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**5 July 2021**

James Thomas  
Corporate Director, Children and Culture  
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Selina Douglas, Managing Director, Tower Hamlets Clinical Commissioning Group  
Tricia Boahene, Local Area Nominated Officer, Tower Hamlets Borough Council

Dear Mr Thomas and Ms Douglas

### **Joint area SEND inspection in Tower Hamlets**

Between 28 June 2021 and 2 July 2021, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Tower Hamlets to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) 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 Care Quality Commission (CQC).

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

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

## **Main Findings**

- Since 2018 and the launch of the Tower Hamlets SEND strategy, the pace of improvement in provision for children and young people with SEND has increased. This improvement has accelerated since 2019, including through the period of the pandemic and the significant challenges this brought.
- Leaders know what works well and what does not. Their self-evaluation is accurate, clear and honest. Nevertheless, there are some aspects of the area's work that are letting children and young people down. Leaders have plans in place to address these weaknesses, but in the meantime some children and young people's needs are not being assessed and met. There is significant work to do.
- The online local offer has recently been updated and refreshed. A quarter of the parents and carers who responded to our survey said they found the local offer to be helpful. A similar proportion told us that it is not helpful. Parents we met told us that some information is out of date and some links do not work.
- Communication between area leaders and parents is inconsistent. Mixed messages mean that some parents do not know about services that could help them. Parents are frustrated because they do not know about the area's plans to improve services.
- The integrated commissioning team is committed to joint working and pooling of budgets to improve services for children and young people. This team was brought together two-and-a-half years ago and has a number of projects in the pipeline. A few projects have been successfully completed, such as a review of specialist transport. School leaders are represented on the SEND improvement board and note that there is lots of energy and investment. They told us that strategic thinking now needs to translate into action, and we agree.
- The designated medical officer and designated clinical officer have limited time to undertake these roles. This means that their capacity to facilitate improvement across children and young people's health services is not being used efficiently.
- Education, health and care (EHC) plans are of poor quality. While more recent plans show an improvement, in many existing plans objectives are not clear,

and advice from professionals is not reflected well enough in the finalised plans. Leaders do not have sufficient oversight of the quality of EHC plans or the annual review process. EHC plans are often not updated following annual reviews, even when the child or young person is moving to a new stage in their education or training. Many existing EHC plans have not been co-produced (where children, families and those that provide the services work together to create a decision or a service that works for them all). While this, too, has improved recently, too many plans remain in place without the child or young person's aspirations and wishes being recorded.

- Waiting times for autism spectrum disorder (ASD) assessments are too long. Professionals tell us that some services are available to families while they are awaiting assessment, but too often parents are not aware of this support.
- Commissioning arrangements for speech and language therapy have resulted in fragmented and inequitable provision. There are significant gaps in the speech and language therapy service for under-fives. Current commissioning arrangements mean that school-age children do not always receive the speech and language therapy they require.
- Some services are highly regarded and valued by parents and education providers. These include the sensory service, the independent advice service and the behaviour and attendance service. School leaders consider the support for learning service to be important in providing a link between the local authority and education providers.

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

### **Strengths**

- Health visitors know that some children's emerging needs may have been missed when developmental checks were carried out virtually during the COVID-19 pandemic. To rectify this, they have decided to carry out face-to-face appointments with this cohort of children to ensure that any needs are identified before they start school.
- Some early years settings work with health visitors to undertake an integrated review for two-year-old children. Around half of all reviews for two-year-old children were integrated in this way prior to the pandemic. This supports early identification of needs as agencies are working jointly. School leaders told us that children whose needs are identified at the two-year-old check are provided with timely and effective support.
- Each private, voluntary and independent nursery setting has a named inclusion coordinator who supports the setting with identifying and meeting

children's additional needs. These coordinators also provide training to enable nursery staff to spot emerging needs early.

- During special educational needs (SEN) panel meetings, members identify children and young people whose needs can be met by accessing a service that would otherwise require an EHC plan.
- Partnership working has improved during the pandemic. School nurses worked closely with GPs, voluntary groups and other agencies to identify children and young people who were shielding to meet their needs effectively.
- All young people who become known to the youth justice team are assessed by professionals to spot any previously unidentified SEND.

### **Areas for development**

- The identification of children's needs in the early years is weak. Too few women receive an antenatal visit from a health visitor, the number of babies receiving a hearing test is low and two-year-old checks are not consistently identifying speech and language delay.
- Some children and young people arrive in primary and secondary schools without their needs having been identified or shared with the school. Leaders know this and have a plan in place for improvement, but this has been delayed by the pandemic.
- Children and young people under the age of 18 wait too long for an appointment to discuss a potential diagnosis of autism spectrum disorder. Although some services are available to families while they are waiting for an appointment, many parents are not aware of this. Some have been told that services are not available prior to a diagnosis.
- Speech and language therapy needs are not identified early. Currently, there are specific gaps in the service for under-fives. Some young children have been assessed and then discharged as there was no service available.

