

Appendix B - Written Statement of Action Progress Review Letter



Department
for Education

Department for Education
Sanctuary Buildings
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Sue Butcher, Director of Children's Services, Slough Borough Council
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28 May 2025

Dear Colleagues,

Re: Written Statement of Action (WSOA) Progress Review

Thank you for meeting with the Department for Education (DfE) SEND and NHS England officials on 22 April 2025 to review the progress you have made against your WSoA. This letter summarises the local area's progress and areas for ongoing development, evidenced leading up to and during the stocktake.

Thank you to you and your teams for both the paperwork submitted prior to the meeting and for your contributions during the meeting itself. Following your last progress review in January 2025, you now have an improved evidence bank that captures the work undertaken against your WSoA and in preparation for a local area SEND inspection. Once you finalise your implementation plan for your SEND and Inclusion Strategy, you may want to consider how to capture evidence of actions within this evidence bank.

The local area's new highlight reports were a valuable addition, providing key updates on the work being undertaken to address the seven areas of weakness identified in your last SEND area inspection. Highlight reports can serve as a tool for improving communication and ensuring the partnership is well-informed about ongoing work. If a new programme delivery risk arises between reporting periods, or any key updates, the relevant highlight report should be added to the agenda of the SEND Local Area Partnership Strategic Board for discussion and to ensure board members have strategic oversight. The remaining highlight reports for each area should be added as an appendix to the board papers.

To ensure timely updates, we recommend that programme leads or delegated officers for each area update the tracker following Task and Finish Group meetings or when new evidence is received. This will support coordination and ensure information is accurate and up to date.

You have developed a new risk management system and incorporated programme risks into your corporate risk register. While this is positive for ensuring a corporate overview, it does not yet account for any delivery risks around health. We recommend that programme risks also remain in your highlight reports to ensure your strategic board has full oversight, and that programme risks are shared with the SEND Local Area Partnership Strategic Board and the Children and Young People's Partnership Board.

In some areas you have now demonstrated clear and sustained progress, which is detailed below. However, there is further progress to be made, particularly in ensuring actions are embedded and the impact of actions is evidenced. As previously mentioned, actions RAG-rated Blue or where formal monitoring has reduced processes need to be in place to review these actions as part of your business-as-usual activities and your compiling of evidence.

Below is a summary of the review meeting held with DfE and NHSE officials, which I hope you find helpful as you continue your improvement journey.

Area 1: There are 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).

As previously mentioned, the local authority should continue to review its Workforce Strategy to ensure there is an active plan in place to maintain and support the SEND team. You informed us that it is the local authority's ambition to move towards having a permanent SEND team and are working with your HR department to achieve this.

Since the last review, your SEND and Inclusion Strategy has been signed off by Members, and we understand that you will be developing an implementation plan for this new strategy. You shared plans on how the strategy will be communicated to the community, such as through coffee mornings, newsletters, and utilising the Inclusion Champions. We recommend that you consider producing a narrative from the local area partnership outlining the transition arrangements between your current published plan and the new SEND and Inclusion Strategy. The timelines for producing the implementation plan are not yet clear, which poses a risk of a perceived gap or absence of work by schools and parents who may not understand the ongoing efforts to deliver the new strategy.

Similarly, communication regarding your SEF should also be aligned. While this is a live document, clarity is needed on your next actions and how you will use it as part of your operational analysis and service planning. You may wish to refresh your communication strategy as your wider communication plans are not yet clear.

In the review meeting, you presented your current governance structure, which includes the Boards which are operating across the partnership, SEND Commissioner arrangements, and your Task and Finish Groups. Some consideration is needed on how these groups align with the SEND and Inclusion Strategy and your SEF, as this is not yet clear.

It was encouraging to hear about members' interest and the overview arrangements of SEND at a corporate level, and that you felt appropriately challenged. Some consideration is needed on how this is evidenced, for example, while minutes of meetings are available in your evidence, the minutes are limited to only recording Members' noting or agreeing items, rather than capturing the challenge provided by Members.

We heard that a review of the Slough School Effectiveness Strategy is now underway, and that there are ongoing engagement activities with schools, including the delivery of seminars and/or workshops (such as the SENDCO conference which was held in January). School representatives reported that the SENCO huddles have been helpful, and schools are using meetings to share good practice.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against the below actions. This means we will reduce formal monitoring of these actions.

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| 1.3.1 | Update Slough School Effectiveness Strategy to include explicit reference to SEND children. |
| 1.3.2 | Hold seminars and workshops on SEND for schools |

Area 2: 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.

You shared examples of how the Youth Forum has been consulted and the views of the young people attending have influenced the development of the SEND and Inclusion Strategy and the PFA toolkit. Health services regularly attend the forum to speak with young people and gather their feedback. Some consideration is needed as to how the feedback gathered has been used to inform decision making and service delivery design; this may be through providing updates via the highlight reports to the SEND Local Area Partnership Strategic Board.

