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Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group  
Lisa Loach, Local Area Nominated Officer, Barnsley Metropolitan Borough Council

Dear Ms John-Ross and Mr Wike

### **Joint area SEND inspection in Barnsley**

Between 20 September 2021 and 24 September 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Barnsley 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 from Ofsted, with a team of inspectors including another Her Majesty's Inspector 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 area, including the 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.

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 area's practice. HMCI has also determined that

the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 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 strengths and areas for further improvement.

## **Main findings**

- Area leaders were slow to implement the 2014 reforms. This has led to high levels of dissatisfaction among parents and carers. Over the past two years, work has been done to start to mend what, leaders recognise, was a broken SEND system. Two key issues remain. First, the strategic influence of parents and carers is extremely limited. Second, the outcomes for pupils with SEND, without an education, health and care (EHC) plan, at SEND support are poor.
- Parents and carers have too little say in strategic decision-making about the area's services. Many parents and carers report dissatisfaction with their experience of the SEND system in Barnsley. The special educational needs and disabilities information advice and support service plays a significant role in supporting families and is effective.
- Leaders in the area do not communicate clearly with parents and carers. Parents and carers are not aware of ongoing improvement work or how to access support while waiting. They do not know about the significant improvement in waiting times for autism spectrum disorder assessments.
- Over time, many parents and carers have had to battle to get the provision and support their child needed. This is changing. In most cases, the voice of parents and carers is now listened to by practitioners. More and more individual plans are being co-produced with parents and carers. Co-production is a way of working where children and young people, families and those who provide the services work together to create a decision or a service which works for them all.
- There is a shortage of specialist education provision pre-16 years of age. There are insufficient school places locally for children and young people with SEND. This is leading to a reliance on out-of-area placements and late school placement decisions. Area leaders are aware of this and have plans to increase the amount of specialist provision locally.
- Outcomes for children and young people who have EHC plans are positive. Their placements are ambitious and meet their needs. However, the attainment, attendance and level of exclusions for pupils at SEND support are weak. The support provided to many pupils at SEND support does not meet their needs well.

Area leaders have developed training and monitoring systems to improve the help given to pupils at the SEND support stage. This work is not yet embedded.

- Barnsley local authority and the Barnsley clinical commissioning group (BCCG) have worked together to refresh and review the joint strategic needs assessment and the area's self-evaluation. The area's improvement plans explain clearly the work to be done in Barnsley. The priorities in the improvement plans fit well with the reforms in the Children and Families Act (2014). Since 2019, area leaders have worked on their priority areas with a true sense of purpose and commitment to the children and young people and their families in Barnsley. However, a significant amount of time was lost between 2014 and today. Many leaders were appointed since 2019 and are at the start of improving provision and outcomes for children and young people with SEND.
- Area leaders have taken advice from external advisers and reviewed waiting lists for services. This has led to changes in how services are organised. At local authority level, for example, the arrangements for managing requests for statutory assessment and the EHC plan process have changed. The BCCG reviewed the delivery of autism assessments. Steps taken by leaders have led to a reduction in the backlog of EHC plan assessments and improved waiting times for autism spectrum disorder diagnosis.
- The voice of children and young people with SEND is strong in Barnsley. Recommendations from the specialist youth forum have a clear route to the area's decision makers. Leaders have trained some young people with SEND as commissioners. As young commissioners, they advise on how services should be organised. The success of their work can be seen in the revised specification for the child and adolescent mental health service (CAMHS).
- In the early years of a child's life, health and children's services work together well. Staff from health, early years settings and family centres work in close partnership to offer effective support to parents and carers.
- The number of young people with SEND who progress into education or employment is strong. Area leaders ensure young people have targeted careers advice, guidance and support. Once a young person with SEND reaches Year 9, they are allocated a transition, individual advice and guidance (TIAG) team worker who supports them personally with their next steps post 16.
- The post-16 education and training offer is effective. Young people with SEND and their parents and carers are happy with the support and learning available at this point. Young people's studies broaden their awareness of themselves and help them to find employment.

