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Interim Director of Children's Services  
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Tracey Faraday, Executive Managing Director, Frimley CCG

Michelle Gwyther, Local Area Nominated Officer

Dear Mr Adams and Ms Faraday

### **Joint area SEND inspection in Slough**

Between 27 September and 1 October, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Slough 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 one of Her Majesty's Inspectors, 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**

- Over time, leaders in Slough have not effectively implemented the reforms. The council, Slough Children First and the CCG have not worked together to develop an effective strategy for doing so. Arrangements for joint oversight and accountability for work across education, health and care services have not been tight enough. There has been too little focus on the reality faced by children and young people with SEND, and their families in Slough.
- The majority of parents and carers do not feel understood, welcomed or helped. Many parents report 'fighting' over years to have their child's needs identified and supported, without success. Communication with area SEND services is difficult. Parents, carers and professionals rely on people they know. The valiant efforts of individual staff mean that while some families have positive stories to tell, many struggle to find or access the help they need.
- Information on the local offer webpages is not consistently easy to find, useful or up to date. Avenues for support such as the SEND information, advice and support service (SENDIASS) and the parent carer forum, Special Voices, are not universally known about or accessible to parents, including those of a child or young person with an education, health and care (EHC) plan. However, parents who have accessed and used these services praise the support and advice they have received.
- Leaders have not maintained a consistently clear, shared understanding of the effectiveness of the area. Current leaders are realistic in the weaknesses they identify. However, leaders' self-evaluation does not draw well enough on reliable performance information or the lived experiences of children and young people with SEND and their families.
- Collaborative work between professionals and children and their families to plan services, known as co-production, is weak. Parental representation is largely limited to a representative of Special Voices attending key decision-making groups. There is no strategic arrangement in place for consulting and co-producing services with children and young people who have SEND.

- Joint commissioning is not developed well enough. Habitual 'spot purchasing' in response to crises and/or individual needs or petitions has compromised the effective use of funding, including high needs funding.
- The social care needs of children and young people with SEND are rarely considered or provided for unless they are known to children's social care. There are too few opportunities to participate in local clubs and activities and to experience social aspects of childhood on an equal footing with peers.
- The CCG recognises that waiting times for assessment of occupational therapy (OT) and neurodevelopmental needs are unacceptably long. For some services, funding has been allocated to reduce waiting times to a maximum of 12 months, but these are not set against clear, deliverable benchmarks.
- There is no dysphagia (people who experience difficulties swallowing, eating and/or drinking) service commissioned for children aged over five. These children are not provided with preventative or developmental eating and drinking support. This means they do not have their needs met in a planned and coordinated way and can only access treatment through emergency departments when experiencing a severe difficulty in swallowing.
- The area does not comply with the requirements set out in many EHC plans. For example, a significant number of pupils of school age are not receiving the speech and language therapy identified. Access to speech and language therapy for school-aged children is inequitable across the area.
- Staff turnover across the area has been high, including in senior leadership positions. There is no coherent workforce development strategy. Linked with a high staff turnover, the completion of EHC plans within the statutory timeframes has fallen. Figures indicate a low of 14% in August 2021, with a year average of 42%.
- Not all schools are welcoming of children and young people with SEND. Until very recently, the area's school effectiveness strategy has not prioritised SEND. As a result, area leaders' understanding of which providers have real strengths and which need further support is not comprehensive. There is untapped capacity in schools. Leaders are keen to share expertise. However, arrangements for partnership working between schools have been informal and ad hoc.
- The area's approach to meeting needs and improving outcomes in early years settings is effective. As a result, young children with SEND typically get off to a good start. Early years providers value the support and guidance provided by the early years team.
- The local transformation programme for mental health has resulted in increases in early help support and crisis intervention. A well-received workforce training programme is helping to increase providers' capacity and confidence in supporting mental health needs. A group of young people aged 14 to 24 years work as Young Health Champions, helping to reduce barriers to mental health support.

