

## Report of the review of London Borough of Tower Hamlet Local Area SEND: 15-18 October 2018.

### Summary of main findings

Local area leaders show a clear commitment to improving outcomes for children and young people who have special educational needs and/or disabilities (SEND).

There are some significant strengths in the local area. Children and young people with SEND typically attend educational settings that are good or better. The local area has effective arrangements in place supporting early years' settings and schools to meet the needs and improve outcomes for children and young people who have SEND. Educational achievement of children and young people who have SEND is high against almost all national benchmarks from early years to the age of 19. Rates of absence, fixed term and permanent exclusion for pupils who have SEND are low in comparison with similar pupils nationally.

Some young people benefit from effective provision and support that enables them to progress in to employment, supported employment and volunteering. This provides a firm basis for further development of effective pathways into work.

Leaders have recently overseen some clear improvements. The proportion of EHC plans issued on time has improved notably. Local area leaders have improved their use of census information. Leaders now have a clear understanding of current and future demand for special school places. Improved estate planning and suitable capital build programmes are in place.

However, notable weaknesses exist in the local area's approach. Governance and accountability arrangements are not sharp enough. Leaders have not created a culture of routine monitoring, evaluation and review. As a result, commissioners and local authority service leaders do not have a consistently incisive view of what is working well and what needs improvement. The recently introduced SEND strategy identifies suitable areas for development. However, the document is not easy to follow. Also, no plan is in place for carrying out the strategy.

The local area has not developed its approach to commissioning and delivering services well enough to ensure that children and young people who have SEND have their needs fully met up to the age of 25. Joint commissioning is at an early stage of development. Very few parents and young people access personal budgets. Arrangements for providing personal budgets as a routine part of commissioning are embryonic.

Co-production at a strategic and individual level needs development. Leaders reported several examples of engagement with young people, parents and carers. However, this is yet to contribute to improved service design. The local area has struggled to initiate an effective parent carer forum which might enable more effective routine co-production. At an individual level, person centred planning is at quite an early stage. A recent pilot has resulted in some good examples of co-produced education, health and care plans. This has provided leaders with a helpful starting point for further improvement. However, the next steps for this work are yet to be determined.

EHC plans typically contain helpful information. However, there is not a consistently sharp focus on preparing for adulthood. Additionally, EHC plans often have social care needs missing when it is clear the owner of the plan has such a need. This reflects a lack of understanding in the area of what constitutes a social care need for children and young people who have SEND but are not known to social services. Some young people are not accessing care services they need to help them engage in community life and develop independence outside of school and college settings.

The published Local Offer on the council website is difficult to navigate and contains some out of date and misleading information. Parents spoken to during the review were typically not aware of the published local offer. More encouragingly, the Parents' Advice Centre is valued by parents and professionals alike.

Leaders in the local authority have differing views about the effectiveness of identification and assessment processes in the early years. Furthermore, less than half of children in the local area attend early years settings. This presents a significant barrier to securing effective early intervention.

Transition arrangements are not consistently effective. Some settings receive information too late. As a result, suitable SEND provision is not consistently in place ready for children and young people transferring to a new

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setting. Sometimes, settings do not receive any information at all about a child or young person. Arrangements to secure smooth transitions between children and adult health and care services at 18 are not consistently clear. Some young people do not have access to much needed services once they turn 18.

### Recommendations

1. Ensure that local area leaders keep a sharp oversight of all work to improve SEND services and outcomes by:
  - a) developing effective governance and accountability from elected members and the CCG board level down
  - b) making sure the SEND self-evaluation document is easy to understand and provides a clear starting point for strategic planning
  - c) ensuring the SEND strategy is clear and fit for the purpose
  - d) producing a high-level strategy implementation plan
  - e) ensuring the plan contains clear impact objectives and interim milestones against which commissioners and service leaders can be held effectively to account
  - f) developing an effective monitoring, evaluation and review cycle for the strategy, so leaders know what is working and where a remedial action is needed
  - g) developing the SEND data dashboard so local area leaders have an accurate understanding of the impact their work has on improving outcomes for children and young people who have SEND
  - h) developing a way of collating and using information from settings and annual reviews to gain a clearer understanding of the progress of children and young people who have SEND as they progress through school and college
  - i) ensuring that leaders and officers maintain a consistently accurate understanding of the quality and impact the services and initiatives they are responsible for
  - j) effective action plans and accountability mechanisms are in place for all initiatives to improve services
  - k) streamlining documentation, communication channels and accountability lines, thereby reducing unnecessary duplication and workload
2. Secure effective joint commissioning arrangements for universal, targeted and specialist health, care and education services which meets the needs of children and young people who have SEND by:
  - a) setting out a route map/plan which defines how the local area will move from its current position to one where health and care services will be jointly commissioned consistently effectively
  - b) developing the JSNA so it provides a clear set of information about gaps in current provision and projected future demand
  - c) ensuring this improved JSNA, provides commissioners with the understanding they need to draw up clear commissioning specifications that enable effective commissioning
  - d) ensuring effective pooling of funding to meet provision identified in EHC plans.
3. Ensure that co-production is at the heart of the local area's approach to identifying, assessing and planning to meet the needs of children and young people who have SEND at a strategic level by:
  - a) ensuring recent work to set up a parent's network, carried out by the Parents' Advice Centre, leads to the sustained developed of an independent parent and carer forum
  - b) ensuring the parent carer forum develops an effective approach to capturing the views of a cross section of parents and carers of children and young people who have SEND
  - c) ensuring that existing and emerging parent networks such as those based in schools are linked in to the parent carer forum

