

Area SEND inspection of East Riding of Yorkshire Local Area Partnership

Inspection dates: 22 September 2025 to 26 September 2025

Dates of previous inspection: 11 October 2021 to 15 October 2021

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and CQC ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

The commissioning of health services changed across England in 2022. At this time, the responsibility for health services in East Riding of Yorkshire passed to the Humber and North Yorkshire Integrated Care Board (ICB) who took over responsibility from East Riding Clinical Commissioning Group.

Since the last inspection, there have been several changes to senior leadership within the local area partnership. The interim chief executive of the local authority was appointed in November 2023, followed by the permanent appointment of the executive director of children, families and schools in January 2024. The acting chief executive of the ICB was appointed in March 2025.

The local authority operates a tuition service that provides education from the sixth day following a permanent exclusion. It also commissions one registered provision and a range of unregistered alternative provision (AP) for children and young people who are unable to attend school due to medical needs or who require tailored education packages. Some of these provisions are located outside the East Riding local area. In addition, schools independently commission their own AP.

What is it like to be a child or young person with special educational needs and/or disabilities (SEND) in this area?

The experiences and outcomes of children and young people with SEND in the local area are inconsistent. However, progress has been made against the previous written statement of action. Many professionals report positive improvements since the last inspection, led by ambitious leaders and dedicated practitioners. Despite this, some parents', carers' and children and young people's views remain mixed.

Many children and young people with an education, health and care (EHC) plan achieve positive educational outcomes and have high attendance. However, some receiving SEN support in mainstream schools experience variable provision and outcomes. While some benefit from specialist input such as educational psychology, sensory and physical services, and behaviour support, others face barriers to attendance and inconsistent implementation of plans designed to support them. Children and young people who disengage from education do not always receive timely or appropriate help. This inconsistency limits the impact of the local area's SEND provision on the experiences of children and young people with SEND.

The majority of children and young people receive EHC plans in a timely manner. However, the quality of some plans is inconsistent. In some EHC plans, health and social care input is either missing, not requested for annual review or not embedded in the wider outcomes for children and young people.

Children and young people with SEND are assessed in a timely manner as they transition into adulthood. Joint working between social workers and the 'Futures +' team supports early information sharing and relationship building before the age of 18. However, preparation for adulthood is not consistently planned or embedded within some EHC plans.

Children and young people experience long waits for some health services. This includes attention deficit hyperactivity disorder (ADHD) intervention, speech and language therapy, wheelchair provision and cognitive behavioural therapy (CBT). These delays can become a barrier to progress in education and participation in the wider community. However, positive experiences are evident in the sensory service pathway and the 0–19 integrated public health nursing service, where the Healthy Child Programme is delivered comprehensively.

Children and young people with SEND have variable experiences of short break support. The local area has developed its current offer further in response to feedback, and programmes like the Holiday Activities and Food programme have seen an increase in participation. However, some activities remain under used and are not yet fully embedded. Residential overnight short break care is limited for children and young people attending specific education settings. This means not all families are offered overnight support outside the home in line with their assessed needs. Along with their families, children and young people with SEND would like more opportunities to socialise within the local community.

Children and young people with SEND benefit from strong advocacy from the active parent carer forum (PCF). The PCF works collaboratively with other groups, promoting the voices of children and young people with SEND and their families. Despite this, some families feel disengaged from the local area partnership and frustrated by difficulties in accessing appropriate support.

Children and young people with SEND attending AP generally receive appropriate support, including bespoke input from a linked school nurse. However, the need for placements exceeds availability. As a result, some children and young people with SEND are unable to access appropriate support when they need it. A newly introduced multi-agency inclusion panel aims to improve processes and early intervention, but its impact is not yet measurable.

Children and young people with SEND have a voice in the local area. For example, the youth voice group, the young leaders of East Riding (TYLER), with Humber Youth Action, have influenced service improvements through co-production. This includes developing the Humber Connect website that directs families to various health services.

What is the area partnership doing that is effective?

