Sheffield SEND Enquiry

July 2025

Learn Sheffield

By Sheffield. For Sheffield. In collaboration

Sheffield SEND Enquiry

Contents

Context

Learn Sheffield was commissioned by Sheffield City Council to carry out an evaluative review of local area SEND arrangements focusing on the experience of children and families. This is known as the SEND Enquiry and is part of the wider development of the city's SEND Manifesto and future strategy. This report should therefore be read alongside the SEND Manifesto and other associated reports.

The outcomes of the SEND Enquiry were agreed as:

- To understand the lived experiences of children and their families from a multi-agency perspective.
- To understand the experiences of education, health and children's services professionals working in Sheffield to support children with additional needs and their families.
- To understand practice and the unique contributions of providers and processes, including any duplication or gaps.
- To examine education, health and care (EHC) assessment, planning and review processes, the quality of EHC plans and how decision making works.
- To provide feedback and cross-organisation recommendations to support whole-system readiness for change.

The enquiry methodology as well as selected evidence and case studies are included in the report as appendices. The main report is in two sections:

1. Executive summary of the main findings and recommendations.
2. Detailed findings relating to the experiences of children, families and professionals in Sheffield.

All contributing individuals and organisations are listed at the end of the report.

Executive Summary

Main findings:

'Individuals can make it for you or set you back a long way.'

1. The experiences of children and families in Sheffield are made or broken by their interactions with the individual professionals who help and support them. Children and families have more positive experiences when professionals and services plan and work together.

'What makes the difference is working collaboratively.'

2. Typically, however, there is little joined-up working across education, health and children's services in Sheffield. The disconnected approach to leading and managing SEND arrangements in the city has created fragmentation, eroded confidence and trust, and amplified negative experiences and outcomes for children.

'They come, they assess, they disappear.'

'You have no idea where you are in the process, it's bewildering.'

3. Families lack important knowledge about the help and support available to them in Sheffield, despite the range and quality of expertise and resource in education, health and children's services teams in the city. Families feel vilified by their experience of Sheffield's SEND system.

4. Similarly, professionals do not feel valued and they lack confidence in the city's SEND system, which does not facilitate accurate and up-to-date assessment of need, effective joint planning and decision making, or efficient allocation of the help, support and resources children and families need.

'There is no need for all the assessment when small things would help. Huge amounts of resource are wasted.'

5. The graduated approach is ineffective in mobilising the early multi-agency help and support children and families in Sheffield need. In too many cases, EHC assessment is seen as the only way of accessing the right help and support, even when the child's needs are understood well, have been assessed accurately and could be met effectively through a more flexible and proactive approach. Too often, the high-quality contributions of individual professionals get 'lost' in weak and over-bureaucratic arrangements for identifying, assessing and meeting children's needs.

6. The timeliness and quality of EHC assessment, planning and review are poor. Weak processes and decision making at important transition points are especially poor and hinder good planning for post-16 provision and preparation for adulthood. Professional reports are typically of good quality but are often late or not included in final plans. Generally, the professional advice in EHC plans is poorly integrated. These weaknesses have had a corrosive effect on every stakeholder, causing frustration, fatigue and disappointment in every part of the city's SEND system.

'Everything is a waiting game.'

7. Separate ND and ADHD assessment pathways result in a protracted approach to identifying and assessing children's needs. Thresholds for accessing specialist health advice are high and wait times for help and support are unacceptably long.

Recommendations

1. Use a whole-system transformation approach based on strong person-centred values and principles to effect rapid and sustained improvement in children's experiences and outcomes in the city. Embed dialogic principles and a relational approach in every school, setting and service in the city.

2. Transform arrangements for commissioning and providing education, health and children's services using a balanced model of universal, targeted and specialist support aligned to an effective, citywide graduated approach for identifying, assessing and meeting children's needs.

3. Develop and implement a whole-workforce programme of professional learning focusing on healthy development and how best to support the children who need something additional or different.

4. Radically redesign the city's approach to EHC assessment, planning and review as a connected part of the city's graduated approach. Specifically, consider:
    - A locality-based, multi-agency assessment and review model.
    - The use of slow-time feedback for planning support for children and families.
    - A refreshed approach to dialogue, paperwork and decision-making focusing on person-centred values, principles and outcomes.
    - A better and more committed approach to transition planning and preparation for adulthood.
    - A more proactive approach to using data and insights to plan future provision at locality, city and sub-regional levels.
    - The development of IT systems that improve joint working, communication and decision making, and increase transparency and access to information.
    - The development and implementation of an assurance framework that prioritises the quality of multi-agency working and the contribution it makes to EHC assessment, planning and review.

