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Sarah Mansuralli, Chief Operating Officer, Camden Clinical Commissioning Group
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Dear Mr Pratt

Joint local area SEND inspection in Camden

Between 11 March 2019 and 15 March 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Camden to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, local authority and CCG officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- Senior leaders in the local area responded promptly to the reforms when they were first introduced in 2014. Since then, dynamic and purposeful leadership has continued to secure improvement in the local area's SEND arrangements and the achievement of better outcomes.
- Leaders have an accurate view of the local area's strengths and weaknesses. They base their evidence on a broad range of information, including listening to the views of parents, carers, children and young people. For example, the 'Young Inspector' programme gives leaders an excellent opportunity to hear about the lived experience of children and young people with SEND. Leaders know the context and demography of their local area well. They use this information to shape services and plan effectively to identify and meet the needs of children and young people with SEND.
- Arrangements to jointly plan and fund provision for children and young people with SEND are firmly embedded in the local area. Leaders work efficiently to secure the right solution to meet children and young people's very complex needs. One member of the local area team said, 'The whole child belongs to all of us.' This statement reflects the strength and maturity of these arrangements.
- Health professionals work well together and share information effectively. This means that children and young people's needs are identified early and appropriate provision is put in place. This joined-up approach eases the burden for families as they navigate their way through the system.
- The local area is committed to co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all). There are some strong and impactful examples. However, this approach is not used consistently well by professionals in the local area. Parents say that their experience is typically one of consultation rather than co-production.
- The quality of education, health and care (EHC) plans is inconsistent. Recent plans better reflect the intention of the reforms to identify and support education, health and care needs. However, older plans lack this quality and do not adequately reflect the needs of the whole child or young person. Input from health and/or care services is variable in quality and occasionally absent altogether. There are still too many EHC plans that are not completed within the statutory 20-week timescale.

- Parents are generally unaware of the local offer website and how it can help them to find and use services to support their children and family. Parents who know about the local offer say it is difficult to find information and that the website is not easy to use. Leaders are aware that communication and accessibility of the website are features that need to improve.
- The provision for children and young people with SEND over the age of 11 is weaker than that for children in the early years and the primary phase. Parents say they have less confidence in their children's needs being identified and met at secondary school. The permanent exclusion rate for 11- to 16-year-old young people receiving special educational needs (SEN) support is high. Leaders are taking steps to identify the reasons for this and to ensure that these pupils' needs are met.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Leaders have developed strong systems for information sharing. They have also made sure that professionals supporting children and young people with SEND work together. Parents welcome this approach as it means that they do not have to tell their story more than once.
- New referrals are screened within the local area's early help process, ensuring that children and young people receive some of the help they need while waiting for formal assessments to take place. This reduces waiting times for some services and the likelihood of needs increasing due to lengthy delays.
- The Camden Integrated Children's Services single point of referral (SPOR), is effective at coordinating health provision for children with additional and complex health needs. Through the SPOR and the MOSAIC (Making Our Services All Integrated in Camden), children and young people are directed to and receive the right support from a range of services. These include speech and language therapy, occupational therapy, paediatrics and physiotherapy.
- The early identification and assessment of newborn babies and infants is effective. Midwives, health visitors and family support workers collaborate to inform each other about expectant mothers and newborns with possible or confirmed SEND needs.
- Professionals working with children and young people meet regularly with parents and carers to share information and agree support. Primary school leaders say they receive good information and are well prepared to support young children as they enter Reception.

- School leaders work effectively with the local area to identify children and young people's needs. A joint funding agreement between schools helps providers to meet emerging needs before any formal assessment takes place. This approach adds further strength to the local area's work in the identification of needs.
- The local area's child population is highly mobile. Leaders have taken this into account in their work on identification of need. The Camden Centre for Learning (CCfL) operates an effective screening programme for new admissions. This six-week, full-time programme called REACH, screens pupils for any SEND on intake.
- A common record system across all four health trusts enables professionals to coordinate appointments. It also ensures that they know about ongoing health interventions and can communicate successfully with different teams.
- Families have access to a range of services across the local area's five children's centres. The services work together, ensuring that they are accessible to the parents and carers of children with SEND. This approach effectively supports early identification of needs.
- Innovative ways of working help services in their efforts to identify the needs of young people. For example, a speech and language project commissioned by the CCG and the Youth Offending Service (YOS) supports frontline staff to communicate effectively with young people with SEND. This enables young people who require support to better understand the criminal justice system.

