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Adrian Loades  
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CCG Chief Officer  
Liz Hunt, Local Area Nominated Officer

Dear Mr Loades

### **Joint local area SEND inspection in London Borough of Redbridge**

Between 11 and 15 June 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Redbridge 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 (SEN) 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 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.

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

### **Main findings**

- The local area's self-evaluation is open and honest. Leaders have a well-defined understanding of how effectively the SEN reforms have been implemented. Strengths and areas for improvement are accurately identified and leaders are under no illusion about the challenges for the future.
- New leadership has led to greater urgency in implementing the reforms. Revised

systems and processes, better staffing levels and a focus on working together have resulted in some important improvements. Leaders across multi-agency partnerships are aspirational in what they want to achieve but need to focus more on the implementation of these changes.

- There is secure provision for children aged up to five. The arrangements to identify the needs of children in the early years are well established and multi-agency working is strong. As a result, the youngest children receive effective support early in their lives.
- Overall, the provision being made by schools is of high quality and is having a positive impact on pupils who have SEN and/or disabilities. Many of the parents who met with inspectors spoke of their appreciation of their children's schools.
- Young people, and their parents and carers, have a limited knowledge of the local offer. Few know how to access the online information. Many parents said that they get information from their school's special educational needs coordinator (SENCo), who they rate highly.
- A large majority of the parents and carers who spoke to inspectors, attended the online meeting or commented by email expressed dissatisfaction with the support that their children receive. Concerns included delays and inaccuracies in reports, variation in the way that therapy services are provided and poor communication between practitioners and families.
- The services to support young people and their families through the transition from adolescence to adulthood are fragmented. While this is recognised by leaders as an area requiring development, improvements have been slow.
- Safeguarding is managed well by the local area. Leaders have a strong focus on knife crime and gang culture, the specific issues that affect young people's safety and well-being in Redbridge. Initiatives include working closely with schools and a programme of drama workshops to help raise pupils' awareness. Typically, children and young people who have SEN and/or disabilities feel safe.
- Co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) is not well developed. As a result, children, young people and their families have too little influence over the services provided.

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

#### **Strengths**

- The education, health and care (EHC) plan panel for the early years is well attended by different practitioners from education, health and social care. This enables the panel to make joint decisions about services that might be required to meet the needs of the child. Referrals to these services are then made where necessary.

- In many cases, practitioners from the different disciplines make visits to see young children and their families together. Where this happens, it supports joint working and means that families do not need to repeat information about their child. This supports the 'tell it once' approach.
- The Grove Children's Development Centre (CDC) provides paediatrician-led, multidisciplinary assessments and interventions for children who have two or more developmental disorders. Referrals to the CDC are now made via a single referral form with a single point of access. This means that referrals can be assessed and prioritised more efficiently. For example, children and young people are offered assessment according to their particular needs or vulnerabilities. This includes giving priority to children looked after who have SEN and/or disabilities.
- The training provided by the local authority and special schools has been effective in helping schools implement the reforms. As a result, early years settings, including private, voluntary and independent (PVI) nurseries, and mainstream schools are well equipped to identify children's and young people's needs early.
- The local area's arrangements for outreach work are especially positive and highly valued by those mainstream schools that receive support. This support includes training for school SENCos as well as teaching assistants. As a result, practice in schools has improved significantly, which, in turn, has helped to ensure that pupils' needs are being identified correctly. For example, effective tracking systems enable school leaders to identify those pupils falling behind in their learning and to provide appropriate support.
- Health professionals, parents and young people can refer directly into physiotherapy, speech and language therapy, occupational therapy and the emotional health and well-being (EHWB, formerly CAMHS) service. Children and young people do not have to wait to see a consultant or GP to be referred on to one of these services. This means that additional needs can be identified in a more timely way than has previously been possible.
- Multidisciplinary teams are colocated at the CDC and now include the EHWB service. This enables discussion between the disciplines to identify the most appropriate service. As a result, children and young people are more likely to be referred to the correct service. In addition, they are at less risk of being declined by one service and left without support while waiting to see if another service will accept them. The integrated referral process also supports the 'tell it once' approach.
- Youth Offending Service (YOS) practitioners are provided with additional training to identify speech and language needs of the young people they work with. This is in recognition of national figures that show high numbers of young people in the criminal justice system have unidentified speech and language needs. Cases of concern are then referred to speech and language therapy (SALT) services for further assessment, but little data currently exists to evidence the success or otherwise of this initiative.

