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29 April 2019

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Cathy Winfield, Chief Officer, Berkshire West Clinical Commissioning Group
Jo Jolly, Local Area Nominated Officer, Wokingham Borough Council

Dear Ms Cammiss

Joint local area SEND inspection in Wokingham

Between 11 March 2019 and 15 March 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wokingham to judge the effectiveness of the area in implementing the disability and special educational needs 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 special educational needs and/or disabilities (SEND), parents and carers, 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 special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area 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 is required because of significant areas of weakness in the local 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 of action to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- Over time strategic leadership of SEND in the local authority has been weak. There have been frequent changes of senior leaders over the last two and a half years. Consequently, the development and delivery of a comprehensive and ambitious strategy to improve outcomes for children and young people with SEND has stalled. New leaders, appointed in the last few months, have made a positive start and are bringing much-needed stability to leadership. Professionals and some parents told inspectors that they have a renewed sense of hope that positive change can now begin to happen. There is a tangible replenished sense of purpose and many new initiatives have begun, but it is too soon to see the sustained impact of this work.
- The designated clinical officer (DCO) has been in post since the reforms were introduced in 2014 and covers Berkshire West CCG. The DCO role is a strength in the local area, providing effective strategic leadership and clear operational oversight to the delivery of the SEND reforms in health.
- Many parents, including those that are part of the local parent carer forum REACH, want to be involved in the development of SEND services and provision. There is a strong willingness to work with new leaders. Several parents commented that their voice is beginning to be heard. However, parents and professionals also described a sense of frustration about the lack of strategic direction for SEND. Previous instability in the senior workforce has damaged confidence in the local area's leadership of SEND. Consequently, parents are not convinced that the reforms have improved services for them or their children in Wokingham.
- The recently relaunched SEND strategy is currently in draft format and being consulted upon. The SEND strategy accurately identifies most of the areas where significant and urgent improvement is needed, particularly in relation to education. However, the strategy and leaders' evaluation of the effectiveness of SEND in the local area are too focused on education and do not consider health and care well enough. As a result, it does not effectively set out a clear enough plan for the improvements needed across education, health and care in a coherent joined-up approach.
- Coordination of services and support across education, health and care is weak. Joint working is not effectively established in systems and processes for children, young people and their parents to be assured of a well-planned and consistent approach to meeting their needs across different services. There is evidence of some individual services and professionals from different backgrounds working well together to support children and young people with SEND. This is because many individual practitioners are dedicated and

proactive in their approach to supporting children with SEND. Nevertheless, there is not a well-connected approach across the local area and as a result, children and young people's experiences are often patchy.

- Co-production is poorly developed. Some services do work well to plan and improve their work jointly with parents. For example, the short breaks statement is being carefully reviewed with parents. Learning from parents' experiences, professionals are making well-judged changes to the short breaks provision. Nonetheless, the routine involvement of parents in the strategic developments of SEND is weak. Parents say they are not included early enough in the design, monitoring and evaluation of services.
- Some children and young people with SEND receive high-quality education, health and care provision in Wokingham. This is because there are many individual professionals who are strongly committed to making a positive difference to the lives of children and young people with SEND. However, this is not consistent across the borough and is too reliant on individuals.
- Too many children and young people have to travel out of the borough to attend a school or college. The proportion of children educated in non-maintained and independent schools is higher than that seen nationally and is increasing. Consequently, there is significant pressure on limited resources within Wokingham. Local authority officers have sensible plans in place to expand the range of specialist provision within the borough, particularly for the growing number of children and young people identified with autism spectrum disorder (ASD).
- Education, health and care (EHC) plans are not of sufficient quality to be used effectively to improve children and young people's outcomes. Due to staff shortages, timeliness in the completion of education, health and care needs assessments has declined. Currently, approximately one third of EHC plans are issued within the statutory timeframe. Additionally, the quality of finalised EHC plans is generally weak. Inspectors saw many examples of EHC plans that included poorly defined outcomes which have not been developed in an appropriately personal way. Some parts of the EHC plan are better than others. For example, most EHC plans reliably include parents' views in the introductory section. Speech and language therapists typically make helpful contributions to the planning process, when they have worked with a child, and in these cases the EHC plan clearly describes the required support for the child.
- Senior leaders in health are making judicious use of management information to inform the evaluation of services and plan future improvements. However, looking more widely across the local area as a whole, the coordination of joint area management information across education, health and care is

underdeveloped. As a result, leaders do not have a comprehensive overview of the effectiveness of services and outcomes to be able to hold leaders to account at all levels.

