

Area SEND inspection of Rotherham Local Area Partnership

Inspection dates: 30 September 2024 to 4 October 2024

Dates of previous inspection: 5 July 2021 to 9 July 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 five years.

Ofsted and the Care Quality Commission 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

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

Over the past four years, there have been several changes to senior leadership positions in the local authority's services for children and young people. A new director of children's services was appointed in March 2023. Recently, a new assistant director for education and inclusion has been appointed.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS South Yorkshire ICB became responsible for the commissioning of health services for Rotherham, taking over responsibility from Rotherham Clinical Commissioning Group (CCG).

The local area partnership commission Rotherham Aspire Pupil Referral Unit to provide education for children or young people who are at risk of or have been permanently excluded. Schools also commission their own alternative provision (AP). They are responsible for their own checks on the suitability of any AP that they commission independently, although they are frequently supported by the local authority.

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

Children and young people are valued and visible in their communities. There is a genuine shared determination across the partnership that all children and young people with SEND are happy, successful and thrive. Leaders listen to children and young people and their families. For example, they are at the front and centre of leaders' decisions around services that affect them.

Most children's and young people's needs are identified and assessed quickly and accurately. Leaders ensure that there are opportunities for health visitors to identify children's needs at the earliest opportunity through additional visits. Professionals work in collaboration, ensuring that children and young people access timely and effective support. For example, children born with a physical disability benefit from strong partnership working between hospital and community services. Where children are born with sensory and communication difficulties, the appropriate support is provided in a timely manner. Many families find this invaluable. However, some children and young people wait too long for assessments and support from occupational or speech and language therapists. Leaders are aware of these waits and are working closely with therapy leaders to improve children's and young people's access to the therapy services that they need.

Some children and young people wait too long to receive a diagnosis of their neurodevelopmental needs. Despite this, significant work is underway to transform not only the diagnostic waits but also to meet the needs of children and young people with or without a diagnosis. For example, some children and young people access instant support while they wait through 'With Me in Mind', a mental health service.

Many children and young people with SEND enjoy attending a range of mainstream schools and specialist provisions. SEND specialist advisers are instrumental in identifying areas where children and young people are not achieving as well as they could. They work with schools to develop strategies to address this, such as enhancing the reading offer for children with education, health and care (EHC) plans so that they make improved progress.

Disabled children who receive services from the children with disability team benefit from child-focused support from social workers who know them well. When children and young people are identified to be at risk of harm, social workers respond in a timely manner to reduce risk. There is an appropriate safety net around those children and young people with SEND who are missing education or electively home educated. Children in care live in settled homes, where they feel they belong, and their needs are met well.

Children and young people are successfully supported to move on to their next stage of education, employment or training through a range of events, including a highly inclusive annual careers fair, the 'Leaf Event'. The specialist inclusion team work directly with young people so that they can access a range of services, such as housing, care and

independent living. Young people who may need support and do not meet the criteria for adult services benefit from access to alternative pathways. For example, some young people are supported to obtain documents such as passports, open bank accounts and develop skills for independent living. Young people with a physical disability are supported to independently manage their physical health needs through an increase in therapeutic support provided by Occupational Therapy and Physical Therapy.

Children and young people enjoy a range of after-school and holiday activities. Schools speak highly of activities provided by Rotherham Parent Carer Forum (RPCF). Leaders proactively support families – whose members might otherwise struggle – through the process of employing personal assistants.

What is the area partnership doing that is effective?

