

Area SEND inspection of Bexley Local Area Partnership

Inspection dates: 4 December 2023 to 8 December 2023

Dates of previous inspection: 3 October 2016 to 7 October 2016

Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately three years.

As a result of this inspection, His Majesty's Chief Inspector requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

Information about the local area partnership

The London Borough of Bexley and South East London Integrated Care Board (ICB) are responsible for the planning and commissioning of services for children and young people with SEND in Bexley.

The commissioning of health services changed across England in 2022. On 1 July 2022, South East London ICB became responsible for the commissioning of health services in Bexley.

The local authority commissions a single provider to deliver alternative provision (AP) for children or young people who are at risk of, or have been permanently excluded from, education. This commissioning includes short- and long-term placements for children or young people to support them in re-engaging with education and/or in meeting their medical needs.

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

Too many children and young people across different ages and phases have an education, health and care (EHC) plan that is well out of date and does not reflect their current needs or provision. While the local area partnership issues new EHC plans in a timely way, it does not finalise amendments to EHC plans on time. The quality of EHC plans varies considerably. These and other significant weaknesses all combine to mean that children and young people do not receive the right support at the right time.

Children and young people are not supported to prepare for adult life early enough. For example, the local area partnership has not given sufficient focus to considering, in EHC plans and annual reviews from Year 9, the relevant outcomes that children and young people should achieve across education, health and social care. While young people with more complex needs (such as those who are known to the children with disabilities team) are being supported well for their transition to adulthood, the same cannot be said for those with less complex needs.

Too many children and young people are not accessing the therapy support that they need quickly enough. There are also significant weaknesses in how well some services, such as occupational and speech and language therapies, are being commissioned. The local area partnership's approaches are creating inequity across the local area. Some parents and carers feel that they have no choice but to seek privately funded assessments.

More children and young people are now receiving their education in Bexley. Significant investment in the expansion of places in special schools and work with mainstream settings to increase the number of places in resourced provision demonstrates the partnership's ambition and commitment. Settings value the multi-agency early intervention team, which improves the identification of, and support for, children and young people's SEND. Leaders have improved capacity effectively in the educational psychology service to better understand and meet the needs of children and young people.

Overall, children and young people achieve well academically, for example through their attainment at the end of their primary- or secondary-phase education. They are less likely to drop out of education or employment when they leave school. The local authority's commissioning of AP is supporting children and young people to return successfully to mainstream education.

Children and young people who are on the dynamic support register are supported effectively to avoid unplanned hospital admissions. This is because effective processes are in place to assess children who are referred to emotional health and well-being services, including child and adolescent mental health services (CAMHS). While there are long waits following referrals to CAMHS, the local area works to support children and their families during this time, for example by offering a 24-hour CAMHS crisis line and

access to external agencies. Those young people who require intensive support can quickly access the adolescent 'high-risk' pathway. Once children and young people access CAMHS, they achieve well in relation to the outcomes set out in their support plans. Almost half of all schools in Bexley access the mental health support teams. Schools also work effectively with the early intervention team. Collectively, these teams help schools to support children and young people with their mental health and well-being.

There are clear examples of children and young people benefiting from the local area partnership's work with parents to make improvements, for example in the redesign of Bexley CAMHS and the autism strategy. Leaders use 'lived experience sessions' to help them better understand what parents think of certain aspects of the local area partnership's work.

What is the area partnership doing that is effective?

- Leaders across the partnership take opportunities to listen to the views of parents, including through the parent carer forum, known as Bexley Voice. The regular 'tea and talk' sessions help professionals from across education, health and social care to interact with parents, for example in group sessions. The online local offer is well developed and regularly updated. It includes lots of useful advice as well as signposts to leisure activities, for example. Staff involved with the local offer regularly attend events with Bexley Voice to help promote it. As a result, it is a well-used resource. The Bexley SEND information, advice and support service is jointly commissioned by the local authority and the ICB. It is also well used and highly valued by parents.
- The local area works well with school leaders, for example through the work of the secondary fair access panel (FAP). The FAP is helping to ensure that children who need a fresh start at a new school are quickly allocated a place that best matches their needs. Moving to a new school often takes place after children have been given effective support at the AP. The AP's outreach work subsequently helps children to make a successful move to their new school. The local area's work around elective home education for children with SEND is well managed. There are clear protocols in place to report and manage any notifications of children with SEND who are missing from education.
- The healthy child programme is delivered in partnership with children's centres and other services. This means that families can access mandatory checks, advice and support. Children under the age of five with emerging mental health issues can be referred to the Bexley Under 5s panel. The panel ensures that children and their families are given timely advice and guidance to support the child's mental health. Portage is well established and provides beneficial support to families. Healthcare professionals make increasing use of social prescribing.
- Young adults with a diagnosis of learning disability are supported to have their health needs reviewed on an annual basis. Healthcare professionals make sure that health reviews take place in an environment that best meets the requirements of the young adult.

