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Research and analysis

# Area SEND framework: findings from the first 2 years of inspections

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**Applies to England**

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## Introduction

In January 2023, Ofsted and the Care Quality Commission (CQC) jointly launched a new framework for inspecting local area partnership arrangements for children and young people with special educational needs and/or disabilities (SEND). [\[footnote 1\]](#) We developed it by engaging with children and young people, families and other stakeholders about their experiences of getting SEND support. This was so that we could better understand what it is like to be a child or young person with SEND, or their family, in a local area, and what support they get for their health and social care needs.

We are now in the third year of inspections under the new framework, so we have taken the opportunity to engage with people internally and across the sector to review the framework. This will ensure it remains effective and is aligned with current needs and best practice. The review was one of the commitments we made in our response to the Big Listen consultation. We have completed it in partnership with our colleagues in CQC. The outcome can be found at '[A new approach to area SEND inspections](#)'.

This report summarises what we have found during the first 2 years of inspecting local area partnerships under the current area SEND inspection framework. We want our findings from area SEND inspections to help inform any future improvements to the system by highlighting examples of effective practice and identifying where there are systemic issues nationally.

# Local and national context

We recognise that the SEND system is under significant pressure. Some of the factors that contribute to this pressure are outside the control of any one local area. For example, in 2024, the Local Government and Social Care Ombudsman (LGSCO) highlighted that the national shortage of educational psychologists is having a significant impact on councils' ability to accurately identify the needs of children with SEND.<sup>[\[footnote 2\]](#)</sup>

In our inspection reports, we consider areas where leaders do have the power to bring about positive change. In the sections below, we have highlighted several examples where local area partnerships have managed to improve their SEND provision.

We have heard feedback during inspections and from our inspection surveys of children and young people, parents, carers and practitioners that the system is becoming increasingly adversarial. Parents and carers often tell us how hard it is to get the support that their child needs, including an education, health and care (EHC) plan. National statistics also reflect this; for example, 26% of complaints made to the LGSCO during the 2023–24 financial year were about special educational needs (SEN) provision.<sup>[\[footnote 3\]](#)</sup> In the same year, 21,000 SEN-related appeals were made to His Majesty's Courts and Tribunals Service, an increase of 55% from the previous year.<sup>[\[footnote 4\]](#)</sup> Of these, 27% were against 'refusal to secure an EHC assessment', and 59% related to the content of EHC plans. A further 17,000 SEN appeals were rejected, an increase of 43% from the previous year.

Children and young people with SEND can be at higher risk of developing mental health problems. Indeed, social, emotional and mental health need is one of the most common types of need identified among those with an EHC plan.<sup>[\[footnote 5\]](#)</sup> However, waiting times for support, including from child and adolescent mental health services, remain high. In May 2025, the Children's Commissioner reported that the number of children with active referrals for mental health services who were still waiting for treatment to begin at the end of the year increased by almost 50,000 between 2022–23 and 2023–24.<sup>[\[footnote 6\]](#)</sup>

Many local authorities have said that they risk going bankrupt in the coming years, citing SEND spending as a significant factor.<sup>[\[footnote 7\]](#)</sup> The National Audit Office's report on support for children and young people with SEND starkly described the challenges: a 140% increase in requests for EHC plans over the last 10 years; more children with EHC plans attending mainstream schools, with limited resources available to meet their needs when they are there; and children entering primary school with speech and language delays.<sup>[\[footnote 8\]](#)</sup>

Local context can affect how well a partnership works together and therefore how well services are delivered. For example, changes in key senior leadership

positions and a reliance on interim appointments or consultants can affect its progress in improving services. Indeed, of the local areas that received an outcome of 'systemic and/or widespread failings' in their inspection, 93% had experienced significant or recent changes in senior leadership positions across the partnership. This often had an impact on how well the partnership worked together across education, health and social care, particularly at a strategic level.

We also found that the local area partnerships that have received the outcome of 'the local area partnership's arrangements typically lead to positive experiences and outcomes' have taken effective action to help mitigate the effects of some of the issues outlined above.

