

# Area SEND inspection of Barking and Dagenham Local Area Partnership

Inspection dates: 8 to 12 July 2024

Dates of previous inspection: 27 to 31 March 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

The London Borough of Barking and Dagenham 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 Barking and Dagenham.

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

The child population in Barking and Dagenham has risen sharply over time. A high number of families arrive into Barking and Dagenham from other areas of London and further afield, including from overseas. Within the local area, there are currently approximately 8,500 children and young people with SEND. Of these, 2,914 have an education, health and care (EHC) plan.

The local authority commission one main provider to deliver alternative provision (AP) for children or young people who are unable to attend a school due to their social, emotional or medical needs, and for those who have been or may be at risk of permanent exclusion.

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

Children and young people with SEND in Barking and Dagenham benefit from working with ambitious and dedicated staff across services. The partnership between education, health and social care helps to identify needs accurately and provide appropriate support. This has strengthened in recent years and leaders have prioritised workstreams such as expanding the post-16 provision in response to the views of children, young people and their parents and carers.

Increasing numbers of children and young people and their families are accessing specialist hubs. Here, highly trained early help and portage professionals identify needs and implement support quickly. Similarly, well-trained staff in schools and nurseries are skilled at identifying and addressing needs. For example, speech and language therapy services have worked closely with primary schools to improve early identification and provide appropriate support.

Many practitioners across education, health and social care understand the multiple and complex needs of the children and young people they work with. This helps to ensure that swift and positive action is taken to support them. There are, however, instances where early intervention is not timely and children and young people with SEND do not receive the support they require.

EHC plans lack up-to-date information about needs, provision and advice from multi-agency professionals. Too many children and young people with SEND do not have their views captured accurately. Plans produced more recently achieve this more effectively but are of inconsistent quality. EHC plans are not updated regularly, meaning targets and advice are out of date. This is confusing for stakeholders and families. It means transitions are difficult to plan and the support provided in schools, while often appropriate, is not reflected in children and young people's EHC plans.

Most children and young people with a disability who are subject to a child in need, child protection or care plan and those who are registered with the virtual school have their needs met in a timely way. Social workers know their allocated children and young people well and effective partnership working means there are examples of highly individualised and tailored support. This includes regular visits, resulting in timely and collaborative assessments. Practitioners make effective use of a range of tools to communicate with these children, enabling them to express their views.

Overall, children and young people with SEND attend school regularly and achieve well. Nurseries and primary schools work effectively to ensure that children are well prepared for the next stage of their education through effective transition arrangements coordinated by the local authority. Transition to later stages of education is less well managed. Leaders are aware of this and have appropriate plans in place to prioritise this area of work. There are, however, some excellent examples of careers advice and guidance for those with SEND. This includes those most at risk of being classified as not in education, employment or training.

Young people have mixed experiences of moving to adult services as they reach 18. For example, some experience prompt Care Act assessments, whereas others have a more difficult and confusing transition, sometimes resulting in more than one assessment being conducted before their needs are met.

Children and young people with SEND access a wide range of youth groups and participation opportunities. Some children and young people with complex needs receive one-to-one support that enables them to access these activities.

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

- Leaders are ambitious for the children and young people with SEND. Leaders have worked hard to manage the increased demand placed on services by the rapid and significant increase in children and young people arriving into Barking and Dagenham.
- Leaders use shared data effectively in order to inform sufficiency planning and commissioning. For example, more spaces have been identified in existing special schools, additionally resourced provisions, AP and post-16 providers. This is better meeting the growing numbers of children and young people with SEND in the locality. Increased staff capacity is helpful in starting to address the backlog of annual reviews, EHC plan assessments and provision in speech and language therapies.
- There is strong oversight of AP and effective use of the fair access panel. This helps to ensure that those at risk of placement break down are swiftly identified and well supported to re-integrate into school or attend an appropriate setting. As a result, school attendance for children and young people with SEND is high.
- Children and young people with SEND are fully involved in the local partnership. For example, they have been consulted on improving the accessibility of the local offer and have co-produced both the 'Start Right' strategy and the post-16 information booklet.
- The 'Just Say' parent carer forum has had increasing involvement in decision-making at a strategic level. For example, a group of representatives function as expert advisers to the local area SEND board and attend collaboration days.
- The high number of children and young people who are new to the local area, including those arriving in the country, with apparent SEND are quickly identified. Through effective multi-agency working, they receive timely, appropriate intervention and support. These include specialist school nurse support, tuition or school placement. Their needs are met quickly, irrespective of whether an EHC plan has been applied for or finalised.
- The local area commissions a range of effective support services for children and young people and their families in need of short breaks. Direct payments have been used to enable parents and carers to commission their own arrangements when necessary.
- Staff working in different settings and services benefit from a wide training offer. For example, early help practitioners attended mandatory training to enhance their skills

and knowledge around neurodiversity.

