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17 January 2019

Ms Jayne Ludlum  
Executive Director of People's Services  
Sheffield City Council  
Town Hall  
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Sheffield  
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Ms Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group  
Mr Tim Armstrong, Local Area Nominated Officer, Sheffield City Council

Dear Ms Ludlum

### **Joint local area SEND inspection in Sheffield**

Between 12 November 2018 and 16 November 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Sheffield to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a written statement of action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for

submitting the written statement of action to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

## **Main findings**

- The 2014 disability and special educational needs reforms have not been implemented consistently or swiftly enough in Sheffield. Children and young people with SEND and their families have widely different experiences of the local area's arrangements for identifying, assessing and meeting their needs. Too many children and young people do not have their needs assessed accurately or in a timely way.
- The local area's performance in meeting expected timescales for the completion of education, health and care (EHC) plans is weak. Quality assurance of these plans is underdeveloped.
- A graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in mainstream primary and secondary schools in Sheffield. High levels of fixed-term and permanent exclusions result in children and young people with SEND not achieving as well as they should.
- Weaknesses in multi-agency transition arrangements lead to children and young people not being supported well enough by social care and health and education professionals at these crucially important points in their lives.
- The absence of an overarching co-produced SEND strategy and a stable workforce has impeded effective strategic and operational delivery to children and young people aged zero to 25 with SEND.
- Joint commissioning arrangements are underdeveloped and not informed by a full understanding of children and young people's education, health and care needs. Those who make decisions about how funding is spent do not use the information they have to prioritise the things that will make the biggest difference to children and young people with SEND aged zero to 25 years.
- Parents and carers have a mixed experience of co-production. Some have been involved fully in developing plans and provision for their children, but for others it is a fight to be heard. Many feel that opportunities provided to work with services to make a decision and create a service which works for them all remains an aspiration rather than a reality. Opportunities for children and young people with SEND to come together and share their views with leaders has yet to inform Sheffield's plans.
- The CCG has poor strategic oversight of arrangements for identifying, assessing and meeting the health needs of children and young people with

SEND. This has resulted in unacceptable delays in assessing and meeting some children and young people's health needs.

- Many frontline professionals in education, health and care work hard to make a positive difference to children and young people with SEND. Parents and carers recognise individuals from across the city who have a strong commitment to their children and support them well. The parent and carer forum is working proactively with leaders in the local area to change the experience of children and young people with SEND and improve their outcomes.
- Multi-agency support teams, funded by education, health and care, which operate in the seven locality areas work well in providing ready access to specialists, therapies and advice for some schools. This work is further supported by devolved special educational needs funding. Staff in some areas are working together to develop and pilot a range of programmes with the intention of tackling local needs. Well-intentioned projects are improving support and advice for some parents and carers following a diagnosis of autism spectrum disorder.

## **The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities**

### **Strengths**

- Good links between maternity and neonatal care services aid the identification of health needs at the earliest point. This includes consistently strong early identification and support for children and young people who are deaf or have a hearing impairment. Well-planned support enables these children to make a positive start in developing their communication skills.
- Services such as maternity and health visiting maintain effective links with early years practitioners through family centres. This supports information-sharing and the early identification of children and families who have additional needs.
- Screening in Reception classes in the form of hearing and vision checks, a health questionnaire and a good uptake of the national childhood measurement programme support the accurate and timely identification of needs. The identification of children's speech and language difficulties supports timely access to assessments for specialist support. Children and young people involved with the youth justice service benefit from access to a range of professionals, which aids the identification and assessment of their needs.
- Training and outreach support from specialists has helped to raise awareness about autism spectrum disorder in a range of settings and schools across the

city. This has supported better identification of children and young people's needs and is helping them to receive better support in mainstream provision.

- Mental health awareness training provided to 40 schools has aided the identification of children and young people's new or emerging needs. This is enabling staff to provide support more confidently at the earliest point. Additional specialist help, provided by health workers, supports better identification of emotional and mental health needs and the use of appropriate strategies to meet children and young people's needs.

### **Areas for development**

- The graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in all primary and secondary schools in Sheffield.
- Weak communication in some settings impedes effective identification of children and young people's needs and leaves many parents feeling confused. Parents do not receive clear or timely information about the support that is available for their children and how to access it. As a result, navigating the application process for additional support or an EHC plan is more complex than it should be.
- Many parents and carers express frustration with the identification of their children's special educational needs and find local systems difficult and unhelpful. Many do not feel their views are valued or heard.
- Some universal health checks are not reaching expected targets and some are not commissioned beyond Year 6. This hinders the early identification of children and young people's new and emerging needs. The completion of annual health checks for those with a learning disability, aged 14 and above, has decreased in the last year. This risks the achievement of better health outcomes for this vulnerable group.

