

Area SEND inspection of City of London Local Area Partnership

Inspection dates: 29 September 2025 to 3 October 2025

Dates of previous inspection: 12 to 16 March 2018

Inspection outcome

The local area partnership's special educational needs and/or disabilities (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

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

Ofsted and the Care Quality Commission 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

The City of London Corporation and the North East London Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in the City of London.

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

The City of London Corporation commissions alternative provision (AP) from several providers for a range of purposes. The offer includes AP for children or young people who are 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 with SEND, including their families, are central to the work of the City of London's local area partnership. A deeply embedded culture of collaboration among professionals in education, health and social care drives collective efforts to help children and young people reach their full potential. Leaders champion reflective practice, fostering a shared commitment to achieving excellence across all services.

The local area partners place high importance on listening to and valuing the voices of children and young people, as well as their parents and carers. Members of the Parent Carer Forum said that their views are valued and that they have contributed meaningfully to 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). For example, they have been instrumental in the development of the SEND and AP strategy and the development of neurodevelopmental pathways.

There is careful consideration of the unique social and emotional needs of each child, drawing on the expertise of those who know them best, listening to their voices, understanding their lived experiences and formulating how best to support individuals and their families. Across the partnership, leaders and practitioners have a deep understanding of the children and young people they support, enabling them to respond to individual needs with flexibility, confidence and care. This insight is strengthened through shared expertise and collaborative training.

Children's and young people's needs are routinely identified in a timely manner, for example through early years settings delivering the two-year integrated health review as part of the Healthy Child Programme. This involves joint holistic assessments carried out by health visitors and early years practitioners. Children and young people who may need more specialist services are closely monitored. Multi-agency early help processes, which include child and adolescent mental health services input and targeted family support, contribute to reducing the escalation of need. These coordinated efforts are instrumental in ensuring early identification and swift access to appropriate support and interventions.

Many children and young people benefit from well-regarded short break services. Highly effective early help practitioners demonstrate curiosity and creativity in understanding and responding to individual needs. Through both school provision and short breaks, children are encouraged to explore a variety of activities and interests and are supported to connect and socialise with their peers. When disabled children require statutory social work services, they and their families typically receive strong support that helps to meet their assessed needs.

The partnership commissions personalised AP packages for children and young people with SEND who are unable to attend a school setting. These are developed through meaningful consultation with the young person and their family, ensuring a clear understanding of individual needs, interests and aspirations. This approach supports young people to regain confidence and get back on track and re-engage with their education.

Young people with SEND are supported to explore the opportunities available to them as they transition into adulthood. This includes receiving impartial advice and guidance on next steps, as well as on community health and well-being. As a result, typically, young people with SEND remain in education and training or successfully gain employment.

What is the area partnership doing that is effective?

- Leaders across the partnership have a shared and embedded ambition to deliver high-quality provision across education, health and social care for children and young people with SEND. This is realised through strong oversight, governance and review. Leaders make informed, thoughtful and considered decisions as a collective. Jointly commissioned services are well established. This enables sustained improvement and transformation across SEND services.
- The SEND Information, Advice and Support Service offers valuable support to children and young people with SEND, as well as their families. Practitioners have carefully shaped the service to ensure that it is both easy to access and offers extensive support.
- Schools and early years settings benefit from access to a broad network of professionals who assist in identifying and addressing individual needs. School leaders are able to engage support services promptly for children and young people with SEND. Well-established partnerships across education, health and care ensure that needs are met and coordinated swiftly and effectively.
- Education, health and care (EHC) plans are routinely completed without delay. They are typically produced with careful thought given to the integration of children's and young people's health and care needs. EHC plans are reviewed for quality and effectiveness in a timely way. This ensures that EHC plans accurately reflect the children's and young people's strengths, needs and required provision. As a result, children and young people typically achieve outcomes specified in their plans.
- There are clear protocols and expectations in place for the fair access panel (FAP). These are designed to ensure that settings are employing the graduated approach. Early identification and implementation of support for children mean that they are included in settings without the need for intervention from the FAP.
- Many children and young people with SEND are educated in schools outside of the local area. The partnership supports transitions to new schools well. They utilise the educational psychology service to monitor how children and young people settle within their first term. They provide personalised advice and support to settings for those children and young people who may take longer to settle. This helps to successfully maintain continuity of education and ensures that settings can confidently meet needs.
- Therapy services operate open referral systems. This allows parents to directly access support when they have concerns about their children. Children and young people who meet the referral threshold are offered specialist services tailored to their specific needs. If a referral does not meet the threshold for specialist support, families are still

provided with a universal offer and invited to attend screening clinics, where they can receive advice and guidance from qualified practitioners.

