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Christopher Edwards, Chief Officer, Rotherham Clinical Commissioning Group

Sue Wilson, Local Area Nominated Officer, Head of Performance and Quality

Dear Ms Joyner and Mr Edwards

Joint area SEND inspection in Rotherham

Between 5 to 9 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Rotherham to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

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

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND 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 for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning. Members of the inspection team considered 481 responses from parents and carers to the online survey, Ofsted Parent View.

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 (WSOA) 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 to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

Main Findings

- Since taking up their posts, the new senior leadership team has reviewed the local area's strategic plans. Senior leaders have a thorough understanding of the local area's strengths and areas for further development. However, since 2014, the area has made too little progress in implementing the disability and special educational needs reforms. As a result, children and young people's needs are not identified, assessed and met in an effective way consistently.
- Joint commissioning, to meet the needs of children and young people with SEND, is well established in Rotherham. It is strengthened by the local area's joint commissioning strategy, 2020–2022.
- Rotherham Parent Carers Forum actively ensures that the voices of children and young people with SEND and their families are heard loud and clear. Members of the forum are active partners in the co-production of services for children and young people with SEND and their families.
- The graduated approach to identifying and meeting children and young people's SEND is not implemented consistently, especially in key stages 1 and 2. Too often, children and young people's needs are not identified and met in a timely manner. Too many children and young people reach crisis point. This puts strain on an already saturated system, especially as pupils enter key stage 3.
- The quality of education, health and care plans (EHC plans) is too variable. Contributions from health and social care are inconsistent. Parents and carers wait too long for the outcomes of annual reviews of EHC plans.
- Preparation for adulthood, as identified in the area's evaluation of its effectiveness and by parents and carers, is a serious weakness. On reaching the age of 18, support ceases for too many young people and their families. Many parents and carers do not know who to turn to for help and support.
- Many parents and carers of children and young people with SEND have not heard of the local offer. Those who know about the offer find it difficult to navigate. The valuable information in the local offer is under-utilised. Communication about the local offer is weak.

- When responding to Ofsted's survey, many parents reported dissatisfaction with their experience of SEND systems and procedures in Rotherham. Children's, young people's and families' experience of services and support, including education, health and care, are too variable.

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

Strengths

- Rotherham Parent Carers Forum is the jewel in the crown of the provision for SEND in Rotherham's local area. Members truly understand co-production and advocate for it. They seek stakeholders' views, whether they are children and young people, parents and carers, special educational needs and/or disabilities coordinators (SENCOs) or commissioners. Members are passionate, committed and act with the highest integrity. They are uncompromising, tell it like it is and are a force to be reckoned with. The forum has meetings with commissioners regularly and tells them about children and young people's and their families' lived experience. In this way, the forum makes sure that children and young people's and their families' voices are heard. Rotherham Parent Carers Forum is a pivotal partner in the co-production of services for children and young people with SEND in the local area.
- Parents and carers value the help and support they receive from Rotherham's special educational needs and disability information, advice and support service (SENDIASS). One said, 'Support from the local SENDIASS team, within the authority, has been excellent.'
- Early years provision for children in Rotherham is strong with well-established working relationships across all services. This approach supports information sharing and a coordinated approach for children with SEND. The identification of SEND in the early years is effective. Practitioners work in partnership with the child development centre to assess children's development, identify their underlying difficulties and provide support well. Parents and carers value Rotherham's early years team highly.
- The co-location of health services, such as the child development centre and SEND hub within Rotherham, is valued highly by professionals. Health professionals benefit from shared access to children and young people's online health records. These developments have strengthened operational working partnerships and the delivery of care for children and young people with SEND.
- The specialist education nurse provides training to education professionals within the local area. This enables staff in schools and colleges to meet the complex healthcare needs of children and young people with SEND

increasingly well. There is a robust process for identifying young people not in education, employment or training within the school nursing caseload. School nurses provide a consistent service to all children and young people with SEND.

- There are effective working partnerships in the schools in which early help mental health practitioners are placed. Opportunities to identify those children and young people and their families who may require support are taken in a timely manner.

