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Area SEND monitoring inspection to Bury Local Area Partnership

Between 9 March 2026 and 11 March 2026, Ofsted and the Care Quality Commission (CQC) revisited Bury, to decide whether effective action has been made in relation to each of the areas for priority action detailed in the inspection report published on 7 May 2024. 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 and 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 six identified areas for priority action.

The local area partnership has taken effective action to address six 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 a Children's Services Inspector 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:

Leaders across the partnership should ensure that the SEND strategy continues to be implemented to improve the lived experiences of children and young people with SEND. This should be overseen by shared strategic governance to ensure that the pace of improvement is maintained.

Outcome: Effective action

Since the previous inspection, the partnership has implemented a range of appropriate actions to improve local services for children and young people with SEND across education, health and social care. Shared strategic governance is stronger, with independent oversight. Performance data is used well to inform and respond proactively to local area priorities. 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) are more effective. For example, a broad range of stakeholders is now involved in strategic decision-making.

Leaders' actions have improved professionals' confidence in the partnership's work to support children and young people with SEND. Systems of support are more self-sustaining and have been shaped by lessons learned from the previous inspection. The co-produced SEND strategy addresses the areas for priority action and progress is checked monthly by the independently chaired SEND Improvement and Assurance Board (SIAB). Leaders' regular reporting to the SIAB helps to maintain effective strategic oversight. Key partners, including the 'Bury2Gether' PCF, contribute to this work effectively.

The PCF provides meaningful support, and challenge, to leaders across education, health and social care. In addition, the PCF contributes to local area decision-making through the SIAB. This strengthened governance has enabled investment in services and staffing. For example, the partnership has expanded educational psychology capacity. However, relationships and communication between the partnership and PCF need further strengthening. Parents and carers do not sufficiently understand the changes taking place in local services. In addition, the PCF experience of co-production is inconsistent. Leaders recognise this and acknowledge that clearer communication and strengthened partnership working are needed.

The partnership has taken reasonable and, in some instances, rapid action to address priority action areas. Leaders understand that there is much work to do. They have identified correctly where further improvement and strengthening of practice is needed. They rightly acknowledge that local area improvements are not experienced equally by children, young people and their families. For example,

primary schools are supported by link speech and language therapy (SALT) therapists. However, secondary schools' access to SALT support is less comprehensive.

Area for priority action 2:

Leaders across the partnership should work collaboratively and effectively to improve the early identification of children and young people's SEND as part of the graduated approach. In particular, they should urgently improve:

- children's access to support from education, health and social care to improve the early identification of needs
- children, young people's and professionals' access to an effective, well-resourced educational psychology service.

Outcome: Effective action

The partnership has prioritised the earlier identification of children and young people's needs. For example, the educational psychology service has been significantly re-designed and expanded. This is providing increased capacity to assess children and young people's needs, and to provide guidance to professionals. In addition, the development of well-understood ways of working together have strengthened multi-agency support in the local area. Practitioners now work in an improved locality model, and these provide an effective role in the early identification of needs by signposting to services for families as part of the graduated approach.

Increased staffing capacity across some services has further supported improvements in the early identification and support available for children and young people with SEND. For example, SALT waiting times for initial assessments have significantly reduced, although long waiting times remain for further intervention, when required. Similarly, the newly established SEND health visiting team has increased capacity for the earlier identification and specialist support for babies and young children with emerging SEND.

The use of evidence-based screening tools is now embedded in universal health visiting practice. This provides improved opportunities for the early identification of speech, language and social communication needs and alerts practitioners to the emerging signs of autism in young children effectively. In addition, babies and young children receive increasingly timely mandated health reviews, through the Healthy Child Programme.

A greater range of multi-agency services coordinate appropriate support for families such as through early help and team around the family meetings. This ensures early help workers provide targeted support and intervention to children, young people and their families. Furthermore, to strengthen help available in education settings,

the partnership has increased the mental health support available to children and young people in schools. More widely, local neighbourhood hubs provide universal, targeted and specialist support to children, young people and their families within accessible community settings. For example, outreach support is delivered in mosques and synagogues. This helps to engage a range of communities in Bury.

School referrals for health support, such as emerging needs relating to neurodiversity, are sometimes closed without notification, frustrating professionals and families. In addition, long waiting times for some services, such as attention deficit hyperactivity disorder (ADHD) or autism assessment, leave professionals and families unsure about next steps and wider available support. Often, special schools, independent special schools and alternative provision (AP) require more specialist support than the tiered support model available to mainstream schools. The support available is limited by specialist expertise, for example educational psychology specialisms, leading many of these schools to commission their own specialist services.

