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Corporate Director – Children and Young People’s Service  
North Yorkshire County Council  
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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**

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