



SPECIAL EDUCATIONAL NEEDS AND DISABILITY -UPDATE

20 September 2019

Presented by:

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Assistant Director (Inclusion)

Summary:

A high level update on SEND Developments in 2018/19 and issues that require further focus in the forthcoming year

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

Themes	✓
Connected Communities	
Start Well	✓
Live Well	✓
Age Well	
Dying Well	
Enablers	
A new relationship with people using services	
Workforce	
Technology	
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

- SEND Strategy
- SEMH Strategy
- Young & Yorkshire 2

What do you want the Health & Wellbeing Board to do as a result of this paper?

- Accept the report
- Agree to a further report in September 2020 which provides an update on performance of the Local Area against the Ofsted/CQC Inspection Framework

NORTH YORKSHIRE HEALTH AND WELL BEING BOARD

Friday 20 September 2019

SPECIAL EDUCATIONAL NEEDS UPDATE 2018/19

REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN AND YOUNG PEOPLE'S SERVICES

1.0 Purpose of the Report

- 1.1 The report provides an overview of special educational needs and disability across North Yorkshire together with a high level update on the implementation of the SEND Strategic Plan 2018-2023.

2. Background

- 2.1 The Children and Families Act introduced in September 2014 transformed the approach to meeting the needs of children and young people with SEND embedding the following changes:

- A Local authority must undertake assessment if they are of the opinion that the child has or may have special educational needs and it may be necessary for special education provision to be made for the child or young person.
- Introduction of a revised 20 week statutory assessment process and Education, Health and Care Plans for 0-25 year olds
- Introduction of a new category called SEN Support to replace previous school action and school action plus
- Greater emphasis on parent/carer and children and young people's voice in meeting individual needs and in the development of services and strategy
- Local Offer web site to ensure information and guidance is widely available for SEND

- 2.2 The impact of the changes to legislation have been significant both locally and nationally and have resulted in significant increases in requests for assessments and significant pressures on the High Needs Block budget.

3.0 Impact in North Yorkshire

- 3.1 The proportion of children with an EHC plan has grown from 1827 in August 2015 to 2970 in August 2019, a 62.7% increase.

- 3.2 The most common primary need continues to be Autistic Spectrum Disorder (ASD) which forms 31.2% of the total and 927 children, an increase from 425 children at the same point in 2015 (+118%).
- ASD has also seen the largest increase in its proportion of all EHC plans, +7.9% from August 2015 to August 2019.
 - SEMH is the only other primary need which has increased in its proportion of the entire EHC plan population, +1.7% in the same period.
- 3.3 On average 670 requests for statutory assessment are received by the local authority each year. The proportion of all requests which were assessed averaged 68% in 2017/18. The proportion of requests which led to an EHC plan being issued was 59.7% in 18/19, an increase from 58.1% in 17/18.
- 3.4 In 2018, in North Yorkshire, 84.2% of new EHC plans were issued on time (i.e. within 20 weeks from the initial request for assessment), the national rate was 58%. Timeliness appears to be further improving with the percentage of EHC plans issued on time being 93.8% to date for the 2019 calendar year.
- 3.5 DfE statistical release in January 2019 highlights that the early identification of children with special educational needs (SEN Support) in schools remains lower than the national average at both primary and secondary level. The identification trend has increased in NY since 2015 but remains below the national average of 11.9% in 2019 (10.9% NY). Early identification remains a high priority for North Yorkshire.
- 2019 primary 12.6% national 12.1% NY
 - 2019 Secondary: 10.8% national 8.5% NY
- 3.6 In 2018-19, the local authority underlying overspend on the High Needs Block amounted to £6.1m offset, in part, by the application of £1.6m temporary transfer from schools and £1.2m temporary funding announced in December 2018.
- 3.7 The net overspend impacting on the local authority was, therefore, £3.3m. This needs to be repaid from High Needs in the future.
- 3.8 In 2019/20, the local authority have invested additional net funding into High Needs of £3.7m, over and above the High Needs grant allocation from DfE. This cross-subsidisation of the Department for Education (DfE) funding shortfall is supplemented by temporary funding amounting to £1.2m and a further £1.6m temporary transfer of funding from the Schools Block to the High Needs Block.
- 3.9 In addition, further financial pressure in the order of £1.5m during 2018-19 has resulted in an underlying financial pressure of £8.0m. This has reduced, in part, by the recent Spending Review announcement that confirmed that the £1.2m temporary funding would be maintained in 2020-21. However, further financial pressure is anticipated in 2020-21 and despite the announcement of an additional £700m nationally for High Needs, any additional funding is unlikely to cover the full extent of the DfE funding shortfall. Further details from DfE are expected to be published in October 2019.
4. **Ofsted/CQC Regulatory Framework for SEND**

