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Jane Milligan, Chief Executive, NHS Devon Clinical Commissioning Group (CCG)
Hannah Pugliese, Head of Women and Children's Commissioning, NHS Devon CCG
Dorothy Hadleigh, Head of Service SEND and Local Area Nominated Officer

Dear Ms Meehan and Ms Milligan

Joint area SEND inspection in Torbay

Between 15 November 2021 and 19 November 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Torbay to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) 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 an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers, including staff from the CCG. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders 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 (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's CCG are jointly responsible for submitting the written statement to Ofsted.

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.

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

Main findings

- Area leaders have only just started to work together to implement the SEND reforms. Leaders have been slow to turn their focus to this important work because of the urgent need to deal with the historical weakness in children's services. Although there are signs that area leaders from the CCG in Devon are working more effectively with children's services, this is very recent. Owing to a long history of inaction centrally, the impact of this new commitment is limited. Consequently, there remains a lack of joint working between services to tackle the issues with the pace of change that is needed.
- Children and young people with SEND and their families are not at the centre of leaders' work to implement the reforms. There are no formal arrangements in place for leaders to engage with children and young people with SEND. Similarly, the parent and carer forum (PCF) has recently ceased to operate. The views of parents and carers are often treated as trivial in the decisions that are made about their children and young people. Many front-line professionals express views that parents and carers are difficult to engage with because of their social deprivation and own personal needs. Too often, this is used as an excuse for poor 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), rather than professionals taking ownership to change this situation. Although this is not universal and there are pockets of strong practice, many parents feel that they are kept at arm's length by area leaders. This means that children and young people with SEND and their parents and carers are not able to contribute to strategic and individual planning in the way the reforms intend.
- Joint working between services is limited. Front-line providers recognise that area leaders are looking to promote joint working more. However, a lack of central leadership over many years has led to an entrenched culture among services to solve the challenges they face on their own. For example, school leaders make their own appointments to meet local needs, such as with paediatric nurses, counsellors and therapists. This leads to inequality and varied access for children and young people with SEND in the area. As a result, there is little evidence that

joint working is leading to better outcomes for children and young people with SEND and their families.

- There is too much variability in the implementation of the reforms across services. Many parents say that their experience relies on luck. This is the same across education, health and care. They say that when strong, professionals are 'brilliant'. However, at their worst, the experiences of families are very poor. Some schools show a lack of commitment to the reforms. Historical challenges with the turnover of staff in some services have added to the variability of experiences. For example, parents talk about meeting several different social workers and having to retell their stories each time.
- The quality of education, health and care (EHC) plans reflects the lack of joint working between education, health and care. Plans are generally education plans, with little and often no input from health and care. Some plans include a range of useful information about children's and young people's needs. However, they do not include the holistic outcomes that are planned to be achieved through joint working between services. This is particularly an issue for children and young people who achieve well, but also have medical or sensory needs. Their EHC plans focus too much on education, rather than on supporting independent living as they move into adulthood.
- Joint commissioning is underdeveloped. The 0–19 service is a useful starting point. Nevertheless, there are very few other examples of jointly commissioned services. Some individual children and young people benefit from jointly commissioned provision, but this does not reflect what is needed to secure cost-efficiencies across the area to tackle bigger problems. This all means that opportunities to improve outcomes for children and young people with SEND and their families at the same time as saving money through joint ventures are under-utilised.
- The rate of exclusion of pupils with SEND from school is too high. Weaknesses in the SEND system in Torbay, such as poor joint working and the slow autism spectrum disorder (ASD) assessment pathway, have led to a lack of timeliness in identifying the needs of children and young people. Variability in the strength of school provision means that some pupils go through the system without their needs being properly understood or met. As a result, some children and young people with SEND develop behaviours that challenge. Others lack self-esteem because their needs have not been met for prolonged periods of time. This leads to the high proportion of pupils identified as having primary social, emotional or mental health (SEMH) difficulties. Consequently, there is a high demand on child and adolescent mental health services (CAMHS), which are not able to treat children and young people early. Too many pupils are not accessing education because they are excluded.
- Progress in delivering a cohesive offer for young people with SEND post-16 and up to age 25 across education, health and care has been slow. Some areas of strength, such as the specialist school offer, are not maintained for young people when they turn 19. Similarly, many areas of the health offer for young people

end when they turn 20. Opportunities and choices for young people as they transition into adulthood are limited. Many parents of young people stated that they had to look beyond the local area to find appropriate provision, particularly as their children turned 20. Some families find themselves in a void at this point, accessing little or no services because of the limitations in provision within the area.

