

Area SEND inspection of Bournemouth, Christchurch and Poole Local Area Partnership

Inspection dates: 17 to 21 November 2025

Dates of previous inspection: 28 June 2021 to 2 July 2021

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

Bournemouth, Christchurch and Poole (BCP) Council and NHS Dorset Integrated Care Board (NHS Dorset ICB) are jointly responsible for planning and commissioning services for children and young people with SEND in BCP.

Since the last inspection, there have been significant changes to senior leadership in the local area partnership. These changes include a change in the corporate director for children's services and the director of education services. The chief executive officer of BCP Council has been recently appointed, and the chief executive of the NHS Dorset ICB is new in post. There is currently an interim chief nursing officer of the NHS Dorset ICB.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Dorset ICB became responsible for commissioning health services in BCP.

BCP Council commissions a range of alternative provision (AP), which includes a maintained pupil referral unit and a registered AP academy run by a multi-academy trust. AP delivers education for children or young people who cannot attend school due to their needs or for those who have been or are at risk of being permanently excluded from school. The local authority maintains a directory of registered and unregistered AP to help check their quality. Schools use this directory to commission their own AP.

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

Children and young people with SEND in BCP have inconsistent experiences across education, health and social care provision. However, as a result of increased stability in leadership, a shared commitment to partnership working and a clear, ambitious and shared vision, partnership leaders are increasingly securing better lived experiences for children and young people with SEND and their families.

Partnership leaders hold an accurate understanding of the needs of children and young people in BCP. Effective multi-agency working increasingly secures the most appropriate support, guidance and provision for children and young people with SEND and their families. In recent times, children have benefited from timely access to healthcare interventions that support their individual needs. However, leaders acknowledge that more needs to be done to address issues that remain. For example, although the partnership is aware of the need to extend the provision available to meet rising social, emotional and mental health (SEMH) needs, leaders know that the offer is not securing consistent experiences for some children and young people.

Typically, the local area ensures the timely issue of education, health and care (EHC) plans and completion of the assessments that inform them. Generally, newer EHC plans more accurately reflect a child or young person's health, social care and educational needs. Improvements in partnership working mean that children and young people affected by weak identification are starting to receive more responsive interventions to support their needs. Nevertheless, some issues with low attendance, poor mental health and a lack of access to services and support remain.

Children and young people with SEND are prioritised in the partnership's decision-making. Leaders are strengthening approaches to gather the views of children and young people in different ways. For example, the development of visible youth forums and the involvement of children and young people in strategic planning such as the 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) of the Children and Young People's Partnership Plan has given children and young people with SEND a greater voice. Nevertheless, there is more to do to ensure that this is the typical experience in the local area and that parents, carers, children and young people trust and have confidence that their views will make a difference.

Increasing numbers of children and young people with EHC plans or those receiving SEN support experience effective educational provision that understands and meets their needs well.

Children and young people with SEND now benefit from more positive outcomes, from the early years through into post-19 education. Both leaders and practitioners continue to identify and work on closing gaps that remain from weaknesses over time or where settings have been aligned to the improved systems set up by the partnership.

Local area leaders are focused on ensuring sufficiency of places and support for the growing numbers of children and young people with SEND and the rising SEMH needs in BCP. The new tiered approach to AP is designed to focus on prevention and early identification of need to avoid escalation and increased demand at a later point. The approach is starting to have a positive impact on children and young people. For example, when children present as being at risk of permanent exclusion, services work together, with increasing effectiveness, to find potential successful solutions to prevent this. However, currently this is not embedded consistently, and some children and young people's needs escalate as a result.

The 'belonging strategy' is prioritised by the partnership across all levels. For example, there are low numbers of children and young people with SEND educated out of area. However, the local offer to support children and young people being visible, valued and included in their local communities is not perceived wholly positively by those who it is intended for. Leaders have worked to increase the accessibility and efficacy of the local offer such as using hub-based models and link case workers. Leaders are now addressing the importance of working with children, young people and their families to begin the preparation for adulthood early. Practitioners are increasingly alert to this and make referrals to adult services in a timely manner. However, for some, this process starts later, which can create some anxiety for those involved. Nevertheless, the amount and appropriateness of provision available are not sufficient to meet the growing and increasing needs. This was expressed by the children and young people themselves, as well as their families and practitioners.

What is the area partnership doing that is effective?

