

## **Children's Services Self-Assessment Report of the Chief Officer for Children's Services**

The purpose of this report is to give members and opportunity to scrutinise and test the Children's Services self-assessment.

### **1. Background**

1.1 Since 2016 Devon Children's Services has produced an Annual Self-Assessment. This practice was adopted by the South West ADCS (Association of Directors of Children's Services) and now, each Local Authority produces an annual self-assessment, using a common template. An annual one-day Regional Challenge Event, scheduled in December, tests the validity of the self-assessment; with the senior leadership teams of one Local Authority, testing and probing the senior leadership team of another. The self-assessment also forms the basis of our Ofsted Annual Conversation, when Ofsted similarly test and challenge the content of our self-assessment.

### **2. Content**

2.1 The self-assessment is in two parts, the first part covers most of Children's Services; the second part covers, in more depth, social work in Children's Services and is closely linked to the ILACS (Inspection of Local Authority Children's Services) framework. When Ofsted inspect, they will measure what they see against the self-assessment to inform their judgement of aspects of leadership and governance. It is therefore crucial that the self-assessment is an honest and open analysis of strengths and weaknesses that doesn't gloss over the challenges we are working with.

2.2 This year we are able to make the self-assessment available in advance of the Regional Challenge event and the Annual Ofsted Conversation. As a consequence, members will have the opportunity to shape the self-assessments

The Children's Services self-assessment is attached as appendix 1 to this report. The self-assessment of social work is to follow.

Electoral Divisions: All

Cabinet Member for Children's Services and Schools: Councillor James McInnes

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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**SOUTH WEST REGION ADCS  
CHILDREN'S SERVICES SELF-ASSESSMENT  
2019**

<b>Local Authority:</b>	<b>Devon County Council</b>
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**INTRODUCTION**

This self-assessment provides up to date evaluation of the needs of children and families within our area, effectiveness of current service provision and performance in improving outcomes for children and young people. As part of the South West Region annual programme of sector-led improvement, it also provides an opportunity to receive peer challenge within the region; share good practice; and identify regional priorities and programme of support for the coming year.

The Self-Assessment has been completed by senior officers from within the department, with wide collaboration. The document has had sign off from the Lead Member and Chief Executive.

## PART A: CONTEXTUAL INFORMATION

### 1. Key Personnel

Job Title	Name	Start date in current role
Director of Children's Services	Jo Olsson	September 2016
Lead Member	Councillor James MacInnes	March 2014
LSCB stood down October 2018, replaced by Devon Children and Families partnership (DCFP)	Chief Superintendent Keith Perkin, Devon and Cornwall Police.	1 <sup>st</sup> April 2019
Chief Executive	Phil Norrey	February 2006
Head of Education and Learning (Deputy Chief Officer)	Dawn Stabb	September 2016
Head of Children's Social Care (Deputy Chief Officer)	Darryl Freeman	December 2017

### 2. Key Documents

Key documents should be publicly available, and links to these or to other documents relating to specific services are provided below or within the body of the self-assessment. The self-assessment is intended to be a stand-alone document and therefore other embedded documents will not be scrutinised as part of regional peer challenge.

Publication of key over-arching documents		
Document	Date	Link to website or document where appropriate
Corporate Plan	June 2014 - 2020	<a href="#">Better Together</a>
Joint Strategic Needs Assessment	2018	<a href="#">Overview</a>
Health and Well-being strategy	2016-2019 Strategy	<a href="#">Strategy</a>
Devon Children and Families Partnership Annual Review	Independent Review Oct 19	Expected publication date Dec 19
Devon Children and Young Peoples Plan	2019- 2022	<a href="#">CYPP</a>
SEND multi agency Strategic Plan	2017 - 2020	<a href="#">Strategy</a>
ONE Devon school improvement	2019 -	<a href="#">Strategy</a>
Public Health Annual Report	2018-2019	<a href="#">2018-19 report: Mental Health</a>

### 3. About the Local Area and Services for Children

#### Children living in this area

- Approximately 140,760<sup>[1]</sup> children and young people under the age of 18 years live in Devon. This is 18.3% of the total population in the area.
- Approximately 14% of the local authority's children are living in poverty (before housing costs) and 25% (after housing costs)<sup>[2]</sup>.
- The proportion of children entitled to free school meals<sup>[3]</sup>
  - in primary schools is 10.9% (the national average is 15.7%)
  - in secondary schools is 10% (the national average is 14.10%).
- Children and young people from minority ethnic groups account for 5.5% of all children living in the area, compared with 21.5% in the country as a whole<sup>[4]</sup>.
- The largest minority ethnic groups of children and young people are White Other (1.6%), White and Asian (0.8%) and White and Black Caribbean (0.5%)<sup>[5]</sup>.
- The proportion of children and young people with English as an additional language<sup>[6]</sup>:
  - in primary schools is 4.2% (the national average is 21.2%)
  - in secondary schools is 3.3% (the national average is 16.6%).
- The local authority's coastal and agricultural areas have transient populations due to seasonal work. There are a significant number of children from other authorities who are looked after in Devon.
- Devon has around 7000 live births each year.
- The population of young people is projected to rise to over 175,000 over the next ten years, with particular increases in the developing new towns of Cranbrook and Sherford.
- The health and wellbeing of Devon's children and young people is relatively good across the population, with better than average rates for many measures – for example, Life Expectancy at Birth, Breastfeeding Initiation, Child Poverty, School Readiness, Under 18 conceptions, and most Immunisations and Vaccinations.
- Life expectancy at birth is 82.3 years – one year longer than the England rate.
- Generally, less deprived than average, four areas are in the most deprived 10% of all areas in England – two in Exeter and two in Ilfracombe, North Devon.
- More deprived than average in terms of geographic barriers to services (physical proximity of local services) and the indoor environment (housing quality).
- 41,000 households affected by fuel poverty - 12% of all households are above the England rate.
- 4,400 (1% of working age people) claiming unemployment benefits, compared to 2.7% in England (April 18).

<sup>[1]</sup> Current Population from Mid-Year 2018 0-17yr population of 145,878 published June 2019, by the Office of National Statistics.

<sup>[2]</sup> <http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/>

<sup>[3]</sup> [Local Authority Interactive Tool, Sept-18](#)

<sup>[4]</sup> Current Population from Mid-Year 2018 0-17yr population of 145,878 published June 2019, by the Office of National Statistics.

<sup>[5]</sup> Current Population from Mid-Year 2018 0-17yr population of 145,878 published June 2019, by the Office of National Statistics.

<sup>[6]</sup> [Local Authority Interactive Tool, Sept-18](#)

- Devon has pockets of both urban and rural deprivation with an average income below the national average.

#### **Child protection in this area**

- At 1 September 2019, 3,219 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 3,318 at 31 March 2019.
- At 1 September 2019, 505 children and young people were the subject of a child protection plan. This is a decrease from 518 at 31 March 2019.

#### **Children looked after in this area**

- At 1 September 2019, 771 children were being looked after by the LA (a rate of 54.8 per 10,000 children). This is an increase from 750 (52.2 per 10,000 children) at 31 March 2019. Of this number:
  - 165 (or 21%) live outside the local authority area
  - 52 live in residential children's homes, of whom 48% live out of the authority area
  - 15 live in residential special schools, of whom 26% live out of the authority area
  - 586 (76 %) live with foster families, of whom 16% live out of the authority area
  - 19 live with parents, none of whom live out of the authority area
- 25 children are unaccompanied asylum-seeking children.
- In 2018/19, there were:
  - 32 adoptions
  - 34 children who became subjects of special guardianship orders
  - 274 children who ceased to be looked after, of whom 3% subsequently returned to be looked after
  - 14 children and young people who ceased to be looked after and moved on to independent living
  - 8 children and young people who turned 18 years old were living in unsuitable accommodation during 2018-19.

