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22 February 2022

Grainne Siggins
Director of Children's Services, Bracknell Forest
Time square
Market Street
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Fiona Edwards, Clinical Commissioning Group (CCG) Accountable Officer
Anneken Priesack, Local Area Nominated Officer

Dear Ms Siggins and Ms Edwards

Joint area SEND inspection in Bracknell Forest

Between 29 November 2021 and 3 December 2021, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Bracknell Forest 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 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 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 areas of strengths and areas for further improvement.

Main Findings

- Over time, leaders in Bracknell Forest have made insufficient progress in implementing the 2014 reforms. New leaders recognise the need for a fundamental cultural shift at all levels. Their plans to improve provision for children and young people with SEND reflect the vast scope of work that needs to be completed. However, while these plans demonstrate a sense of urgency, there is no clear strategy for how change will be brought about.
- Many parents and carers have an overwhelmingly negative view about education, healthcare and social opportunities in Bracknell Forest for their children and young people with SEND. They describe feeling exhausted at having to continually fight to be heard and to have the needs of their children assessed and met. Many parents describe being met by 'a wall of silence' that has left them with the sense that no one in the area cares about their children. Current systems for responding to complaints or concerns from parents and carers are not effective, adding to their frustrations.
- Co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all) is not effective. Isolated positive examples of co-production exist, but this is not part of an established ethos or systematic approach.
- The designated clinical officer (DCO) arrangements are not fully effective. It is not clear how information available to ensure sufficient oversight of SEND provision is used. The important role of the DCO in SEND provision is not promoted successfully. Consequently, some leaders in healthcare services are not aware of the support the DCO can provide. However, the CCG is aware that they are not yet fully effective at overseeing the recent changes to the role of DCO and that the pace of effective implementation needs to be increased.
- There is a lack of appropriate educational provision within the borough for a significant proportion of children and young people with SEND. The strategy of developing more specialist resourced provisions is very new. At times, the evolution of these provisions has been ad-hoc rather than planned as part of a coherent and considered approach. For any children and young people

educated out of borough, there are no commissioned services to ensure they have good access to healthcare.

- Children and young people with SEND wait for excessive amounts of time to access occupational therapy (OT) services. While they wait for OT services, children and young people do not get sufficient support. Lack of capacity in the occupational therapy team means that their contributions to education, health and care (EHC) plans are often late.
- The proportion of EHC plans completed within the statutory timeframe has fallen. Leaders attribute this to high staff turnover and an increase in requests for EHC plans, alongside the impact of COVID-19. Figures indicate a low of 20% last academic year. However, new strategies in place are beginning to demonstrate a rapid improvement, with the current year average at 63%.
- Too many children and young people reach a mental health crisis because of a lack of timely support to prevent further escalation.
- Preparation for adulthood is not considered effectively. There is a lack of aspiration and appropriate placements for young people. Consequently, there are high numbers of young people with SEND not in education, employment or training (NEET), although this is beginning to improve.
- Many parents and carers are not aware of available advice, support or social care provision. There is also a lack of age-appropriate social opportunities for older children and young people with SEND. While the local offer website, known as the family services directory, contains a lot of useful information, many families inspectors spoke to did not know of its existence. They described not knowing where to turn or having to constantly hunt for what might be available.
- The quality of EHC plans is variable. Generally, they provide helpful detail about children and young people's needs and the education provision required. Information from the educational psychology service is useful and provides practical guidance. However, some EHC plans are very out of date, with requests to update targets ignored for several years in a row.
- There are new, clear lines of accountability and governance in place, as well as a commitment from leaders to improve outcomes for children and young people with SEND, but it is too early to see the impact of this.
- The child development centre (CDC) is a strength, as is the work of the health visitors. Professionals work together well, supporting children and their families to access the support they need at the earliest possible opportunity. Parents and professionals fully appreciate the invaluable support and guidance they receive.
- Professionals in the early years, including healthcare professionals, describe a 'wealth' of support. They praise the clear signposting of what is available,

and the advice and guidance from area leaders. As a result, children with SEND in the early years have their needs identified and met effectively, getting them off to a good start.

- Several services in the area have been commissioned jointly between education, health and social care. While leaders have key priorities for joint commissioning, there is a lack of strategic direction with regards to how it will be used to make improvements to the quality of services provided for children and young people with SEND.

