

Area SEND inspection of Lewisham Local Area Partnership

Inspection dates: 23 to 27 September 2024

Dates of previous inspection: 2 to 6 October 2017

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

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

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 Lewisham.

Lewisham commissions a range of alternative provision (AP). The local area partnership publishes a directory of AP that they have checked for suitability. This includes 22 providers, which is made up of local authority maintained, independent and unregistered settings. This offer includes an educational setting for those children or young people who have been or may be at risk of being permanently excluded. It also includes AP for children or young people who have, for example, been unable to attend a school due to their social, emotional or medical needs.

What is it like to be a child or young person with SEND in this area?

Children and young people are thoughtfully considered in the decisions made by the local area partnership. Their opinions about things that matter to them are listened to and leaders across the partnership take these into account when devising improvement plans. However, there are some important areas where children, young people and their families have a varied experience. For example, some schools in the partnership are very inclusive. They work alongside colleagues from health and social care to quickly identify pupils' needs and put the right support in place. In some other schools, pupils' needs are not as robustly understood. As a result, some children and young people struggle to learn in their mainstream school and only have their needs identified once they attend AP.

Some children and young people who need health support and advice access this quickly from skilled and specialist clinicians. However, some other children and young people who need support for their mental health, or those needing a neurodevelopmental assessment, wait too long.

The parent carer forum and SEND information, advice and support service (SENDIAS) are well established. Young people's groups such as the Young Mayor and Young Advisors and Inclusion Champions are determined advocates for children and young people with SEND in Lewisham. They are readily involved in and keen contributors to setting strategic priorities for the area as valued experts with lived experience. However, some parents and carers told us that communication from the local area partnership can be ineffective or too slow.

Leaders work well to support vulnerable children and young people, including accompanied and unaccompanied asylum-seeking children and looked after children. This includes training for schools and practitioners, close monitoring through the virtual school and assessment places at local specialist settings.

Young people with complex health needs, care leavers and those known to the youth justice system benefit from effective multi-agency work to help them benefit from being in education, employment or training and to prepare them for adulthood.

Children and young people are benefiting from improved timeliness in the completion of education, health and care (EHC) plans. However, the process to agree EHC plans can take longer than it should. This is because some professionals are moving too quickly to seek EHC needs assessments or specialist health referrals without collecting important information about what the child or young person can do well or being clear on the support they may need. Consequently, some children and young people do not receive timely support.

Although there have been some improvements to the quality of newer EHC plans, inspectors found that there are many variabilities between plans. As a result, sometimes

the EHC plan does not help those working with the children and young people to better understand their needs and to then successfully go on to meet them.

Children, young people and their families are involved in co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all). Across Lewisham, this is considered fundamental when setting strategies and initiating projects. Examples of this are the Moments that Matter campaign, the GP-led youth clinic and the Inclusion Strategy. However, there is still some work to do to embed co-production at every level across health, care and education.

What is the area partnership doing that is effective?

- There is a shared ambition, identity and culture across education, health and care leaders and teams in Lewisham. Across the partnership, at both strategic and operational levels, there is a commitment to keeping the voice of the child and young person and their families at the centre of planning and decision-making. There is a clear moral imperative to do the right thing for children and young people.
- Leaders are reflective, and they understand what is working well, as well as what can be improved. There are many successful aspects of the partnership's improvement work underway. Examples include the Autism Strategy, Best Start in Speech, Language and Communication and the setting of priorities for the updated SEND strategy. There are some initiatives which are developing and others that are embedding. It is too soon to see the impact of these on the lived experience of children and young people and their families. This includes the focused work on emotionally based school avoidance.
- Joint commissioning is well embedded in Lewisham. This enables leaders to make the best use of resources to improve outcomes for children and young people. For example, the newly commissioned SEND dietetic service and care leavers' nurse are making a difference to the lives of children and young people.
- There is lots of positive work going on to help identify SEND in very young children. Babies being cared for in the neonatal intensive care unit (NICU) who are identified at risk of delayed development benefit from a coordinated approach to their care, which includes the allied health professional neonatal team. The Team Around the Family provides enhanced assessment and support that continues until the child is two years old, which provides families with additional assurance.
- Early years advisers work well with nurseries and private voluntary and independent settings in identifying and supporting those with SEND by utilising the strategies shared by multi-disciplinary teams. Health visitors provide timely reviews to identify any emerging SEND needs. Consequently, outcomes for children in the early years are improving.
- The SEND advisory service, educational psychology team, outreach services and SENCo forum provide helpful training to most schools on research-informed practice, such as relational behaviour approaches, meta cognition and racial inequalities in

identifying children and young people's SEND.