## PART B: SUMMARY

### 1. Review of the last year (October 2018 to October 2019)

#### 1.1 Progress on LA Areas for Improvement from Last Self-Assessment




Area for Improvement	Outcome	Reference to further information
1. Further strengthen core social work practice (assessments, plans and supervision)	<p>More children and young people open to social care services have an up-to-date assessment and plan and a higher proportion of case holding practitioners have regular and good quality supervision.</p> <p>Quality Assurance activity, particularly case audits is showing an improvement in quality of assessments and more evidence of impact. More case audits showing practice as Good than was the case twelve months ago.</p>	Self-evaluation of social work practice.
2. Embedded QA culture	<p>Annual IRO report shows strengthening IRO service Focused Visit 2019 indicated volume of auditing was appropriate, but rigour needed to be strengthened. Monthly reports to the Improvement Board show greater consistency in audit outcome at moderation. All senior managers now moderating.</p>	Self-evaluation of social work practice.
3. Timeliness of EHCPs	<p>23% improvement in timeliness despite a continued increase in demand. Whilst levels are still not acceptable, month on month improvements are evident</p>	<p>DfE monitoring reports</p> <p><a href="#">Written Statement of Action</a></p> <p>SEND Score Card in <a href="#">section G</a></p>

## 1.2 Regional Areas for Improvement Last Year

Area for Improvement	Outcome	Reference to further information
To improve the quality of practice	<p><b>Social care:</b> More children and young people open to social care services have an up-to-date assessment and plan and a higher proportion of case holding practitioners have regular and good quality supervision.</p> <p>Quality Assurance activity, particularly case audits is showing an improvement in quality of assessments and more evidence of impact.</p> <p>Partners in Practice reviewed services for disabled children and in children in need teams.</p> <p>More case audits showing practice as Good than was the case twelve months ago.</p> <p>Service users and their experience being used in some parts of the service (delivering training or informing practice development).</p>	Self-evaluation of social work practice
To develop a skilled and stable children's services workforce	<p><b>Social care:</b> The Frontline Managers' Development Programme and the Development Programme for Area Managers have continued throughout the year, both programmes contributing through development projects to wider service and practice development activities.</p> <p><b>Education and learning:</b> IPSEA training completed by all SEN caseworkers and Autism awareness training for all Early Help family practitioners as part of improving support to families whose children have special educational needs. SEND basics now part of induction training for all DCC staff with agreement to roll-out across partners. Modules 2 and 3 being finalised to provide bespoke programmes for staff working with children and families across education, health and care. Early Help roadshows have continued to support training across DCC services and partners. Leadership development in place through ADCS &amp; Staff College programmes, other bespoke events, coaching, mentoring and secondments</p> <p><b>Public Health Nursing:</b> In-sourced April 2019. Detailed training and competency framework for each grade of staff in place. Preceptorship programme for new qualified SCPHN is being further developed to link with newly qualified Social Workers. Introduction of skill mix -staff nurse grade</p>	<p>Self-evaluation of social work practice.</p> <p>See SEND section 7</p>
To increase the effective management of demand and risk	'Front Door' services for children's social care, early help, services for children with disabilities, and for access to public health services have all been scrutinised	

	<p>throughout the year with the desire to simplify access and referral routes for families and to maximise opportunities for co-location and shared workflow management.</p> <p>Embedding Early help within the MASH and across all children’s services in a family focused way has helped to prevent a rise in moves to statutory service and support families while waiting assessment.</p> <p>Public Health Nursing colleagues have contributed to work across the service looking at thresholds, eligibility, and workflow, exploring opportunities for different ways of working and increased co-location where possible.</p>	<p>More detailed information on this can be found in section F (5).</p>
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### 1.3 Top Three Outcomes We Are Proud Of Achieving This Year

Strength or Outcome	Reference to further information
<p><b>1. Early Help</b> From a low base, work with troubled families is now above target and spot checks show family working and our wider early help principles are embedded in practice. Themes are owned by locality partners.</p> <p>The MHCLG visit “really brought to life the excellent work they (family practitioners) do as part of the programme in Devon”. “your strong partnership with schools and their involvement in early help.... was reinforced by a representative from one of your schools participating in the spot check.”</p> <p>The Devon Inclusion project has supported significant reduction in exclusions and the learning from this has been used to create a no need to exclude toolkit.</p> <p>Public health nursing work in primary schools is identifying pupils who are vulnerable at transition or presenting with anxiety and unmet SEN and working with wider early help services to reduce medical absences. Devon Inclusion project has also supported re-integration into mainstream school for children with medical needs.</p>	<p><a href="#">Early help Website</a> Spot check letter.</p> <p> Devon CEX Letter KS.pdf</p> <p>Qtr 1 report (or Q2 if published)</p> <p> 190814 Devon Q1 Performance dashbo</p> <p>Transformation plan (July)</p> <p> Transformation Plan - July 08.08.19 .docx</p> <p>Please see Early help section (F(5)) and Education support section 4.6 for more information</p>
<p><b>2. CYPP –</b> The Devon Children and Families Partnership has co-produced a Children and Young Peoples Plan which sets the vision and priorities for the partnership until 2022.</p> <p>The priorities have been determined through engagement with children young people and families, shaped by analysis of our population and performance data and with challenges across the partnership to accelerate our ambition for the children of Devon.</p> <p>We will be refreshing the plan annually and engaging further with children during this year to shape the re-refresh. For example, we need to strengthen our response to climate change</p>	<p><a href="#">Children and Young Peoples Plan</a></p>



### 3. Early Years

Very effective in ensuring there is:

- enough accessible early years and childcare provision across the county by accessing data and addressing gaps in provision and offering training in hot spot areas.
- high quality early years and childcare provision for children aged two, three and four taking up free early education and for families taking up the childcare element of the working tax credit, children with additional needs, school-aged children and children needing holiday care.




Successes include:

- The percentage of providers graded as good or outstanding by Ofsted in Devon (97.2%) remains higher than the national (95.2%) and South West (96.7%) average (March 2019).
- The take-up of the Early Years Funding for two-, three- and four-year-olds and children in care remains high (ranked 5th of all Local Authorities). The take-up of the extended entitlement has increased from 41.8% in Spring 2018 to 44.3% in Spring 2019. This is 70.9% of those who are estimated to be eligible.
- Reshaping of the Children's Centre Service to a targeted model and building the integrated working with Public Health Nursing.

[Early years annual report](#)

## 1.4 Summary of Reviews, Evaluations and Inspections

a) Ofsted Social Care, School Improvement Inspections, CQC inspections of health services, peer reviews, etc.

Title	Date	Outcome Reference to further information
SEND Review	Dec 2018 WSOA sign off Aug 2019	<a href="#">Ofsted report and WSOA</a>
Early Help Spot Check	30 <sup>th</sup> April 2019	 Devon CEX Letter KS.pdf
Ofsted Focused Visit, Children in Need	May 2019	<a href="#">Focused Visit letter.</a>
New-born Hearing Screening Programme- quality assessment BFI accreditation-awaiting outcome of assessment	2019  2019	 2019_08_27_VD__AL  Devon letter L_RBZ-letter-to-CE-w re-accreditation 201

**b) School Inspections.** Source: <http://www.ofsted.gov.uk/resources/latest-monthly-management-information-outcomes-of-school-inspections>

**Overall grades good or better are 86.5% compared to National of 85.7% and a South West average of 82.3%.**

	<b>Total number inspected</b>	<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>	<b>% Good or Better</b>
Nursery	2	1	1	-	-	<b>100%</b>
Primary	306	51	219	31	5	<b>88.24%</b>
Secondary	42	6	25	9	2	<b>73.81%</b>
AP academy/ Hospital school	4	-	1	-	3 (re-brokered 2018)	<b>25%</b>
Special Schools (LA maintained)	9	1	8	-	-	<b>100%</b>
Non-Maintained Special Schools	3	-	2	1	-	<b>66.67%</b>
Please note all grades are included in the above even where an academy (as in AP Academies) or a maintained school has been graded as inadequate and since re-brokered or converted to an Academy.						

## 2. Looking Forward To 2020

### 2.1 Top Outcomes We Need To Improve

Please provide reference to the chapter/page in the self-assessment which provides further information about current performance, reasons and what you will do to improve.

Area for Improvement	Reference to further information
1. SEND	see section 7 and WOSA in section 1.4
2. Placement stability	Self-evaluation of Social Work practice
3. Outcomes for disadvantaged children (narrowing the gap)	See education section and attainment report section G
4. Rate of teenage care entry	Self-evaluation of Social Work practice

### 2.2 Top Three Risks For The Future

Risk	Reference to further information
1. Increase in demand, across all services.	
2. Recruitment and retention, particularly of experienced social workers.	
3. Sufficiency of provision for special needs children and placements for Children in Care	<a href="#">Sufficiency Strategy</a>
<p>* The introduction of Eclipse was recognised as a major risk in last year's self-assessment. The mobilisation proved challenging (as anticipated, because we are a development partner of the provider OLM).</p> <p>The risk profile is reducing but remains high. Fixes to the remaining problems are in development or implementation. If successful, risk will reduce more rapidly.</p>	

Please complete the table below with your assessment of the current level of risk for each of the signatures of risk.

