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Care Board (ICB)

Area SEND monitoring inspection to Bexley Local Area Partnership

Between 2 February 2026 and 4 February 2026, Ofsted and the Care Quality Commission (CQC) revisited Bexley, to decide whether effective action has been made in relation to each of the areas for priority action detailed in the inspection report published on 23 February 2024. The inspection was conducted under section 20 of the Children Act 2004.

I write on behalf of His Majesty's Chief Inspector (HMCI) of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and the Chief Inspector of Primary Care and Community Services of CQC.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, HMCI required the local area partnership to prepare and submit a priority action plan (area SEND) to address the 3 identified areas for priority action.

The local area has taken effective action and has taken reasonable steps to address all the areas for priority action identified at the initial inspection. This letter outlines our findings from the monitoring inspection.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, accompanied by an HMI from social care; and a Children's Services Inspector from CQC.

During the inspection, we spoke with local area leaders, parents and carers of children and young people with special educational needs and/or disabilities (SEND), and education, health and social care professionals. We also met with representatives of the parent carer forum (PCF), the Department for Education (DfE) and regional NHS England. We examined relevant documents and correspondence about the performance of the area in addressing the areas for priority action identified at the initial inspection, including the area's priority action plan and self-evaluation.

Findings

Area for priority action 1:

Leaders across the partnership should act with urgency to improve how well they ensure that children and young people are being prepared effectively for adulthood. They should particularly focus on ensuring that:

- annual reviews from Year 9 and any subsequent amendments to education, health and care (EHC) plans include a clear focus on how the child or young person will be supported to achieve the best outcomes in their adult life
- they identify and go on to plan how to meet the child or young person's preparation for adulthood (PfA) outcomes across education, health and social care

Outcome: Effective

The local area partnership has strengthened joint working across services to support children and young people as they prepare for adult life. Schools, colleges, alternative provision (AP) and advisory services all report clearer collaboration across services. Reviews from Year 9 onwards now routinely identify the need for input from the PfA team, health, social care and case officers. Special schools embed PfA in reviews, and secondary schools incorporate the practical guidance from specialist services when appropriate. Although practice varies, leaders have set clearer expectations and increased training, which is securing greater consistency in all aspects of PfA.

Schools and caseworkers now prioritise preparation for adulthood when updating children and young people's EHC plans. As a result, many EHC plans are more detailed, personalised and focused on key adult life outcomes, such as independence, health, community participation and employment. Leaders have driven this improvement through updated templates, guidance and targeted training. Children and young people's voices appear more clearly, and their EHC plans reflect their goals more directly. Some parents and carers, especially of children and young people with complex learning needs, told inspectors that transition planning is not tailored enough.

The partnership has expanded PfA pathways. Schools and colleges are now offering more vocational and community-based opportunities, including information events, supported work placements and work-based opportunities such as hospitality training.

The partnership has focused on ensuring that social care contributions to children and young people's EHC plans are becoming more consistent as new templates and quality checks embed. Adult social care workers now join planning discussions earlier, contributing to smoother transitions as young people approach the age of 18.

Health partners have also strengthened transition pathways that better support children and young people's preparation for adulthood. For example, a redesigned learning disability assessment pathway identifies needs earlier and improves access to annual health checks. This means children and young people's changing health needs will be better planned for as they get older, and it will enable improved transitions to adult health services. Work with the PCF and young people has ensured pathways reflect lived experiences. Caseworkers now offer more flexible support, including phone-based assessments and culturally sensitive approaches, enabling more equitable access to planning and preparation for adulthood for different parts of the community.

Children and families now have a stronger voice in preparing for adulthood. Children and young people join annual review meetings, and their views and aspirations for the future help with planning their transitions, support and placements. Social care workers involve young people with SEND actively and complete assessments promptly. Care leavers with SEND receive targeted help to secure housing and develop their independence. However, the partnership recognises that some tools still need to be adapted for children and young people who do not communicate using spoken language to help capture their views appropriately.

Social care teams also work closely with other local area partnerships when children live outside Bexley, ensuring that EHC plans increasingly include future education, care and living arrangements. Early involvement of adult social care helps young people with SEND to build trusting relationships before they turn 18 and supports a smoother transition across teams.

Area for priority action 2:

Leaders across the partnership should act with urgency to ensure that:

- amended EHC plans are completed and issued in a timely way
- EHC plans better reflect the current needs and provision for the child or young person across health, education and social care, particularly as they move through different phases of education
- they improve and embed processes for the quality assurance of EHC plans and annual reviews

Outcome: Effective

The partnership has improved the publication speed and quality of EHC plans through strong and coordinated action. Leaders introduced the SEND Hub, an online digital tool that brings schools, caseworkers and advisory services together in one place, to draft and update plans quickly and effectively. This has strengthened communication, reduced delays and improved timeliness. Case officers keep families

more informed, act promptly when issues arise and use clearer processes to prevent delays.

