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Ms Amanda Hatton  
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Phil Mettam, Accountable Officer, Vale of York Clinical Commissioning Group  
Jessica Haslam, Local Area Nominated Officer, City of York Council

Dear Ms Hatton and Mr Mettam

### **Joint area SEND inspection in York**

Between 9 December 2019 and 13 December 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of York 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 from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, as well as local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders from the area for health, social care and education. They reviewed performance data and evidence about 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 weaknesses in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group 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**

- Since 2014, the area has made too little progress in implementing the disability and special educational needs reforms. As a result, children and young people's needs are not identified, assessed and met in a consistently effective way.
- The area's evaluation of its own effectiveness identifies strengths and improvement priorities clearly. However, it does not acknowledge the need to increase understanding of co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all) or the value of joint commissioning. Leaders' plans for the implementation of their aspirations are underdeveloped.
- Services are not commissioned jointly in a way that is responsive to children, young people and families' needs. The area does not have a strategic understanding of children and young people's starting points and the arrangements for planning and delivering services are weak. Until recently, there was no systematic analysis of the impact of jointly-commissioned services.
- 'Tell it once' is not embedded within health. Parents have to tell their child's story over and over again to different health professionals.
- Oversight of health services in the area is poor. There are no agreed specifications for some services and service activity is not monitored routinely. This means that leaders cannot be assured that children and young people's needs are assessed and met effectively.
- Partner agencies miss key opportunities to identify, assess and meet the needs of children and young people through integrated working. For example, they do not carry out integrated checks on children aged two to two-and-a-half. The health assessments for children looked after are not completed in a timely manner.
- Co-production is not sufficiently embedded in the area's approach to improving the outcomes that children and young people with SEND achieve.
- Education, health and care (EHC) plans are variable in quality. There is a significant difference in professionals' experience of being included in the EHC assessment process. Leaders and parents find some EHC plans are far too long and difficult to read.
- Families' experience of education, health and care services working together varies widely and is too dependent on individual professionals and settings. This variability was exemplified by one parent who said, 'EHC plans are all E, with no H or C'.
- The area's local offer fulfils the requirements outlined in the SEND code of practice. However, many parents are unaware it exists and some have not

accessed its contents. The recently appointed local officer is addressing this issue through initiatives such as the local offer bear (who visits schools and settings) and the local offer Twitter account.

- Recent improvements to social, emotional and mental health (SEMH) needs services, including the introduction of the crisis team and the development of the school well-being service, are meeting some children and young people's needs well. However, waiting times for child and adolescent mental health services (CAMHS) interventions, although reducing, remain too long.
- Leaders have created a culture that promotes innovation and supports the development of services in response to identified issues within the area. A broad range of educationally-focused projects and growing numbers of supported employment opportunities demonstrate leaders' aspirations to improve support and services for children and young people in York.
- Parents and practitioners are highly complimentary about the portage service (a home-visiting service for pre-school children and their families). Portage is reported to be easily accessible, responsive and supportive.
- Children and young people, families and special educational needs coordinators (SENCOs) value the expertise and input of the professionals who work in the specialist teaching service highly.
- Academic outcomes for children and young people with SEND are generally above the national average for similar pupils, and improving. This is despite the below-average attendance of this group of children and young people, both those with EHC plans and those receiving SEND support.
- York independent living and travel skills training (YILTS) is very well established in the area. Since 2014, 230 children and young people have become independent travellers because of this high-quality support.
- The area's plans for improving preparation for adulthood outcomes are recent and, as a result, are not understood widely. While employment opportunities for young adults with a learning disability are improving, too few learners move into adulthood with a clear plan. Leaders have a strategic priority to simplify pathways into adult life for those who may need adult social care. This ambition is recent. A number of pathways are not working well currently.

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

### **Strengths**

- SENCOs from early years, primary and secondary schools and settings value the termly forums for professionals. SENCOs hear from expert, multi-agency colleagues, share good practice with each other and are kept up to date with

statutory requirements. Their ability to identify children and young people's needs at an early stage is enhanced by attendance at these forums.

