

# Area SEND inspection of Essex Local Area Partnership

Inspection dates: 19 January 2026 to 23 January 2026

Dates of previous inspection: 17 May 2022 to 19 May 2022

## 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 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

Essex County Council, the NHS Mid and South Essex Integrated Care Board (ICB), the NHS Suffolk and North East Essex ICB and the NHS Hertfordshire and West Essex ICB are responsible for planning and commissioning services to meet the needs of children and young people with SEND in Essex, as part of the Essex local area partnership. This oversees the commissioning of local education, social care and health provision for children and young people with SEND.

The commissioning of health services changed across England in 2022. On 1 July 2022, the responsibility for health services in Essex passed from 5 clinical commissioning groups (CCGs) to the 3 ICBs named above.

The Essex local area partnership commissions alternative provision (AP) for children and young people with SEND. AP provides education for children or young people, including those who cannot attend schools due to social, emotional and mental health and medical needs, or for those who have been, or are at risk of being, permanently excluded from school. Some use of AP is also commissioned by schools.

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

Delays in the assessment of needs create inconsistent experiences and outcomes for children and young people with SEND in Essex. The timeliness of education, health and care (EHC) plans is poor. Some children and young people wait too long to receive appropriate provision and support from some services. Many families are dissatisfied because of these delays.

Many children and young people with SEND engage meaningfully in co-producing their support. The partnership works with them to design sensory rooms in schools. The Multi-Schools Council enables children and young people to voice their views and experiences with real purpose.

The local area partnership engages well with children and young people with SEND and their families. For example, the well-attended roadshows mean children and young people with SEND and their families meet a wide range of professionals who can help them. However, the frequency and quality of communication from the partnership is inconsistent. Children and young people with SEND are sometimes not aware of what support is available, particularly from health and social care. Often, they and their families need more help to understand what community activities are available to them.

Sometimes, the partnership does not identify the needs of children and young people with SEND early or accurately. In some instances, the area does not identify speech and language needs effectively. For some children and young people, their needs are identified well. Babies and children receive prompt and regular reviews from the health visiting service. Children and young people receiving support from the disabled children's service typically benefit from comprehensive assessments. Professionals listen to them and their families.

Children and young people with SEND do not have equal access to all health services. Access depends too much on where they live. For example, there is a varying community children's nurse offer. Across Essex, there are variable waits for mental health support. Children and young people experience long and unequal waits for neurodevelopmental assessments. This leaves many of these children and young people without a timely identification of their needs.

Children and young people often experience successful support in education, health and social care, once they receive it. Those with complex health needs access prompt and appropriate joined-up help. Those with significant mental health needs sometimes get the help they require to return to school. Experienced and skilful early help family workers give children and young people with SEND effective support. Children and young people with SEND receiving elective home education get regular help. Those educated other than in school receive beneficial packages of support. This can be decisive in helping them find new direction after reaching a point of crisis. Children and young people with SEND who have not had a school place often settle and make progress once

they have one. Few children and young people with SEND are permanently excluded from school.

Children and young people with an EHC plan generally achieve well academically. This is from early years through to post-16 education. Few are not in education, employment or training (NEET). By contrast, those children and young people with SEND who do not have an EHC plan do less well, particularly from secondary age onwards. Some have high absence and experience high levels of suspensions from school, with many of these children and young people becoming NEET.

Sometimes, children and young people with SEND enjoy positive support for preparing for adulthood. For example, many in AP and special schools get high-quality careers advice and guidance. Disabled children in children's social care benefit from effective preparation for adulthood. However, there are gaps in the support for children's health as they become adults. Many professionals do not know, and so do not signpost, what is in the local offer. Furthermore, EHC plans do not consistently include information about preparation for adulthood.