- High staff turnover has led to instability in the social care workforce. Parents frequently reported several changes of social workers within relatively short timeframes. As a result, the quality of joint planning across education, health and social care for individual children with SEND and their families varies considerably and slows their progress to achieving positive outcomes. Care contributions to EHC plans are often weak.
- A clear pathway for young people to progress through as they prepare for adulthood is still being developed. A legacy of frequent structural and organisational change has hampered progress in establishing the pathway. Senior leaders have rightly identified this area of work as a priority and the local area transitions team is due to be extended imminently. However, the preparation for adulthood work is in its infancy. Consequently, young people's experiences of preparing for work and independent life are too mixed.
- The joint commissioning of services across education, health and care is weak. Until very recently frequent changes of staff at a senior level in education and care have hindered the development of this work. Despite these difficulties, the local area is working well to jointly commission emotional health and well-being services across the local area.
- Neurodevelopmental assessment waiting times are too long and are over 12 months for most families. The impact of these long delays in assessment is that children and young people do not have their needs identified early enough to get the support they need. Leaders are aware of this and have a sensible action plan in place to reduce waiting times. When children do see a professional most parents feel that the support is helpful.

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

Strengths

- Health professionals working in the child development centre collaborate well with those in the acute sector to identify children's needs at the earliest point. Antenatal screening and good multi-disciplinary communication between health practitioners ensures that newborn babies, and children new to the area, have their needs identified quickly.
- Well-trained staff in early years educational settings often work well with health professionals to identify children's SEND swiftly. Useful initial screening

assessments, on entry to settings, enable children's progress and development to be carefully monitored. Referrals for extra help or further assessment are made appropriately when needed.

- Speech and language therapists work effectively to support the early identification of children's special educational needs. Helpful 'drop in' services provide easy access to therapists and additional support. Comprehensive screening assessments help to quickly identify children who may have ASD.
- Young people entering the youth offending service receive helpful assessments to identify their needs. The inclusion of speech and language therapists and child and adolescent mental health services (CAMHS) specialists in the service enables comprehensive assessments to be carried out so that young people can receive the right support.
- Sensible work in health to join up different information technology systems is enabling information about children and young people to be shared effectively between health professionals. The system is enabling health professionals to gain a quick overview of a child's needs across a range of different health services so that all of their needs can be carefully considered when carrying out assessments.

Areas for development

- Health visiting services offer five mandatory checks for babies and young children. However, due to uptake, some children are not receiving all the routine developmental checks. Consequently, some children slip through the net and do not reliably have their needs identified at the earliest point. Staffing shortages have led to a reliance on temporary staff and delayed a review to improve the delivery of this service.
- The local area does not currently have integrated two- to two-and-a-half-year checks in place across health visitor services and early years settings. Sometimes families have to tell their story to several different professionals. This causes delays in the early identification of some children's needs.
- Many parents and carers described their frustration about inconsistent approaches to the identification of children's SEND in schools. Parents frequently find themselves needing to continually 'chase' professionals to follow up referrals and seek feedback. Several parents portrayed an inequitable system where some access private assessments because of lengthy delays, while others are not able to do this.
- Children looked after, placed out of area, are not consistently having their initial and review health assessments completed within statutory timeframes.

Vulnerable children's health needs are therefore not being identified at the earliest opportunity. School nurses do not reliably have access to children's EHC plans, which means that sometimes assessments are carried out without a full picture of the child's needs.

- Children and young people wait too long for an ASD assessment in Wokingham. Some children have been waiting for over a year to see a specialist. Many parents told inspectors about the stress and anxiety that their children experience while waiting to have their needs identified.

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

Strengths

- The local multi-professional early years support panel helps to coordinate access to support for children with identified needs. Additional funding is made available in a timely manner to provide additional staffing so that children can be included in their early years settings.
- There are several examples of individual schools and special educational needs coordinators (SENCOs) working effectively to include children with SEND in their schools.
- There are some strong partnerships between key professionals across education, health and care that lead to effective support for children with SEND in some Wokingham schools. The local termly school planning meetings provide a helpful opportunity for SENCOs to access professional help and advice to meet children's needs in school.
- School nurses attend the local authority children missing in education meetings to identify children and young people who are not in education, employment or training. This allows for careful consideration of these children and young people's health needs.
- Although children and young people routinely have a lengthy wait for a neurodevelopmental assessment there is some helpful support available while they wait. For example, the local autism spectrum service for information, support and training team are valued by both parents and professionals. This small team, in high demand, offers useful training and advice for parents and professionals as well as running social groups for young people with ASD. Several parents described their support as 'life changing'.
- Across the local area there are several schemes and opportunities run by voluntary organisations to increase the participation of children and young

people with SEND in social and community life. The Wokingham CAN Card provides access to discounts and concessions for a wide range of leisure activities. Some young people with SEND are also well-supported through a buddy-scheme to attend mainstream clubs. Several young people with SEND also participate in the Duke of Edinburgh's Award programme and, impressively, two of these have successfully achieved their gold award.

