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Care Board

### **Area SEND monitoring inspection to Suffolk Local Area Partnership**

Between 23 March 2026 and 25 March 2026, Ofsted and the Care Quality Commission (CQC) revisited Suffolk, to decide whether effective action has been made in relation to each of the areas for priority action detailed in the inspection report published following the inspection that took place on 13 to 17 November 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, 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 two identified areas for priority action.

The local area partnership has taken effective action to address one of the areas for priority action identified at the initial inspection. The local area partnership has taken ineffective action to address one of 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 two Children's Services Inspectors from CQC.

During the inspection, we spoke to local area leaders, parents and carers of 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 (PCF), 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:

The local area partnership should work more collaboratively and effectively to improve strategic planning. This needs to deliver systems with measurable impact that will create better experiences and outcomes for children and young people with SEND.

In particular, they should urgently improve:

- the robustness and impact of governance
- the rigour of quality assurance approaches so that these give the information leaders require to address weaknesses effectively
- the frequency and quality of multi-agency working
- the management of transitions and planning for adulthood for children and young people, starting in the earliest years, and across services in education, health and care, including putting steps in place to reduce NEET, so that they are better supported to lead fulfilling lives.

### **Outcome:** Ineffective action

Since the last inspection, the partnership has experienced a period of turbulence, including workforce changes, suppressed momentum, and the need to address a partnership culture that had become fractured. The partnership now has a more robust leadership structure in place. Leaders are working diligently to repair and rebuild a workforce that is increasingly open to constructive challenge and able to use learning effectively.

The partnership has taken steps to strengthen governance arrangements. Leaders have put new systems in place to understand what children and young people need more clearly. As a result, they now have a better understanding of where service gaps exist and where experiences and outcomes for children and young people with SEND require improvement. Although the pace of change has accelerated in recent months, progress is still not as advanced as reasonably expected. The experiences of some children and young people with SEND, and their families, remain poor.

Leaders are embedding more robust governance structures. Boards, forums and external partners are being used more effectively both to challenge and to recognise effective practice. Data is being used intelligently to support scrutiny of the partnership's progress and to prompt appropriate questions of services and leaders. There is now a more assertive approach to mutual accountability. These oversight forums promote increasingly open dialogue, transparency and honest reflection, helping the partnership make decisions that will strengthen practice across

education, health and social care for children and young people with SEND. Although leaders are working more efficiently and governance is improving, the pace of change has been slower than expected. Leaders acknowledge that the pace of change has not been as impactful as it should.

The PCF is being included more in co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all). This includes contributing to the local area's inclusion plan, as well as to some quality assurance and strategic decision-making activities. However, parents, carers and some young people continue to report dissatisfaction in many areas of the partnership's work. For example, they describe a lack of confidence and optimism in new strategies due to their experience of limited sustained improvements.

Leaders have worked collectively to design and co-produce a range of strategic plans aimed at improving services for children and young people with SEND across education, health and social care. However, many of these plans are in the early stages of implementation. In some cases, such as the preparation for adulthood strategy, the work is still embryonic and has not gained sufficient momentum. It is too early for impact to be evident or for substantive evaluation to take place. Young people continue to report limited support and are uncertain about their futures due to limited options in post-16 education, and providers describe unclear pathways into adulthood.

Quality assurance procedures are developing and beginning to offer leaders clearer insight into the strengths and weaknesses of current practice. However, these processes do not have a consistent operational impact, because many have only recently been introduced. While they are starting to highlight patterns and areas requiring attention, the findings are not yet fully informing day-to-day practice or driving sustained improvements across services.

Transitions across the partnership for children and young people with SEND are variable. Inspectors noted improved positive practice within health services to support children and young people to access adult services. This includes some health professionals forward-planning alongside children, young people and their families to help them to navigate pathways and build ongoing relationships with professionals. However, for others, transitions between education provision lack robust planning, and consequently too many placements break down. For some young people with SEND known to social care, they experience drift in the completion of necessary assessments and, as a result, there is a lack of joined-up provision as they reach adulthood.