## Overview of inspection findings

In the first 2 years of the inspection framework, we inspected 54 local area partnerships. Our inspections of local area partnerships lead to an evaluation of their arrangements for children and young people with SEND. The table below shows how many local areas received each of the 3 inspection outcomes.

**Table 1: Inspection outcomes across 54 local area partnerships**

Inspection outcome	Number of local areas receiving outcome
'The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.'	14 (26%)
'The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.'	26 (48%)
'There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.'	14 (26%)

Areas with the outcome of 'widespread and/or systemic failings' must submit a priority action plan setting out how they will address the areas for priority action in the inspection report. We also make recommendations for improvement in the inspection report, which the local area should act on. Areas for improvement are included in all inspection reports, irrespective of outcome.

**Figure 1: Map of inspection outcomes across 54 local area partnerships**

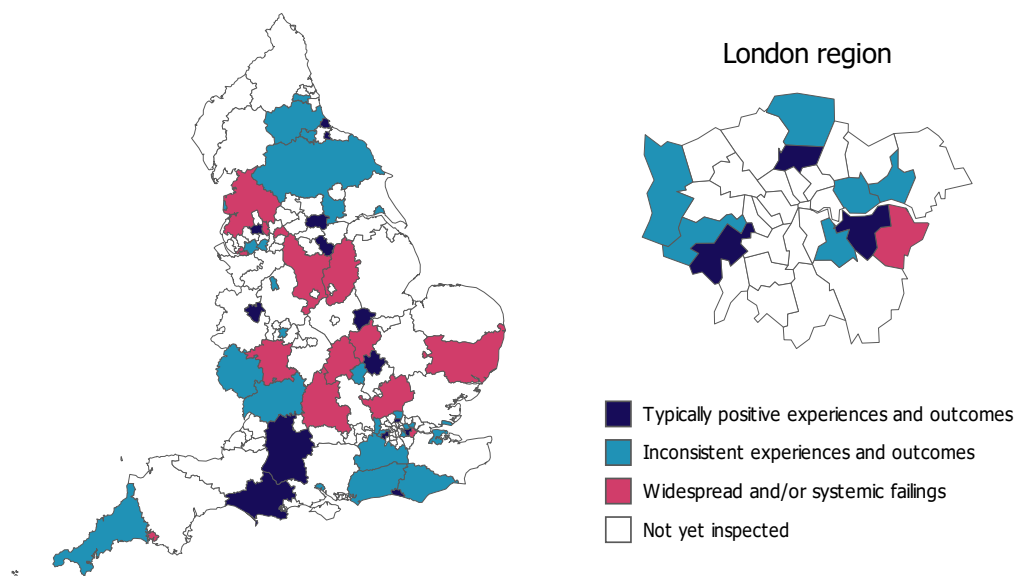


Figure 1 shows a colour-coded map of local area partnerships in England, including a separate map for areas in the London region. Areas are coloured dark blue if inspection outcomes are typically positive, light blue if outcomes are inconsistent, pink if inspections reveal widespread and/or systemic failings, and white if they have not yet been inspected.

## Overview of inspection activity

As part of our inspections, we gather the views of children and young people with SEND, their parents or carers, and practitioners. We do this through a range of inspection activities, including surveys, meetings and tracking of some children and young people during the inspection. Participation has been high, with over 67,000 responses received in the first 2 years. Of these, over 6,000 responses were from children and young people, and more than 43,000 were from parents and carers. We received a further 17,000 from practitioners. Survey responses are considered alongside evidence gathered by inspectors, which helps to form key lines of enquiry. Inspectors also draw on what they hear from children and young people, parents and carers, and services that provide support in the local area during the inspection.

The area SEND inspection framework also requires us to visit a small number of areas each year, to investigate a particular aspect of the SEND system in depth. Ofsted and CQC share learning from these thematic visits in a published report. The first set of visits, in 2023, focused on [alternative provision](#) (AP) and the second set, in 2024, looked at [preparation for adulthood](#). The thematic visits for

2025 will explore [children with SEND who are not in school](#). We use the findings from these visits to highlight strengths and weaknesses across the system.