- Local area leaders are ambitious and dedicated in their approach to improving the outcomes and experiences for children and young people with SEND in BCP. This results in collaboration, commitment and participation from leaders and practitioners across the local area for the rapid improvement of the provision for SEND. It is supported well by changes in governance to help ensure effective oversight and accountability of improvements.
- Co-production is a priority in improving SEND provision. Children and young people's views and ideas are increasingly central to education, health and social care planning, including in their preparation for adulthood. There are creative, appropriate and increasingly determined ways to elicit children and young people's views. Area leaders are building confidence and trust in the relationships with parents, carers and children and young people with SEND. Growing links with the parent carer forum, Parents Carers Together, and inclusion of other significant parent and carer groups, along with the special educational needs and/or disabilities information, advice and support service (SENDIASS), SENDiass4BCP, help embed a collective, representative voice in strategic planning and operational delivery.
- The approach to applying for and managing EHC plans is improving, supported by a developing quality assurance process. Timeliness and quality of assessments have strengthened. This again reflects the impact of the strengthening quality assurance in the partnership and roles that support this such as the education, health and care

coordinators, area special educational needs and disabilities coordinators (SENDCo), the transition planning group and the designated clinical officer (DCO). Assessment information is used to tailor provision more effectively. Children without diagnoses can benefit from an EHC plan where appropriate. EHC plans increasingly include relevant multi-agency contributions across health and social care.

- Education settings are demonstrating a growing commitment to inclusion. This underpins local area leaders' vision and strategies. The focus on developing the use of 'ordinarily available provision' and the 'graduated response' is a key element to this moving forward. Impact is evident in the recent improvements in academic and personal outcomes. These improvements include improved attainment, as well as reductions in suspensions and permanent exclusions and increasing rates of attendance for some groups of children and young people with SEND. Impact is increasingly recognised by practitioners and children and young people themselves, who report better experiences.
- The local area provides effective support for increasing numbers of children and young people at transition points. For example, many young children and families experience positive early years support through the commissioned specialist education home-visiting team service, family hubs and area SENDCos. These facilitate access to health and social care services, which improve how well needs are identified and met.
- Opportunities to prepare well for adulthood are expanding with the cohorts coming through. While provision is more reactive currently, it is becoming more proactive as the impact of the partnership's actions evolves. Practitioners work closely with many families who access early help support. Some of the recognised success of this work is the support it provides children and young people as they move into adult services. The area is using creative solutions such as working with the voluntary sector to support meeting the evolving needs of young people moving into adulthood. Supported internships within the council are growing. While numbers are small, those who benefit from them often secure long-term employment.
- Leaders know the strengths and weaknesses of AP provision, including where there are gaps and inequities in location and types of AP across BCP. Joint strategy and commissioning have resulted in a partnership-wide understanding of the strengthening AP offer. This is intended to support the increasingly high levels of need, particularly around the SEMH of children and young people in the area. However, gaps in the overall provision remain.
- Children and families accessing the child health and disabilities team often benefit from long-standing relationships with skilled and knowledgeable social workers and other practitioners such as occupational therapists. Children's needs are well understood.
- Vulnerable children and young people such as those known to the youth justice service, children in care with SEND or those living in residential special schools are supported well. Children in care with SEND and children and young people living in residential special schools, including those living far away from home, are visited regularly. Their holistic needs are considered well within a multi-agency framework.

- Although there are significant waits for neurodevelopmental assessment and diagnosis, children benefit from needs-led support and can access relevant services while waiting. The most vulnerable children and young people, including those at transition points, are prioritised for assessments. Children and adolescent mental health services (CAMHS) typically demonstrate effective practice through proactive mental health interventions, wellbeing calls and collaborative planning with schools. As a result, increasing numbers of children and young people report feeling safe and engaged while waiting for targeted interventions.
- Effective delivery of the healthy child programme by skilled practitioners ensures that early identification of needs remains a priority. Multi-agency working with services such as the continuing care team means escalation of care requirements is timely and responsive to children's needs.
- Flexible referral pathways, including self-referral and professional routes, allow families to access help quickly. Services work together to prioritise urgent cases, reducing waiting times for therapies. For example, speech and language therapy has introduced a model which significantly cuts delays for initial assessments. Occupational therapy and physiotherapy meet referral-to-treatment targets and can provide urgent appointments. The DCO for SEND is able to commission bespoke health provision when needed, and this is a strength, ensuring that unnecessary delays are avoided. Partnership leaders maintain oversight of these arrangements and are actively working to strengthen consistency. For example, leaders recognise that those not benefiting from needs-led and targeted approaches could face inequities.
- Partnership leaders have developed greater permanency in the workforce. As a result, children and young people receive support and treatment from a growing number of highly skilled and passionate practitioners, including SEND champions, social workers, experienced therapists and knowledgeable nursery nurses. Dedicated community nursing teams provide specialist support and training to schools, and children and young people in mainstream settings with SEND benefit from a better universal provision and an increasingly inclusive culture.
- The dynamic support register enables proactive planning and rapid response for children and young people with complex needs, reducing the risk of unnecessary inpatient admissions. Flexible referral routes, risk scoring tools and multi-agency collaboration ensure timely, personalised interventions such as sensory strategies, therapy and mentoring. This helps children and young people remain safely at home with the right care in place.