Area for priority action 3:

Leaders across the partnership should improve the quality and availability of support for children, young people and their families while they wait for specialist assessments. This includes:

- children and young people waiting for a speech and language therapy assessment and subsequent intervention
- children waiting for a community paediatric assessment and subsequent intervention
- children and young people on a neurodevelopmental pathway for an assessment of attention deficit hyperactivity disorder (ADHD) or autism.

Leaders across the partnership should also ensure that young people aged up to 25 years old have access to a locally agreed neurodevelopmental diagnostic pathway.

Outcome: Effective action

The partnership has implemented a range of appropriate 'support while waiting' health-led services. These have improved access to help for many children, young people and families. These services provide useful support to reduce the risk of needs escalating while waiting for specialist assessment and/or intervention. Parent-focused programmes, such as specialist family intervention from the SEND health visitor team, and the newly developed 'Neurodiversity Hub' offer individual and group needs-led support to families.

The partnership acknowledges that children and young people in Bury continue to experience lengthy waits for an ADHD and/or autism assessment. In contrast, adult ADHD and autism diagnostic pathways are now fully commissioned. These pathways

provide timely assessments for young people with SEND aged 18–25 years old. Similarly, child and adolescent mental health services are fully commissioned for young people aged up to 18 years old across diagnostic pathways. There are clear and structured transition pathways in place between child and adult mental health services for children and young people as they grow older.

The SEND health visiting team provides enhanced specialist support for babies and children with additional needs. For example, some families with infants and young children, with emerging needs relating to neurodiversity, are offered a 10-week intensive programme of one-to-one support. This uses innovative parent-child video recordings for families to learn strategies to improve interaction and communication.

All referrals to the community paediatric service are triaged. Babies, children and young people who have complex health needs, such as neurological conditions are prioritised. Strong multi-disciplinary team working, and effective information sharing, ensure coordinated support for these children and young people. However, children and young people with needs relating to neurodiversity face longer waits to see a community paediatrician. As a result, some families feel unsupported during this waiting period. Children and young people with deteriorating health, or those where there are significant safeguarding concerns can be prioritised if their needs change, once on the waiting list.

The partnership is working effectively to upskill the broader children's workforce. Professional learning enables earlier identification and improves support for communication needs. This reduces reliance on specialist intervention. In addition, the partnership ensures that families receive support for their child's speech, language and communication development. For example, 'Chat and Play' groups in family hubs, SALT drop-ins and digital offers provide effective early advice and guidance. Primary schools appreciate improved support from allocated link SALT therapists. In addition, SALT therapists now work closely with early years settings, family hubs and education professionals to provide early advice and guidance.

Area for priority action 4:

Leaders across the partnership should improve preparation for adulthood from the earliest ages for all children and young people with SEND in Bury. This should include a well-understood and co-produced strategy to embed preparation for adulthood effectively across the partnership.

Outcome: Effective action

The partnership now ensures children and young people, aged 16 years old, are more effectively supported through a transition pathway to prepare them for adulthood. The transition pathway is underpinned by a co-produced 'Preparing for

Adulthood Standard Operating Procedure' and preparation for adulthood strongly features in the partnership SEND strategy. This improvement work has been supported by professional networking events and redesigned transition processes. Transition planning now starts earlier.

Preparation for adulthood features more strongly in new EHC plans and annual reviews. This typically begins from Year 9 and the partnership annual review documentation places increased expectations that this will be discussed by professionals. For example, educational psychology advice and EHC plan outcomes are increasingly aligned with preparation for adulthood themes and EHC plan case workers are trained to embed preparation for adulthood more consistently in EHC plans. However, the quality of some information remains variable, particularly in older EHC plans. In addition, preparation for adulthood is not reflected consistently well in EHC plans for those children and young people aged under 14.

The partnership's use of data tracking systems has improved. These ensure better oversight of children and young people who are at different stages of preparation for adulthood. Strengthened systems include identifying children moving into post-16 provision, those transitioning from children's social care into adult services and those known to the multi-agency complex case panel.

Young people with complex health or learning needs experience improved transition support to adult health services. In addition, SALT therapists work with young people aged up to 19 years old in college to support their transition to adult learning disability and therapy services. However, the partnership acknowledges that there is limited specialist provision in Bury for young people aged over 19 years old. The transition pathway enables families and professionals to refer children and young people to the preparation for adulthood team. These referrals help multi-agency professionals identify which children and young people, who do not receive social care intervention, may need support in the future.