- Responding to an identified need for increased knowledge of autism spectrum disorder (ASD), the area provides a two-day training opportunity for professionals, including teachers and teaching assistants, on a termly basis. Attendance increases professionals' understanding of this group of children and young people's needs.
- Specialist health pathways for children under five years old are clear and provide equality of access. The strong, multidisciplinary arrangements include speech and language therapy and the community paediatrician. Waiting times on these pathways are within national guidelines.
- The area ensures that children and young people's needs are promoted through a comprehensive early help offer. A café, the '4 Community Café', within a local school engages vulnerable parents successfully and, as a result, barriers to working with multiple agencies are reduced.

### **Areas for development**

- Area leaders do not have effective and integrated systems to identify children and young people's needs across the population. This limits their ability to commission, plan and provide services in a needs-based way.
- Some referral processes and systems, for example referrals made by general practitioners to specialist services such as CAMHS and the community paediatrician, are slow and unclear. They add to the delays experienced by parents. As a result, the identification of some children and young people's needs is not timely enough.
- There is too little joined-up work between the agencies operating in the area. For example, the developmental review for children aged two to two-and-a-half years is not purposefully integrated. Valuable opportunities are missed for education, health and care professionals to work together for the good of the child.
- In York, parents have to tell their child's story repeatedly, including in the same organisation. The 'tell it once' approach, which is at the heart of the SEND reforms, is not well embedded across education, health and care services.
- Some parents told the inspectors that they find it difficult to have their voice heard and their views taken into account when talking to education, health and care professionals. Parents said they had to be 'pushy' and 'dogged' to ensure their child's needs were identified and supported.
- Access to CAMHS is an ongoing concern. Initial assessment and intervention waiting times, although reducing, remain too long. This is despite changes made to the service by the Tees, Esk and Wear Valleys NHS Foundation Trust and short-

term waiting list initiatives which are not having a sustained impact on improving access to this service

- The area's arrangements for identifying, assessing and meeting children and young people's speech, language and communication needs are not timely. Recent initiatives and the introduction of the speech and language service into the youth offending team are beginning to have a positive impact.

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

### **Strengths**

- Children with SEND in the early years benefit from effective transitions into schools and settings that meet their needs appropriately. Early years practitioners, teachers, SENCos and health professionals work together to ensure that children start school ready to learn.
- Professionals and parents value the support and expertise provided by the portage service. The portage offer is accessible. It is responsive to the needs of individual children. Portage has a powerful impact on the well-being of parents. A parent told an inspector that the beauty of portage is that children in York 'do not need a diagnosis to access it'.
- Education and health support services deliver a wide range of training and coaching in the local area. For example, the community children's nurses provide parents and professionals with training to meet children and young people's complex healthcare needs. This work is of great worth.
- Meeting children and young people's social, emotional and mental health (SEHM) needs is of high priority across the area. The recent introduction of a wider SEMH offer, including the school well-being service, the online counselling platform and the crisis mental health telephone service, has been a welcome improvement. However, there is still work to do to achieve an effective and integrated offer of support.
- YILTS is a long-established service for children and young people between the ages of 11 and 25 in York. The service provides personalised support which enables children and young people with SEND to travel to schools and settings independently, instead of by taxi. Parents, after initial anxieties and concerns when their child first starts the training, are overwhelmingly positive about the work of YILTS.
- Some social care pathways are co-produced well with parents. They enable 100 hours of community-based short breaks without the need for assessment by social care. Parents value highly the area's short breaks offer.
- The local offer online meets the requirements of the SEND code of practice. Some parents find the videos of young people who live locally and have moved on from

schools to the next steps in their lives useful. The local offer has improved incrementally in response to feedback over the past few years. However, many parents are unaware of its existence. The local officer is beginning to increase families' knowledge of the local offer through initiatives such as the local offer bear and the local offer Twitter account.