Signatures of Risk	Comments on assessment of risk (please complete for each signature of risk)	Low Risk	Med. Risk	High Risk
High turnover and change in senior leadership	Insource of PHN smooth and very well managed 2019, no changes at tier three, none planned in 2020. Movement at tier four (head of service)	X		
Negative impact of service reorganisations combined with challenging budget reductions	No-deal Brexit could lead to unforeseen budget reductions, appropriate scenario planning has been undertaken	X		

Lack of political focus on safeguarding and care	Political focus is a strength and the Council's Scrutiny function has an ex-DCS to advise independently	X		
Assumption that performance standards are secure in an environment of service maintenance rather than development		X		
Poor planning and performance monitoring with a lack of measurable targets	The implementation of a new Case management system Eclipse has severely impacted on the availability of appropriate management information for all levels of performance management.		x	
Absence of over-arching strategies and weak co-ordination for school improvement	Appropriate strategies are in place and strong relationships established with all stakeholders in the very crowded school improvement space	X		
Inadequate challenge and poor identification of schools requiring intervention and support	Early and accurate identification continues as a strength	X		
Inability of School Governors to offer sufficient challenge to schools	Robust Governor Support function remains	X		
Limited self-awareness and no external challenge	Uptake of peer reviews and other external challenge/support evident	X		
Ineffective quality assurance system picks up casework shortcomings	An area of focus in 2018/19	X		
Little evidence of reflective supervision and follow up actions is consistently clear across casework	Following CIN Focused Visit Improvement Board established to focus on staffing/caseloads, quality of supervision and quality of audit	X		
Lack of a learning culture	Staff surveys evidence a positive learning culture	X		
Weak commitment from partners	Focus for improvement since 2015 (LSCB inadequate) Independent Review of partnership arrangements October 2019	X		
Lack of focus on the child's journey or voice of the child	Focus for improvement 2018/19. Audit evidence indicates low risk	X		
Cases not are allocated in a timely fashion	Caseloads reasonable, flow generally positive avoiding any bottlenecks. More challenging in South Locality where staff levels are a concern	X		
Ineffective timeliness/quality in all safeguarding processes (ICPCs, Reviews, Statutory Visits, Private Fostering processes)	Management information and audit show low risk	X		
Lack of confidence in the LSCB (DCFP) meeting its statutory duties	Focus for improvement since 2015 (LSCB inadequate) Independent Review of partnership arrangements October 2019	X		

	Positive feedback from National Panel, endorsing all decisions			
DCFP has insufficient independence, competence and ability to challenge	2019/20, we will further strengthen independent scrutiny	X		
Inability of DCFP to set effective thresholds of intervention and proactively engage partners to ensure that these are operated adequately	New leadership in MASH has enabled further strengthening of practice conversations at all thresholds	X		
Poor workforce development and /or capacity	Further investment in social worker carer progression underway; this has started to impact on retention, particularly in South Locality	X		
Failing to listen to or accept front line feedback	Regular frontline visits by elected members and senior officers. Lots of channels for feedback, bi-annual staff survey 2018	X		
Failure to develop a culture of anticipation and early warning of issues	Risk Registers maintained. Open reporting culture established including Chief Exec and Lead member/Leader	X		

### 3. INNOVATION, PILOTS AND GOOD PRACTICE

Title and Description	Start and completion date
<b>Locality decision-making practice:</b> Trial in the North Locality of a different approach to resource allocation decisions through a locality-based panel.	Evaluated Summer 2019.
<b>Early help and Devon inclusion Project.</b> The closer working between early help, education, public health nursing, health and schools to embed the principals of early help to reduce exclusions and approve attendance for young people who face medical challenges and anxiety to attend schools.	April 2018, phase one completed July 19
Early Years -neuro developmental pathway –Planned development of an Early Years –neuro-developmental pathway describing the pathway and interface with Early Years Services including the parenting support Public Health England -Speech Language Communication Needs Training National Programme with Public Health England & Institute Health Visiting, to improve speech and language in 2 years olds. Roll out of training programme to the Health Visiting workforce for cascade to other Early Years services.	Start August 2019 Completion March 2020  Start September 2019 Completion March 2020

### PART C: CURRENT ILACS SELF-EVALUATION

[To be embedded once signed off]

### PART D: MOST RECENT OFSTED ANNUAL CONVERSATION LETTER.



Final letter.pdf

### PART E: CURRENT DEVELOPMENT PLAN

The CYPP is the single plan to co-ordinate developments for the next three years with a focus on the priorities in the plan during 2019/20 prior to an annual re-fresh. Each priority has a detailed strategy/ action plan below it with a multi-agency group led by a senior manager from the partnership. Progress is monitored by the Partnership Executive and impact is assessed through the Outcomes framework and Practice Development group reporting.

[Children and Young People’s Plan 2019-2023](#)

## 4. EDUCATION – STRATEGY AND SUPPORT TO SCHOOLS

4.1) There are sufficient school places, with appropriate school place planning,

4.2) There is a high proportion of children attending a school which is good or better.

4.3) The LA promotes high standards in schools in their area. Strategies, support and challenge are effective in raising standards in schools and other providers and the LA has clearly defined its monitoring, challenge, support and intervention roles. There are regular meetings between schools and School Improvement service to review performance and provide challenge and support. Evidence of action where appropriate to tackle issues within schools, including the use of formal powers.

4.4) There is evidence of the effectiveness of support for schools (including Governor services, Education Welfare, Educational Psychology, safeguarding and other advice and support).

4.5) Available funding, including DSG and pupil premium, are used to effect improvement, including on areas of greatest need.

**Summary and evidence:**

**4.1) school places**

Primary schools – normal admissions round:

- 96.5% were offered a place at their first preferred school (compared to 90.6% nationally and 92.6% regionally).
- 99.1% were offered a place at one of their preferred options (compared to 97.5% nationally and 98.3% regionally).

Secondary schools – normal admissions round:

- 93.5% were offered a place at their first preferred school (compared to 80.9% nationally and 88.3% regionally).
- 97.5% were offered a place at one of their preferred options (compared to 93% nationally and 96.2% regionally).

Devon has the lowest rate of admission appeals in the South West<sup>1</sup>, with only 1% of admissions resulting in an appeal being lodged and 0.7% of admissions resulting in an appeal being heard. This is significantly better than the national picture which sees 3.9% of admissions resulting in an appeal being lodged and 3% of admissions resulting in an appeal being heard.

<sup>1</sup> excludes Isle of Scilly who had minimal admissions and is therefore not used as a comparator

Early Years sufficiency planning ensures appropriate places are available [Childcare Sufficiency report 2019 – and summary](#).

- The percentage of providers graded as good or outstanding by Ofsted in Devon (97.2%) remains higher than the national (95.2%) and South West (96.7%) average (March 2019).
- The take-up of the Early Years Funding for two-, three- and four-year-olds and children in care remains high.
- The take-up of the extended entitlement has increased from 41.8% in Spring 2018 44.3% in Spring 2019. This is 70.9% of those who are estimated to be eligible

#### 4.2) Ofsted – pupils attending good or better

Whilst the number of schools in Devon that are good or better is above the national average the percentage of pupils attending a good or better school is below the national average 80.6% compared to a national figure of (84.54%). It is however in line with regional figures (81%). This year, a number of large secondary schools have become RI.

Inspections as at 31/07/19

Pupils	Devon	England	South West
Primary	86.37%	87.70%	84.28%
Secondary	71.59%	79.68%	76.18%
Special	100.00%	93.41%	96.21%
<b>all</b>	<b>80.64%</b>	<b>84.54%</b>	<b>81.04%</b>

Note: special schools exclude non maintained special schools

Outcomes by school

Providers	Devon	England	South West
Primary	88.24%	87.49%	84.26%
Secondary	73.81%	75.95%	70.33%
Special	100.00%	91.64%	94.05%
<b>all</b>	<b>86.83%</b>	<b>85.85%</b>	<b>82.57%</b>

Note: special schools exclude non maintained special schools

#### 4.3) The LA promotes high standards in schools in their area.

The [ONE Devon Strategy](#) defines the current school improvement offer and is available to all schools. The Devon Schools Alliance works at a strategic level to co-ordinate the LA offer alongside that provided by Teaching Schools and the Diocese to deliver school improvement across the county. In addition, they review information held across the organisations, identify schools in need or hotspots and co-ordinate support for schools across the county and MAT areas.

