

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



8 June 2022

Marium Haque
Director of Children's Services
Bradford Metropolitan District Council
Margaret McMillan Tower
Bradford
BD1 1NN

Helen Hirst, Chief Officer, Bradford Clinical Commissioning Group

Niall Devlin, Local Area Nominated Officer, Bradford Metropolitan District Council

Dear Dr Haque and Ms Hirst

Joint area SEND inspection in Bradford

Between 7 and 11 March 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Bradford 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 an Ofsted 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

- Between 2014 and 2019, leaders from the local authority and the CCG did not prioritise the implementation of the SEND reforms. As a result, there are now significant gaps in specialist provision and services for children and young people with SEND in Bradford.
- Leaders who are now in post acknowledge these historic failings and are committed to bringing about change. Leaders said, 'We've seen the reality. We are clear around the direction of travel. We know the reality is not an acceptable position.' Leaders have evaluated the current situation well. They have identified key priorities focused on improving the experience of children and young people with SEND and their families. However, there is much to do and the journey to improvement has only just begun.
- Leaders do not gather the voice of children and young people with SEND as much as they need to. There are plans in place to increase the influence of children and young people with SEND in strategic decision-making. However, these plans are at an early stage. Children and young people are not feeling the impact of leaders' commitment.
- Leaders of the local authority and CCG are communicating more effectively. However, joint commissioning of provision and services for children and young people with SEND is at a very early stage. There is more to do to ensure sustainable and integrated decision-making to improve provision for children and young people with SEND in Bradford.
- The lack of communication between stakeholders is a significant issue. This is at an operational and strategic level. At an operational level, parents and carers find it hard to contact key services. They often wait too long to get answers to questions.
- Over time, parents and carers have lost faith in the SEND system in Bradford. Leaders now recognise the importance of using the experiences of families to inform strategic decisions. The Parents' Forum for Bradford and Airedale (PFBA) and Aware are parent and carer groups with powerful voices in the area. The manager of the PFBA represents parents and carers at a strategic level as part of

Bradford's governance structures. Leaders have started to listen to parents and carers but families are not experiencing the impact of this action.

- Over time, leaders have not developed robust systems to support the assessment, completion and review of education, health and care (EHC) plans. Leaders are aware of the importance of completing initial EHC plans efficiently. They have recently taken steps to address this issue and completion rates for initial EHC plans have improved. However, the contributions of health and social care practitioners to EHC plans are of variable quality. This means that some EHC plans do not describe the child or young person's needs as accurately as they need to. School leaders are overwhelmed with the number of consultations for places for children and young people with EHC plans, and they are frustrated at the poor transfer of information around these consultations. Annual reviews of EHC plans are not published promptly by the local authority. This leaves school leaders and parents and carers unclear which recommendations from annual review meetings have been approved.
- The inconsistent delivery of key health services is limiting the early identification of children and young people's additional needs. These health services include annual health checks for children and young people with disabilities, review health assessments for children and young people in care and the healthy child programme. This means, for example, that vision and hearing checks are not done routinely.
- The needs of children and young people at SEND support or waiting for a diagnosis are not fully understood or met by services or in school consistently. This is affecting outcomes for these children and young people. For example, too many children and young people at SEND support are absent or suspended from school too often in Bradford.
- Leaders and further education providers work together closely to ensure that there is a broad post-16 provision offer to meet a wide range of additional needs. Young people with EHC plans and those at SEND support receive strong support from schools and colleges for transition to the next stage of their education, training or employment. The number of young people with an EHC plan who progress to further education, employment or training is high. This has been a consistently strong picture since 2018. The number of young people at SEND support who make a successful next step after leaving school is also increasing.

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

Strengths

- Leaders have introduced identification tools such as the 'matrix of need' and 'graduated response handbook' successfully to help practitioners identify additional needs in school and early years settings. The matrix of need identifies clearly when an education setting should take action to access additional support and resources for a child or young person with SEND.