- There is a clear desire to improve at all levels and across services. Leaders have recently begun to implement their improvement plan, known as the 'rapid action plan' to address weaknesses identified in their self-evaluation. This improvement work is in its infancy and the details are not widely known. It is too early to be confident that the cycle of cuts to services, regular changes in leadership, interim appointments and vacancies, and the pattern of disjointed communication and initiatives not being seen through has been broken.

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

### **Strengths**

- Early years leaders and practitioners speak favourably about the positive relationships and arrangements for joint working they have established. Settings value the area special educational needs coordinator (SENCo) arrangement. Clear and well-known referral processes support the early identification of need. Training for early years practitioners, particularly from educational psychologists, has developed capacity to identify concerns, and practitioners know how to seek help. Useful weekly newsletters help keep settings well informed of SENCo developments.
- The SENCo networks are viewed similarly positively among schools, particularly primary schools. The focus on information-sharing and building expertise through regular meetings has enabled providers to feel more confident in supporting pupils, particularly those who do not meet the threshold for an EHC plan. Where pupils' needs are greater, SENCos report feeling more confident to make assessments, to identify children and young people with SEND and to make onward referrals.
- The area's 'whole-school' SEND initiative is an important step towards developing inclusive practice in schools, strengthening skills, knowledge and understanding to improve the universal offer for children and young people. Early indications are that this is making the most difference in primary schools, with a growing influence in the secondary sector.
- In response to feedback from pregnant women, the health visiting service now offers evening and weekend antenatal appointments. This has increased the uptake of health visitor antenatal appointments and the opportunity to assess pregnant women's needs. If the pregnant woman requires more support, further contact can be offered in the form of a home visit. This ensures that the service is responsive to the individual's needs and that all pregnant women are able to benefit from an assessment of their needs and planned ongoing support. Consequently, any early signs of SEND can be identified and met.
- Young people in the youth justice system benefit from the identification of their health needs through a dedicated speech and language therapist, a Child and Adolescent Mental Health Services (CAMHS) practitioner and a nurse

assessing their physical health. Support is offered to young people individually and also to the services they access. This holistic approach ensures that young people benefit from an improvement in their physical and emotional well-being and their communication skills, and receive support tailored to their needs.

- Children and young people who are looked after and care leavers are typically carefully considered and have their needs identified. Planning for their needs is detailed and shared appropriately. Care leavers and children and young people who are looked after are routinely involved in designing and reviewing their own EHC plans and packages of support. Co-production is an established and effective way of working with this group.
- Support for the needs of children and young people who are known to children's social care is identified clearly in their EHC plans. Records show that child protection plans and EHC plans, for example, are in harmony with one other.
- Work to identify and provide support for children and young people who may experience mental ill health is expanding across the area. Educational psychologists' work in training school staff has been particularly well received.

### **Areas for development**

- Statutory assessment processes are not completed efficiently enough, and the area takes too long to produce EHC plans. This compromises effective and timely placement within and beyond early years and impacts negatively on transition across all phases.
- Requested changes to EHC plans following annual reviews are not completed in a timely manner. Many children and young people are in possession of extremely outdated plans. High levels of staff turnover and the associated relative inexperience of new staff have exacerbated the situation.
- Transition planning for children and young people with SEND moving into adult care and health services is weak. While examples of good work to promote timely and comprehensive transition do exist, these are isolated. Typically, planning lacks detail and is insufficiently timely. Aware of this, area leaders have taken action to commission additional resource to help identify and fill gaps.
- The social care needs of children and young people with SEND are not routinely or reliably identified, assessed or met unless they are known to children's social care. While some statutory elements are stronger, such as the linking of child protection and child in need plans to EHC plans, statutory disability assessments are not consistently completed. Care needs such as travel training or support to engage in leisure activities are absent.
- While able to cite some examples of effective information-sharing, early years leaders receive patchy information about children attending their settings and

are largely dependent on information from parents about a child's known SEND needs. Early years settings do not have a link health visitor, thereby missing an opportunity to identify needs. Each setting uses its own induction paperwork, which reflects the apparent lack of a consistent and systematic approach to information-gathering and sharing across the area.

