# Area SEND inspection of Hackney Local Area Partnership

Inspection dates: 17 to 21 November 2025

Dates of previous inspection: 27 November to 1 December 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 3 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

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

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 Hackney.

The local authority commissions two main providers to deliver alternative provision (AP) for children or young people. This includes a pupil referral unit located within Hackney. The local authority commissioning also includes a small range of other provisions, including unregistered provision, to meet the needs of children and young people, including those who are educated other than at school.

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

Children, young people and their families currently have a varied lived experience, for example in the extent to which their needs are identified and met. Some things are working well but some of the local area's work is new and/or is in the planning stage. It is too early to see the sustained impact of this work on children and young people's day-to-day lives.

Leaders welcome children and young people's views. Groups such as 'Indepth' give them a platform to influence change, for example in shaping the new 'SEND and Inclusion Strategy'. Children and young people benefit from participation in a range of activities on offer through 'Young Hackney'. Older young people value being able to socialise with each other and take part in sports activities at Youth Hubs. Youth researchers and a youth steering group led the design of 'Health Spot' and guide its ongoing development. This provides a safe space for young people to access healthcare and to learn how to manage their own physical and mental wellbeing.

Children in the early years benefit from a comprehensive approach to identifying potential SEND quickly and appropriately. This approach includes speech and language therapy (SALT) practitioners, who work closely with schools and settings to ensure that children's speech, language and communication needs are carefully identified and well supported. Other practitioners, such as those who work in the early help and health visiting teams, also help to identify children's SEND effectively.

Too many secondary-age children have their needs identified only when they move to local authority commissioned AP. This is often after their place in their mainstream school has broken down, for example because of a permanent exclusion. Once the child is in AP, they are typically given the help that they need to prepare well for their next steps. The rate of permanent exclusions of secondary-age children with SEND in Hackney is high. Leaders fully acknowledge this. They have detailed plans in place to work with secondary schools to develop more inclusive approaches.

Vulnerable children and young people, such as those on the dynamic support register who have complex health and care needs, receive well-coordinated help and guidance. Practitioners use their expertise to prevent children and young people from reaching crisis point. Children with complex care needs known to the disabled children's service benefit from an accurate assessment of their needs. Social workers engage with children to capture their views and work closely with parents and carers to understand the child's needs and the wider family context. They go on to put in place highly effective personalised care packages. Leaders take the right actions to make sure that disabled children and young people who live in residential special schools have a positive experience. They also have strong oversight of children with SEND who are electively home educated and those identified as missing from education.

There are a few groups of children and young people with SEND who are not as well supported. This includes older young people aged 18 and above. Some remain not in

education, employment or training (NEET) for too long. Additionally, leaders do not have a well-developed framework in place to check on the success of the education and wider provision for those children and young people with SEND who are educated other than at school.

Too many children and young people wait lengthy periods for a neurodevelopmental assessment. Those who need medication to help manage their attention deficit hyperactivity disorder (ADHD) or need a continence assessment and treatment also wait too long. These delays in assessing and/or meeting children and young people's health needs have a significant negative impact on their day-to-day life and that of their families.

Children and young people with SEND in Hackney achieve well across all phases of their education. Their attendance at school is also higher than the national average. Older young people benefit from opportunities to take part in a supported internship, with several of this group moving into paid employment. Other initiatives, such as the 'Indie Project', guide young people to learn valuable employment, communication and self-care skills that help them with their preparation for adulthood (PfA).

The quality of education, health and care (EHC) plans is variable and the proportion issued within the 20-week statutory timescale has declined over time. Some EHC plans lack accurate information about the child or young person's health or care needs. The quality of annual reviews is also variable. Too often, practitioners from health and social care who support the child or young person do not participate in, or contribute to, these reviews. These weaknesses combine to mean that those who work with the child or young person cannot use their EHC plans as well as they should to provide the right support at the right time.

