# Area SEND inspection of Sutton Local Area Partnership

Inspection dates: 26 to 30 January 2026

Dates of previous inspection: 22 to 26 January 2018

## 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 3 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

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

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

Sutton commissions a range of alternative provision (AP) to meet different needs across the local area. This includes provision for children and young people who are unable to attend school because of social, emotional or medical needs. It also includes settings designed for children and young people who have been, or who may be at risk of being, permanently excluded from school.

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

Children and young people with SEND have variable experiences in Sutton. Furthermore, some children have considerably poor experiences. Pathways for dysphagia assessment and intervention across the area are significantly under-resourced. In addition, children and families are experiencing unacceptable delays in accessing specialist assessment and intervention. As a result, some children do not have timely, coordinated and risk-assessed plans to manage their feeding needs. This includes within education settings. Leaders do not have sufficient assurances that dysphagia support is accessible and coordinated across the partnership.

School-aged children and young people who need health support and advice access this quickly from skilled and specialist clinicians. However, younger children, aged 0 to 5, who are not in school wait too long for assessment and intervention.

The Sutton Information, Advice and Support Service is well established. Young people's groups, such as Youth Matters, play an active role in shaping the partnership's future plans as valued experts by experience. However, there is currently no functioning parent carer forum (PCF). Although the partnership ensured that a PCF previously contributed positively to service development, such as co-producing the SEND and AP Strategy, this has not been sustained. The partnership has successfully co-produced some projects with specific cohorts of parents, such as work on the school Down's Syndrome pathway. However, the local area lacks a structured platform for gathering the views, experiences and priorities for families of children with SEND.

Children and young people with SEND known to social care receive appropriate support. This includes access to personal assistance and short breaks. Children and young people with SEND known to social care have their needs identified, assessed and are supported by skilled practitioners. These workers carefully adapt methods of communication to understand children and young people's wants, needs and feelings. Young people benefit from timely support when preparing their transition to adult social care. For example, the transition team works alongside social workers in the children with disabilities team to complete assessments. This promotes early engagement, person-centred planning, advocacy and continuity. However, there are significant challenges and gaps in transition to adulthood for other young people with SEND. For example, young people with a neurodevelopmental needs, and those with complex learning and medical conditions, often lack equivalent support from adult services across the partnership, leading to what professionals and families described as a 'cliff edge' in their care.

Children and young people benefit from the timely completion of education, health and care (EHC) plans once they have been agreed. However, the process to agree to assess for an EHC plan takes longer than it should. High numbers of children and young people's education, health and care needs assessments are being refused. Consequently, some children and young people do not receive timely assessment and support. This increases anxiety and pressure for some families.

Many children and young people's EHC plans clearly set out the support and provision required to understand their needs and how to meet them effectively. However, EHC plans for children and young people with broader medical or social care needs often lack the necessary specificity. Similarly, preparation for adulthood outcomes, although aligned to wider educational goals, do not routinely capture children and young people's aspirations for their future adult lives.

Children and young people with SEND typically do well in education in Sutton. The partnership helps school leaders to work alongside professionals from health and social care to understand the differing needs of children and young people with SEND. Furthermore, this has helped to reduce exclusions and suspensions for children and young people with SEND. The partnership recognises and are ambitious in their attempts to reduce this further. However, suspensions remain high. Consequently, the needs of some children and young people who experience difficulties in their mainstream school are not identified appropriately until they enter AP.

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

- Across the partnership, staff are highly skilled and pragmatic. Practitioners are proactive in adapting services to meet changing needs and in maintaining a strong focus on developing children and young people's independence and securing positive outcomes.
- Teams across Sutton work well together. Strong communication between practitioners across education, health and care services helps to ensure that the most vulnerable children and young people with SEND are well known across specialist teams. This means that parents, carers and young people only have to tell their story once.
- Leaders are reflective and aspirational. There are many successful aspects of the partnership's improvement work underway. Examples include the Building Stronger Foundations programme, Sutton's Helping Early Strategy, and the Paving the Way project.
- Appropriate joint commissioning arrangements are in place for some key services, including child and adolescent mental health services (CAMHS) and autism pathways. These arrangements support leaders to use resources effectively to improve children and young people's outcomes. For example, all children in mainstream and special schools can access support from a mental health support team practitioner, and the whole-school approach to improving children and young people's emotional and mental health is well embedded.
- Early years advisers work well with nurseries in identifying and supporting children with SEND by utilising the strategies shared by multidisciplinary teams. Health visitors support families to provide timely reviews to identify any emerging SEND. Consequently, outcomes for children with SEND in the early years are improving.
- Families benefit from a comprehensive offer of support through the delivery of the mandated contacts as part of the healthy child programme. School readiness for

children with SEND is promoted well across the area through well-attended sessions on dental health, dressing, counting and toilet training.

