Area SEND inspection of Windsor and Maidenhead Local Area Partnership

Inspection dates: 11 to 15 May 2026

Dates of previous inspection: 3 to 7 July 2017

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately 3 years.

Ofsted and the Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

The Royal Borough of Windsor and Maidenhead (RBWM) and Thames Valley Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with special educational needs and/or disabilities (SEND) in Windsor and Maidenhead. The RBWM commissions Achieving for Children to provide its education and children's social care services on behalf of the local authority.

On 1 April 2026, NHS Frimley ICB joined NHS Buckinghamshire, Oxfordshire and Berkshire West (NHS BOB) ICB to become NHS Thames Valley ICB, and is responsible for the commissioning of health services across Windsor and Maidenhead.

The local authority commissions alternative provision (AP) for children and young people who are at risk of being, or have been, permanently excluded. This includes registered and unregistered AP.

What is it like to be a child or young person with SEND in this area?

Children and young people with SEND have inconsistent experiences of services and support in the RBWM. Some benefit from strong partnership working across education, health and social care. However, for others, leaders' actions and decisions do not lead to equitable outcomes. For some children and young people with SEND, their needs are not identified early enough or with sufficient accuracy. Too often, the support and provision they receive is reactive and provided only once their needs have escalated. Weaknesses in the quality of education, health and care (EHC) plans underpin this. Many EHC plans do not fully reflect a child or young person's needs or set out the multi-agency provision that is required for them to achieve their intended outcomes. In addition, practitioners across education, health and social care frequently lack the precise, up-to-date information needed to provide the best and most timely support. However, leaders know the gaps in the provision that children and young people require and what is needed to address these gaps. This is helping leaders across the partnership to make joint, targeted improvements. Examples of this include the development of the joint SEND data dashboard, the commissioning of AP for those who have been, or who are at risk of being, permanently excluded and targeted therapeutic work in schools.

Children and young people who have the most complex learning, health and/or social care needs, typically have their needs identified quickly and accurately. As a result, they generally receive the right support to help them succeed in their education and in their lives beyond school. For example, where specialist education provision is in place, children and young people typically benefit from tailored, aspirational support. Where they access provision such as the social, emotional and mental health (SEMH) service or the multi-agency SEND early years team, children and young people's outcomes are better. Others similarly benefit from health transformation projects, such as the newly developed therapy advice lines for early years.

Some children and young people benefit from a bespoke, person-centred approach as part of their EHC plan annual review. This builds effective participation into decision-making about EHC plans and required support. There is a carefully considered approach to embed this more widely across the local area. Children and young people with SEND are supported to develop self-advocacy skills from an early age. This is helping them to express their views and participate more effectively in decisions that affect them. The local area demonstrates commitment to obtaining the voices and opinions of children and young people with SEND. For example, the 'Changing Voices' Group, RBWM Youth Council, Inclusion Ambassadors and the Girls' Forum are all active participants in strategic planning and well respected across the borough.

For some children and young people with SEND, the multi-agency or single-agency support they receive as they transition into different phases of their lives is not as targeted or informative as it needs to be. Children, young people, and sometimes practitioners, do not know enough about the support, guidance and opportunities that are available to them. This leads to less-positive experiences at transition points, such as when children move through key stages 2, 3 and 4. Too often, this triggers

disengagement, escalating mental health concerns and, for some, reaching the point of crisis. The multi-agency offer from the SEND early years team means that moving on from the early years to primary or first school is typically more successful than transitions at other points.

Children and young people with SEND in special schools and AP generally benefit from the expertise of skilled professionals who support their academic and personal development. They typically have greater success in their outcomes and onward destinations. Mainstream schools, including those with specially resourced provision for children with SEND, work closely with local area leaders to provide increasingly inclusive environments and skilled staff. Children and young people with SEND typically achieve well in education. Despite this, many families continue to lack confidence in, and remain concerned about, how well mainstream schools meet their children's needs.

Although there is an increasing range of opportunities and support for children and young people with SEND and their families, this is not as widely known as it could be. There has been recent, multi-agency collaborative work to improve the accessibility of this information within the local offer. However, too many families who would benefit from this information find it overwhelming or not easy to use. Parent and carer support and advice groups, such as the RBWM's parent carer forum, SEND Voices RBWM, and the borough's SEND information, advice and support service, would typically provide ongoing guidance in this area. However, these dedicated, knowledgeable groups find themselves working beyond what their capacity can manage. Consequently, they cannot provide the range of services they hope to.

