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Paula South, Clinical Commissioning Group Chief Officer

Ronnie Hartley, Local Area Nominated Officer

Dear Mr Rush and Ms South

Joint area SEND inspection in East Riding of Yorkshire

Between 11 and 15 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of East Riding of Yorkshire to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including one HMI and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were 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 for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning. The inspection team considered 333 responses to Ofsted's online survey for parents, and 39 emails or letters received from parents, young people and local community SEND groups.

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 (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

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.

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

Main findings

- There are long-standing and systemic weaknesses in the area's provision for SEND. These weaknesses predate the pandemic. There is an acute shortage of suitable school places for children and young people who require specialist provision. The system for education, health and care (EHC) plan assessments and annual reviews does not function effectively. Too many children and young people do not get the support they require.
- Area leaders, whose appointments bookend the pandemic, know what needs to be done. They have implemented a detailed plan to address the weaknesses in the SEND system. There are emerging signs of recovery. The East Riding of Yorkshire Council has endorsed area leaders' plans. During the inspection, the council met to commit substantial funding to enable leaders to push on with their plans.
- Overwhelmingly, parents and carers who responded to Ofsted's survey or communicated with the inspection team describe the experience of getting the provision to which their child or young person with SEND is entitled as a fight. Some parents and carers have lost faith in the area's ability to meet their child's or young person's needs. Some parents and carers are in despair.
- There is some strong specialist education provision in the East Riding of Yorkshire. The needs of those who secure a place in a specialist setting, either a special school or an additional resource provision in a mainstream school, are met well. Children and young people, and their parents and carers, report high levels of satisfaction with specialist provision.
- The EHC plan process is not strong enough. Area leaders have acted to improve the timeliness of statutory assessments. However, the quality of the resulting EHC plans is too variable. The contribution of health and social care teams to EHC plans is inconsistent and, at times, weak. Leaders know that the timeliness of annual reviews of EHC plans is not good, but plans are in place to make improvements. There are some delays in ensuring that children and young people's needs are met.

- Area leaders listen to the voice of parents and carers, children and young people, and voluntary groups. However, over time, there has been a breakdown in trust between the parties involved in co-production. There is work to be done to rebuild trust between partners and to establish effective co-production processes.
- There is some effective joint commissioning between services, especially health and social care, including adult social care. There is less joint commissioning activity involving education. As a result, area leaders are not certain about what commissioning activities are taking place in schools. They have plans to address this.
- Some gaps in health service provision were identified, for example speech and language therapy. Consideration should be given to addressing service gaps through effective commissioning arrangements, thereby preventing the potential for unmet need.

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

Strengths

- Early years providers work well with area special educational needs coordinators (SENCOs) and the health visiting team to identify the needs of young children. This work is supported by effective joint working with a range of specialist partners. Consequently, providers take prompt action to support children with SEND.
- The Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS) is a vital resource for parents and carers. Often, parents and carers who use SENDIASS describe how they have relied on the guidance of the service to help them navigate what feels to them to be an incomprehensible system. SENDIASS helps parents and carers to get to the right people – the people who can make decisions and provide support.
- There is a strong partnership between health visiting and midwifery, and specifically the 'screening' midwives, in all regional hospitals. Mothers who have infants with SEND are identified in the prenatal period. This enables early referrals to children's centre support and early help provision. Health visiting and school nursing provide an effective 0–19 service, with some health visitors continuing to provide effective care for children up to the age of 11.
- The sensory impairment team become involved with children with hearing impairment from six weeks old. The same teacher supports them when they attend education settings. Families appreciate this continuous support.
- Some children and young people have their social, emotional and mental health (SEMH) needs met through a partnership approach between education, care and

health. Early help workers offer low-level interventions in schools and further education settings, and work with police and youth offending services. This has a positive impact on children and young people as they access support early.

- Some neurodiversity practitioners are trained to complete assessments for autism spectrum disorder (ASD), attention deficit and hyperactivity disorder (ADHD) and sensory processing disorder as a combined process. Helpfully for children, young people and their families, this means that a child can be dually diagnosed in one single assessment process.

