

Title:	Thematic Overview of Area SEND Inspections – 12-month review
Date:	June 2025
Author:	Policy and Improvement Officer, NWADCS
Report to:	North West SEND Leadership Group

Background

The Area SEND Framework came into force in January 2023 with a greater emphasis on the impacts and outcomes for children and young people in inspection of SEND Area Partnerships.

In September 2023, NWADCS published a [Thematic Overview of Area SEND Inspections](#) analysing key issues emerging from the first 14 inspection reports. A [6-month review](#) was prepared by NWADCS which updated the report with themes emerging from subsequent inspections in April 2024. Following pauses to Area SEND inspection activity, including the extended pause to monitoring visits, this report has been prepared to include inspections conducted up to February 2025.

Purpose

This report will offer a thematic analysis of key issues emerging from the Area SEND inspection reports published since March 2024, taking account of the previous Area SEND inspections since September 2023. These will include key areas for improvement areas, and examples of where local areas are illustrating good or emerging practice to address challenges.

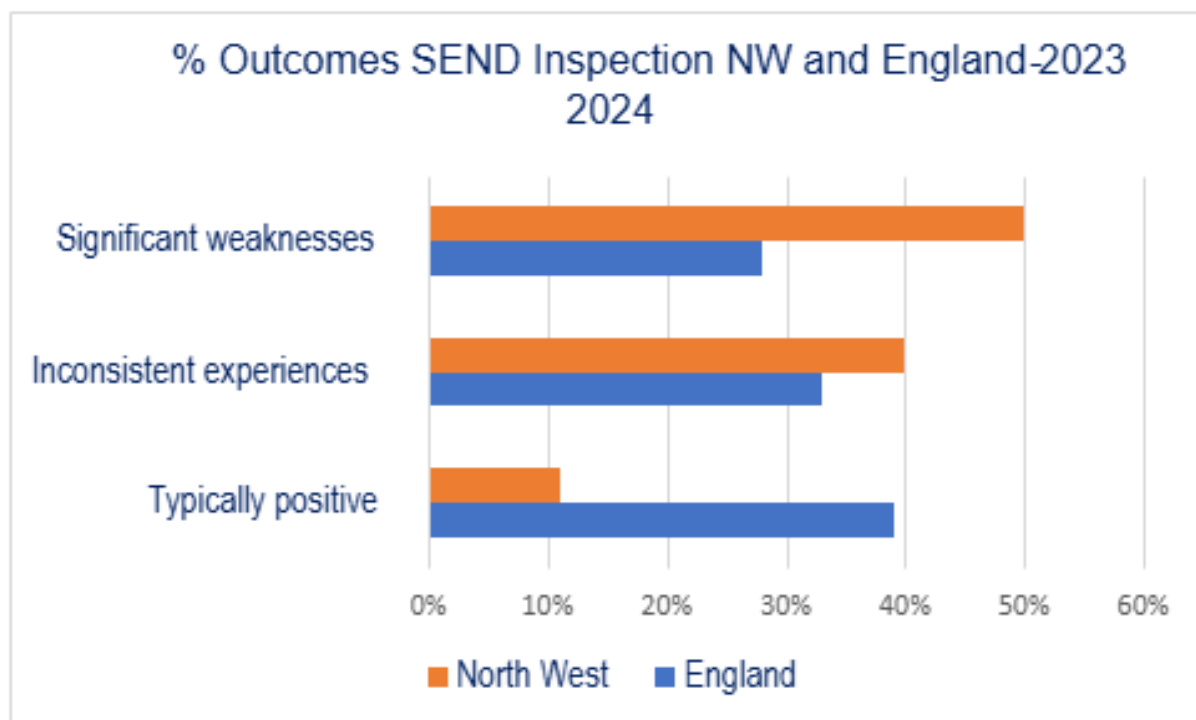
This report also highlights the common themes of challenge/ improvement between the three branches of Area SEND reports including:

- Timeliness of Education, Health and Care Plans (EHC plans)
- Waiting times for health assessment and therapies
- Impact of lack of multi-agency strategic planning
- Sufficiency of Alternative Provision (AP) and specialist educational placements for children and young people with SEND
- Early planning for Preparation for Adulthood (PfA)

Area SEND inspection framework outcomes

- Lead to positive experiences and outcomes for children and young people with SEND.
- Lead to inconsistent experiences and outcomes for children and young people with SEND.
- There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND.

Outcomes from Area SEND Inspections



1. CO-PRODUCTION

1.1 Challenges/ improvement areas

Co-production remains a key issue since the 6-month review. Co-production needs to be embedded within local areas; those that did this well saw this positively reflected in inspection reports. In many reports, inspectors concluded the voice of the child or young person is not always being listened to, especially when it concerns their EHC plans.

