10 South Colonnade
London
E14 4PU

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted

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David Haley, Strategic Director of Children and Young People's Services, Plymouth City Council
Steve Moore, Chief Executive Officer, Devon Integrated Care Board (ICB)

Area SEND monitoring inspection to Plymouth Partnership

Between 1 and 3 December 2025, Ofsted and the Care Quality Commission (CQC) revisited Plymouth, to decide whether effective action has been taken in relation to each of the areas for priority action detailed in the inspection report published on 26 June 2023. 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 5 identified areas for priority action.

The local area has taken effective action as it 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 one Children's Services Inspector from CQC.

During the inspection, we spoke to local area leaders, parents and carers of children and young people, 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, 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, including Plymouth City Council, Devon Integrated Care Board, and school and college leaders, must put children and young people with SEND at the centre of all improvement plans by ensuring that those plans contain clear oversight and tracking in order to measure the direct impact on children, young people and their families.

Outcome: Effective action

Since the June 2023 inspection, the partnership has undergone a significant cultural shift. Leadership across education, health and social care has moved from fragmented arrangements to a coherent system where children and young people with SEND are at the centre of planning. This is not a surface change; it reflects an embedded ethos of collaboration and accountability, driven by a partnership ambitious for better outcomes. Governance structures, including the SEND Improvement Board and SEND Delivery Board, now provide strong governance arrangements and oversight and rigorous performance monitoring. Changes in key leadership positions across education, health and care have stabilised, allowing a renewed drive for improved joint partnership working.

Children's and young people's voices are shaping partnership decisions in tangible ways. The Ten Wishes Charter, co-produced with children and young people, is routinely referenced in service design developments. For example, the charter influenced the development of the 'Belonging Framework', which aims to create safe, inclusive school environments across the city. Participation is evident through forums such as the inspirational Youth Ascends group, where young people challenge leaders and help set priorities. These developments mark a clear departure from the previous inspection's findings of limited engagement.

This progress reflects a partnership that has embraced challenge and driven systemic change with pace and determination. Leaders describe a culture of openness and constructive challenge. The shift to meaningful collaboration has created conditions for innovation, such as joint work on trauma-informed training and the proposed 'Day in the Life' programme, which allows professionals to shadow colleagues from other agencies to build understanding.

Ensuring children, young people and families know what has changed remains a priority. Some parents told inspectors they were not aware of recent improvements. Although tools, like 'You said, we did', are in place to show how feedback is used,

some children and young people are not convinced their views lead to real action. This means confidence in the partnership is still limited for some children and young people and their families.

Area for priority action 2:

Leaders, including Plymouth City Council, Devon Integrated Care Board, and school and college leaders, should work together and share information to enable the earlier identification of children and young people with SEND who are at risk of increased vulnerability and negative outcomes.

Outcome: Effective action

Early identification of children and young people's needs has improved significantly, underpinned by strong multi-agency collaboration, investment in early years provision, and the development of family hubs. The ambitious Families First approach, alongside increased investment in the Healthy Child Programme, has improved the quality of early intervention. Practical tools, such as the Early Years Transition Portal, and strengthened processes have streamlined referrals from health visitors, ensuring timely responses for children with emerging needs.

Family hubs increasingly provide welcoming entry points to the SEND system for families, offering inclusive groups, evidence-based parenting programmes, and opportunities for co-production (a way of working where children, families and those that provide services work together to create a decision or service that works for them all). Inspectors heard examples of hubs hosting 'stay and play' sessions and coffee mornings, which parents describe as helping reduce stigma and build trust. Inspectors also heard how the service provided by a hub gave parents confidence to seek speech and language therapy for their children. Children and young people with SEND benefit from early help integration within the Families First service. This supports children and young people's needs being considered from the outset, supporting a relationship-based, swift response.

The Stronger Practice Hub has strengthened early years settings through targeted training and the sharing of effective practice. Workforce development has also benefited from initiatives such as the enhanced Graduated Approach Towards Inclusion training, the introduction of SEND link workers to support schools directly, and multi-agency threshold and vulnerability training, now delivered across education, health and care. Schools report growing confidence in using resources developed through the partnership, including the Ordinarily Available Provision guidance, the transition portal, and increased outreach from specialist schools and alternative provision, all of which are helping to strengthen inclusive practice.

The partnership is rightly focusing on children and young people who missed out on support in the past. Alternative provisions and special schools are now working closely with mainstream schools to share expertise. This includes helping schools use approaches to repair relationships and reduce conflict and providing catch-up programmes for pupils with gaps in their learning. For example, some alternative provisions now run joint projects with mainstream schools to gradually reintegrate pupils, combining academic interventions with emotional wellbeing activities.

Area for priority action 3:

Leaders, including Plymouth City Council and school and college leaders, should work together to reduce the likelihood of exclusion for pupils with an education, health and care (EHC) plan.

Outcome: Effective action

Permanent exclusion rates for children and young people with EHC plans have dropped significantly across the city since the last inspection, showing a clear shift towards prevention and inclusion. Some schools have used targeted funding provided by the Dedicated Schools Grant to create tailored in-school provisions that combine academic and therapeutic interventions. This strategy has led to different schools using a range of innovative approaches to meet the specific context and needs of children and young people with SEND in their schools. These tailored approaches help ensure children and young people are included more often, thereby improving their outcomes.