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- d) enabling a cross-section of young people and parents and carers with children who have SEND contribute to developing and reviewing the local offer<sup>1</sup>
  - e) making sure that discussions about SEND issues at existing youth forums such as Our Time Youth Forum can lead to improvements in services
4. Make sure that parents and young people have easy access to helpful comprehensive information about the local offer by:
- a) fully involving parents and young people in a review of the current website
  - b) ensuring the website is easy to navigate and up to date and informative
  - c) ensuring the website information explains the difference between universal, targeted and specialist services
  - d) ensuring that families who do not use the Internet have suitable access to information about the local offer.
5. Ensure that Education Health and Care (EHC) plans are routinely person-centred and effective tools for securing effective education, health and care provision by;
- a) building on learning from the person-centred planning pilot to design and roll out an effective person-centred approach across the local area
  - b) making sure that consideration of whether a personal budget might be the best way forward is a routine part of the EHC planning process
  - c) ensuring that those with a personal budget receive the advice and support needed to use the budget effectively
  - d) ensuring that EHC plans routinely contain suitable information about social care needs and the provision needed to meet these
  - e) making sure that EHC plans have a consistently clear focus on preparing for adulthood
  - f) making routine use of annual reviews to correct weakness in EHC plans
  - g) producing an 'easy to follow' guide about the local area's procedures and thresholds for identification, referral, assessment, planning and review
  - h) ensuring that commissioners make use of the information contained in EHC plan about provision needs to commission services that meet these needs
6. Making sure the special education needs of young children are identified, assessed and met consistently early by:
- a) developing a clear understanding of the current quality of identification and assessment in early years and where improvements are needed
  - b) ensuring that health visiting services and other health and care professionals can routinely identify early signs that a child might have special educational needs so children's needs are assessed as early as possible
  - c) developing a single clearly understood referral and information sharing route across services
  - d) building on good practice, ensure there is a consistently effective strategy across the area to develop speech, language and communication skills within settings and communities.
7. Making sure that children and young people who have SEND are routinely able to access social care services needed to meet their needs
8. Making sure that children and young people who have SEND, experience consistently smooth transitions as they move between settings and services by:

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<sup>1</sup> This refers to the education, health and care offer available to children and young people who have SEND. Not to be confused with the quality and accessibility of what is published on the local offer website, see recommendation 4

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- a) ensuring that annual reviews are consistently timely to enable a smooth well planned for transition
- b) ensuring that settings routinely receive timely and helpful information about the children and young people who have SEND joining them, so suitable provision is in place to meet need during and immediately following transition
- c) ensuring that clear and effective arrangements are in place for young people with SEND health needs transferring to adult health and social care services at the age of 18
- d) ensuring there is a clear shared understanding of the pathway into supported and independent living for 19-24-year olds with EHC plans.