5. Create the structures needed to support effective multi-agency working at school, locality and city levels, including systems to support case management and oversight for children with multiple needs, and a system of escalation and intervention where there are concerns about the quality or effectiveness of SEND arrangements or the experiences, progress and outcomes of a child or family.

6. Develop communication systems that keep professionals and families 'in mind' while they are waiting for assessment or follow up, especially when the wait time is long.

7. Implement a minimum accreditation process for schools and settings focusing on, for example, neurodiversity; speech, language and communication needs, physical and emotional health and wellbeing, which aligns with the city's graduated approach and workforce development strategy.

8. Identify and develop a cohort of current and future education, health and children's services leaders for the city's transformation programme.

9. Provide transformation support for commissioners and providers to implement the structural changes required for moving to a balanced model and an effective, citywide graduated approach.

10. Create a meaningful and ambitious outcomes framework and the analytical tools required to better understand the experiences of children and families and the outcomes they achieve.

Detailed Findings

The experiences of children and families:

1. Getting the right support at the right time is more luck than design in Sheffield. While the enquiry team heard some positive experiences, they found no examples of a wholly seamless experience from identification to meeting needs and achieving the best possible outcomes. In the context of an area providing widely commissioned and individually impactful services, this is a significant finding.
2. There is variability in how well settings are able to identify needs and provide support at an early stage of the graduated approach. Multi-agency working features minimally and only at a later stage when statutory processes are initiated. Capacity is frequently cited as a barrier to providing early support. Parents are sometimes advised to request support directly from services and initiate processes themselves. There is a perception that this will lead to a better outcome for the child and family. In general, processes work more effectively for children with medical needs. Overall, families are frustrated that their children's needs are not identified and assessed at an early enough stage or in a multi-agency way.
3. In contrast, some schools and settings find solutions to problems and develop their own approaches to supporting children. Multi-agency working tends not to feature in these approaches, despite evidence that effective, high-quality services are available in the city. There is significant outsourcing in Sheffield, for example over 100 schools are commissioning a speech and language therapy service in addition to the core NHS service. While valuable, this creates the risk of confusion, duplication and disagreement as well as contributing to wider inequalities in the city.
4. There is no agreed approach to multi-agency working in Sheffield and no helpful guidance or detailed description of the features of high-quality practice. This results in inconsistencies for children and families and, in some cases, confusion and conflict, especially at points of transition between services and settings.
5. Some families feel that services 'lack empathy' and are 'just left' despite being known to multiple professionals. More commonly, families experience delays in accessing the support their children need and feel frustrated by having to 'push' a system that exists to help them.
6. There are pockets of high-quality practice that contribute significantly to improving Sheffield children's experiences and outcomes, some are held up nationally as examples of excellence. It is rare, however, for this high-quality practice to be connected to the work of other professionals and services.
7. The city's approach to specifying outcomes for children with SEND is confused. Too frequently, these outcomes are based on individual service aims and targets rather than a holistic picture of the child's learning and development, their health and wellbeing, or their hopes, ambitions and aspirations for the future. In many cases, the only outcomes for children relate to their education, even when their other needs have a more significant impact on their daily lives.

8. Typically, EHC plans have generic information about children's needs with helpful advice and suggested strategies. Plans are implemented diligently with many schools taking a 'can do' approach to working out how best to understand and support the child. However, there is almost no evidence of multi-agency working in either the assessment of need or in meeting the child's need. This is a profound weakness in the city's SEND arrangements. At a basic level, there is widespread confusion about roles, responsibilities, systems and processes in Sheffield. This is a barrier to improving the way professionals and services work together, and with children and families.

9. A consistent feature of Sheffield's SEND system is inconsistency. In addition to inconsistency in what is done there is inconsistency in how it is done. Policies, processes and practices do not provide the structures or guidance that a large and diverse city needs to work in an effective and sustainable way.