- The education psychology service has rolled out core strands of intervention to support schools and develop staff's skills. For example, some schools have a mental health champion who attends monthly training meetings run by an educational psychologist. This is helping to raise awareness of children and young people's mental health needs and supports the early identification of children and young people's emotional health and well-being needs in schools.
- Health practitioners have introduced new initiatives, such as '1001 days' and the 'Early Language Identification Measure', to support children, young people and their families in the early years. These are improving therapeutic relationships and contributing to the early identification of speech and language needs well.
- A multi-agency panel meets regularly to check the needs of children and young people who are receiving support from the youth justice service. The previously unnoticed and unmet needs of these vulnerable children and young people are addressed by the panel well.

Areas for development

- Leaders have set up family hubs across the area. Access to health practitioners through these hubs is variable as not all services are represented at each hub location. This is limiting the opportunity to identify the additional needs of children and young people consistently and at the earliest opportunity.
- There are gaps in the healthy child programme delivered by the 0 to 19 service. Health visitors do not deliver routine face-to-face antenatal contacts with some prospective parents. Integrated checks for children aged between two and two and a half years old are not undertaken in a timely manner consistently. Children are not routinely screened for vision or hearing impairment at the point of school entry. Their emerging or escalating sensory needs are not identified at the earliest stage. While COVID-19 has had an impact on staff capacity in the past two years, there were already gaps in these checks before the pandemic. Leaders have plans in place to address the capacity issues in this area of the 0 to 19 service. It is too early to judge the impact of additional investment at this stage.
- Children and young people in care who have SEND wait too long for an initial health assessment, and annual reviews are not completed on time routinely. This limits the opportunity for early identification of additional needs for these vulnerable children and young people. Also, not all children and young people with a learning disability are being offered annual health checks.
- Early help practitioners do not identify children and young people's additional needs effectively as a matter of course. Leaders have not ensured that early help practitioners in Bradford's children's services are consistently well-trained and able to recognise issues related to SEND in the families they work with.

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

Strengths

- Leaders recognised the need to improve the information and guidance available to parents and carers of children and young people with SEND. Leaders have pooled their resources to fund the PFBA and to commission an impartial SEND information advice and support service for parents and carers.
- The PFBA has a voice in the governance of SEND in Bradford. While it is too early to show evidence of impact on long-term outcomes for children and young people with SEND, there are concrete examples of leaders' commitment to improving communication with parents and carers. For example, the SEND strategic partnership board have received and are acting on a report about autistic spectrum disorder (ASD), anxiety and school attendance, produced by the Aware group and the PFBA.
- There is effective further and higher education and training provision for young people with SEND in Bradford. Young people speak positively about the courses they are on and the support they are receiving to achieve their future goals.
- Leaders established local recovery groups to support children and young people with SEND whose lives were affected by COVID-19. These recovery groups were managed by the local authority in partnership with school leaders. School leaders say this support helped them to meet the needs of children and young people with SEND during the pandemic.
- Leaders have developed multilingual approaches to assessment where children, young people or their families speak English as an additional language. Children and young people with SEND are assessed in their first language. This has improved the accuracy of assessments.

Areas for development

- Leaders have been slow to implement systems to identify and support additional needs of children and young people with SEND. For example, a dynamic support register has not been fully implemented. There is a lack of oversight of this group of children and young people across the area.
- The coordination and oversight of access to specialist children's equipment, such as wheelchairs, is poor. Parents and carers often have to chase services to make sure that children and young people with SEND receive much needed equipment in a timely manner.
- The vast majority of leaders from early years settings and schools say that communication from local authority SEND services is poor. School leaders are hopeful that the new EHC portal will help to streamline systems and improve the flow of information. However, the benefit of this new portal is not being

felt fully by school staff or parents and carers. For example, many parents and carers said they did not know when a school place had been successfully allocated, which impeded transition planning.