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

### **Strengths**

- Area leaders use data to forecast the need for, and improve the effectiveness of, health and children's services. For example, health leaders redesigned the autism spectrum disorder diagnosis pathway to address long waiting times.
- Health services for children who are identified with SEND from birth are working well. The midwifery service identifies potential needs early and shares this information promptly with other services. Health visitors offer additional visits and support when needs are identified in pregnancy. Women and their families receive the right support from the earliest opportunity.
- Early years providers appreciate termly meetings with health visitors and the support available from the local authority's early years specialists and the area special educational needs coordinator. The local authority's early years advisory team, in collaboration with health and social care, has produced a progress check for two-year-olds in Barnsley. The information gathered by the progress check is used well by partners. Services are quick to identify a child who may need additional assessments or specialist support. Family support workers and services such as speech and language therapy (SaLT) get involved quickly when needed. Over the past 18 months, COVID-19 has caused some delay in the completion of some of the follow-up assessments. There is a plan in place to address these gaps.
- The portage service is spoken of highly by parents and carers. Portage practitioners work with parents and carers who have a child who is struggling to communicate and interact with others. Portage staff support the transition from home to early years settings well. Early years staff hit the ground running with what is already working well for children.
- Children and young people in care have access to an additional CAMHS offer commissioned by the BCCG. This resource helps identify any escalating social, emotional or mental health needs in this vulnerable group of young people.
- There is an early help support worker in the children's emergency department. This helps parents and carers get follow-on help from health and social care services following a hospital visit.

### **Areas for development**

- Some parents and carers feel that schools do not have sufficient knowledge to understand the needs of their child fully. Parents and carers feel this leads to inflexibility when behaviour management systems are applied, or a lack of additional support. The SEND-related expertise of staff differs from school to school and across services. Leaders have recognised this and are working with schools and services to improve support for children and young people with

emerging needs. Leaders have recently introduced a SEND toolkit for use by practitioners. However, this toolkit and the training programme that goes with it are a recent development. There is no evidence of impact yet.

- School exclusions for pupils at SEND support are too high. Education welfare officers work with schools to identify early interventions for pupils at risk of exclusion. This development is at a very early stage. It is too soon to evaluate the impact of this work.
- School leaders have not been able to access prompt specialist SEND advice from the local authority consistently. Area leaders recognise this issue and are trying to improve the level of support available. For example, the local authority has invested in a core offer to schools from the educational inclusion service. Schools can now access an educational psychologist when they need one. This new arrangement has only just been explained to school leaders. There is no measurable impact of leaders' actions.
- There is a comprehensive local offer website. Unfortunately, many parents and carers do not know about the local offer or the website. Leaders have plans in place to redesign the website. Leaders know they need to improve communication with parents and carers about where to go for SEND-related information.
- Parents and carers of children and young people with SEND feel isolated. They are keen to meet others who have similar experiences. Some parents and carers have set up self-help groups and small networks. More needs to be done by partners across the area to help parents and carers share their experiences and learn from each other. Area leaders have plans to refresh forums for parents and carers and provide a route for them to contribute to local area decision-making.

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

### **Strengths**

- Children and young people with SEND access health therapies, such as SaLT, occupational therapy and physiotherapy, promptly. During the pandemic, the SaLT team developed new ways of conducting assessments and offering information and advice. For example, they used visualisers during assessments and developed digital games and videos to demonstrate interventions. This meant there was no interruption to the therapeutic offer despite periods of local restrictions necessitated by COVID-19.
- Barnsley's sensory programme is valued by parents and carers. This programme is designed by health partners to help parents and carers understand their child's sensory needs. This means that parents and carers are better able to meet their child's sensory needs in the home.
- There is effective provision for children and young people with visual and/or hearing impairment in Barnsley. The sensory impairment team includes specialist

teachers and habilitation officers. The habilitation officers for visual impairment, for example, help children and young people be more independent. The sensory team talk to children and young people with SEND and their families about their goals and build support plans around these.

