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Ms Sara Tough  
Executive Director of Children's Services, Norfolk County Council  
Ms Melanie Craig  
Accountable Officer, NHS Norfolk and Waveney Clinical Commissioning Group

County Hall  
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Norfolk  
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Copied to: Ms Lisa Flood-Powell, Inspection and Development Project Officer, Local Area Nominated Officer

Dear Ms Tough and Ms Craig

### **Joint area SEND inspection in Norfolk**

Between 2 and 6 March 2020, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the area of Norfolk to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, comprising two Children's Services Inspectors from the CQC and two HMI.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers. Inspectors met with leaders from the area for health, social care and education, including local authority officers and National Health Service (NHS) officers. Inspectors visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation, the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a written statement of action is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local

authority and the area's clinical commissioning groups are jointly responsible for submitting the written statement to Ofsted.

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

## **Main Findings**

- Too many children and young people with SEND in Norfolk have not benefited from the disability and special educational needs reforms.
- Until 2018, there was no coordinated response by leaders to ensure that the spirit and substance of the 0 to 25 SEND code of practice (2014) was enacted in Norfolk.
- Over time, long waiting times for diagnosis, poor access to services, and a lack of confidence in some schools have led many families to lose confidence in leaders' ability to help their children.
- There remain chronic weaknesses in how leaders are meeting the statutory timelines for completion of education, health and care (EHC) plans and annual reviews. These weaknesses are the root cause of angst and frustration for many families and professionals.
- Provision for young people aged 18 to 25 years is poorly planned and uncoordinated. Young people and their families are not supported well enough to live fulfilled lives as they transition into adulthood. A lack of information, advice, guidance and timely support means that families face a 'cliff edge' as their children approach adulthood.
- Not enough is being done to seek out the views of those under-represented in giving their voice, especially families who have children with SEND but are not in receipt of an EHC plan. Although there are some examples of high-quality co-production, leaders do not know enough about what families want and need. This weakness means that joint commissioning is not informed well enough by the views and experiences of parents and carers.
- Leaders do not know enough about the outcomes for children and young people with SEND who are not in receipt of an EHC plan, those who are on part-time timetables, and those placed in independent provision and/or in out-of-county schools.
- Frontline professionals are not being consistently empowered by leaders to explain to parents and carers what is being done to address problems in provision for children and young people with SEND, or where families can get help. Consequently, families receive incomplete, unhelpful or contradictory information. This often means that families feel as though they are being bounced around services with little or no help.

- Organisations such as Family Voice and the SEND information advice and support service (SENDIASS) have not shied away from confronting area leaders about the needs of families and the problems they face. Despite strong new leadership, SENDIASS struggles to meet the demands on the service. Equally, not enough families know about the existence or the differing roles of a range of other organisations that are available to help them.
- On their arrival two years ago, the executive director of children's services and accountable officer for the clinical commissioning groups (CCGs) faced chronic and wide-ranging inadequacies in universal systems and services. They have refused to adopt quick fixes, as they recognised that this will not resolve the crisis facing them. They have worked systematically to create a far-reaching, ambitious, well-planned and securely financed transformation plan to address the weaknesses in provision. However, this plan is very new in its implementation.
- Councillors and senior executives have supported the transformation plans. There is a significant investment for the large-scale building of specialist provision across the length and breadth of Norfolk to become an imminent reality.
- Leaders, councillors and senior executives have brought much-needed capacity at senior leadership level, most notably in the creation of strategic teams and jointly commissioned posts. These teams are starting to address the weaknesses.
- A culture of joint working among leaders is now palpable. Together, leaders have an insightful understanding of the weaknesses in their systems. Joint strategic planning, so long absent in Norfolk, is now a reality. Leaders collectively agree on the areas of strength, areas of challenge and areas requiring ongoing development. However, the late start of this work means that too much is not yet having an impact on the lived experience of families and their children. Leaders and those in governance recognise that the pace of improvement needs to be accelerated if they are to be successful in meeting the needs of children and young people with SEND in Norfolk.
- The work of many individual professionals in social care, health and education is of high quality. There are individual cases where the lives of children and young people are better for the work of these professionals.
- Norfolk has many confident and articulate children and young people with SEND who are aspirational about what they want from their future. Increasingly, joint work across services is helping children and young people to achieve their ambitions. However, much of this work is new and, as a result, it is yet to have an impact on the outcomes that children and young people with SEND achieve.

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

### **Strengths**

- The area has, in recent months, implemented a series of innovative measures to improve its effectiveness in identifying the very youngest children's needs at an even earlier stage. For example:
  - The appointment of an assistant designated clinical officer (DCO) to support the work of the DCO is a creative example of a jointly commissioned post by the five CCGs that is starting to make a real difference to the ways that services work together to identify and meet children's needs.
  - The recent creation of the early childhood and family service (ECFS) for children aged 0 to 5 years is supporting a rapidly increasing number of families in a relatively short time. The ECFS, through its bespoke packages of support, is increasing the opportunities to identify children's needs at an earlier stage.
  - Universal health services are reaching out to families that are less likely to access these services. This is helping to ensure that children are getting access to basic healthcare and is helping families to identify possible unmet needs at an earlier stage.
  - Groups such as early bird, cygnet and puffins are providing more bespoke support to families of very young children once they have received a diagnosis of autism spectrum disorder (ASD). This is helping families to identify needs that have yet to be spotted and to provide appropriate support.
  - The area is investing further in the successful portage service, ensuring that it can continue to support families of pre-school children with SEND through its focus across health, care and education. This small team of professionals is well thought of by the families that access the service. It is helping to support leaders to better identify the needs of children with the most complex needs from a very young age.

