Area SEND inspection of Barnsley Local Area Partnership

Inspection dates: 2 to 6 February 2026

Dates of previous inspection: 20 to 24 September 2021

Inspection outcome

The local area partnership's special educational needs and/or disabilities (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

The next full area SEND inspection will be within approximately 5 years.

Ofsted and the Quality Care Commission (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

Barnsley Metropolitan Borough Council and South Yorkshire Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Barnsley.

The commissioning of health services changed across England in 2022. At this time, the responsibility for health services in Barnsley passed to the South Yorkshire ICB, which took over responsibility from Barnsley Clinical Commissioning Group.

Since the last inspection, there have been some changes to senior leadership in the local area partnership. The executive director for children and families was appointed in July 2022.

The local authority commissions a tuition service and two registered alternative provisions (AP) that provide education for children and young people, including those who cannot attend school due to social, emotional, mental and medical needs, or for those who are at risk of or who have been permanently excluded. In addition, schools independently commission their own AP.

What is it like to be a child or young person with SEND in this area?

The needs of children and young people with SEND are mostly identified early and accurately across education, health and social care in Barnsley. Support is targeted, resulting in provision that meets the diverse needs of children and young people with SEND, who typically benefit from sustained and demonstrable improvements in their outcomes and experiences over time.

Families of children and young people with SEND receive effective early help, which supports parents to have a better understanding of their child's needs. Social workers supporting disabled children work diligently with a range of multi-agency professionals to ensure that children and young people's needs are identified and met effectively.

Disabled children and young people access community activities through their social care assessment, which supports them to pursue their interests and hobbies. For children and young people who do not have an allocated social worker, the short breaks team provides small care packages and direct payments. Where appropriate, this provides children and young people with an inclusive short break offer regardless of their needs.

Children and young people access a wide range of responsive and effective health services. This includes the 0 to 19 public health nursing service and the healthy child programme. Schools across Barnsley have an effective school nursing offer and take-up is good. Children and young people in specialist provision have their health needs supported effectively through the specialist school nursing service commissioned by the ICB. These services help to ensure that children and young people's SEND are identified quickly and accurately and that their needs are met effectively.

A large proportion of parents and carers have their voices heard through a range of mechanisms, which includes the parent representative group, Barnsley SEND Community Consortium (BSCC). Although in its infancy, the BSCC strengthens a positive culture of co-working between the partnership and families. Most parents and carers told inspectors that they feel involved and listened to. The voice of children and young people with SEND is captured well from primary age through to adulthood. For example, young people with SEND who are involved in the 'Barnsley and beyond group', an initiative for those aged 18 to 25, reported that they feel included in decision-making.

Children and young people with SEND and their families actively co-produce the local offer to help shape services across Barnsley. The partnership gathers their views, alongside those of the PCC, to help inform local decisions. Some children and young people are involved in decision-making, such as sitting on interview panels to support the recruitment of new staff.

Most children and young people with SEND, who require it, benefit from accessing appropriate special school and AP places. Admissions, and decisions on the placement of children and young people with SEND, are considered carefully, with many examples of positive outcomes. However, more places are needed to ensure that all children and

young people, who require it, benefit from special school and AP places.

In general, children and young people with SEND are supported well to move on to their next steps through carefully planned transition arrangements across education, health and care. They feel well prepared for change due to bespoke transition plans and the effective use of information-sharing. Most children and young people with SEND build independence, and take positive steps into their future learning, training or adulthood.

What is the area partnership doing that is effective?

- The partnership is ambitious for children and young people with SEND. Leaders demonstrate a secure understanding of their strengths and areas for improvement. They recognise areas which need further work and know that some outcomes have not been as strong as they could be, for example the timeliness of education, health and care (EHC) plans following annual reviews. The partnership uses data effectively and gathers the voice of children, young people, practitioners, parents and carers to analyse progress, outcomes and impact. This is supporting improvements such as the enhanced identification of children's needs within early years settings.
- A joined-up approach across education, health and social care ensures that children and young people with SEND on the dynamic support register (DSR) receive coordinated, personalised support. The key-worker service plays a central role in building trusting relationships with families and professionals, capturing children and young people's voice and shaping their EHC plans. Effective use of care, education and treatment reviews supports safe discharge from inpatient health settings and reduces the risk of readmission.
- The offer of support for children and young people while waiting for access to health services such as mental health services or autism and attention deficit hyperactivity disorder (ADHD) is improving. Families benefit from support that is targeted and children and young people are prioritised appropriately based on their needs and risks. This allows services to meet the needs of individuals well, particularly when there are delays in access to specialist services.
- Children and young people living in residential special schools and care placements away from the local area benefit from robust oversight and governance arrangements and regular visits from their social worker. Effective monitoring and review processes assure the partnership that these children and young people are placed in the right setting to meet their needs.
- Young people with SEND who move into adult social care have their needs assessed in a timely way. Social workers from both the children's disability team and the preparation for adulthood team work closely together so young people experience smooth, well-planned transitions into adult services. The partnership ensures that mental capacity assessments are appropriately considered, and support is in place for young people with SEND as they move into adulthood.
- Professionals across the partnership work well together to address the needs of children and young people with SEND. Children and young people with emerging emotional wellbeing and mental health needs can access a wide range of effective

