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3 July 2018

Mr Ian Pearson  
Interim Director of Children's Services, West Berkshire  
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Dr Cathy Winfield, Chief Officer, Berkshire West CCG  
Jane Seymour, Local Area Nominated Officer, West Berkshire Council

Dear Mr Pearson

### **Joint local area SEND inspection in West Berkshire**

Between 14 May 2018 and 18 May 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of West Berkshire 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 who have special educational needs (SEN) and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to the leaders, staff and governors about how they are implementing the special educational needs reforms. Inspectors also met with other leaders from the local area for health, social care and education. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. They reviewed performance data and evidence about the local offer and joint commissioning.

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

### **Main findings**

- The work of leaders and professionals in West Berkshire is driven successfully by their genuine and shared desire to do their best for children and young people who have SEN and/or disabilities. Throughout the West Berkshire area, at every level, practitioners demonstrate a commitment to inclusion and a drive for further

improvement. This is because leaders from health, education and care services agree that children and young people who have SEN and/or disabilities should receive excellent support. They are working closely together to achieve it.

- Parents are exceedingly positive about the support that their children receive. Although some feel that they don't get help quickly enough, the majority of parents describe professionals who go out of their way to offer help and support. Parents are similarly positive about the quality of provision in the schools and settings that their children currently attend. Having said this, parents report that there are still some settings and schools that do not have a good understanding of the needs of children and young people who have SEN and/or disabilities. As a result, some children's needs are not identified and addressed early enough.
- Practitioners work well with parents. The education, health and care (EHC) plan process is positive for the vast majority of parents and carers. Consequently, many parents say that EHC plans accurately describe their children. EHC plans are completed on time in almost all cases. Effective quality-assurance processes ensure that plans meet the needs of children and young people well. School leaders report that plans clearly identify learning needs.
- The needs of children and young people who have SEN and/or disabilities is high on the agenda for leaders. Their shared high aspirations result in close collaboration. A good example of this is the way that the four clinical commissioning groups (CCGs), who recently merged into one service, work closely with each other and the local authority to deliver their services. This can be seen in the very effective work to create the Emotional Health Academy. Parents are well represented through the area's Parent Carer Forum. Many school leaders work well with other partners, including the Emotional Health Academy and the educational psychology service, to meet the needs of pupils who have SEN and/or disabilities in school. This can be seen in the ongoing commitment of schools to centrally fund some specialist services, such as the commitment to services for pupils whose first language is not English. The challenge and support that leaders offer each other strengthens the quality of provision for children and young people who have SEN and/or disabilities. For example, health leaders robustly challenged the local authority during the consultation to change the ways that children's centres operate. As a result, leaders across all services closely monitored the changes to ensure that they did not adversely affect services for young children.
- The shared commitment of leaders is also evident in the very effective arrangements for shared funding of services. This partnership work, known as joint commissioning, is strong in West Berkshire. Good examples include effective arrangements for integrated therapy services, such as a comprehensive training package for professionals and the Emotional Health Academy, West Berkshire's early intervention emotional health service that opened in April 2016.
- The Designated Clinical Officer (DCO) post in West Berkshire is a strength,

providing an effective contribution both strategically and operationally, with robust oversight across health services for children and young people. The excellent leadership, direction and support provided by the DCO is widely recognised and appreciated by health professionals.

- Health and education practitioners work closely together to ensure a good service for children and young people who have SEN and/or disabilities; for example, in a nursery setting where the headteacher is working closely with the Emotional Health Academy to run workshops on building resilience for parents. This is helping parents to support their child more confidently. Nursery staff report that this training is leading to greater progress for the children involved.
- Leaders across health, care and education have an accurate understanding of the strengths and weakness in the local area. They successfully use this information to plan for the future and tackle weaker aspects of provision. The four CCGs have worked well with partners to undertake an annual diagnostic self-evaluation. The resulting comprehensive action plan guides improvement and benchmarks activity against the Code of Practice. Leaders are currently involved in a helpful review of the services available to children and young people who have SEN and/or disabilities. Practitioners from all disciplines, including schools, have been engaged in this review and are now fully involved in the current planning activities. The valued representation of the parent carer forum is ensuring that the views of parents are considered at every stage.
- The local area works well together to support the changing needs of children and young people who have SEN and/or disabilities. Evidence of this can be seen in the area's swift response to the increasing demand for support for the mental health and well-being of children and young people. Leaders strengthened the current range of services on offer with the Emotional Health Academy. This is a strong and responsive service that is supporting individual children and young people well. Through its work with schools, the Emotional Health Academy is also improving provision across the area. A good example of this is the small school that is buying in weekly support to enhance the support they offer to pupils with low-level social, emotional and mental health needs. This sensible early help is reducing the likelihood of these difficulties becoming more serious.
- Leaders' active commitment to continuous improvement is further strengthening services. A wide range of training is available for professionals, parents and young people. This effectively allows individuals and organisations to continually develop their knowledge and understanding of the needs of children and young people who have SEN and/or disabilities. For example, a jointly commissioned training package is strengthening practitioners' understanding of pupils who have an autistic spectrum disorder (ASD). When practitioners make good use of this support, provision is improving. However, not all organisations engage in this training. As a result, children and young people report that some practitioners do not understand their needs, particularly if they have ASD or mental health

difficulties.

