

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
enquiries@ofsted.gov.uk  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



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Melissa Caslake  
Chief Officer for Children's Services  
Devon County Council  
County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

Jane Milligan, Chief Executive, NHS Devon Clinical Commissioning Group (CCG)  
Jackie Ross, Deputy Director and Local Area Nominated Officer, Devon County Council

Dear Ms Caslake and Ms Milligan

### **Joint area SEND revisit in Devon**

Between 23 and 25 May 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Devon to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 5 February 2019.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 12 August 2019.

The area has not made sufficient progress in addressing any of the significant weaknesses. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including a Children's Services Inspector from CQC and an Ofsted inspector.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, teachers and leaders from schools

and colleges, Parent Carer Forum Devon, and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing the four significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation documents. Inspectors considered 2,012 responses to an online survey for parents, and 90 emails.

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.

## Main findings

- At the initial inspection, inspectors found the following:

### **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.**

At the time of the previous inspection, there was a SEND strategy and vision strategy in place but the impact of the work was not evident. This remains the case today. A new strategy is in place, launched in spring 2020. Like the previous strategy, its aims are laudable: hoping that the work of the area will enable children and young people with SEND to 'dream, believe and achieve, and fulfil their potential'. However, the strategy fundamentally fails to address the significant weaknesses that were apparent at the previous inspection and are still evident now. The lack of coherent action is significantly affecting the lives of children and young people and their families. Plans do not address the particular challenges that Devon is experiencing currently, for example, related to recruitment and retention of staff.

New local authority leaders have correctly identified that the current plans will not deliver the changes required. However, this view is not yet shared by other colleagues in education and health. Too often, there is a culture of acceptance about the ways things are. Many senior leaders in schools are openly critical of SEND arrangements in the area. They welcome the fresh perspective of the new local authority officers. Parents are dismissive about new plans and are very critical of the level of their involvement in consultations. They do not understand how the plans will improve their families' lives.

The current strategy is not based on a shared, honest and transparent self-evaluation process across the area. This means that leaders do not fully understand the weaknesses so that they can tackle them. Leaders have not pulled together robust information to evaluate the impact of actions of the previous strategy. The new strategy does not have agreed, clear goals that can be monitored successfully.

The strategy does not systematically tackle the widespread dissatisfaction felt by parents, carers, children, young people and, frequently, staff.

As in the previous inspection, there is evidence that some individuals, schools, colleges and services are working well. They are improving the provision for some children and young people. Some parents, children and young people talk positively about their experiences. However, overall, little has changed since the previous inspection. Services are not sufficiently connected to strategic priorities. They do not form a coherent service to support children and young people from birth to 25 years. Some new initiatives, while making things better for some, are actually causing inequities in provision. When these are identified, they are not tackled systematically.

Many staff do not know the strategic plan. They do not connect their work to it. Staff repeatedly say that they are on a 'journey' to make things better. In fact, there is little direction towards any shared destination that might make a difference to children and young people and their families. There is little quality assurance to ensure that everyone is working towards the same goals. Wholesale changes to staffing and organisation are put forward without a clear idea of what these changes are likely to achieve.

New local authority leaders, including political leaders, are taking stock. They recognise that a change of culture is necessary. Like the inspectors, they have found an atmosphere of complacency where some staff have low expectations about what services should provide. County councillors have rightly given the new leaders the mandate to make change. They have strengthened their ambition that Devon is a place where children and young people with SEND thrive. They have identified new resources. Leaders from the health system are committed to a fundamental change in approach. There is a willingness to change and to work in partnership. There is work to be done, however, to clarify and agree among all the partners in the area the actions that need to be taken. Leaders have yet to agree how future changes will make a difference to children and young people with SEND and their families.

At the previous inspection, it was clear that staff and parents were not clear about arrangements to support children and young people with SEND. This is still the case. Staff do not know about the workings of different agencies. They do not engage in established processes to identify and support children and young people consistently well. Parents and staff are unclear about what different services can provide. They do not know the level of service they should expect. This is compounded by different practices across the CCG, so parents have to negotiate different criteria for basic services depending on where they live. Parents are frequently signposted to services that are not appropriate. Individual staff give advice to get around the system or take alternative action to get what parents might want. Expectations are raised. They are not met. This leads to further frustration and more dissatisfaction.

**The area has not made sufficient progress to improve this area of weakness.**

- At the initial inspection, inspectors found the following:

**The significant concerns that were reported about communication with key stakeholders, particularly with parents and families.**

Communication remains poor. In fact, in many cases communication has got worse. Telephone calls are unanswered. Complaints and documents are lost. There is a failure to keep families informed. Incorrect information is shared with others. Appointments are missed with no reason given. There is a multitude of different ways to connect to different services. Managers do not know whether these are effective or not.

Poor communication contributes to the anger many parents feel about provision in the area. Parents feel that poor communication is symptomatic of a lack of understanding by staff of their lives and the challenges they face. It is contributing to an atmosphere where many parents now view the area with suspicion and hostility. They do not trust the very agencies that should be supporting them. Many now believe that services are actually working against them.

