

Area SEND inspection of Redbridge Local Area Partnership

Inspection dates: 12 to 16 May 2025

Dates of previous inspection: 11 to 15 June 2018

Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately three years.

As a result of this inspection, HMCI requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

Information about the local area partnership

The London Borough of Redbridge and the North East London (NEL) Integrated Care Board (ICB) are responsible for commissioning and planning the services for children and young people with special educational needs and/or disabilities (SEND).

There have been changes to some leadership posts in the local area recently, including new appointments and changes to the senior leadership structure. The current interim executive director of people in the council holds the statutory director of children's services role and has been in post since February 2025.

The commissioning of health services changed across England in 2022. The responsibility for health services in Redbridge passed from NEL Clinical Commissioning Group to a new ICB in July 2022 and the Redbridge Place Partnership was formed, facilitating greater collaborative working across partners.

The London Borough of Redbridge commissions a range of alternative provision (AP) for children or young people, including for those who cannot attend school due to social, emotional and mental health and medical needs, or for those who are at risk of or have been permanently excluded through a range of providers. This includes local schools and two pupil referral units (PRUs), as well as delivering support directly through outreach services, managed by the Council.

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

Many children and young people with SEND in Redbridge face a fragmented system marked by delays, poor coordination and inconsistent access to services. Despite the dedication of many individual practitioners, the system as a whole is ineffective, and many parents and carers are frustrated. The strategic leadership of SEND across education, health and social care is disjointed, leading to weak coordination, limited accountability, and services that fall short of the standards set out in the SEND Code of Practice.

Children and young people with SEND frequently experience delays in receiving the support that they need. Education, health and care (EHC) plan reviews are often not completed on time, with missing multi-agency input. There is a persistent gap between what is specified in plans and what is delivered, resulting in commonly inequitable, poor-quality and delayed support. This breaches statutory duties and erodes trust.

Families of children and young people with SEND are often unaware of key services and how to access therapies such as speech and language, occupational therapy and physiotherapy. Although early help practitioners support families well, access to services is inconsistent and often delayed. The practice of children and young people transferring to new therapy teams after receiving an EHC plan causes further confusion and disruption.

Children and young people wait too long for neurodevelopmental assessments to identify their needs. Community paediatric services lack capacity, and although these excessive delays are on the local area partnership's risk register, no effective action has been taken.

Families told inspectors that they feel worn down and unheard. There are no effective mechanisms for co-production, and children, young people and their parents and carers are often excluded from decision-making. Their lived experiences are not considered in service design or review. They frequently repeat their stories to multiple professionals, with no suitable 'tell it once' approach, adding further emotional strain.

Health services are not joined up for children and young people with SEND. GP provision is fragmented and reactive, with poor communication, limited effective data-sharing, and a lack of sufficient knowledge of the support needs for children and young people with SEND. Mental health services are similarly disjointed.

Children and young people with a diagnosis of autism and/or a learning disability benefit from the dynamic support register (DSR), which supports continuity of key workers and multi-agency collaboration. However, long waits for assessment and diagnosis across Redbridge mean that some of the most vulnerable children and young people who may be at risk of mental health crisis but do not currently have a diagnosis of a learning disability and/or autism are not benefiting from this service.

Children who are able to access a place in special schools or specially resourced provision for children with SEND receive tailored support from skilled staff. Collaboration between schools and the partnership has expanded specialist provision; however, it remains insufficient to meet the increasing level of need. Fair access panels show effective multi-agency working and highlight the need for more needs-led provision. Leaders recognise the lack of suitable post-16 options, resulting in too many young people with SEND being not in education employment or training (NEET).

Too many children supported by the children with disabilities team do not have an allocated worker, and families must rely on an overstretched duty system. This results in missed reviews that leave children's needs unmet and carers unsupported. Increasing requests for assessment of need and access to services are unsustainable, with no plan to address capacity. Therefore, statutory duties for issuing EHC plans and reviewing these plans are not consistently met, causing widespread frustration.

Transitions for young people with SEND from children's to adults' social care at 18 are timely. However, the process focuses on service transfer rather than preparation for adulthood, limiting young people's independence and long-term outcomes. Many young people do not receive the support that they need from the adult social care team. This results in some young people's needs being unmet due to overstretched duty systems.

Overall, children and young people with SEND in Redbridge face delay, disconnection and inequality. The system relies too heavily on parental advocacy. Urgent, systemic reform is needed to improve timely, person-centred support across education, health and social care.

What is the area partnership doing that is effective?