- Thresholds for referral and the scope of panels are not well understood by professionals. The information available about services, systems and thresholds is disjointed. There is no clear system of oversight for coordinating and coherently sharing what is available within the area's 'graduated response'.
- Poor communication, a limited supply of and access to information, and a lack of case worker availability results in many parents and carers feeling angry and frustrated. Too frequently, action hinges on personal contacts and networks, feeding into the area-wide inequity acknowledged by leaders. Around half of the parents and carers who responded to our survey or spoke to inspectors said they did not have access to advice and support about SEND in the area.

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

### **Strengths**

- Where parents and carers know of and have accessed SENDIASS, they are complimentary about the help they have received. Similarly, where parents and carers have contacted Special Voices, they value the guidance and support they are offered highly. One parent commented: 'If you can get Special Voices on your side, then action will happen. If you try to work alone, you will get nowhere.' Other parents agreed that this was the case.
- EHC plans follow a uniform format. Those that are current frequently provide helpful guidance to those working with the child or young person. Most contain detailed and practical advice from the professionals who contribute. The plans note the voice of parents, carers and children and young people, with their contributions sometimes creatively captured.
- Pockets of strong and effective practice exist throughout the area. For example, the Youth Offending Service team demonstrates deep understanding of children and young people's needs and the barriers they face. Assessments are comprehensive and lead to health and educational needs being met appropriately.
- The health transformation programme has led to increased support for early help, notably for mental health. An online platform, virtual support and the pilot work of the Young Health Champions, who engage with peers to tackle the barriers to discussing mental health concerns, have all made a positive difference. The work of educational psychologists who train school staff to



meet pupils' mental health needs has been universally praised. The Education Psychology Early Years Group has enabled providers to access support and advice about approaches and strategies to promote the well-being of young children. Other examples of positive work to support children and young people's mental health needs were evidenced during the inspection.

- The duty telephone health visiting service operates on weekdays, when parents and carers are able to access prompt health advice. During the pandemic, the duty team was increased to meet the increased demand in phone calls to the duty line. If additional support is required, a duty health visitor invites the parent or carer and their young child to a clinic held the same afternoon. This ensures parents, carers and children receive support in a timely manner and that young children's SEND needs are met promptly.
- Practitioners are able to access interpreters in a planned manner and at short notice. Each interpreter has a reference code so that the same interpreter can be used to ensure continuity. The 0–19/25 public health nursing website also has a translating facility. This ensures that families and carers with English as an additional language are able to easily access health services and information. Consequently, children and young people with English as an additional language and SEND are able to access and receive the help required.
- Parents and carers of children and young people with sensory needs, such as visual and hearing impairment, were overwhelmingly positive about the support given to their children, for example in teaching braille.
- Systems for governance and decision-making processes have been established to support joint commissioning. Leaders are strengthening systems for collecting and analysing information so that future decisions can be made on the basis of reliable information.

### **Areas for development**

- The involvement of children and young people with SEND and their families in co-production is very limited. Although they are often consulted about individual services, their voice is not heard or influential at a strategic level in the planning, design, delivery or evaluation of the local area's offer. Consequently, the full range of services available in the area is not well known to parents and carers.
- There is insufficient performance information about the difference the area is making to the lives of children and young people with SEND. What information there is, is not analysed systematically to support effective self-evaluation and improvement or to ensure equitable funding decisions. Leaders have not been well-placed to systematically spot and address gaps in current provision or plan effectively to meet future demands. For example, OT services are currently overwhelmed with referrals and requests for contributions to EHC plans, with no effective strategy to address this against measurable

benchmarks. Furthermore, area leaders do not possess an accurate understanding of the views of parents and carers. There is no effective system to address long-standing disputes and complaints.