- Children and families benefit from the responsive delivery of all mandated checks as part of the Healthy Child Programme. All expectant women are invited to an ante natal contact and there is effective early identification of emerging needs in young children. In addition, there is a further targeted visit at three-and-a-half years for those children that have been identified as needing additional support.
- The joint health initial multi-disciplinary assessment clinic brings together a range of professionals who provide a holistic assessment and agree a shared care plan. This means that parents and carers do not have to repeat their story and can quickly access relevant services for their child in one appointment.
- The dynamic support register (DSR) has well-established processes and governance which galvanise the team around the child and young person. This helps to prevent children and young people being admitted to hospital.
- Children with low risk emotional and mental ill health needs can access support through a network of child well-being practitioners. In addition, children in secondary education are able to access support from mental health support teams. Youth First clubs are operating across the borough and offer mentoring, and a mental health well-being practitioner works across these clubs.
- Most children who are receiving a service from children's social care benefit from smooth transitions across education, health and care settings. Social workers, commissioning services, the virtual school and health professionals collaborate effectively and plan proactively. This helps to ensure that children are in settings or with providers that will best meet their needs.
- Family practitioners complete timely early help assessments and facilitate Team Around the Family meetings to promote effective multi-disciplinary information-sharing. This ensures that children benefit from plans and targeted interventions that are designed to meet their needs.
- Children who meet the short breaks eligibility criteria have access to direct payments or commissioned services so that they can be supported to participate in community-based activities. This helps children with SEND to develop confidence, self-esteem, independence skills and enjoy new environments. However, a small number of children are not able to access more specialist short break provision due to a lack of availability.
- For children and young people with complex health needs, and those in specialist settings, there are good pathways to support transition at key points, including in preparation for adulthood (PfA). For example, the transition speech and language therapist is employed in both children's and adults' services and works with young people and families as they approach adulthood. Young people aged 17 are prioritised for autism and attention deficit and hyperactive disorder (ADHD) assessments, and assessments are completed for all young people on the waiting list. There is a clear process to ensure that young people continue to receive their ADHD medication when they move to adult services.

What does the area partnership need to do better?

- There is recognition from the local area partnership that their strategic work around improving PfA for young people with SEND is not where they would like it to be. Leaders have identified key priorities and challenges, but the planning and coordination to manage these challenges are underdeveloped.
- Primary health care are not visible partners across EHC plan processes and PfA. This is recognised by the local area partnership and work is at an early stage to develop an offer to meet the requirements of the code of practice.
- Arrangements to update records for children with a previous diagnosis of global development delay are in the early stages of implementation. While there is some work taking place to confirm those children who are in the care of a paediatrician, there is a gap for those children where a diagnosis was received and then they were subsequently discharged from health services. This means some children and young people with a learning disability are not receiving the services to which they are entitled.
- Many young people attend settings out of borough when they reach 16 years old. Leaders, practitioners and some young people told us their preference would be to remain in Lewisham. There is further work to do to ensure that young people with SEND consistently benefit from access to meaningful employment and education and training that they are interested in and that meets their aspirations.
- Although there is a wide offer to support children and young people with neurodiverse needs, including the All Age Autism Well-being Service and Drumbeat Autism Outreach, some children and young people can wait over a year for autism and ADHD assessments. The long wait can be difficult for some children and young people and their families as their needs are not consistently well understood and managed in schools and settings.
- The early notification pathway is in the early stages of implementation. Some health practitioners do not routinely notify the local area about pre-school children who have, or who are likely to have SEND. Without this data, leaders cannot accurately plan services for the future. The extension of the family hubs to school-age children is important because the changes in commissioning of the school nursing service have led to gaps in delivery of early identification and support services to children who do not meet the thresholds of care following the reconfiguration of services. The role of school nursing in Lewisham is not well understood by partners and parents and carers. A programme of engagement with parents and professionals is underway.
- Some young people receive their EHC plan too late in their education. Some plans are finalised without health and/or social care advice. Plans are not routinely being updated when there have been significant changes, such as transitions to different key stages. Some children and young people have provision and outcomes set out, including in PfA, which are no longer reflective of need or meaningful.
- The local area's approach to the quality assurance of EHC plans and annual reviews is not robust. Although the local area has identified this as a need, there is currently no coordinated multi-agency approach to ensure EHC plans are moderated for

effectiveness and weaknesses.

- Some children and young people with SEND said that schools do not understand what they need to do to help them. Some mainstream schools are not as inclusive as they should be. Some schools are not doing enough to identify pupils' needs at the earliest opportunity.
- On occasion, secondary school-aged children and young people who are permanently excluded are not having their needs identified until they attend AP. The number of pupils accessing AP is increasing. Although pupils' needs are well met once they access AP, some pupils struggle to reintegrate back into school because their needs were identified too late.

Areas for improvement

| Areas for improvement |
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| <p>Leaders across the partnership need to strengthen the support for young people in preparing for adulthood. They should focus on:</p> <ul style="list-style-type: none"> ■ ensuring that a broad offer for education, employment and training is available locally; and ■ ensuring that all those young people with a previous diagnosis of global developmental delay are correctly identified and added to learning disability registers. |
| <p>Leaders across education, health and social care should ensure that a multi-agency quality assurance framework is in place for existing and amended EHC plans. This includes:</p> <ul style="list-style-type: none"> ■ improving the quality and timeliness of input into plans from health and children's social care professionals; ■ ensuring that outcomes, including those related to PfA, prepare children and young people well for their next stage in education; and ■ ensuring that EHC plans are routinely updated at key transitions and when there have been significant changes. |
| <p>Health leaders should ensure that waiting times for specialist mental health pathways and neurodevelopmental assessments are reduced and that children and young people, and their families, consistently receive effective communication and support while waiting.</p> |

Local area partnership details

| Local authority | Integrated care board |
|--|---|
| London Borough of Lewisham | South East London Integrated Care Board |
| Pinaki Ghoshal, Executive Director for Children & Young People | Andrew Bland, Chief Executive Officer |
| www.lewisham.gov.uk | www.selondonics.org/icb |
| Laurence House Catford Road London SE6 4RU | NHS South East London Integrated Care Board 160 Tooley Street London SE1 2TZ |

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 Ofsted Inspector from education and one HMI from social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

Inspection team

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