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

Strengths

- Professionals in the CDC have positive working relationships, and communication between them is strong. Consequently, families' needs are identified early and are considered helpfully in a holistic way.
- Education and healthcare professionals who support children in the early years are well equipped to identify children with SEND.
- The offer from health visitors across the area is strong. They form close working relationships with other professionals as well as families across the area. This leads to the early identification of need. Referrals on to appropriate services are made as soon as possible.
- Education and health professionals have benefited from useful training from a range of other professionals across health and social care, including school nurses and mental health practitioners. This training has promoted better identification of need and has enabled a wider group of staff to understand when to make timely referrals to different pathways. As a result, children and young people with SEND and their families gain quicker access to support and assessments when needed.

Areas for development

- Processes and systems to identify children and young people's SEND are not reliable. There are many examples of failures to meet deadlines and legal requirements, with statutory assessments taking too long. While new strategies are demonstrating a rapid improvement in how quickly EHC plans are produced, there are still too many that take too long. This delays children's and young people's access to appropriate educational provision.
- Several key strategic documents are in draft format. This means that information currently available to professionals is not up to date or fully reflective of the identified needs of children and young people with SEND in

the area. For example, the joint strategic needs assessment and the health and well-being strategy are both currently being revised.

- Some health professionals are not effectively included in the EHC process. School nurses do not routinely contribute. Health visitors do not consistently receive a copy of the draft EHC plan, to make sure that their contributions are accurately reflected.
- For children and young people who receive SEND support, schools should use the graduated approach (assess, plan, do, review) to ensure pupils receive appropriate help. Over time, Bracknell Forest's decision-making system to support this (when cases are discussed by a panel to decide what happens next) has not been fit for purpose. New arrangements for the decision-making panel are very much in their infancy.
- Transition planning for children and young people with SEND moving from one stage to another is weak. There are isolated examples of good work in this area, but systems do not ensure transitions are planned appropriately or in a timely way. As a result, for too many families, transition to the next stage of education, employment or training for their child or young person has been, in a typical quote from one, 'a nightmare'.
- There is not a routinely joined-up approach when assessing children and young people who require access to more than one therapy service. This does not support the principles of the 'tell it once approach' set out in the SEN reforms.
- Children and young people with SEND do not have their social care needs assessed in a systematic or comprehensive way, unless they are known to children's social care. Consequently, many families are unaware of the possibility of useful activities or support, such as social opportunities or travel training.
- Communication with officers regarding the production of EHC plans is variable. This causes frustrations for parents and professionals.

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

Strengths

- There are positive examples of the health needs of children and young people with the most complex SEND in Bracknell Forest being met well. In these cases, this results from effective joined up working between groups of different health professionals.
- The GEMS service provides help and support to children and young people awaiting an assessment for autism spectrum disorder (ASD) or attention deficit hyperactivity disorder. This means that they can gain support at the

earliest opportunity rather than having to wait until they receive a confirmed diagnosis. This service supports parents well and is an example of effective leadership and co-production.

- Parents talk of the undeniable positive impact of the SEND information, advice and support service, SENDIASS. However, many parents are unaware of this service.
- Professionals are well trained in meeting the health needs of children and young people. For example, training that is delivered by school nurses on the management of epilepsy, asthma and other conditions has provided these professionals with invaluable knowledge.
- The local offer website contains useful information. Recent improvements to the website have incorporated parents' requests. Post-16 learners have recently worked with the SEN team to review and improve information available for them.

Areas for development

- Many parents are finding their own services and charities to help them as a result of the lack of support available from Bracknell Forest. They feel that they are 'going into battle' when they try to get the provision they believe their child needs.
- The views of professionals and of children and young people and their families are not being heard in the design of provision. This is due to a lack of co-production. For example, key stakeholders, including headteachers, have not been fully involved in the design of the new panel arrangements. They have been consulted but feel they are not able to influence decisions. While some school leaders believe the approach sounds sensible and workable, their confidence is undermined by a lack of clarity around exactly how processes will operate.
- There is variability within schools in the quality of inclusive practice. Area leaders have a very new strategy in place to tackle this, but it is too early to see any impact.
- A high proportion of children and young people with SEND are educated out of borough. Precise arrangements for pupils to apply to and attend the newly opened specially resourced provisions remain unclear. Consequently, these provisions remain underutilised.
- There is no clear plan to ensure that all children and young people with health needs educated out of area have access to appropriate healthcare.
- In the healthcare system, there is limited oversight of children and young people with SEND who are home educated. In addition, children and young

people who are home educated with speech and language needs are unable to access services in the area.