- Leaders across the local partnership are committed to improving outcomes for children and young people with SEND. For example, the development of enhanced provision for children and young people with SEND in mainstream education settings is helping to meet needs more effectively. Many school leaders report that they are valued, listened to and involved in shaping strategy through a variety of engagement opportunities.
- The PCF is a strong advocate for families. Their collaboration with other parent groups and voluntary organisations ensures that lived experiences inform local decision-making.
- The SEND information, advice and support service provides impactful, tailored support to families. Despite rising demand and case complexity, they help children and young people with SEND and their families to navigate the SEND system.
- The 0–19 integrated public health nursing service delivers a robust Healthy Child Programme. School nurses work closely with education to identify and respond to children and young people’s emerging SEND needs through early checks and tailored health input. This leads to targeted support for children and young people with SEND.
- Children and young people with SEND who are on the dynamic support register benefit from enhanced and creative support. The multi-disciplinary team plus model and Humber neuro support service offer flexible interventions for those disengaged from traditional services. This ensures coordinated care for children and young people with autism or a learning disability who are at risk of experiencing a mental health crisis.
- Clear care pathways and multi-disciplinary working across community paediatrics,

physiotherapy, and occupational therapy services improve access to therapy. Specialist nurses play a key role in diagnostic pathways, while the 'Ready Set Go' therapy package offers early developmental support for children showing signs of movement delay.

- Speech and language therapy is fast-tracked for vulnerable children. For example, children in care or those in the youth justice system access timely assessment and intervention.
- A large general primary care practice has significantly improved its learning disability annual health check uptake. This is through a new, inclusive model that accommodates individual needs, offers calm, accessible clinics, and considers safeguarding when appointments are missed.
- Parents groups appreciate the designated clinical officer's (DCO) support. For example, the co-produced medical questionnaire, developed with young people, allows families to help practitioners identify health needs.
- Family help practitioners provide tailored, inclusive, child-centred support in a timely way. 'Team Around the Child' meetings enable effective multi-agency planning and referrals. This helps children and young people with SEND access the right support at the right time.
- Social workers in the children with disability service ensure that disabled children have effective multi-agency plans. They visit disabled children to understand their views and respond swiftly when their assessed needs change. Social workers consider the wider family's needs, including referring siblings of disabled children to a support group led by 'Voices that Influence'.
- Commissioners secure high-quality placements that are well matched to children and young people's needs. They work across services to meet the needs of children requiring residential special schools or children's homes, including those that are out of area.
- Disabled children and young people who move into residential settings out of area are well supported. Social workers make regular visits to monitor children's progress to ensure that they are placed in suitable, safe settings. Social workers also support children and young people to maintain family ties and engage in activities in the community.
- Supporting children and young people with SEND for their next stage to adulthood is carefully and collaboratively planned. Joint social care work between children's and adult commissioners ensures continuity of care beyond age 18.
- Social care 'Futures +' practitioners carry out comprehensive assessment of children and young people with SEND's needs. This informs bespoke care packages. 'Futures +' workers successfully support young people to access education, training, employment and community opportunities as they enter adulthood.
- The local area partnership offers a growing range of supported internships and employment opportunities, such as with Humberside Police. Children and young people with SEND who participate express clear aspirations and strong motivation

for their future. However, there is still work to do to reduce the numbers of children and young people with SEND who are not in education, employment or training.

- Education health care officers and education welfare officers help children and young people with SEND overcome barriers to education. Their multi-agency work improves attendance and supports next steps in education and training for the children and young people who they support.
- Schools value the provision of a range of support services within the local area. Children and young people with SEND in mainstream settings benefit from access to these services, including early years, sensory and physical, special school-led outreach, and behaviour support. This support has a positive impact on children and young people's engagement in school.
- A newly created inclusion panel and revised fair access protocol aims to strengthen early intervention and reduce exclusions. Headteachers and schools are actively engaged in this work.
- The 'Log On, Move On' system has improved the timeliness of EHC plans and annual reviews, and supports the alignment of personal education plans with children and young people's EHC reviews.

What does the area partnership need to do better?

- Some parents feel unsupported and anxious due to their limited understanding of the SEND system and low awareness of the local offer. Some parents and carers say they must challenge the local area partnership to secure timely and appropriate support for their child or young person.
- Some of the local area partnership's initiatives are too new to evaluate, for example improvements to community activities for children and young people with SEND and their families, such as increased library provision. In addition, joint monitoring, analysis, and evaluation processes across education, health and social care are underdeveloped, limiting understanding of impact for children and young people with SEND and their families.
- EHC plans vary in quality. Some annual reviews lack appropriate health and social care input. In addition, some plans omit preparation for adulthood, or misidentify primary needs. This leads to inappropriate support and poor outcomes for some children and young people with SEND.
- Children and young people with SEND face significant waits for autism and ADHD assessment and intervention. Although referral criteria have been refined and non-pharmaceutical support expanded, access to medication and specialist input remains limited due to insufficient capacity. Early pilot plans are underway to reduce waiting times for assessments.
- Delays within the children and adolescent mental health service means many children and young people with SEND wait too long for CBT. This affects their ability to engage in education and community life.