10. The EHC plans reviewed by the enquiry team have the following features

    - Plans have basic errors such as incorrect names, spelling errors, format irregularities, duplication of information, information in the incorrect section of the plan, conflicting advice or strategies focusing on the same outcome for the child.
    - Very few plans meaningfully include the voice of the child or family.
    - Professional advice is sometimes missing from plans, was not requested or was received late and not included. Information is incomplete, incorrectly transcribed or included in the incorrect section. In some plans there is conflicting or duplicated advice from different professionals which has not been sufficiently well integrated. Important information in plans is often out of date and lacks contextual meaning as a result.
    - Provision in many plans is out of date, conflicting or duplicated. In some cases, the total time allocated for the provision specified adds up to more than the number of hours in a school week. Too often, provision is specified for an outcome the child has already achieved. There is minimal evidence of a multi-agency approach to updating plans and meeting children's needs. The most effective provision builds on strong, often longstanding, networks and relationships in schools, localities and communities.

11. In general, systems and processes are inconsistent. While the locality model is helpful in creating a more place-based approach and in developing capacity and practice within a group of schools, it also contributes to significant variation in the approach to EHC assessment, planning and review.

12. In summary, a child's experiences in Sheffield are influenced too much by where they live, who they know, which professionals they work with and how well their family or other advocates can navigate systems and processes on their behalf. It is a fragile system that could either work or not work, start or stop working, improve or not improve their experiences and outcomes.

The experiences of professionals:

1. There is a wealth of knowledge and experience in education, health and children's services in Sheffield. However, the work of individual professionals and teams is hindered by weak processes and a lack of confidence and trust in the system. There is a widely held view that the Sheffield SEND system is hierarchical with the contributions of some teams being valued more than others.
2. A history of poor leadership has resulted in the atomised approach professionals frequently experience. Important decisions are made, such as changing service delivery or referral systems, without reference to the impact they have on other professionals and services in the city. Despite their negative experiences, professionals remain hopeful and optimistic. They are committed to working in a more joined up and connected way.
3. The lack of trust and confidence causes professionals and teams to short-cut or bypass systems and processes. This manifests in an approach that relies on networks and relationships to 'get things done'. The systemic problems have an amplified effect at points of transition when these 'make or break' networks and relationships are usually disrupted.
4. Professionals identify the same weaknesses in EHC assessment planning and review as children and families. Specifically:
    - Plans 'do not reflect the child we see in front of us'. Most are out of date, many are several years out of date.
    - Capacity to meet the needs of children with EHC plans is stretched and in several settings those who need support for SEND at an earlier stage of the graduated approach get 'lost'.
    - There is a strong commitment to improving their knowledge and skills but time for professionals for CPD is increasingly limited. In contrast, many professionals report that time is frequently wasted on activity that is inconsequential for children and families.
    - Sheffield's SEND paperwork does not build a sufficiently clear picture of a child's needs or their journey through services over time. The complex work of SENDSARS is often detached from the wider system, resulting in paperwork that doesn't fully reflect children and families' experiences, progress and outcomes.

- Decision making lacks clarity, consistency and transparency. Critical processes such as requests for assessment, consultations and placement decisions, and requests for changes following reviews are confused and inefficient. Professionals have completely lost faith in these important parts of the city's SEND system.
- Arrangements for collecting and integrating professional advice are 'clunky' and too often good quality advice is missing from plans. Joint assessment meetings are reported to be an effective way of building relationships and connecting insights. Plans are rarely outcomes focused and only exceptionally is there a clear line of sight between a child's needs, the provision in the plan, and the outcomes this is building towards.

5. Referral thresholds, forms and paperwork are a barrier to children and families accessing multi-agency support at an early stage. Extended support plans are used inconsistently and there are different models of support in different school phases. In general, there is too much paperwork and too little dialogue, especially between professionals and between teams of professionals and families.
6. Services have moved too far away from high-quality impactful interventions to a model based on advice, CPD and training. This creates a lack of shared ownership and a sense of everyone being too distant from the child and family. The locality panel system is an exception, providing a good model for joined-up working that wraps support around the child, family and setting.
7. Some services are reported to provide 'too much of what they want' and 'too little of what children need'. As a result, an increasing number of schools and settings commission services independently and believe them to be better quality and more responsive than the core NHS services.
8. Information about children's care needs features minimally in SEND support and EHC plans. Some professionals report, incorrectly, that children's care needs and SEND should be treated separately and require different processes and paperwork.
9. There are strong examples of multi-agency working in the early years with effective join up between the Early Years language centre discovery group, health visitors, playgroups, 0–5 SEND team, physiotherapy, speech and language therapy and occupational therapy teams.
10. There is no overall approach to change management in the city. A 'project by project' approach creates confusion and uncertainty. Professionals report that too many things, sometimes with conflicting purposes and lacking continuity, are happening at the same time. There is limited oversight and evaluation of the ongoing impact of many of these projects and changes.
11. School, locality and citywide data shows a significant year-on-year increase in the number and complexity of children needing something additional or different. Changes in the city's SEND arrangements have not kept pace. The city's history of reactive, short-term approaches to improvement has not served Sheffield children and families well.