## Common findings identified across inspections

Across the local area partnerships that we visited, we found 8 broad themes that consistently emerged from our inspection reports. The themes we have identified are:

- strategic governance and oversight
- information, data-sharing and coordination of services
- joint commissioning arrangements across the partnership
- co-production with children, young people, families and providers
- timeliness and/or quality of EHC plans
- waiting times for health services
- early help and identification of need
- moving to the next stage of education, training or employment

In some local areas, we found examples of both effective practice and areas for improvement relating to the same theme. For example, for the theme 'waiting times for health services', a local area partnership may have been effective in reducing waiting times but is not providing adequate support for children and young people with SEND who are waiting for support services.

We have set out how often these themes have emerged as areas for priority action or areas for improvement at the end of the report (see [Annex](#)).

## Strategic governance and oversight

During area SEND inspections, Ofsted and CQC inspectors assess the local area partnership's strategic governance and oversight arrangements. This includes how effectively the local authority and integrated care board (ICB) jointly plan, evaluate and develop services for children and young people with SEND. They also consider the duties of other area partners, which are set out in the Children and Families Act 2014 and described further in the SEND code of practice.

The need to improve strategic governance and oversight was an area for improvement in 55% of inspections and an area for priority action in 86% of local areas that received the outcome 'widespread and/or systemic failings'. It was therefore the most common area for priority action. In these local areas, we

typically found that leaders had been too slow to respond to a rising number of children and young people with SEND and increasing complexity of their education, health and social care needs. This led to children and young people with SEND not having their needs met as well as they should. Usually, this was because the partnership did not understand the needs of children and young people with SEND well enough, and so was not targeting resources effectively. This also had an impact on the way partnerships developed their workforce and commissioned services. In partnerships with no effective joint strategic needs assessment in place, leaders did not have the information they needed to shape services around children and young people with SEND or make suitable improvements.

We found that local area partnerships with effective governance and oversight arrangements worked well together to understand the needs of children and young people with SEND in their area. This included oversight arrangements for those who were placed in residential provision, including out of area. For example, children in care placed in residential special schools received regular and planned visits from their social workers. Commissioning teams would regularly review placements to ensure that the support was appropriate. We found positive examples of virtual schools helping to monitor placements by regularly reviewing personal education plans (PEPs), which were specific to the child's or young person's needs. The strongest PEPs reviewed the child or young person's strengths and progress and captured their voice, allowing for appropriate support to be put in place.

We inspected a local area where leaders had developed a 'belonging strategy' to improve the educational experiences of children and young people with SEND. The strategy was successful, largely because of the work of the behaviour support advisory team and appropriate use of AP. We found that AP was used as an 'intervention and not respite'. Leaders and staff were committed to providing children and young people at risk of exclusion with strategies to help them remain in mainstream education, wherever possible. We found that the belonging strategy helped to reintegrate children and young people with SEND back into mainstream settings. It also led to fewer suspensions and exclusions in primary and secondary schools.

## **Information, data-sharing and coordination of services**

We found that effective information and data-sharing across the partnership is key to informing how a local area partnership prioritises and coordinates services. Where this was strongest, it allowed local area partnerships to identify emerging trends, so that they could use their resources in the most effective way. This meant that children and young people with SEND typically received the right support at the right time.

Information-sharing was identified as an area for improvement in 46% of inspections and an area for priority action in 36% of local areas that received the outcome 'widespread and/or systemic failings'. From these inspections, we found a number of local areas that did not have processes that encouraged the sharing of key information across the partnership. During our [thematic review of alternative provision](#), we found that education, health and social care professionals often worked in isolation. As a result, there was limited oversight of how AP placements were supporting children's needs, and parents and carers were not involved as fully as they should have been in their child's plans.

We inspected many areas where education, health and social care partners used different systems, which prevented them from sharing information effectively and efficiently. This typically led to practitioners working in isolation and meant that children and young people's needs were not always identified. We found that poor information-sharing can lead to missed opportunities. For example, if schools do not share attendance data with relevant partners quickly, they may fail to identify when absenteeism is becoming a concern for a child with SEND. We found that this can lead to children's needs escalating.