- The designated clinical officer (DCO) and medical officer roles are well established. They work effectively right across the partnership. Working with Bexley Voice, the DCO is available for one-to-one consultations with children and young people and their families. This is enabling the DCO to identify any potential concerns and proactively to help parents find appropriate solutions.
- There are several examples of effective joint commissioning, such as the Teen Life Project and the Dad's Autism Group. The local area's 'Quality First Teaching and Special Educational Needs Support' toolkit is highly valued and used by parents, practitioners and education settings. Bexley Voice told inspectors that parents find the strategies in the toolkit helpful in supporting their children at home, for example in supporting their child's communication needs.
- The members of the local area partnership work well together to ensure that new EHC plans are issued on time. Frontline practitioners are committed to the children and young people whom they support. Team-work in services such as children with disabilities, youth justice, early help and children's centres, alongside the voluntary sector, provide effective multi-agency working. Each service is clear about who is best placed to provide support to meet the needs of children and their families. Referral processes to these services are well known and timely.

What does the area partnership need to do better?

- Overall, the voices of children and young people are not heard well in Bexley. While they have opportunities to work with practitioners and give feedback on some individual services, for example through initiatives such as 'Positive Journeys', the range of opportunities is too limited. Children and young people are not routinely and actively involved in genuine co-production. They are not influencing change in the local area as well as they should.
- The quality of EHC plans is highly variable. EHC plans focus primarily on education provision. They do not reflect the children and young people that parents, teachers and practitioners see in front of them. EHC plans are not useful in setting out how children and young people should be supported and the outcomes that they should be achieving across education, health and social care. Parents are not able to use their child's EHC plan in the supportive and reassuring way that they should.
- The local area's approach to quality assuring EHC plans is not rigorous. Leaders have not given enough thought to what they should be quality assuring, for example in checking on how well preparation for adulthood (PfA) is being embedded. Their current systems do not enable them to check on different aspects of the timeliness of their work, for example the timescales within which amended EHC plans are issued.
- While there are pockets of effective work in the local area partnership's PfA strategy, there are also significant weaknesses. Leaders have not given sufficient strategic focus to planning how they will meet the diverse needs of children and young people across the local area. They have not given priority to working

effectively with all stakeholders across education, health and social care. Too many families report facing a 'cliff edge' when the time comes for their child to access adult services.

- Leaders are looking to improve the way in which data and information systems support their work. However, at present, the partnership does not use information as well as it should to evaluate and improve services. Leaders cannot evaluate with precision how well they are achieving their set priorities. More work is needed to bring services and practitioners together to share findings and set priorities from the range of their engagement work.
- Parents and settings have concerns about access to different therapies and interventions. Inspectors agree. Inspectors also saw numerous examples where the health and social care needs of children and young people were not updated and/or included in their EHC plans. Overall, the needs of children and young people are escalating because appropriate provision is not being secured quickly enough.
- There are weaknesses in how well the school nursing service supports children and young people. For example, there are no school-nurse drop-in clinics held in any of the schools across Bexley. This means that opportunities for children and young people to access a school nurse are via a school-based referral. While there is an option for parents or children and young people to contact the school nursing service through an online chat function, it is not well used. The public health nursing team does not have access to the range of accurate information that it needs in order to understand the needs of the children and young people whom they are working with.
- At times, the different professionals working with young people across education, health and social care do not share information well. There is a lack of joined-up thinking. Consequently, the needs of children and young people are not systematically understood and well considered in developing support plans.
- Some young people living with a legacy diagnosis of global developmental delay who are discharged early from the community paediatric service are unable to obtain a timely assessment of their learning disability as part of their PfA. In addition, the multidisciplinary service does not accept referrals for an assessment to determine eligibility for support until a young person reaches the age of 18 years.

Areas for priority action

Responsible body	Areas for priority action
Bexley Council and South East London ICB	<p>Leaders across the partnership should act with urgency to improve how well they ensure that children and young people are being prepared effectively for adulthood. They should particularly focus on ensuring that:</p> <ul style="list-style-type: none"> annual reviews from Year 9 and any subsequent amendments to EHC plans include a clear focus on how the child and young person will be supported to achieve the best outcomes in adult life they identify and go on to plan how to meet the child or young person's PfA outcomes across education, health and social care.
Bexley Council and South East London ICB	<p>Leaders across the partnership should act with urgency to ensure that:</p> <ul style="list-style-type: none"> amended EHC plans are completed and issued in a timely way EHC plans better reflect the current needs and provision for the child or young person across health, education and social care, particularly as they move through different phases of education they improve and embed processes for the quality assurance of EHC plans and annual reviews.
Bexley Council and South East London ICB	<p>Leaders across the partnership should work at pace to address the delays and gaps in the commissioning and provision of speech and language and occupational therapies. They should ensure that there is equity of provision across Bexley for children and young people to access speech and language and occupational therapies in order to meet their needs.</p>

Areas for improvement

Areas for improvement
<p>Leaders across the partnership should improve how the voices of children and young people are being used to make improvements to services and experiences. This should include how children and young people are actively involved in genuine co-production.</p>
<p>Leaders across the partnership should improve how they use data and information about children and young people with SEND and their families to ensure that:</p> <ul style="list-style-type: none"> practitioners have access to up-to-date and accurate information so that everyone works in a joined-up and effective way

- they can evaluate their work more accurately and rigorously; and
- they secure improvements to services and provision more effectively.

Local area partnership details

Local authority	Integrated care board
Bexley Local Authority	South East London Integrated Care Board
Stephen Kitchman, Director of Children's Services	Andrew Bland, Chief Executive Officer
www.bexley.gov.uk	www.selondics.org.uk
Civic Offices 2 Watling Street Bexley Heath DA6 7AT	South East London Integrated Care Board 35 Wellington Street London SE18 6HQ

Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

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

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