

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
enquiries@ofsted.gov.uk  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)

**27 July 2021**

Deborah Glassbrook,  
Director of Children's Services, Brighter Futures for Children,  
Civic Offices, Bridge Street, Reading, Berkshire, RG1 2LU  
Sally Murray, Clinical Commissioning Group Chief Officer  
Fiona Betts, Local Area Nominated Officer

Dear Ms Glassbrook and Ms Murray

### **Joint local area SEND inspection in Reading**

Between 21 June and 25 June, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Reading to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the 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 of the local offer and joint commissioning.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) 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

- In Reading, the quality of care and help for children and young people with SEND is improving. Leaders across the area have worked together to make the support children receive better and to address areas of weakness. While there is more to do, most notably to reduce the long waiting times some children must endure while waiting for an assessment for autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD), the actions taken so far show the determination of leaders to make Reading a good place to be for children and young people with SEND.
- Leaders have an accurate understanding of how well the area comes together to meet the needs of children and young people with SEND. Leaders recognise the concerns of parents and have plans underway to address the issues that worry parents most, such as the availability of specialist school places. Leaders are also aware that they need to improve the way that they communicate with parents. Leaders want to ensure that parents are fully informed of the actions being taken to strengthen the care and support available for children and young people with SEND.
- Leaders are increasing their attention on children and young people who receive support from more than one service, for example children looked after with SEND. This has led to stronger joint working between professionals for many individuals with complex needs. Consequently, there is greater protective support for these potentially vulnerable children and young people. Effective joint working can also be seen in the area's work to ensure that the requirements of an education, health and care (EHC) plan can be met if parents choose elective home education. This joint working was less evident for the very youngest children. It is important that this joint working now spreads to include the very youngest children in Reading.
- In recent years, leaders have acted swiftly when they become aware of issues that affect children and young people with SEND. For example, three years ago there were concerns that young children with SEND were remaining in early years settings because there were insufficient suitable places in schools. More places have now been created as part of a wider plan to increase specialist school places. This includes 40 part-time places in early years provision so that young children with complex needs have an appropriate nursery school place.
- Leaders have a clear view of how they want children and young people to access the right support at the right time. This is being achieved through effective partnership working between services. There are now many examples of this beginning to emerge, for example in the multi-disciplinary support available to parents and children when they are waiting for an assessment for ADHD or ASD. However, there is still more to do as too many children and young people are waiting too long for assessment in the ASD and ADHD diagnostic services. Some have been waiting over two years for an ASD appointment and others over three years for an ADHD appointment. While

plans are in place to recruit the staff needed to tackle this backlog, area leaders do not have sufficient oversight of this situation.

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

### **Strengths**

- Many professionals work well together and this is leading to better and earlier identification of children with SEND. Co-production (a way of working where children, families and those that provide the service work together to create a decision or a service that works for them all) and joint working are well established in the area and there are many examples of how this is helping to identify children's needs in a timely way. For example, a well-established system in the neonatal unit ensures that babies who may have additional needs are referred promptly to the integrated therapy team. Each school has regular contact with a link speech and language therapist (SLT), enabling a quick response to requests for support. Also, dedicated SLT and child and adolescent mental health services (CAMHS) provision in the youth offending service provide a specialist view at an early stage. This helps professionals to decide what further information will be needed and to prioritise the young person's needs in the system.
- Schools and early years settings are well supported by professionals from both education and health services. This support, together with the good range of training available, is helping practitioners to more quickly spot children who may need some extra help. This early identification of children and young people with less complex needs is, in turn, improving the recognition of children with more complex needs. The prompt detection and support provided by schools and early years settings frees up specialist practitioners to see pupils with more complex needs more quickly.
- Leaders have identified that some families do not take up the offer of free early years places for their two-year-old children. This is making it difficult to ensure that the needs of all children are identified early. Leaders identified this issue through their routine data analysis, finding that 12% of children had not attended provision before they started school, with the majority of this group having a black and minority ethnic background. As a result, there is now a coordinated plan to address this issue, with staff and volunteers in place, leaflets translated into the 11 most commonly used languages and a social media awareness campaign.
- The COVID-19 pandemic has affected the local area's ability to deliver support to children and young people with SEND. Some services stopped during the lockdown while others were reduced or were accessed online. The levels of referral for SLT and CAMHS have increased significantly following the lockdowns. SLT drop-in sessions stopped during the pandemic and were replaced with a telephone advice line. This resulted in waits of up to 12

weeks. A small number of children and young people have experienced long waits for CAMHS support as a result of the bulge in referrals following the last lockdown. Leaders have clear plans in place to deal with the backlog as quickly as possible. There are examples of leaders acting swiftly during the COVID-19 pandemic to address specific issues. For example, the local area adapted an existing programme of support for families and young people struggling with anxiety into an accessible online course to help families to support their young people during the pandemic.

