Area SEND inspection of Northumberland Local Area Partnership

Inspection dates: 9 to 13 February 2026

Dates of previous inspection: 1 to 5 October 2018

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 3 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

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

There have been several changes to the senior leadership of Northumberland's SEND services since the previous inspection. These include the appointment of a new executive director of children's services who holds the statutory role of DCS, a director of education, and a director of children's social care. The commissioning of health services changed across England in 2022. On 1 July 2022, NHS North East and North Cumbria ICB became responsible for the commissioning of health services in Northumberland.

The local authority commissions alternative provision (AP) 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. The local authority does not commission any other AP.

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

Children and young people with SEND in Northumberland have inconsistent experiences as a result of variability in the services that they receive. For example, some children and young people have their needs identified and addressed promptly and accurately. Others have to wait too long before their needs are fully assessed. These inconsistencies sometimes have a negative impact on the experiences and outcomes of these children and young people and their families.

Children and young people with SEND usually feel secure and valued within their communities. For example, in their school communities, they have opportunities to share their views and opinions, and to take on responsibility as school councillors. They develop warm and trusting relationships with the staff who support them. This enables them to feel a sense of belonging. Children and young people with SEND value activities that the partnership provides, such as travel training. This helps them to feel more confident about future independent life.

The majority of children and young people with SEND benefit from a well-organised programme of support from health visitors, school nurses and special school nurses. For example, children and young people aged 0 to 19 receive regular universal checks through the healthy child programme. This makes an important contribution to early identification of SEND.

Children and young people with more complex medical needs usually receive effective care and support as a result of multi-agency working from skilled and passionate occupational therapists, physiotherapists, special school nursing and continuing care teams. Children and young people who need access to wheelchairs and specialist equipment receive this in a timely way. However, this experience is not shared by many other children and young people. Some wait too long for services such as neurodevelopmental assessments. This delay prevents these children and young people from receiving the right help at the right time.

There is variability in the early identification of SEND for some children and young people. Some have their needs identified and addressed quickly. Many education settings use a well-established graduated approach to provide children and young people with suitable adaptations and adjustments to help them to feel included and to learn successfully. However, a few schools are at a much earlier stage in embedding the graduated approach. Sometimes, these schools do not identify and meet children's and young people's needs quickly or effectively enough, especially social, emotional and mental health (SEMH) and neurodevelopmental needs. This can lead to delays in receiving the support that children and young people require.

Children and young people with SEND and their families are able to access valuable multi-agency services and support in centres known in Northumberland as family hubs. This includes families in more isolated, rural areas. For example, targeted early help services support families who need help to meet children's or young people's needs while

waiting for specialist assessments. However, the work of these services is sometimes hindered when they do not have all of the up-to-date information that they need about wider issues affecting these families, such as where a child or young person is at risk of exclusion. These inconsistencies in communication between agencies can mean that the needs of children or young people are not fully understood or met.

Families who receive support from the disabled children's team usually benefit from sensitive practice and workers who know disabled children and young people well. Disabled children and young people with SEND in residential settings experience strong relationships with the staff who care for them. They enjoy the enriching experiences and activities that are provided for them. Strong oversight of residential placements helps to ensure that this continues over time for these children and young people. However, sourcing the right specialist placements can take many months. Some young people approaching adulthood face uncertainty due to delays in decision-making and limited adult social care capacity. This variability in services means that some families have positive experiences while others do not.

What is the area partnership doing that is effective?

- The local area partnership draws on a range of information to understand the experience of children and young people with SEND in Northumberland. For example, it makes use of feedback from the parent carer forum (PCF) and other parent and carer representative groups to understand the challenges that families face while waiting for assessment. Leaders analyse key data in the joint strategic needs analysis to understand the needs and outcomes of children and young people with SEND. The partnership's analysis of this information provides a clear evaluation of what is going well for children and young people with SEND, and what needs to improve further. For instance, the partnership recognises that there is increased need for specialist school places. It has worked successfully in partnership with a number of mainstream schools in order to establish increased specialist provision. This work is contributing to the sufficiency of special provision in the partnership area.
- The role of the Designated Clinical Officer is well established in Northumberland and has led over time to improvements. For example, there is more clarity of responsibilities among health partners. Coupled with a clear understanding of local challenges, this clarity is supporting the strategic work of the partnership effectively.
- The partnership has put in place a clear joint pathway for assessment of neurodevelopmental needs. It has ensured that this pathway is equally accessible to families in more remote areas by enabling assessments to be carried out in the home. Mental health support from specialist practitioners is available to children and young people who need this while waiting for their assessments. However, waiting times remain lengthy, leading to delays in meeting the needs of some children and young people.
- The partnership has strong oversight of those children and young people with SEND who are not in employment, education or training (NEET). For example, case workers tenaciously support any young people with SEND who are at risk of becoming NEET. They carefully monitor these young people's attendance at school and college

placements, or places of employment, to help ensure that placements do not break down. They step in quickly with additional support, when needed, so that engagement in education, employment or training continues. However, there are instances where there are delays for some families in receiving the packages of support that some of these children and young people need. When these delays occur, they reduce access to consistent learning experiences and so limit the potential for positive outcomes.