- 4.1 The Local Area SEND Inspection Framework was fully introduced in 2016 inspecting the effectiveness of local areas in fulfilling their duties under the Children and Families Act 2014. If Inspectors are not convinced that this is the case they may insist on a Written Statement of Action (WSA) which is monitored closely over an agreed timescale to ensure performance is improved.
- 4.2 North Yorkshire underwent its inspection in June 2016 and the findings of the Inspection are detailed in **Appendix 1**.
- 4.3 Under the current inspection framework local areas will be re inspected on a 5 year cycle and therefore North Yorkshire will expect inspection at some point in 2021.
- 4.4 It is unclear as to whether the Inspection framework will be revised following the completion of the first round of local area inspections and in light of the announcement on 6th September that there would be a national review of funding and provision for SEND.

5.0 SEND STRATEGY AND IMPLEMENTATION

SEND Strategic Plan 2018-23

- 5.1 An independent review of special educational provision was commissioned in 2016/17 and the findings of such were used to inform the development of the SEND Strategic Plan 2018-23 which can be accessed [here](#).
- 5.2 The Plan provides details of the reshaping and development of SEND provision and support to ensure that children and young people with SEND can have their needs met locally and that there is emphasis on early identification and intervention of children with SEND.
- 5.3 The implementation of the plan is monitored by a multi-agency SEND Strategy group which meets every 2 months.

6.0 DEVELOPMENT OF LOCALITY BASED MODELS FOR SEND

- 6.1 From April 2020 the geographical area of North Yorkshire will be divided into 5 localities for the purposes of SEND:
- Hambleton/Richmondshire
 - Craven
 - Selby
 - Scarborough, Whitby and Ryedale
 - Harrogate, Knaresborough and Ripon
- 6.2 **Locality based boards** (0-25) are currently being established with membership from education settings and officers from Children and Young People's Services. The boards will be responsible for monitoring performance across the locality for SEND and Inclusion and for working in partnership with the local authority to address under performance. The Boards will have access to a small amount of funding which they can deploy to support local priorities identified for SEND and Inclusion. The Boards are currently in their infancy but positive engagement is underway in Selby, Hambleton/Richmondshire and Scarborough, Whitby and Ryedale. The Boards will be facilitated by SEND and Education and Skills local authority Officers.

- 6.3 From April 2020, **SEND multi-disciplinary hubs** will also be established in localities following a restructure of the local authority SEND and Inclusion Service. The hubs will be made up of a range of SEND professionals including specialist teachers and practitioners, assessment officers and therapists. They will work closely with schools and settings to support the early identification of children and young people with SEND and ensuring settings are equipped to meet need. The new hubs will adopt a key working approach when working with children and young people with SEND and will ensure close working arrangements with partners including Early Help and Health.

7.0 **DEVELOPMENT OF EDUCATIONAL PROVISION IN NORTH YORKSHIRE FOR CHILDREN AND YOUNG PEOPLE WITH SEND**

- 7.1 The local authority has undertaken significant review of educational provision for children and young people with SEND and this has informed the content of the SEND Strategic Plan. Progress to date includes:

Enhanced Mainstream Schools

- 7.2 From September 2020 the local authority will be commissioning the development of 31 enhanced mainstream schools across the county for Autism and Social, Emotional, Mental Health. The EMS will provide access to mainstream lessons together with personalised support for individual children and building expertise with the wider staff team.
- 7.3 The schools will provide places for 8 children predominantly with Education, Health and Care Plans with a small number of flexible places.
- 7.4 The EMS will be provided with an enhanced offer of training from the local authority and access to specialists from the SEND Hubs including Educational Psychologists, Speech and Language and Occupational Therapists.
- 7.5 The new models of EMS will provide over 200 highly supported places in mainstream school for children with Education, Health and Care Plans who cognitively can access a mainstream curriculum but require more support in terms of their additional needs.
- 7.6 Currently there are 20 schools that have shown interest in becoming an EMS. Engagement events have been planned in localities in September/October so that interested schools can gain more information before reaching a decision.