- Community nursing teams, clinical nurse specialists and paediatricians coordinate services effectively for children, particularly those with complex health and learning needs. Their strong advocacy, multi-agency working and clear communication help families to navigate services without the need to repeat their stories.
- Children and young people with EHC plans benefit from strong therapy provision. This enables them to participate in education meaningfully and achieve increasingly positive outcomes.
- Children with SEND who have a social worker, or those involved in the youth justice system, are able to access a wide range of support from a dedicated speech and language therapy (SALT) service. An effective therapeutic hub works holistically with children, young people and their families who need support from this service. This ensures that children and young people receive timely support and prevents needs from escalating.
- Children and young people with SEND in Sutton who are currently supported through the dynamic support register (DSR) benefit from effective multidisciplinary working across social care, health and education. This coordinated approach contributes to reduced hospital admissions for the most vulnerable children and young people with SEND.
- Once children in the early years access therapy services, such as SALT, occupational therapy (OT) or physiotherapy, the care they receive is positive. Packages of care can be reaccessed without returning to the bottom of the waiting list if new difficulties arise, and appropriate prioritisation systems and communication across practitioners ensure timely access to equipment. The use of a joint equipment hub across schools and therapy services ensures that children and young people are not placed at risk while waiting for specialist equipment.
- Although there are long waits for neurodevelopmental assessment, there are clear pathways for the assessment and screening for school-aged children. Professionals ensure that families are kept informed and supported while waiting.
- There are established processes for transitioning young people from children to adult services for neurodevelopmental assessment, ensuring continuity of care and communication with families. Waiting times are honoured by adult services, and young people in CAMHS can be expedited for assessment and have their screening prioritised as they near 18.
- The partnership works well with school leaders, for example through the work of the vulnerable pupil panel (VPP). The VPP enables children to remain in mainstream education through outreach, support and interventions from AP. Typically, 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 and young people have been given effective support at AP.
- Commissioning decisions for children and young people with SEND in out-of-area residential provision are made with children and young people's interests in mind.

Leaders have established procedures that ensure that children and young people are placed in residential school settings that have been robustly quality assured. This ensures the partnership has confidence that children and young people's education, health and care needs are being met effectively and risk is well managed.

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

- There are ongoing challenges in aligning data between the local authority, commissioned education services and the ICB. While leaders analyse activity and trends, there is limited evidence that data is used systematically to predict need, adapt services or measure impact over time. As a result, there remain gaps in commissioned services, and some children and young people's needs are not routinely identified.
- There are inconsistencies in the coordination, capacity and equity of access to health services for children and young people with SEND. At times, these children and young people's needs escalate as a result, which in turn, is reflected in poorer outcomes for some children and young people.
- Long waits for OT and SALT for children aged 0 to 5 mean that children do not have their needs identified or met in a timely way.
- For children, young people and their families, inequity is evident across diagnostic pathways. There is a recognised gap in cohesive, multi-agency input for neurodevelopmental assessments of children aged 0 to 5. This makes it difficult for community paediatrics to complete comprehensive assessments; extended waits further compound this challenge.
- The number of children and young people requiring support continues to outstrip capacity across several services, including community paediatrics. This results in children, young people and their families experiencing significantly long waits for assessment and intervention by paediatric teams.
- Access to targeted and specialist support from therapies at school age is variable and, in some cases, inequitable. Children and young people without EHC plans rely on universal offers or schools' decisions to purchase traded OT and SALT. Oversight of this is limited. Schools must submit separate bids for assessment and intervention to therapy services, creating delays and inconsistency.
- The one-stop shop and needs-led pilot for neurodevelopmental needs provide accessible support for families, shifting the focus from diagnosis to actual support, while still recognising the importance of diagnosis for children, young people and their families. However, the wait for neurodevelopmental assessments is lengthy for all ages, creating pressure on services and families. While the needs-led model pilot addresses some aspects, the impact on overall waiting times and equity of access remains to be fully evaluated and does not benefit children aged 0 to 5.
- Not all children and young people with SEND benefit from access to appropriate wraparound provision, extra-curricular activities and holiday care. This limits opportunities for some children, young people and their families.