### **The effectiveness of the local area in assessing and meeting the needs of children and young people with special educational needs and/or disabilities**

#### **Strengths**

- In the early years, coordinated approaches across disciplines and agencies help to meet young children's needs. A wide range of professionals work well together, including the hearing-impaired service, speech and language therapy, physiotherapy and occupational therapy, educational psychologists and the portage service.
- Provision for children and young people to participate in age-appropriate social activities, in a safe space and in the community, are well supported by

youth workers and respite care workers in some parts of the city.

- Parents are quick to acknowledge when things go well and when they receive sensitive and professional help in signposting them to additional sources of guidance and support. They report that individual education and health staff, such as special educational needs coordinators in schools and those in the autism team, 'go out of their way' to help and support them.
- Some strong work is emerging in pockets of provision across Sheffield to assess and meet children and young people's needs. Examples of this include collaborative approaches by education and health staff to improve continence care, the development of nurture groups, and support for sensory processing needs. The initial results from these projects, and other small-scale work taking place, are a promising attempt to develop and extend support more widely to all children and young people in Sheffield.
- Families value the Sheffield parent and carer forum and the special educational needs and disability information, advice and support service. They provide accurate information, support and guidance about Sheffield's arrangements for children and young people with SEND.
- A local offer is in place. Leaders recognise that it needs improvement and better promotion to ensure that all parents are aware of the opportunities for their children in Sheffield. In a positive commissioning decision, the parent and carer forum is currently undertaking the work to improve it. The executive director of people's services sees this as 'the right thing to do'. Her strong support is enabling this work to move quickly.
- Leaders in settings and schools commented that the pace of work being done by the special educational needs assessment team is increasing and the quality of EHC plans has improved in the last six months. They say, 'It feels like there is light at the end of the tunnel.'

### **Areas for development**

- An absence of the direct engagement and participation of children and young people with SEND at a strategic level hinders leaders in understanding what is important to them.
- Joint commissioning arrangements have not secured effective social care input to assessing children and young people's needs. For some children, their care needs are unknown or unmet and this causes hardship and distress for families who struggle to support and help them. Although this deficiency is known to leaders, they are not tackling it quickly enough.
- There are gaps in local area leaders' understanding of the education, health and care needs of children and young people with SEND aged zero to 25 years. This is because existing data and information are not being used well

enough. Consequently, leaders do not have a shared understanding of the demands on current provision which, in turn, is a barrier to effective planning and commissioning.

- Demand for specialist places is acute in the city and has led to pressure in mainstream and special schools, and for families when a placement does not meet their child's needs. Parents are concerned. Many told inspectors that their children have been unable to access education for significant periods of time due to this issue.
- The quality assurance of education, health and social care contributions to children's EHC plans is underdeveloped. As a result, the quality of EHC plans varies too much. Although this weakness has been recognised by local area leaders, steps to address it are at a very early stage.
- The length of time that most children, young people and families wait to have their needs assessed and to receive an EHC plan is unacceptable. Consequently, many parents and some schools have lost confidence in the local area's ability to assess and meet the needs of children and young people in a timely way. However, the development of a single point of contact by the CCG to coordinate health information between providers and the local authority is beginning to improve the timeliness of contributions from health professionals.
- For the vast majority of parents and carers, children and young people, 'tell it once' is not working and they are constantly asked to provide the same information. A parent summed up the frustrations thus, 'I feel like a broken record'.
- Training for education, health and care staff regarding special educational needs and the EHC planning process is not well established. Leaders recognise this issue. Citywide training was beginning to take place at the time of the inspection.
- Inconsistent practice in assessing and meeting children and young people's needs within schools and across Sheffield remains, despite the use of guidance in the form of the Sheffield Support Grid. This is confusing for parents and carers and undermines the intention of the support grid, which is to ensure that schools allocate support to children with SEND in a fair, consistent and transparent way. Many children and young people, parents and carers remain unaware of it and the processes involved.
- The CCG does not have effective oversight of the health input and provision specified in EHC plans. There is no established monitoring to ensure that it is fit for purpose and meets children's needs. Draft and final EHC plans are not shared consistently with health services when they have submitted a report. As a result, health practitioners are not assured that the information in plans is in keeping with the advice they have given.