- Children with more complex needs, who have a social worker from the disabled children's team, are typically well supported. Transitions between schools and as young people turn 18 are relatively smooth. The disabled children's team responds well when parents seek their help, with some very positive outcomes. This was summed up by a parent, who said that she cried when she read her child's care report, because her social worker knew her child so well. While support for pupils with a social worker is strong, this is not the case for children at a lower level of need, who do not have a social worker. This means that, while EHC plans provide a clear picture of where children are, and what they need to make good progress in education and health, this is not reliably the case in care.

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

### **Strengths**

- EHC plans are of good quality and completed on time. Professionals and members of the parent carer forum regularly check the quality of EHC plans. Feedback from this is used well to improve the plans and the assessment process over time. Helpfully, the focus of these audits changes over time. For example, parents have requested that the next audit look at transition. This reflective practice demonstrates the area's commitment to the spirit of the reforms.
- EHC plans include precise and relevant educational outcomes. Suitable provision is clearly identified, and funding is well explained. There is good evidence of effective action to reduce bureaucracy by not duplicating information unnecessarily. For example, the information that the school provides to request an EHC plan becomes the educational advice for the assessment. This means that schools are not being asked to duplicate information and helps to keep assessments within statutory timeframes.
- Parent and carers are positive about the EHC plan process. They report that professionals listen to their views. Parents say that plans show a good understanding of their child and reflect them well. There is evidence of significant, positive communication between parents and professionals. Those responsible for producing the plans provide timely and helpful responses to requests. One parent summed up the views of many when she described the EHC plan coordinators as being 'knowledgeable, kind and efficient'.
- Parents and carers have ready access to support and advice when they need it. For example, the health visitor service has a Monday to Friday daytime advice line, staffed by an 'on duty' health visitor. Also, parents in early years settings spoke positively about support gained for children with additional needs through attending the speech and language therapy drop-in sessions. This means that

families often get a quick response to their concerns.

- There has been a significant improvement in GPs undertaking the annual health check for young people with learning disabilities. This means that changing needs can be quickly identified and responded to.

### **Areas for development**

- Child and adolescent mental health service (CAMHS) waiting times are still too long for some young people, especially for those on the autism pathway. Despite all the work to grow capacity in this area, increasing demand is not being met.
- Not all children are benefitting from the two-and-a-half-year check completed by health visitors. Currently between 85% and 90% of children are being seen. Consequently, not all children are receiving a comprehensive healthy child programme offer. This may result in a delay in early identification and assessment of need.
- Children and young people have inconsistent opportunities to engage in their EHC plan process. Some plans are over-reliant on the views of parents. As a result, some young people are not routinely involved in setting their targets or reviewing their progress.
- Children and young people's social and emotional development is not given sufficient importance in EHC plans. There is a lack of clarity among parents and professionals about when and how a young person's mental capacity should be considered. Without a social worker, emotional and social requirements are not routinely considered, even when needs are clearly identified within the assessments.

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

#### **Strengths**

- Children and young people have access to high quality services. These services work well together to improve the support available for children and young people who have SEN and/or disabilities and their families. There are many good instances of this: for example, the strong multidisciplinary working at the Child Development Centre and the good support and swift response of the Sensory Consortium. Well-informed providers actively seek support for children and their families, for example the school special educational needs coordinator (SENCo) sharing information on short breaks with families.
- Leaders across health, education and care services regularly meet together to consider the support for pupils with the highest level of need. This close collaboration not only ensures that current support is working well, but also that

services change and evolve to meet the needs of these pupils as they grow. For example, new college courses have been developed so they are ready to meet the needs of younger pupils.

- The Looked after Children clinician post within the Emotional Health Academy is a positive development enabling work with the virtual school and the Looked after Children team. Helpfully this has recently been extended to those young people over 16 years of age.
- School nurses play an active part in the weekly multi-agency referral and triage meeting of the Emotional Health Academy. This means that school nurses are able to put forward the specific needs of children and young people under their care and ensure that health needs are properly considered.
- The investment in the Connect for Care system to join up different IT systems in the local area is a helpful development to promote effective information-sharing and coordinated care for children, young people and families. Connected Care is viewed very positively by health visitors and school nurses as this supports them accessing core records from other health services such as GP records and gaining a holistic view of the child's health needs.
- Children with complex conditions and their families are well supported by a dedicated and established Child Development Centre. This is a strong service with a multidisciplinary team working together, including paediatricians, therapists and psychologists.
- School nurses recently held a workshop to support school health champions, a valuable health and well-being initiative being piloted in four secondary schools. This enables young people to offer peer support on health and well-being issues.
- There is a range of help and advice for parents, carers and families pre-and post their child's diagnosis of ASD. For example, Parenting Special Children, Autism Berkshire and the local authority's autism adviser provide support, advice, training and guidance to families. Training sessions and parenting groups are held at a range of venues to enable access.
- There is a mental health worker within every youth offending team along with a nurse for physical health and speech and language therapist. This enables early access to support for those with additional needs.
- Therapy services work effectively and collaboratively in assessing children and young people with additional needs and are able to undertake joint assessments where this is appropriate for the child or young person.
- Within CAMHS there is access for parents and carers to an online resource offering help and support. We saw how this was being used successfully by parents and carers to receive relevant information and advice.