- There is no commissioned pathway for learning disability diagnosis in Sutton. Although clinicians undertake assessments through various routes, these rely on goodwill rather than formal commissioning. This limits oversight, consistency and assurance of equitable access.
- Transition to adulthood is a significant concern for many professionals, children and young people and their families. There are limited and inconsistent transition pathways across some health services. This creates anxieties for parents and practitioners regarding how children's care will look when they reach adulthood. Although there are some positive examples of preparation for adulthood, such as with social care, the diabetes service and some colleges, there are some groups of young people who are not gaining from robust joint transition planning at the earliest stage. This leaves some young people, including those with neurodiverse needs, learning disabilities and complex health needs, unprepared. Children and young people with SEND are therefore not benefiting from a coordinated strategic approach and plan for their preparation for adulthood.
- Although there are examples of positive post-16 practice for therapies, there is a lack of clarity about transition processes and available services once a young person turns 18 or leaves education.
- Draft or final EHC plans are not routinely made available to all relevant practitioners. This limits practitioners' ability to understand how their recommendations are being implemented.
- Some staff across the partnership do not benefit from coherent and mandated training pathways. This means that some workers do not have the specialist skills necessary to deliver high-quality practice to improve the outcomes and experiences of children and young people with SEND.

## Areas for priority action

| Responsible body | Areas for priority action |
|---|---|
| The London Borough of Sutton and the NHS South West London ICB | The local area partnership should urgently review their mechanisms for identifying, understanding and mitigating risks jointly. The partnership should address this rapidly in relation to children and young people with dysphagia and take swift action to mitigate risk of harm. |

## Areas for improvement

| Areas for improvement |
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| Leaders need to establish and sustain a representative and collective parent voice, ensuring:<br>▪ a PCF is positioned as a key partner in co-production, strategic planning, and evaluation of SEND services across the local area<br>▪ parents and carers are well informed about service developments and how their contributions have influenced change and improvements |

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|---|
| ▪ a consistent and representative mechanism for gathering the views, lived experiences and priorities for families of children and young people with SEND |
| Leaders across the partnership need to strengthen how well children and young people are effectively prepared for adulthood across education, health and social care. They should focus on ensuring:<br>▪ clear pathways, including for young people with neurodevelopmental needs, learning disabilities and complex health needs, to consistently support effective transitions into adult services and provisions<br>▪ access to the right support at the right time so they are well prepared for their futures<br>▪ EHC plans routinely capture the provision required to support children and young people's preparation for adulthood. |
| Leaders across the partnership should improve how they share, use data and information about children and young people with SEND and their families to ensure that:<br>▪ all parties work so that joint commissioning arrangements are sufficient to meet the needs of the local area<br>▪ they can evaluate their work more accurately and rigorously<br>▪ they secure improvements to services and provision more effectively. |
| Leaders across the partnership should work together to ensure that there is an equitable offer for all. They should work jointly to improve the consistency in outcomes for children in the early years, particularly through ICB commissioned services for 0 to 5 children's therapies and paediatrics. |

## Local area partnership details

| **Local authority** | **Integrated care board** |
|---|---|
| London Borough of Sutton | South West London ICB |
| Jonathan Williams, Director of Children's Services | Katie Fisher, Interim Chief Executive |
| www.sutton.gov.uk | www.southwestlondon.icb.nhs.uk |
| Civic Offices<br>St Nicholas Way<br>Sutton<br>SM1 1EA | NHS South West London<br>3rd Floor<br>120 The Broadway<br>London<br>SW19 1RH |

## 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 HMI and one 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

| **Ofsted** | **Care Quality Commission** |
|---|---|
| Kieran Bird, Ofsted HMI, Lead inspector | Jessica Taylor-Beirne, CQC Lead inspector |
| Rosemary Henn-Macrae, Ofsted Inspector | Lea Pickerill, CQC inspector |
| Monique Lindsay, Ofsted HMI | |

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