

28 January 2019

Ms Jo Olsson
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Simon Tapley, Chief Operating Officer,
Kellie Knott, Local Area Nominated Officer.

Dear Ms Olsson

Joint local area SEND inspection in Devon

Between 10 December 2018 and 14 December 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Devon to judge the effectiveness of the area in implementing the disability and special educational needs 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 two Ofsted Inspectors and two Children's Services Inspectors from the Care Quality Commission (CQC).

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs 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 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 is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning groups are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- The local area has been too slow to implement the 2014 SEND reforms. As a result, too few children and young people have an education, health and care (EHC) plan that meets their needs and aspirations. This situation has caused, and continues to cause, distress and upset for parents and carers, and frustration for frontline staff in schools and colleges.
- The local area is failing in its duty to complete assessments for EHC plans within the 20-week statutory deadline. Local area leaders are determined to improve the timeliness of completing these assessments and have begun to implement plans to remedy this issue. However, the completion rates for assessments are unacceptably low.
- The quality of EHC plans is too variable. Too many of the plans have gaps in the provision and support, particularly to meet the health and care needs of children and young people with SEND. Intended outcomes are vague and not precise enough for schools, colleges and settings to be able to use this information to plan their work with children and young people.
- Communication with parents is not effective. Poor communication is contributing to the frustration and anger many parents feel. In addition, professionals working in education, health and care do not have a clear understanding of their roles and responsibilities. As a result, too frequently there is a blame culture in the local area rather than one where professionals talk and work together to find solutions.
- The political and senior leaders of the local area agree that it is only recently that work to implement the 2014 SEND reforms began in earnest. They are also aware that they started from a low base. Consequently, there is still much to do to ensure that children and young people with SEND receive high-quality provision across the local area.
- Leaders have developed strategic plans to improve the quality and impact of their work. Some strategies to improve services have been produced with the involvement of key groups, such as children and young people and their families. However, these plans are not known about more widely. Consequently, strategies are not understood by key stakeholders, which causes frustration to professionals charged with delivering key services, support and provision.
- The identification and assessment of children and young people with autism spectrum disorder (ASD) is not effective. The support and provision planned for these children and young people are weak and do not meet their needs effectively.
- Attainment and progress data show that children and young people with SEND in

Devon achieve positive academic outcomes. This information includes young people aged 16 to 25.

- Leaders have acted through effective joint commissioning to change the way that some health services will be provided and managed in the future. Although the new services have yet to be delivered, staff are already looking forward to working together in a more joined up-way.
- Leaders have co-produced (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) a SEND strategy and vision statement. This work has clear aims to improve the lived experiences of children and young people with SEND and includes a focus on supporting health, education, and care needs, independence and employment. Leaders are committed to improving the experiences of children and young people with SEND. Nonetheless, the full impact of this work is not yet evident.
- There is a strong commitment from staff in the local area, schools and other settings to improve the lives of children and young people with SEND. Individual staff and settings are valued and praised by families. A few parents say that they have noticed some positive changes recently and that 'things are getting better'. However, this statement is not a typical view of parents in Devon.
- Leaders have introduced some innovative projects or multi-agency initiatives, for example to develop children's early language or to improve vulnerable pupils' attendance at school. This work is having a positive impact on improving the outcomes for targeted groups of children and young people.

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

Strengths

- Health leaders recognise the increasing rates of referrals to health services and the increase in the complexity of children and young people's needs. They have planned carefully for the predicted rise in demand by jointly commissioning new children's health services.
- The early identification of children with the most complex needs is a strength of the local area. Different health disciplines, early years specialist education and children's centres work together effectively to identify children with the most complex needs. In some of Devon's hospitals, staff from children's centres and the portage service attend the neonatal intensive care and paediatric wards regularly to introduce themselves to the parents of children who have been admitted. This early contact ensures that parents know what support is available and encourages participation in early years activities to promote children's development.

