

25 March 2025

AnnMarie Dodds, Executive Director of Children and Families' Services, West Berkshire Council.

Dr Nick Broughton, Chief Executive of NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB) ICB.

Dear Ms Dodds and Dr Broughton,

### **Ofsted and CQC visit to the West Berkshire Partnership**

Following the Ofsted and Care Quality Commission (CQC) joint visit to West Berkshire, I write on behalf of His Majesty's Chief Inspector of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and Integrated Care of CQC to summarise the visit's findings. Thank you for the time you made available to participate in this thematic visit on children not in school.

Ofsted carried out this visit under a section 118(2) request from the Department for Education. The CQC provided assistance to Ofsted under paragraph 9(1) of schedule 4 to the Health and Social Care Act 2008.

The visit was carried out as part of a thematic review, the outcome of which will be aggregated into a national report to support whole-system improvement. This national report will be published on Ofsted's and CQC's websites. It was not a graded inspection.

Thank you for contributing valuable information. During the visit, we spoke to local area leaders, children and young people with SEND, their families, and the education, health and care professionals who work with them. We examined relevant documents and visited a sample of settings.

### **Context**

The purpose of this series of visits is to aggregate insights about local area approaches to children not in school, to learn from existing practice and to identify opportunities for improvement.

You can find more information about how inspectors carried out the visit at:  
<https://gov.uk/government/publications/thematic-reviews-of-children-not-in-school-in-local-areas>.

During the visit, you told us about the following themes:

## **Information Sharing**

We were told:

- The recent re-organisation and co-location of teams across children's services, such as the SEND team and the education team, have contributed to improving information sharing.
- Efforts are underway to clarify service pathways for parents and professionals, with visual guides called 'pathways on a page' being developed to simplify the pathway processes.
- Dedicated professionals work on building trust with families who have become disengaged or distanced from a professional network. However, this work is personalised, focusing on individual cases rather than part of a wider, more strategic approach.
- The Children Missing Education (CME) team is establishing stronger information-sharing protocols with police and health partners. While an online form is available to report concerns, professionals told us there is no clearly understood strategy for alerting professionals across agencies when children are not in education. For example, if a health professional visits a home and finds a child not in school, not everyone is clear about how to share this information.
- When children's social care is involved, families receive strong multi-agency support to access or remain in education. However, while there are formal panels to share information, none focus specifically on children at risk of exclusion, those not in education, or those reintegrating into school. You told us that this is also an area under review for improved strategic oversight.
- Headteachers reported a strong collaborative network for school leaders which supports them share advice or guidance on keeping children in school. We heard reports of an effective partnership with the local authority SEND team, who are easily accessible and provide timely support to education professionals.
- The targeted pilot program focusing on attendance is underway with 10 schools, aimed at improving attendance and supporting the sharing of successful strategies. This initiative is still in its early stages.

## **Access to Health Services**

We were told:

- Parents report difficulty accessing health services, especially therapy support, when their child is not in school. Currently, services such as occupational therapy, physiotherapy, and speech and language therapy are only available to children on a school roll. If a child with an education, health and care (EHC) plan is not in school, parents must privately commission these services. You told us this system is under review. Additionally, you told us that there is a shortage of local therapists, and it can be difficult to find therapists who can provide ongoing support, especially for children who are electively home educated (EHE) or have an education otherwise than at school (EOTAS) package.
- A growing number of children are starting school with underdeveloped social skills, communication difficulties, or requiring additional care like toilet training. Some professionals noted that support for parents before school starts has decreased over time, leading to some children spending extended periods in the Early Years Foundation Stage (EYFS). Headteachers expressed a need for more pre-school support to help children become school-ready, so that they can attend well and maintain placements in mainstream settings. Head teachers noted that some of these challenges are sometimes seen as special educational needs and/or disabilities (SEND) rather than gaps in learning, which schools can address through ordinarily available provision. Efforts are underway for example, you told us about your focused development of early years strategies to begin to address this so that needs are identified early and the right help can be put in place to secure school attendance.
- Some children who are not in education are presenting at the Crisis Service with more acute mental health needs having not been identified earlier as needing more support. However, children on the Dynamic Support Register (DSR) benefit from multi-agency support and regular monitoring, leading to improved outcomes, lower risks and more engagement with services.
- Children not in school, who are open to the children with disabilities (CWD) team, have access to occupational therapy services. While families who electively home educate their children can use personal budgets for therapy, accessing the right support remains a challenge.
- The medical tuition service offers valuable training to schools with their duty to meet children's medical needs. Schools can also seek advice, and access training from NHS teams such as the diabetic nurses' team who help train staff to be confident to meet children's needs in school so that children with health needs can attend well. This helps to maintain attendance and improve the confidence of families that their child's needs can be met in school.
- The emotional based school avoidance (EBSA) team works effectively with primary schools to improve attendance. Secondary schools can choose to commission the EBSA team or implement other approaches. However, this