Through the Babcock LDP contract the LA still employs School Improvement Officers and Advisors, this means we know our schools well and are able to offer timely support. Letters of concern and formal warning notices are used but are rarely necessary.

The impact of interventions carried out through commissioned services and other projects is monitored so that good practice can be more widely shared. For example, a vocabulary project was piloted in an area of Devon the results analysed for impact in the schools participating and consequently the project is being rolled out county wide. We have similarly commissioned an Oracy project in Torridge which was proven successful as a SIF bid in Plymouth.

[Championing All Our Children](#) (2014) - Sets out of current vision of support for all children. This is being revised this year.

#### 4.4) The effectiveness of support for schools

Through the joint venture with Babcock LDP the Local Authority has been able to sustain effective support for schools across a wide range of areas including governance.

<https://www.babcockldp.co.uk/improving-schools-settings/improving-schools>.

This support was recognised in a recent independent review as shown below.

*“Unlike many Local Authorities across the country, Devon Council continues to commission support services such as EPs, EWS, safeguarding in education, EMAS, sensory support services, literacy and numeracy leads and school improvement. Their work is focused on four key priority areas identified by the Local Authority: narrowing the gap, safeguarding, inclusion and governance. The Local*



*Authority Management Board oversees the effectiveness of the support services delivered by Babcock.*

Insourcing is leading to a very significant strengthening of the partnership between PHN and school/learner support functions

Overall, governance in Devon schools is strong, almost all governors of maintained Devon schools have accessed high quality training, support and advice which leads to more effective governance. This training is also available to Academies. Ofsted comments in inspection reports recognise the effectiveness of governance and very rarely does Ofsted comment on weak governance - even when schools are judged RI. Regular governor meeting, online training combined with weekly updates from the **Devon Association of Governors** ensure regular and accurate updates. <https://dagdevon.uk/>

The LA has a comprehensive safeguarding team that work well with schools. The annual Section 175 report gets a 100% return, and this includes independent and specialist provision. For all maintained schools, even if a school is graded inadequate, safeguarding comes out as effective. The team also picks up on trends and concerns and puts in place appropriate advice and or training. (E.g. EHE)

4.6) The LA fosters an inclusive and aspirational environment, ensuring fair access to opportunity for education and training in schools and other providers that meets the needs of all pupils. This includes appropriate provision for excluded children; children with special educational needs; and children who may have English as an additional language.

4.7) There is evidence of an effective 'narrowing the gap' strategy to improve educational outcomes for vulnerable students.

**Summary and evidence:**

4.6) The Devon [Children and Young People's Plan](#), along with [Championing All Our Children](#) -(being updated this year) defines the local authority vision for all children. These documents are supported by our [Fair Access policy](#).

A rise in the number of permanent exclusions in 16/17 resulted in the development of the Devon inclusion project. This partnership project between the LA, school, health, and our commissioned providers led to a 26% reduction in exclusions over the past 2 years. This programme included a protocol to prevent exclusion for Children in Care, an agreement based around Early Help and family support to reduce all exclusions, a "[No need to exclude toolkit](#)" and a successful pilot between 10 schools to form a localised solution to support a no exclusion policy which is now being extended to other areas .

In addition to the work to reduce exclusions a newly formed medical workstream brought together Public Health Nursing, Education welfare, the CCG, Hospital School, CAMHs and Early Help amongst others to secure better ways of providing early intervention, particularly in relation to anxiety-based cases, for those children who are medically unable to attend school.

While health assessments (as part of a holistic family health needs assessment or early help assessment) are a core part of any School Nurse activity the service is now working more closely with the education inclusion service to identify those children with attendance concerns who may benefit from earlier referral to the School Nurse service for review of health needs and/or SN intervention. This may include children and young people for whom there is a diagnosed health need but who may be able to be supported to engage further in education or children and young people for whom there is an unidentified health or development need.

Initial analysis is promising and with re-integration rates for pupils who have been out of school a long time improving as more proactive work is taking place to better support pupils continued attendance at school.

The LAs provision for pupils excluded from school is sourced through a Multi Academy AP Trust.

A [graduated response tool](#) provides schools with an electronic tool to support teachers and SENCO's to identify, assess and record the needs of children and young people requiring special educational provision. It supports the planning and recording of appropriate provision and provides guidance for reviewing progress.

4.7) **Educational outcomes.** Please also see the draft annual attainment report in section G3 which provides previous year information and trends along with indicative figures for this year.

2018/19 provisional figures; (2017/18 national figures are shown in brackets in blue, 2018/19 provisional national figures if available in brackets in green)

**Note:** the data contained in this table changes throughout the year as results get updated following appeals etc.

Primary and secondary schools	All	Boys	Girls	Disadv.	SEN EHCP
Good level of Development	73.1 (71.5)	67.9 (65)	78.7 (78.4)	54.5	4.7 (5)
Phonics	82 (82) (82)	79 (78) (79)	86 (85) (86)	68.0 (72)	21 (20) (19)
KS1 reading (teacher assessed)	74 (75) (75)	70 (71) (71)	79 (79) (80)	57.7 (62)	17 (13) (13)
KS1 Writing (teacher assessed)	68 (69) (70)	61 (63) (63)	76 (76) (77)	49.8 (55)	11 (9) (9)
KS1 Maths (teacher assessed)	74 (76) (76)	74 (75) (75)	75 (77) (77)	57.7 (63)	17 (14) (13)
KS2 Reading, Writing, Maths	63 (65) (64)	60 (60) (61)	67 (70) (68)	45.8 (51) (51)	16.8 (9) (9)
English 9-5	59.3	51.3	67.7	14.9	not avail
Maths 9-5	48.3	49.4	47.7	30.2	not avail
English & Maths 9-5	41.7 (40.2)	39.7 (36.8)	44.2 (43.9)	23.7 (24.9)	not avail (5.3)
Progress 8	-0.13	-0.36	+0.10	-0.56 (-0.44)	not avail (-1.09)
Attainment 8	46.81 (44.5)	43.97 (41.5)	48.01 (47.7)	36.92 (36.7)	not avail (13.5)
A level average point score per entry	32.95 (33.3)				

*Note: Devon EYFS, Phonics, KS1 and KS2 (Disadv & EHCP only); exclude alternative provision and special schools, provisional figures based on local information loaded into NEXUS NCER (accessed 18/07/19); are the average of the school level performance figures (not calculated from aggregating pupil numbers and then applying methodology) Devon, KS4 & KS5: Babcock LDP Headline Summaries 05/09/19 (KS4) and 03/09/19 (KS5)*

Outcomes for disadvantaged children are just below the national average and there is a significant gap between boys' and girls' attainment and progress. Addressing these issues continues to be part of the narrowing the gap workstream within the Babcock contract and wider partnership working to improve engagement. A wider piece of work to address social mobility is being undertaken in partnership with the Local Enterprise Partnership (LEP) who have been working with education providers including schools and FE and business partners to develop Careers Hubs. Over 80 schools are part of this LEP work.

Targeted work around oracy has also started in our category 5 area. This project is being run in partnership with the Dartmoor Teaching school and involves 25 schools.

4.8) The LA includes in the Self-Assessment the number of Elected Home Educated children as a total number and as a percentage of the school age population. This number should be the most recent count at the time of the self-assessment preparation – preferably the school census date in October 2019.

4.9) The LA includes in the self-assessment the figures of children missing education (CME). This should include detail of fixed term and permanent exclusions and expressed as a total number and as a percentage of the school age population. This number should be the most recent count at the time of the self-assessment preparation.

**Summary and evidence: please comment on any particular concerns/actions to address.**

**4.8) EHE** provisional data for 2018/19

The number of children who were registered as Electively home educated (EHE) on the school census date is shown in the table below. As this is a new measure only statistics for the last 2 years can be shown.

	<b>EHE students on 17/01/19</b>	<b>EHE students on Oct 19 census</b>
Number of EHE pupils registered	1243	1238
Number of EHE pupils not registered	222* (includes children not yet of school age)	218 (includes children not yet of school age)
Number of girls	588 (47.3%)	571 (46.1%)
Number of boys	650(52.3%)	663 (53.5%)
Number unknown		4 (0.3%)
Number of EHE registered eligible for FSM	291 (23.4%)	Not yet available
Number with EHCP	71 (5.7%)	100 (8%)
Number who previously had SEN support	283 students (22.8%)	280 (22.6%)
Number who are Children in Need	30 (2.47%)	Not yet available
Of which are on a Child Protection Plan	5 (0.4%)	Not yet available

Longer term trends can be seen when looking at numbers of children who **at some point during the academic year** were registered as EHE. This is an area of growing concern as the number of children registered as EHE has more than doubled since 2014 (as shown in the table below). The biggest percentage increase has been seen in KS4 where numbers have risen from 139 in 2014 to 407 in 2018.