## What is the area partnership doing that is effective?

- Leaders know the local area well. They use their knowledge to help make strategic decisions that benefit children, young people and their families. These decisions can be seen in lots of ways, such as the collaborative work with schools to expand the numbers of places in resourced provision and the development of the AP offer. The Designated Clinical Officer and the Designated Medical Officer roles work well in Hackney. They effectively support and influence strategic priorities.
- The Parent Carer Forum (PCF) is relatively new and still developing its role as a strategic partner. Leaders have ensured that the PCF is a valued partner in partnership workstreams. This includes the PCF's engagement in improvement work such as the revised PfA strategy.
- Leaders understand the diversity of the local area. They co-produce and commission services with local communities, taking a culturally sensitive approach. For example, 'Talking Together' is a specialist SALT service that supports Charedi children and young people, and parenting courses are tailored for those from the Turkish and Kurdish communities. The partnership approach helps build trust and improves access to educational, health and social care support for children, young people and families

who might otherwise face barriers to access.

- Most children and young people benefit from health services that are co-located at Hackney Ark, which parents describe as a 'safe space'. A multidisciplinary group of professionals carefully consider individual children and young people's needs and fully support families to access the right services.
- Children with more complex health disabilities benefit from seamless pathways through specialist clinics where they are assessed by a team, whose members act quickly to help them. Children and young people receive timely support from SALT, occupational therapy and physiotherapy services particularly well. An innovative offer across the local area meets children and young people's needs well. This includes a clinic-based SALT service for those not being educated in a mainstream school.
- Most children and young people benefit from a comprehensive mental health offer. Their referrals are quickly triaged and risk assessed effectively. This ensures that the most appropriate team meets children and young people's mental health needs. 'Wellbeing and Mental Health in Schools' provides highly effective support for schools who access the offer.
- Children and young people with SEND who need early help are well supported by experienced practitioners, who play a key role in identifying and meeting their needs. Practitioners make appropriate referrals to specialists and guide families through processes, such as securing an EHC plan. For school-age children and older young people with SEND, early help services offer consistent support to both the child and their family. Practitioners fully engage with these children and young people, guiding them to manage relationships within their family and local community.
- Hackney's health visiting service is comprehensive. Specifically, for children with SEND, there is an enhanced offer that includes a developmental review for children aged three-and-a-half. This review forms part of the transition to school, providing an additional opportunity to identify children's needs. School nursing has an allocated practitioner for those who are electively home educated and/or are on an open safeguarding plan. This ensures that this group's health needs can be monitored and supported well.
- Families benefit from the consistency of relationship with therapists. This includes therapists who work in the hospital neonatal unit and in the community team. This relationship helps families to feel less anxious when leaving the hospital with their young baby, promoting early and trusted discussions with parents or carers about their child's SEND.
- There are effective arrangements in place between the disabled children's service and adult social care teams. Practitioners ensure that disabled young people do not experience any gaps in provision as they move to adult services.

## What does the area partnership need to do better?

- While leaders have established the right set of strategic priorities and use a range of 'dashboard information', they have not currently established the key performance indicators (KPIs) that sit alongside their priorities. This means that the SEND and AP

executive board lacks opportunities to monitor, challenge and support leaders more effectively about the impact of their work.