## Areas for development

- Strategic co-production is weak. The area has not embedded co-production in its approach to improving the outcomes that children and young people with SEND achieve. For example, health services often seek children and young people's and parents' views on services provided retrospectively, rather than through true co-production.
- Despite recent improvements, there are gaps in joint commissioning by education, health and care to meet children and young people's needs. As a result, too many children and young people's needs are not met well.
- The quality of EHC plans is variable. Some are concise, informative and have contributions from education, health and social care professionals. Others are overly-long and incomplete, with up-to-date and relevant information missing. The team that manages the EHC plan processes and systems is working to improve this practice. They are responsive to the need to improve.
- Health's contribution to EHC plans is systemically weak. The quality of EHC plans is variable because advice from health is either not requested, insufficient in content or out of date. Oversight of the health contribution is limited.
- The area does not ensure that the health needs of children and young people who are looked after are met in an integrated way. Initial and review health assessments are not completed in a timely manner. They are not coordinated with the EHC plan processes.
- The activity and performance of health services is not managed well. Some health services do not have clear specifications about what they are going to provide. There are inconsistencies in the monitoring of health service performance, including the collection of data to benchmark the services that children and young people receive. As a result, leaders do not know if health services are meeting needs.
- The area has not ensured that the transition between primary and secondary schooling for children and young people with SEND is seamless. On occasion, emergency annual reviews occur midway through Year 7 to ensure that the provision for the child or young person is meeting their needs.



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

### **Strengths**

- There are examples of innovative practice in response to issues identified in the area. For example, education identified and addressed a concern about the large number of children and young people with SEND who are electively home educated. As a result of their actions, the number of children and young people with SEND who are educated in this way has halved within a very short period of time.
- The area is addressing the wide gap in children's speech, language and communication skills across the city through the early 'Talk for York' initiative. Although practitioners are very positive about this work, it is too early to measure its impact.
- Generally, in York academic outcomes for children and young people with SEND are above the national average for others with similar needs and starting points. For example, young people with SEND in York achieve standards above the national average for young people with SEND at the end of key stage 4. In 2019, 40% of the young people receiving SEND support in York achieved a GCSE grade 4 or above in English and mathematics. This was 10% above the national average. Area leaders analyse achievement data thoroughly. Their key priorities include improving the outcomes children with SEND achieve at the end of the early years and key stages 1 and 2.

### **Areas for improvement**

- The area's evaluation of its effectiveness is not incisive enough. Although a broad range of development priorities have been identified by leaders, joint commissioning and co-production have not been given sufficient attention or importance.
- Strategic oversight of education, health and care services is not well embedded across the area. The analysis of the needs of children and young people with SEND is not established. The services that are delivered by the area do not reflect the needs of children and young people consistently well. Children and young people's views, alongside those of their parents, are collected in a number of ways. However, they are not collated and analysed to inform effective joint commissioning.
- Strategic leaders in education, health and care acknowledge the shortcomings in their understanding of each other's data. The area is at a very early stage of developing an integrated data set to capture important information about children and young people's outcomes.

- Young people, parents and school and college leaders understand that wider preparation for adulthood aspirations and pathways are not understood well, beyond routes through education to employment. Within the area, planning does not support young people to understand opportunities for housing and support or participate fully in their local community.
- Children and young people with SEND, either with an EHC plan or receiving SEND support, do not attend their schools and settings often enough. This is one of the area's key priorities for improvement.

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

Area leaders are required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following significant weaknesses:

- A lack of cohesive oversight of, and effective planning for, the implementation of some key aspects of the 2014 reforms, particularly by health partners.
- Joint commissioning of services based on analysis of SEND is not established in accordance with the expectations of the 2014 reforms.
- Children, young people and families are not involved consistently in co-producing the education, health and care services they need.
- The inconsistent quality and contribution of health partners and the poor utilisation of health information in EHC assessment and planning.

Yours sincerely

Belita Scott  
**Her Majesty's Inspector**

| <b>Ofsted</b>                      | <b>Care Quality Commission</b>  |
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cc: Department for Education  
Clinical commissioning group  
Director Public Health for the local area  
Department of Health  
NHS England