

Joint Strategic Needs Assessment

Special Educational Needs and Disabilities 2nd Edition

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1. Introduction and Overview

The Special Educational Needs and Disability (SEND) Code of Practice (Department for Education and Department of Health, 2015), requires a local area to produce a Joint Strategic Needs Assessment.

This JSNA will consider 0–25-year-olds living in North Yorkshire Local Authority area. The development of the first SEND Joint Strategic Needs Assessment (JSNA) was completed in June 2021. This is the first refresh of the content and as with the 2021 version will help to understand and identify the needs of this population. Also highlighting areas of possible action and inform local priorities.

This JSNA looks at a variety of datasets available for children and young people with special needs and disabilities. Data used will be held within North Yorkshire Council and across health and wider partners. Locally held data will also be combined with nationally published statistics and research materials. We have purposefully ensured that the JSNA informs SEND planning and have avoided including wider data that does not help inform our priorities. It will always be a developing data set and will be refined as part of each triennial refresh.

The JSNA takes into account and reflects the complex health system with three legally responsible Integrated Care Board's (ICB). (NHS Humber North Yorkshire ICB, NHS West Yorkshire ICB and a small part of NHS South Cumbria and Lancashire ICB) alongside several NHS foundation trusts and primary care networks.

The evidence base looks at North Yorkshire intelligence about the prevalence and trends in special educational needs and/or disability. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

The JSNA represents a picture of known data and information available across 2022/23. A key recommendation of the 2021 JSNA was to improve the sharing of data between health, social care and education, and to the develop a joint performance dashboard that we all own. This has been actioned and is in the process of being agreed for Winter 2024.

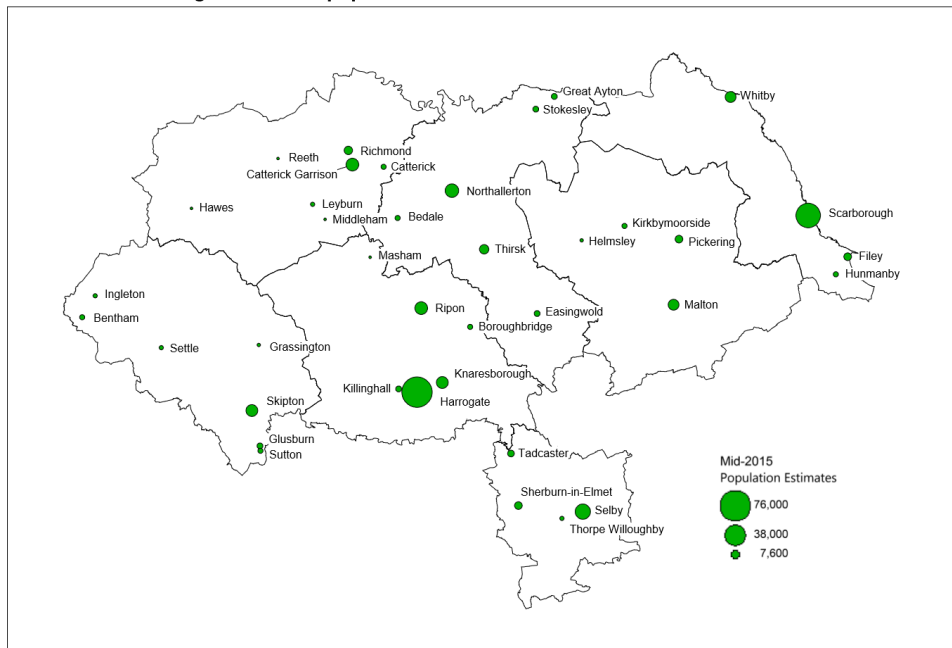
2. Demographics

North Yorkshire is an attractive place to live, work and visit. There is a diverse and dispersed population of an estimated 615,400 people across a geographical area of over 8,000 square kilometres. Large parts of the county sit within two beautiful National Parks and three Areas of Outstanding Natural Beauty. Ninety eight percent of the county is either sparsely (13%) or super-sparsely (85%) populated with just over a third of the population living in these areas. This results in a population density of just 77 people per square kilometre, compared with an England average of 432.