The Vulnerable Pupils Panel and 'specialist teams' provide rapid, multi-agency responses when children or young people at risk of exclusion emerge. Collectively, they ensure timely, coordinated decisions are made and implemented appropriately. Inspectors heard how the Vulnerable Pupils Panel reversed several planned exclusions by mobilising support within days. Special schools have delivered outreach, and the local authority has provided city-wide training. Together, this improved the accuracy of SEND identification and strengthened support for children and young people at points of transition. These actions strengthened mainstream capacity and gave staff the confidence and skills to meet complex social, emotional and mental health needs. Leaders across the partnership emphasise a 'no blame' culture, promoting collaboration and shared accountability rather than punitive approaches.

Partnership working and collaboration with the child and adolescent mental health service (CAMHS) to respond to needs have improved since the partnership's last inspection. CAMHS specialists now carry out appropriate, detailed assessments to understand children and young people's SEND. This information is then used to create positive behaviour plans that help everyone – schools, families, and

professionals – respond consistently and supportively. For example, CAMHS are now working directly with an increasing number of schools to adapt strategies for children and young people with complex social, emotional and mental health difficulties, making classrooms safer and helping children feel more settled.

These changes represent a major cultural and operational shift from reactive responses to proactive, needs-led support on behalf of the local authority and integrated care board partnership. Schools that have engaged with the changes describe the financial support from the Dedicated Schools Grant as transformative, enabling creative solutions such as nurturing spaces and sensory rooms. School leaders say these have led to improved attendance, engagement and emotional wellbeing, supported by consistent communication and co-production with families.

While exclusions have fallen, some families told inspectors they have still withdrawn their children and young people, for example to electively home educate, because of gaps in provision or fear of formal exclusion. Leaders across the partnership recognise this risk and are prioritising increased transparent communication and inclusive practice to rebuild trust and prevent disengagement. Sustaining momentum and embedding consistency across all schools will be critical to securing long-term impact.

Area for priority action 4:

Devon Integrated Care Board should work with partners to risk assess children and young people on waiting lists, ensuring that those with multiple needs get the earliest support possible.

Outcome: Effective action

The partnership has introduced clear processes to identify and respond to children and young people waiting for assessments or specialist support. The 'Help Whilst Waiting' offer, which includes digital resources and QR code access, gives families practical strategies during delays. Many parents value these tools for managing routines and reducing anxiety. Risk assessment protocols are embedded in multi-agency panels so that children and young people with complex health needs are prioritised for appropriate early intervention.

Despite these improvements, too many children and young people still face long waits for neurodevelopmental assessments and speech and language therapy. Families report mixed experiences: some feel supported, while others describe gaps in communication and uncertainty about next steps. All children and young people referred to the early help speech and language therapy service receive an initial call and information about expected wait times, along with details of groups and interventions available during this period. Nevertheless, the partnership recognises

the fragility of the improvements made. For example, improvements in speech and language therapy waiting times have been affected by increased demand for the service. Similarly, although a one-off exercise sent letters and updated resources to families, regular contact during the wait is still in development. Furthermore, ways to identify priority children and young people for neurodiversity pathways are planned, but not fully in place.

Support for families waiting for CAMHS and neurodevelopmental support includes regular contact by health professionals to identify any changing needs or increased risks to children and young people's mental health needs. A 24-hour CAMHS crisis line and specialist teams such as neuro intensive and behavioural support provide urgent help when needed. Families told us about coordinated safety planning for their children presenting in crisis, ensuring they are helped to keep them safe.

The local area has used national Family Hub funding effectively to improve the local offer, strengthen Family Hub support, and enhance early help provision.

Area for priority action 5:

Plymouth City Council leaders should ensure that children and young people, and young people with SEND who also have social care needs, get the care and support they need, particularly:

- vulnerable children and young people living in residential special schools and children and young people's homes at a distance; and
- children and young people receiving short breaks without effective oversight and review, including reassessment when needs escalate.

Outcome: Effective action

The partnership's oversight of vulnerable children and young people with SEND has been strengthened through multi-agency panels and clearer governance arrangements. The Children's Disability Team supports children and young people who have complex SEND. This team has expanded its capacity. Lower caseloads mean practitioners can spend more time building relationships with children and young people and their families and delivering creative, joined-up involvement. Inspectors heard how this extra capacity enabled workers to provide bespoke support packages, such as combining home-based short breaks with specialist therapy.

Short breaks provision has been enhanced. A new assessment format and regular reviews have improved consistency and oversight. Leaders recognise that more work is needed to fully understand the range of short breaks available across children and young people's needs and to analyse how services are used, so that future developments are based on robust evidence and need. Leaders acknowledge the

importance of working with children and young people and their families to provide clear, accessible information about what is available and how to access it.

There is additional oversight of children and young people in care with SEND who live outside the local area. Alongside social work visits and independent reviewing officer checks, all children and young people in residential placements have reviews by a dedicated panel that provides extra scrutiny and focuses on future planning. Inspectors saw evidence of this panel challenging plans to ensure timely transitions back to local provision, so that children and young people could learn closer to their communities and be safeguarded more closely.

Transition planning has strengthened, with earlier identification of children and young people likely to need adult social care and joint work to prepare families for adulthood. Tracking systems now provide oversight of those approaching transition into adulthood, enabling better collaboration between children and young people's and adult services and more informed discussions with families about future arrangements.

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 the DfE and regional NHS England.

Yours sincerely

Chris Pollitt
His Majesty's Inspector, Ofsted, Lead inspector

Tom Anthony
His Majesty's Inspector, Ofsted

Lea Pickerell
Children's Services Inspector, CQC

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Piccadilly Gate
Store Street
Manchester
M1 2WD

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