What is the area partnership doing that is effective?

- Leaders are ambitious for children and young people with SEND. This permeates through different levels of leadership and to practitioners and staff on the ground. Staff work together across health, education and social care with dedication and tenacity. The voices of parent and carers are represented in various projects and annual events across the borough and there are effective examples of strategic and operational co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all).
- Leaders have close oversight of children and young people who attend AP. They track the difference that AP makes to children and young people's lives diligently. Leaders work to ensure that AP is mostly used as a short-stay provision, which leads to successful reintegration, where possible. It is supported well by the fair access protocol and the pupils educationally at risk panel. As a result, children and young people who attend AP are typically successful in their onward destinations as well as their academic and personal outcomes.
- The local area provides well-coordinated and integrated support for some children and young people with SEND who struggle to attend well due to their needs. This has led to targeted learning programmes and the emotionally related school avoidance toolkit. These initiatives are having a positive impact on joint working, the upskilling

of practitioners and supporting children and young people's wellbeing and resilience. It has also resulted in an improvement in some children and young people's rates of attendance.

- The partnership has established a considered approach to training and workforce development. They have maximised the expertise of health and practitioners in specialist settings to provide outreach. This ensures that every school will be supported to have staff with the necessary skills and knowledge to strengthen inclusivity. Practitioners from health and education are rightly proud of the training and support they already provide to many schools.
- There is a broad, effective range of universal services, including family hubs, health visitors, school nursing, parenting programmes, therapeutic input and community activities. Services are accessible and inclusive. Where increased needs lead to long waits, families can access effective early help. This system offers largely timely and needs-led support for children and young people with SEND and their families. While there are some waits for specialist input, families are supported effectively through hubs, online resources and wider services.
- Children, young people with SEND and their families benefit from newly developed enquiries, advice and support lines within children's therapeutic services, specifically for occupational therapy, physiotherapy and speech and language therapy. These enable timely advice and guidance for parents and professionals. They support earlier intervention, useful sharing of information and onward referrals, while children and young people are awaiting assessment. The introduction of a clearer autism diagnoses pathway streamlines the process for accurate identification, providing earlier clarity for families and reducing waiting times. Leaders make effective use of measures to assess the risk of long wait times and monitor the progress of children and young people with SEND while they wait.
- Partnership leaders have adapted key services in well-considered ways for children and young people with SEND identified as needing multi-agency support. For example, the speech and language offer within the youth justice service is a valuable and targeted intervention, addressing unmet needs for those entering the criminal justice system. Additionally, those in residential special schools benefit from multi-agency support to foster a positive experience, which is sustainable through joint funding arrangements. Oversight of those children and young people with SEND who are electively home educated is managed well. Leaders hold accurate information to support appropriate and relevant early intervention, improving accessibility and inclusion for these children, young people and their families.
- Local area leaders promote a needs-led approach to accessing provision and services. For example, there is a clear, needs-led referral pathway into the Dynamic Support Register. This is supported well by multi-agency reviews and assessments to prevent hospital admission and placement breakdown for autistic children and young people and those with a learning disability. Similarly, the needs-led SEMH offer across education and health continues to evolve. Streamlining pathways enables earlier identification of need and strengthens support coordination across the partnership.
- The neurodiversity offer for children and young people with SEND is developing and becoming increasingly responsive to the needs of families, with a stronger focus on

prioritising their experiences of the SEND system. Although this work is still in transition, there is clear evidence of purposeful action to reduce the impact of waiting times and to support children and young people while they wait.

- Some children and young people benefit from effective early planning for the transition between children's and adults' health and social care services. In particular, the community team for people with learning disabilities ensures that young people who need their service receive support aligned to their needs as they transition to adulthood. Children in special schools benefit from well-established, multi-agency transition planning into this service, where appropriate.

What does the area partnership need to do better?

