Area SEND inspection of South Gloucestershire Local Area Partnership

Inspection dates: 14 to 18 July 2025

Dates of previous inspection: 6 to 10 November 2017

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 take place within approximately three years. Ofsted and the Care Quality Commission (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

South Gloucestershire Council and NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (NHS BNSSG ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in South Gloucestershire.

There has been stability in the senior leadership of South Gloucestershire's SEND services since the last inspection.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS BNSSG ICB became responsible for the commissioning of health services in South Gloucestershire.

South Gloucestershire Council commissions a range of alternative provision (AP). AP delivers education for children or young people who cannot attend school due to their needs, or for those who have been or are at risk of being permanently excluded from school. The local authority maintains a directory of registered and unregistered AP to check their quality.

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

Children and young people with SEND have mixed experiences and outcomes in South Gloucestershire. For some, strong partnership working helps ensure that their needs are identified early and met consistently. Where this is the case, children and young people and their families have a positive experience of the system and secure strong outcomes. However, for others, their experience is more varied, particularly where partnership working is less established following historic weaknesses in the system. Where this happens, children and young people do not secure the outcomes important to them as quickly as they could.

Younger children with SEND and their families have typically positive experiences in the early years. Strong and established relationships between early years practitioners, education inclusion officers and health visitors help to ensure that children's needs are identified and met early. Health visitors achieve high completion rates for mandated visits and use holistic assessments to identify emerging needs promptly. Most disabled children who are supported by early help, or social workers in the disabilities team, receive tailored support to have their needs met very successfully.

However, despite improvements in several areas, including a reduction in suspensions and exclusions, variability in the system is more frequent once children reach school age. Experiences and outcomes are particularly mixed for children and young people receiving SEN support and for those identified as having social, emotional or mental health (SEMH) needs. There are still children and young people whose needs are not identified quickly enough, and their voice is not valued highly enough. For example, children and young people referred to the neurodevelopmental pathway experience as having unacceptably long waiting times. The partnership's work to ensure that this does not lead to negative experiences for children or young people or their families is not yet fully established.

For some children and young people with SEND, less effective joint working can mean that they have unidentified needs and so they do not get the support to help them to regulate their own needs. Where this happens, they can be identified as having SEMH needs, when actually their underlying speech, language and communication needs are unmet. These children and young people continue to experience a fractured system, where issues are not picked up in a timely fashion until families are in crisis or until social care become involved. Although the partnership has made sensible decisions to extend the provision for children and young people with SEMH to meet this growing need, these plans are yet to be implemented.

Nevertheless, experiences and outcomes for children and young people of school age are improving. Useful strategies, such as organising education and health provision into clusters and the Education Inclusion Programme have led to improved early identification and better inclusion in schools. Cluster leads work collaboratively to identify what services are most needed in each cluster to improve the experiences of children and young people with SEND. This has led to improved, targeted support based on the contextual challenges of each cluster area. Children and young people with an education,

health and care (EHC) plan typically secure positive outcomes during their time at school.

The parent carer forum supports partnership working effectively. Useful independent advice is available and utilised frequently by children and young people with SEND and their parents or carers. However, the work of the partnership to engage positively with families, although improving, remains mixed. Some families remain sceptical about how services will improve outcomes for their children. This can mean they are reluctant to access the support that is available to them. Parents and carers are not treated as equal partners when coproducing services at a strategic level or when planning provision for their children at an operational level.

What is the area partnership doing that is effective?

- Ambitious, shared leadership across services has determinedly looked to secure the best outcomes for children and young people in the local area. Partnership leaders show a strong understanding of strengths in the area and where improvements are needed. This is reflected in sound commissioning intentions, strategies and plans to improve the system, which are governed appropriately.
- The strength of partnership working has led to several improvements in identifying children's and young people's needs early. For example, the community paediatric team assesses and identifies need rapidly for children with severe, profound and multiple needs. The development of now established clusters across the area have helped frontline services to share information more readily. For example, school nurses run weekly school clinics and deliver emotional well-being interventions. Collaboration with the child and adolescent mental health service (CAMHS), social workers and school leaders ensures timely referrals and tailored care plans that are responsive to each child's needs.
- Underpinned by the strength of the cluster model, children and young people are experiencing an increasingly inclusive education system. An established fair access panel is implemented effectively. Useful collaboration between school leaders and council staff allows the panel to have a positive impact beyond its statutory obligations. As a result, the fair access panel has helped to contribute to the effective reduction in exclusions and suspensions and a shift in system culture to be more inclusive.
- The criteria and assessment of early help provide strong support for children and young people with SEND who need it. Disabled children and young people benefit from agile early help services, which include whole-family assessment and support. Early help practitioners work intensively with families, drawing on effective support from wider specialist services. Those who work directly with families advocate strongly for the children and young people and their families in their care. This is valued by families greatly, but also by frontline practitioners.
- Some health services ensure timely assessment and support for children and young people with SEND. Waiting times for initial assessment across speech and language therapy, occupational therapy, physiotherapy and CAMHS have been reduced significantly. For example, useful waiting time initiatives, broader capacity in the early

years and access for families to online universal support have all helped to reduce waits. To mitigate against delays in access to videofluoroscopy, the team has additional oversight and has been expediting the most vulnerable children. As a result of these improvements, some children and young people benefit from targeted support to meet their needs more rapidly.

- The majority of children and young people with SEND are educated near their home. Those children and young people who need residential special school provision are receiving the right support and are cared for diligently. When children in residential special school provision are looked after, social workers ensure they listen to the child's voice. This helps to inform children's plans and ensure that children live in the right placement to meet their needs.
- Strong partnership working is helping to ensure that early identification, the meeting of need and securing of positive experiences and outcomes are improving rapidly in the area. This is particularly the case for those who are newer to the system or where the local area's strategies for improvement have already had a positive impact. For example, children with SEND in the early years benefit from services that work together very effectively. Practitioners identify what children and their families need early and provide it quickly. This makes the experiences for these children and their families positive, and so they secure useful foundations for better health, well-being and achievement.