### Main findings

#### Strengths

- Early years providers benefit from effective support from council's Integrated Early Years' Service. This helps secure effective identification, assessment and provision for children who attend these settings. Leaders in early years' settings reported that the support received to develop leadership and meet individual needs is well received and helpful.
- Effective arrangements are in place for improving education for pupils who have SEND. School leaders said that they value the range of services and approaches available. This includes; the well-regarded Tower Hamlets Education Partnership and the council's SENDCo conference, networks and forums. School leaders were keen to praise the high-quality outreach service provided by Phoenix School, which supports schools across Tower Hamlets to meet the needs of children with autism. School leaders were also keen to praise the useful support provided through the educational psychology team's traded service.
- Almost all early years settings and local schools have an Ofsted judgement of good or better. Four out of five special schools have a judgement of outstanding the other special school has a judgement of good.
- Educational achievement is broadly in line with or above the national against each key benchmark.
- In 2017 the proportion of children with SEND achieving a good level of development by the end of Reception was high in comparison to similar children nationally. The proportion of pupils with an EHC plan reaching the expected standard in the national phonics screening check was in line with the national figure. It was higher than the national figure for pupils who have SEND without an EHC plan.
- In 2017 the proportion of pupils who had SEND without an EHC plan reaching the expected standard for their age in English and mathematics at the end of Year 6 was high in comparison with similar pupils nationally. The proportion of pupils with an EHC plan reaching the expected standard was just below the national average for similar pupils nationally.
- At the end of key stage 4 in 2017, pupils who had SEND with and without a statement or EHC plan made better average progress across the subjects they studied than similar pupils nationally.
- The proportion of pupils who had SEND with and without a statement or EHC plan who had a poor school attendance record in 2017 was below that seen for similar pupils nationally. Poor attendance has reduced steadily over the last five-years. Overall levels of attendance for pupils who have SEND have remained consistently lower than for similar pupils nationally over the same time period.
- Fixed term exclusion for pupils who have SEND with and without a statement or EHC plan is low. It was less than half that seen for similar pupils nationally in 2017 and had dropped a little since 2016. The level of permanent exclusion was low in both 2016 and 2017.
- The proportion of young people with SEND reaching level 2 including English and mathematics at 19 in 2017 was notably above the national figure. This was also the case for the proportion of young people who have SEND reaching level 3 at 19.

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- Some effective programmes and initiatives are in place to support young people who have SEND to progress in to employment. The local internship programme at New City College is enabling students to gain valuable work experience. The Tower Project's Job Enterprise and Training Service (JET) is supporting young people to access employment. The pilot Project Search project run in partnership by Phoenix School and New City College is helping to further increase opportunities for progression in to employment. This all provides a firm platform for further developments. Leaders recognise the need to secure increased employer engagement to secure a more substantial offer.
- The Parents' Advice Centre offers a valued service to parents and professionals. Most spoken to during this review knew about the service. Those who had used the service praised the support and advice they had received.
- Over the last two years, leaders have worked effectively to improve their understanding of SEND needs and projected growth in needs. This has resolved previous concerns about lack of suitable special school provision to meet growing demand. An expansion of Phoenix School has increased specialist ASD provision and further expansion is planned. Expansion at Stephen Hawking School has increased capacity for primary age pupils who have profound and multiple learning difficulties (PMLD). A capital build project underway at Beatrice Tate School will provide increased capacity for secondary aged pupils who have PMLD.
- Some school leaders also reported on the improved quality and flow of communication between local authority SEND services and settings in the last two years.

### Initiatives showing early signs of success

- The recently introduced single referral route for health services - the single point of access (SPA) - is showing early signs of success. It is helping ensure timely referral of children and young people with health needs to the correct service such as paediatrics, or therapies. Despite a few teething problems, professionals are positive about the initiative. Users said the referral form is easy to use and the accompanying guidance helpful. Health professionals recognise the potential for using the SPA for all referrals to health services.
- Leaders have secured notable improvements in the proportion of new EHC plans issued on time. The backlog is significantly less than previously. Effective analysis and reporting on this issue is helping leaders maintain a tight overview and ensure this work is kept as high priority.

### Areas for development

- The local area's governance and accountability arrangements lack sharpness. No single, identified body holds a strategic overview of work across education, health and care services. Elected members and the clinical commissioning group (CCG) board are not well placed to hold top-level leaders to account and secure effective improvement.
- Leaders do not have the clear oversight needed to ensure that work to improve services is prioritised effectively and carried out in a systematic matter. Top level leaders across education, care and health are not well placed to hold service leaders, officers and each other to account for securing improvements.
- An array of boards, standing meetings and initiatives are in place or in development. Leaders and officers do not have a clear understanding of which project board or person has oversight or responsibility for which aspect of implementation of the reforms.
- Leaders and officers share a clear commitment to securing improvements. During the review they often talked about new or recently started initiatives and shared creative ideas for how things could improve. However, local areas leaders have not set out a clear approach to implementing these initiatives.
- The recently produced SEND strategy, correctly identifies areas for attention. However, the strategy is not a sharp document for driving change. The stated objectives, in the main, do not focus tightly enough on securing improvements in services and the difference this will make to children and young people who have SEND. Aspects of the strategy indicate some lack of ambition or urgency. Also, the actions identified

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for the first 12 months do not consistently match up with the strategy's longer-term aims. For example, one of the aims to be achieved by 2023 is for there to be joint planning for the health and social care support for children and young people with an EHC. However, none of the actions for the first 12 months listed in the section of the plan make reference to work to improve health and social care support arrangements. Furthermore, the strategy is quite difficult to understand. Some of the text is confusing and repetitious.