- The 'let's talk more' programme was developed by the local area to meet the increased need for speech and language intervention. Health visitors and children's centre staff are trained to assess children's needs and promote speech and language development effectively. This work has led to children with speech, language and communication needs being identified earlier and having their needs met. As a result, fewer children require specialist support.
- Children and young people under the care of the youth offending service (YOS) benefit from targeted speech and language screening. YOS workers have been trained in identifying speech, language and communication delays because a significant proportion of young offenders have difficulties with communication. As a result, YOS workers understand young people's needs and difficulties more fully.
- Special educational needs coordinators (SENCOs) in mainstream schools use the local area's graduated response as a tool to assess pupils' special educational needs. However, this approach is not fully embedded across schools in Devon and therefore its impact is weakened across the local area.
- Specialist provision and special schools provide outreach to a number of local mainstream schools. Pupils' needs are identified correctly, and support is provided to meet the needs of children and young people with SEND at the earliest opportunity in their mainstream school.

Areas for development

- Waiting times for the diagnostic assessment of children and young people with autism spectrum disorder (ASD) are too long. Practitioners have worked hard to bring the waiting times down despite an increase in demand. However, children and young people are still waiting too long for a full assessment of their needs. Children and young people accessing the five-year-old to 18-year-old pathway wait between 18 to 20 months for assessment. This delay is not supporting these children and young people effectively and also increases parental anxiety.
- Too often, children over five and young people with ASD do not receive support while they are waiting for an assessment or following a diagnosis. This lack of support causes distress to the child and their families. In addition, parents and carers say that it is particularly challenging to access assessments for girls with ASD, to provide effective support at times of transition and to access mental health services.
- Professionals working in health, education and care do not fully understand the strategic vision and direction of the local area. Leaders' aspirations to improve the quality of services to identify and meet the needs of children and young people with SEND more effectively is not communicated well enough to parents and families by staff. On occasion, staff blame other services and each other in front of parents, which causes stress and upset.

- The healthy child programme is not being delivered effectively in Devon. Long-term staff shortages in the health visiting team mean that new birth visits are not conducted in a timely way. Too few families are receiving a six to eight week visit from a health visitor. This situation is worsening. Practitioners in the birth to five-year-old assessment services report that they have received an increasing number of referrals where no health visitor intervention has been undertaken prior to the referral. School staff report an increased number of children starting school with unidentified needs. The local area has not done any analysis to establish whether there is a link between the reduction in health visiting availability and these unidentified needs.
- The Designated Medical Officers (DMOs) do not have sufficient capacity to conduct some key aspects of their work because too much of their time is spent supporting the mediation process. The DMOs have a high profile in the local area and work hard to promote effective multidisciplinary and multi-agency working. However, they have limited capacity and a vast remit. As a result, opportunities to intervene and identify children and young people's needs at an early stage are lost.
- EHC planning and the children in care health assessment process are not aligned. Presently, children and young people receive duplicate health assessments. This approach is not in line with the 'tell it once' approach.

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 some positive examples of co-production and engagement of parents and young people. For example, parents and carers are involved in all the work streams of the local area's SEND Board, including reviewing the local offer. Parents and carers have been involved in developing the specification for the recent re-procurement of health services. Young people were able to question and challenge potential providers to ensure that the right services will be provided to meet their needs.
- Many parents and carers report that they receive good support from special and mainstream schools and from SENCos. This work is a significant strength. The creativeness and willingness of schools to go the extra mile to support children and young people with SEND is helping them to achieve their full potential.
- Feedback from parents, carers and school staff confirms the excellent practice of individual professionals. For example, parents praise the work of the learning disability nurse for the support given to parents to help them understand and access services for their child.
- Leaders work in partnership with post-16 providers to improve the quality of EHC

plans. As a result, some EHC plans now describe the young person's needs and the support required in greater detail. Outcomes in plans are becoming more precise and focused, which helps to ensure that young people's needs are met.