Areas for development

- The local area's joint strategic needs assessment (JSNA) is focused mainly around children and young people's education needs. There is a lack of focus on children and young people's health and care needs. The JSNA requires further development to ensure that children and young people's health and care needs influence decision making in the local area.
- Leaders correctly identified a serious weakness in the implementation of the graduated approach to identifying and meeting children and young people's SEND, especially in key stages 1 and 2. Some SENCOs and school staff require further training in the graduated approach. Termly SENCO network meetings are not well attended. Approximately 40% of the local area's SENCOs miss vital updates, input from a range of multi-agency practitioners and essential training. Further work is required to ensure increased attendance at these key meetings.
- In Rotherham, parents and carers tell their child's or young person's story over and over again. The 'tell it once' approach, which is at the heart of the SEND reforms, is not embedded well across education, health and care services. The coordination of education, health and care services in the identification of children and young people's needs, especially in key stage 1 and beyond, is variable. Some parents and carers describe being 'passed from pillar to post' between services.
- Communication with parents and carers is weak. Many parents and carers of children and young people with SEND in Rotherham have not heard of the local offer. Those who do know about it, and have tried to use it, find it unwieldy, unfriendly and time consuming to navigate. Parents and carers report getting lost down the rabbit warren of the local offer when trying to locate information. Their views were confirmed by the results of Rotherham Parent Carers Forum's 'How many clicks?' consultation exercise.
- Parents and carers whose child or young person is going through the statutory assessment process do not know who to contact. Often, they do not know the identity of their child or young person's caseworker. Parents and carers feel helpless. They become frustrated and frightened. To improve

communication, transparency and timeliness, an online EHC plan hub has been established recently. Children and young people, parents and carers, and practitioners can now access information about EHC plans through a password-protected portal. Although in its early stages, practitioners, parents and carers, and children and young people value this development highly.

- Children and young people with SEND are not easy to identify within universal health services, for example within health visiting. Health practitioners do not know how many children and young people have SEND support or EHC plans. Some health records do not identify children and young people with SEND and/or their EHC plans. In education, too many pupils with SEND in key stages 1 to 4 are classified as having an 'other difficulty/disability'. These pupils do not receive the bespoke provision that they need because their needs are not identified precisely.

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

Strengths

- Joint commissioning is well established in Rotherham. Just one example is the Rotherham mental health support team 'With Me in Mind'. This jointly commissioned partnership delivers, through a team of mental health support workers based in schools and colleges, an early intervention mental health service. The team supports existing services, such as school counsellors, school nurses and educational psychologists. The mental health support workers are beginning to reduce referrals to services such as the Child and Adolescent Mental Health Service (CAMHS).
- Leaders acknowledge a shortfall in specialist provision for children and young people with SEND within Rotherham. They have identified a need to reduce the number of children and young people who are educated out of borough. Phase 1 of leaders' SEND sufficiency strategy created additional places within Rotherham's special schools and included the creation of Rotherham Opportunities College. Phases 2 and 3, including preparation for adulthood, are underway.
- Occupational therapists provide training to healthcare and education practitioners and parents about the new sensory pathway. This has enhanced the sensory provision for children and young people with SEND within the local area.
- There are strong relationships between the virtual headteachers, the learning disabilities team and social care practitioners regarding children and young people looked after. Practitioners work cooperatively, such as with children

and young people's foster carers, to ensure that the voices of children and young people looked after are heard and acted on.