## Areas for development

- The quality of EHC plans is variable. In some cases, plans include mistakes and inaccuracies, a point made by a number of parents. Although the local authority has put in place a more rigorous quality assurance process, EHC plans remain inconsistent across the local area. In addition, outcomes are not always specified clearly and health and social care needs are not always evident when they should be.
- The assessment process for EHC plans is not routinely aligned with the health reviews for children looked after, although it is happening in some cases. This means that children, young people and their families and carers must complete each process separately. This is not conducive to the 'tell it once' approach and may result in duplication and/or gaps in assessment and provision of services. Although work is ongoing to align the processes better, this is currently in the 'first draft' stage.
- More needs to be done to ensure that the healthy child programme is implemented consistently at all stages of the programme. For example, the most recent information shows that only around one in five of six- to eight-week reviews and one in three of two- to two-and-a-half-year reviews were undertaken. This means that the needs of vulnerable children are not being identified at the earliest stage.
- Support for young people who are preparing for adulthood is insufficient, including those who have complex needs. For many young people, transition planning starts too late. In addition, support for young people's physical health is not always considered. The local area recognises that a lot of development is required to improve support for young people moving through transition. There are multi-agency plans in place to address this as a priority.
- Redbridge has experienced a high turnover of staff in recent years, especially in health services. This has had an adverse impact on the capacity of the local area to identify the needs of children and young people and the consistency of provision.

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

### Strengths

- There are appropriate arrangements to support the transition of children and young people from primary to secondary school. As a result, the majority of pupils are well supported as they move from Year 6 to Year 7.
- During the inspection week, there was evidence of regular meetings between staff in schools to track the progress of pupils who have SEN and/or disabilities.
- Schools report that their staff are involved in the strategic planning of services.

For example, schools have been involved in setting up the provision for those who have social, emotional and mental health needs (known as The Cube). Similarly, school staff sit on the panel that allocates additional funding to schools to meet the needs of pupils who receive SEN support.

- There is a strong culture of inclusion in many schools. For example, inspectors found evidence of reasonable adjustments being made to support individual pupils effectively.
- The early years services work with parents well, liaising with them to design the services offered and the procedures to access support. This contributes well to the development of co-production.
- Practitioners working from the CDC benefit from a well-developed 'agile working policy'. This enables them to access multidisciplinary records remotely. Staff can access all children's records while working away from the CDC, for example when undertaking assessments in family settings. Practitioners can also access records made by other health professionals (including, through special request, the EHWP service), which means that staff are fully aware of all input the child is receiving when they make clinical decisions. This means that children and young people receive better support and advice as it is tailored to their unique circumstances.
- Parents and carers of children and young people who are awaiting assessment for social, communication and sensory issues are invited to sessions to learn about sensory needs. This means that parents and carers are offered tools to support their children while they are waiting for diagnosis.
- A specialist school nurse is provided with monthly updates about the number of children home educated or missing from education. This means that, where possible, children and young people are offered care and support and have their needs identified outside of the usual school environment. This is particularly important where SEN and/or disabilities is indicated, so that additional support can be offered to parents and carers.
- Schools and parents consider that the nursing services provide good support to special schools. This helps the schools to assess pupils accurately and meet their needs properly.
- Therapy practitioners (speech and language, physiotherapy and occupational therapy) contribute to the EHC planning process effectively. For example, they submit detailed and child-centred reports with, where appropriate, the voice of the child being clearly articulated. Desired outcomes were also detailed and achievable. In addition, the information provided is transferred accurately into the EHC plans.
- Multi-agency practitioners across disciplines are aware of the impact of gang culture on vulnerable children and young people in the local area. Professionals have received training about gangs and drug trafficking. Where possible, they plan provision of services to ensure that young people affected by gangs are offered healthcare in an area which is safe for them to access.

- Redbridge children who have complex health needs and are in receipt of continuing health care can access short breaks. A hospice provides day care and overnight short breaks of up to 10 consecutive nights, which means that parents and carers receive respite to support them in their caring role.
- Area leaders have been successful in ensuring that children and young people are actively involved in planning to meet their needs. For example, school pupils said that they routinely attend their annual reviews with their parents.
- Many parents reported that they receive good levels of support from schools, often provided and coordinated by the SENCo. This is a significant strength and parents feel that the support they get from schools is of high quality. Many said that the support given by the SENCo had helped to ensure that their children's needs were assessed and met effectively.
- The educational psychology service is frequently mentioned by parents and carers as being effective in meeting the needs of children and young people. They noted that the service supported parents and carers through the EHC planning process.
- The local authority has recognised the increased pressure of demand of the EHC plan statutory assessment process. Since 2017, leaders have increased significantly the number of staff coordinating assessments. In addition, training has been provided to support the work of the SEN statutory assessment team. As a result, the proportion of EHC plans completed within the 20-week period has increased considerably. The most recent figures show that 85% of plans are now being completed on time.
- Leaders have also tackled the backlog of transfers from statements of educational need to EHC plans successfully. Although the local area did not meet the March deadline, all statements were transferred by the end of May.
- The links between the SEN team and social care services are becoming stronger. This is leading to a greater focus on joint working that is now feeding through to improved quality of EHC plans.
- Schools are positive about the local area's decision-making processes through panels and feel that the child's needs are always at the centre of decision-making.
- School requests for statutory assessment are considered to be generally of a high quality by panel members. The detailed evidence that schools provide means that few requests are rejected.
- Transition of specialist equipment into adulthood is positive. This is one of the areas where the local area is supporting young people effectively as they move into adulthood.