Summary

'Are we on the same page, or even reading the same book?'

Many families feel overwhelmed, confused and unsupported by the current system. While some professionals and services are excellent, the experience of children and families in Sheffield depends too much on luck: who you know, where you live, and how well you can navigate the system.

Families often struggle to get help early, with delays in assessments and unclear processes. Many say they need to push for support, and even then, the help may be inconsistent or poorly co-ordinated. EHC plans are often generic and outdated, and typically lack the child's voice. Transitions, such as moving from school to post-16 education, are especially difficult.

Despite having skilled professionals and good services in Sheffield, these are not well connected. There's little joined-up working between schools, health services and children's services which leads to frustration and missed opportunities.

We recommend a complete overhaul of the city's SEND arrangements: better communication, more joined-up working, a stronger focus on children's whole development, clearer processes, better training for professionals and improved systems for keeping families informed and involved.

Our goal is to create a consistently better, more ambitious, balanced and responsive SEND system in Sheffield, one that truly listens to families and works together to meet children's needs and help them to achieve the best possible outcomes.

Appendix A: Methodology

We selected 11 schools for case sampling activities in phase 1 of the SEND Enquiry. All seven localities were represented in the selection. The enquiry team was made up of representatives from multi-agency teams, senior leaders, parents, carers and commissioners. All activities focused on understanding the lived experiences of children, families and professionals in the city. We looked at a range of documents and information and met with children and their parents and carers.

We reviewed 58 EHC plans as well as gathering evidence about the experiences of children at different stages of the graduated approach. The settings we visited included all phases of education: early years settings, mainstream primary and secondary schools, post-16 settings and specialist provisions. In addition, we held 13 focus group meetings with parents, carers and professionals to find out more about their views and experiences.

The findings and recommendations are intended to support the local partnership in developing and delivering its long-term strategy for improving the experiences and outcomes of Sheffield children and their families, especially those with additional needs.

Appendix B: Acknowledgements

We would like to thank all of the colleagues who have been part of the SEND Enquiry, either as a member of an enquiry team or as a participating school. These colleagues included:

Evelyn Abram *(Sharrow Primary School)*
Sam Armitage *(Sheffield Children's NHS Foundation Trust)*
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Pat Butterell *(Sheffield City Council)*
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Kate Gleave *(South Yorkshire ICB)*
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John Mansergh *(Sheffield City Council)*
Rebecca Molson *(Learn Sheffield)*
Katie Monette *(Sheffield Parent Carer Forum)*
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Michelle Racey *(South Yorkshire ICB)*
Ian Read *(Watercliffe Meadow Community Primary School)*
Fiona Rigby *(St Catherine's Catholic Primary School)*
Will Smith *(Mundella Primary School)*
Kathryn Speight *(Sheffield City Council)*
Emma Stevenson *(Learn Sheffield)*
Lisa Whitehead *(Cascade Multi-Academy Trust)*
Zoe Wilson *(Learn Sheffield)*

The settings which hosted visits are listed below:

Bents Green School
Ecclesfield School
Fir Vale School
Grace Owen Nursery School
Hallam Primary School
Mundella Primary School
Pye Bank C of E Primary School
Tapton School
The Rowan School
The Sheffield College

We would also like to thank all colleagues who participated in a focus group, these include:

Locality SENDCos
SENDCos
Sheffield Parent Carer Forum
The Occupational Therapy/Physical Therapy team *(Sheffield Children's NHS Foundation Trust)*
The Speech and Language Therapy team *(Sheffield Children's NHS Foundation Trust)*
The Autism Social Communication Education and Training Service *(Sheffield City Council)*
The Educational Psychology team *(Sheffield City Council)*
The 0-5 SEND team *(Sheffield City Council)*
SENDSARS team *(Sheffield City Council)*
SEND Strategic Leads *(Learn Sheffield)*

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