means it is unclear how equitable the support is for children in secondary schools.

- A clear pathway is becoming established to get the right support in place for the right children through a graduated approach. For example, providing support through the mental health schools team, EBSA support team and then the medical tuition service, as appropriate.

## **Oversight of Provision**

We were told:

- There is ongoing work to use data to identify the children most at risk of not being in education, including the use of flags and alerts to help identify these children.
- Commissioning arrangements for therapies are at an early stage of review, this is because there are barriers to accessing this consistently for children who need therapies but do not attend a school. You are working on implementing a joint brokerage and commissioning team. There is an ambition to coproduce this, although this work is at a very early stage. You recognise the need for improved strategic oversight and are focussed on continuing to develop cohesive systems across the partnership. You know that there is scope and appetite for greater involvement of parents, carers and children in the commissioning and re-commissioning of some SEND services to ensure children not in school are able to access therapy.
- The strategic oversight of children in alternative provision (AP) is underdeveloped especially for those awaiting special school placements. Some children remain on school rolls but attend various un-registered AP, with the level of oversight varying on a case-by-case basis. There is a lack of broader strategic oversight for these vulnerable children who are not in school but attending AP, and you recognise that more work is needed to monitor and gather information about their situations.
- A small team monitors part-time timetables but lacks the capacity to oversee these children's cases as effectively as they would like to. We also heard of an 'accountability gap' between the duty of schools to report part-time timetable usage to the local authority and the limited power of the local authority to challenge schools on the six-week guidance limit for these timetables.
- Independent schools are offered strong support from the local authority attendance team, including training on accurate registration coding. However, sharing data remains a challenge due to differing reporting systems used across maintained schools, academies, and independent schools. We heard that this is further compounded by the unclear reporting requirements for

children placed outside the local authority, which has a negative impact on data analysis.

- Some professionals expressed frustration that they don't have powers to prevent a child being removed from school in order to be electively home educated, even when the professional network agree that it may not be in the child's best interest. Other than escalating to seeking court orders for this, it is hard for professionals to contribute to this decision-making.
- Leads for EHE and SEND reported that offering personal budgets to families with EHE children helps them to meet the specific needs outlined in EHC plans and increases engagement with these families. This helps the partnership to maintain oversight of these children's well-being and development.
- There are plans to develop a charter for coproduction (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) with the parent carer forum (PCF). This aims to facilitate parents, including parents of children not in school, to be included in commissioning arrangements such as improving case discussions, decision-making, and EHC plan audits.

## **Enablers and Barriers to Remaining in Education**

We were told:

- The development of an attendance strategy is in its early stages, with improvements in data and information systems to allow sharper analysis of children who are not in school. This work aims to address gaps in attendance through targeted interventions and additional mental health support.
- We heard from parents that confidence in whether schools can meet their child's needs is low. Additionally, education and health professionals explained that parental anxiety, especially regarding their child's anxiety about school, is a common factor among children with low attendance. This anxiety often leads parents to consider EHE. Additionally, there is an increase in requests for EOTAS packages. Data from the attendance team shows that the primary needs identified for low attenders are social, emotional, and mental health (SEMH) needs, followed closely by autism.
- There is a shortage of specialist placements, including specially resourced provisions for children with SEND, to meet local needs. This contributes to increasing numbers of children not attending school. There are also numbers of children placed outside of the local authority area in special schools. Attendance teams face barriers to obtaining timely information about how well pupils placed outside of area attend, due to shortfalls in how swiftly information is shared from the national reporting systems used by local

authorities. We understand plans are in place to expand local specialist provision to help place pupils into the right local school.