Alternative Provision

- 7.7 Following the decision by the Executive in January 2019 to transform the models of AP into an early intervention model, new models have been developed to ensure schools have access to AP at an early stage to minimise the need for permanent exclusion.
- 7.8 Models have been developed based on the following agreed key principles:
- Young people remain part of their local home school community
 - Home schools retain responsibility for young people on AP overseeing engagement and progress

- All children and young people accessing AP are entitled to high quality, full time and relevant education which enables them to fulfil their potential
- AP should be used proactively to personalise the learning programme of young people disengaging from a more traditional mainstream curriculum
- Young people accessing AP should receive high levels of pastoral and learning support and access to a broad social curriculum that prepares them for adulthood
- Young people on AP programmes should have access to qualifications appropriate to their abilities and that wherever possible contribute to Progress 8 performance

7.9 There will not be any significant changes to the existing 2 models of school managed AP in Ryedale and Whitby. However, the new locality models for PRS include an AP offer for Key Stage 3 and Key Stage 4 students, based on:

- Key Stage 3: Partnership model with schools with 2/3 day part time AP provision and the remainder of the curriculum provided in school. Short term placement and interventions with the expectation that children will transition back into school
- Key Stage 4: AP offer which includes part and full time placements for KS4 and short term interventions

7.10 The new models from September 2020 will provide 162 full time places across the county and Head Teachers will be responsible for managing the capacity versus demand in liaison with the PRS Head Teacher and the Local Authority.

7.11 The current Pupil Referral Services remain central to the delivery of the new AP models and in 2 areas the PRS will also be responsible for leading the delivery of the secondary SEMH enhanced model in identified mainstream schools, Hambleton/Richmondshire and Scarborough.

Specialist Provision

7.12 The local authority has been successful in securing a special school in Selby through the last wave of DfE free school applications.

7.13 The proposed school will be for up to 100 pupils aged 3 to 19 with needs in the areas of communication and interaction and/or cognition and learning needs. Communication and interaction needs will include speech language and communication needs and Autism. Cognition and learning needs will include moderate and severe learning difficulties. Some children and young people may have related social, emotional and mental health needs but this will not be their primary need. Children and young people placed at the school will have an Education, Health and Care Plan and will have been assessed as requiring this type of school.

7.14 The school will be a free school. Free schools are state funded academies which are outside Local Authority control and are operated by academy trusts. They have more control over how they operate, for example they do not have to follow the national curriculum. They are held accountable through OFSTED inspections and exam results.

- 7.15 There is no opening date set for the school at present. The Department for Education (DfE) has indicated that they do not anticipate that any of the special free schools in the current wave will open before September 2021.

Mowbray School (Ripon)

- 7.16 Approval was given in March 2019 for the creation of a satellite provision for Mowbray School on the site of the former Moorside Infant School in Ripon. This will be known as Mowbray School (Ripon)
- 7.17 Mowbray School (Ripon) will open in January 2020, initially with 20 places, rising to 30 from September 2020 and 40 from September 2021. The satellite will have capacity for 60 pupils when fully developed.

Education of Children with Medical Needs

- 7.18 The local authority is currently undertaking a public consultation on a new model to provide education for children with medical needs who are unable to attend school.
- 7.19 Currently this provision is commissioned from the Pupil Referral Service (excluding Scarborough) and the primary SEMH enhanced mainstream schools.
- 7.20 The consultation recommends proposals to increase the range and amount of education provided and ensure that this offer is open to all who may require it at any stage in their education. The new proposed provision is a central based medical education service under the leadership of a nominated officer within Inclusion.
- 7.21 The proposals offer an increased amount of education and range of options, including digital solutions, personal home tuition and group education. This is to enable a flexible, bespoke package to be created for each child and agreed at a meeting with pupils, their family, health professionals and schools to ensure a pupil and family-centred approach that reflects the child's needs. Regular review will ensure that the right package continues to be in place, with steps taken to encourage reintegration as soon as possible.
- 7.22 The proposed service would also be available to children with special educational needs and disabilities that have an additional medical need and that attend special schools, are in post-16 education or are in education with an education, health and care plan up to the age of 25.