Leaders recognise that capacity challenges in the preparation for adulthood team mean children and young people with the most complex needs are prioritised for earlier support, and those assessed to have less urgent needs receive reduced support. More work is needed to understand the impact of this on children, young people and their families. To mitigate capacity challenges, the partnership is increasing capacity in the preparation for adulthood team. Embedded practice includes social workers and the preparation for adulthood team jointly visiting families known to social care at the earliest opportunity. This helps professionals to understand children and young people's needs and plan support.

The Bury careers service provides well-regarded careers and next steps guidance for children and young people from Year 9 onwards. The partnership has enabled the careers service to strengthen its support since the previous inspection. This includes

advisors visiting families at home, running support hubs and ensuring children, young people and parents' views are better reflected in EHC plan annual reviews.

Area for priority action 5:

Leaders across the partnership should establish and implement a strategic approach to high-quality transitions for children and young people with SEND from birth to 25.

Outcome: Effective action

The partnership continues to develop, and embed, a strategic approach to transitions through the graduated approach for children and young people with SEND. They have implemented multi-agency oversight at key transition points. As a result, some children and young people experience more coordinated and consistent transition planning across services.

Schools report earlier information sharing at transition points, with improvements in communication between phases. For example, before the early years to primary transition, professionals attend face-to-face and virtual information sharing events. Groups of providers and professionals offer a range of local support for children and young people. This includes staff training from educational psychologists to help schools better prepare to meet children and young people's needs when they transition between phases of education. However, for placements in AP, transition information is frequently incomplete, particularly for children and young people with outdated EHC plans.

Health services have developed robust transition policies and processes to ensure clinicians provide enhanced advice and support for children and young people during unsettling transition periods. This includes some young people with SEND being supported by multi-disciplinary hubs during adult health transitions. However, this strengthened multi-disciplinary transition work is not equally experienced by children and young people with SEND and their families.

The partnership has developed a school transition guide for parents and carers. In addition, the partnership prioritises reviewing EHC plans for children and young people at important school transition points more effectively. New transition arrangements promote more joined-up planning across services, including when preparing for adulthood.

The partnership is focusing on expanding post-16 transition pathways, with more early support. Furthermore, the partnership has identified that the sufficiency of school places for children and young people with SEND, particularly for specialist provision, needs improvement. A SEND sufficiency strategy is being developed but is not yet published.

Area for priority action 6:

Leaders across the partnership should further improve the quality of the statutory EHC plan process. This should include:

- improving the quality of advice received from professionals as part of the needs assessment process
- improving the timeliness and quality of updated EHC plans following annual reviews
- improving appropriate social care contributions to EHC plans so that children and young people's social care needs are reflected more accurately
- improving the focus on preparation for adulthood in children and young people's EHC plans so that their experiences and outcomes improve.

Outcome: Effective action

The quality of children and young people's EHC plans has notably improved. The partnership has implemented better systems and processes to strengthen their overall quality. For example, comprehensive EHC plan templates, with detailed guidance documentation, ensure EHC plans are both compliant and more accurately reflect the needs of children and young people. In addition, new systems to share learning from multi-agency EHC plan audits help to improve the overall quality.

Newer EHC plans include children and young people's voices more clearly and explain their lived experiences more effectively. The partnership has increased EHC plan case worker staffing and implemented more effective processes, such as a tiered quality assurance framework, to improve the quality of EHC plans. Schools acknowledge more responsive EHC plan case work and better communication with the partnership. In addition, stronger management information systems and consistent educational psychology advice contribute to improvements in overall EHC plan quality and accuracy.

Although the backlog of EHC plan annual reviews is reducing, the process remains slow and does not reliably lead to accurately updated plans. A large but steadily decreasing number of existing EHC plans still need updating. This includes EHC plans where an annual review has already taken place. To check progress, leaders monitor EHC plan completion through a detailed data scorecard. This is regularly scrutinised by the SIAB to help drive positive momentum.

The quality of social care advice about children and young people's needs is typically strong, however this information does not always transfer into children and young people's EHC plans when it should. In contrast, health advice is more fully and accurately represented. More generally, outdated information remains common in older EHC plans. Some information is vague and preparation for adulthood is of

inconsistent quality or missing. However, newer EHC plans typically have more complete preparation for adulthood information, usually beginning in Year 9.

Next steps

Inspectors will reach an effective action outcome if, having gathered and evaluated evidence, they find that the local area 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 local area 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 local area 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 local area 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

David Mills
His Majesty's Inspector, Ofsted, Lead inspector

Julie Knight
His Majesty's Inspector, Ofsted

Gerry Bates
Children's Services Inspector, CQC

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