Areas for development

- The identification of needs is not as strong for young people aged 11 to 25. Young people admitted to specialist provision often have previously undiagnosed needs. Parents say they have less confidence in the identification of emerging needs for young people attending mainstream secondary school or college.
- The identification of social care needs is not strong enough for young people who require some support to address their vulnerabilities. EHC plans, particularly older ones, typically state that their needs can be met through the local offer or through their family. This fails to acknowledge the connection between education, health and social care services in order for young people to be able to play a full part in society.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- Since the reforms were first introduced, the local area has become more effective in placing children where their needs can best be met. Children and young people with EHC plans are generally well supported in the provisions they attend. Parents value and appreciate the support they receive from their children's settings and schools. School leaders say that placements are now better matched to pupils' needs.
- Strong multi-agency working leads to children and young people's needs being met in a timely way. Therapists are assigned to all schools. They offer ad-hoc advice as well as planned support and training for school staff. Their involvement in the educational provision means that their input is well matched to the needs of children and young people.
- Speech and language therapists provide a well-regarded service in the early years and in primary schools. Parents say that their children are making good progress in speaking and listening, and that they gain in confidence as a result. Speech and language therapists support staff training and awareness-raising in secondary schools and colleges.
- Educational psychologists are deployed effectively into different services that support children and young people with SEND. Their engagement with other colleagues in the Looked After Children's Service and the YOS improves the support children and young people receive. Therapists and psychologists work well with services and parents to provide good-quality and timely interventions. More recent EHC plans and annual reviews reflect how well these services operate together to enable children and young people to make progress in different aspects of their lives.
- Children and young people making the transition from one phase of education to another have mainly positive experiences. Young people are well prepared to make the transition from primary to secondary school. Occupational therapists help children to acquire the organisational skills needed to manage the new and unfamiliar routines of secondary school life. Teachers of the deaf ensure that the necessary equipment is available and staff are trained to support children and young people on entry to their new school. Positive experiences of transition by children, young people and their parents means that they have confidence in services and their anxieties are lessened.
- Young people are well prepared for transition to adulthood. Secondary schools give young people work experiences that interest and motivate them.

Vocational courses, jointly funded by secondary schools and the local area, enable young people to gain qualifications and develop employability skills. Through these experiences they learn new skills of self-management as well as broadening their thinking about ambitions and plans for their futures. Young people with more complex needs gain experience through supported internships. Some of those making the transition into adulthood benefit from good support for living independently. Children's community nurses ensure that young people transition successfully into adult health services.

- Area events such as the regular special educational needs coordinator (SENCo) forum, help professionals to share and disseminate good practice. The well-established cycle of meetings enables SENCos from different schools and phases to improve the quality of EHC plans and to support the transition arrangements for children and young people. Leaders across the local area rightly have confidence in the SENCos' knowledge about identification and assessment pathways.
- The local area places a strong emphasis on training all professionals working with children and young people with SEND. Training provided by the local area is well regarded and having a positive impact on the quality of practice. Newly qualified teachers (NQTs) receive high-quality training for supporting pupils with SEND, including those with social, emotional and mental health needs. Therapists, mental health practitioners and educational psychologists provide advice and support specific to the nature of the needs identified. Speech and language therapists provide training for professionals in the YOS and the multi-agency safeguarding hub provides training for other strategic partners, including the police. The learning disability team supports families by providing training for their chosen carers. This removes a burden from families and ensures that the child or young person is supported well.
- Local area leaders work together effectively to commission services jointly in new and innovative ways. These are of great benefit for the children and young people with SEND. For example, the Alexandra Centre brings together health and education services which enhances provision for young people aged 16 to 25. Joint commissioning is underpinned by sound financial arrangements to support children and young people with complex needs. These arrangements, which rely on contributions from health, education and social care partners, ensure that children and young people receive the help they need in a timely fashion.
- Extending the 30-hour offer to disadvantaged three- and four-year-old children, including those with SEND, is further evidence of leaders' commitment to meeting needs at the earliest opportunity. The Camden Local Care Strategy is enabling services to be delivered more locally and with a stronger connection to GPs.

- The special educational needs information, advice and support service (SENDIASS) is a highly regarded service. Parents have nothing but praise for the quality of service and the extent to which the team supports them and helps them to navigate their way through the system. The governance arrangements for this service are effective.
- Leaders welcome the involvement of young people in evaluating how well their needs are met. In their roles as 'Young Inspectors', young people enjoy opportunities to meet leaders and get answers to their questions about services in the local area. Their recommendations are beginning to inform work, for example in improving the quality of EHC plans.
- The local area makes sure that young people continue to receive support during difficult periods in their lives. The Fair Access Panel ensures that young people get a school place as quickly as possible so that continuity in their support is maintained. Early intervention services make sure that those waiting for child and adolescent mental health services (CAMHS) receive appropriate support and are not left unchecked.
- A growing number of young people aged 14 and above are living and learning closer to their families. This is because of the increased capacity at CCfL and the Alexandra Centre.
- Health professionals ensure that those children and young people who are waiting for interventions from the CAMHS teams are not left unchecked. Due to the longer waiting times in some services, the practitioners ensure that those at high risk are prioritised and contacted at least monthly to track any deterioration in mental health. Additional support is provided to those children and young people showing signs of deterioration.
- Children with complex health conditions are well supported by the children's nursing teams and are given the option of being cared for at home. Hospital admissions have reduced and applications for continuing health care are effectively processed.