- The special educational needs information and advice service is held in high regard. Officers in this small and expanding team work diligently to signpost parents to help them to access provision and additional support. Parents talked positively about the work of this service to help them find their way through the complicated processes involved in SEND.
- The local offer continues to be developed. Helpfully, parents are involved in the redesign and promotion of the local offer. Leaders recognise that not enough parents know about the local offer and many do not find the current format useful. Developments are well underway to improve the presentation and accessibility of the local offer.
- Therapy services in Wokingham work effectively as part of the children and young people's integrated therapy service. Therapists work collaboratively to carry out well-coordinated assessments and develop joint therapy plans to meet children's needs well.

Areas for development

- Over time senior leaders in the local area have not listened carefully enough to the views and experiences of children and young people with SEND and their parents when developing services. Too often, plans have been developed without their involvement right from the start because co-production is not secure. Occasionally, parents have been consulted but then senior leadership has changed, and agreed plans have not been followed through. Consequently, there is an underlying sense of mistrust between parents and senior leaders.
- Many parents report considerable variability in the quality of their children's provision, particularly when they receive special educational needs (SEN) support in a mainstream school. Many parents told inspectors that support for their children was too inconsistent and they lack confidence that many schools are able to successfully meet their children's needs.
- Weak strategic planning for SEND over time has led to insufficient specialist educational provision in Wokingham. The demand for specialist places in the local area is at a critical level and causing severe pressure in the system. Too many children and young people with SEND are travelling out of the borough

to attend an appropriate specialist placement. Newly appointed senior leaders are working with haste to tackle this deficiency and increase the number of specialist places in Wokingham; however, it is too soon to see the impact of this work.

- There is too much variation in practitioners' knowledge of SEND and understanding of their statutory responsibilities to meet children's needs. An underdeveloped training programme for SEND across education, health and social care has led to wide discrepancies in the quality of practice across the local area. There are some examples of helpful professional development available, particularly within health. However, both parents and professionals report that the needs of children and young people with SEND are not being met reliably across a range of settings.
- In the last few years, social care teams have experienced significant churn in leadership and staffing. This has caused substantial strain in the system, for example in the availability of early intervention and parenting programmes. Continuity of care for families has been marred by frequent changes of social work staff, leaving many parents feeling unsupported.
- Despite the range of helpful services made available through the short breaks provision many parents did not know about this support. Inspectors were told that recent changes to short breaks provision have caused some confusion for parents. As a result, the uptake is low.
- The majority of EHC plans are not being produced within the statutory 20-week timeframe. Staff shortages in the SEN team have led to unacceptable delays in the finalisation of EHC plans and also in the turnaround of amendments to EHC plans following an annual review. Inspectors heard of some children's EHC plans having not been amended by the time of the next annual review.
- The quality of EHC plans is poor. Children and young people's views are not consistently included in the plan. Parents' views are more reliably incorporated, but frequently are not being used effectively as a 'golden thread' to influence other sections of the plan. Outcomes are typically ill-defined and have not been developed in an appropriately personal way. In their current form, EHC plans do not provide the quality of information needed to be used readily by practitioners to understand children and young people's needs and plan appropriate support. Useful contributions from health and social care are frequently not included in the plans.
- Children's transition to adult services in education, health and care is too variable. Currently, not enough young people with learning disabilities over the age of 14 receive their annual health assessment, although plans are in

place to improve this. Many do not benefit from a smooth move from children's to adults' services because planning is either too late, or not coordinated well enough. As a result, young people's continued access to ongoing education, health and care is often hampered.

- The vast majority of parents and carers told inspectors that professionals across education, health and care do not work well enough together in a connected, joined-up approach. Consequently, parents often find themselves re-telling the same information to lots of different services. Parents described confusion as they tried to navigate their way through a maze of different services and entry criteria. Several parents explained they feel 'exhausted' from continually battling their way through the system.