Of the 615,400 people 24.5% are aged 0-24 (England average = 29.2%) 50.5% aged 25-64 (England average = 52.4%) 25.5% aged 65+ (England average = 18.4%)

In general terms, North Yorkshire has a population with long life expectancy and low birth rate.

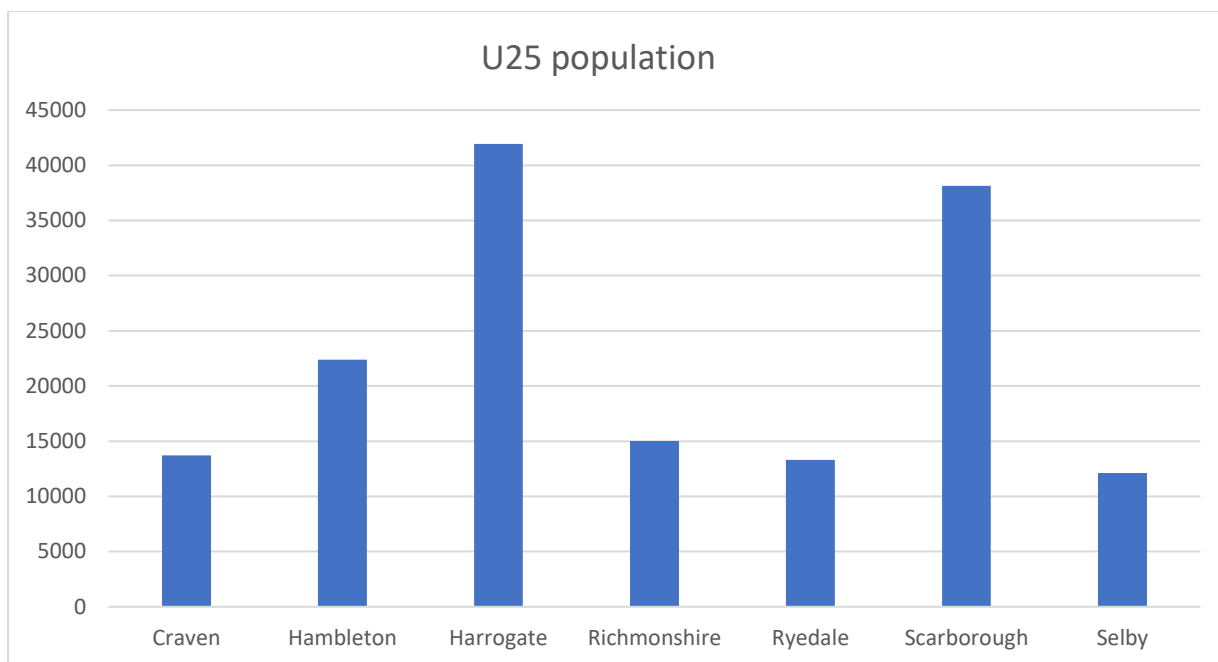
Mid-2015 town & large settlement population estimates



Most recent figures (2022) show that there are 152,198 under 25's living in North Yorkshire, this population reduced by 3% from 2016 with all ages showing a decrease.

Age Group	Male	Female	Total	% Change 2016-2022
Under 1	2,675	2,530	5,205	-11%
Aged 1-4	11,485	10,943	22,428	-10%
Aged 5-9	16,221	15,085	31,306	-6%
Aged 10-14	17,370	16,858	34,228	5%
Aged 15-19	17,412	15,166	32,578	-3%
Aged 20-24	14,463	11,990	26,453	-3%
			152,198	-3%

Approximately half of the U25 population in North Yorkshire live in the Harrogate and Scarborough districts.