- Occupational therapy services maintain contact and provide support to children who, for example, live with one parent within the city, but often stay with another parent who lives outside the local area. This recognises 'modern families', supporting not only the child's needs but also the needs of both parents who also require support to care for their children.
- The autism and attention deficit and hyperactivity disorder (ADHD) recovery and transformation plan for the partnership is advancing well, with separate, flexible pathways according to age and need. Although some waiting times for diagnosis remain long, children and families are offered a range of effective support services while they wait. This includes social and emotional support from the voluntary sector.
- Flexibility is built into assessment processes through a needs-led approach. Multidisciplinary clinics identify children who are already undergoing an EHC needs assessment or have recently had clinical psychologist, speech and language or occupational therapy involvement. This helps to identify children who have functional needs and may need to be prioritised for neurodevelopmental assessment.
- The sole GP surgery within the City of London Corporation has been proactive and worked alongside experts within the partnership to provide all staff with training to better understand autism, ADHD and learning disabilities. This has enabled staff to make adaptations and adjustments so that children and young people can take part in annual health assessments.
- Leaders and practitioners know their children exceptionally well. They routinely monitor children's and young people's health and well-being needs. They intervene swiftly when needed. As a result, inspectors found no evidence of any unplanned admissions to hospitals for children who should have been included on a dynamic support register. This further demonstrates the strength of the partnership's early help offer.
- The Multi-Agency Transitions Forum and High Needs Transitions Panel coordinate transition planning for young people in the local area partnership. Transition planning begins early, with an adult services transition worker assigned to each individual. They work closely with young people and their families to ensure that they receive guidance and assistance at key points throughout education and into adult life.
- Disabled children's social workers attend transition panels. Practitioners receive training on how to engage and communicate with children and young people with SEND. For example, social workers have been trained in British Sign Language. This means that these social workers are able to communicate more effectively with deaf or hearing-impaired children and young people.
- Leaders have established procedures that ensure that children are placed in residential school settings that have been robustly quality assured. The virtual school plays an active role in monitoring these placements, as do other senior leaders. This ensures that the partnership has confidence that children's and young people's education, health and care needs are being met effectively. Children benefit from consistent support through regular visits from their allocated social worker and

oversight from their independent reviewing officer. This all contributes to ensuring that children in residential school settings progress well.

What does the area partnership need to do better?

- There are new and embedding systems in place for the quality assurance of AP and provisions for those children and young people who are educated other than at school. These systems do provide some understanding as to the quality of provision. However, on occasions these checks lack rigour and robust scrutiny. Leaders are reviewing these, and this is a key priority within the new SEND and AP strategy. However, it is too early to evidence the impact of this work.
- There is more to be done across the partnership to better communicate with families. For example, sometimes parents and carers are unclear about why decisions have been made about their child's support or provision. On other occasions, decisions which are made at short notice are not fed back to families swiftly. This can leave parents feeling less involved and at times confused.
- In some health provisions, families who require translation support do not always have access to professional interpreting services. As a result, there is often reliance on family members or individuals known to the family, including young people, to interpret. This can create barriers to open and impartial communication. As a result, some families can feel uncomfortable sharing confidential information through someone they know.
- The local offer has recently been reviewed and updated; however, it is not robustly known by those who would benefit from it. For example, some families said that they are unsure about available health services and access to pathways. This can create confusion for both parents and professionals when navigating the system.

Areas for improvement

Areas for improvement
<p>Leaders across the partnership should improve communication with parents to ensure that:</p> <ul style="list-style-type: none"> ■ parents are well informed about decision-making processes and the rationale for decisions made; ■ they have the knowledge of and can navigate the local offer in order to access the range of support services and resources in their communities; and ■ in health services, there is routine access to interpreters so children and families can engage in open and transparent conversations with professionals.

Local area partnership details

Local authority	Integrated care board
City of London Corporation	North East London Integrated Care Board
Judith Finlay, Executive Director of Community and Children's Services	Zina Etheridge, Chief Executive Officer
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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 and an Ofsted Inspector from education and 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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