1.2 How is good practice demonstrated?

- Leaders in Dorset are developing creative ways to listen to young people. Examples within 'Dorset Youth Voice' include the development of the Young Ambassadors role, Dorset Youth Council and the Vision Support Service Student Council. Engagement with the Dorset Parent and Carers Council ensures highly effective two-way communication between families and the partnership.

- In North Yorkshire, for the small number of children living outside the area, their families are involved in the decision to identify the right children's home and school to meet their child's needs which results in strengthening relationships.
- Southampton have set up a café in the Youth Hub, called Opportunity Brews, which is designed and run by young people, many of whom have SEND. They have co-produced, with the Youth Justice Service, the summer holiday activities and food (HAF) scheme. Families can also access an array of parenting courses through which they learn positive strategies to meet their children's needs.
- Through the, 'you said, we did' approach, Hounslow have improved their relationship with the Parent Carer Forum with a space on their [website](#) where parent comments and the response to these are published. This includes the introduction of monthly SEND surgeries in different parts of the local area, enabling parents to 'drop in' and receive support and guidance, such as in relation to therapies and/or early help.
- Bolton's Parent Carer Forum recently worked with the local area on supporting children and young people who are struggling with emotionally based school non-attendance (EBSNA), which involved a range of stakeholders, including parents and carers. They created a resource for parents and carers of those with EBSNA.
- The 'Just Say' parent carer forum has had increasing involvement in decision-making at a strategic level within Barking and Dagenham. For example, a group of representatives functions as expert advisers to the local area SEND board and attend collaboration days. They also co-produced their SEND area inspection improvement plan.
- Wiltshire families speak positively about the short breaks offer in the area, which has been co-produced with Wiltshire Parent Carer Council. This includes families whose children access residential short breaks. These families say the offer is 'excellent' and a 'real lifeline'.
- SEND Alliance Cumbria (SENDAC) is a key strategic voice, helping to shape strategies like redesigning the local offer within Westmorland and Furness. As a result, families feel more empowered and confident that their views and experiences are considered in decision-making.

2. IDENTIFICATION OF NEED

2.1 Challenges/ improvement areas

Themes around identification are consistent with the 6-month review. Some children and young people's needs are not being identified early enough with assessment and waiting times increasing. Another concern was a lack of knowledge from practitioners, including in mainstream schools, contributing to children and young people's SEND not being identified at the earliest opportunity. In the reports from March 2024 onwards, antenatal contact was identified as a common issue, with too few expectant parents receiving an antenatal home visit, highlighted as a missed opportunity for early identification of SEND.

2.2 How is good practice demonstrated?

- In Wakefield, infants who receive neonatal intensive care are proactively screened for any emerging speech, language, and communication delay through monthly paediatric led clinics. This means that they can access support at the earliest opportunity and their needs met in a timely fashion as well as developing relationships with parents.
- Health visitors in Bexley, Dorset and West Sussex consistently identify needs through effective delivery of the [healthy child programme](#) developmental checks.
- Children's needs are accurately identified at an early stage by the health visiting team. Health visitors make timely referrals to medical partners for more specialist assessment and support. All early years providers across Hartlepool have a named nursery nurse who supports with assessment and provision for children with SEND. Most children and young people benefit from effective identification of SEND. The educational psychology team is a strength of the area. The team provides school leaders with valuable advice, support and training. This directly contributes to the accurate assessment of children and young people's education, health and care needs. For example, in the early years, training on early communication and interaction has strengthened the accurate identification of neurodevelopmental needs.
- Most children and young people's needs are identified accurately and assessed in a timely and effective way right from the start in Brighton and Hove. Health visitors and school nurses work effectively in order to identify and respond to emerging needs in babies, children and young people. And although there are long waits for neuro-developmental assessments and access to child adolescent and mental health services, children and young people can access bespoke help while waiting for a diagnosis. Children and young people, their families and schools especially value the help and support provided by [Brighton and Hove Inclusion Support Service \(BHISS\)](#). For example, the school's mental health service gives advice to parents, carers and schools about how to meet the mental health needs of children and young people

3. HEALTH PATHWAYS AND SUPPORT

3.1 Challenges/ improvement areas

Long waiting times are consistent with the previous 6-month report. Local Areas have developed support for families while they are waiting for an assessment, either in person offers or online. In some Local Areas, parents and carers can be unaware of this support or struggle to access it. Some of the waiting times for services in mental health, speech and language therapy or aspects of the neurodevelopmental pathway, are lengthy. Where Dynamic Support Registers were fragmented or did not demonstrate a joint approach, needs were not met effectively.

