Area SEND inspection of Cumberland Local Area Partnership

Inspection dates: 7 to 11 July 2025

Dates of previous inspection: not applicable

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

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

Ofsted and the Care Quality Commission 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

Cumberland Council, NHS North East and North Cumbria Integrated Care Board (ICB) and NHS Lancashire and South Cumbria ICB are jointly responsible for the planning and commissioning of services for children and young people with SEND in Cumberland.

This was the first inspection of Cumberland, which was established as a new local authority on 1 April 2023, following local government reorganisation. The local area partnership was inaugurated in January 2024. There have been several changes to the senior leadership of Cumberland's Children's Services. The director of children's services joined the council in April 2023 and the assistant director for education, SEND and inclusion joined in March 2024. A new cabinet member for children's and young people's services was also appointed when Cumberland Council was established.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS North East and North Cumbria ICB and NHS Lancashire and South Cumbria ICB became responsible for the commissioning of health services in Cumberland.

Cumberland Council commissions two pupil referral units and a range of other alternative provision (AP). These provide education for children and young people, including those who cannot attend school due to social, emotional, mental health and medical needs, or for those who are at risk of or have been permanently excluded. Schools across Cumberland also commission AP.

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

Some children and young people with SEND in Cumberland receive positive experiences that enable them to achieve and develop well in readiness for their next steps. However, other children's and young people's experiences are less positive, resulting in greater variability and inconsistency in support. This has a negative impact on the learning, development and preparation for adulthood for the children and young people concerned.

Children and young people with SEND are keen to ensure that their voices are heard. For example, children and young people who are part of the Unique Voices group provide leaders with insight and, at times, challenge. There are clear examples of where their expertise has led to positive change. For instance, professionals across the partnership have improved the clarity and nature of the language used with children and young people with SEND. This helps children and young people to communicate their needs more effectively to these professionals. By contrast, some children and young people in more remote areas think that the partnership should work harder to provide more short breaks for their families.

Parents receive much-valued advice and support from the parent carer forum, known in Cumberland as Special Educational Needs and/or Disabilities Association Cumbria and from the SEND information advice and support service. These groups work effectively with the partnership to communicate more widely with parents, for example by providing information and early help advice and guidance, in family hubs.

Many children and young people with SEND have their needs identified promptly. This enables practitioners to make necessary adaptations, for example in schools, so that these children and young people can access the curriculum successfully and achieve well. However, inherent weaknesses in the delivery of the series of health checks known as the healthy child programme mean that the needs of some children and young people, including the very youngest, are not always identified quickly enough.

In general, children and young people with SEND who access AP make strong progress. Where this works well, their attendance and opportunities for learning improve measurably. Increasing numbers of children and young people with SEND successfully complete GCSEs and vocational qualifications. While this picture is positive, a shortage of AP in some areas leaves some children and young people with SEND having to travel long distances to reach suitable settings. This includes some younger children. The partnership has plans to address this shortfall. However, these plans are at an early stage of implementation. Consequently, on occasions, some families report that this barrier is too difficult to overcome. These families believe that they have no choice but to educate their children at home.

Some children and young people experience positive transitions at key times. For example, most children living with foster carers are able to remain with their foster

families once they reach the age of 18. This helps to provide them with stability during this time of change. Some college leavers with SEND access supported internships, which helps their transition into the world of work. Children and young people who are educated in settings other than at school receive effective support for reintegration into school. These positive experiences help to smooth the path to life beyond school for these children and young people. However, for some children and young people, preparation for transition does not happen early enough. When this happens, these children and young people are less well prepared for adulthood than they should be.

What is the area partnership doing that is effective?