- Waiting times for children and young people aged zero to 25 who require more specialist assessment for a wheelchair are immensely long. It is unacceptable that some children experience pain and excessive waits to get a correctly fitting wheelchair. The CCG's understanding of the paucity of this provision and the impact this has on children and young people is weak.
- Children and young people aged zero to 25 experience long waits to have their needs assessed and met by some services. For example, waiting times for assessments at the child and adolescent mental health service (CAMHS) and the neurodisability team at Sheffield Children's NHS Foundation Trust exceed National Institute for Health and Care Excellence guidance. Some children with existing needs experience unacceptable waits of three years to see a clinical psychologist. Although checks of the waiting lists are undertaken, there is a risk that children's changing needs may be missed and the delays hinder their achievement of better outcomes.
- The commissioning of health services for those with SEND aged zero to 25, such as speech and language therapy, occupational therapy, physiotherapy, paediatrics and neurodisability, and children's nursing is not well established and lacks specificity. For example, the neurodisability pathways are not formalised or published to indicate what is offered and the provision of a formal post-diagnostic follow up is not commissioned.
- Children moving between schools and college and from child to adult health services do not always benefit from a coordinated and seamless transition. This hinders access to ongoing health care, education and social care to meet their continuing needs.
- Post-16 annual reviews are managed by colleges and other providers and are predominantly education focused. Health and care services do not make a strong enough contribution to preparing young people with SEND for adulthood.

## **The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities**

### **Strengths**

- Children and young people have high aspirations to work and to contribute to their community. They want to be independent and to be able to make choices about where they live. Some of these outcomes are reflected in their education, health and care plans.
- Outcome measures used by a range of services and projects, such as therapy services and CAMHS, are used effectively to track children and young people's progress and measure the positive impact of specific interventions.
- Parents and carers in the settings visited by inspectors expressed satisfaction

with the progress their children are making. Children and young people in school reported that their confidence is increasing and they are learning strategies to reduce levels of anxiety. They say, and their parents agree, that this has taken time to develop.

- Priority work has identified children and young people who are likely to be at risk of exclusion and those who are persistently absent from school. Targeted work by speech and language therapists and community mental health specialists is helping some of these children and young people to remain in school.
- Young people value the independent travel training, work experience and supported internship opportunities that are available in Sheffield. Some young people are progressing successfully from a supported internship to paid employment.

### **Areas for improvement**

- Leaders are not currently able to measure or accurately evaluate the impact of their work on the experience of children, young people and families or the outcomes they achieve.
- Local area planning does not demonstrate that leaders have a shared understanding of the range of outcomes that they aspire to for children and young people aged zero to 25 years to achieve across education, care and health.
- High rates of exclusion and absence of children and young people with SEND indicate that the needs of some children and young people are not being met. Work to challenge this situation is beginning. Fewer pupils have been excluded or absent compared to the same period last year. However, overall exclusion and absence rates are above the national averages.
- Currently, more than 40 children and young people with an EHC plan are not achieving as they should because they do not have a place in school. Some are key stage 4 pupils who are new to the city and some are post-16 pupils supported by the careers service. These pupils lack education and training while they wait sometimes 10 weeks or longer for a place in school or post-16 provision.
- Good outcomes for children and young people with SEND are compromised by the widespread use of partial timetables for lengthy periods. At the time of this inspection, 70 pupils with an EHC plan and 118 with special educational needs support were on these partial timetables. The local authority has recently issued new guidance to schools about the limited circumstances that are appropriate for implementing partial timetables. It is too early to judge its impact on reducing schools' use of partial timetables for pupils with SEND.



- Programmes to engage older young people in education, employment and training have been developed in the last three years but the uptake and success of them is mixed.
- The take-up of personal budgets, including personal health budgets, in Sheffield is low and limits opportunities for greater personalisation of provision.
- At a senior level, the CCG does not have a thorough understanding of what is working well and what needs to improve regarding the effectiveness of health contributions to children and young people with SEND. This is a barrier to tackling the weaknesses identified by inspectors.
- There have been gaps in strategic leadership of SEND in the CCG. Although individuals have worked hard to raise the profile of this important group, this has not resulted in an effective strategic response to the implementation of the disability and special educational needs reforms.

The local area is required to produce and submit a written statement of action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the lack of a co-produced, coherent vision and strategy for SEND in Sheffield
- communication, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people
- poor strategic oversight of SEND arrangements by the CCG, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met
- weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND
- the quality and timeliness of EHC plans
- inconsistencies in identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools
- weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND.

Yours sincerely

Gina White

## Her Majesty's Inspector

<b>Ofsted</b>	<b>Care Quality Commission</b>
Cathryn Kirby, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Gina White HMI Lead Inspector	Elaine Croll CQC Inspector
Pat Tate Ofsted Inspector	
Marian Thomas HMI	

cc: Department for Education  
Clinical commissioning group(s)  
Director Public Health for the local area  
Department of Health  
NHS England