### **Areas for development**

- In recent years, increasing numbers of young children with complex needs have arrived at school without the support they need to do well. While Brighter Futures for Children (the not-for-profit organisation delivering children's services on behalf of the local authority) has a range of strategies in place to increase the take-up of two-year-old places, the needs of vulnerable young children are not being consistently identified by health professionals. The early identification of children with complex needs under the age of two is not as strong as it is for older children because health services are not working as closely together as they could. As a result, opportunities to identify additional needs and plan early intervention are missed. For example:
  - the health check on offer to all two to two-and-a-half-year-old children is not always identifying speech, language and communication difficulties in a timely manner
  - health visitors are not always notified when families move into the area
  - too few pregnant women receive an antenatal contact and of those that do, many of them are seen in a group.
- Some pathways to health services are not clear enough and can be confusing. For example, health visitors are not able to directly refer to the paediatrician or occupational therapist but they can refer directly to SLT and the neurodevelopmental pathway. This adds delay and inconsistency to accessing services.
- Many parents are rightly concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD.

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

#### **Strengths**

- There is evidence of a commitment to co-production and joint working at a strategic level to meet the needs of children and young people with SEND. This is leading to some examples of very effective co-production, such as the approach to mental health support offered across the area.

- Improvements to services are planned and delivered in genuine partnership, with parents and young people included as standard. A good example of this can be seen in the redesign of the equipment policy to ensure that children and young people get the equipment they need promptly and that it is suitable for their needs. Working in partnership has improved the provision of equipment for children with additional needs by agreeing funding and collective approaches to sharing equipment. This has resulted in more children and young people getting what they need both at home and at school. Consequently, many practitioners and families are now more positive about the provision of equipment in the local area.
- Increasingly, young people are centrally involved in the design of services. For example, those accessing CAMHS are involved in designing the environment and information about the service and are routinely participating in interview panels. As a result, services are more likely to be responsive to the needs of young people.
- Senior leaders across health, education and care have worked together to agree what they want to achieve for children and young people with SEND. These shared priorities are ensuring the majority of the commissioning of services is strong. Groups who make decisions about the needs of children and young people with SEND include a range of professionals across education, health and care. This multi-agency approach allows for all aspects of a child's needs to be considered when making a decision. Increasingly, working with families and young people is seen as an essential aspect of the development of services. For example, in the commissioning of an autism service, children and young people and their parents were involved from the start, from their involvement in tendering for a service to evaluating bids for a contract and setting key performance indicators that include 'I feel' statements, to measure successful outcomes.
- EHC plans are produced in a timely fashion, with the vast majority being produced within the expected 20 week period. There is a consistent format that provides clear information about children and their needs. Practitioners say that these are useful documents. The views of children and young people and their parents are sought and plans are well informed by professional advice.
- Parents of children and young people with SEND have access to good information and advice from the family information service and the local offer. There is widespread awareness among families of where to go to find information and advice. The local offer is responsive to families' needs, following up all initial contacts to ensure that the identified needs have been met. Children with the most complex needs benefit from effective multi-agency working. Community children's nursing and specialist school nursing teams are co-located and work regularly with school staff to ensure children's needs are identified and met effectively.

- The shared commitment of professionals in Reading is leading to improved support for children with less complex SEND. Staff in schools and early years settings appreciate the support and guidance they get from health professionals and the local authority. This is helping them to better support children and young people. For example, the early years SEND advisory service provided by Brighter Futures for Children has been strengthened and is leading work to further improve the support that young children receive. Almost all schools have participated in a free project to train staff in trauma-informed approaches, provide every school with a mental health worker and offer regular consultations on how best to support children and young people's emotional well-being. As a result, staff have a greater awareness of the emotional needs of children and young people who are upset and distressed. This is improving outcomes for children and young people and reducing the likelihood of those with SEND being excluded.
- A number of schools have collaborated to ensure that their curriculum supports all pupils to learn, including those with SEND. This work focuses on making it as easy as possible for pupils with SEND to learn, stressing the importance of sequencing learning, early reading and the development of language and communication. A wide range of curriculum support and training has been provided by local area partners to support this development. This is leading to pupils with SEND being able to learn more and remember more, and so make greater progress.
- Increasingly services for children and young people with SEND are delivered using a needs-led approach. This means that services aim to respond rapidly and ensure that the children who are in most urgent need get the help first. As part of this plan, schools have increasing access to regular support and advice from specialists. Examples of this approach include the regular mental health discussions and the SLTs linked to every school. Providers and parent representatives like the fact that they drive this work; it is not a distant project organised by leaders, and they are in the driving seat.