- Leaders have not yet developed an implementation plan or a monitoring review and reporting cycle for the SEND strategy. As a result, there is a lack of clarity about who is responsible for what and which steps will be taken in which order to securing timely improvements. Consequently, the strategy is at risk of failing.
- Leaders recognise that in its present form, the local area SEND evaluation document is over-long and difficult to navigate. The document contains some highly detailed and useful analysis of the quality of services. However, as the document has evolved over a considerable period at least some of the information is now out of date. Consequently, it does not capture some of the more recent information that leaders have gleaned about the quality of local arrangements. Additionally, weaknesses identified in the self-evaluation do not thread consistently sharply into the SEND strategy.
- Leaders and officers often do not have a sharp enough understanding of the impact of the aspects of area SEND they have oversight of. Mechanisms for routine evaluation within and across services are not well developed. Officers attending meetings quite often talked anecdotally. Some officers had an inaccurate view of the quality of their service or limited awareness of what service providers and users justifiably reported as areas of concern.
- Typically, leaders do not use performance information to gain a clear understanding of the impact of their work on improving the effectiveness of services well enough.
- Typically, action planning for services and cross-service initiatives is not well developed. What should be achieved by when and what difference this should make is not consistently clear. Monitoring, evaluation and review processes are not strongly evident. As a result, service level leaders are not held consistently tightly to account.
- Leaders recognise the need to develop one clear SEND data set which can be updated and reviewed at key points as part of an overall monitoring, evaluation and review cycle. Leaders recognise that data about outcomes against national benchmarks only tell a small part of the story. Currently officers do not make use of the information contained in annual reviews to gain a deeper understanding of the extent to which children and young people are having their needs met and making good progress. Leaders are rightly keen to rectify this situation.
- Work between professionals and children and their families to plan services (co-production), is at an early stage of development. Leaders rightly engaged with parents and carers during development of the SEND strategy. However, parents were not aware of co-production leading to improved services or better outcomes.
- Over time, the local area has struggled to secure an effective parent carer forum. The Parents' Advice Centre's recent work to set up a parent and carers network is a step forward. Leaders rightly recognise the importance of building on this initiative.
- Young people involved in the Our Time Youth Forum explained how they often had discussions about SEND issues and changes they would like to see. However, the young people reflected that they did not know of anything that had changed because of their discussions.
- Joint commissioning is at an early stage. Some aligned commissioning is currently being undertaken through section 75 agreements. However, commissioners do not have a consistently clear understanding of the quality, impact and gaps in current services. The joint strategic needs assessment (JSNA) provides limited information about gaps in services and future demand. Consequently, commissioners do not have a consistently clear baseline for their work. Additionally, leaders have not set out a clear 'root map' of how

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the local area will move from the current position to one of consistently effective joint commissioning across SEND education, health and care services.