<b>Academic Year</b>	<b>Number students registered as EHE at some point during the year</b>	<b>% of total school population</b>
2013/14	750	0.4
2014/15	766	0.4
2015/16	1018	1.1
2016/17	1275	1.4
2017/18	1588	1.6
2018/19 *	1923	2.1

\* % of population is based on Spring Census (Jan 2019) as full Autumn Census (Oct 2019) not yet available

A breakdown by key stage is shown below:

	2014	2015	2016	2017	2018	2019 **
KS1	123	120	186	197	236	248
KS2	264	208	295	402	473	537
KS3	173	225	290	369	472	601
KS4	139	213	247	307	407	537
% Boys	51.5%	56.3%	54.7%	52.0%	53.30%	51.4%
% Girls	48.5%	43.7%	45.3%	48.0%	46.70%	48.6%
% SEN EHCP	5.87%	4.83%	3.63%	4.47%	4.53%	5.2%

\*\* KS is based on pupils' age at the start of the academic year

An increasing trend in the last 2-3 years is the number of children being withdrawn at Key Stage 4 (Years 10 and 11). Parents tell us that this is because they do not consider that the curriculum is meeting their child's needs (limited vocational curriculum). Some parents are therefore choosing to withdraw their child from school in order to attend a part time college course.

As part of our improvement process, work has now started through a local authority Task and Finish Group to review Elective Home Education with specific focus children with SEND leaving school to access EHE. The final report is due after October 2019.

The joint LA and schools safeguarding in education advisory group are also putting in place protocols to enhance the voice of the child when a move to EHE is being considered and to put in place meetings to discuss concerns for children not meeting thresholds with MASH.

Following a Rapid Review August 2019, actions are now being undertaken by the EHE Service and Safeguarding teams:

1. The EHE Team Lead has initiated a new process by which all EHE children who have not been seen and who had an identified safeguarding concern are entered on a spreadsheet and discussed at the weekly meeting with the CME/EHE EWO. Actions and agreed timescales will be agreed and recorded.
2. From September 2019, the EHE Team Lead will be meeting with the MASH Manager, the School Nurse Lead and an Early Help manager, on a 6-weekly basis, to discuss EHE cases that wouldn't meet the MASH threshold but are causing concern (for example, because the children have not been seen), to decide what action to take.
3. A One Minute Guide has been produced and disseminated to schools reminding them about the importance of completing the Babcock LDP Safeguarding Forms in a timely manner, with sufficient detail and to make a MASH enquiry, prior to the child being taken off roll, if they consider the child is, or is at risk of, suffering significant harm.
4. The EHE Team Lead is attending the autumn term School Safeguarding forums to provide an input on EHE and the potential risks to vulnerable children.
5. Babcock LDP child protection courses now highlight EHE cases and the particular safeguarding risks associated with these children.

Reason for Home Education	2016/17	2017/18	2018/19	change from 17/18	% change
Attendance/Prosecution	56	68	70	2	2.9%
Bullying concerns	52	80	97	17	21.3%
Dissatisfaction with School Environment	290	272	287	15	5.5%
Emotional and Behavioural Difficulties	50	148	304	156	105.4%
Lifestyle/Cultural/Philosophical	269	273	324	51	18.7%
Medical - Child	91	114	96	-18	-15.8%
Medical - Parent	4	5	7	2	40.0%
Near Exclusion	16	18	20	2	11.1%
Not Preferred School	14	16	42	26	162.5%
Other	63	104	130	26	25.0%
Dissatisfaction with SEN Provision	20	35	60	25	71.4%
Relationship issues	4	6	9	3	50.0%
Religious Beliefs	7	2	2	0	0.0%
School Refuser/Phobic	36	50	64	14	28.0%
No reason recorded by school	138	168	79	-89	-53.0%
Not Known (at point of registration)	165	229	332	103	45.0%

The vast majority of EHE students are white British.

**4.9) FTE & PEX as % of pupil populations.** As a result of the Devon Inclusion project (see section 4.6). It should be noted that permanent exclusions have decreased significantly since a high in 16/17 however we have seen a corresponding increase in fixed term exclusions as shown below.

Fixed Term Exclusions	No of exclusions				
	2014/15	2015/16	2016/17	2017/18	2018/19
Fixed Term Exclusions - All Schools	3072	3426	4060	4728	5014
Devon Exclusion Rate (exclusions as % of school population) *	3.22%	3.55%	4.16%	4.79%	5.05%
Department for Education Exclusion Rate <sup>(4)</sup>	3.88%	4.29%	4.76%	5.08%	Not available
No of Days Lost	5710	6145	7399	7996	8476
No of Pupils subject to exclusion	1554	1615	1887	2062	2092

\* % of population is based on Spring Census (Jan 2019) as per DfE methodology

Fixed Term Exclusions	Number FTEs Devon 2018/19	% of group population with at least one FTE *	
		Devon 2018/19	England 2017/18
All	5014	5.05	5.08
<b>SEN with statement / EHCP</b>	<b>672</b>	<b>20.48</b>	<b>15.95</b>
<b>SEN without statement / EHCP</b>	<b>2032</b>	<b>14.91</b>	<b>15.10</b>
No SEN	2310	2.80	3.36
<b>Eligible for FSM</b>	<b>1689</b>	<b>15.73</b>	<b>13.65</b>
Not eligible for FSM	3325	3.75	3.73
<b>CiC</b>	<b>177</b>	<b>36.20</b>	not avail
not CiC	4837	4.89	not avail
<b>Male</b>	<b>3684</b>	<b>7.23</b>	<b>7.23</b>
Female	1330	2.75	2.83
<b>Minority Ethnic Pupils</b>	<b>237</b>	<b>3.12</b>	<b>3.66</b>
White British Ethnicity Pupils	4489	4.98	5.70

\* % of population is based on Spring Census (Jan 2019) as per DfE methodology

Permanent Exclusions	2014/15	2015/16	2016/17	2017/18	2018/19
Number of Permanent Exclusions	63	87	134	105	98
Devon Exclusion Rate (exclusions as % of school population) *	0.07%	0.09%	0.14%	0.11%	0.10%
Department for Education Exclusion Rate	0.07%	0.08%	0.10%	0.10%	not available

\* % of population is based on Spring Census (Jan 2019) as per DfE methodology

Permanent Exclusions	Number of PEX Devon 2018/19	% of group population subject to a PEX*	
		Devon 2018/19	England 2017/18
All	98	<b>0.10</b>	0.10
<b>SEN with statement / EHCP</b>	<b>9</b>	<b>0.27</b>	<b>0.16</b>
<b>SEN without statement / EHCP</b>	<b>37</b>	<b>0.27</b>	<b>0.34</b>
No SEN	52	0.06	0.06
<b>Eligible for FSM</b>	<b>43</b>	<b>0.40</b>	<b>0.28</b>
Not eligible for FSM	55	0.06	0.07
<b>Male</b>	<b>82</b>	<b>0.16</b>	<b>0.15</b>
Female	16	0.03	0.05
<b>Minority Ethnic Pupils</b>	<b>1</b>	<b>0.01</b>	<b>0.09</b>
White British Ethnicity Pupils	93	0.10	0.10



## 5. EARLY HELP

### 5.1) The family experience of transformed services

To assess the maturity of the impact of services for a family, we recommend local areas use evidence sources that capture the following:

The extent to which services are integrated around families – and having one person focusing on the family rather than several (one worker).

A recognition from services that individuals are operating in the context of a family and so need to be dealt with as such (one family).

Clarity of focus across all relevant services on what the family needs to change and a common endeavour around families (one plan).