You also mentioned a recent careers event attended by over 80 young people. This event provided opportunities for young people to interact with local businesses and participate in various workshops aimed at preparing them for employment. Feedback from the young attendees indicated increased confidence in speaking to employers. As a follow-up, it would be beneficial to know how many young people from the event either followed up on contacts made or gained employment opportunities.

Unfortunately, due to availability issues, a representative from the Parent Carer Forum (PCF), Special Voices, was not present at the meeting. However, written feedback was sought and provided for this review and has been incorporated into this feedback letter.

In addition to the voices of children and young people, this action also pertains to the often-overlooked voices of parents and carers. An annual parent survey has been conducted, and we recommend reviewing this process to update the questions asked. This should be done in collaboration with the PCF and representatives from across the partnership, including health, social care, and education. We are not yet clear on the analysis performed on the last parental survey or how the feedback has been used.

Resources for receiving parental feedback should be accessible, purposeful, and meaningful. It is understood that efforts are being made to gather feedback at different points when services have been received, such as following an EHCP assessment. However, wider parental views and contributions are not yet clearly evidenced.

It was encouraging to hear about the work that has been done to review and update the content and information on the Local Offer, ensuring that children, young people, and their families have access to the most current information on available services. School representatives mentioned that they were not always aware of the available offer, but the updates on the Local Offer and Ordinarily Available Provision have been welcomed. This is now an action that is part of your routine activities.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against the below actions. This means we will reduce formal monitoring of these actions.

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| 2.4.3 | Review all content and information on the local offer to ensure it is up to date, useful and updated systematically |
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Area 3: There is a lack of effective use of meaningful performance information to inform the area's strategy and planning, as well as to evaluate its effectiveness.

Improvements to your data dashboard and the quality of data have been noted, and work is ongoing. Since the last review, we have observed greater scrutiny of your data. As this area develops, we would like to see analysis on how both local authority and health data (including Public Health data) are being discussed, reviewed, and used in decision-making. The Data Working Party is a welcome addition, and we look forward to future updates on this area of work.

Since the last review, progress has been made to review and update your SEF. This is now a live working document that outlines the local area's strengths, challenges, and priority actions. While work is being undertaken to align this with your SEND and Inclusion Strategy, your SEF should be used regularly to inform your strategy and planning. Governance of the SEF needs to be clearly outlined in your implementation plan.

Regarding actions to ensure the SEF includes specific data and references to the lived experiences of children and young people with SEND and their parents/carers, we recommend incorporating both qualitative and quantitative evidence.

For action 3.3.3—Investigate the increase in children and young people electively home educated (EHE) to understand their SEND needs—further clarity is needed on the action being taken. We understand that a detailed deep dive analysis into the data is planned for the summer term of 2025. We recommend that the SEND Local Area Partnership Strategic Board consider this as an agenda item for oversight in the autumn term.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against the below actions. This means we will reduce formal monitoring of these actions.

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| 3.1.1 | Review and update the SEF to ensure it is current and accurate and keep it continuously updated |
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Area 4: There are limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services.

Please refer to area 2 regarding participation of children and young people.

There appears to be a genuine commitment across the partnership to collaborate with parents and carers; however, there are still some conflicting views regarding the approach to coproduction. While there are examples of families receiving better services, this remains inconsistent. We understand that there is still some disconnect between planning and engagement with families. Parent Carer participation is valuable but limited, requiring extensive planning to effectively contribute and deliver actions within the WSoA. The local area should consider identifying and publicising events that are formally recognised as coproduction.

As previously recommended, the local area may also wish to develop an annual engagement and consultation plan, highlighting events and activities taking place across the local area partnership. This would enable a coordinated approach to involve parents, carers, and children in planning and reviewing services.

Support in this area is available and will be discussed with the partnership separately.

Feedback from the PCF included that, although there have been some improvements, there are still examples of where parents are having difficulty contacting the SEN team and are not receiving responses. It is recommended that this action be reviewed as part of your wider communication's strategy.

Area 5: 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.

Efforts to strengthen the current operating model and capacity within the statutory SEND team are ongoing. As in previous reports, timeliness figures remain low, but the local area is working to execute its recovery plan. School representatives shared that they had seen improvements in timeliness and that actions are being taken more promptly. However, access to case workers remains a challenge when schools need to discuss individual pupils.

You reported that you are now moving to review your annual review and phase transfer processes, which school representatives welcomed as a priority. We heard from health representatives about the work being undertaken to ensure health representation at annual reviews for pupils from Year 9 onwards to support transition planning.

A quality assurance framework has now been embedded. Further evidence is required on the themes being identified and the actions being taken to address these areas, ensuring there is a clear feedback loop in place.

Transition arrangements relating to effective preparation for adult life remain an area of concern, as there has been limited progress in the relevant areas of the WSoA. We encourage the partnership to prioritise this area of work. At the next review meeting, it would be good to hear the progress made to recruit a Preparing for Adulthood Officer and what impact you expect this role to have to improve this area of work.

Area 6: 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.