- Permanent exclusions are notably higher in secondary schools, and for pupils with SEND. Sixth day provision is put in place, and transport is offered. However, we heard that appropriate home-to-school transport is not always available to help them to attend. You told us that work is being done to foster a consistent culture of inclusion across schools.
- The iCollege pupil referral unit plays a critical role in keeping children in education or helping them to reintegrate into school. Their outreach and in-reach work, along with a strong inclusion ethos, make them a valuable partner. They are also often central partners in many multi-agency discussions supporting children to re-engage with education. However, delays in securing home-to-school transport for children with SEND can result in them being out of school for long periods. The appeals process for transport is also lengthy.
- The iCollege have also worked closely with the local authority to re-purpose one of its sites to cater for some of the children with SEND who were not in school because they are waiting for a special school placement. This helps to maintain their inclusion in education and access to health or therapies.
- For children who are not in school but are receiving EOTAS or education under the medical tuition service, robust processes ensure the right support is in place. These packages are regularly reviewed and tailored to each child's needs, aiming to reintegrate them into full-time education. Children's voices are central to these efforts, and when they are actively involved in decisions about their education, it can be a strong motivator for continued engagement.
- The occupational therapy service has an offer for some schools to identify environmental factors affecting attendance and engagement, particularly for children with sensory processing needs. A profiling tool for children with potential neurodiverse needs is being piloted to gather evidence of needs, with plans to co-produce and roll it out for schools to better identify strengths and strategies to better meet the needs of children with SEND in mainstream settings.

## **Children Not in School Who Need Help and Protection**

We were told:

- Safeguarding in health services considers children not in education, ensuring their vulnerabilities are addressed. Early help and social care services are well-organised, focusing on relationship-building and keeping children's needs at the centre of interventions.

- Early help services address issues for children not in school affecting attendance and engagement with education effectively, with smooth transitions to appropriate levels of support. However, we heard about the need to improve services for children who no longer require a social worker but still need support to sustain progress, and in a small number of instances they are unable to access this.
- The approach across statutory social care and early help services is relationship-based. Children's voices inform the work, and families are included in planning so that the interventions offered consider family strengths, are realistic, and are therefore more likely to achieve the desired outcomes.
- We heard that partnership working across all areas of early help and social care helps identify children who are not in school or not attending well. Multi-agency input is provided via the early help hub when specialist services are required. Attendance at child in need meetings, core groups and looked after children reviews helps address challenges with education, such as improving children's attendance.
- The "Right Service, Right Time" approach identifies families not making progress. In social care, we heard that Independent Reviewing Officers (IROs) and Child Protection chairs maintain oversight and take proactive steps to address issues affecting children's engagement with education. We heard that in some areas there is a need to better understand and evidence this progress to help further strengthen services, for example by sharing the learning about 'what works'.
- There are a range of resources available to support joint work with families. Some of these, such as youth workers in schools and the 'Swings and Smiles' service, make a tangible difference to the issues that affect school attendance and engagement. There are some parts of the children's system where these considerable skills, such as targeted youth work, cannot be directly accessed by social workers to support children. We have heard that you are looking at how to overcome these barriers.
- A well engaged and valued virtual school offers a range of support to children, in particular to those who are looked after. This is effective at supporting children's education, working well with partners and supporting children well even where they are placed in other local authorities and at considerable distance to check if they are in school and to take action if they are not. It also offers consultation support to social workers for children with child in need and child protection plans, assisting with their educational progress.

## Next steps

We will use the information we have gathered when writing the national report that sets out our findings. We plan to publish this in Autumn 2025.

Yours sincerely

Jo Petch

**His Majesty's Inspector, Ofsted**

Russel Breyer

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Tessa Valpy

**Children's Services Inspector, CQC**