## **What is the area partnership doing that is effective?**

- Leadership has been consistent across the local area partnership. This has contributed to the coherence of the SEND strategy. The strategy is well considered. Leaders seek to develop long-term and collaborative approaches to enhancing the experiences and opportunities of children and young people with SEND and their families.
- The partnership knows its strengths and weaknesses. It reviews and improves its processes regularly. For example, the recently introduced 'section 19 panel' is an efficient and effective mechanism for identifying suitable placements for children and young people with SEND who cannot attend school, for example because of illness or exclusion.
- The partnership has a clear governance structure. This ensures there is shared accountability for its strategy and action planning across the SEND system.
- The local area partnership puts the voices of children and young people with SEND and their families at the heart of its work. It seeks and responds to challenge from the Essex Family Forum. Families co-design important aspects of the local area partnership's support. For example, the 'ND Information Pack' is a resource created by families, for families, to help those on the neurodevelopmental pathway. It provides accessible and practical guidance and is widely used and welcomed by families.
- The partnership proactively engages with families. The regular 'surgeries' run by the 'SEND navigators' bring together parent groups and charities. Social care 'SEND champions' support effective information-sharing. The partnership has invested in the SEND information, advice and support service (SENDIASS). This has enabled SENDIASS to provide important help for families who face challenges. The Essex Family Forum represents parents and carers widely. This helps to inform the area's

actions and priorities.

- Effective multi-agency working across education, health and social care is widespread. Many services, such as the Lighthouse Child Development Centre, offer holistic, joined-up support.
- The partnership has a robust oversight of AP it commissions. The needs of children and young people with SEND are central to decision-making when commissioning AP. This means AP is generally effective at helping children and young people to re-engage with education. That said, the long-term strategy for AP is underdeveloped.
- The partnership has enhanced the coherence of its work with schools and colleges. The widely used 'Inclusion Reviews' help schools provide better support for all children and young people with SEND, including those without an EHC plan. The impact of some of this work is still in its early stage.
- Educational settings get regular support from health services. For example, most schools have access to link therapists from the physiotherapy, speech and language and occupational therapy services. Many have access to the therapies they need. Often, therapists deliver helpful training to enable education staff to support children and young people with SEND more confidently.
- Disabled children and young people receive effective support from children's social care. The virtual school collaborates well with educational settings to meet the needs of children in care who have SEND. There is rigorous oversight of children and young people with SEND at residential special schools. This provides assurance that the provision is safe and suitable to meet children and young people's needs.
- The dynamic support register (DSR) successfully coordinates the support for very vulnerable children and young people with SEND. Regular reviews ensure children and young people on the DSR have personalised and effective care plans.
- The local area partnership is working towards full implementation of a 'balanced system' model with its therapy offer. This means families and practitioners access advice quickly through advice lines and drop-ins. Children and young people with SEND enjoy prompt specialist assessments and support, such as for occupational therapy and physiotherapy.
- Children and young people receive early mental health and emotional wellbeing intervention and advice. Child and adolescent mental health support (CAMHS) practitioners work collaboratively in family hubs with other health professionals. Most schools benefit from well-adapted mental health support.
- Children and young people with complex health needs benefit from coherent provision as they transition to adult health services. For example, clinics with a transition nurse create a smooth transfer. Those eligible for tailored, additionally funded packages receive seamless support.

## **What does the area partnership need to do better?**

- Some long-term issues underlie much of the dissatisfaction of families. These are the timeliness of EHC needs assessments, the waits for neurodevelopmental assessments

and communication to families and professionals about the support available for children and young people with SEND.