- The capacity to make the difference that is needed in the area is stretched. Strategic leaders across education, health and care have recognised the challenges within the system. There is now much greater stability in children's services and better working between the local authority and the CCG. However, the lateness in starting to implement the reforms, combined with large challenges such as the variability across the system and entrenched cultural issues, mean that there is a significant amount for leaders to do. Consequently, there is little evidence that children and young people with SEND and their families benefit from a more joined-up experience.

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

Strengths

- Services in early years work together well. This leads to effective early identification of children with speech and language difficulties. Area leaders rightly identify that more children than is typical do not reach their speech and language milestones in early years. They have invested in this area. Professionals and parents speak very positively about the 'Let's get chatting' initiative, which has led to useful strategies to improve early identification. For example, one recent strategy allows parents and professionals with concerns about children early access to speech and language therapists prior to the checks on two-year-olds. This is already leading to better information being available about children's needs as they enter early years settings.
- Since the implementation of the reforms, the area has benefited from active and well-attended special educational needs coordinator (SENCo) networks. The networks allow for the sharing of good practice and for information-sharing. This has helped develop some consistency in how some areas of need are identified, including the early years SENCo network, where speech and language initiatives have been shared and developed.
- Speech and language therapy for young people with the youth offending team is strong. Therapists provide front-line staff with the skills to help identify the needs of individual young people. As a result, previously unmet needs are identified and young people receive more effective support.

Areas for development

- Many children and young people's needs are not identified accurately or quickly enough. This contributes to widespread challenges in the behaviour that children and young people show, because their needs are not met well or early enough. This contributes to a higher proportion of children and young people than is typical being issued with an EHC plan.
- Area leaders do not have a comprehensive knowledge of the needs of children and young people who receive support for their special educational needs but do not have an EHC plan (SEN support) in schools. This means that they are unable to track how well they do academically and how well they are prepared for adulthood. Wide variance in their experience is not understood well enough. Therefore, area leaders cannot commission with accuracy the services and support needed for this key group of children and young people.
- Area leaders have correctly identified that the neurodevelopmental pathway, which includes the ASD pathway, is not effective. Waiting times between referral and identification of need are too long. Although leaders have worked with parents and partners to streamline the process, most children and young people wait well over a year for assessment. Some wait as long as three years. As a consequence, many parents report that this puts unnecessary stress on their family, particularly if their children's needs are not met well at school.
- Area leaders' response to the pandemic has been hampered by weaknesses in joint working and checks on the effectiveness of their initiatives. For example, although the 0–19 service now has two teams in response to challenges created by the pandemic, this did not help services reach the children and young people with SEND and their families in the way that was intended. One team provides the universal services, while the 'plus' team focuses on those children under the statutory care of children's social care. However, the focus of this work was to support social care arrangements. Consequently, many children and young people with SEND needing support as a result of their additional needs were not identified. This has caused a legacy of challenge for these families as the pandemic continues.
- The effectiveness of early identification in schools is too varied. Some schools lack commitment to working with partners to identify SEND needs effectively. Occasionally, parents state that school leaders are a barrier to children's and young people's needs being identified. In particular, parents say that their concerns about their children's presentation is often disregarded. Parents say that too often, the default position is that presentation by children is assumed to be a behavioural issue because of poor parenting, rather than an indication of need. Other parents report that they pay for their children's needs to be assessed themselves. Several parents experience shock and feelings of isolation when their children's needs are identified late. For example, several parents who had their children assessed as being on the autistic spectrum as teenagers said there was little or no information shared with them about how to support their children. This shows that not enough is being done to enable children and young people,

particularly those who are disadvantaged, to have their needs identified in a timely manner.