8.0 BUILDING CAPACITY IN MAINSTREAM SCHOOLS TO MEET THE NEEDS OF CHILDREN WITH SEND

- 8.1 The local authority is working closely with mainstream schools to further develop capacity and expertise in working with children and young people with SEND. Developments include:
- On line Directory of CPD detailing the range of training available, calendar, providers and cost

- Roll out of Pivotal Education training across the local authority, heavily subsidised for Year 1 by the local authority. Pivotal is a relationship based model of managing behaviour.
- Planned SEND Conference in April 2020 to share good practice in schools of Inclusion

8.2 The finalisation of the Early Help Strategy and Ladder of Intervention provides a structured framework for schools and settings to meet the needs of children and young people they are concerned about, involving other agencies as appropriate. The strategies are being formally launched this month.

9.0 HEALTH SEND DEVELOPMENTS

9.1 CCGs have recruited a new Designated Clinical Officer from April 2019 and this is having a positive impact, particularly in terms of:

- Support to clarify issues around consent for EHC assessments with Health providers
- Case management of national trial Tribunals
- Support to drive up quality of EHC Assessment Health advice – a one page guide on “Dos and Don’ts” have been written by the DCO and circulated to all Health providers.
- A named contact to ensure advice given by health professionals is accurate and correct in terms of SEND
- A lead role in contributing to the Self Evaluation of SEND and Ofsted preparations
- Development of central contacts across CCGs and Health providers for EHC notifications and Tribunal notification almost completed.
- Health SEND Networks are providing a useful forum to discuss and resolve

AUTISM ASSESSMENT PATHWAY

9.2 There have been recent changes to local commissioning arrangements affecting the Hambleton, Richmondshire and Whitby and Scarborough Ryedale CCG areas.

9.3 After a temporary closure due to high demand, Hambleton, Richmondshire and Whitby CCG has re-opened for referrals at the beginning of July 2019.

9.4 The CCGs have been working with the provider, Harrogate and District NHS Foundation Trust (HDFT), to develop a new model to reduce the current waiting time for an assessment in both Hambleton, Richmondshire and Whitby CCG and Harrogate & Rural District CCG. This has involved redesigning the way in which an autism assessment is carried out, moving from the standard ‘one size fits all’ approach to a more ‘tailored’ approach, selecting and adapting those autism assessment tools which are the best fit for each child’s needs. This transformational model will ensure a sustainable service going forward while continuing to deliver a NICE quality service.

- 9.5 It has also been agreed that a Waiting List Initiative will commence on 1st August 2019, to allow HDFT to clear 20% of the backlog by September 2019 and the whole of the backlog on the waiting list by July 2020.
- 9.6 Harrogate specialist children's team remain committed to supporting delivery of post diagnostic support to parents and have reported a potential peak of diagnoses during October due to the waiting list initiative. Communications are in place with NYCC to ensure joint discussions regarding the management of demand and parental expectation.
- 9.7 For Scarborough Ryedale CCG the previous Provider York Teaching Hospital NHS Foundation Trust (YTHFT) gave notice on the Children's Behaviour service (which included Autism diagnostic service). An exercise was completed to appoint a new provider. The Retreat is now the Provider for Children's Autism diagnostic service for the Scarborough locality. The approach is new and allows families a choice in an online service or face to face consultation.
- 9.8 Post diagnostic support remains a key area for further development across partners.

10.0 TRANSITIONS

- 10.1 Transitional arrangements for young people with SEND has been reviewed across Children and Young people's Services and Health and Adult Services.
- 10.2 Joint working between HAS and CYPS social workers starts when a young person reaches 16 years so that transitional arrangements are in place by the young person's 18th birthday. In some complex cases, joint working may be initiated at an earlier stage to ensure there are fully agreed arrangements for how need will be met as the young person reaches adulthood.
- 10.3 Progress against the new arrangements are overseen by a joint HAS/CYPS Governance Group and will be subject to Post Implementation Review in December/January 2019.