### **Areas for development**

- There are too many missed opportunities to identify children and young people's needs at the earliest possible stage. For example:
  - Too few integrated health checks are being undertaken for two-and-a-half-year olds.
  - Initial health assessments and reviews for children over the age of five years who are looked after are not being undertaken within statutory timescales.

- Many families feel that paediatricians do not have enough understanding about early signs of ASD and that they are failing to identify potential needs at the earliest possible opportunity.
  - Too many children over the age of six years who need a wider assessment for neurodevelopment wait too long for diagnosis and decisions. Leaders are trying to understand the nature of the issues but have no recovery plan to address them in the interim.
  - The youth offending team reported limited access to the jointly commissioned speech and language services to help identify the unmet needs of the young people they support.
  - Leaders do not review the census information from schools about pupils' identified SEND needs in a meaningful way; too little time is spent checking the accuracy of the needs that schools have identified.
  - The 'valuing SEND' strategic work promises to be an effective way to identify needs and provide well-thought-through responses to meeting those needs, but this work is still in its infancy.
- Leaders are failing to ensure that EHC plans provide them with insightful information about the identification and range of children and young people's needs in the area. This is because:
- The area is failing significantly to meet the statutory timeframes for EHC plans and annual reviews.
  - Leaders' initial plans to try to address the backlog of EHC plans and annual reviews underestimated the extent of the problem, and little headway was made.
  - Leaders' recent urgent recovery plan to address the backlog of EHC plans is well resourced and carefully thought through but has only just been implemented.
  - Although more recent EHC plans are of a better quality, there are still many occasions when health contributions are not included in the final EHC plan.
  - Health practitioners still do not routinely receive the draft EHC plan for review.
  - There are too many EHC plans where social care and health needs are identified as being supported by schools, but where schools are not being given adequate guidance and support about how best to meet these needs.
  - The voice of the child or young person in their EHC plan and annual review is limited in too many instances; professionals are not supporting those with the most complex communication needs to contribute as fully as they can.

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

### **Strengths**

- Family Voice is tenacious in the challenge that it offers to area leaders. Many very positive changes are the result of Family Voice championing the rights of families. Area leaders have listened and taken action accordingly, particularly since 2018.
- Area leaders' commitment to implementing the reforms more effectively is reflected in the additional capacity that is now in place and starting to make a real difference through:
  - the commissioning, partnership and resources team
  - the quality and transformation team
  - the jointly commissioned role of associate director of children and young people.
- Early work by the new teams is starting to bring signs of improvement, as evidenced by:
  - The review health assessments for children aged five years and under are of a high quality and reflect the lived experiences of children with complex communication needs.
  - The multi-disciplinary pre-school liaison group is improving outcomes for children from birth to the age of five years through timely support to meet their needs, for example in physiotherapy.
  - The information shared between professionals working with children who are looked after, the child and adolescent mental health service (CAMHS) and social care services provides a more comprehensive picture of the wide-ranging needs of these individual children and young people.
  - Half of the schools in Norfolk have a mental health champion, and there is a roll out of well-being practitioners, which is starting to provide support in a timely and well-informed way.
  - Information available on 'Just One Norfolk' is co-produced with families and provides a huge range of easily accessible support and advice.

### **Areas for development**

- The area's work on communication and co-production for assessing and meeting needs lacks strategic planning. This weakness reduces the area's ability to know what children, young people and their families want and need.

- Leaders do not know enough about the needs and wishes of the children and young people with SEND who are not in receipt of an EHC plan.
- Although a small group, called 'The Dragons', has recently developed a section within the local offer about preparing for adult life, not enough children and young people are involved in updating and promoting the local offer.
- Too often, families have to recount their experiences to different professionals numerous times. Information is not consistently shared between professionals efficiently when assessments are made and decisions are taken about the support needed.
- Some professionals are aligning their work, for example social care and education professionals matching the timing of the continuing care reports with annual reviews of EHC plans. However, these opportunities are far too limited in their scope and breadth among other services.
- Area leaders do not know enough about what support is in place for the children and young people who are refused an assessment for an EHC plan; neither do they check how well schools are supporting those children and young people subsequently. Families and school staff often feel as though they are left in limbo with little guidance or help following a refusal to assess.
- Weaknesses in co-production mean that joint commissioning arrangements lack precision and breadth. Some stronger examples do exist, such as jointly commissioned roles, the new online 'Just One Norfolk', and some education and therapeutic provisions. However, too often, there is not enough provision to meet the range of children and young people's needs in the area.
- Community health teams face considerable problems in providing specialist equipment when young people move into adult services, creating unequal access to these important resources in some parts of Norfolk.
- Weaknesses in co-production, joint commissioning and communication mean that there is a high level of parental dissatisfaction. Parents and carers feel that receiving an EHC plan is the only way to get any support. Families feel that they have to get to crisis point before they receive any help.
- Too many children and young people face very long waits for diagnosis and support. The long waiting times include services for: neurodevelopment for young people aged 18 and over; health and well-being; speech, language and communication; educational psychology; occupational therapy; and social, emotional and mental health.
- Families have well-founded concerns regarding: poor-quality EHC plans; a lack of short break provision being provided by children's services; some schools encouraging families to agree to part-time timetables, or to educate children at home; and little meaningful guidance and help, including at the point of transition, by adult social services.