support through a single point of access health service. Timely triage and assessment mean that most children and young people get the right support at the right time. This includes access to a range of support services, including specialist social, emotional and mental health (SEMH) teachers.

- Children and young people with SEND who attend AP are tracked closely. Commissioning teams carry out robust quality assurance of AP, and this ensures that leaders maintain a precise understanding of need, vulnerability and children and young people's progress. For some, it also supports successful transition back into mainstream settings or on to their next steps in education, training or employment.
- Education leaders work collaboratively to share best practice, for example in reducing the number of children and young people with SEND who are suspended and permanently excluded. There is a strong SEND support and training offer for schools. Training includes emotionally based school avoidance, autism in girls, and other bespoke packages from the SEMH team. This upskills school staff and improves understanding of the graduated response for children and young people with SEND.
- Schools, families and social care services share information effectively, and tailor support packages, such as part-time timetables or reduced provision for children and young people who cannot access full-time education, appropriately. Education welfare officers facilitate mediation, identify barriers and agree collaborative actions to improve the attendance of children and young people with SEND currently not in full-time education. Children with SEND in primary school typically attend well, and attendance rates in secondary school continue to improve. The partnership analyses attendance data to identify trends and pressure points. They use these insights to implement proactive and useful early interventions.

What does the area partnership need to do better?

- Leaders recognise there is more work to do to improve services that match their high aspirations for children and young people with SEND in Barnsley. This includes the revised strategy for improving the quality and sufficiency of AP that is currently in development. Leaders have a clear vision, but these plans are in the early stages. As a result, some children and young people do not receive high-quality AP to meet their needs as quickly and effectively as they should.
- Wait times for children and young people to access some health services and specialist equipment are too long. Leaders have started to implement plans to address long wait times to services, including speech and language therapy, initial assessments and diagnostics for autism and ADHD and mental health support. Leaders also acknowledge the need for practitioners to work more effectively together as part of the autism and ADHD assessment and diagnostic pathway, to ensure a stronger multidisciplinary approach. Plans are being implemented but it is too early to see the full impact.
- Although there is a strong offer of support available for children and young people before they are referred to autism or ADHD pathways, families told inspectors they do not always feel listened to. Inspectors found that when children and young people are not accepted onto these pathways, families sometimes feel blamed for their child's

behaviour, with some parents attending parenting courses prior to accessing referral pathways, for example.

- The support to meet the needs of children and young people with sensory difficulties, those who need specialist support for enuresis, those who have epilepsy and those with complex health needs who are transitioning to adult services is not as comprehensive as it should be. Furthermore, families told inspectors that they do not always know how they can access a learning disability diagnosis for their child, where appropriate. This limits the early identification and meeting of some children and young people's needs.
- Children and young people's EHC plans are not always fully reflective of their needs, and professionals do not always have up-to-date information. In some cases, revised EHC plans are not shared with key professionals. Although an improving picture, there is still work to do to further increase the timeliness of EHC plans following annual reviews.
- The partnership recognises the ongoing need to improve children and young people's attendance at school and reduce the number of those aged 16 to 18 not in education, employment or training. In addition, some elements of the work to strengthen early identification of children and young people's needs in mainstream secondary schools are still becoming fully embedded. Established strategies have led to improvements and there has been a demonstrable impact on children and young people with SEND. However, the partnership rightly recognises that further improvements could be made to the effective early identification of children and young people's needs.

Areas for improvement

Areas for improvement
The local area partnership should implement and embed their revised AP strategy so that it secures increased high-quality education provision for children and young people with SEND.
Leaders across the partnership should implement recovery plans to reduce the waiting times for children and young people with SEND to improve the timeliness of health services, including: ■ speech and language therapy ■ neurodevelopmental assessment and diagnosis ■ mental health services
Leaders should continue to strengthen the communication to children and young people with SEND and their families on the support available to them while they are waiting to access health services.

Local area partnership details

Local authority	Integrated care board
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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 HMIs 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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