We also saw examples of local area partnerships working collaboratively and sharing information to support children and young people, parents, carers and practitioners. When they did this in a timely manner, services were well coordinated and commissioning was effective.

We found examples of partners using data effectively to ensure there were sufficient spaces in special schools, AP and post-16 settings and to plan and commission additional spaces if necessary. Indeed, in one local area we found that leaders gathered information to inform their understanding of children and young people's needs. This meant that leaders were better equipped to respond creatively to changing need. For example, we found that leaders in the partnership had identified a steady increase in the number of children and young people with orthotic needs. Additional clinics were swiftly put in place, ensuring that children and young people were assessed quickly and provided with orthoses if necessary.

## **Joint commissioning arrangements across the partnership**

Ofsted and CQC inspectors evaluate how leaders commission services and provision to meet the needs and aspirations of children and young people with SEND. This includes whether joint commissioning arrangements enable partners to make best use of all the resources available to improve outcomes for children and young people.

Commissioning arrangements across the partnership were identified as an area for improvement in 28% of inspections and an area for priority action in 43% of local areas that received the outcome 'widespread and/or systemic failings'. In



these areas, leaders often did not accurately assess or meet the needs of children and young people in the area when commissioning services, and this led to gaps in provision. We found examples of leaders not using available data and information effectively to make decisions about commissioning. This had a knock-on effect on what health, education and social care services could offer for children and young people with SEND. As a result, their needs were not always met because appropriate provision was not available.

We saw some positive examples of local area partnerships using feedback from children, young people and their families to inform commissioning arrangements. When joint commissioning arrangements were effective and based on a good knowledge of children and young people's needs, leaders were able to make the best use of resources to help improve outcomes. For example, one partnership had commissioned a SEND dietetic service and a care leavers' nurse. We heard that these made a positive difference to the lives of children and young people in the local area. In another partnership, leaders had a shared funding agreement for all adult social care and health provision. This meant that young people received services promptly. Leaders also established robust arrangements to check on the suitability of commissioned AP and out-of-area placements, including residential special schools. This provided reassurance to partnership leaders that children and young people would benefit from personalised programmes of support at suitable and safe providers.

## **Co-production with children, young people, families and providers**

Co-production is a way of working where children, families and those that provide services work together to make a decision or create a service that works for them all. At a strategic level, it involves all providers working together in partnership across a local area, so that priorities are understood and solutions aligned, where possible. The local area partnerships where co-production was strongest typically communicated well with parents, carers and other partners to develop a shared vision. This allowed everyone to feel like equal partners and better informed about decisions that affected them.

Co-production was identified as an area for improvement in 24% of inspections and an area for priority action in 21% of local areas that received the outcome 'widespread and/or systemic failings'. We found that, when leaders did not gather the views of children, young people and their families to shape services, this could lead to fractured relationships between the partnership and families and a failure to identify gaps in services. In local areas where co-production was undervalued, leaders tended to consult with parents and families at a late stage, rather than gather views at the earliest opportunity. This could also have an adverse impact on the quality of EHC plans. Too often, we found that individual plans were not co-produced and therefore did not capture the child or young person's voice. In some cases, the contribution from health and social care professionals was not



sufficient to provide a comprehensive review of the young person's needs and how these could best be supported through a joint, multi-agency approach.

However, we found examples of strong co-production where inclusion strategies had been co-produced with families and the parent carer forum (PCF) as equal partners. This enabled the partnership to better identify problems and co-produce solutions. In the strongest examples of co-production, we found that the PCF had a key role in alerting leaders to issues that affected families. For example, we heard of local area partners working effectively with families to co-produce a diagnostic assessment pathway. This helped families to understand that their child's care and support needs can often be met without the need for a diagnosis.

In another example of stronger practice, we inspected a local area partnership where the voices of parents, carers, children and young people positively influenced strategic development and the commissioning of services. Parents and carers were well represented in various panels about access to services for families, and individual services and strategic plans were co-produced with children and families. This included developing resources for children and young people with social, emotional and mental health needs to use in primary and secondary schools. At a strategic level, the school transport policy and the strategic plan for SEND were co-produced. Furthermore, all resources developed for the dynamic support register were co-produced with the PCF.