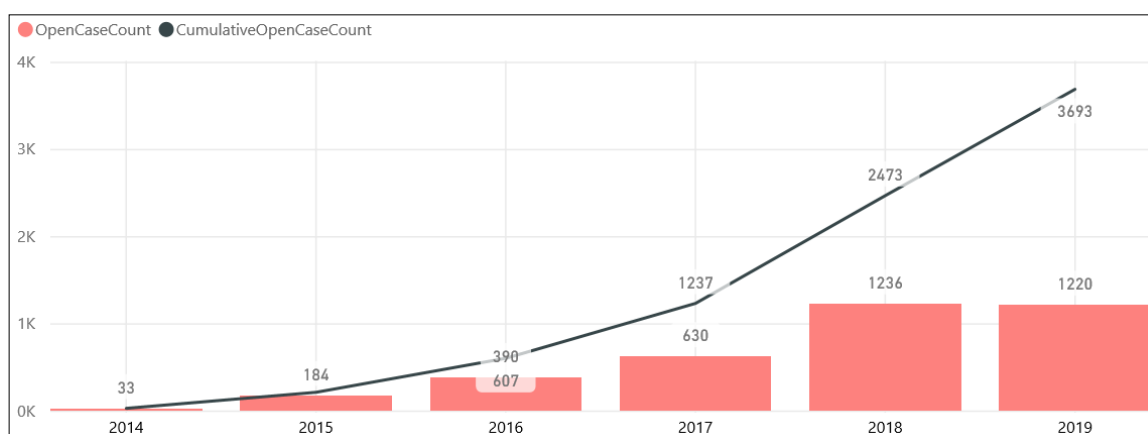
#### **Summary and evidence:**

Our Devon Early Help offer takes a whole family multi-agency approach to support and is delivered by all members of the partnership. This activity is captured through the use of an Early Help Assessment, Smart plan and review and Team Around the Family methodology. This whole family way of working is now increasingly embedded in practice as was recognised at a recent spot check.

*[practitioners] “really brought to life the excellent work they do as part of your programme in Devon. They were able to tell us about the families, the intervention they received and the outcomes. We are confident they are working in a whole family way.” Michelle Malarky*

All partners across the Devon Early Help Partnership can access the *Right for Children* (multi-agency electronic case recording system) to share family information and support coordinated activity. This means professionals working with the family have access to information from all relevant agencies are therefore better placed to facilitate and support. The use of the system has significantly increased over the past year and there are currently 4,718 users.

This means the number of cases held on right for Children, continues to grow and the number recorded this year to date is already equal to last year’s total (as shown below). This means information is therefore fully accessible to all professionals working with the family and consequently supports integration and join up of services.



An early help role is clearly identified within Public Health Nursing services where colleagues will proactively identify children in need of early help. Where identified and a multiagency approach is required, Health Visitors will use the Early Help Assessment (EHA) on Right for Children as their assessment tool, facilitate the production of ‘My Plan’ and co-ordinate a team around the family providing the Lead Professional role when they are best placed to do so.



Partnership with schools is strong as was noted in the latest spot check letter.

*“The MHCLG team noted areas of good practice in Devon, such as strong partnership with schools and their involvement in early help. This was reinforced by a representative from one of your schools participating in the spot check.”*

94% of cases on Right for Children have a nominated Lead Practitioner meaning families know who their key worker is. Those without a lead practitioner, reflect Cases in Pre-Assessment (recently added to the system) or impending changes in Lead Practitioner. For those families with a Lead Practitioner there will be a clear family plan that the family has developed with their keyworker. A plan will include goals and milestones - including getting back into work.

There is increased used of the embedded worry scales within the Right for Children system and with additional use of other outcome measuring tools such as Outcomes star is evidencing improved outcomes and impact for families.

This evidence base is being enhanced through a series of questions to gather the family experience of Early Help and is being written into Right for Children, the multi-agency case recording system, at Plan and Review stage. This is due for release within the next month.

## 5.2) Leadership

To assess the maturity of the leadership strand, we recommend that local areas provide evidence of:

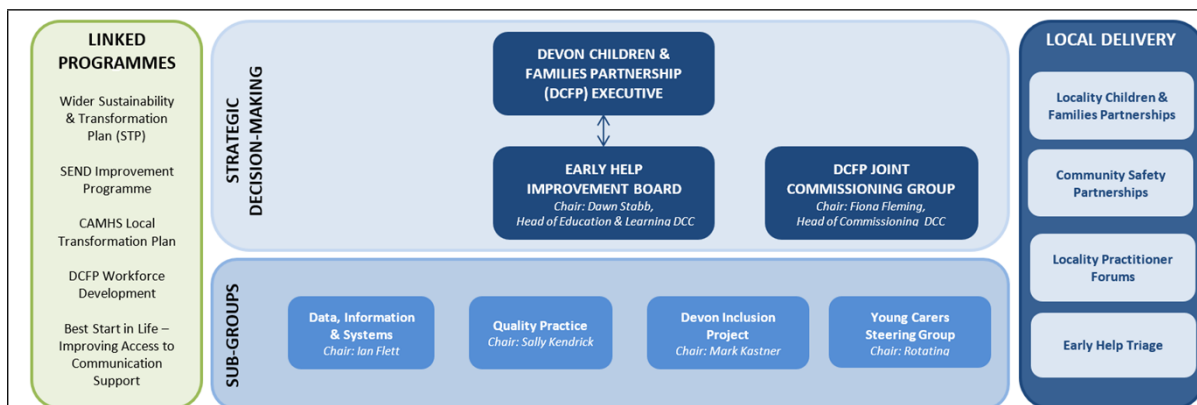
- a clear focus on services that best meet local need
- a visible commitment from leaders across partners to outcome-focussed, whole family working, which may include collaborative commissioning processes and shared or pooled budget arrangements
- an understanding of demand management, using evidence and analysis to anticipate and manage future demand locally
- an appreciation of links to wider local and national transformation programmes, including adult social care and health integration and reform of children’s services

### **Summary and evidence:**

Our Early help programme is based around a locality model to ensure our work with families reflects the local context and community. Locality boards comprised of key local partners in the statutory, community and voluntary sector have a common purpose and deliver or commission local outcome-based services that have whole family working at their core. This will be supported at a county level by a Joint Commissioning Framework that sits under the Devon Children and Families Partnership.

Overall governance for the children and families’ agenda is provided by the Devon Children and Families Partnership (DCFP) Executive (The DCFP Executive is made up of senior leaders from core partners).

Specific Early Help governance arrangements are established through the Early Help Improvement Board which underpins our common purpose with clear plans to improve the effectiveness of the early help offer in order to manage future demand, deliver value for money and achieve cost saving. Its senior officers are committed to leading Early Help transformation. In order to drive forward improvement in certain areas, subgroups have been set up to specifically look at Data and Multi Agency Quality Assurance relating to the family journey.



The Devon Children and Families Partnership (DCFP) Commissioning Group provides the leadership for Devon’s joint commissioning strategy and delivery of commissioning intentions. There is a strong track record of focusing on outcomes through our commissioning processes; this is supported by co-production and engagement with children, young people, families and providers.

Joint strategic needs assessments are used to routinely evidence the needs of the population, including thematic needs assessments which allow a ‘deep dive’ into particular areas of need to better inform commissioning of services.

The use of Power BI to support our data analysis has meant we can more readily understand demand and use this information to design or commission services that provide appropriate support at the earliest possible time. Examples of this work include multi-agency family working through the Devon Inclusion Project to reduce exclusion (as shown in section 4.9) and also a reduction in the number of children in need cases. (see early help score card)

225 colleagues across the Early Help Partnership have access to a new online suite of performance reports at Devon- wide and locality level. These reports are being used both at Organisation and Locality Partnership level and directly to drive improvements and practice. A pdf version of some of the data is attached in section for information, but the online version provides a wide selection of drillable data.

Leaders have a clear appreciation of the links to wider local and national transformation programmes, including adult social care and health integration and reform of children’s services and there is a developing sense of shared purpose to deliver locally determined outcomes-based services to families.