- Leaders are not making enough use of the information in EHC plans. Quite often specialist provision is commissioned without reference to plans. Sometimes, poor information sharing has resulted in unnecessary duplication. For example, the adult disability team reported that it contacts schools directly to get a list of 14-year olds with disabilities likely to need adult services four years hence. This was despite the fact that this year the information was provided to the service directly from the council SEND team.
- Very few parents and young people have a personal budget. Young people and parents spoken to did not know what personal budgets were. They had not been supported to consider them. A recent pilot project developing joint commissioning for 10 children needing continuing care has resulted in the issuing of a few personal budgets. This provides a starting point for further development. Leaders rightly recognise this work is at an early stage of development. No plan is in place for securing a routine approach to enabling personal budgets and supporting parents and young people to make effective use of them.
- Leaders recognise that the published local offer on the council website needs improvement. The local offer webpages are little known, and very difficult to navigate. Some links in the website lead to information that is significantly out-of-date. The SEND filters immediately remove all mainstream provision from the list giving the impression that mainstream schools and colleges do not cater for children and young people who have SEND. Parents and professionals do not routinely have the information they need about the universal and targeted services and specialist provision available. The thresholds for accessing these different levels of provision and the funding routes for these are not consistently clear.
- Several school and college leaders reported using education funding to fill gaps in what could be considered as care or health provision. This included travel training, therapies and CAMHS outreach services. No arrangements are in place to enable schools and colleges to draw suitably on care and health budgets to commission services at provider level.
- The quality of co-production at an individual level is variable. Several parents and young people reported that they felt fully involved in planning and review and had very helpful EHC plans. A person-centred planning pilot, which took place last year has resulted in some examples of good quality person centred plans. Caseworkers have received training to enable them to facilitate a person-centred approach. Leaders have yet to set out how this will lead to an effective approach across Tower Hamlets. In all the examples of EHC plans seen, there was limited consideration of the provision needed to enable effective preparation for adulthood.
- EHC plans often lack reference to social care needs and provision clearly evident in the plan's narrative. Understanding in the local area of what might constitute a care need for children not known to social services is limited. Parents and providers spoken to were not clear about what might be recorded in the care section of a plan. Typically travel, leisure and family support needs were not recorded. Schools and college leaders reported that they were often making provision for care needs not identified on EHC plans thereby reducing the risk that a child's care needs are not met. However, children and young people who have SEND who need support outside of school time and during school holidays are not catered for consistently well. Some parents of children with high levels of need spoke of their frustration at the lack of access to suitable out of school provision.
- The most recent Short Breaks statement on the council website (2015) reports a high level of user satisfaction. However, it is unclear how the Short Breaks Service ensures that its provision ties in with the EHC planning process so that access is consistently proportionate to need. Leaders recognise that this merits further exploration.
- The extent to which young children have their needs identified, assessed and met needs further exploration. Early years services leaders and public health commissioners spoke of strong and effective arrangements. Public health leaders report a high level of engagement in the six weeks and two to two and

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a half years health visitor checks. Children's centre staff spoke of how the 'little talkers' programme enabled early support for young children identified with speech and language needs. However, parents and professionals had mixed experiences and views about the timeliness and accuracy of identification and assessment. For example, nursery leaders said that children joining them clearly had special educational needs which should have been identified earlier.

- The proportion of children and young people in the local area with an EHC plan is notably above the national figure. A high proportion of these have speech language and communication needs. This indicates possible weaknesses in arrangements in the early years to secure consistently early effective interventions. The high proportion of young children not accessing early years settings poses a significant barrier to ensuring children have their needs identified and met early.
- Information sharing is not consistently effective or timely. The quality of information that settings receive about the needs of children and young people joining them is too variable. Sometimes, settings receive no information about the children or young people joining them. As a result, settings are not routinely well placed to meet the needs of the child or young person who have SEND transferring to them.
- Leaders and parents also raised concerns about transition arrangements between care and health services at age 18. For example, some young people were reported as receiving an excellent service from paediatrics and CAMHS up to age of 18 with no access to an equivalent adult service after this point. The thresholds for accessing support from adult social care for young adults who do not come under the remit of the Adult Learning Disability Service were also unclear.
- The quality of CAMHS services merits further exploration. Commissioners reported low waiting times and satisfaction with CAMHS services. However, local authority education leaders report school dissatisfaction about access to initial referral. Several providers also raised concerns about the support and provision following assessment. The thresholds for and nature of the CAMHS offer is not consistently well understood. Leaders at Phoenix special school raised concerns about families having to 'start again' because they had missed appointments. These leaders spoke of the significant barriers that families of children with high level of need face in attending appointments.

### About this review

This review took place over four days. It was planned and carried out with the Head of Special Educational Needs and Disabilities. A detailed discussion took place with leaders from across services to discuss leaders' understanding of strengths and areas for development. Meetings with key leaders and officers were held to explore arrangements for identifying, meeting needs and improving outcomes in early years and at school age and post -16. A joint commissioning meeting took place with officers responsible for health and care commissioning. Scrutiny of a small selection of EHC plans took place with members of the SEND team. A meeting was also held with health professionals and another with representatives from early years, schools, alternative education and college settings. A meeting took place with a small group of parents with the head of the Parent Advice Service. A separate meeting took place with a group of young adults who have SEND from The Tower Project and the Our Time Youth Forum. Visits to Phoenix special school and George Green's secondary school. These visits included meetings with leaders, pupils and parents. A range of documentation was scrutinised including the health and well-being strategy, the local area self -evaluation and SEND strategy, the JSNA, the local area's self-evaluation, the local areas' SEND data set.

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