11.0 PROGRESS AGAINST OFSTED INSPECTION

- 11.1 Encouraging progress has been made in terms of the 2016 Local Area SEND Inspection. However analysis of recent inspection reports from other areas have shown a focus on particular areas of the reforms including:
- Early identification and support
 - Monitoring of outcomes of children and young people with SEND including attendance and exclusion
 - Extent of parent/carer engagement and co-production and satisfaction
 - Joint commissioning arrangements between local authorities, health and key partners
 - Quality and timeliness of Education, Health and Care Plans and reviews
 - Engagement of health and care in the statutory assessment process

- Transitions
- Educational provision

11.2 Currently the Self Evaluation for North Yorkshire is being updated for the 19/20 year and additional working groups are being established to focus on areas that require strengthening including:

- Participation and co-production with parents/carers, children and young people
- Joint Commissioning arrangements
- Attendance of children with SEND

12.0 RECOMMENDATIONS

12.1 It is recommended that:

- The progress in terms of SEND Developments is noted and areas requiring further information identified for presentation at a future meeting, if required
- A further report on performance against the Local Area Inspection Framework is presented in September 2020.

BACKGROUND DOCUMENTS

Send Strategic Plan 2018-23

Local Area SEND Ofsted Reports

DfE SEND Statistical Releases

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1 November 2016

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Northallerton
North Yorkshire
DL7 8AD

Mr P Rooney, Interim Chief Operating Officer, Cumbria CCG
Ms R Potts, Clinical Commissioning Group Chief Officer, Vale of York
Mr S Cox, Clinical Commissioning Group Chief Officer, Scarborough and Ryedale
Ms A Bloor, Clinical Commissioning Group Chief Officer, Harrogate and Rural
Ms J Probert, Clinical Commissioning Group Chief Officer, Hambleton, Richmondshire and Whitby
Ms S Pitkethly, Clinical Commissioning Group Chief Officer, Airedale, Wharfedale and Craven
Ms J Le Sage, Local Area Nominated Officer

Dear Mr Dwyer

Joint local area SEND inspection in North Yorkshire

From 27 June to 1 July 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of North Yorkshire to judge the effectiveness of the area in implementing the reforms for children and young people who have special educational needs and/or disabilities as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with team inspectors including an Ofsted Inspector and two children's services inspectors from the CQC. The lead inspector also conducted a further visit to the local area on 3 and 4 October 2016 to gather additional evidence. This necessarily significantly delayed the publication of this letter.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, representatives of the local authority and National Health Service (NHS) officers. Inspectors visited a range of providers within the local area and spoke to leaders, staff and governors about how they are implementing the

reforms for children and young people who have special educational needs and/or disabilities. They also met with parents and carers at the settings and held an online webinar for other parents and carers to gather their views. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors also met with leaders from the local area for health, social care and education, and reviewed performance data and evidence about the local offer and joint commissioning. During the additional visit in October, the lead inspector visited two out-of-area settings to meet with leaders, governors, children and young people, parents and carers. An online webinar was also held for other parents and carers whose children attend out-of-area settings to gather additional evidence.

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

Main findings

- There is an ambitious culture which is beginning to empower change at all levels of the workforce. Leaders are aware of strengths and areas for development. They focus support and resources where they are most needed.
- Early identification of needs is a strength of the local area's work. A new referral system is saving time and speeding up the initial accurate assessment of needs.
- The needs of children and young people are supported well through effective outreach work from special schools and enhanced mainstream schools (these are schools which have additionally resourced provision for children and young people who have special educational needs and/or disabilities).
- The large majority of education, health and care plans evaluated by inspectors were strong and effectively supported the progress of children and young people.
- Transition arrangements between settings are effective, ensuring that children and young people have a settled start in new places of learning.
- The differences in outcomes in the early years, key stage 1 and key stage 2 between children who have special educational needs and/or disabilities and their peers are wider than the national averages.
- The local offer does not give parents and carers or professionals a comprehensive understanding of the support available in the local area; this needs further development.
- The joint commissioning of support and services between education, health and care agencies is at an early stage of development and requires further improvement.
- Not all areas have a range of post-19 opportunities for young people to continue their journey to adulthood.

- The support given to families after their children receive a diagnosis of autism is not well developed in all localities. As a result, further improvement is required as it is not yet good enough.
- Although many children and young people's statements of special educational needs have been converted to education, health and care plans, the local area is not currently meeting the required timescales for conversion. This means that not enough children are gaining the advantages brought by the reforms quickly enough.