In 2018/19 approximately 13.6% of children in North Yorkshire primary schools were known to have a special educational need (SEN) either recorded as receiving SEN Support or having an Education, Health, and Care plan (EHC plan). This was below the national rate of 14.2%. The rate in secondary schools was 9.9%, which was considerably lower than the national rate of 12.4%.

However, the recorded SEN population has been increasing. In North Yorkshire mainstream schools (primary and secondary), the proportion of all children receiving SEN support increased from 10.5% in 2019 to 12.5% in 2023 and those with an EHC plan increased from 1.4% to 2.4% across the same period.

The following chapters discuss some of the risk factors for SEN, the experiences of local children and families alongside the prevalence and outcomes of the SEN population across education, health and care. Each chapter makes recommendations for priorities and suggest areas of action.

2. Predictive Risk and Emerging Need

In order to effectively understand Special Educational Needs and Disabilities (SEND) and plan provision, the ability to identify emerging need at the first opportunity is key. To support early identification, we must understand any predictive risks that may impact on a child's development.

Predictive data can be used with the aim of making predictions about future outcomes, based on historical and current data. Analysing predictive data can generate future insights, supporting us in forecasting trends and future planning that is more responsive to individual child and family needs.

Various studies have identified several risk factors associated with SEND, which we will discuss in this chapter.

1. Adverse Childhood Experiences

- 1.1 Deprivation
- 1.2 Abuse and Neglect
- 1.3 Maternal Mental Health
- 1.4 Maternal Alcohol and Substance Misuse

2. School Readiness and Emerging Need

- 2.1 Predictive Factors for School Readiness
 - 2.1.1 Maternal Age at Delivery
 - 2.1.2 Smoking During Pregnancy
 - 2.1.3 Birth Weight
 - 2.1.4 Breastfeeding
- 2.2 Ages and Stages Questionnaire (2 – 2.5-year developmental check)
- 2.3 Early Years Foundation Stage

3. Conclusions and Next Steps

1. Adverse Childhood Experiences

A huge amount of research has taken place over the last decade with regards to the effects of Adverse Childhood Experiences (ACEs) and how these impact on a child's development, educational outcomes and long-term health. Adverse Childhood Experiences is the term used to describe stressful situations that children may experience; Domestic violence, Drug/alcohol misuse, Familial mental health issues, Physical abuse, Sexual abuse, Emotional abuse, Neglect, Separation, loss, and imprisonment of a family member. Much of the research into Adverse Childhood Experiences originates from the USA, however, there have been a number of UK studies which have mirrored these findings and associated risks.

Figure 1 Prevalence of Nine Adverse Childhood Experiences (ACEs) Among US Children Ages 0–17, By Selected Characteristics, 2011–12¹

ACE's	Child has chronic condition and/or special needs	Child shows resilience
No ACE's reported	14.6%	71.7%
At least 1 ACE reported	20.3%	62.9%
2 or more ACE's reported	31.6%	54.6%
Individual ACE's		
Experienced extreme economic hardship	26%	54%
Parents divorced or separated	28.8%	59.1%
Lived with someone with alcohol or drug problem	31.7%	55.1%
Witnessed or was victim of neighbourhood violence	37.1%	50.5%
Lived with someone who has a mental health condition	37.6%	54.6%
Witnessed domestic violence	34%	50.5%
Parent served time in jail	33.5%	51.5%
Treated or judged unfairly due to ethnicity/race	30.1%	56.1%
Death of parent	30%	53.9%

The chart above shows a clear pattern of correlation between increasing exposure to ACE's and an increasing percentage of children with chronic conditions and/or special needs, alongside a decreasing level of resilience. The highest rates of chronic conditions and/or special needs are seen in those who had been exposed to Domestic Violence or who had lived with someone with a mental health condition. In addition to this, the lowest levels of resilience were seen in children who had witnessed domestic or community violence.

¹ Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and The Mitigating Role of Resilience - Christina D. Bethell, Paul Newacheck, Eva Hawes, and Neal Halfon. Authors' analysis of data from the 2011–12 National Survey of Children's Health USA.