3.2 How is good practice demonstrated?

- All therapy services in Durham offer [open referral systems](#). This means children and young people and their families can access support directly. Children and young people and their families can access support while waiting, and their therapeutic needs are assessed accurately in a timely way.

- The school-age neurodevelopmental pathway adopted by Blackpool successfully focuses on the immediate needs of most children and young people, sometimes before any type of formal diagnosis has taken place which enables support to be given in a timely manner, rather than having to wait for a formal assessment.
- Bolton has a single point of access to the Bolton Social Communication and Interaction Pathway (BSCIP) and the use of the new community assessment referral tool and a 'one stop shop' approach means that the pathway is streamlined and clear to follow. For example, all children and young people on the ADHD pathway have a mental health assessment at the start of the process and are offered mental health support when needed. The new pathway ensures that education staff know how to support these children and young people in schools. In addition, leaders ensure that the right children and young people are referred for a diagnostic ADHD assessment.
- Dorset implemented the 'Balanced System' which is being embedded through pre-school provisions, and there are currently no children waiting for an assessment for speech and language. The 'Ready, S.T.E.A.D.I., Chat' sessions are available across the local area, both virtually and face to face through the NHS in Dorset. Children benefit from an initial triage appointment, with a communication plan provided. The necessary onward pathway can then be determined more appropriately so that the right support is provided at the right time.
- In Wakefield, Mental Health Support Teams in schools have had a positive impact. There is a single point of access for child and adolescent mental health services (CAMHS) and initial assessments are timely.
- 11 different Local Areas (including Cumberland and Westmorland and Furness from the North West) use Healthy Young People's Clinics which are run by school nurses in each secondary school. They provide support for managing anger, self-harm, anxiety, and low mood.
- A local initiative known as BRANCH, in Wirral, offers the opportunity for children, young people and their families to undertake a digital assessment of their emotional and mental health needs. This results in helpful information about local and national services that are matched to needs. A well-organised process for multi-disciplinary triage identifies the most urgent cases. As a result, this small group of children and young people receive swifter access to the services that they need.

4. LOCAL AREA LEADERSHIP

4.1 Challenges/ improvement areas

In Local Areas where leadership needed to improve, a lack of leadership stability or strategies not being fully embedded, were common factors observed by inspectors. Leaders need to use data and information to effectively plan. Many of the leadership issues that have been identified relate to EHC plans - issues with strategic oversight, completion of annual reviews, and connectivity with other plans were prevalent. Some areas lack clarity in the planning and commissioning of services which leads to these services struggling with capacity therefore

impacting on long wait times. The effective use of data by leaders was a further common challenge identified in area inspections. Where leaders were aware of challenges and needs and had plans in place to respond to these, Local Areas were most likely to be judged positively in inspection.

4.2 How is good practice demonstrated?

- Leaders in Richmond, have a comprehensive multi-agency [SEND Futures Plan](#) rooted in key principles: engagement and co-production; personalisation, integration; community inclusion and high-quality provision. This has been pivotal to significant improvements in the quality of support children and young people receive; how leaders effectively gather information to inform their understanding of children and young people's needs; and the engagement and participation of children, young people, parents and carers.
- Leaders in Haringey are ambitious and focused on improving the lives of children and young people with SEND. Leaders made [good use of data](#) from a range of sources to understand the needs of their community and plan for them.
- In Bedford, stability of the partnership's workforce has given the capacity to build lasting impact. This is seen in areas such as EHC plan timeliness. This stability aids strong and well-developed relationships with services across the area. For example, the mental health and educational psychology teams work seamlessly with the partnership's SEND team to identify needs precisely.

5. EDUCATION AND INCLUSION

5.1 Challenges/ improvement areas

There have been increases in absence, suspensions and permanent exclusions in several areas alongside growth in young people not in education, employment or training. Many reports state that attainment gaps between children with SEND and their peers are increasing. Insufficient residential special schools, special schools and alternative provision (AP) settings were reported frequently. Arrangements for commissioning around AP are currently not meeting the local need in most areas. Where education inclusivity is identified as an issue, the sufficiency of short breaks is a barrier to improving this; some areas had insufficient short break provision to meet the needs of families. Delays in assessment and providing suitable adjustments, alongside rising SEMH needs, is observed as increasing pressure on AP sufficiency. Many children and young people are unable to access AP when they need it, do not have their needs met until accessing it or remain in those settings for too long.