- The partnership's strategic work is characterised by ambition for children, young people and their families. It aspires for children and young people with SEND to learn and to thrive in Cumberland. Weaknesses that pre-date the existence of Cumberland have presented the partnership with many challenges. In response, it has worked with passion and energy to develop and drive ambitious plans for improvement. There is clear evidence of improvement in a number of areas of its work. However, the partnership recognises that it is too early to see the full impact of some initiatives. Some weaknesses remain, and the experiences and outcomes for some children and young people with SEND are inconsistent.
- The partnership has a realistic view of its areas of strong practice and of what it needs to do better. This has enabled leaders to devise and implement well-considered development plans, such as the SEND and AP strategy. The partnership board holds leaders effectively to account for their work to achieve these plans. Several co-produced strategies are, however, at an early stage of implementation. This limits the partnership's ability to evaluate the impact of these strategies on children and young people with SEND and their families.
- The partnership draws on a wide range of information, such as data from the joint strategic needs assessment, when deciding how to commission services. For instance, the partnership recognises that there is a need for greater capacity in AP. An effective framework for commissioning and developing the quality of AP has been coproduced with school leaders. This is having a positive impact on the sufficiency and quality of AP in most areas of the partnership.
- When looked-after (cared for) children and young people with SEND need specialist residential school provision, operational and strategic partners work together to identify provision that will best meet their needs. In more remote geographical areas, partners use a range of local resources to target providers that may be able to meet needs. This is leading to successful provision for these children and young people across Cumberland.
- Social workers act as a strong advocate for the children and young people with SEND that they work with, visiting them regularly. They know children and young people well and understand their personalities and aspirations. Records are written to children and young people in child-friendly language. Most families who receive support from the children with disability team benefit from short break services, including direct payments and overnight stays. However, this is not consistently the

case for all children and young people with SEND. In some circumstances, practitioners and professionals do not communicate children's and young people's needs quickly enough. This delays the support that they and their families receive.

- Children and young people with SEND who live with foster carers typically experience positive transitions into adulthood. The Children with Disabilities team leads successful multi-agency work to identify the support that these children and young people are likely to need. This helps to ensure that this group of children and young people receive this support promptly.
- Through a new strategy, the partnership works collaboratively with schools to strengthen a culture of inclusion. Although in the early stages of implementation, this is already impacting positively on children and young people. In those settings participating fully in the initiative, the needs of children and young people are better understood and supported. Rates of placement breakdown are decreasing in these settings.
- The partnership has recognised that some parents have difficulty accessing services while they are waiting for diagnostic reports, such as those for autism. It has responded to this concern by ensuring that parents now receive a one-page statement of diagnosis as soon as it is made. This positive and constructive step is helping parents to access support in a timely way, instead of having to wait for the full diagnosis report.
- The partnership has taken a number of steps to improve practice and multi-agency work. For example, in the early years, staff value the readily available advice, guidance and support from area SEND advisers. Advice and support sessions have been delivered by speech and language services to around 70 school settings. Practitioners welcome these sessions, which help them to identify and meet the needs of children and young people.
- Some professionals, such as health visitors and midwives, are now co-located in family hubs. This provides a more joined-up approach to meeting children's and young people's needs. For example, the health visitor and midwives' clinics help to provide a multi-agency response to families' needs.

What does the area partnership need to do better?

- The partnership's understanding of the impact of some health services for children and young people with SEND is limited by a lack of key information. For example, the partnership lacks information about the impact of waiting times for child and adolescent mental health services (CAMHS) in some remote parts of Cumberland. Furthermore, some children and young people with SEND do not routinely receive all of the developmental checks that they should as part of the healthy child programme. This leaves a potential gap in the partnership's ability to identify and meet the needs of children and young people with SEND in this age group. The lack of such important data makes it difficult for the partnership to be sure that the service meets the needs of children and young people as well as it should.
- The partnership's work to evaluate information on school attendance, exclusions and

suspensions is in its infancy. This limits the partnership's capacity to ensure that children and young people with SEND are accessing education and that their needs are being met successfully.