- Further education colleges provide a range of high-quality provision to meet a wide range of needs and to prepare young people for adulthood effectively. Special schools are also innovative in the ways that they are providing for students post-19, for example by establishing a community enterprise to develop young people's independence and work-related skills.
- The local area provides a range of short breaks which benefit children and young people with SEND and their families. For example, there is after-school, weekend, holiday and overnight provision. Personal budgets support over 1,000 children and young people. Families are supported to use these personal budgets creatively, for example using a personal trainer to meet a young person's health needs. However, some families struggle to employ personal assistants or find appropriate provision for their child. Consequently, the benefit of having a personal budget is lost. Some parents told inspectors that they are unable to use their budget effectively to meet their children's needs.
- Children and young people with SEND who do not attend an educational setting in Devon can access the school nursing service at community-based clinics. Consequently, the growing number of children who are not being educated at school have equitable access to the school nursing service and can receive help and support with health-related issues.
- School nurses are knowledgeable about the additional vulnerabilities that children and young people with SEND face. School nurses have completed training in child sexual exploitation, county lines, gang culture and radicalisation. As a result, they have increased awareness and can spot warning signs and assess the child or young person further if they have concerns.
- School nurses hold focus groups with young people and have co-produced social media clips for education staff on bladder and bowel issues. Consequently, other staff can access a short update on promoting continence in an accessible format.

Areas for development

- The local area does not meet the statutory 20-week timescale set out in the 2014 reforms to assess children and young people's needs. Leaders are tackling this issue. However, the local area has been slow to address the significant impact of the large number of EHC plans which are not completed on time.
- Schools and parents express a great deal of frustration and dissatisfaction with the way the local area carries out EHC assessment and planning. Parents are not well supported to navigate the system. They frequently do not know about waiting times, access to services or resources. Parents find out information by accident, which increases their frustration and distress.

- Health and care staff do not always understand the EHC planning process. Too often, they suggest to parents that they should apply for a plan without fully understanding the criteria, the evidence required and the potential outcome. Parents are left with unrealistic expectations that schools must then manage, which increases the frustration of school staff and parents' distress and confusion.
- Communication between parents and professionals during the process of completing EHC plans is often poor. Parents and schools talk of miscommunication about appointments, meetings missed but with no reason given, answer machines full so that messages cannot be left and a lack of follow-up. Parents are expected to communicate to other services on behalf of professionals which increases the burden on them. The process adds stress for families. Goodwill is too frequently lost.
- The quality of EHC plans is too variable. Effective co-production is infrequent. Some health advice provided to inform assessments is not helpful as it does not give a full picture of the child or young person. Health and care outcomes in plans are often absent or lack precision. The significant gaps in the health and care outcomes mean that settings cannot use EHC plans effectively. Recently, the timeliness and quality of educational psychologists' advice has improved. Educational outcomes in plans are also more specific and personal to the child or young person. However, this work is recent and too many children and young people do not have their needs assessed and met effectively.
- The significant delay in issuing completed EHC plans means that some children are placed in inappropriate provision or, in some cases, are not in school, often for significant amounts of time. Leaders in mainstream schools and alternative providers are clear that some pupils are waiting too long for the local area to name future provision in EHC plans. This situation results in the child or young person's needs not being met effectively.
- The local area's response to managing the annual review process is not effective. Plans are typically not updated or amended. Consequently, the EHC plan is frequently out of date and does not accurately describe the child or young person's needs, provision and outcomes.
- Health professionals who work with children do not receive draft or final copies of EHC plans routinely. As a result, they cannot check whether their advice has been interpreted correctly. It also means that health professionals do not have access to these important documents when working with the child to ensure that they meet their needs effectively.
- Current joint commissioning arrangements do not ensure a smooth transition from children to adult services consistently, with no adult provision in some services. Young people with complex nursing needs who receive respite care in local children's services cannot access this service post-18. Their parents do receive a personal budget. Nonetheless, there are too few services in the local area, which means that families do not always benefit from respite care after the

age of 18.