- Although some children and young people with SEND experience timely identification and assessment of their needs, this is not consistently the case. At times, joined up working between practitioners across education, health and social care lacks precision. As a result, communication and clarity in decision-making around assessments of needs and the issuing of EHC plans is not always effective. This compounds parental frustration and reduces confidence in partnership working.
- When children and young people's needs are not identified in a timely way, they often experience a reactive, rather than pre-emptive, approach to having their needs met. For some, this can lead to their needs being exacerbated. Furthermore, this more widely impacts children and young people's education as well as their families, leading to an increased need for additional support and declining mental health.
- The local area has not monitored the quality of EHC plans well enough. Some EHC plans are written in a generalised way. Some do not adequately reflect the child or young person at the heart of the plan, particularly when considering the support they need to succeed. For example, children and young people with an EHC plan experience long waits for occupational therapy. During these delays, the lack of precise and detailed information in needs assessments and annual reviews means their needs are not fully understood or planned for, which negatively affects the support they receive. Social care and health needs are often represented less well than educational needs. This is often replicated for those children and young people with SEND without an EHC plan.
- Partnership leaders acknowledge that the services to support effective co-production are under-resourced and stretched. For example, parent groups are not as involved at a strategic level they want to be and are invited to be. This is because they are delivering project work or committed in other areas. It leads to variability in engagement and co-production with parents.
- Many parents, and some practitioners, feel strongly that schools do not have sufficient expertise to recognise or consider the typical behaviours of a neurodivergent child. This has led to an increased need for some services which help parents advocate for their child within school, in particular requesting reasonable adjustments and advice on behavioural support. This has a knock-on effect on families and children and young people with SEND, often when reaching critical transition points in education. It also leads to some parents and carers feeling poorly

informed about how well their child's needs are being met in school.

- Further work is needed to expedite the ordinary available provision and the universal health and care offer. For example, although antenatal and six-to-eight-week checks have high uptake, other mandated health checks, including the two- to two-and-a-half year reviews, remain lower than expected. Consequently, not all families benefit from support and early identification of needs at a key time in a child's development.
- The development of practitioner knowledge and expertise to deliver intervention work in schools, particularly linked to behaviour support and mental health, is too narrow. This means some children and young people experience inconsistent support to address their unmet SEMH needs. As a result, there is an increased reliance on rapid response support and increased pressures on AP, elective home education and education otherwise than at school (EOTAS) packages.
- The partnership's approach to help children and young people with SEND to prepare for adulthood is underdeveloped. At times, the early identification of young people who are at risk of not being in education, employment or training is not swift enough. Information, advice and guidance about future careers and increasing independence is not effective. Although growing, the partnership's post-16 education provision is limited. This narrows the breadth and equity of the offer for young people with SEND, particularly those without an EHC plan, as they consider their education, employment and training options.
- Delays and waiting times across many health services, including access to much-needed support, act as a barrier to timely intervention. Leaders have established clear plans to address some of these pressures, such as those linked to the neurodevelopmental assessment pathway. However, other assessment pathways have limited opportunities for early support. For example, waiting times for psychological assessment for young people with a learning disability, and for those requiring medication reviews, are lengthy and there is a lack of effective support to help families manage while they wait. Similarly, waiting times for direct, face-to-face occupational therapy interventions are too long. This further limits timely access to therapeutic support. While some support is available for children and young people with behaviours that challenge, delays in accessing behavioural interventions lead to a reliance on alternative arrangements, such as spot-purchasing. These gaps can further delay intervention, increasing the risk of escalation and, in some instances, families reaching crisis point.
- Children open to the child and young person's disability service can experience limited access to tailored provision due to gaps in availability and sufficiency of specialist services, such as access to a range of short breaks. New roles intended to ensure that there is greater equity in the offer for children with SEND to be able to engage with successful provision, such as bespoke EOTAS packages, are not embedded.

Areas for improvement
The local area partnership should continue to strengthen its graduated approach to meeting needs. This should include the ordinarily available provision in schools and universal health and social care offer so that children and young people benefit from

early identification of need and clear pathways and receive consistent, high-quality support from skilled and knowledgeable practitioners.
Leaders should improve their strategic and integrated approach to preparing children and young people with SEND at key transition points, including as they approach adulthood, so that all children and young people receive the timely help and support they need to lead successful lives.
The local area partnership should work together to improve the quality of EHC plans and associated processes so that children and young people with SEND get the right support at the right time. This should include: ■ improving the quality of EHC plans to ensure information is current, specific and quantified; and ■ improving the effectiveness of the annual review process so that it takes account of the full range of advice and support relevant to the child or young person.
The local area partnership should improve their engagement and communication with parents and carers to ensure that: ■ there are sufficient opportunities to enable parents and carers to meaningfully co-produce services and ways of working; and ■ parents and carers are well informed about service developments and understand how their contributions have shaped change and improvement to the local SEND system.

Local area partnership details

Local authority	Integrated care board
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Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI from education and social care; a lead Children's Services Inspector from the CQC; and another Children's Services Inspector from the CQC.

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