

Area SEND inspection of Brent Local Area Partnership

Inspection dates: 27 to 31 January 2025

Dates of previous inspection: 15 to 19 May 2017

Inspection outcome

The local area partnership's special educational needs and/or disability (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

The next full area SEND inspection will be within approximately 5 years.

Ofsted and 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

Since the previous inspection, there have been changes across England in how the commissioning of health services operates. Integrated Care Systems came into effect in July 2022. This means the NHS North West London Integrated Care Board (ICB) and the London Borough of Brent local authority are jointly responsible for the planning and commissioning of health services for children and young people with SEND across the London Borough of Brent.

The partnership is well established with stability in the senior leadership of Brent's SEND services since the last inspection. Leaders have recently invested in the Designated Clinical Officer as a full-time rather than part-time role, recognising the importance of this post in advocating for the health services of children and young people with special educational needs and disabilities.

Brent uses a range of alternative provision (AP) to help meet the needs of children and young people, for example by educating children and young people who have been or are at risk of being permanently excluded and those with social, emotional and mental health and medical needs.

What is it like to be a child or young person with special educational needs and/or disabilities (SEND) in this area?

Children and young people with SEND typically receive the right help at the right time. This helps them to succeed with their education and to have their health and social care needs met in a highly inclusive and integrated way within their community. Children and young people's voices are central to the care and support that they receive. They benefit from skilled professionals from a range of agencies who plan their support in a considerate way. For example, professionals are adept at using interpreters to seamlessly make sure children and young people with SEND and their families access services. Children and young people with SEND receive appropriate levels of early help and social care intervention that support them well. This helps to reduce the risk of children and young people reaching crisis points such as being excluded from school or entering the criminal justice system.

Children and young people with SEND are visible and enjoy taking part in activities in the community. For example, Brent's 'Yellow and B Active' cards provide discounts to activities at leisure centres and promote opportunities for children and young people with SEND to access sports and leisure activities. Sports Centres, play schemes, holiday schemes as part of the Brent Holiday Activities and Food Programme, specialist SEND swimming lessons, autism-friendly cinema screenings, scouts and cadets are some examples of the varied offer.

Children and young people with SEND receive timely and comprehensive initial health assessment by therapy teams and from child and adolescent mental health services (CAMHS). These are undertaken by experienced and knowledgeable practitioners. While waiting for interventions such as speech and language therapy, professionals provide frequent workshops for parents and professionals working with children and young people with SEND. These workshops provide essential information and helpful strategies to support and improve opportunities for children and young people with SEND to achieve better outcomes.

Children and young people with SEND experience long wait times to access specialist neurodevelopment assessments, CAMHS therapeutic interventions and assessments for home equipment. However, leaders minimise the impact of this because they provide opportunities for children and young people with SEND to access support and guidance through local and national services and through their education settings.

Children and young people with SEND who are educated in AP have positive experiences. This is because they attend a setting that suits their individual needs. They achieve well, and their positive outcomes are celebrated. Professionals work in a highly collaborative way to provide support so children and young people with SEND move back to mainstream education successfully when appropriate.

Children and young people with SEND achieve well and gain positive outcomes. They benefit from services that are well matched to their individual needs. Professionals from multi-agencies work collaboratively in a timely manner and have good communication

with all involved to make sure that children and young people experience positive transitions to their next phase in life, including adulthood and when they have changes in health clinicians or social workers. Young people with SEND have access to extensive help and services they need in adulthood, including care agency support, residential short breaks and direct payments continuing when needed.

What is the area partnership doing that is effective?

- Leaders across the partnership understand very well the needs of children and young people with SEND and their families. They have high ambitions and a relentless focus to continue to improve services for children and young people who have SEND. They frequently review the experiences of children and young people and take swift action to address and manage need. There is a strong strategic partnership working, and leaders take highly effective innovative approaches to planning and supporting needs. One example of this is the development of a new continence service, as this was previously lacking in the offer for children and young people with SEND.
- Leaders across the local area partnership work extremely collaboratively with children and young people with SEND, parents and carers, and key stakeholders to develop and review key strategies, policies, action plans and services. These include the Brent parent carer forum (BPCF), SEND information, advice and support service (SENDIASS) and education partners. Leaders greatly value their feedback, contributions and involvement to improve services for children and young people with SEND. For example, the local area partnership invested to develop a fully inclusive social club requested by children and young people with SEND. The young people's forum identified resources in the community to provide many inclusive social and leisure activities.
- Leaders across the partnership work well to plan and commission services jointly to meet the increasing needs of children and young people in the local area. They use data effectively to help the wider partnership identify and respond to need. This makes sure that there is a robust service to support children and young people with SEND across education, health and social care. For example, there has been significant investment in resources which includes new education provision, increasing the speech and language offer and improving the social care transitions pathway.
- Children and young people with SEND who access the disabled children and young people's service receive a highly effective offer. Social workers understand the needs of children and young people with SEND very well. They provide individualised care to help keep children and young people with SEND in their local communities. When needs escalate, children and young people with SEND are provided with the right care in specialist residential settings.
- There is a strong commitment from leaders across the local area partnership to address health inequalities for children and young people with SEND in Brent. The local area partnership works cohesively with Brent Health Matters to provide targeted interventions to engage with families. An example of this is the proactive approach by leaders to provide information to communities for whom education is harder to access so they can educate them about SEND with the aim of reducing stigma. Further work