Areas for development

- EHC plans vary too much in quality. Newer plans include the voice of the child or young person alongside that of their parents and carers. They better reflect the health, education and social care needs of the child or young person. Older plans have limited contributions from health and social care professionals. They do not typically include the voice of the child or young person. This means that they provide only a partial picture of the child or young person's needs.

- While appropriate health provision is made for children and young people, contributions from health professionals are not consistently included in finalised EHC plans. This hampers efforts to provide joined-up services for children, young people and their families. The processes in place to quality-assure the contribution of health professionals have not been sufficiently robust.
- Short breaks are not routinely part of EHC plan objectives. This shortcoming reduces the impact of the plans on the social lives of children and young people. The review process for short breaks frustrates parents in their efforts to access services which can enhance their children's participation in society.
- Too many EHC plans are not completed within the statutory 20-week timescale. There are also delays in parents receiving information about annual reviews. These delays make it difficult for parents to contribute to annual reviews.
- Not enough parents are aware of the local offer website. Typically, those who are aware do not use it, preferring to seek advice from the professionals working with them or from SENDIASS. Parents who know about the local offer say that it is difficult to find information about the services they need and want.
- While the local area gives good access to services that support children and young people in their social lives, parents say that it is more difficult to find places to take their children to as they become older. A particular gap in provision is play and social opportunities for young people aged 12 to 16.
- The local area has recently expanded the role of the designated clinical officer to support improvements, including the quality assurance of EHC plans. It is too early to assess the impact of this increased capacity.
- Reduced capacity in the community children's nursing team prevents the service from providing care seven days a week. Current staffing levels mean the service is only operational between Monday and Friday, from 8am until 6pm. Although there are arrangements for out-of-hours cover this means the staff who work with the children and young people on a regular basis are not immediately available.
- Until very recently, there was no permanent social care representation on the EHC plan request panel. Leaders are aware that this has been a gap in the local area's management of this important process.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Leaders are swift to identify any weaknesses in the educational outcomes for children and young people with SEND. They analyse the reasons for the decline to determine what actions to take. A strong partnership between all schools and the local authority supports timely and robust intervention in provision where outcomes need improving.
- Leaders work together to ensure that children and young people with SEND attend school regularly. School nurses and the education welfare service advise parents and providers to improve the attendance of children who are frequently absent through illness or medical needs. Families benefit from clear medical advice and this joined-up approach is leading to improvements in attendance overall.
- Co-located provisions have a strong impact on improving outcomes. The integrated offer provided on the Netley Campus is contributing to improved outcomes for pupils attending the two specialist provisions on the site. This is due to the strength of multi-agency working within and across the campus settings.
- Children and young people say that they get the support and help they need from school or college. They are proud of their achievements and confidently talk about what they can do now which they could not do before.
- The number of young people with SEND who are not in education, employment or training is closely monitored and is reducing. This is because of the broad range of opportunities for young people to develop employability skills and gain valuable work experience. One young person told inspectors that as a result of his work experience he had learned 'how to be a mature person'.
- Participation in Project Search is helping young people gain experience in different work environments. A partnership between CCfL and the local authority has secured five places for supported internships. CCfL's partnership with a voluntary sector organisation is supporting young people in writing curriculum vitae and providing smart clothing for interviews.
- Young people benefit from the support they receive from their schools and the local area, to gain qualifications and develop employability skills. This joined-up approach is effective in enabling young people to proceed to the next stage of their education and or into employment.

- Students and young people with SEND describe how they are supported in college and school, and the range of interests and leisure activities that they access in the community. Students attending CCfL speak positively about the support they have received and how it has improved their way of life, helped them to progress and prepared them for their future.
- Health practitioners provide children, young people and their families with information, advice and support following health screening and assessments. The health team uses an agreed set of standard measures. Health professionals say this approach has improved communication with children, young people and their families. Practitioners report that this means goals are set with more family input.
- A reward grant scheme is used to fund pilot projects. All four health providers are incentivised to meet monthly targets set by the CCG. Funding is used for projects such as the musculoskeletal baby clinic at GP practices. These projects result in improved health outcomes for children and young people with SEND.

Areas for development

- Parents of young people attending mainstream secondary schools express less confidence that their children are achieving as well as they have done in the early years and primary phases. Inspectors agree that provision for children and young people with SEND in the secondary phase is not as strong as it is in other phases.
- The permanent exclusion rate for children and young people receiving SEN support is high. Leaders know this indicates that pupils' needs may not be being met successfully. A recently opened primary provision for children at risk of exclusion is part of the local area's response to this issue. However, it is too early to judge the impact of the provision on reducing the number of children and young people with SEND who are permanently excluded from school.

Yours sincerely

Jane Moon
Her Majesty's Inspector

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cc: Department for Education
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