- The partnership has ensured that school leaders are represented in its strategic work through the SEND strategic board. Regular meetings for leaders, such as headteachers and SENCOs, help to ensure that they remain well informed and that their views are sought and valued, for example in relation to planning for sufficiency of specialist school places.
- Leaders and practitioners in early years settings and schools appreciate the wide range of training that the partnership provides to develop their provision for children and young people with SEND. Schools receive guidance to ensure that ordinarily available provision meets the needs of most children and young people with SEND. This is helping to ensure that more children and young people with SEND have their needs met in school.
- Special schools value their strong working relationships with health and social care professionals. This supports consistent multi-agency planning for children and young people attending special schools and usually leads to positive outcomes.
- The partnership works closely with AP leaders to monitor the attendance and engagement of children and young people using AP. This helps them to put support in place for those at risk of disengaging, so that they can continue their learning. The partnership acknowledges that there is a need for more AP, especially in more rural and remote areas. Some schools are working with the partnership to develop school-based AP. However, overall, the general AP offer remains somewhat limited.

What does the area partnership need to do better?

- Despite the partnership's successful work to improve the timeliness of EHC plans, some variability remains in the quality and impact of older plans. In addition, some EHC plans do not accurately reflect all of the needs of the children and young people concerned. This situation is sometimes compounded by a lack of clarity about referral processes. For example, some practitioners and families are unclear about who can refer into services such as the children's and young people's service for mental health needs. These weaknesses have a negative impact for some children and young people, who may receive limited help during long waits for assessments.
- There is variability in the quality of communication between different agencies involved in caring for and educating children and young people with SEND. This means that for some children and young people, the professionals working with them do not have up-to-date key information from health, education or social care. This makes it difficult for practitioners to take account of all of the factors impacting on a child or young person's wellbeing, health or readiness to learn when making decisions or drafting or updating EHC plans. When this happens, these EHC plans are less likely

to result in children's and young people's needs being met well.

- The partnership acknowledges that waiting times for neurodevelopmental assessments remain significantly long. A recovery plan has recently been established, but the lack of capacity to deliver this plan at speed means that its impact has so far been limited. The partnership has not provided advice and guidance to parents and practitioners that is consistently clear about the correct pathways for referrals. As a result, some referrals do not contain all of the information that they need and are rejected. This leads to frustration, delays and even, in some cases, to disengagement from education.
- The partnership has not finalised its commissioning of a suitable diagnostic pathway for learning disabilities. This makes it harder for children and young people with SEND to access the learning disability register. When this is the case, it is more difficult for practitioners to ensure that these children and young people receive all necessary health checks and are appropriately prepared for adulthood when the time comes.
- There are inconsistencies in the extent to which some disabled children and young people are included in the dynamic support register. Those in 52-week residential placements are occasionally omitted. When this happens, it reduces opportunities for professionals to identify and reduce risk, and to coordinate the care and support that these children and young people may need.
- The partnership is taking steps to develop a dedicated continence service for children and young people with SEND who have continence difficulties. However, this is at an early stage. This means that, currently, there is a reliance on informal arrangements with adult continence services, making it more difficult for children's and young people's continence needs to be met consistently.
- Occasionally, the needs of disabled children and young people are not sufficiently prioritised when families have other, wider social care needs, for example in relation to other siblings. When this happens, it increases the risk that these disabled children and young people may not receive the timely specialist interventions that they need, and their experiences and outcomes may be adversely affected.
- The partnership has experienced mixed success in ensuring that the graduated approach is fully embedded in some schools. This sometimes leads to instances where children's and young people's needs are not identified early enough, and therefore to delays in the implementation of the support that they need to stay in school. When this happens, the attendance of these children and young people suffers. Inspectors found examples of children and young people who have disengaged from education altogether as a result of these needs not being met well. This leads to some children and young people needing access to AP or specialist support.
- The partnership's processes for quality assuring AP settings does not focus closely enough on the quality of the education that children and young people with SEND receive. This makes it more difficult for the partnership to be certain that these children and young people benefit from robust and appropriate curriculums that impact positively on their educational outcomes and their readiness for the next stage in their learning.

When children and young people with SEND transfer from one school to another, the quality of information passed between the schools is inconsistent. For example, some secondary schools receive limited information from primary schools about all of the barriers to learning that some children and young people may face. When this happens, it sometimes prevents receiving schools making necessary adjustments for these children and young people in a timely way so that their needs can be met effectively.

Areas for improvement

Areas for improvement
The partnership should accelerate implementation of the recovery plan to: ▪ reduce wait times for neurodevelopmental assessments ▪ improve communication around the service offer and support while children and young people are waiting for these assessments
The partnership should strengthen its engagement with all schools across the local area to ensure: ▪ full and consistent commitment from all schools to the shared ambition for children and young people with SEND ▪ that the needs of children and young people with SEND, including those who have SEMH and/or neurodevelopmental needs, are identified and met swiftly and consistently through the effective implementation of a graduated approach
The partnership should further strengthen arrangements to ensure that children and young people who attend AP access a high-quality curriculum. This includes developing more robust strategic oversight and quality assurance processes so that leaders have a clear and comprehensive understanding of how effectively the provision meets the needs of children and young people with SEND.
The partnership, through its approach to shared working, should ensure that professionals share, consistently and promptly, any necessary information about the factors impacting on the wellbeing, health or education of children and young people with SEND so that this information can be used to support their decision-making.

Local area partnership details

Local authority	Integrated care board
Northumberland County Council	North East and North Cumbria ICB
Audrey Kingham	Samantha Allen
www.northumberland.gov.uk	www.northeastnorthcumbria.nhs.uk
County Hall Morpeth NE61 2EF	Pemberton House Colima Avenue Sunderland Enterprise Park Sunderland SR5 3XB

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 Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

Inspection team

Ofsted
Mavis Smith, Ofsted HMI, Lead inspector
Sophie Wales, Ofsted HMI
Lynne Kilford, Ofsted Inspector

Care Quality Commission
Thomas Davis, CQC Lead inspector
Jess Taylor-Beirne, 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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