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Sara Tough Executive Director of Children's Services Norfolk County Council County Hall Martineau Lane Norwich NR1 2DH

Tracey Bleakley Chief Executive Officer, Norfolk and Waveney Integrated Care Board Lisa Flood-Powell Local Area Nominated Officer, Norfolk

Dear Ms Tough and Ms Bleakley

Joint area SEND revisit in Norfolk

Between 28 and 30 November 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Norfolk to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 20 May 2020.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, His Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 25 September 2020.

The area has made sufficient progress in addressing all of the significant weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

The inspection was led by one of His Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing the three significant weaknesses identified at





the initial inspection, including a selection of education, health and care (EHC) plans, the area's improvement plans and SEND strategy and self-evaluation.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

Main findings

■ At the initial inspection, inspectors found the following:

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 children with autism spectrum disorder (ASD).

Following the area SEND inspection of March 2020, leaders acted with determination to start to address this weakness. They recruited additional EHC plan coordinators and have provided specific training on the EHC plan process for staff in social care and health. As a result, staff and professionals across the partnership have a much better understanding of their roles and responsibilities in the EHC plan process. This has ensured a significant improvement in the proportion of EHC plans and annual reviews that are completed within statutory timescales compared with March 2020. This is despite an increase in the number of requests for assessments for an EHC plan.

Leaders have established quality assurance processes for EHC plans and the contributions professionals make to them. A quality assurance manager was appointed in April 2021. They have ensured that new EHC plans are audited against a quality assurance framework. This has resulted in EHC plans of better quality that meet statutory requirements. In newer and recently amended EHC plans, children and young people's needs are clearly identified. The provision required to meet these needs is stated more precisely, with improved clarity regarding who is responsible for providing it and how often it should occur.

The designated clinical officer (DCO) and the designated social care officer have played significant roles in improving the quality of contributions to EHC plans and annual reviews from health and social care. Social care advice is now required for all new EHC plans. This better ensures that appropriate support is considered according to the needs of the child or young person and their family. Advice and reports from health professionals are now much more focused on how medical needs impact on the educational needs of the child or young person. There are processes in place to check that advice is interpreted correctly and incorporated into plans. Consequently, the provision is appropriate and it accurately reflects the information provided about the child or young person's individual needs.





Aggregated information from EHC plans and annual reviews has informed the development of the area's SEND joint commissioning strategy. This outlines how education, health and social care work together with families to plan services for children and young people with SEND in Norfolk. The framework underpins the area leaders' approach to sufficiency planning and sustainability. Examples of joint commissioning arising from the review of EHC plans include a new speech and language therapy service, active plans for occupational therapy and a system-wide approach in supporting neurodiverse children and young people.

Waiting times for assessment and therapies for children and young people with speech, language and communication needs, with social, emotional and mental health needs, and those children and young people with autism spectrum disorder are considered lengthy by both practitioners and families alike. Families with a child or young person waiting for assessment or to start therapy can now access advice and support via the Just One Norfolk information portal and through telephone advice services. Speech and language therapy services acknowledge that they do have long waiting lists for both assessment and therapy. Referrals to the service have increased since the onset of the COVID-19 pandemic. Leaders have responded to feedback from families. They have provided the option of meeting face-to-face or remotely. Parents also have access to a telephone helpline for support during office hours.

Leaders have increased capacity in the educational psychology service through a considered approach to recruitment and training. They have also commissioned private educational psychologist reports to reduce delays and backlogs in carrying out assessments. However, although some delays have significantly reduced, delays in accessing the educational psychology service for assessments during the EHC process remain. This impacts negatively on the timeliness of issuing some EHC plans.

There remain a minority of cases when EHC needs assessments, annual reviews and the issuing of new or amended EHC plans do not take place within statutory timescales. While the quality of new and amended EHC plans has improved for many children and young people with SEND, this is still not the case for a minority. Recent improvements do not make up for previous long-standing failings where families have been let down by the partnership. Area leaders know that they are yet to earn the confidence and trust of many parents and carers of children and young people with SEND in Norfolk.

The area has made sufficient progress in addressing this significant weakness.

■ At the initial inspection, inspectors found the following:

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.

Leaders began addressing this weakness at the height of the COVID-19 pandemic. They remained committed to improving plans and provision for young people with SEND as they move into adulthood, despite the challenges posed by the pandemic.

Leaders actively seek the views of young people in this age group through meetings with existing youth groups, visits to schools and colleges, engagement events held at weekends and surveys. Leaders are using the information gathered to inform the commissioning of services and provision based on the wants and needs of young people. Members of the Dragons and Youth Forum groups have made suggestions that have been acted on by services. Examples include how to gather the views of service users and practical changes that better enable young people with SEND to take part in community activities.

More recent EHC plans show that planning for transition to adulthood is carefully considered and recorded. These EHC plans reflect the views and aspirations of the young person appropriately. Examples of this include obtaining appropriate residential placements for young people as they move into adulthood that take into account the wishes of young people and their parents and carers.