- Families often feel isolated and do not know where to get guidance and help.
  - SENDIASS, under new leadership, is an efficient and effective service for those who know about it and access it. However, too many families do not know of its existence. The service is under considerable pressure and is not fulfilling its core functions, including its work with the children and young people themselves. The service is not yet jointly commissioned and is only managing the current workload through additional short-term funding.
  - Opportunities for parents and carers to come together and support one another are increasing, most notably as a result of Family Voice, SENSational Families and SEN Network. However, many parents and carers do not know that these groups exist, and so do not get their views heard.
  - Some parents incorrectly believe that Family Voice is not being proactive in challenging leaders about the inadequacies in provision. They feel that other groups are more likely to champion their cause more effectively. Some parents and carers do not know how these groups work together to champion the rights of children and young people with SEND through partnership working with the local authority and the CCGs.

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

### **Strengths**

- Examples of positive outcomes for children and young people with SEND are often the result of the good work of individual frontline professionals and teams.
- The 'Children, Learning and Inclusion Team' has worked well to tackle inclusivity in mainstream schools. Exclusions for children and young people with SEND are reducing. For those children who are looked after, there have been no permanent exclusions for two years.
- Increasingly, professionals from education, health and social care are working together to create the right holistic provision for children and young people. Their joint work is improving the whole quality of life for some individual children, young people and their families.
- There has been some highly successful work in rapidly reducing the need for children and young people to be admitted for assessment and treatment in an in-patient mental health provision, because their needs are being met in alternative ways.
- More children and young people with SEND are able to live safely and positively with their families, owing to the work of social care teams.



- The number of young people accessing personal budgets is increasing rapidly. The budgets are supporting independence and improving life chances. Young people have an increasingly strong voice in the use of these budgets.
- Some children and young people are accessing good-quality education, where their academic and personal outcomes are improving, because of the support that they and their families receive. Many families are positive about specialist schools and resource bases in the area.
- The 'Education, Training and Strategy Group' has increased employment and training opportunities for young people, including more supported internships, and some positive work experience placements.
- For those who access it, families and their children have positive experiences of respite care.

### **Areas for development**

- Area leaders do not yet have a joint accountability framework to identify, monitor and judge their impact on improving the outcomes for children and young people with SEND. The 'FLOURISH' framework is well considered, but not yet detailed enough to do the job intended.
- Area leaders do not know enough about the outcomes for children and young people with SEND who do not have an EHC plan, those who access out-of-county provision, those who access part-time education, and those who are placed in independent schools.
- Most notable of all weaknesses, the strategic oversight of outcomes for young people aged 18 years and over is poor. Leaders do not have an agreed understanding about what outcomes they want for the young people. Any measures that do exist are used in silos by individual teams or professionals. There is not enough consideration of young people's views or those of their families.
- Two new service developments commenced in 2019, having been co-produced with families and young people. The Norfolk Employment Service and the Preparing for Adult Life Service have begun supporting young people with complex SEND into employment that meets their needs and aspirations. However, these services are still new, and it is too early to see the full impact of their work.

### **The inspection raises significant concerns about the effectiveness of the area.**

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

- Too many EHC plans and annual reviews are not completed in a timely manner and are of poor quality. This limits the scope and impact of joint commissioning, including the timeliness of services to meet speech, language and communication needs; for children and young people with social, emotional, mental health needs; and for those with ASD.
- Plans and provision for young people as they move into adulthood are not sufficient to meet their needs. There is a lack of support for the young people to become active, independent citizens in the community, in a way that matches their needs and aspirations. Joint commissioning of services for 18- to 25-year olds is not sufficiently well informed because leaders do not know enough about what the young people want and need.
- Too often, communication with parents and carers is poor. Co-production with children, young people and their families is too limited. These weaknesses particularly affect, but are not exclusive to, children and young people with SEND who do not have an EHC plan. Families are not sufficiently informed about what help is available to them and what the area is doing to address the weaknesses in provision and services for children and young people. Many families are understandably frustrated and anxious and believe that no one is listening to them. The confrontation between some parents and area leaders is diverting essential time, resources and focus from the urgent work needed. This is not best serving the needs of children and young people with SEND across Norfolk.

Yours sincerely

Kim Pigram  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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cc:

Department for Education

Clinical commissioning groups

Director Public Health for Norfolk

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National Health Service England