### **Areas for development**

- The local area is aware that health practitioner staffing levels have remained the same even though the number of children and young people requiring support and the complexity of needs have increased significantly in Redbridge. This has

consequently led to an increase in waiting times. Professionals are aware that joint commissioning could offer solutions to this issue, but this has yet to be firmly established.

- Speech and language therapy services have historically had difficulties recruiting and retaining trained staff to the local area. This has resulted in the service employing locum practitioners and lack of continuity of service provision. This point was raised by parents and carers spoken with during the inspection. Commissioners are aware of the problem and are actively working to manage the situation despite financial restrictions.
- Community nurse practitioners are generally asked to provide information to inform the EHC plan process. However, the evidence in records shows that this information is not always interpreted well or included in the relevant health section of the report. Where health information is included in the plan, it was often placed in the education section. Where outcomes were recorded they were weak, generic and did not clearly articulate the child or young person's interests and wishes.
- Specialist school nurses, EHWB service and children's community nurses are not routinely invited to provide reports to inform the EHC plan process. They do not routinely receive draft reports so that they could, where appropriate, challenge the content of the EHC plan. This means that the specialist knowledge held by special school nurses and EHWB service practitioners is not taken into account. As a result, important information is not always used to inform the EHC planning process.
- Transition from paediatric health services to the equivalent adult services remains variable in Redbridge. For example, monthly meetings take place between EHWB service practitioners and adult mental health practitioners to discuss young adults who might need to transition to the adult service. However, this initiative is relatively new and data provided shows that the transition discussion in many cases still takes place at a late stage. This means that young people are not given enough time to understand their transition arrangements, so they can prepare accordingly.
- Communication between the different services and parents is variable. This is the case, for example, for the EHWB and SEN and inclusion services and means that needs are not always met successfully.
- Parents and carers are not satisfied with the availability of health provision. For example, parents and carers say that they frequently experience long waiting lists for health services, which has an adverse impact on the quality of the provision made.
- There is a lack of activities for young people in the locality, which means that they have too few opportunities to develop their social skills and independence. However, there are some positive exceptions, such as the Youth Bus and a local theatre group, where young people make a positive contribution.

- Although personal budgets are provided where appropriate, these relate mostly to direct payments for social care provision. As a result, they are nearly always used to purchase short breaks. While the impact of personal budgets can be significant for some parents, their use is limited.
- Although the local further education college continues to develop a range of courses for young people who have SEN and/or disabilities, it has only done so recently. Young people have not had access to high-quality provision that meets their needs within the borough. As a result, young people have had to travel to other London boroughs to get appropriate support.

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

### **Strengths**

- A specialist school nurse maintains a bi-weekly presence in the Redbridge YOS. Drop-in and appointed clinics are undertaken at the YOS to identify health needs and refer on accordingly. This is a strength in meeting the needs of young people with previously unidentified additional health issues that can lead to them undertaking offending behaviours.
- The designated doctor for children looked after ensures that all initial health assessments contain a clear plan following the assessment's completion. Plans are person-centred, focusing on the needs of the child. Practitioners working with the child are aware of how to provide appropriate care and support to help them meet their desired outcomes.
- The newly restructured EHWPB service and the open referral system, including self-referral, are reducing waiting times for both assessment and therapeutic interventions. Outreach projects dispel myths about what the service can and cannot offer effectively. They also advise how to refer into the service and how education professionals can help to improve outcomes for children and young people in school settings.
- In a number of cases, the support and provision that children and young people receive is having a positive impact on their education and social care. For example, many parents note that the support that their children receive at school helps to raise their self-esteem and develop their independence. As a result, they make significant progress with their learning.
- The great majority of pupils go to good or better schools and this has a positive impact on the progress of pupils who have SEN and/or disabilities. The difference between their progress and that of other pupils in the school diminishes over time. This is the case for both pupils with EHC plans and those who receive SEN support.
- The proportion of young people who have SEN and/or disabilities and stay in education, employment or training is improving. Careers advisors work with

young people to help them get an appropriate job, or educational course or training, when they leave school.

### Areas for improvement

- Some health practitioners have not received training in producing well-written outcomes for inclusion in plans. As a result, EHC plans are not always clear about the desired health outcomes.
- There is more to do between multi-agency partners to engage with parents and families of children who have SEN and/or disabilities. The majority of parents that inspectors met with told us that the 'tell it once' principle of the SEN reforms is not being implemented and that, for example, SALT services are sporadic and difficult to access. The majority of parents and carers we spoke with quoted inconsistency in the way that care and support are provided, resulting in outcomes not being met.
- Fixed-term exclusions of pupils who have SEN and/or disabilities have risen over the last few years. While there are valid reasons for many of these, the high level of exclusions remains a concern. In addition, a number of parents reported that they had been asked to take their children home during the day.
- Not all schools were able to provide assessment information to demonstrate the impact of provision on improving outcomes for pupils who have SEN and/or disabilities. While it is clear that not all outcomes can be quantified, the lack of information means that it is difficult for the local area to identify gaps in provision.

Yours sincerely

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