- Strategic leads and provider organisations have a focus on services that meet local need and are clarifying an understanding of shared outcomes. There are clear links to wider transformation programmes, which are mapped through the governance structure
- The ‘Early Help for Families in Devon: Outcomes Framework’ sets out how families who need support will be identified, and what a good result or positive outcomes for families looks like. The outcomes framework is framed around six themes: crime and anti-social behaviour, education and attainment, specific support need, work and finance, being safe, and physical and mental health.
- There is a well-developed understanding of the Early Help system, and breadth and knowledge continues to grow. There are links with the safer Devon Partnership at all levels and Area Managers now feed into community risk plans.
- Locality Partnerships provide governance at a local management level. The relationship between the Early Help Improvement Board and the Locality Partnerships is well developed and there are many good examples of partnership working at a local level. Attendance at partnership meetings is good. Practitioners are committed to working together to achieve a common purpose; however, whilst developed, this continues to embed across all agencies.
- The insourcing of Public Health Nursing has created an opportunity for deeper integration across Children’s Services. A Best Start in Life Review is planned to achieve our expressed intention of local, seamless service delivery, bespoke and personalised, attenuated to need

### 5.3) Strategy

To assess the maturity of the strategy strand we recommend that there is evidence of clear strategic commitments by all local partners to:

- deliver integrated family-focussed, outcome-based services
- commission services based on sound evidence of what works, working collaboratively with partners and service users on service design and delivery
- prioritise and commission services that manage future demand using data to measure and forecast demand on services
- use cost benefit analysis to understand the effectiveness of local services and act on the results

#### **Summary and evidence:**

A whole family approach is evident in Devon's Early Help Offer and the commissioning of some services provided by local partners. Strategies relating to children and families align with the Devon [Children and Young People's Plan](#). They also run as the golden thread through the local areas approach to improving outcomes for children and families.

Key partners have a commitment to integrated, whole family working and a recognition of an outcome focused approach to family working is evident but not yet consistent across services. The Troubled Families Programme and principles are included in Devon's overarching Early Help Programme, rather than a stand-alone programme. The published [Children and Young Peoples plan](#) (CYPP) 2019-22 sets a clear commitment to whole family working.

This strategic plan informs integrated joint commissioning. Priorities reflect the local landscape and there are good examples of joint commissioning and a broad spectrum of contracted and local plans in place for services to deliver Early Help, assess needs of children and young people and engage families with programmes of support. Commissioners of domestic abuse and adult substance misuse services are part of the Joint Commissioning Group of the DCFP. Links to the providers of these services and adult mental health services are also made through the Young Carers Steering group which reports to the EHIB. We are also developing our outcomes framework of the CYPP to evaluate the impact of these commitments and the delivery of our priorities.

The use of Power BI reporting means that organisations and locality teams have access to their own geographical data to ensure local issues are spotted and addressed through locality plans.

### 5.4) Culture

To assess the maturity of the culture strand local areas should look for evidence that:

- the principles that underpin meaningful system and cultural change are communicated clearly across partners and to the community in a way that is accessible and meaningful
- staff are taking personal responsibility and ownership to ensure they work across boundaries to support families effectively

#### **Summary and evidence:**

There is a shared vision and ambition which is laid out in the Devon [Children and Young People's Plan](#). This is accessible in design and language for the public and for staff. Able to be read on mobile devices this put the partnership priorities in everyone's hand. Early help is a core principle that runs through all of the priorities and the commitments of the partnership. This includes whole family working and embedding a strengths-based approach across the partnership as priorities. This commitment is shared across elected Members, partner's and senior managers. Staff have shaped these commitments, but we are now in the

process of fully cascading and reaching all of the workforce with this to ensure it is a full commitment shared through all tiers of staff.

Annual roadshows to promote understanding and practice in relation to Early Help are very well attended by professionals from all sectors. A recent survey with more than 1000 responses is helping us to measure the impact of our work.

Culturally there is still a lack of confidence in managing higher levels of risk within the Early Help system. However, there is an improved understanding of roles and responsibilities and there is now clear evidence of work taking place across service boundaries to improve outcomes for families.

The use of Right for Children has increased over the past year and there are now 400 organisations representing 850 services present on right of children. The effectiveness of Right for Children was acknowledged in the spot check *“You showed us your Right for Children system which is a good casework management system and has clearly driven effective multi-agency working.”*

Communication about Early Help has improved and publications including Early Help leaflets and newsletters along with multiagency roadshows and website improvements have helped ensure better awareness of expectations and direction of travel.

Innovation and collaboration is encouraged and there is growing resilience to change. There are some real champions and examples of good practice in schools and across different services for example Children’s Centres which need to be promoted and encouraged so we see more of what we want to see.

#### 5.5) Workforce Development

To assess the maturity of the workforce development strand areas should look for evidence that frontline staff have:

- a clear understanding of the principles of family working (family intervention factors) – a focus on a whole family assessment and family plan and an understanding of the impact of their work

- access to the right training at the right time

- the ability to use sound evidence-based, outcome-focussed practice and learning from their own experience as well as from peers

#### *Summary and evidence:*

Workforce development is becoming embedded in practice and there are examples of consistency of opportunity for training and development, with recognition of different agency cultural starting points. Frontline staff have a clear understanding of the principles of family working and a clear sense of a focus on a family assessment, plan and outcomes for families.

To deliver the priorities of the [CYPP](#) the DCFP will publish a workforce plan Autumn 2019 which sets out the multi-agency training programme needed to deliver the priorities of the plan. Recent staff surveys have found that staff feel they have the necessary information to deliver against the priorities of the plan but would like more support through supervision and skills development.

Training themes identified by the Locality Partnerships are based on local needs and determined by each area. There is not yet a way of measuring the full impact of this training to review performance across the county however the number of Lead Practitioners has significantly increased after practitioner upskilling sessions were completed as part of the roadshows. Practitioners also have performance objectives relating to their individual organisations.

Multi-agency work teams are developing improved Early Help practice in schools to support a reduction in exclusions and poor school attendance. Almost all schools have engaged in Early Help for Mental Health

training. Many staff across children's community services are trained in the THRIVE approach to support emotional development and wellbeing of children.

Practitioner forums with representation from many agencies are in place in each of the local areas (North, Exeter, East/Mid, South/West) for those working directly with families. They provide opportunities to share knowledge, best practice and learning.

Early Help Officers have provided bespoke training to partners and schools. The impact of the joint training programmes was particularly evident through our Domestic Violence (as part of [operation Encompass](#)) and Prevent training. This in turn is creating an understanding of whole family working, and its importance is developing across the county. Strength based practice workshops provided good opportunities to look at ways to manage risks.

This year's focus for training in partnership with the CCG is on early support for children with SEND and in particular children with ASD and their families. This work forms a significant stand of the WSOA following our SEND inspection. In addition [The Devon Enhanced Autism programme](#) has specifically focused on training for school staff. Following the success of this programme an [enhanced language programme](#) has been rolled out this year.

The early help Roadshows (multi agency) help to cement partnership working and understanding of each other's role and good practice examples.

Job Centre Plus delivered Welfare Reform upskilling events to key workers across Devon. Presentations have been delivered to children's centres and private child minders. This must increase knowledge of how to support families and where to signpost them to. Job shadows have been undertaken by staff across services.

PHN service training offer this year incorporates upskilling and training EHCP process and completion of Health care plans jointly delivered by service lead and DCO. We have recruited ten Specialist Community Public Health Nursing Students to commence in January 2020. Mapping of an integrated training offer with Children's Centres is a new initiative in the year intended to inform continuous improvement and greater integration with children's centres.

We are a national pilot site and are rolling out delivery of the Public Health England speech language and communication training.

Devon is a partner in the South West Reducing Parental Conflict Contract programme.

## 5.6) Delivery Structures and processes

To assess the maturity of the delivery structures and processes strand, areas should look for evidence of:

- a clear commitment by partners to deliver integrated working structures with sound evidence-based practice in place

- shared ambitions for outcomes for families, using the local Troubled Families Outcome Plan

- delivery structures that enable staff from different disciplines to work together to shared priorities and outcomes

- high-quality whole family assessments in a shared format across partners

- agreed data sharing protocols supported at strategic and operational level

- shared data systems enabling identification and prioritisation of families needing help, monitoring of family progress and outcomes and cost benefit analysis of interventions

**Summary and evidence:**

Organisational structures enable professionals from different disciplines work together on shared priorities. *Services are separate but professionals work together to achieve specific goals for complex families.* Whole family assessments take an agreed single form and understanding of whole family assessments is embedded across partners. Work is currently underway to develop a simple quality assurance process to ensure consistency of these assessments across the wider partnership.

Right for Children, also provides a shared integrated data system underpinned by robust data sharing agreements. The system holds family information and supports coordinated activity, is effective and can be accessed by a wide range of practitioners from different organisations. Recent improvements allow partners to drill down into their organisational data and review performance and hotspots by post code or district.

Locality Partnerships provide a multi-agency structure to coordinate approaches, these are aimed at managers to share best practice and improve service practice. Practitioner forums are in place and led by locality officers for those working directly with families. These enable practitioners to discuss any issues or obtain support and advice on cases.