What does the area partnership need to do better?

- Children and young people and their families are increasingly participating in decision-making at both an operational and strategic level. For some, strong engagement helps to secure well-planned provision that meets their needs and secures positive outcomes. However, the strength of engagement with some families is weaker. Sometimes, frontline services have not secured the confidence of children and young people with SEND and their families. When this happens, services can be slow to work together to address emerging need. As a result, some families end up in crisis before they receive effective support and provision.
- Children and young people who are referred to the neurodevelopmental pathway wait too long for assessment. The partnership's work to mitigate against the impact of these waits on families is variable. For some, such as those on the pathway for an attention deficit hyperactivity disorder assessment, there are shorter waits and timely access to medication. Similarly, the most vulnerable children and young people needing an autism assessment are rightly seen more quickly. Nevertheless, others wait for very long time, with strategies to reduce the impact of these waits having varied impact.
- The partnership has not secured a compliant, up-to-date dynamic support register, despite recent work to develop it. It does not include young people over 18 and up to 25, as is required. Similarly, the offer of support is currently not broad enough and only focuses on those children and young people identified at the highest level of need. Those children and young people who are not identified as having the highest level of need are yet to have key workers assigned.

- The overall quality of children's and young people's EHC plans is variable, although they are improving. Most continue to focus on improving children's educational outcomes, rather than looking holistically across their health and social care needs and aspirations. This means that EHC plans lack specificity about how to meet children's and young people's broader needs, even when they have health or social care involvement. Nevertheless, improvements have been made to the contributions to EHC plans from health, supported by strong oversight from the designated clinical officer. The education elements of these plans have strengthened alongside the child's or young person's voice. This means, for those with newer plans, there is much greater clarity about how to secure children's and young people's long-term aspirations.
- The local area's use of AP is inconsistent. Some commissioned AP is effective. The area has a newly developed quality assurance process and approved AP directory. However, the range and capacity of this to meet the needs of the area are limited. This can mean that some use of AP is reactive rather than proactive. As a result, the use of AP does not consistently meet the needs or aspirations of the children and young people in the area, which then leads to variable educational experiences and outcomes.
- Some children and young people with SEND are not receiving the specialist help they need. This is particularly the case for children and young people identified with SEMH needs, where limited specialist provision and choice of high-quality AP mean too many do not have their needs met consistently well. Furthermore, although there is a range of supportive provisions available through CAMHS, including mental health support teams in schools, there are also waits of up to 24 months for children and young people who need support from the learning disability CAMHS team following initial assessment. Similarly, while annual health checks for young people with a learning disability in primary care are exceeding targets, some individuals who could benefit from these checks are not being identified accurately.
- For children and young people with SEND who need support from social care, their experience is mixed. Most benefit from highly personalised help and interventions from skilled social workers who are familiar with the local area and how to secure effective support. However, a high turnover of social workers in the children with disabilities team means that some children and young people do not secure the same level of support in a timely manner. For some families, this has a very negative impact on their experience of the system and access to their local area offer.
- The range of education provision to support strong outcomes post-16 is limited. Many young people with SEND benefit from effective support which prepares them well for adulthood. For example, travel training and the transition to college are strong. However, the oversight and impact of the partnership's work are more variable for those who had a SEN support plan in school. This is reflected in the proportions of children and young people who are not in education, employment or training in the area, where outcomes are typically positive for those with an EHC plan, but much weaker for those who had a SEN support plan in school.
- Children's and young people's experiences of short breaks and support to access these in the local area are mixed. Whereas some children and young people,

particularly those who are younger or with severe, profound or multiple needs, have access to useful packages of support, others with similar needs don't receive the same help. Similarly, children and young people and families report that there are useful short breaks and community activities. However, others say there is a limited offer near to where they live, which limits their ability to benefit from them.

Areas for improvement

Areas for improvement
Leaders across the partnership should secure effective engagement with children and young people with SEND and their families consistently across the local area, including through stronger co-production at a strategic and operational level.
Leaders across the partnership should develop further the work they have started to ensure children and young people can access the support they need when waiting on neurodevelopmental pathway.
The local area partnership should establish a fully compliant dynamic support register, where all relevant children and young people up to the age of 25 are included and have a key worker when necessary.
Leaders across the partnership should address the specialist sufficiency challenges, particularly in the breadth of SEMH provision, appropriate available AP and range of post-16 opportunities, so that children and young people with SEMH needs secure improved outcomes.
Leaders across the partnership should continue to improve the quality and consistency of EHC plans to ensure that they consistently provide specific reference to appropriate health and social care provision that reflects children's needs and outcomes.

Local area partnership details

Local authority	Integrated care board
South Gloucestershire Council	NHS BNSSG ICB
Chris Sivers, Executive Director, Department for People	Shane Devlin, Chief Executive Officer
www.southglos.gov.uk	bnssg.icb.nhs.uk
South Gloucestershire Council Offices Badminton Road Yate BS37 5AF	Floor 2, North Wing 100 Temple Street Bristol BS1 6AG

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 two Children's Services Inspectors from CQC.

Inspection team

Ofsted	Care Quality Commission
Matthew Barnes, Ofsted HMI, Lead inspector	Eva Mannan, CQC Lead inspector
Margaret Burke, Ofsted HMI	Lesley Perry, CQC inspector
Holly Worts, Ofsted Inspector	Thomas Davis, 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
W: www.gov.uk/ofsted

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