The effectiveness of the local area in identification of children and young people who have special educational needs and/or disabilities

Strengths

- The early identification of needs is done well. A range of different groups and services help to ensure that children's needs are identified early. The local area has recently formulated a single point of access referral system, ensuring that professionals are guided to the right support service when considering the assessment of additional needs. Professionals indicate that this system is saving time and aiding swifter assessment, because deadlines and procedures have been made clearer.
- Increasingly, different teams and services are working in the same location and this supports the effective identification of needs. Because different services are located together, for example in child development centres or within the new prevention service, discussions can take place more easily and quickly.
- The school nursing service operates flexibly and is able to offer a bespoke service to meet specific local challenges. Examples include supporting the Traveller community or a large army garrison to identify and meet the needs of children and young people who have special educational needs and/or disabilities.
- Special educational needs coordinators in schools are experienced and receive regular, relevant training. This means they are well equipped to identify needs and refer to relevant services for additional assessment.
- New education, health and care plans are mostly completed within the required 20-week time limit. The local area's performance in the completion of plans within timescales is above the national average.

Areas for development

- Some parents feel that their children have to wait until they are of school age before they are supported with an assessment of needs. Leaders have not secured enhanced early years provision in all areas; this provision is only available in one of the six areas within North Yorkshire.

- Education, health and care plans in some areas of North Yorkshire are not closely linked with looked after children's initial health assessments. This can adversely delay the early identification of needs.
- Waiting lists in particular areas (for example in Northallerton) are having a negative impact on access to assessment for speech and language therapy and occupational therapy. The link between frontline health provision and the commissioning strategy for service delivery is not strong enough.
- The local area is in the process of converting those children and young people who have a statement of special educational needs to an education, health and care plan. Although many children and young people's statements of special educational needs have been converted to education, health and care plans, the local area is not currently meeting the required timescales for conversion. This means that some children are not benefiting from advantages brought by the reforms quickly enough.

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

Strengths

- The large majority of education, health and care plans within different settings are strong. The best examples demonstrate effective and timely contributions from education, health and care agencies, with each agency knowing the child or young person well. The plans clearly show that young people and their families are fully involved in planning and designing the provision for additional needs. The plans make clear what the child or young person's aspirations are, along with the wishes of parents and carers. These plans also focus on progress towards challenging targets that can be easily measured.
- Special schools and enhanced mainstream schools throughout the local area provide timely and effective support to other schools. This supports the effective meeting of needs across the local area.
- Additional non-statutory organisations support the wider needs of children and young people. For example, the 'Fuse' theatre group provides opportunities for children and young people to engage in the performing arts for enjoyment and building confidence.
- The prevention service and the family support service work closely to ensure that the needs of vulnerable children and young people with additional needs are met well. This includes young offenders and children who are looked after. For example, a new initiative showed that 62% of looked after, vulnerable young people were diagnosed as having speech and language needs, having previously been undiagnosed.
- Post-16 provision is effective. There are strong links to local colleges and the proportion of young people who have special educational needs and/or disabilities

who go on to further positive destinations when leaving secondary school is similar to the national average.

- Health teams support settings and families to manage health needs across a range of settings, for example speech and language therapy in nurseries, physiotherapy supporting children and young people with motor and coordination difficulties and school nurses supporting families at home with sleep issues and pain profiles. Training for health visitors enables them to provide effective support to children diagnosed with autism.
- Organised specialist focus groups are successful in seeking the views of children and young people. The 'Flying High' group of young people seeks the views of other children and young people across the local area and then meets with council officers to help shape future provision. For example, the group has provided feedback on the quality of education, health and care plans and how effective the local offer website is for young people.

Areas for development

- There has been a large increase in the number of children diagnosed with autism, but the support after diagnosis is not clearly enough set out for parents to enable them to access what they need for their children.
- There is inequity of provision in some localities. For example, there are too few allied health professionals in Northallerton. As a result, waiting times for speech and language therapy are too long and this has a negative effect on outcomes for children and young people.
- The enhanced mainstream school model, which provides specialist support for children and young people who have special educational needs and/or disabilities, is only fully established from primary schools upwards. The same service is not currently available in the early years in most localities.
- Post-19 provision is not well established in all localities. Parents report insufficient places for young people to engage in meaningful activities. There are examples of excellent practice, such as in the personalised learning pathways in some towns. These meet the needs of specific groups of young people in these areas. However, this provision is not available in all parts of North Yorkshire.
- The 0–25 years pathway in health requires further work to ensure that all services continue for young people beyond the age of 19, as some services currently cease at this point.
- Leaders have not ensured that there is a wide awareness of the needs of children and young people across all providers and partners within the local area. Young people informed inspectors, for example, that bus drivers do not always appreciate the additional needs of young people travelling independently.
- Co-production of individual plans with children, young people and their parents or carers is strong. However, co-production is less well developed when

commissioning new services or reviewing existing ones, particularly in health or social care.