## **Timeliness and quality of EHC plans**

Since 2014, the number of children and young people with an EHC plan in England has increased year on year by an average of 10%.<sup>[\[footnote 9\]](#)</sup> Despite this increase, some of the local area partnerships we inspected had produced plans that accurately reflected children and young people's needs and aspirations. At the same time, local area partnerships have struggled to complete EHC needs assessments in a timely way. During 2023, only 50.3% of EHC plans nationally were issued within the 20-week statutory time limit.<sup>[\[footnote 9\]](#)</sup> Nevertheless, we also inspected local areas that were able to complete assessments quickly. However, we found that issuing an EHC plan within the statutory time limit does not guarantee that the plan will be of high quality. EHC plans should capture the voice of children and young people while specifying how their needs will be met across education, health and social care.

The timeliness and/or quality of EHC plans was identified as an area for improvement in 69% of inspections and an area for priority action in 71% of local areas that received the outcome 'widespread and/or systemic failings'. In some local areas, too many EHC plans did not capture key information about children and young people's needs from all professionals involved from education, health and social care, despite those professionals having a strong understanding of the child or young person's needs. This can typically lead to children's needs not being identified accurately and inappropriate support being allocated to them. In some local areas, we found EHC plans that did not accurately reflect the child or

young person's hopes or aspirations. This suggests there was no clear process in place to make sure children and young people's voices were heard when planning their provision.

During our inspections, many parents and carers told us that an EHC plan was the only way to access services to meet their child's needs. We found that this can lead to a rise in requests for an EHC plan where one may not necessarily be required. However, some parents and carers told us that the support outlined in the plans was wholly unsuitable for their child's level of need or was not provided at all. Furthermore, we found that EHC plans were not always updated annually. As a result, they did not always reflect the child or young person's current needs. This can have a detrimental effect when a child or young person reaches a key point of transition, such as when starting a new school.

However, we also found examples of stronger practice. We inspected a local area partnership that successfully implemented monitoring, information-sharing and quality assurance processes to create better quality and timelier EHC plans. The voices of children and young people, as well as their parents and carers, came across strongly in EHC plans. This meant the plans were more child-centred and therefore of higher quality. The partnership also commissioned specialist providers to start assessments before the EHC plans were agreed. This ensured that children and young people got the support they needed quickly, sometimes without the need for an EHC plan.

## **Waiting times for health services**

Children and young people with SEND often rely on multiple health services to meet their needs. These can include speech and language therapy, mental health services, diagnostic services or neurodevelopmental pathways. Delays in accessing these services can result in needs not being met and missed opportunities to put the right support in place at the earliest opportunity. We recognise that delays in accessing some health services occur nationally. However, we inspected local areas that demonstrated strong partnership working across health, education and social care. This helped to reduce gaps in services so that children and young people's health needs were identified and met earlier.

Long waiting times for health services for children and young people with SEND were identified as an area for improvement in 57% of inspections and an area for priority action in 64% of local areas that received the outcome 'widespread and/or systemic failings'. We found that children and young people's needs can escalate when they wait too long for some services. Furthermore, we found that poor communication from the partnership can cause significant frustration for parents and carers. It also damages their trust in the SEND system, particularly when their child is waiting for a diagnosis and cannot access the services and support they need. This can have a knock-on effect by further delaying referrals to appropriate services.

We inspected some local areas that had long waiting times for accessing specialist equipment. This can have a significant adverse impact on the lives of children and young people who rely on this equipment. For example, we found that long waits for wheelchair services to provide specialist chairs and seating resulted in children and young people with SEND suffering from pain and restriction. This affected their physical development and their ability to fully participate in daily activities.