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

Strengths

- Most children with an EHC plan achieve good educational outcomes. In 2018, the proportion of children achieving the expected standard in reading, writing and mathematics at the end of key stage 2 declined, but remained above the national average. The proportion of children achieving good outcomes at the end of key stage 4 also declined, but, again, remained above the national average.
- In Wokingham, young people with SEND rightly have high aspirations for their future and want to live a good life as an adult. They want to work, be independent and make choices about where they live. Sometimes, helpful support from dedicated individuals enables young people to achieve these goals.
- Some services and settings work effectively, in a person-centred way, to improve long term outcomes for young people with SEND. The local supported employment scheme is assisting young people to secure paid employment by providing helpful guidance and onsite job coaching. A local special school is working successfully with local businesses and the council to provide supported internships for young people attending the school. Young people who are part of this scheme proudly told inspectors about their jobs and how this is helping them to feel well prepared for the world of work.
- In the past, too many children with SEND were excluded from school. New leaders in the local authority are now starting to hold schools firmly to account to prevent school exclusion for children and young people with SEND. Leaders have ensured that they now have more reliable information about the pattern of exclusions across the borough and are targeting their

work to prevent exclusions more effectively. Several recent initiatives are starting to have an impact on reducing permanent and fixed-term exclusions for children with EHC plans. Leaders are harnessing their efforts to bring about similar improvements for children identified at SEN support.

- Children and young people who are accessing the in-patient unit receive purposeful educational provision. Dedicated professionals successfully motivate children and young people to continue their learning and achieve recognised qualifications. As a result, children and young people are being well-supported to improve their outcomes.
- The CCG is making productive use of health data and feedback from young people and parents to carefully evaluate the impact of health services. Leaders in health are keeping a sharp focus on using evidence to improve children and young people's health outcomes.

Areas for improvement

- The draft SEND strategy is not focused sharply enough on identifying joint priorities to improve children and young people's outcomes across education, health and care. However, the strategy accurately identifies many of the key priorities for improvement in education.
- Local area leaders do not have high-quality management information to enable them to incisively evaluate the effectiveness of the local area in improving children and young people's outcomes. Leaders do not yet know precisely how well children and young people are doing across education, health and care to know accurately where improvements are needed.
- In 2018, the proportion of children with an EHC plan achieving a good level of development at the end of the early years foundation stage declined and was below that seen nationally.
- Most recent information published in 2017 shows that the proportion of young people with an EHC plan achieving a level 2 qualification with English and mathematics by the age of 19 was below the national average. The proportion of young people achieving a level 3 qualification by the age of 19 was also below the national average and has been declining. Disappointingly, the number of 19-year-olds with an EHC plan who are not in education, employment or training is above the national average and has been increasing.
- Senior leaders do not yet have a comprehensive overview of the educational, health, social and life outcomes achieved by young people in Wokingham. Typically, planning and support for young people as they prepare for

adulthood are weak because there is not a clearly established pathway. This leads to inconsistency as the quality of support is too reliant on individual professionals and not a standardised approach across the local area.

- Overall, the outcomes described in EHC plans are too broad and generalised to ensure that children and young people have all their special educational needs met. Outcomes are often not personalised or sharp enough to enable effective evaluation of the plan. Consequently, EHC plans are not reliably contributing to improving children and young people's outcomes.
- Inspectors were told of many children and young people accessing part-time education for lengthy periods. The local area does not yet have enough information to fully understand the longer-term impact of these arrangements on children and young people's outcomes and bring about improvements.
- Joint commissioning is weak. While the joint commissioning of emotional health and well-being services is positive there is little evidence of many other joint commissioning arrangements in place. Leaders are not working together well enough to identify priorities and combine funding to improve outcomes for children and their families.
- The use of personal budgets, including personal health budgets, is relatively low in Wokingham. Currently, there are no joint personal budgets across education, health and care. Consequently, creative and personalised approaches to improving children and young people's outcomes are not being fully utilised.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a written statement of action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the lack of a clearly communicated co-produced strategy and accompanying action plans that are shared and understood across education, health and care in the local area and sharply focused on improving the outcomes of children and young people with SEND
- the timeliness and quality of EHC plans
- the lack of co-production at a strategic level to inform effective co-production at all levels
- the quality of management information to inform accurate evaluation and energise service improvement across the local area

- the lack of well-coordinated and effectively joined-up work across education, health and social care
- the underdeveloped pathway to enable young people with SEND to make a successful transition to adulthood.

Yours sincerely

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