- Too many children are waiting too long for OT assessment. 172 children have been waiting for over a year. Occupational therapists are unable to contribute to EHC plans within statutory timeframes. There is increasing demand for contributions to EHC plans and for assessments by the OT service. Children awaiting assessment are triaged and prioritised according to urgency of need. This means that EHC plans are delayed and that many children do not access the service in a timely way.
- The speech and language therapy (SALT) service has been commissioned to work with 18 schools to assess children with EHC plans. Many of these children have not previously been known to the service. In one special school alone, over 150 children are awaiting assessment. Many children recently assessed are not receiving the SALT they require. The approach taken means that many children's needs are not known and, where needs are identified, children and young people do not routinely receive the support that they require.
- Children and young people are waiting too long for an assessment for autism spectrum disorder (ASD) or attention deficit disorder. Although parents and young people are informed of support services and can access support from clinicians while waiting, the plan to address the wait times has no key deliverable measures. This means that children and young people can be waiting for over two years and young adults over three years.
- There is no dysphagia service commissioned for children over five years of age in the area. One special school provides a worker during term time to support children with dysphagia who attend there. While there are some examples of individualised packages of care, generally parents and carers with children over five years are expected to take them directly to hospital if their child experiences a problem with swallowing. This means that children can only access treatment in response to a severe difficulty and do not have their needs met well enough.
- Funding and joint commissioning are not used well to meet the needs of children and young people with SEND across the area. Management of high needs block funding has not been tight enough to ensure that funding is used as efficiently and effectively as possible. Leaders recognise that, although there are SEND funding pressures evident in all areas, historical weaknesses have compounded the issue in Slough.
- Arrangements for securing sufficient school places to cater for the differing needs of children and young people with SEND have been too loose and have contributed to inequity across the area. There are too few specialist places in local schools to meet the needs of the growing numbers of pupils identified with ASD.



- While many schools provide effectively for pupils who have SEND, there is too much variation in the quality of support provided. In some cases, high staff turnover or difficulty in recruiting suitably qualified or experienced support staff exacerbates the problem. A general lack of parental confidence in education was conveyed to inspectors through letters, meetings with groups of parents and through the survey. In addition, until recently, the school effectiveness strategy has not had a clear enough focus on meeting the needs of children and young people with SEND.
- Families with children under the age of five years moving into the area are not routinely seen and assessed by the health visiting service. The area has a highly transient population and high levels of need. This means that a key opportunity to assess children's needs and offer support is missed.
- The local offer is not sufficiently helpful, informative or up to date. A significant proportion of parents and carers were unaware of its existence. Those parents and carers familiar with the local offer website reported that it was of limited help. For example, at a basic level, parents reported phoning the number advertised and never having their call answered.
- Preparation for adulthood is weak. Less than 10% of parents who responded to the survey felt that their child had been supported by local services to prepare for life as an adult. Parents, carers, children and young people reported on a lack of provision for short breaks. As a result, children and young people with SEND are missing out on many ordinary childhood experiences, as well as opportunities to develop independence skills and to prepare well for adulthood.
- EHC plans are produced and amended far too slowly. There is no consistent auditing of EHC plans across the area. Therefore, the quality and consistency of EHC plans are not routinely assured. The absence of social care provision where this is required due to the child or young person's identified needs, as well as the variable inclusion and quality of health information, means that children and young people with SEND in the Slough area do not have their needs reliably assessed or met.

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

### **Strengths**

- Children with SEND in the Slough area frequently get off to a good start and are supported well to achieve good educational and health outcomes in the early years.
- The proportion of young people who have SEND without an EHC plan reaching level 2 at age 19, including English and mathematics, and the proportion reaching level 3 are positive.