The SEND employment action group is one example of a better understanding of the needs of young people with SEND. As a result, leaders have increased opportunities for young people with SEND to participate in meaningful work experience linked to their aspirations. However, young people with SEND would like more opportunities to volunteer. While the options available for young people with SEND when they turn 18 years old have increased, there is more work to do to provide a range of suitable options for employment and training that cater for the different needs and capabilities of young people with SEND aged 18 to 25 in Norfolk. While numbers have increased, not enough young people with SEND are in education, employment or training.

Annual health reviews for children and young people with learning disabilities are used to support transition to adult health services. Leaders have sought young people's views, and the uptake of these checks has increased.

There is more to do for leaders to communicate effectively with parents and families across Norfolk about their work to support young people with SEND as they transition to adulthood. For example, not all parents are routinely aware of the work that is undertaken with their children and young people in school or college. This results in parents and carers being unaware of the support that is being provided to ensure that transition processes are effective and that equitable services will be provided to their children and young people as they move into adulthood.

The area has made sufficient progress in addressing this significant weakness.

■ At the initial inspection, inspectors found the following:





Too often, communication with parents and carers is poor. Coproduction 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.

Communication and co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all) have increased since the area SEND inspection in March 2020. The written statement of action and wider SEND strategy were coproduced. Relationships across the partnership have strengthened and developed. Arrangements for multi-agency governance and oversight of SEND have been strengthened, allowing more rigorous scrutiny and challenge. Norfolk Family Voice is an effective champion for the families of children and young people with SEND in Norfolk, ensuring that their voices are heard and pressing leaders to make improvements that are required. Other family groups also ensure that the voices of those they represent and support are heard.

Leaders have developed a much better understanding of what is meant by coproduction across the partnership through training staff. Leaders have developed structures to support, and have identified opportunities for, co-production with parents and children and young people with SEND. This is not fully embedded across all services and professionals in the partnership.

Leaders have done much work to increase and improve communication with parents through developing the local offer website, the Just One Norfolk website, the use of social media and a SEND newsletter, all of which were co-produced. The DCO and assistant DCO within Norfolk and Waveney Integrated Care Board communicate via a variety of networks, including through Norfolk Family Voice, the SEND clinical network and the children and young people's health network.

The local offer website is increasingly used by parents, professionals and children and young people to find out what is available to them. However, there is further work to do to make it a more accessible and user friendly resource that reaches a wider audience within Norfolk's community of children and young people with SEND and their families.

Leaders held a series of online parental engagement events following the written statement of action. This gathered a range of parental views. These are returning as face-to-face events as the area adapts to the current COVID context and responds to parents' preferred means of contributing their views and receiving





information. There are many further events scheduled over the course of the next 12 months.

Across multi-agency partners, there have been and continue to be a number of surveys undertaken with both children and young people and families in relation to service provision and co-production. This includes an annual SEND survey, which was co-produced. Information from these surveys is used alongside information about service performance, information from EHC plans and EHC needs assessments to inform the design of services and provision. Leaders have increased the number of specialist resource base provision places to ensure that these are available for children and young people both with or without an EHC plan. The proposed plans for the jointly commissioned occupational therapy service include support for children and young people with sensory needs that make their day-to-day tasks more difficult. Leaders recognise that there is more to do to ensure that parents are routinely updated about the outcomes and actions they are taking to address weaknesses in services and provision.

Norfolk's Special Educational Needs and Disabilities Information Advice and Support Services (SENDIASS) plays an active and effective role in informing families about the help and support that is available to them. However, there are challenges with recruitment and retention that impact on the ability of SENDIASS to respond to requests for its services. Some families do not get the support they need in a timely fashion. Area leaders are considering how they can ensure that the service meets demand and fulfils its statutory duties effectively.

An EHC plan helpline was established in 2021. The service is provided to answer questions in relation to the status of EHC plans and other queries regarding existing EHC plans. Calls to the service from parents and professionals have increased. As a result, there is evidence that queries are being resolved at an earlier stage than previously. However, some parents find the service difficult to access or do not know about it. Leaders are aware of this from their own survey and are addressing this with promotional events to highlight what the service offers.

There remain families who either do not know about services and information, experience poor communication from individuals in the partnership or who do not engage positively with the area because of previous poor experiences. Area leaders still have much to do to show these parents that they are acting on concerns and working in true partnership and co-production to improve the dayto-day experiences of children and young people with SEND in Norfolk and their families.

The area has made sufficient progress in addressing this significant weakness.





As the area has made sufficient progress in addressing all the significant weaknesses, the formal quarterly support and challenge visits from the DfE and NHS England will cease.

Yours sincerely

Paul Wilson His Majesty's Inspector

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	Inspector of Primary Medical Services
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cc: Department for Education Norfolk and Waveney Integrated Care Board Director of Public Health for the area Department of Health NHS England