- Children and young people with SEND are negatively impacted by significant delays in wheelchair services. Some wait too long for assessments and equipment, including specialist seating for children and young people with the most complex postural needs. This limits their participation in school and the wider community.
- Children and young people with SEND wait too long for speech and language therapy assessment and intervention. The service has implemented strategies to assess and reduce waits, but current delays limit timely support.
- There is no dedicated enuresis service for children and young people with SEND. While advice is available, families are usually referred to their GP. There is a gap in specialist toilet training support for children with SEND, sensory needs, or neurodevelopmental conditions, meaning that some children miss out on the chance to achieve continence with the right support.
- The geographical area covered by the DCO and Assistant DCO has doubled to include a neighbouring area. The ICB restructure, initiated in April 2025, is partially complete and introduces new roles to increase capacity for support, training, and partnership work in East Riding. These roles include a strategic DCO and a head of SEND, who deliver ICB-wide training and partnership work. It is currently too early to determine the impact of the new roles and the expanded geographical area on children and families.
- The short break offer is limited. Under-utilised community groups and challenges recruiting personal assistants restrict opportunities for children and young people with SEND to develop social and independence skills. Access to residential overnight short breaks away from the home is only available to children and young people who attend two special schools. Short break packages are not reviewed in a timely way when there are significant changes to a child or young person's needs. This impacts negatively on support for families.
- In a small number of cases, disabled children in care do not have placements identified to meet their assessed needs, and placement planning is inconsistent. This has resulted in unplanned endings and unnecessary moves, causing distress and instability for some disabled children in care.
- The provision for children and young people receiving SEN support in mainstream settings is inconsistent. Repeated exclusions and short-lived school placements indicate gaps in transition planning and identification processes for some children and young people with SEND. This disrupts their education and negatively impacts their learning and well-being.
- Mental health needs are a notable barrier to engagement in mainstream school. For example, social, emotional and mental health needs are common among children and young people with poor attendance and those who are not in education, employment or training. Inconsistent support and intervention limit their participation in education and wider life.
- There is currently an insufficient number of special school and AP places. As a result, some children and young people with SEND do not receive timely and appropriate support and education. While sufficiency planning is underway, including proactive development of additional provision in the local area, current

gaps affect some children and young people's outcomes while they wait for appropriate provision.

- Some aspects of quality assurance and monitoring of outcomes for children and young people with SEND in AP are not embedded. As a result, the local area partnership does not have a clear enough picture of whether children and young people are accessing the right provision and are achieving as well as they should.

Areas for improvement

Areas for improvement
<p>The local area partnership should prioritise improving accessibility for children and young people with SEND to healthcare provision. Leaders should focus on implementing recovery plans to reduce waiting times and ensuring children and young people with SEND can access appropriate services while waiting for assessment, diagnosis and therapeutic support. They should:</p> <ul style="list-style-type: none"> • accelerate improvement plans to reduce assessment and intervention waiting times for speech and language therapy, CBT, and neurodevelopmental pathways including ADHD and autism • implement plans to reduce waiting times for wheelchair provision • ensure children and young people with SEND can access a specialist continence service.
<p>The local area partnership should continue to improve the experience and outcomes of children and young people receiving SEN support in mainstream settings by:</p> <ul style="list-style-type: none"> • embedding its recently introduced multi-agency approach to breaking down barriers to inclusion for children and young people with SEND • further exploring and addressing mental health barriers that prevent some children and young people from attending school • continuing to ensure children and young people with SEND can access appropriate support and intervention within their local community.
<p>The local area partnership should continue to improve the quality and consistency of EHC plans by:</p> <ul style="list-style-type: none"> • ensuring all key partners are included appropriately throughout the annual review process • making sure EHC plans accurately reflect each child and young person's primary area of need • embedding health and social care advice effectively • including preparation for adulthood planning consistently, ensuring it reflects the child or young person's aspirations, talents and interests in a timely way.
<p>The local area partnership should improve the inclusiveness and take-up of the short break offer for children and young people with SEND, including overnight stays away from the family home.</p>

The local area partnership should strengthen its monitoring, analysis, and quality assurance processes across education, health, and social care by:

- ensuring all key areas of planning, provision, and outcomes for children and young people with SEND are subject to robust and consistent scrutiny
- further developing a shared and clear understanding of the impact of their work on children and young people with SEND and their families.

Local area partnership details

Local authority	Integrated care board
East Riding of Yorkshire Council	Humber and North Yorkshire Integrated Care Board
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Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including: one Ofsted Inspector from education and one HMI from social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

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