However, we also found positive examples where local area partnerships helped children and young people who were waiting for services to get support, by signposting them to other appropriate services. For example, emotional well-being services can support children and young people who are waiting for access to mental health services. We also found examples of family events and workshops that allowed children, young people and families to learn about supportive strategies to use while they wait for support. In one local area, children, young people and their families received a comprehensive range of support while they were waiting for access to services such as speech and language therapies and autism assessment. For example, children with complex needs were referred to the sleep service or continence teams. Family support hubs and a local autism support service were available for families to access further support.

## **Early help and identification of need**

As part of area SEND inspections, we look at how well local area partnerships are identifying, assessing and meeting needs. In areas where timely, specialist and bespoke support had been put in place, we found that children and young people with SEND were more likely to achieve positive outcomes. This could also prevent needs from escalating when they could be met without the need for specialist intervention.

We visited some local areas where the needs of children and young people were not accurately assessed, identified or responded to. This was identified as an area for improvement in 20% of inspections and an area for priority action in 35% of local areas that received the outcome 'widespread and/or systemic failings'. In the areas that were least effective, professionals across education, health and social care were not involved in identifying needs early. This was linked to poor information-sharing across the partnership or was a consequence of long waiting times for diagnostic services. We also found missed opportunities to identify needs early. For example, some local areas did not routinely provide the development check to children at age 2. This could result in the right provision not being put in place when children and young people transitioned between services.

We also found strong examples of early help and identification of need. In the areas where this was most effective, partnerships had invested in the workforce across health, education and social care. For example, they provided up-to-date training, improving workforce efficiency and recruiting more staff so that more children and young people's needs could be identified and met earlier.

We inspected a local area partnership that developed a communication advisory support service. The service provided schools with a whole-school approach to meeting children's communication needs by training education staff and supporting improved early intervention. This helped to ensure that children's speech, language and communication needs were identified and met in a timely way. In a different local area, we found that family hubs hosted drop-in sessions run by the special educational needs and disabilities information and advice support service and educational psychology service. The family hubs also provided courses alongside health staff and specialist inclusion support teams, as well as regular access to professional support and guidance. The children with disabilities social care team carried out thorough assessments of disabled children's needs; for example, social workers identified any needs arising from disability or environmental issues. When social workers identified needs, they made prompt referrals to services and ensured support was put in place quickly.

## **Transitions to the next stage of education, training or employment**

All children and young people with SEND should be supported to move through key points in their life, such as starting at a new school or moving to college or into adult life. Through our inspections, we found examples of timely information-sharing and strong partnership working that ensured children and young people's needs continued to be met during these transitions. This can be particularly important when they are moving to a new environment and being supported by a new practitioner.

Transition planning was identified as an area for improvement in 52% of inspections and an area for priority action in 21% of local areas that received the outcome 'widespread and/or systemic failings'. In local areas where arrangements for transitions were weaker, the partnership typically did not take a strategic and coordinated approach to sharing information about children and young people as they transitioned between phases. As a result, transitions between stages of education were poorly planned and managed, from the early years through to post-16. This led to gaps in provision and meant that some children and young people did not have access to employment, training opportunities or other relevant services in the local area. This can prevent those children and young people from achieving their potential, as well as making them feel isolated from their community. It also results in children and young people with SEND not always getting the help they need to develop independence and participate in society.

Transition planning should form a key part of EHC plans. The annual review provides an opportunity for the local authority, school and health partners to consider transitions to the next stage in education, employment or training. However, our [thematic review of preparation for adulthood arrangements in local areas](#) found that EHC plans did not always reflect children and young people's hopes and aspirations. We also found that transition planning was not always

included in EHC plans, despite this being a statutory requirement. This meant that those children and young people did not get the support they needed to make informed decisions about their future and were less prepared than they should have been for their next stage of education, employment or adulthood.

We also found positive examples of joint working to ensure that young people with SEND experienced a smooth transition to adulthood. We heard of schools and colleges providing children and young people with SEND with timely, high-quality careers advice and guidance on the options available to them. We found that, where this worked well, many young people with SEND entered adulthood with more confidence and independence. Strong joint work across health, education and social care typically helped with this. For example, in one local area we found that practitioners, including social prescribers, ensured that young people were able to be active members of their community. To help them achieve positive outcomes, children and young people were supported to access financial benefits, find suitable accommodation and develop skills to become more independent. Young adults also got the right help to prepare them for adulthood, because of effective joint working between services such as the health and adult complex care team, the community learning disability team and the disabled children's and young people's service.