A new Designated Social Care Officer (DSCO) is now in place and has been actively involved in auditing EHCPs and offering training and workshops to social workers, to improve the quality and compliance of social care advice for EHC plans. A new screening process for all EHCNAs was introduced in February 2025, leading to significant improvements in effective screening and identifying cases with returned advice for 'Not known' and closed cases. You shared that you are currently reviewing advice for Section H and hope to see improvements in the quality of advice from July onwards.

During the meeting, clarity was sought regarding the travel training offer. It is currently being recorded by one school, but it was advised that travel training is also available in other education settings across Slough. Further evidence is needed regarding its impact and the number of young people receiving this support.

You shared that a new Short Breaks contract will be awarded in May 2025. It is not clear how many children identified as needing short breaks will require specialised health services. Including this data in your data dashboard may help in planning for sufficient professional training from the ICB to ensure children can access their short breaks packages.

Area 7: There is inequitable access to SALT and OT services, excessive waiting lists and the absence of a dysphagia service for those aged five and over.

The 2021 Joint area SEND inspection in Slough found there to be inequitable access to SALT and OT Services, with waiting times for assessment being 'unacceptably long'. In addition, there was no dysphagia (people who experience difficulties swallowing, eating and/or drinking) service commissioned for children aged over five. In response to this, a new therapy contract has been established, ensuring coverage for all schools. You mentioned that you are currently in the mobilisation phase, with the new service set to commence in July 2025. Meanwhile, you are developing a performance framework in collaboration with children, young people, and their families. This framework will include key performance indicators to track service delivery and ensure appropriate governance and oversight arrangements are in place.

To address waiting times, you have implemented tools and resources to support children, young people, and their families while they await an assessment. In January, the Neurodiversity Transformation Programme was launched, which includes the implementation of the Profiling Tool, PINS, and a redesigned model of care and support both pre- and post-diagnosis, based on a needs-led model rather than a medical model.

Work is ongoing to establish a Commissioning Transformation Programme to review the local authority's approach to commissioning services. You are currently reviewing your Joint Commissioning Strategy. At a minimum, verbal updates on the progress of this work should be presented to the SEND Local Area Partnership Strategic Board to ensure the board has full oversight of developments.

There were previous concerns about the lack of a dysphagia service for children over five. A service is now in place and is being delivered by Owl Services. Transition arrangements to a new contract provider are underway for July 2025.

A Movement In/Movement Out of Children and Families Standard Operating Procedure (SOP) is also in place. This SOP provides guidance on practice expectations, including handover procedures and timescales, to ensure that children under the age of five moving into Slough who are eligible or request contact with the Health Visiting service receive support in a timely manner. It is not clear from your evidence how the SOP has been embedded and operationalised by practitioners in practice.

Based on the evidence and information provided, it is the view of the Department and NHS England that you have demonstrated clear and sustained progress against the below actions. This means we will reduce formal monitoring of these actions.

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| 7.3.2 | Ensure all CYP in Slough with eating and drinking needs are able to access timely specialist support |
| 7.5.1 | Implement OT action plan in place aimed at reducing waiting times for assessment for routine referrals to a maximum wait of 12 months |
| 7.6.1 | Ensure all CYP with EHC plans within the 17 mainstream schools covered by the current commissioned contract with BHFT are seen for a review/up-to-date assessment of their needs by March 23 |
| 7.6.2 | Ensure all CYP who attend Arbour Vale School and have identified speech and language therapy needs on their EHCP are seen and have their needs reviewed/reassessed by March 2023 |
| 7.6.3 | Deliver universal and targeted training to all 18 schools in the currently commissioned contract to support school staff in implementing the 'graduated response' |
| 7.7.5 | Implement quality improvement projects to ensure service operating at optimal efficiency with the aim of reaching a maximum wait of 12 months |

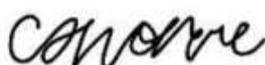
Next Steps

As some of your actions transition into routine activities, it is important to continue assessing the implementation and impact of these projects, programmes, and initiatives. We encourage the partnership to prioritise those areas rated Red and Amber, and to review and update the accompanying timelines to reflect predicted deliverability. The mobilisation of your communication plan should proceed swiftly, especially with the recent approval of your new SEND and Inclusion Strategy, to ensure that educational settings, children, young people, and families are well informed.

In the meantime, your SEND Advisor Liz Flaherty and NHS England Advisor Adeline Gibbs, along with Katie Moore as your DfE Case/Regional Lead, will continue to provide you with support and challenge. If you have any questions or need any further support, please contact either party in the first instance.

We are copying this letter to Paul Moffat (DfE Children's Services Commissioner), Neil Hoskinson (Associate Director for Education and Inclusion), Paul Crulley (SEND Operational Lead), Gary Nixon (Principal Educational and Child Psychologist), Liz Flaherty (SEND Advisor), Lorraine Mulroney (Head of SEND, NHS England), Helen Todman (NHSE England) and Adeline Gibbs (NHS England Advisor).

Yours sincerely,
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