- There is more to do to make sure that all schools in the local area, particularly those in the secondary phase, develop more inclusive approaches. While the local area communicates its expectations in relation to part-time timetables to schools, evidence suggests that a few schools are using part-time timetables to manage behaviour.
- The rate of permanent exclusions of children and young people with SEND in secondary schools is high and has been for too long. The rate of suspensions is also high. Parents told us that some secondary schools are not identifying their child's needs quickly and/or do not use the reasonable adjustments and/or adaptations that they should to meet their child's needs effectively. This is also supported by evidence from the Hackney SEND information, advice and guidance service. Some children are being permanently excluded and their SEND, particularly social, emotional and mental health needs, are being identified too late. It is too early to see the impact of the partnership's work to significantly reduce permanent exclusions over time.
- The local area's ambitious plans to develop their AP offer and to improve the way that the fair access panel (FAP) is working are still in their early phases. Leaders are right to recognise that the effectiveness of FAP has not been evaluated well over time, such as in considering the impact of placement decisions. There are also gaps in information-sharing. For example, the quality of information that the AP receives from mainstream schools about children and young people is highly variable. There is sometimes sparse information about the child or young person's history, such as the behaviours that have led up to a permanent exclusion and/or limited academic information being provided.
- The timeliness of issuing final EHC plans within 20 weeks has fallen over time. Leaders acknowledge that this aspect needs to improve more rapidly. While more recent EHC plans are of better quality, the plans of some older young people who are age 16 or over are well out of date. They no longer reflect young people's aspirations and needs. In some cases, EHC plans are being finalised before reports from practitioners are received, for example from educational psychologists. This means that some EHC plans are not as useful as they should be in identifying children and young people's needs and the support that they require to help meet these needs.
- There is variation as to how well EHC plan annual reviews are being completed. In some review, the impact of provision on children and young people's outcomes across education, health and social care is not being reviewed carefully. This is exacerbated when practitioners who work with the child or young person are not invited to annual reviews and or/do not contribute to the process. Consequently, some important amendments or updates to EHC plans and/or required provision are being missed.
- There are some weaknesses in the local area's approaches to helping children and young people with their PfA. This includes ensuring that there is a better in-borough curriculum offer that meets the needs of post-16 young people with more complex educational needs. Similarly, the in-borough offer to support young people age 18 and over who find themselves NEET or need more suitable AP is too limited. Young people's journey to adulthood is not well-coordinated through EHC plans, including in the outcomes being set. The number of young people accessing independent travel

training is too low.

- Some children and young people with a learning disability are not receiving the support that they are entitled to, for example in the completion of their annual health checks with their general practitioner (GP). This means that potential health needs go unidentified. Leaders' work to improve this is not well embedded.
- Currently, young people's move to the PfA team within adult social care is not happening as early as leaders would like. While leaders have plans in place to improve this and they make sure that there are no gaps in provision, the current approach increases young people's anxiety and causes additional stress for families.

## Areas for improvement

| **Areas for improvement** |
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| Leaders across the partnership should improve their strategic use of data to evaluate the success of their work across education, health and social care. They should particularly focus on establishing KPIs that enable the SEND and AP executive board to more effectively challenge and support leaders about the impact of their work. |
| Leaders across the partnership should further improve their work to develop a more inclusive approach within the local area to:<br>▪ reduce the numbers of secondary-age children with SEND who are permanently excluded or suspended from school<br>▪ implement their plans to broaden the AP offer in the borough and to develop the role of the FAP<br>▪ improve oversight of the impact of the provision for those children and young people who are educated other than at school. |
| Leaders across the partnership need to accelerate their work to significantly improve the timeliness and quality of EHC plans, including the effectiveness of the annual review process. They should ensure that:<br>▪ EHC plans consistently include children's and young people's health and social care needs and provision<br>▪ EHC plans better reflect the voice and aspirations of children and young people<br>▪ EHC plans better support children and young people from Year 9 onwards with their journey through to adulthood<br>▪ the quality of annual reviews improves, including improving the participation and contribution of health and social care practitioners<br>▪ they prioritise amending the outdated plans of some older children who are age 16 and above. |
| Leaders across the partnership need to improve the provision and support for young people's PfA. They should focus their efforts to: |

- ensure that there is a consistent approach to include eligible young people on GP learning disability registers so they can access support to improve their physical, emotional, mental health and wellbeing
- expand the in-borough educational offer for those young people age over 16 with more complex educational needs and those who need to access suitable AP
- implement their plans to ensure that more young people benefit from independent travel training
- provide earlier and more impactful support for young people age 18 and over to prevent them becoming NEET.

Leaders in health should work at pace to implement their recovery plans to reduce children and young people's waiting times for:

- a neurodevelopmental assessment
- access to medication for those children and young people who need it to manage their ADHD symptoms
- continence assessments and post-assessment care for those children and young people who need support to improve the quality of their day-to-day life.

## Local area partnership details

| Local authority | Integrated care board |
|---|---|
| Hackney Local Authority | North East London Integrated Care Board |
| Jacquie Burke, Group Director for Children and Education | Ralph Coulbeck, Interim Chief Executive Officer |
| www.hackney.gov.uk | www.northeastlondon.icb.nhs.uk |
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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: two HMIs 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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