5.2 How is good practice demonstrated?

- Most children and young people receive effective support with their school attendance. As a result, children and young people with SEND in Darlington attend school regularly. Many children and young people with SEND are supported effectively to do well at school. For example, the number of children and young people with EHC plans, who achieve at least a grade 4 in English and mathematics GCSEs, is greater than national averages.

- In Durham four secondary school inclusion partnerships effectively meet local area needs including access to support and Alternative Provision. Similarly, primary schools share their own inclusion partnership arrangements.
- In Wakefield, leaders collaborate proactively with schools to identify children in Year 6 who may struggle with the transition to secondary school. Children receive targeted interventions to prevent issues in the future which might affect learning and attendance.
- Leaders in Telford and Wrekin have developed a Belonging Strategy to improve the educational experience for children and young people with SEND. The strategy is underpinned by the work of the behaviour support advisory team and the effective use of alternative provision as an intervention. The strategy has a positive impact on reintegrating children and young people with SEND back into mainstream settings and supported reduction in suspensions and exclusions in primary and secondary schools.
- Leaders in Brighton and Hove have secure plans to increase the number of special school places to meet the rise in children and young people with EHC plans for autism spectrum disorder or social, emotional and mental health concerns. This includes special school satellite and some additional resourced provision for pupils with SEND in mainstream schools.

6. ASSESSMENT AND PLANNING

6.1 Challenges/ improvement areas

Other issues were the lack of a joint oversight by assessment teams when children and young people need both an autism and ADHD assessment for example. In several local areas the quality, impact and timeliness of education, health and care assessment and planning was observed as too variable which then impacts on CYP and their family's experiences.

6.2 How is good practice demonstrated?

- In Rutland, leaders have introduced the National Nurturing School Programme across all primary schools. The programme focused on three key areas of improvement: parental confidence for those with children with SEND; empowering schools to identify; and supporting emerging needs early. The key areas of need in Rutland are Autism, Social Emotional Mental Health Needs, Moderate learning Difficulties and Speech Language Communication Needs.
- Children and young people's voices are particularly well reflected across all education, health and care (EHC) plans in Brighton and Hove. They are supported to share their voices and opinions with organisations such as [Amaze](#), connecting with children and young people well. As they are part of the process and are listened to, children and young people are able to participate and be heard and typically feel included in the Brighton and Hove community.
- Leaders have implemented impactful quality assurance and monitoring processes that involve professionals from education, health and care in Haringey. Alongside the

expansion of personnel and training across education, health and care partners this means that most new plans are issued within the 20-week time frame, and that professional advice is of better quality.

7. PREPARATION FOR ADULTHOOD (PfA)

7.1 Challenges/ improvement areas

Around a third of area SEND inspections since January 2023, preparation for adulthood has been identified as a key area for development. Despite a shared commitment to improving outcomes, many authorities face systemic barriers that hinder progress. These include fragmented pathways between children's and adult services, inconsistent multi-agency collaboration, and limited access to tailored opportunities that reflect the diverse aspirations and needs of young people with SEND.

Local authorities often struggle to embed PfA into Education, Health and Care Plans (EHCPs) from an early age, resulting in reactive rather than proactive support. Additionally, workforce capacity, variable commissioning arrangements, and a lack of robust data on post-16 outcomes further complicate efforts to deliver joined-up, person-centred transitions. As a result, young people and their families frequently report feeling unprepared and unsupported as they navigate the shift into adulthood. Where preparation for adulthood is most effective, local partners work strategically and collaboratively, sharing information and planning transitions early.

7.2 How is good practice demonstrated?

- Dorset has positive investment in housing, designed with young people's personal and social needs in mind, enabling young people living in accommodation that meets their needs and aspirations.
- In North Yorkshire, 'The Flying High Group' was created consisting of young people with SEND. They co-produced a new PfA guidance document. The group has been instrumental in gaining the views of CYP to further shape mental health services as they move into adulthood.
- Durham were praised for their planning across education, health and social care for adulthood, as they started this work when children were aged 14 which allowed them time to put strategies in place rooted in the Preparing for Adulthood Outcomes toolkit.
- Social workers, early help workers and educational settings in Blackpool ensure that most children, young people and their families have access to impartial careers advice. Help is provided to support them with appropriate transitions into employment, training or education.
- In Stoke on Trent for those with the most complex needs, there is a broad offer for post-16 provision. Partnerships with local colleges have developed opportunities for supported internships at a local hospital or community-based learning at care homes.

- Transitions to further education are supported by a developing localised offer within Westmorland and Furness, with special school leaders helping to shape an inclusive post-16 curriculum. This means that the needs of more young people with SEND can be met within the local area.