Areas for development

- Of the parents and carers who communicated with Ofsted during the inspection, many did not know whom to go to for advice and support. Parents and carers are often grateful for the help and advice of individual professionals. However, many describe deep frustration at the constant turnover of personnel and the difficulty in securing decisions and support. Often, parents and carers rely on SENDIASS to advocate for them, such is their difficulty in accessing the system. They feel that children's and young people's needs have to reach crisis point before any action is taken to identify their needs. However, leaders' plans include actions to improve parents' and carers' access to information.
- The area has increased the number of EHC plan coordinators to support the EHC plan process. This has improved capacity for the identification of need through the statutory assessment process. However, some school leaders and parents and carers correctly express concern about the consistency of the support and guidance they receive. At times, the identification of, and provision for, need are not accurate. School leaders are confident that area leaders understand the challenges and have a plan in place to improve the situation.
- School leaders have not been able to access prompt specialist SEND advice from the area consistently. For instance, the educational psychology service is stretched. School leaders value the support from the speech and language therapy (SALT) service and school nursing services. However, limited availability is causing delays for some children and young people in accessing the support provided by such services.
- Children in the East Riding of Yorkshire with neurodiverse needs wait too long to be seen by clinicians. The area, in co-production with stakeholders, children and their families, is developing a new strategy offering a single 'front door' for all ADHD and ASD services. As yet, their implementation plan is in its early stages and it is too soon to measure its impact.
- Parents and carers report that their children and young people are waiting too long to be seen by the child and adolescent mental health service (CAMHS) and the neurodiversity team. While the core CAMHS offer is compliant with National Institute for Health and Care Excellence (NICE) requirements, there remains a long wait for the neurodiversity pathway. Leaders have plans for new processes

and pathways, although there is work to do to communicate this development to families more effectively. Leaders recognise that this is an area for further work, especially against a backdrop of national challenges for the recruitment of clinical psychologists.

- There are gaps in the provision of therapies. The service specification for therapies has not been renewed since 2011. It does not reflect the changing health landscape. For example, there is no cohesive strategy to support speech and language development and, without this, the existing provision of SALT is unsustainable. Support from occupational therapy is only available to those children and young people with the most complex health needs. This gap in support means that there is a cohort of children and young people without an appropriate identification of their needs.

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

Strengths

- In specialist and resourced provision, the needs of children and young people are met well. They benefit from nurturing environments and therapeutic programmes that support their learning. Many children and young people, previously disengaged from education as a result of unmet needs, are now fully engaged in specialist school life. Children and young people talked about the transformative effect of this support on their education and well-being.
- There are emerging signs that school and college leaders have greater confidence in the area's plans to build capacity and increase sufficiency. They have seen evidence of increased investment in specialist provision, such as the substantial financial commitment to expanding special school accommodation planned for 2022. They are aware of the imminent appointment of new staff and of an increasing momentum of improvement. However, many of these developments are at a very early stage.
- Young children with emerging and existing needs access portage. They benefit from holistic and extensive assessments to ensure their needs are fully identified and met.
- Some children and young people speak positively about their involvement in the area's work to develop SEND provision, and the opportunities they have had to speak with members of the Government. They welcomed the activities of the 'Superstars' and 'Hear Me Out' groups during periods of COVID-19 restrictions. Children and young people in school and college settings who spoke with inspectors largely speak positively about their experiences and the support they receive in school or college.
- The area is working to reduce the waiting times for CAMHS. The intensive home treatment team has developed pathways to reduce hospital admissions, support

early discharge from hospital and support those children at anticipated risk of admission to hospital. This means that young people's immediate needs are met in the community where possible. There are new ways of working to ensure that children are signposted to the appropriate service. It is too early to evaluate the impact of this initiative.

- A newly commissioned occupational therapy post is in place in the adult social care team to help children and young people who require a safe space to support their behavioural needs at home. This means that children's and young people's, and their families', safety at home is improved.