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

Strengths

- Services in early years work together to provide a joined-up service for children and families. For example, leaders within early years work closely with nurseries, private early years providers, the portage service, and speech and language therapists. Together, they have developed a range of approaches to promote better language and communication between settings and children, as well as parents. These approaches include, for example, the 'It Takes Two to Talk' strategy, speech and language drop-ins for families looking for individual support and advice, and bespoke workshops such as 'Early Communicators'. These initiatives lead to effective speech and language support for children in the area.
- The SEND information, advice and support service (SENDIASS) in Torbay is a well-led, effective service. SENDIASS staff advocate exceptionally well for children, young people and their parents and carers. Parents who have accessed support from this service say that it makes a real difference to their engagement with other services. Evidence shows that when SENDIASS has been involved, outcomes for families have improved.
- The designated clinical officer (DCO) and designated medical officer (DMO) are making a difference. They work together effectively to provide strategic and operational oversight of SEND across clinical networks. They provide useful professional advice to front-line services. For example, they have introduced an online mandatory SEND training module. Service leaders recognise the impact the DCO and DMO have already had. However, since much of this is relatively new, they also recognise that more time is needed to see the full impact of their work on the outcomes achieved by children and young people with SEND.
- Some schools in the area are highly committed to the reforms and make excellent provision for children and young people with SEND. Where this is the case, parents report very positively about how school staff support their children, advocate for them and signpost them to where they can gain valuable support as a family. Some pupils achieve particularly well in certain settings. They go on to well-conceived programmes of study that meet their aspirations and abilities.
- Specialist school settings provide a strong service for children and young people and their families. Many go the extra mile to advocate for the families they support, even when they have moved into adult services and have left the school. Parents with children and young people in specialist settings say that they feel lucky to have secured the provision. They recognise that their children's needs are particularly well met.
- Some front-line staff go the extra mile for children and young people with SEND and their families. Where this is the case, families feel very well supported. For

example, some families talk about their paediatrician being readily available to them and to their children's education setting. When this has happened, it has aided a more timely meeting of needs for the child and for the family.

- Leaders have implemented some effective systems to meet individual children's and young people's needs. For example, the 'Dynamic Risk Register' helps leaders identify young people at risk of being admitted to a specialist learning disability or mental health hospital. The register allows leaders to allocate a key worker to provide the young person, their families and those who work with them with support in order to reduce the risk of mental health admission or placement breakdown. This has helped avoid the escalation of acute mental health challenges for some children and young and people in the area.
- The short break offer in Torbay, including what is provided through the voluntary sector, is well regarded by those who access it. There is an appropriate range of opportunities for children and young people with SEND and their families to access. However, leaders rightly recognise that there is more to do to develop short breaks once the PCF is re-established to ensure that provision is co-produced and fully meets local needs.

Areas for development

- The quality of EHC plans needs improving. Weaknesses in joint working across education, health and care, and the systems and processes for assessing children's and young people's needs are not strong enough. Consequently, the contribution of health and social care professionals to EHC plans is scarce. EHC plans are too focused on educational outcomes, even when a child or young person is supported by health or care professionals. As a result, those working with families are not able to contribute fully to meeting children's and young people's wider needs, particularly in preparation for adulthood.
- The implementation of the graduated response reflects the lack of consistency in the area. Although the SENCo networks provide the potential to achieve better consistency, these are not led centrally by area leaders. The need to improve children's social care services has contributed to the stalled development of a useful SEND strategy. Consequently, maintained schools and academies have developed their own approaches to implementation of the reforms. Despite some very strong practice, large numbers of families told inspectors that their children's needs are not met well, particularly in the mainstream school system. Area leaders recognise that there is variability in the desire to be inclusive among some schools. However, there is a lack of a coherent strategy to improve this. Current leaders in the authority are now working well with the CCG. They are keen to work more with all services to develop a 'Torbay approach' to the implementation of the graduated response. However, many service leaders have lost faith that any central direction will now make a difference.
- There is variability in the implementation of the SEND reforms across health and care services. For example, general practitioner (GP) services in the area have had varied success in implementing elements of provision that are considered

good practice. The uptake of the annual health review for young people with SEND aged 14–25 years with their GPs is lower than is typical. Although leaders are looking to address these inconsistencies, this work is still at an early stage and it has not yet had an impact.

- Area leaders have failed to sustain effective ways of engaging with parents and carers. Weaknesses in parental engagement leading into the pandemic meant that when PCF members needed to look after their own children, the PCF stopped operating. Area leaders have been supported to begin the process to re-establish a PCF in Torbay. However, at the time of this inspection, the PCF was still not running. Therefore, opportunities for parents to feed into leaders' strategic thinking do not exist.
- Opportunities and choices for children and young people in the area when they reach 16 significantly reduce. This worsens the older young people get and the more complex their needs are. Many families struggle to find appropriate provision for young people as they transition into adulthood within the area. Many young people go on to study programmes at South Devon College. However, beyond this provision, there is very little choice for young people to access education post-16.
- The online local offer has a range of useful information about the services available to support children and young people with SEND and their families. However, because children, young people, and parents and carers have not been involved in the development of the website, leaders have not considered how difficult it is for users to find the information they need. This means that, even where there are useful and strong services, children and young people with SEND and their families are often not aware of these. Most parents were unaware that the website existed. Those who knew about it said that information on it is too difficult to find.