Since the previous inspection, the parent carer forum (PCF) has been re-established. It is too early to see its full impact. However, parents are now represented at different meetings. There are now mechanisms to develop more effective 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). The recent survey led by the PCF has helped new leaders in the local authority to crystallise their thoughts about what must be done.

The new interim deputy director has significantly raised the profile of parent voice as a key barometer of whether services are working or not. However, there is a way to go. The PCF is keen to work with all strategic partners. The offer to work with some aspects of the health service has not been taken up. There is a risk therefore that feedback is disjointed. Many staff pay lip service to the involvement of parents. They see the parents as representative of a particular view, not as true partners. Some staff do not understand the viewpoint of parents, and do not embed it into their work on a daily basis. Parents trust the work of the PCF. This is a key opportunity for the area.

Staff and parents do not use the local offer as it does not describe what is on offer. The local offer does not contain the information people want. This is a further example of how the area does not communicate effectively how services work and

what can be expected. When parents do request help, often they are told that their expectations are too high.

**The area has not made sufficient progress to improve this area of weakness.**

- At the initial inspection, inspectors found the following:

**The time it takes to issue education, health and care (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.**

The area improved the timeliness of EHC plans in 2020 to close to national averages. However, this has slipped back considerably in the last year. There are 1,600 delayed annual reviews outstanding.

Parents describe the process of their child receiving an EHC plan as a battle. Parents do not find the process helpful. They experience significant delays. They cannot access key documents or contact key professionals. Parents talk about how they lead the work, not the professionals. They have to tell their story over and over again.

The quality of professional advice in the assessment process is variable. Inspectors highlighted this in the 2018 inspection. It has not improved. Leaders themselves in 2021 recognised that this lack of understanding was having an impact on tribunal decisions.

Completed EHC plans are very variable in quality, and in many cases poor. Until recently, there was no quality assurance process in place. Plans do not capture the child or young person's needs and aspirations sufficiently. Targets are frequently vague. EHC plans are not an effective tool to make a difference. They are a bureaucratic exercise that is not done well. Staff who receive the plans say that they are 'flimsy', 'not worth the paper they are written on' and they are often 'embarrassed' by them. They do not meet the expectations of the SEND Code of Practice (2015).

EHC plans do not sufficiently guide staff to support the child or young person effectively. There is a lack of professional ownership to make sure that quality is high. There is a lack of ongoing monitoring and action to make sure that needs continue to be met and that children and young people receive high-quality provision. In some cases, this results in children being out of educational provision for far too long.

Parents' battles with the local area are having significant impact on the well-being of families and the mental health of parents. Parents told inspectors that they have had to give up their jobs to ensure that their child or young person receives the education and care they need.

As parents are so dissatisfied, many are paying for their own private assessments. Some are using legal mechanisms to challenge the area. As there are no consistent quality measures, this is causing inequity in the system. Those who shout the loudest are getting heard. On occasion, this results in an improved plan or different provision being provided, further increasing inequities.

**The area has not made sufficient progress to improve this area of weakness.**

■ At the initial inspection, inspectors found the following:

**Weaknesses in the identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder (ASD).**

There has been a reduction in the overall number of children and young people waiting for an ASD assessment. However, children and young people still wait too long. Currently, there are almost 2,000 children and young people on the waiting list and almost half of these have been waiting for over a year. These numbers do not capture the whole picture of need. Parents describe battles to get onto the waiting list. There is a separate service for children under five years old. This service holds its own waiting list. As shortages in the health visiting services persist, there are delays in healthy child programme reviews. This means that some young children are at risk of not being identified in a timely way.

Parents say that the support they receive while waiting for an assessment does not meet their child or young person's needs. Similarly, when a child or young person has been identified as having ASD it is not clear what support is available. As one parent put it: 'you may be on a pathway but it doesn't make a difference'. Special needs coordinators and other staff are unsure about the difference an assessment makes to a child or young person.

A new autism strategy and a new neurodiversity pathway are being developed. In the meantime, staff have made changes to their working practices and increased avenues for communication. However, parents are still not getting the support they need in a timely way.

Despite initiatives such as additional training or information, leaders are not able to show the impact on the vulnerable groups that were identified at the previous inspection. These groups include girls with ASD and those requiring access to mental

health services. A key worker scheme has been introduced to prevent in-patient hospital admission. It is too early to evaluate the impact of this initiative.

**The area has not made sufficient progress to improve this area of weakness.**

The area has not made sufficient progress in addressing any of the significant weaknesses identified at the initial inspection. As none of the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Stephen McShane  
**Her Majesty’s Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
James McNeillie Regional Director	Rosie Benneyworth Chief Inspector of Primary Medical Services and Integrated Care
Stephen McShane HMI Lead Inspector	Tessa Valpy CQC Inspector
Catherine Leahy Ofsted Inspector	

cc: Department for Education  
 Clinical commissioning group(s)  
 Director of Public Health for the area  
 Department of Health  
 NHS England