What does the area partnership need to do better?

- For some children and young people with SEND in BCP, the extent of their needs has grown due to poor provision over time. This has resulted in increased support and expertise required, in addition to the escalating children and young people with SEND numbers more generally. This in turn has added pressure to the SEND system, for example on workload, workforce development and the cost of provision. There is increasingly successful work ongoing to address this. However, it is too new to ensure children and young people consistently benefit from receiving the right support at the

right time.

- The local area's improved quality assurance process is addressing gaps and weaknesses in EHC plans. The impact of this is growing. However, some plans continue to be affected by delays, omissions and a lack of up-to-date information. Education outcomes can be too generic as a result. Similarly, multi-agency provision lacks specificity. Furthermore, some settings for young people highlight that outcomes and provision are not informed well enough by a secure understanding of different phases and contexts. There is inconsistency in how well EHC plans address the challenges of transitions. This hampers the drive for more positive outcomes and disrupts the support that some children and young people receive.
- Health and social care professionals contribute to EHC plans with high-quality needs assessment reports. This comes through clear systems, processes and recent training, ensuring advice is comprehensive and person-centred. However, further work is needed to embed the process of receiving draft and final plans to ensure accuracy of interpretation of advice, clinical and otherwise. While improvements are underway, not enough children from 14 years of age with a learning disability are receiving annual health checks within primary care. This results in them missing out on a holistic assessment of their health needs as they transition to adulthood.
- Leaders have prioritised the development of skills and expertise in practitioners to keep up with the rapid improvement in SEND services across BCP. The consistency of experience and knowledge across BCP has been hindered by the previous use of temporary staffing arrangements to fill gaps and increase output. This leads to children, young people and their families experiencing a varied offer as the local area secures greater consistency.
- Some children and young people with SEND continue to have a variable experience of education. Where this is the case, weaknesses in the SEND offer over time and ineffective planning in the past to meet needs have led to some not securing the right qualifications because of low attendance or not being in the right setting. This hinders preparing young people well enough for their next steps.
- The careers advice offered to children and young people remains variable. Some young people report that provision is not shaped to support their aspirations and future plans well enough. Other groups are not yet well enough catered for such as the increasing SEMH cohort in the area. Currently, there is a more reactive response for some, and their preparation for adulthood is not as effective as it could be.
- Partnership leaders face increasing challenges in commissioning effective AP placements. There are insufficient options for some cohorts of children and young people. For example, children in the earlier stages of their education in early years and key stage 1 are not well enough catered for. Consequently, the current AP offer is inconsistent and not tailored precisely enough for some. Too many children and young people with SEND are placed in AP long term. Others are not in the most appropriate AP due to inaccuracies in and a lack of up-to-date knowledge about them, as a result of spending considerable time out of education.
- Opportunities for children and young people with SEND to engage fully in their communities remain limited. This is compounded by the growing need for access to

opportunities and support, particularly for children with higher levels of SEMH needs. The current resource is not sufficient to meet the need. Children, young people and their families report feeling the detrimental impact of this. Some leaders and practitioners note the limitations they experience in signposting to the current local offer. Local area leaders recognise the need to increase the provision and availability, across all areas of BCP, of short breaks, including overnight care, and ensure that this offer is as user-friendly as possible.

- Some parents and carers rightly say communication from the partnership is often unclear, delayed or inconsistent. This limits their ability to self-advocate and access support for themselves. Partnership leaders have not fully secured the confidence of children and young people with SEND and their families.
- Variability and inequity in the SEND system for children, young people and their families remain. Most children and young people open to neurodevelopmental pathways are waiting too long for neurodevelopmental assessment and diagnosis. Younger children or those open to CAMHS benefit from significantly reduced waits than others; this results in unequal access to appropriate assessment of need.

Areas for improvement

The local area partnership should continue to improve the provision and impact on outcomes for children and young people with SEND, particularly those with SEMH needs. The partnership should ensure that the workforce has sufficient expertise and resources, and that parents, carers and children and young people are involved in these plans.

Local area leaders should ensure that children, young people and parents and carers are well informed about the partnership's provision through an effective local offer to support children and young people with SEND.

Partnership leaders should continue to accelerate recovery plans for children and young people with SEND awaiting assessment for neurodevelopmental needs. Leaders should further expand support for those children and young people on the waiting list and continue to embed a needs-led approach for BCP.

Local area partnership details

Local authority	Integrated care board
Bournemouth, Christchurch and Poole	NHS Dorset – Integrated care board
Cathi Hadley, Corporate Director of Children’s Services	Jonathan Higman, Chief Executive, NHS Bath and North East Somerset, Swindon and Wiltshire, NHS Dorset and NHS Somerset Integrated Care Board Cluster
www.bpcouncil.gov.uk	https://nhsdorset.nhs.uk
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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: three HMI 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.

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