- Recent changes in senior leadership across the local area partnership have brought renewed ambition to strengthen the SEND system in Redbridge. This newly shared vision is still in its early stages. However, new leaders exhibited commitment to work with stakeholders to drive collaborative efforts, help improve timely support and equitable access to services, and create a more responsive, person-centred system.
- Many individual practitioners across services in education, health and social care demonstrate strong dedication as they strive to improve the lives of children and young people with SEND. Their passion is evident, though they are often constrained by challenges within the wider system in which they work.
- Some innovative practices are emerging, particularly within the 0 to 19 universal health service. The deployment of an education other than at school (EOTAS) nurse and an inclusion health visitor has supported the early identification of needs and signposting, especially for hard-to-reach groups such as asylum-seeking families.
- Many health practitioners aim to make a tangible difference to children and young people's experiences, often stepping in to fill systemic voids. Their efforts uphold care standards and support families, even in the absence of robust strategic direction or sufficient staffing. This highlights the frontline commitment across the local area.

- The early years SEND team provides a responsive and effective service, supporting the early identification of children's needs and guiding families through the SEND system. The early years panel supports timely referrals for additional support or EHC needs assessments, aligning with the SEND Code of Practice and promoting early intervention.
- The Redbridge SEND advisory and training service offers a well-structured programme of advice and training to schools, settings and parents. This broad and well-considered offer supports inclusive practice and builds confidence in meeting the needs of children and young people with SEND.
- New leadership has considered carefully the needs of children and young people with SEND into early help services. Knowledgeable practitioners screen referrals, engage in early contact and work directly with families. These efforts are promising, but too early to show impact for children and young people.
- Placements in PRUs following permanent exclusion often leads to clearer identification of children's and young people's needs. The multi-agency environment facilitated by the PRUs enables swift action, and staff collaborate to expedite the EHC assessment process, demonstrating the value of coordinated support for these children and young people.
- Children and young people with SEND and their families receive well-informed advice on initial contact with children's social care. Early help practitioners build trust and understanding to help meet children's needs well. However, sometimes families are often unaware of key services.
- Children educated in residential special schools on 38-week placements receive helpful support during their time at home. Their parents have an active role in decisions about their care.

What does the area partnership need to do better?

- Partnership leaders lack a joint commissioning strategy, leading to fragmented and inconsistent service delivery. Families often do not know how or where to access essential services such as therapies, alternative education or inclusive community activities. The local offer remains underdeveloped and poorly communicated.
- Co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) is not embedded in practice. Children, young people and families are not meaningfully involved in shaping services. There is no system-wide approach to co-production and decision-making lacks transparency and collaboration. The local area partnership's self-evaluation and position statement submitted by leaders acknowledge these shortcomings, which they aspire to address with urgency.
- The joint strategic needs assessment (JSNA) is outdated and does not reflect the current needs of children and young people with SEND. Leaders lack a comprehensive understanding of local needs in order to inform effective commissioning. Communication with families is also weak. Furthermore, much of the information

provided to families is only available in English, limiting some parents' ability to understand their rights and the services that are available to support them.

- Accurate data collection systems are underdeveloped, preventing a full understanding of children's and young people's needs. Leaders have acknowledged these historic failures and are committed to improving data collection and sharing to better inform local strategy and strategic commissioning.
- Therapy services, including speech and language therapy, physiotherapy and occupational therapy, are disjointed across health and local authority systems. This causes confusion for families and practitioners, disrupts continuity of care, and contributes to long waits and unmet needs, particularly for children and young people with EHC plans.
- Health teams have significant gaps in understanding key processes such as EHC plans, the DSR and care, education and treatment reviews. This highlights the need for stronger oversight, training and coordination. Although the ICB has committed to expanding the Designated Clinical Officer (DCO) role, it remains under-resourced and lacks the required capacity to ensure high-quality health input into EHC plans. Weak co-production, poor data integration and limited oversight further compromise early intervention and accountability. Leadership within the ICB is undergoing change to improve capacity.
- Pathways to access support, including therapies, learning disabilities and continuing healthcare, are unclear, not person-centred, and poorly understood by practitioners. This leads to delays in children and young people with SEND receiving the right support.
- The current approach to preparation for adulthood (PfA) focuses on administrative transfers between children's and adults' services, rather than building independence and life skills from an early age. A robust, multi-agency approach is needed to improve PfA, including access to employment, training and community participation.
- The local area partnership has not developed a PfA strategy. While the Connexions service works to reduce the number of young people with EHC plans who are NEET, their efforts lack strategic oversight and formal connections with wider services. Post-16 provision is limited, especially for vocational pathways and below Level 3 qualifications, leaving many young people without suitable next steps despite schools' and colleges' individual efforts to improve the offer.
- The AP offer is underdeveloped, with no assured list of providers and limited vocational options. The draft local area SEND and AP strategy lacks co-production, and progress on its development has stalled. Oversight of unregistered AP is weak, and opportunities for system-wide improvement have been missed.
- Leaders do not know how many children and young people with SEND are on roll but not attending school. Disconnected recording systems hinder data sharing, leaving many children and young people invisible to services. This weakens planning, delays intervention, and leaves families unsupported.
- There is no reliable data on the number of children with SEND on part-time timetables. Despite issuing guidance, leaders cannot monitor or challenge this

practice. Poor oversight means that some children remain on reduced hours without review, limiting their access to full-time education and breaching statutory duties.