- Too few EHC plans are issued within the statutory timeframe. The main cause of delays has been challenges with the recruitment of educational psychologists (EPs). The partnership has used locum EPs to help mitigate the challenges. It has mapped the resource required to address the backlog over the coming year. Nevertheless, the delays create inconsistencies in the support for children and young people.
- The quality of EHC plans is variable. They capture the voice of the child or young person well. However, EHC plans sometimes have inaccurate health and social care information. Practitioners, such as therapists, do not routinely receive drafts of EHC plans. As a result, the child or young person's provision does not always match what the professional intended. Therefore, this does not meet the child or young person's needs well enough. There can be a lack of specificity generally regarding support. This is particularly the case with older EHC plans. Newer EHC plans are of a better and more consistent quality.
- Many children and young people wait lengthy periods for an attention deficit hyperactivity disorder (ADHD) or autism assessment. ICB leaders have taken actions to improve this. While this is the case, it is too early to feel the benefits. Current delays exacerbate difficulties for children and young people who need help.
- Many families are dissatisfied with the delays, such as for EHC needs assessments. High numbers of families end up in mediation, tribunals or making complaints to the ombudsman. Some families find that they can only gain support when they push hard for it. Communication between services and individual families about plans and support is often insufficient to resolve families' questions and anxieties.
- The area does not always identify children and young people's needs early or well enough. In some instances, staff in educational settings lack the help and expertise they require to identify emerging speech and language needs accurately.
- Secondary-age children and young people with speech, language and communication needs have variable access to specialist support across the county. In mid-Essex, those over 12 years old do not receive the speech and language therapy they should.
- There are gaps in the local area partnership's preparation for adulthood provision. Some young people face barriers in the continuity of their healthcare as they approach adulthood. For example, high thresholds for adult mental health support mean that some young people lose access to specialist help.
- There is a wide offer of needs-led support for neurodivergent children and young people and their families. This ranges from webinars, support groups, help from specialist health visitors and the autism outreach service. However, uptake of this is variable. Sometimes, children and young people with SEND and their families do not know about what is on offer.
- Some children and young people do not receive regular reviews for their ADHD medication. Arrangements with GPs vary across localities. There is inconsistent oversight of the impact on children and young people's health. Some cannot get medication as they enter adulthood. This hampers their wellbeing and ability to

engage in education, work, or daily life.

- Despite prompt CAMHS assessments, the type and timeliness of therapeutic support for children and young people vary. This depends on where children and young people live. As a result, some children and young people do not have their emotional wellbeing and mental health needs met. This increases the risk that these needs become more complex.
- Children and young people with a learning disability wait too long for specialist assessments and support from the children’s learning disability service. There are mitigations in place; for example, the partnership prioritises those most at risk. However, these waiting times mean some needs are at times unmet.

## Areas for improvement

Areas for improvement
<p>Leaders across the partnership should accelerate their work to improve the timeliness of EHC plans and further improve their quality. They should ensure that:</p> <ul style="list-style-type: none"> <li>• they significantly improve the number of EHC plans that are issued within 20 weeks;</li> <li>• EHC plans accurately reflect children and young people’s health and social care needs and provision, including through practitioners in health and social care having access to draft plans;</li> <li>• EHC plans better support children and young people with their preparation for adulthood;</li> <li>• they prioritise amending older, outdated EHC plans to reflect the current needs of children and young people accurately.</li> </ul>
<p>Leaders in health should implement commissioning plans and improvements to include:</p> <ul style="list-style-type: none"> <li>• provision for speech and language therapy for children aged 11-18 in mid-Essex;</li> <li>• improvement to waiting times for neurodevelopmental assessments;</li> <li>• equity of access to emotional wellbeing and mental health services;</li> <li>• stable and sustainable arrangements for ADHD medication pathways when moving from children’s to adult services.</li> </ul>
<p>Leaders across the partnership should improve their approach to communication with children and young people and parents. They should focus their efforts to:</p> <ul style="list-style-type: none"> <li>• develop consistent approaches to ensure that children and young people with SEND and their families, and professionals, know what needs-led support and services are available;</li> </ul>

- improve communication with individual families while they wait for assessments or services.

Leaders across the partnership should ensure the early and accurate identification of need, particularly speech, language and communication needs.

## Local area partnership details

<b>Local authority</b>	<b>Integrated care board</b>
Essex County Council	NHS Mid and South Essex ICB NHS Suffolk and North East Essex ICB NHS Hertfordshire and West Essex ICB
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## 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: an HMI and Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and two other Children's Services Inspectors from the CQC.

## Inspection team

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