has been carried out to improve access to oral hygiene services and raise awareness about the benefits of vaccinations for children and young people with SEND.

- The dynamic support register is well established and embedded across health, education and social care systems to support children and young people with SEND who are most at risk of hospital admission. Professionals from multi-agencies have effective discussions to share knowledge and raise awareness of wider support networks. These contribute to making sure the needs of children and young people with SEND are supported in a timely and appropriate manner. Children and young people with SEND who are at risk of admission to hospital or placement breakdown are referred for support from a key worker and the positive behaviour service, which are transformational for children and young people with SEND.
- For children and young people with SEND who are electively home educated or are educated otherwise than at school, there is a very well-coordinated approach between professionals from multi-agencies to secure positive outcomes. For example, the portage team works very effectively with the early help team to support children and their families to access services. This includes providing support to access health appointments, food banks and assessments. Children and young people with SEND who are educated otherwise than at school have a good range of packages in place to support their learning and development, which includes therapeutic support where needed.
- There are a range of services and support groups within Brent that provide families with support and guidance. For example, the family well-being hubs provide a range of community-led services for families and their children in areas such as education, health and well-being. SENDIASS, along with the BPCF, provide invaluable advice and support to parents they greatly appreciate.

What does the area partnership need to do better?

- Case officers do not update most children and young people's education, health and care plans (EHC plan) in a timely way after annual reviews except for the most vulnerable. This means that children and young people's plans do not accurately reflect their current needs. In most cases, any potential negative impact on children and young people with SEND is mitigated by case officers ensuring updated assessments and relevant information on a child or young person's progress, such as social care and health reports, including annual review paperwork, are appropriately shared across the system to ensure that effective decisions are made. The lack of updating does not negatively impact the support a child or young person with SEND receives, including when they move to a new setting. Leaders have suitable plans in place to address this issue.
- Children and young people with SEND experience lengthy wait times for neurodevelopmental diagnostic assessments and specialist therapeutic interventions. CAMHS have made progress to reduce the time that children and young people with SEND wait through investment in resources such as additional clinicians. For example, they use artificial intelligence to reduce the administration time taken to produce reports. Further to this, they have developed a post-diagnostic website to support

those with attention deficit hyperactivity disorder. Leaders across the partnership have suitable action plans in place to reduce the time children and young people with SEND wait for support from CAMHS.

- Children and young people with SEND wait too long for assessment of their home equipment needs by social services occupational therapists. This means they do not receive specialist equipment in a timely manner.
- Children who require an assessment by the community paediatric service experience long waits to have their needs assessed. Those who are assessed and require a neurodevelopmental diagnostic assessment, experience a further wait. Although parents are signposted to the Local Offer for parenting groups and support services, they still wait too long. Despite leaders' efforts to reduce wait times, the current service remains unable to meet current needs.
- Due to capacity issues in the health visiting team, the service is not reaching desired levels of antenatal or six-week checks. This limits the opportunities for health clinicians to swiftly identify need at the earliest opportunity, although an action plan is in place to address this.

Areas for improvement

Areas for improvement
The local area partnership should update EHC plans in a timely manner after annual reviews and at significant points of transition to make sure that EHC plans reflect the current needs of the children and young people with SEND accurately.
The local area partnership should improve the timeliness and uptake of the mandated antenatal check and six- to eight-week review.
NHS North West London ICB should reduce the lengthy wait times that children and young people with SEND experience for neurodevelopmental diagnostic assessments, specialist therapeutic interventions in CAMHS, and community paediatrician assessments. The local area partnership should reduce the lengthy wait times that children and young people with SEND experience for assessments of their home equipment needs.

Local area partnership details

Local authority	Integrated care board
London Borough of Brent	North West London
Nigel Chapman, Corporate Director, Children and Young People	Rob Hurd, CEO for the ICB
www.brent.gov.uk	www.nwlondonicb.nhs.uk
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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: two HMI 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

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