- There is considerable dissatisfaction with the local area's arrangements for families accessing child and adolescent mental health services (CAMHS) and the support for children and young people's emotional well-being and mental health. The benefits of a recent initiative to keep parents informed and reduce waiting times for CAMHS are not being felt by parents. Parents do not have confidence in the service.
- The local offer is clearly laid out and contains a great deal of information that is under regular review. Nonetheless, few parents and carers say that they use it or find it helpful. Some pages are too complex to be accessible.
- Parents feel that their children have to fit into available services rather than services adapting to meet their children's needs. Too frequently, schools feel that they have to develop provision themselves because of the absence of support provided by the local area to meet children and young people's needs.

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

Strengths

- Overall, attainment and progress data confirm that Devon children and young people with SEND achieve well. This information includes young people aged 16 to 25 who achieve positive outcomes, many completing foundation mainstream qualifications and supported internships.
- Most children and young people with SEND go to good or better settings in the local area which has a significant impact on the positive progress that they make. Parents, children and young people speak about the strong impact that school and college staff have on improving outcomes for their children.
- The local area identified that exclusions of children and young people with SEND were too high. Leaders have worked hard through the Devon Inclusion Project to reduce these exclusions, which is a positive outcome.
- Leaders monitor the quality of out-of-county placements and specialist provision in mainstream schools in Devon routinely. As a result, the local area is well informed about the quality of education in these settings and whether children and young people are learning, safe and well looked after.
- The 'champions for change' initiative involves young people with learning difficulties working together to effect change in their school and wider community. This work is improving young people's confidence and ability to articulate their views and is increasing their awareness of their right to be heard and have influence.
- Young people with SEND are supported into work through the 'ready when you

are' work with employers. The local area, further education providers and schools have increased the number of internship opportunities so that more young people are successfully experiencing the world of work.

- Children and young people under the care of the YOS benefit from immediate access to CAMHS practitioners who work exclusively in this service. Children and young people are screened immediately and offered therapeutic work from a practitioner who understands their offending behaviour. Leaders plan regular multi-agency meetings and develop plans with input from CAMHS and speech and language therapy (SALT) professionals. As a result, young people do not have to wait for intervention work. Vulnerable children and young people receive a service that is responsive to their unique needs in a timely manner. As a result, their outcomes improve.
- The local area has developed a multi-agency response to those pupils whose attendance at school is erratic due to unexplained illness. These pupils are tracked and supported carefully until concerns are resolved successfully and their attendance improves.

Areas for improvement

- The local area is too dependent on parents, individual practitioners, schools or settings to ensure that children and young people with SEND receive the high-quality support and provision that they need to achieve well.
- The local area is not having enough impact on improving the life experiences of children and young people with SEND and their families. Too many parents and carers of children and young people with SEND feel distressed, isolated and unsupported.
- Pupils in a number of alternative provisions in Devon have not made enough progress in both their academic and personal development. Their outcomes have not been good enough over a period of time. Changes to the leadership of alternative provision settings have been made recently. However, it is too soon to see the impact of these changes.
- A significant group of parents report that their children and young people's emotional well-being and mental health needs are not being met. The impact for these children and young people is considerable. They cannot access education or manage daily life well enough to achieve the personal and academic outcomes of which they are capable.
- The use of outcome measurement tools is variable across health services. As a result, some services cannot demonstrate that they have met the clinical needs of the children and young people and made a positive difference.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- The fact that strategic plans and the local area’s SEND arrangements are not embedded or widely understood by stakeholders, including schools, settings, staff and parents and carers.
- The significant concerns that were reported about communication with key stakeholders, particularly with parents and families.
- The time it takes to issue EHC plans and the variable quality of these plans. Plans do not consistently capture a child and young person’s needs and aspirations. EHC plans are not able to be used as a valuable tool to support the planning and implementation of education, health and care provision to lead to better lived experiences for the child and their families.
- Weaknesses in the identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder.

Yours sincerely

Stephen McShane
Her Majesty’s Inspector

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Cc: DfE Department for Education
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