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

#### **Strengths**

- School leaders and special educational needs coordinators (SENCOs) are well supported by the behaviour and attendance support service and the support for learning service to assess and meet the needs of children and young people with SEND, including those receiving SEN support.

- Leaders have made sure that a broad range of leisure and recreational activities is available for children and young people with SEND. They have invested substantially in local parks, for example. Careful thought has been given to ensure that equipment is accessible and inclusive. Leaders provide a range of universal and targeted opportunities for children and young people to enjoy socialising with appropriate levels of support.
- Children and young people who are not in settled foster placements or who are placed out of borough receive focused support from mental health professionals and educational psychologists. This means that they receive support in a timely way.
- The sensory support team is well regarded. Tower Hamlets has a high incidence of hearing impairment in its population and the needs of this group of children and young people are met well. The sensory service has, for example, supported school staff to train as qualified teachers of the deaf.
- Leaders work with some groups of parents, such as the parent carer forum and parent ambassadors. These groups are involved in strategic-level meetings and influence decision-making.
- Some young people are proud of their roles as SEND ambassadors. They contribute to the SEND improvement board and influence decision-making. They also visit schools to recruit new SEND ambassadors.
- Adult social care services receive timely information about children and young people transitioning to their service. The early help service supports those aged 0 to 25 who do not meet statutory thresholds. However, too few parents know about this support and worry that their children may not meet thresholds for adult learning disability services.
- Some services offer support for families while they wait for therapy. For example, parents can attend an occupational therapy workshop to learn ways to support their child while they wait for individual appointments.
- The autism outreach service is well regarded by providers and parents alike. They talk of outreach workers going above and beyond what is expected to make sure that children and young people with autism receive the support they need.

### **Areas for development**

- EHC plans are of poor quality. The outcomes in plans are generic and lack specificity. Some children and young people who clearly have health and/or care needs do not have these set out in their EHC plan. Some of the professional advice provided is not translated correctly into the EHC plan and health professionals are not provided with draft or finalised plans in order to check their contribution. Despite improvements in recently completed plans,

the voice of the child or family is not evident in too many existing plans. These EHC plans have not been co-produced with children and young people and their families.

- Area leaders do not have oversight of the annual review process. While they receive copies of annual reviews completed by education providers, they do not check the quality of these or update EHC plans when needed. It is not unusual to find pupils leaving school at the end of Year 11 with plans that set out provision and outcomes relevant to their primary education.
- Children and young people's care needs are not considered automatically as part of the EHC assessment process if they have not been referred directly to social care services. This means some families feel they do not have access to suitable levels of support, including short breaks.
- Some health professionals and parents told us that short breaks are not available for some children and young people with complex needs. Area leaders tell us this is not the case and all those who are eligible receive a short break if they apply for it. This misunderstanding causes frustration for families. It means that some children and young people do not access the short break provision they need.
- Some health care professionals are not aware of the application process for personal budgets. They are not able to offer advice to parents who want to explore this possibility.

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

### **Strengths**

- Children and young people with SEND attend school regularly and are not overly subject to exclusions. They achieve well at school.
- An increasing number of young people are gaining employment as a result of strategies implemented by the area. The range of employment options is increasing along with the number of young people involved. The most recent addition is the extension of the age range of pupils at the pupil referral unit. Some pupils over the age of 16 access extended work experience placements as part of their preparation for adulthood.
- The established practice of carrying out audiology clinics in educational settings is a strength. Children and young people miss fewer lessons and are more comfortable in a familiar setting.
- Special school leaders are working collaboratively with the area to improve provision for young people with autism as they move into adulthood.

- Therapists and mental health professionals measure the effectiveness of their work with individual children and young people. As a result, they can amend their practice swiftly in response to a child or young person's changing needs.
- The 'hospital at home' pilot scheme is reducing the length of hospital stays for those with SEND who need medical intervention.

### **Areas for development**

- It is not clear how professionals link their work to the objectives set in a child's EHC plan. The system for checking progress towards these objectives through the annual review process is inconsistent. This is because leaders currently rely on school staff to complete annual reviews without oversight from the area.
- The transition to adult health services does not work well for some young people. Some adult services will not accept referrals from children's health teams until a young person's 18th birthday. This hinders effective transition planning.

### **The inspection raises significant concerns about the effectiveness of the area.**

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- The poor quality and oversight of EHC plans including the annual review process.
- The lengthy waiting times for an assessment and diagnosis of ASD.
- Fragmentation in the provision of speech and language therapy which means that too many children and young people do not get the specialist help and support they need.
- Weaknesses in communication between area leaders and parents leading to misunderstandings. Many families are not aware of services that they could access and have no knowledge of area's plans to improve.

Yours sincerely

Gaynor Roberts  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Michael Sheridan Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Gaynor Roberts HMI Lead Inspector	Andrea Crosby-Josephs CQC Inspector
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Cc: Department for Education  
 Clinical commissioning group  
 Director of Public Health for the area  
 Department of Health  
 NHS England