- There is a lack of early mental health support available to children and young people. As a result, their needs escalate and too many end up in mental health crisis. Leaders recognise the lack of timely provision.
- EHC plans are inconsistent in quality. Poor EHC plans include out-of-date content and those which do not reflect the views of children and young people. Parents and professionals feel frustrated at the standard of communication with the SEN team. Attendance from members of the SEN team at annual review meetings is variable. This is particularly unhelpful when the discussion is about transition across stages of education or to adult services.
- Many families rightly raised concerns about the lack of support to meet their child's needs while waiting for as long as 53 weeks to access occupational therapy services.
- EHC plans, child protection plans, child in need plans and personal education plans for children looked after are not always aligned, although this is an improving picture. This results in duplication of documentation and meetings for some parents.
- Whether children and young people with SEND and their families get the advice, support or social care provision they need is left too much to chance. The local offer website, while potentially useful, is not known about by many parents.

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

Strengths

- Once the needs of children and young people with SEND are identified, education leaders have good knowledge about how well they are achieving. They have strong systems in place which enable professionals to unpick and analyse reasons why children and young people may not be achieving well. These systems offer a sound basis on which appropriate support can be planned to help these children and young people improve their academic outcomes.
- The work of education leaders to support and improve all schools is leading to appropriate support strategies which help some children and young people with SEND to improve their academic outcomes.
- Health professionals measure the effectiveness of their work and consider whether they have had a positive impact on the child or young person.

- Children in the early years generally get off to a good start. This is because of the effective identification of needs and well-targeted support.
- There have been no permanent exclusions for children and young people with EHC plans in the last five years. There has also been a reduction in fixed-period exclusions for this group of children and young people. For those children and young people receiving SEND support, the number of fixed-period exclusions is on a downward trajectory.

Areas for improvement

- There are high numbers of young people with SEND who are NEET. Preparation for adulthood is not planned well. There are limited options available which are appropriate for young people. College leaders report that improving transition to college and on to adulthood is a priority. Post-school provision for many is also limited by a lack of transport options and travel training.
- Too many EHC plans for children and young people with the most complex needs lack aspiration for the future. Special school leaders are working with the area to improve this. However, these positive changes are only just starting to be seen in some final EHC plans.
- Many children and young people with SEND and their families are not accessing social care opportunities as they do not know what is available. This is particularly the case for older young people and limits their ability to develop wider interests, develop independence and to participate fully in their community.
- While we saw positive evidence of education leaders work in supporting school improvement, less than 40% of parents who completed the survey believe that their child's outcomes are improving. Many parents comment that improvements in outcomes are down to themselves, individual schools or support they have paid for themselves, rather than as a result of provision from Bracknell Forest.

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 lack of a clear, co-produced strategy for how the much-needed improvements and change will be brought about

- parents’ and carers’ lack of confidence in the education, healthcare and social opportunities for children and young people with SEND, alongside their frustration at the poor communication they experience with the SEND team
- the lack of coproduction with children and young people with SEND and their families, and with professionals. This includes the limited parental representation at a strategic level
- the lack of appropriate educational provision for a significant proportion of children and young people with SEND in the borough
- the lack of support available to children and young people while waiting excessive amounts of time to access occupational therapy services. Also, the lack of capacity in the occupational therapy team, resulting in delays to their contributions to EHC plans
- the high number of children and young people with SEND who reach a mental health crisis because of a lack of timely support to prevent further escalation
- the lack of established, effective panel arrangements to decide next steps in the graduated approach used for pupils who receive SEND support
- insufficient long-term planning for young people as they move into adulthood
- parents’ and carers’ lack of awareness of available advice, support or social care provision. The lack of age-appropriate social opportunities for older children and young people with SEND.

Yours sincerely

Maxine McDonald-Taylor
Her Majesty’s Inspector

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