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

Strengths

- The effectiveness of joint working in early years supports timely and accurate identification of young children's needs. Collaboration between services means that children with SEND often have their needs met well in early years settings. Consequently, children with SEND achieve well at the age of five.

Areas for development

- A legacy of mistrust and poor identification and meeting of needs means that many families still feel that they need to fight for their children's rights. Even when area leaders are attempting to improve provision by meeting needs in a more strategic way, the legacy of mistrust means that many parents still feel the need to battle for what they feel is best for their children.

- The achievement of children and young people with SEND at the end of key stage 4 is poor in Torbay. Following the strong start children make in early years, variations in the quality of identification and in meeting needs lead to a slowing of progress. Children and young people attain particularly poorly at the end of secondary schooling. This reflects the variability in the system as children get older. Despite leaders accurately analysing educational outcomes, the year-on-year trend of underperformance at the end of key stage 4 has not been addressed.
- Children and young people with ASD, SEMH difficulties or similar associated needs do not experience improved outcomes as a result of the reforms. Poor timeliness in identification and variability in inclusive practice mean that many wait a long time before their needs are met. Although there are some initiatives to improve this, leaders' overall plans are not joined up enough to tackle the depth of these issues. This means that there is currently no sign that their work will lead to improved outcomes for these groups.
- There is too little opportunity for young people to achieve positive outcomes as they transition to adult services. Provision post-19 is particularly limited. While some young people are given the support and help they need, this is not the case for most. Some young people with complex needs have little or no meaningful provision once they are 20. This results in uncertainty and anxiety for young people and their families.
- Area leaders' work to improve the life chances of young people with SEND as they move into adulthood has had limited impact. The numbers of young people accessing supported internships and supported living are broadly average, but show little sign of improvement. Similarly, the proportion of young people with learning disabilities who secure paid employment is low.
- The proportions of children and young people excluded from school in the area are high and much higher than is typical. Leaders recognise this weakness. However, there is not a strategy in place to address this as robustly as is needed. Weaknesses in early identification and in meeting children's and young people's needs result in many presenting with behaviour that is challenging and worsening over time. Too often, this presentation is seen as a SEMH need or owing to weaknesses in parenting, rather than understanding that it has come about because of an underlying unmet need. Consequently, too many children and young people are identified as having SEMH needs and end up in crisis. This leads to high levels of exclusion, high referrals to CAMHS and a poor experience of the system for families.
- The outcomes for children and young people with SEND are not improving as a result of the implementation of the SEND reforms by area leaders. The system in Torbay remains disjointed. Staff in front-line services have learned to sort out the challenges they face locally. This has led to a culture of teams working in isolation. Consequently, most parents of children and young people with SEND report having to fight for what they need. They do not recognise any sense of improvement in their experiences as a result of the reforms.

The inspection raises significant concerns about the effectiveness of the area

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- the lack of a suitably ambitious SEND strategy based on robust self-evaluation, and open co-production, and with the buy-in of all services across education, health and care and that includes measurable criteria for success
- the deep cultural issues leading to weak co-production and the inability of children and young people with SEND and their parents and carers to be equal partners in strategic and local decision-making
- the lack of joint working between services, which prevents area leaders working collaboratively to secure more consistent outcomes for children and young people with SEND and their families
- the variability in the implementation of the graduated response, leading to slow identification, high levels of exclusion, some poor inclusive practices, and inequitable access and experience of the system across education, health and care
- the poor range of opportunities and choice for children and young people with SEND when they reach 16 or transition to adulthood
- the wide variances in the quality of EHC plans caused by weaknesses in joint working, fair access and the timeliness of assessments
- poor joint commissioning arrangements that limit leaders’ ability to meet area needs, improve outcomes and achieve cost-efficiencies
- the lack of impact and of resilience to sustain improvement of recent initiatives due to low capacity in area teams.

Yours sincerely

Matthew Barnes
Her Majesty’s Inspector

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Cc: Department for Education
Clinical commissioning group(s)
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