## Conclusion

The first cycle of inspections under the current framework of all 153 local area partnerships will conclude in 2027. We will continue to gather learning from inspections so that we can share and develop the knowledge and skills of our inspection workforce and to help inform national decision-making.

We thank leaders from the areas we have inspected during the first 2 years. The feedback we have received from children and young people, families, practitioners and leaders has informed the changes we have made to the framework.

## Annex

### Table of themes as they appear as areas for improvement or areas for priority action

Theme	Proportion of local areas (that received the outcome of	Proportion of local areas where this
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	<b>‘widespread and/or systemic failings’) where this theme was identified as an area for priority action</b>	<b>theme was identified as an area for improvement</b>
Strategic governance and oversight	86%	55%
Information, data-sharing and coordination of services	36%	46%
Joint commissioning arrangements across the partnership	43%	28%
Co-production with children, young people, families and providers	21%	24%
Timeliness and/or quality of EHC plans	71%	69%
Waiting times for health services	64%	57%
Early help and identification of need	35%	20%
Moving to the next stage of education, training or employment	21%	52%

**List of 54 local areas inspected in the first 2 years of**

# **the current area SEND framework**

## **East Midlands**

- Derbyshire
- North Northamptonshire
- Nottinghamshire
- Rutland
- West Northamptonshire

## **East of England**

- Bedford
- Hertfordshire
- Southend
- Suffolk

## **London**

- Barking and Dagenham
- Bexley
- Enfield
- Greenwich
- Haringey
- Hillingdon
- Hounslow
- Lewisham
- Newham
- Richmond

## **North East**

- Darlington
- Durham
- Gateshead
- Hartlepool
- Middlesbrough

## **North West**

- Blackpool
- Bolton
- Bury
- Halton



- Lancashire
- Oldham
- Trafford
- Warrington

### **South East**

- Brighton
- East Sussex
- Medway
- Milton Keynes
- Oxfordshire
- Southampton
- Surrey
- West Sussex

### **South West**

- Cornwall
- Dorset
- Gloucestershire
- Plymouth
- Wiltshire

### **West Midlands**

- Herefordshire
- Sandwell
- Stoke
- Telford and Wrekin
- Worcestershire

### **Yorkshire and Humber**

- Kingston upon Hull
- North Yorkshire
- Rotherham
- Wakefield

**List of the 12 local areas visited as part of area  
SEND thematic visits**

#### Thematic visits on alternative provision:

- Barking and Dagenham
- Bracknell Forest
- Dudley
- Hampshire
- Leeds
- Lincolnshire

#### Thematic visits on preparation for adulthood:

- Bath and North East Somerset
- Newcastle upon Tyne
- Thurrock
- Wandsworth
- Wigan
- Wolverhampton

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1. 'Local area partnership' refers to those in education, health and social care who are responsible for the strategic planning, commissioning, management, delivery and evaluation of arrangements for children and young people with SEND who live in the local area. ↩
  2. '[National specialist shortage having profound impact on children with SEND and their families](#)', Local Government and Social Care Ombudsman, February 2024. ↩
  3. '[Local government complaint reviews](#)', Local Government and Social Care Ombudsman. ↩
  4. '[Tribunal Statistics Quarterly: July to September 2024](#)', Ministry of Justice, December 2024. ↩
  5. '[Special educational needs and disability: an analysis and summary of data sources](#)', Department for Education, August 2024. ↩
  6. '[Children's mental health services 2023-24](#)', Children's Commissioner, May 2025. ↩
  7. P Butler, '[Ticking timebomb': how Send spending could bankrupt English councils](#)' in 'The Guardian', 3 March 2025. ↩
  8. '[Support for children and young people with special educational needs](#)', National Audit Office, October 2024. ↩
  9. '[Education, health and care plans. Reporting year 2024](#)', Department for Education, June 2024. ↩ ↩<sup>2</sup>

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