- Despite recent improvements to the quality and timeliness of EHC plans, some variability remains in the contribution of information made by key partners, including at annual reviews. Detail from some practitioners and professionals, including health practitioners and social workers, is at times very limited. For example, health visitors currently have limited opportunity to contribute directly to the development of children's and young people's EHC plans. General practitioners (GPs) are not routinely made aware of children's EHC plans. These weaknesses prevent parents, practitioners, GPs and the children and young people themselves from having all of the information that will help them to understand their needs and the support that they should receive.
- There is limited capacity for transition social workers to attend transition reviews for children and young people who are in Year 9. This hampers social workers' ability to contribute effectively, for example, to the review of EHC plans, so that transition planning is prompt and effective for these children and young people.
- The partnership has recognised that there are inconsistencies in the availability of short breaks for children and young people with SEND during summer and holiday periods. An ambitious offer is being piloted. However, this is not consistently available for all children and young people with SEND across Cumberland. Some children receiving targeted short break support must wait for help if they have not registered at the required time. Although plans have recently been put in place to improve this situation, these plans have yet to be fully enacted and, for now, children and young people with SEND continue to have variable experiences of short breaks.
- Occupational therapists sometimes experience delays and difficulties in obtaining specialist equipment for children in their care. On a small number of occasions, this is compounded when equipment needs to be reordered because it has been issued in an unsuitable condition. When this happens, children and young people experience delay in their ability to experience all the enjoyment in life as they should.
- Some children and young people with SEND have variable success in accessing continence and/or toileting services where this is needed. This is because of high demand for wider specialist bowel and bladder services more generally. Professionals report that the offer of support once this service is accessed is poor, and that even when included in an EHC plan, regular evidence is required by professionals for the support to remain in place.
- There is more to do to re-establish the importance of the dynamic support register (DSR) across Cumberland. Although information is shared, not all providers who offer care and support to children and young people on the DSR attend these important meetings. This hampers the sharing of information to inform multi-agency responses for these children and young people.
- Waiting lists to access some health services are long. Children and young people often face extended waiting times to access community paediatric services and to receive assessments for autism and attention deficit hyperactivity disorder. Children

and young people in need of speech and language therapy services have to wait as long as 52 weeks and sometimes more. Although waiting times to access the core CAMHS services are generally shorter, there are long waits for lower level social, emotional mental health and well-being support, such as that provided by some charitable organisations. For some families, the lack of a long-awaited formal diagnosis means that they do not meet the criteria to access the community learning disabilities service, including overnight short breaks.

Areas for improvement

Areas for improvement
The partnership should ensure that contributions to inform the development of children's and young people's EHC plans come from all partners, especially health and social care, so that the needs of these children and young people are fully reflected.
The partnership should continue to strengthen its understanding of the impact of its work to improve outcomes for children and young people with SEND by: - securing accurate information about the current waiting times for access to CAMHS, and the number of children and young people waiting to access this service in all areas of Cumberland, including those bordering other partnership areas - embedding the newly developed programme of developmental checks for children and young people aged five to 19, so that there is a greater understanding of how effectively the programme is identifying the needs of children and young people with SEND - making best use of readily available information on attendance, exclusions and suspensions to spot trends and patterns that might suggest the vulnerability of some children and young people - ensuring that all this information is successfully incorporated into any evaluations of impact, and in the partnership's strategic work to make further improvements.

Local area partnership details

Local authority	Integrated care board
Cumberland	NHS North East and North Cumbria Integrated Care Board
Martin Birch, Director of Children and Family Well-being	Levi Buckley, Chief Delivery Officer
www.cumberland.gov.uk	https://northeastnorthcumbria.nhs.uk
Cumberland Council Cumbria House 107-117 Botchergate Carlisle CA1 1RD	Pemberton House Colima Avenue Sunderland Enterprise Park Sunderland SR5 3XB
	NHS Lancashire and South Cumbria Integrated Care Board
	Sam Proffitt, Chief Executive Officer
	www.lancashireandsouthcumbria.icb.nhs.uk
	Level 3, Christ Church Precinct County Hall Fishergate Hill Preston PR1 8XB

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/Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the CQC; and another Children's Services Inspector from the CQC.

Inspection team

Ofsted
Mavis Smith, Ofsted HMI, Lead inspector
Julie Knight, Ofsted HMI
Nigel Hunt, Ofsted Inspector

Care Quality Commission
Daniel Carrick, CQC Lead inspector
David Roberts, CQC inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
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