents do not know about short breaks that are available, including those for young people over 16. They rely on activities organised by educational providers. Consequently, the social activities of some children and young people are restricted and they do not participate in their local community as fully as possible.
- Health outcomes for some groups of children or young people who have special educational needs and/or disabilities are not monitored or evaluated sufficiently. This is for three main reasons. First, the current leadership arrangements within the CCG do not include young people over the age of 18 fully. Second, there are gaps in services for some groups and their outcomes cannot be measured or evaluated. Third, public health nurses do not routinely check the impact of their work in supporting families.

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:

- strategic leadership of the CCG in implementing the SEN reforms
- the fragmented approach to joint commissioning causing gaps in services
- the lack of opportunity for therapists to respond to draft EHC plans before they are finalised
- poor access to services for some vulnerable groups; in particular, to audiology, OT and speech and language therapy

- limited opportunities for parental involvement when designing and commissioning services.

Yours sincerely

Gaynor Roberts
Her Majesty's Inspector

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cc: Department for Education
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