Multi-agency working remains variable. However, inspectors were able to identify examples of stronger practice. For example, children and young people with SEND who are known to social care receive an improved range of well-coordinated support

from different agencies. The partnership also demonstrated areas where multi-agency offers have been developed, particularly in relation to neurodiversity provision. Programmes such as the neurodivergent pathway at the Recovery College and neurodiversity parent workshops illustrate effective collaboration and co-production, with high levels of engagement from parents and carers. These initiatives have resulted in some children and young people, and their families, reporting a reduced need for ongoing support services. However, further work is required to ensure consistency and equity of provision across Suffolk. Variation in access and availability means that not all children and young people benefit from appropriate multi-agency support.

### **Area for priority action 2:**

Local area partnership leaders should cooperate to take urgent action to improve the timeliness and quality of the statutory education, health and care (EHC) plan processes, EHC plan needs assessments, and EHC plans and annual reviews, particularly using annual reviews to amend the quality of existing EHC plans where required. This should ensure that plans meaningfully capture the views and aspirations of children and young people with SEND and their families, so that they get the right support at the right time.

### **Outcome:** Effective action

The partnership has taken some purposeful and meaningful action to improve the timeliness and quality of children and young people's EHC plans from a very low starting point. They have strengthened oversight of processes, implemented clearer leadership expectations and developed multi-agency quality assurance processes. These are beginning to have some impact. Timeliness for issuing new EHC plans has significantly improved. Educational settings generally report that recent EHC plans are issued more promptly and more accurately reflect children and young people's needs. Leaders have reviewed the structure and capacity of the team responsible for EHC plan processes, resulting in more stable, coordinated practice and a clearer shared understanding of expectations. The quality of EHC plans is strengthening; however, more work is needed to ensure that all plans are appropriately detailed, have personalised content and fewer contain significant gaps. Education settings mostly report growing confidence in the EHC plan process; however, many parents and carers do not share that same confidence. They report that they are experiencing ongoing delays, poor communication and that EHC plans too frequently lack specificity or precision.

Despite progress to strengthen EHC plans, variability in professional advice and quality assurance remains. Multi-agency contributions to EHC plans remain variable, with information from social care and some health services showing differences in both quality and completeness. This inconsistency limits how effectively some EHC plans capture children and young people's needs and the support and provision they

require. Newer EHC plans show clearer structure and content due to improved monitoring. However, information provided by education and social care professionals is not always sufficiently detailed to fully inform provision and the support children and young people may need. In contrast, contributions to new EHC plans from health professionals is more robust. Leaders are aware of these issues and are taking steps to improve the overall accuracy and consistency of EHC plans.

The timeliness of annual reviews of children and young people's EHC plans remains mixed. Some reviews are not completed within necessary timeframes. Furthermore, some EHC plans reviewed during the inspection had not been updated, following annual reviews, for a considerable period, even where children's needs or placements had changed. Leaders across the partnership are aware of the continued issues relating to the annual reviews of children and young people's EHC plans. They have formed plans to improve the situation, but these plans are in the early stages of development. Oversight for children and young people who are not in education, employment or training is still developing. While further work is required to embed consistency across all partners, the overall trajectory remains positive.

## **Next steps**

Inspectors will reach an effective action outcome if, having gathered and evaluated evidence, they find that the 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 partnership 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 partnership 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 partnership to update their priority action plan (area SEND) as a result of this inspection.

I am copying this letter to DfE and regional NHS England.

Yours sincerely

Kieran Bird

**His Majesty's Inspector, Ofsted, Lead inspector**

Nick Bennison

**His Majesty's Inspector, Ofsted**

Claire Mason  
**Children's Services Inspector, CQC**

Lisa Laughlin  
**Children's Services Inspector, CQC**

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