- Although the child and adolescent mental health service (CAMHS) is meeting agreed targets, the perception of educational professionals and parents and carers relating to the CAMHS is not positive. The local area needs to ensure that all stakeholders gain a better understanding of the remit and scope of this service.
- The designated medical officers (DMOs) have not identified their strategic priorities, so the impact of their role is unclear. A newly established forum led by a senior commissioning specialist is an opportunity to make improvements here and counter the slow to start.
- There is insufficient clarity about the expectations of all agencies' participation in education, health and care plan review meetings, including providing reports and assessments. Governance arrangements do not carefully monitor the attendance and contribution of different agencies to improving outcomes.

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

Strengths

- The local area's 'closing the gap' strategies are in place, which focus support and resources where the needs are greatest. As a result, outcomes for children and young people who have special educational needs and/or disabilities are improving. Between 2014 and 2015 in key stages 1 and 2, the difference between pupils who have special educational needs and/or disabilities and those without diminished in reading, writing and mathematics. This represents stronger progress from their starting points than for previous cohorts.
- Focused projects in specific areas are demonstrating clear improvement, for example the Whitby Communication Project. Since this project commenced, the proportion of children achieving the expected learning goal in speech and language has improved from 43% in 2010 to 83% in 2015.
- The special educational needs and disabilities information, advice and support service (SENDIASS) provides good support and advice to families of children and young people who have special educational needs and/or disabilities. This results in only a minority of cases needing to go to mediation or tribunal because of effective dispute resolution.
- The North Yorkshire parent and carer forum (NYPACT) provides an important service in reaching out to other support groups. The forum serves as a strategic partner in shaping future provision for children and young people, for example when helping to reshape and redesign the local offer website. The forum meets regularly with council officers and contributes to decision-making committees.
- Discussions with young people demonstrate that their destinations post-16 are well matched to their aspirations. Young people who have managed to secure

post-19 provision also state that their destinations are appropriate to their aspirations.

- The Young and Yorkshire strategy provides increased focus on the needs of children and young people in North Yorkshire, including those who have special educational needs and/or disabilities. This strategy helps to ensure that the needs of these children and young people are a high priority and inform strategic planning.
- North Yorkshire maintains close contact with out-of-area settings that provide education and support for learners who have high levels of need. There is strong evidence to demonstrate that out-of-area settings enjoy effective partnerships with North Yorkshire officers. This ensures that learners' needs are effectively met and that their outcomes improve. For example, young people have clearer pathways into employment and are better prepared for independent living.

Areas for development

- Targets to quickly reduce the remaining differences between the attainment and progress of children and young people who have special educational needs and/or disabilities and others are not ambitious enough.
- The local offer is not well known by parents or carers and does not reflect all provisions available to children and young people. As a result, those needing support do not have a clear understanding of the availability of services within the local area.
- There are several long-term plans and strategies in place to help meet the requirements of the special educational needs and/or disabilities reforms. In most cases, these have only recently been established. The impact of plans is yet to be realised in most cases. Plans are not effectively communicated with parents, so some parents remain anxious, for example about post-19 provision. Leaders in the local area do not have a thorough understanding of parents' and carers' views.
- Joint commissioning between education, health and care agencies is not yet good enough. The establishment of a commissioning unit for health provides an opportunity to work together more closely on future projects.

Yours sincerely

Ian Hardman
Her Majesty's Inspector

Ofsted	Care Quality Commission
Cathryn Kirby Regional Director North East, Yorkshire and Humber	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services (North), Children, Health and Justice
Ian Hardman HMI, Lead Inspector	Jan Clark CQC Inspector
Ian Chambers Ofsted Inspector	Lucy Harte CQC Inspector
	Lee Carey CQC Quality Assurance

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