Areas for development

- Parents and carers and staff in schools describe a 'postcode lottery' in which the quality of an EHC plan is dependent on the expertise of the caseworker who oversees it. Leaders, from their quality assurance of EHC plans, understand their variability well. Many plans have little contribution from health and social care partners. Targets are variable in the extent to which they are 'SMART' (Specific, Measurable, Achievable, Realistic, and Timely). Often, targets, outcomes, needs and provision are merged and unclear. In addition, preparation for adulthood is not well reported or considered in plans. Children and young people's aspirations do not align with planned outcomes well.
- The designated clinical officer has ensured that health professionals, including therapists and staff from CAMHS, have been trained in the inclusion of health advice into the statutory assessment process. However, the quality of health contributions, despite the use of a new standard template, is too varied. On occasion, essential health information is missing from EHC plans. Oversight of EHC plans within the local area, although improving, is not robust enough.
- There is a sizeable backlog of annual review paperwork. Headteachers describe a system that is 'cracking up'. Parents and carers are unhappy that they do not receive annual review papers until just before their child's or young person's next annual review is due to take place. They feel disempowered and ill-informed.
- Leaders' evaluation of the local area's effectiveness highlights shortcomings in preparing children and young people with SEND for adulthood. Parents and carers liken their child or young person reaching the age of 18 to 'standing on a cliff edge'. Their child or young person's needs do not change on reaching 18. But, too often, their child or young person's provision stops. Transition between children's and adult's social care services is not seamless. Communication between children's and adults' services and children and young people and their families is poor.
- SENDIASS is commissioned by Rotherham Metropolitan Borough Council solely. The government's minimum standards for SENDIASS set out that this service is jointly commissioned by education, health and social care. In Rotherham, this is not the case.
- Children and young people are waiting too long for diagnosis via the multi-disciplinary diagnostic pathway for autism spectrum disorders. Local leaders have recognised that this is unacceptable. They have implemented strategies to mitigate the effects on children and young people waiting for assessment,

including signposting to pre-diagnostic support and the commissioning of a digital tele-health assessment service. However, there is more to do to ensure children's, young people's and their families' needs are met in a timely manner.

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

Strengths

- Many of the local area's leaders have taken up their posts recently. In relation to meeting the SEND agenda, they have reviewed provision, confirmed strategy, revitalised quality assurance and prioritised areas for improvement. These leaders act in accordance with plans such as the 'Rotherham partnership SEND strategy', the 'Rotherham joint commissioning strategy 2020–2022', the 'Health and well-being strategy 2018/25' and the 'SEND sufficiency refresh' (2019). Their efforts are beginning to bear fruit.
- The area's evaluation of its effectiveness is accurate and informed by an uncompromising peer review that took place in February and March 2020. Leaders have a clear understanding of what needs to improve and how quickly the improvement must happen for the children and young people with SEND in Rotherham.
- There are robust arrangements in place for children moving from early years to mainstream and special school settings. Early years practitioners work closely with families and professionals from education, health and social care to ensure a seamless transition for children and their families.

Areas for improvement

- Over time, academic outcomes for children and young people with an EHC plan have not been high enough and for those receiving SEND support have been variable. In 2018, for example, leaders recognised progress 8 outcomes at the end of key stage 4 for young people with SEND were 'outside the national curve'. Currently, secondary leaders are working collaboratively to implement a universal offer for English and mathematics across all secondary schools.
- Health services use outcomes measures inconsistently to capture the impact of interventions for children and young people with SEND. They do not measure meaningful outcomes and use the information to improve services and inform commissioning decisions for children and young people with SEND effectively.

- Children and young people with SEND do not attend their schools and settings often enough. Too many pupils with SEND are also excluded from their schools and settings. The proportion of children and young people with an EHC plan who received a fixed-term exclusion increased from 5.4% in 2018/19 to 8.1% in 2020/21.
- The number of young people with SEND going into employment is very low. Some schools have initiated a small number of employability programmes and supported internships, such as 'Project Search'. The number of young people moving on to independent living is also low in Rotherham. Leaders recognise that collaborative work is required with adult social care to increase the proportion of young people who have the option to live independently.

The inspection raises significant concerns about the effectiveness of the local area

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

- The variability in the quality of EHC plans, including the contribution of health and social care partners.
- The effectiveness of the graduated response to identify and meet children and young people’s needs, especially in key stages 1 and 2.
- The quality of provision for children and young people’s preparation for, and transition to, adulthood.
- Communication with all parents and carers of children and young people with SEND about the local offer, and the accessibility of the very valuable information included within the local offer.

Yours sincerely

Belita Scott
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Emma Ing Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice

Belita Scott HMI Lead Inspector	Jonathon Parry-Hall CQC Inspector
Steve Shaw HMI	

cc:
Department for Education
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Director Public Health for the area
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