## **Areas for development**

- The local offer is not reaching all the right people. Not all parents are aware of the advice and guidance available to them, for example from the SEN independent advice service (SENDIAS) or the parent carer forum. The quality of advice and guidance that parents receive is too reliant on the knowledge of the school or setting their child attends.
- The local area is seeing increasing demand for the CAMHS autism pathway, with an increase in referrals and increasing complexity of cases. This has resulted in children and young people waiting too long for formal assessment of ASD. This is well known and understood in the local area and a number of measures are being looked at to reduce the waiting time as part of the wider Local Transformation Plan for Children and Young People's Mental Health and Wellbeing.
- Too many settings and professionals still do not understand the needs of pupils who have ASD or those with social, emotional and mental health needs. As a result, some schools and practitioners do not meet the needs of these children and young people.
- Children and young people do not always see health professionals quickly enough. In some cases, referral is quick and effective. In others, unnecessary steps in the referral process appear to be resulting in delay. When health visitors and school nurses identify children with additional needs, referral to a paediatrician is via a GP. This lack of direct access to a paediatrician means that, in some cases, the referral process is prolonged. This can delay the process of early specialist assessment and intervention. Consequently, parents and practitioners are not always confident that children and young people are seen promptly.
- The service specification for the 0 to 19 service includes school nurse support for home educated children. School nurses provide information to be sent to families via the council's home education coordinator but struggle to gain information about those children who are home educated. There are currently no home-educated children receiving a school nurse service in the local area.

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

### **Strengths**

- Outcomes for children and young people who have SEN and/or disabilities are good. Academic outcomes are particularly strong in the early years and in secondary school examinations. Here, pupils with an EHC plan achieve better outcomes than similar pupils nationally. Leaders know where outcomes could be better and are taking effective action to improve them. Two relevant projects are currently under way, one to improve pupils' phonic knowledge in Year 1 and the other to strengthen mathematics in primary schools. This work has been praised

in recent school inspections.

- Leaders are rightly focused on preparing children and young people who have SEN and/or disabilities well for adulthood. A good example of this is the increased focus on employment for young people who have SEN and/or disabilities. Effective planning to ensure that pupils are well prepared for work has been successful in significantly increasing the number of young people who are in employment.
- Physiotherapy, occupational therapy and speech and language therapy practitioners share the same successful approach when working with children and young people. This approach includes a risk tool, which helps to support identifying smart outcomes for children and young people. There is a key performance indicator to measure impact, with a target of 95% for improvement in risk scores. Recent figures were at 98%.
- Good consideration is given to particular issues that affect the outcomes of children and young people who have SEN and/or disabilities. A strong example of this is the current project aimed at reducing pupil exclusions. The local area's concern regarding exclusions resulted in a multi-agency audit carried out by the Local Safeguarding Children Board. This, in turn, led to a conference on ASD to raise practitioners' awareness. The resulting project has already significantly reduced the number of pupils who have SEN and/or disabilities who have been excluded.
- There is a range of helpful work taking place across health services to ensure that children and young people who have SEN and/or disabilities move smoothly from one service to another. For example, in CAMHS the transition process is started with young people six months before their 18th birthday. This involves multidisciplinary meetings and identification of a transition coordinator. Measures such as these promote good forward planning and effective transition for children as they move into adult services.

### **Areas for improvement**

- Professionals underestimate the ability of some children and young people who have SEN and/or disabilities. This is particularly the case for the most able young people and those who do not have a learning disability.
- The health visitor service is not ensuring that all children receive a health check when they are two and a half. Following a review in 2017, a revised health visiting service has been implemented. The service is currently affected by about 30% absence. This has resulted in high caseloads for each health visitor. These capacity issues mean that the service is restricted in the support it can provide to young children and their families. For example, this may be limiting the services ability to ensure that all children receive the two-and-a-half-year check.
- The local area recognises that there is more work to do in respect of gathering



and analysing robust health data concerning children and young people who have SEN and/or disabilities. They have a plan in place to address this.

Yours sincerely

Phil Minns  
**Her Majesty's Inspector**

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