- Leaders have recently invested in more places in specialist settings and special schools. However, school leaders remain deeply concerned about the sufficiency of places for children and young people with SEND and are unclear what strategic plans are in place to meet future needs.
- Children and young people with SEND wait too long for assessment, treatment and diagnosis across several health services. These services include the child and adolescent mental health service, speech and language therapy, the diagnostic pathways for ASD and attention deficit hyperactivity disorder. There is a lack of effective support offered to children and young people while they are waiting for these services. This is leading to families feeling increasingly strained and, in some cases, unable to cope.
- Access to all school nursing teams for children and young people with SEND varies too much from school to school. Also, the training provided by the special school and community nursing teams to other professionals and to parents and carers is limited. This means that the health needs of children and young people with SEND are not met consistently. For some children and young people with SEND, this leads to delays in accessing important services such as respite care.
- There has been an improvement in the proportion of EHC plans that are issued by the 20-week deadline. However, the quality of EHC plans is variable. It is not clear in EHC plans how the health and social care needs of children and young people with SEND will be met. Leaders have introduced a new quality assurance process. It is too early to see the evidence of impact yet.
- School and college leaders are frustrated and concerned about the delays in receiving amended plans following annual reviews. In many cases, school and college leaders are having to work with out-of-date and inaccurate EHC plans. This makes it impossible to match the provision to the current needs of the child or young person.
- The provision for social activities, respite care and short breaks is variable. There is a shortage of respite care placements and a lack of specially trained staff. For example, parents and carers of deaf children say there are no clubs or activities where staff use British Sign Language. Some children and young people with SEND struggle to access parks and other community facilities. Parents and carers of children and young people with profound and multiple learning disabilities do not feel they are able to influence the local community offer for their children as much as they would like to.
- The home-to-school transport offer for children and young people with SEND is not working as well as it needs to. There is a shortage of drivers and escort staff with specialist training. This is leading to some children and young people with SEND being unable to attend school every day.

- The local offer does not contain the right information about the SEND services that are available across the area. It is difficult to navigate. Although leaders have started to make improvements, it is hard for children, young people, families and professionals to find the information that they need.

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

Strengths

- In terms of issuing a new EHC plan within 20 weeks, Bradford had a very low completion rate in 2017. Leaders have taken steps to address this issue and completion rates have improved steadily since 2018.
- The number of children and young people with an EHC plan and those at SEND support who are permanently excluded from school is low.
- There is an effective post-16 education and training offer as well as a broad range of employability programmes and supported internships for young people with SEND. A high proportion of young people with SEND make a successful transition into further education, employment or training.

Areas for development

- Most annual reviews of EHC plans are coordinated by providers. These meetings take place in a timely fashion. The responsibility for publishing amended plans following an annual review lies with the local authority. There is a log jam in the system. Amended plans are sometimes not sent out at all or are published a long time after the annual review meeting. This means providers do not know what has been approved in terms of changes, and this, in turn, is having a negative impact on provision of services and outcomes for children and young people with SEND.
- Leaders do not scrutinise outcomes for children and young people who are at SEND support well. The end of key stage 4 outcomes for this group of young people are poor. Leaders do not have a clear understanding as to why this is and what action is needed to address the issue.
- The needs of children and young people at SEND support are not fully understood or met by school staff consistently. The number of children and young people with SEND suspended from school for a fixed period is too high. This contributes to poor attendance rates for children and young people with SEND.

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:

- Poor communication between stakeholders across education, health and care.
- The variable quality of EHC plans, including plans which do not fully describe the provision that children and young people with SEND need.
- The inconsistent delivery of the 0 to 19 health visiting, school nursing and specialist nursing services.
- Children and young people wait too long for assessments, treatment and diagnosis. There is insufficient support for children and young people with SEND who are waiting for provision, services, diagnosis or equipment.
- Education, health and care services do not work together well. The arrangements for joint commissioning are underdeveloped.

Yours sincerely

Patricia Head
Her Majesty's Inspector

Ofsted	Care Quality Commission
Katrina Gueli Regional Director	Manir Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Patricia Head HMI Lead Inspector	David Roberts CQC Inspector
Matthew Rooney Ofsted Inspector	

Cc: Department for Education
Clinical commissioning group
Director of Public Health for the area
Department of Health
NHS England