Locality Early Help Hubs in four locality areas, support a centrally retained MASH and improved access to Early Help. Development in this area is still needed to further improve access to Early Help and reduce inappropriate contact with the MASH. This would provide a more efficient and cost-effective service whilst improving outcomes for children, young people and their families.

**Summary and evidence:**

Early help within Devon had been developing over the past few years and since 2017 has successfully supported 3550 families. Early help focuses on supporting whole families at a time when they need it and we are pleased that our commitment of this programme was recognised in recent spot check by the Ministry for housing, communities and local government who said *"it is great to see Devon's long term commitment to service transformation now coming through as positive outcomes for so many families"*.

## 7. SEND

The Local Area can demonstrate its compliance with the Children and Families Act through its JSNA, SEND SEF and SEND strategy, which together evidence that:

- 7.1) The special educational needs / disabilities of children, young people and young adults aged 0-25 are identified and assessed early and efficiently, in partnership with families, health and social care
- 7.2) Co-production with parents, children, young people and young adults is embedded in all planning, review and improvement processes related to SEND outcomes and that
- 7.3) Agreed outcomes address individual needs in preparing for adulthood, promoting life skills and opportunities to enable independence, further training and employment

Written Statement of Actions (where appropriate).

- 7.4) Include position and progress on 'Written Statement of Actions' where appropriate.

**Summary and evidence:**

Educational outcomes for children with EHCP plans are well above the national average (see above and Education attainment report and SEN annual report in performance section).

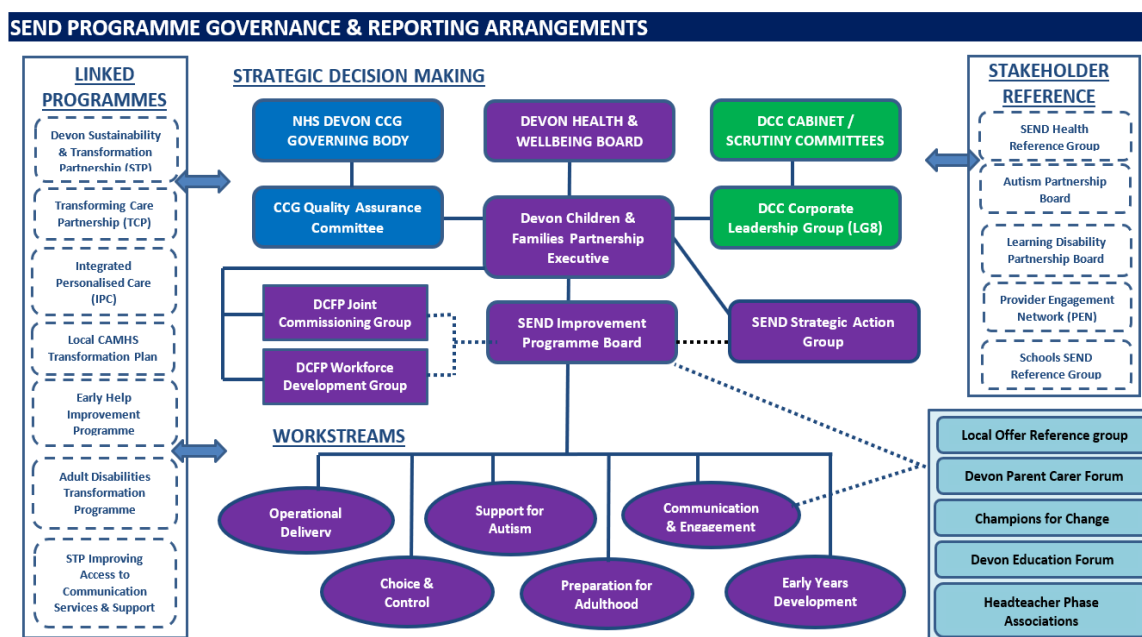
A [graduated response toolkit](#) provides extensive advice and support for Early years settings and schools. Work is being scoped this year to wrap health advice and support within this tool kit. SEN Advisors support work in school and monitor the implementation of the principals of the SEND code of practice.

In addition [The Devon Enhanced Autism programme](#) has specifically focused on training for school staff to support children with ASD. Following the success of this programme an [enhanced language programme](#) has been rolled out this year.

PHN changed EHCP process through the development of an inhouse system and roll out upskilling of staff via planned training.

Not captured in the WSOA but in the SEND action plan, it was highlighted that the delay in the timeliness of the new birth and delivery of 6-8 weeks contact which support early identification of need was impacting on the numbers of children presenting with unidentified need at school entry. The service has developed more robust oversight of the timeliness of the new birth contact and the 6-8-week contact will be re-introduced universally as staffing levels increase. The service will review and revise PHNS processes for identifying children with SEND within the next year.

Partnership working is well established via the multi-agency SEND Improvement Board which includes representatives from parent and carers groups. Local SENCO forums and the SENTIENT TRUST ensure good collaboration with schools. The SEND Strategy and Implementation plan (was created in full collaboration and consultation with parents/carers and young people and includes family performance indicators which were created by families linked to their vision. This plan is delivered as a local area partnership through services and workstreams and monitored by the SEND improvement board.



SEND review in Dec 2018 recognised the good progress that had been made in many areas. The team determined that a written statement of action was required to cover 4 areas of significant weakness in the local area practice as outlined below.

- 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 Education Health and Care plans (EHCP) and the variable quality of these plans. Plans do not consistently capture a child and young person's needs and aspirations so that

they are 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;



- D. Weaknesses in the identification, assessment, diagnosis and support of those children and young people with autism spectrum disorder.

The [WSOA](#), has been approved by Ofsted and delivery is monitored by the Strategic Action Group – see diagram above). Reports are provided to the SEND improvement board and the Devon Children and Families Partnership.

**Key improvements to date are:**

- Information for parents on “what we have done, what we are doing and what we will do next” is now shared with parents on the website. this will be true by the time we submit
- An information leaflet for parents who are new to SEND have been created helping them to navigate the system more easily. this will be true by the time we submit.
- Induction training for all staff across the wider partnership has been approved and rolled out. this will be true by the time we submit
- A partnership wide survey has been completed to ascertain the underlying understanding of all staff who come into contact with children or families about the SEND code of practice and their confidence in supporting parents.
- The number of parents who engage with us to has increased significantly and there are now 353 who have expressed an interest in working with us to help shape services.
- Funding for additional capacity agreed for SEN, participation and Preparing for Adulthood teams. Recruitment in progress
- Timelines of EHCP’s has seen a month on month improvement despite continued growth and now stands at 27%
- £750,000 has been made available over the next 12 months and will be specifically used to increase capacity so that there are skilled practitioners able to undertake as ASD assessment of those families and children currently waiting for an assessment.

Progress of the WOSA is monitored on a monthly basis through a strategic action group meeting. Quarterly updates are also approved provided to the DfE –

 SEND DfE monitoring pro forma August 201	 SEND WSoA Monitoring Pro-forma
August 2019 update	Oct 2019 update






A DCC funded special School has opened this September. The opening forms part of our strategic planning which is laid out in the [SEND strategic review](#).



## PART G: PERFORMANCE INFORMATION

Attach three performance scorecards.

1. Children’s services – this should be presented using the Chat Tool for your most recent Annex A report.
2. SEND – attached your local authority scorecard.
3. Educational outcomes for vulnerable children – attach your local authority scorecard.

ChAT tool	SEND	Educational outcomes
 ChAT Tool - 2nd September 2019.pdf	 SEND Performance framework - summary   CS1908 - Performance SEN Ann	 CSLT Performance Framework - Educatio  2018-19 EAL Annual Report DRAFT DS 20:

## PART H: REQUEST FOR REGIONAL OR PARTNER IN PRACTICE SUPPORT

*Include here any request for support from within the region, from the LGA or the partner in practice programme.*

*Please describe the focus, scale and expected outcomes of the requested support.*

*Please indicate if the request has been ongoing or is awaiting confirmation.*

1. Request to the LGA for the development of a peer review programme for Public Health Nursing Service

An increasing number of Local Authorities have insourced their PHN, including our neighbours in Somerset and Cornwall. We want to exploit the potential arising from this by developing a peer review methodology that will support shared learning in the Region and nationally.

2. Prior to our SEND re-inspection expected in late 2020/early 2021, we would like a SEND peer review to test our readiness for re-inspection
3. Partners in Practice support (Children’s social care) – See Self-evaluation of Social Work practice (para. 4.3)

## FINAL WORDS

*Optional final paragraph by DCS to set out direction of travel.*