- Leaders also lack accurate records of children in elective home education (EHE), EOTAS or home tutoring. Without this data, trends go unanalysed, reintegration is poorly managed, and oversight is weak. Annual reviews were not routinely held for children and young people with an EHC plan in EHE, and there is no clear accountability for meeting their needs.
- Exclusion rates for children with SEND remain a concern. While some action is underway, it is early and lacks sustained impact. Too often, needs go unidentified in mainstream settings, with support only accessed after placement in a PRU. This reactive approach undermines inclusive practice and delays essential intervention.
- Despite some recent expansion of specialist places, leaders have not developed a strategic approach to special school place planning. Current provision does not meet rising demand, causing delays and placing pressure on mainstream schools. Without a robust, data-driven plan, children and young people with complex needs face uncertainty and risk being placed in unsuitable settings.
- Leaders also lack oversight of children who are not allocated to named workers in children's and adults' social care, leaving some vulnerable children and young people without support. The short breaks offer within children's social care is inconsistently applied, with unclear eligibility and access. Siloed working further exacerbates the situation, and a coordinated, multi-agency approach is urgently needed to ensure consistent high-quality planning and support for these children and young people with SEND.

Areas for priority action

Responsible body	Areas for priority action
The London Borough of Redbridge and the NHS North East London Integrated Care Board	The local area partnership should urgently improve the quality of data to inform commissioning and strategic improvements to meet the needs of children and young people with SEND and their families in Redbridge. This should inform the JSNA and the SEND and AP strategy.
The London Borough of Redbridge and the NHS North East London Integrated Care Board	The Local Area Partnership should urgently develop a genuine co-production strategy with children and young people with SEND and their parents and carers, in which communication is much stronger, and the voices of families are heard and used to shape the service and support these families receive. Co-production should enable children and families to contribute their lived experiences both to strategy development and everyday practice.

The London Borough of Redbridge and the NHS North East London Integrated Care Board	<p>The partnership should urgently develop and embed a formal, joint strategic framework for preparation for adulthood, including a fully coordinated and accountable approach across education, health and social care services to support young people with SEND as they transition into adulthood. This should include:</p> <ul style="list-style-type: none"> ▪ strengthening strategic capacity to plan and commission sufficient, appropriate post-16 provision; and ▪ establishing clear oversight and formalised processes to monitor outcomes and ensure that all young people with SEND are supported into sustained education, employment or training, reducing the risk of NEET.
The London Borough of Redbridge and the NHS North East London Integrated Care Board	<p>The partnership should ensure that they have implemented clear communication systems and information-sharing processes to ensure the best outcomes for children and young people with SEND in Redbridge.</p>
The London Borough of Redbridge and the NHS North East London Integrated Care Board	<p>Leaders across the partnership should work at pace to continue to improve the quality assurance of EHC plans. This includes:</p> <ul style="list-style-type: none"> ▪ ensuring that the number of new EHC plans issued within the statutory time frame increases; ▪ ensuring that new EHC plans accurately reflect the child's or young person's needs through appropriate contributions from all relevant professionals that are quantifiable and specific across education, health and care; and ▪ ensuring that the annual review process takes place within the appropriate timescales and amendments to EHC plans accurately reflect children's and young people's needs and include updated views from children and young people and their families.

Areas for improvement

Areas for improvement
<p>Leaders, including education, health and social care providers, should identify the steps that they will take to collectively monitor and measure the impact of their strategy and actions. These plans should be co-produced with and communicated clearly to children, young people and their families so that their experiences and outcomes improve.</p>
<p>Leaders should continue their work to make clearer therapies pathways and to reduce waiting times across speech and language therapy, occupational therapy, physiotherapy and CAMHS.</p>

Leaders should develop robust and ongoing support mechanisms for staff to understand what is available across education, social care and health within the local offer to improve the experiences and outcomes for children and young people with SEND, including implementing recruitment processes in line with the corporate strategy recommendation to address recruitment challenges.
Leaders should develop effective joint commissioning strategies across the local area partnership and help ensure that these meet the needs of children and young people at the earliest opportunity.
Leaders should review all children and young people with SEND who are on 'duty lists' (unallocated to workers) in the children with disabilities team and adult social care, to consider whether they should be allocated a worker and to ensure that reviews are completed effectively.
Leaders should implement systems to identify, monitor and support children and young people with SEND who are not in school and improve timely intervention to reduce the risk of disengagement and better prepare them for their next steps. Senior leaders need to assure themselves that the needs of children and young people who attend AP, are on part-time timetables, are EHE, or not attending full-time education are being met.

Local area partnership details

Local authority	Integrated care board
London Borough of Redbridge	NHS North East London Integrated Care Board
Elaine Redding, Interim Executive Director of People	Zina Etheridge, Chief Executive Officer
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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 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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