- Leaders are ambitious for children and young people with SEND across the borough. They have a strategy in place that reflects their clear priorities, based on rigorous data that they regularly monitor. This enables the partnership to measure their success and make the necessary changes when required. This is based on their four cornerstones: Welcome and Care, Value and Include, Communicate and Work in Partnership. The RPCF is a committed and compassionate group living and breathing the four cornerstones that influence the culture for children and young people in Rotherham.
- Leaders are tenacious in gathering the views of children and young people in a variety of ways, such as the targeted survey, 'Voice of the Child'. Leaders receive regular feedback about services that children and young people experience from 'Guiding Voices', a passionate group of children and young people with SEND. When children and young people proactively participate in decision-making, this helps drive improvement.
- Co-production is widely understood across the partnership and used as an effective tool to inform decision-making and the commissioning of services. All stakeholders, including education, health and social care come together under the Rotherham Together Partnership to improve the quality of life for children and young people. They make the best use of resources available and plan for and respond to children's and young people's needs. For example, leaders have set up a working party that includes schools and health to review Rotherham's AP strategy. Schools feel valued and part of this process.
- Many parents report positively on the effective support that their children receive from a range of services. They appreciate the information that is provided in accessible formats such as easy read documents from the SEND information, advice and support service. Schools value the range of training, guidance and bespoke packages provided by the partnership. For example, the educational psychology and specialist inclusion team work with practitioners and parents on supporting children and young people with SEND. As a result, children and young people benefit from a consistent approach to meeting their needs.
- Attendance is a priority across the partnership for children and young people with

SEND who attend APs, are in care, or those who receive their education out of the borough. Primary and secondary inclusion panels identify and support children and young people whose attendance is at risk of decline, through innovative ways such as the 'emotional preparation for learning package', for children and young people who are struggling to attend school. This has improved attendance.

- Leaders work with parents and carers who are considering to electively home educate their child to understand and identify any barriers to attending school. This enables leaders to support families early, which has resulted in many children and young people remaining in full-time education and successfully completing their studies.
- Experienced and knowledgeable early help practitioners provide a wide range of timely intervention and support to children and their families with SEND. They work in partnership with services such as Evolve and social care colleagues to identify and support children and young people. For example, some young people have been successfully supported back into education following long periods of time out of school.
- There is effective provision for children and young people with visual and/or hearing impairment. The visual impairment team offers high-quality assessments and ongoing specialist support to schools. For a child who has a visual impairment identified in pre-school, the team works with the family in the home.
- The school nursing service effectively supports schools to bridge the gap between schools and health practitioners when needed.
- Through the Dynamic Support Register, children and young people receive timely support to prevent acute hospital admission or to plan hospital admission when needed.
- Young people have good access to front door child and adolescent mental health services through a self-referral or a referral by parents or practitioners. They receive swift support.

What does the area partnership need to do better?

- There is variability in the quality of EHC plans. The voice of the child or young person and their families is sometimes not carefully reflected in the EHC plans. This limits the reader's ability to understand the child or the view of the parent/carer. Many EHC plans have generic outcomes and rarely include steps in which outcomes will be achieved.
- While leaders are successful in working with young people and their families to access post-16 provision this is not always reflected in their EHC plans. EHC plans are often generic and lack detail. For example, the strategies to support young people to transition to adulthood, including vocational training and independent living skills, are unclear. This potentially leads to outcomes and support not being maintained when a child or young person changes their educational setting.
- Despite some recent improvements to the quality of EHC plans, while education input is clear, many plans do not provide a holistic view of the child or young person's needs across health and social care. Leaders are aware that there is a need to further

develop their systems to share information across education, health and social care and ensure that this is reflected in the plans.

- There are delays for children and young people across the age range to access a diagnosis of their neurodevelopmental need. There are also delays for some children and young people accessing occupational therapy and speech and language therapy advice and support. The partnership has clear oversight and action plans to mitigate these delays for children and young people. It is too soon to see the impact of these plans.

Areas for improvement

Areas for improvement
<p>Leaders across the partnership should continue to improve the quality of EHC plans. This is to ensure that:</p> <ul style="list-style-type: none"> • there is consistent and clear information from health, education and social care; • all EHC plans reflect the views of children, young people and their families; • EHC plans contain the support that the child or young person needs to prepare for adulthood; and • all outcomes include detail and are measurable so that children and young people receive consistent support.
<p>Leaders across the partnership should continue to strengthen its work to reduce the long waits for neurodevelopmental assessment pathways. In addition, leaders should intensify service improvements for occupational therapy and speech and language therapy at a universal and targeted level to reduce waiting times. This will ensure that children and young people receive support at the right time.</p>

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 two of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including: an HMI from social care and an Ofsted Inspector from education; 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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