### **Areas for development**

- Some parents are not confident in leaders' ability to resolve the current issues. Many remain very concerned about the long waits for ASD and ADHD appointments. Parents are concerned that there are not sufficient specialist places in schools to meet the needs of children and young people with SEND, and are not confident that social care services fully consider their children's needs. Some parents are not confident that the local authority is willing to meet their children's needs. Leaders in the area understand these concerns and have plans in place to address them.
- Some aspects of the EHC plan process could be strengthened:
  - findings from the audit process should result in improvements to the quality of plans, particularly when the quality of health contributions was found to need improvement

- contributions from social care are too rare and often lack sufficient detail
  - plans do not routinely include consideration of preparation for adulthood outcomes
  - opportunities to coordinate statutory assessments with the EHC plan and annual review process for children looked after are sometimes missed, meaning that the often complex needs of these children and young people are not reviewed holistically.
- The very youngest children and their families in Reading do not benefit from shared focused priorities as seen across the other age groups. Opportunities to use shared models of support and co-production are missed.

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

#### **Strengths**

- The local area is improving outcomes for children and young people with SEND. This can be seen most clearly in the success of multi-agency efforts to improve behaviour and reduce the number of pupils being excluded from school. This success has been led by adoption of a therapeutic approach now being delivered in most schools. Not only is this work reducing the likelihood of exclusion but it is also increasing the quality and speed of support for children and young people with social and emotional difficulties. Good examples of this can be seen in the effectiveness of support in place to enable a pupil at risk of exclusion to succeed in school, often by supporting the school staff to know how to achieve this. Also that some health professionals measure the difference their work makes for children and young people to monitor how outcomes have improved for those they are working with.
- Children and young people do well in school in Reading. Outcomes for pupils with SEND in year six have improved over the past three years. In secondary school, pupils with SEND attain well, although not all pupils make as much progress as they could. The recent joint working to successfully reduce exclusions has enabled children and young people with SEND to attend school for longer and achieve better results. In many schools, the principles of this approach now successfully underpin aspects of their curriculum. The success of this work is informing the next stage, to develop a more consistent approach to supporting children and young people with ASD.
- Until recently, outcomes for some older young people were not as strong as for school-age pupils. This meant that too many 17-year-olds were not in education, employment or training. Also, too few young people with an EHC plan gained a level 2 or 3 qualification that included English and mathematics. Over the past few years, the options for school leavers have improved. Work has been carried out to ensure that the needs of young people with SEND can be met closer to home. Also, pre-work opportunities are given to students to

enable greater success when they leave and take up work once they have completed their courses. Recent figures indicate that this work is leading to more young people staying in employment for longer.

- There is evidence in Reading of a wide range of options being developed to enable young people with SEND to be supported into work from the age of 16. The 'Ways into Work' project began in November 2020 and partnership with the Department for Work and Pensions at Reading Youth Hub is expanding opportunities for young people. This is aimed at increasing the number of young people with SEND who are in education, training or employment.

### Area for development

- The number of adults with learning difficulties in meaningful activity or paid employment needs to increase. Leaders know that the offer for young people with very complex needs aged 18 to 25 is not as strong as for other young people who are more able to access work and education opportunities. There are limited options and insufficient places within adult social care for meaningful activities for young people with very complex disabilities. There is also a lack of regular respite for their parents/carers. While new facilities for day activities and overnight respite are planned, they will not be available for two years. Some parents and carers of older young people with more complex needs are exhausted and feel unable to continue caring without additional support.

Yours sincerely

Phil Minns

<b>Ofsted</b>	<b>Care Quality Commission</b>
Chris Russell Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Phil Minns HMI Lead Inspector	Tessa Valpy CQC Inspector
Rosemary Henn-Macrae Ofsted Inspector	

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