- There are examples of good practice in schools where leaders and staff do all they can to support children and young people and their families to ensure that good progress and outcomes are achieved. Positive examples were seen in mainstream schools, including schools with additional resource provision, as well as in specialist provision.
- Permanent exclusions and suspensions for pupils with SEND but without an EHC plan have fallen in recent years and are rare. Fixed-term exclusions for children and young people with an EHC plan are also low and falling. Most recently published data shows that absence rates for pupils with SEND but without an EHC plan are lower than for similar pupils nationally.
- Many staff are deeply committed to the area's children and young people with SEND, and groups of children and young people experience positive outcomes as a result of high-quality identification and support. Examples include children and young people and their families supported by specialist staff for hearing and visual impairment, looked after children and young people involved with the Youth Offending Service. In such cases, children, young people and their families play a notably active part in setting targets and reviewing progress.
- The adult learning disability team has produced a Learning Disability Outcome measure available in an easy-to-read format. The goals are jointly agreed with the person, and they clearly set out how they will be achieved, with time scales. They are then measured with a rating scale. It is accessible on the shared electronic record system. Inspectors saw how people had identified what they wanted help with and how this should be provided. They also saw how goals had been achieved.

### **Areas for development**

- Only 40% of parents and carers who expressed their views feel that their child's outcomes are improving. Parents expressed wide-ranging concerns relating to a lack of continuity in education and mental health support, as well as the absence of essential therapies. Parents say that these weaknesses have affected their children's overall progress in a negative way.
- Children and young people's outcomes are not improving. Weaknesses in joint working, poor and inequitable systems to identify, assess and meet children and young people's needs, coupled with slow access to therapies are contributory factors. The situation is aggravated by variable implementation of the 'graduated response' and schools' differing attitudes towards inclusion. Standards at the end of key stage 2 for pupils with SEND, both with and without an EHC plan, are below leaders expectations.
- There is limited access to short breaks. Children and young people with SEND are unable to participate in the area on an equal footing with their peers. Social care elements of EHC plans are not considered. Consequently, children and young people's opportunities to develop wider interests, to socialise

beyond school and to develop independence are hindered and opportunities to strengthen outcomes are lost. Few families take up the possibility of personal budgets to support their child's needs. Some parents are unaware of what a personal budget is, while others feel it will be too complicated to navigate.

- Less than 10% of parents who responded to the survey said that their child had been supported by local services to prepare for life as an adult. Pathways into adulthood are limited. While there was some positive feedback regarding 'Project Search', an established internship programme, there was negative evidence indicating that other young people circulate through college courses that occupy time but do not recognise the young person's interests or ambitions for the future. The proportion of adults with a disability in paid employment is low in the Slough area.
- Leaders are aware that too many pupils with an EHC plan are absent from school too often. While this is known to leaders, there is a lack of analysis as to why this is the case, and there is no clear plan of action to address the situation.
- Slough data indicates that the proportion of young people with SEND without an EHC plan and not participating in education at age 17 has declined and is low at age 19 when compared with statistical neighbours.
- Over time, area leaders have not secured a suitable range of performance information and analysis to support accurate self-evaluation in order to prioritise and drive improvement. Wide inconsistencies in service delivery across the area result in inequitable opportunities for children and families. While leaders describe a complex local context, this has not translated into an analysis of the barriers faced by different communities or different geographical areas of Slough.

### **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 weak arrangements for ensuring effective joint leadership and accountability, self-evaluation and improvement planning at a strategic level across education, health and care services (including considering the high turnover of staff and an area-wide commitment to inclusion)
- the overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful and accurate information in this regard
- the lack of effective use of meaningful performance information to inform the area's strategy and planning, as well as to evaluate its effectiveness
- the limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services

- the timeliness with which EHC plans are produced and updated, particularly nearing transition points and the absence of systematic processes for the quality assurance of EHC plans
- the absence of social care considerations in EHC plans, for children and young people not known to children’s social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short break or respite services for parents and carers
- the inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over.

Yours sincerely

Hilary Macdonald  
**Her Majesty’s Inspector**

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Cc: Department for Education  
Clinical commissioning group  
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