- The local area has invested in additional staff capacity. This is resulting in a significant reduction in diagnosis wait times, including for autism spectrum disorder.
- The introduction of nurse/pharmacy-led clinics is improving access for those seeking assessment and treatment for attention deficit and hyperactivity disorder. The impact of these improvements is only recently beginning to be realised.
- The child and adolescent mental health service team meet daily to discuss referrals and caseloads. This ensures that any risks are swiftly identified and needs are met appropriately.
- Many schools in the local area benefit from work with a specialist mental health team supporting children and young people with emerging social and emotional mental health needs. The aim of this work is to prevent escalation to the higher tier services.
- The health visiting team conducts nine to 12 month and two and a half year reviews to identify any developmental delay in young children. Effective portage services for children in early years supports timely assessment and support for developing needs.
- Despite the high demand, most young adults with complex needs benefit from multi-agency support to live independently in suitable and safe accommodation. Leaving care advisers are increasingly involved in the EHC process.
- The dynamic support register for children and young people was relaunched in March 2024. Though new, it is clear decisions are made appropriately to provide wraparound care.

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

- Leaders have accurately identified the areas that need to improve. However, the rate of change in some areas has been slow. This includes preparation for adulthood and processes around writing, reviewing and updating EHC plans. This means some children and young people with SEND and their families are yet to benefit fully from the local area's improvement work.
- Partnership working is increasingly innovative, solution focused and committed to improving the lives of children and families. However, not all areas of the partnership are improving their contributions to EHC plans with the same level of urgency. While contributions from speech and language therapy services are strong, health advice from other services routinely lack specificity and quantification. Outcomes are not routinely written in a 'SMART' format. Consequently, much of the advice held in plans does not support education professionals, or children and young people and their families, to understand the outcomes they should be working towards.
- Despite schools carrying out annual reviews, EHC plans are not routinely updated by the local area and shared with relevant professionals or children and young people and their families. Similarly, health and social care advice is not routinely sought as part of the annual review process and is not accurately updated in EHC plans. Therefore, EHC plans do not accurately reflect children and young people's current needs, outcomes or provision.

- Annual reviews are not regularly held for those children and young people who are electively home educated or educated other than at school. Consequently, their needs and provision are not being reviewed by appropriate professionals to ensure that they are making progress toward the outcomes identified for them.
- Children and young people and their families are not consistently supported to contribute to EHC plans. Appropriate communication tools are not used effectively in order to capture the views of children and young people, including those who are non-verbal.
- Too few expectant parents receive an ante-natal home visit. This means opportunities to identify and support needs at the earliest point are missed.
- Executive leaders understand the complex demands involved in delivering services to highly mobile and diverse communities. These include challenges such as housing, parental ill health, poverty or unemployment. However, the recent work to improve the local offer is not sufficiently accessible to those who speak English as an additional language. This limits some families' access to the right information to make informed decisions.
- Ordering processes mean that some children and young people with SEND do not have appropriate access to the equipment they need at home and school.
- Transition arrangements for young people with SEND as they leave school are not well considered and do not start early enough. For example, signposting for post-16 and post-18 options as well as to adult services are not clear. While schools frequently support parents with this, they too can find it difficult to navigate the information available. This is exacerbated by the limited consideration reflected in EHC plans for preparation for adulthood.
- 'Just Say,' the parent carer forum, report areas of concern that families of children and young people with SEND experience. They also say families who are disadvantaged by poverty, or who have English as an additional language, are not always able to access the advice and services they need. Parents report that the challenges in accessing the right help and services sometimes have a negative impact on their own mental health as well as the development of their child or young person.

## Areas for improvement

Areas for improvement
<p>Considerations to support young people's preparation for adulthood (PfA) start too late and are not well managed. Leaders across the partnership should act at pace to ensure that all children and young people with SEND are effectively prepared for adulthood. This should include a particular focus on ensuring that:</p> <ul style="list-style-type: none"> <li>■ from Year 9 onwards, annual reviews and subsequent amendments to EHC plans reflect the child or young person's views and aspirations for the future and how they will be supported to achieve the best outcomes for adult life; and</li> <li>■ sufficient consideration is given as to how to meet the child or young person's PfA outcomes across education, health and social care.</li> </ul>

The processes around writing and reviewing EHC plans have not been sufficiently robust. Until recently, quality assurance processes have not identified or addressed the weaknesses in the contribution of multi-agency professionals or in the review process. This means EHC plans do not typically reflect children and young people's current needs, aspirations or provision. Leaders across the partnership must implement their action plan at pace to ensure that there is more robust overview in securing a rapid improvement in the quality of EHC plans. This should include a particular focus on:

- high-quality contributions from education, health and social care that detail clearly the needs, outcomes and provisions for children and young people;
- capturing the voice of children and young people and their families, including those for whom speaking is a challenge;
- sharing amended plans swiftly with children and young people, their families and relevant professionals; and
- reporting and monitoring of annual reviews to ensure that updated plans are completed in a timely way, including for those who are electively home educated or educated other than at school.

Too few families receive an antenatal visit. This means opportunities to identify and support needs at the earliest point are missed. Leaders need to ensure that families receive appropriate antenatal support in line with the Healthy Child programme.

## Local area partnership details

Local authority	Integrated care board
The London Borough of Barking and Dagenham	North East London Integrated Care Board
Elaine Allegretti, Strategic Director Children's and Adults	Zina Etheridge, Chief Executive Officer
<a href="http://www.lbbd.gov.uk">www.lbbd.gov.uk</a>	<a href="http://www.northeastlondon.icb.nhs.uk">www.northeastlondon.icb.nhs.uk</a>
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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 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

### Ofsted

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