Leaders have also improved the quality of professional contributions to the EHC plan process. New templates, regular checks and targeted training mean that EHC plans are now more personalised and better aligned to children's needs. Schools report more reliable and timely advice from health and social care professionals, and caseworkers update plans more quickly and accurately following annual reviews. Families say that EHC plans are easier to read, and they value having more opportunities to share their views during the process.

Improvements are most evident in newer EHC plans, where needs and support are set out more clearly. However, while there has been progress for older EHC plans, some still contain outdated information. Leaders are sharpening their oversight to achieve greater consistency.

The partnership has also strengthened quality assurance and accountability processes. Leaders now use structured audits, better data dashboards and specialist tools for case officers to monitor performance and identify where action is needed. Leaders have invited independent external challenge to support the improved quality of EHC plans. Health partners also now use emerging data to ensure medical information is more accurately reflected in children and young people's EHC plans.

Although some children and young people's EHC plans still include out-of-date information, and some services do not always receive final versions straight away, leaders are actively addressing these gaps. Leaders continue to strengthen training, sharpen expectations and refine data systems to secure greater consistency.

Overall, the partnership has now established appropriate systems, leadership and practice. While there remain inconsistencies, the impact is increasingly visible in the quality of children and young people's EHC plans and the support that they receive.

Area for priority action 3:

Leaders across the partnership should work at pace to address the delays and gaps in the commissioning and provision of speech and language and occupational therapies. They should ensure that there is equity of provision across Bexley for children and young people to access speech and language and occupational therapies in order to meet their needs.

Outcome: Effective

The partnership's collaborative therapy commissioning model, co-produced with schools and families, has replaced the previous arrangements that were in place at the time of the last inspection. This is providing the NHS therapies provider with more stability so that they can plan their workforce recruitment in advance, including

an in-house training programme to train and retain occupational therapists. This means that children and young people's therapeutic needs can be better met in a timely and equitable way.

Therapists now work more regularly in schools, building stronger relationships with staff and helping teachers understand children's needs earlier. This has improved staff confidence and strengthened support across the area.

Leaders recognise that access to therapeutic services has not been equal across all types of schools. Children in special, mainstream, independent and AP settings have historically had different pathways, and some had little or no direct access to speech and language or occupational therapy. To reduce these differences, the partnership is working with school leaders to create a universal training offer to Bexley mainstream schools and AP through 'Talk Boost' and 'Secondary Language Link' programmes. This will help ensure that support is more consistent across all educational settings and that children and young people can be referred to appropriate services irrespective of where they are educated. The impact of this work is yet to be seen.

The partnership has invested in evidence-based programmes, along with advisory teacher support. These tools help schools identify communication needs earlier and reduce the number of children and young people needing specialist therapy.

Leaders now use their online tool to track therapy provision across schools. This allows them to spot where support is uneven, direct resources more fairly and identify unmet needs sooner. They plan to extend training and access to early years settings and colleges so that early identification becomes consistent across all age groups.

Leaders have also introduced a new health data dashboard. This tool is in the later stages of development and implementation and is already showing where therapy referrals are rising. Working in tandem with the SEND Hub online tool, the partnership can identify when a school has higher numbers of children and young people with therapy needs and allocate resources to provide extra support quickly. The dashboard has strong potential to guide future workforce planning and ensure resources are targeted where they are needed most.

Children and young people in the 'Time 2 Talk' forum say school-based therapy has improved their confidence, especially in social situations. Staff across schools and settings report clearer advice from therapists, which helps them act sooner when concerns arise. Social care professionals describe similar improvements and have used advice to better support children and young people with communication or sensory needs.

Overall, the partnership is reducing delays and improving how children and young people access speech, language and occupational therapy. Some differences remain

between school types and age groups, but the changes already made are leading to more timely and consistent support for children and families.

Next steps

Inspectors will reach an effective action outcome if, having gathered and evaluated evidence, they find that the local area partnership has taken reasonable steps to address the area for priority action since the full inspection, based on the relevant evaluation criteria.

Effective action does not mean that the area for priority action is no longer a concern or that the local area can stop taking action to address it. Inspections are a point-in-time evaluation. Areas for priority action that receive an effective action outcome may still be identified as areas for priority action in future inspections. This can happen if the local area does not continue to take action and/or the action has not continued to have a positive impact on the experiences and outcomes for children and young people with SEND.

Ofsted and CQC ask the local area partnership to update their priority action plan (area SEND) as a result of this inspection.

I am copying this letter to DfE and regional NHS England.

Yours sincerely

Una Buckley

His Majesty's Inspector, Ofsted, Lead inspector

Naintara Khosla

His Majesty's Inspector, Ofsted

Daniel Carrick

Children's Services Inspector, CQC

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