- EHC plan processes and procedures have been weak over time. Statutory timescales were not met. Annual reviews were not completed. Pupils with an EHC plan did not receive the support they needed. However, area leaders have invested heavily in this area. The local authority has developed an online EHC hub that brings together many aspects of the EHC plan process. Additional staff have been appointed to deal with the backlog of EHC plan assessments and reviews. EHC plans more accurately reflect the needs of the child or young person. Now, reviews are generally held within the statutory timeframe.
- The TIAG team has a strong presence in the area. In Year 9, each young person is assigned a personal adviser who remains with them until they move into adulthood. Young people with SEND spoke highly of TIAG support and independent travel training. The TIAG support and the independent travel training are contributing well to the high numbers of young people with SEND who progress to post-16 education and training.
- The community children's nurse provision supports children with complex needs well. Health leaders have invested in this service. This has led to a reduction in the number of children with complex needs being admitted to hospital. The service also provides health education and care advice to out-of-school providers in the area. Children with complex needs have more access to appropriate support in holiday and after-school clubs because of this provision.
- Waiting times for autism spectrum disorder assessments are reducing. Area leaders have put in more support for children, young people, and their families during the assessment period. The autism spectrum disorder assessment team is jointly commissioned by the BCCG and Barnsley local authority. They identified a gap in services for children and young people who did not meet the threshold for diagnosis. There is a newly formed neurodevelopment family support team which offers an 18-week programme to children and young people with communication and interaction difficulties and their families. This is a positive development.
- Individual health services have made changes to their provision in response to what parents and carers told them. For example, health leaders consulted with parents and carers about the development of the children's emergency department assessment unit. Parents and carers said the unit needed to be more autism friendly and advised on changes that would help achieve this. The unit is now easier for families to use.

### **Areas for development**

- Too many children wait too long for support for their social, emotional and mental health needs in the area. Leaders have recognised this. Plans are in place to address the outstanding issues.

- While there are improvements around the completion of EHC plans, the contributions from health and social care are of variable quality. Area leaders are aware of this and have put in place new quality assurance processes. These processes are in the early stages of development. Their impact on improving the consistency of contributions to EHC plans is not evident.
- Barnsley does not have an embedded 'tell it once' approach for the families of children and young people with SEND, especially across health services. Health leaders are aware of this and are piloting new ways of sharing information across different health partners.
- Transition to adulthood is underdeveloped in some health services. For some young people there is no equivalent adult health service. This causes anxiety for the young people and their families. Leaders are aware of this issue and there are ongoing pilots to identify solutions.
- Children and young people with SEND rely heavily on their schools to make friends and experience social events. In Barnsley, there is a limited range of opportunities and support for doing things outside of school. Social participation is not being identified as a need at EHC plan reviews consistently.

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

### **Strengths**

- The proportion of children and young people with SEND who progress to appropriate education, employment and training destinations at the end of key stages 4 and 5 is high. This is, in part, due to the breadth of provision available post 16 and the effective information, advice and guidance children and young people receive from schools and the TIAG team.
- Children in the early years and key stage 1, with an EHC plan, achieve well from their individual starting points. The area has improved their partnerships with early years providers. The training and support the area provides to schools and early years practitioners is now more closely linked to children's complex needs.
- The youth justice service has a specialist team, commissioned jointly by the BCCG and the local authority, which includes a learning disabilities nurse, dedicated time from an educational psychologist and two CAMHS workers. This team has helped officers in the youth justice service to better understand and meet the additional needs of the children and young people who are referred to them. As a result, rates of reoffending and the numbers of cases that lead to a criminal sentence are reducing.
- Outcomes for children with SEND in the early years and up to the end of Year 1 are improving. For example, 52% of boys were identified as having below-average levels of speech at two years old; this had reduced to 15% on entry to school. The area also provides support for children with SEND who are not fluent readers.

## Areas for development

- The academic outcomes achieved by pupils at SEND support are weak. By the end of Year 1, approximately six in every ten pupils at SEND support do not reach the expected standard in reading. While there have been some marginal improvements of late, across all key stages in primary and secondary schools, pupils at SEND support achieve poorly.
- Leaders acknowledge that rates of absence and exclusion for children and young people at SEND support are too high. They are right to be concerned. For example, during the 2018/19 academic year, the proportion of suspensions for these pupils was nearly double the national average for the same pupil group. Furthermore, pupils at SEND support miss too many days of school. This contributes to weaker academic outcomes over time. Leaders have recently appointed a specialist education and welfare officer to work on this issue with school partners. There is no measurable impact yet.

There are insufficient opportunities in the area for children and young people with SEND to socialise with their peers. This is limiting the development of social skills that will help children and young people with SEND prepare for adulthood.

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

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

- The engagement of, and communication with, parents and carers. Area leaders need to ensure that the lived experience of families is influencing their strategic plans for services and provision.
- Improving the identification of, and provision for, children and young people with SEND but without an EHC plan.

Yours sincerely

Patricia Head  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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HMI Lead Inspector	CQC Inspector
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Cc: Department for Education  
Clinical commissioning group  
Director of Public Health for the area  
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NHS England