Areas for development

- There is insufficient SEND provision in the East Riding of Yorkshire to meet the needs of children and young people, particularly for those with SEMH needs and ASD. This has been a problem for a number of years. It has led to a reliance on out-of-area placements for some families, necessitating long travel distances every day. Some children and young people only receive a few hours of home tuition each week. This home tuition is in place for many months for some because a suitable school place cannot be found. These are challenges of which area leaders are acutely aware. They have rightly made them part of their priorities for action.
- The area has sought to build the expertise of the EHC plan team, although the recruitment and retention of suitable EHC plan coordinators have been a challenge. This continues to be a priority for leaders. Frequent changes in personnel mean that sometimes, settings, parents and carers are not clear about whom to contact for advice on the statutory assessment process. Some school leaders and parents and carers are rightly concerned that, at times, EHC plans do not accurately describe children's and young people's needs.
- There are significant delays in the completion of annual reviews of EHC plans. Leaders are aware of this and have included actions to address it in their plans. Professionals from health and social care are not suitably represented in the review process. Health targets, when they are included in EHC plans, are generally not achievable, measurable or specific to the child's or young person's needs. This results in missed opportunities to meet the needs of children and young people effectively.
- There are weaknesses in the joint commissioning structure for coordinating the involvement of education with health and care. The process for gathering intelligence about schools' commissioning activity, and placing it within the big picture of joint commissioning, is not as straightforward as it is for health and social care. Leaders know that there is limited joint commissioning activity to support carers, other than short breaks and respite care. Leaders plan to address these identified shortcomings.

- While some children and young people speak positively about the support they have received for their SEND, some report that at times they feel that expectations of what they can achieve are lower than for children and young people with SEND, and that they have to repeatedly tell their story to professionals.
- The wheelchair service for the East Riding of Yorkshire has had, and is having, serious delays with the provision and repair of wheelchairs. The CCG is aware of the problem. However, delays continue. This is having a direct and detrimental impact on the health and well-being of children who use a wheelchair.
- Following an independent review in 2018, the area has improved the offer to children with cerebral palsy. However, the partnership still has some way to go to be compliant with NICE requirements. To do so, the health partnership needs to be commissioned for physiotherapy services, dietetics, continence and sleep therapy, and to offer access to clinical psychology. However, children with complex needs are seen in a timely manner by experienced paediatricians. There is evidence of improvement in the service.

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

Strengths

- In specialist and additionally resourced provisions, pupils receive support that enhances their learning and wider personal development. Effective intervention in early years helps children at the earliest opportunity. These programmes aid pupils in overcoming anxieties and improving their behaviour. Older children acquire essential life skills through programmes that prepare them well for adulthood.
- There are strengths in the education outcomes for children and young people with EHC plans. They achieve well at school. At college, young people with an EHC plan do well in their level 3 courses. Children and young people with EHC plans attend their settings often. Their rates of exclusion are low. The education provision they receive is appropriate to their needs.
- Children with life-limiting illnesses are supported well by close partnership working across local health teams.
- For some care leavers and young people, and those children and young people known to the youth justice system, there is effective work to prepare them for adulthood. Individual plans support young people, for example in seeking employment, commencing supported internships and living independently.

Areas for improvement

- A substantial proportion of pupils with EHC plans are educated in mainstream settings. School leaders describe how pupils with SEND who attend their mainstream settings have needs that are just as significant as those in resourced provisions. As a result, the outcomes for some of these pupils are dependent on the effectiveness of schools in delivering the graduated approach. For some children and young people, their outcomes are limited by the unsuitability of the placement in meeting their needs.
- Pupils with SEND but without an EHC plan and those pupils at SEND support do not achieve as well as they could from their starting points in primary school. Young people at SEND support who attend college do not achieve as well as they could in their level 3 courses. For these children and young people, the provision is not meeting their needs as well as it could.
- The proportion of young people with SEND who are not in education, employment or training is above the national and regional averages. Leaders' hypothesis is that this relates to the impact of COVID-19 on the coastal hospitality industry. Leaders have not commissioned a targeted review to establish whether this is the case, and if it is, what they should do about it.
- Therapy teams measure individual outcomes for the children and young people with whom they work. However, there is limited work to identify or measure any emerging, area-wide themes in this information.

The inspection raises significant concerns about the effectiveness of the area

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following areas of significant weakness:

- the shortage of appropriate school places, especially for children and young people with ASD and SEMH needs
- the experience of children, young people and parents and carers of the EHC plan process, the variable quality of statutory assessments, and the timeliness and quality of annual reviews
- weaknesses in the communication and relationship with the range of groups representing children and young people, parents and carers, and local voluntary groups
- the poor outcomes for children and young people at SEND support attending mainstream provision.

Yours sincerely

Ofsted	Care Quality Commission
Emma Ing Regional Director	Mani Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Steve Shaw HMI Lead Inspector	Claire Mason CQC Inspector
Malcolm Kirtley HMI	

Cc: Department for Education
Clinical commissioning group(s)
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NHS England