In a systematic review of the effects of trauma-informed approaches in schools, [Maynard et al. \(2017\)](#) outline existing evidence of the impact of trauma on educational outcomes:

In a systematic review specifically examining school-related outcomes of traumatic event exposure, Perfect and Colleagues (2016) identified 44 studies that examined cognitive functioning, 34 that examined academic functioning and 24 that examined social-emotional-behavioural functioning. Their findings suggest that youth who have experienced trauma are at significant risk for impairments across various cognitive functions, including IQ, memory, attention and language/verbal ability; poorer academic performance and school-related behaviours such as discipline, dropout and attendance; and higher rates of behavioural problems and internalizing symptoms.

1.1 Deprivation

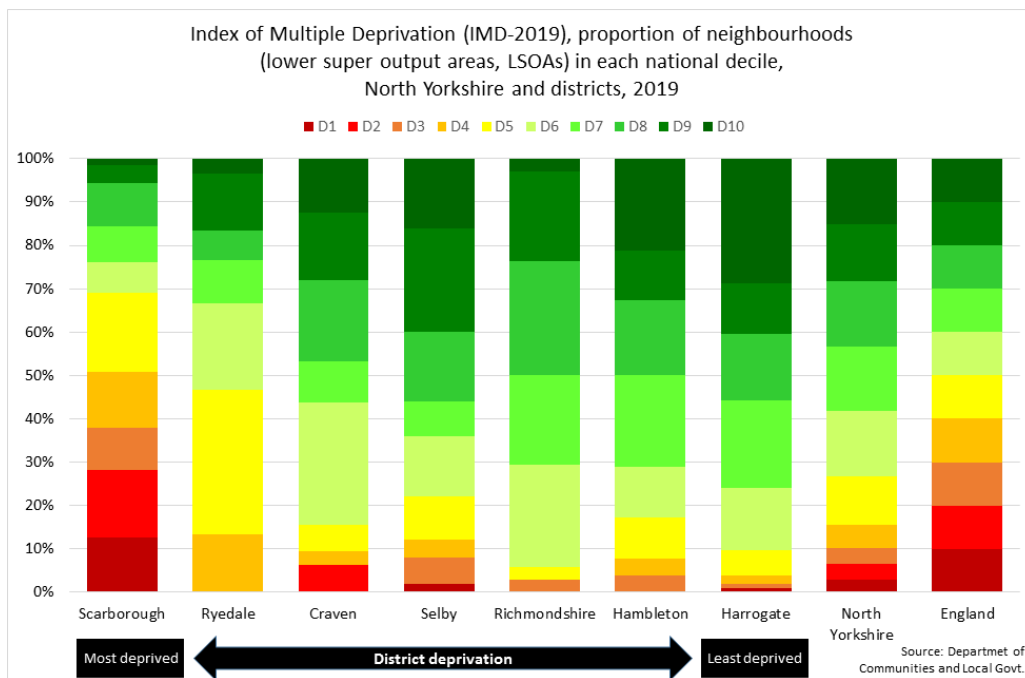
There is a strong link between poverty and SEND. *A research report from the Joseph Rowntree Foundation, 'Special educational needs and their links to poverty' (2016), found that children with SEND are more likely to experience poverty than others. The study found that SEND can be both a result of poverty as well as a cause of poverty.*

Children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up. Across England 24.6% of all pupils are eligible for free school meals, up from 23.8% in 2022. This represents 2.1 million pupils (DFE 2024).

The 2019 Index of Multiple Deprivation (IMD) identifies 24 Lower Super Output Areas (LSOAs) in North Yorkshire which are amongst the 20% most deprived in England, with a population of 36,000 people.

Twenty of these LSOAs are in Scarborough with a combined population of 30,000. In Harrogate, more than 90% of LSOAs are in the least deprived half of the national distribution. In contrast, for Scarborough, 60% of LSOAs are in the most deprived half of the national distribution.

Figure 2 Indices of Deprivation North Yorkshire (2019)



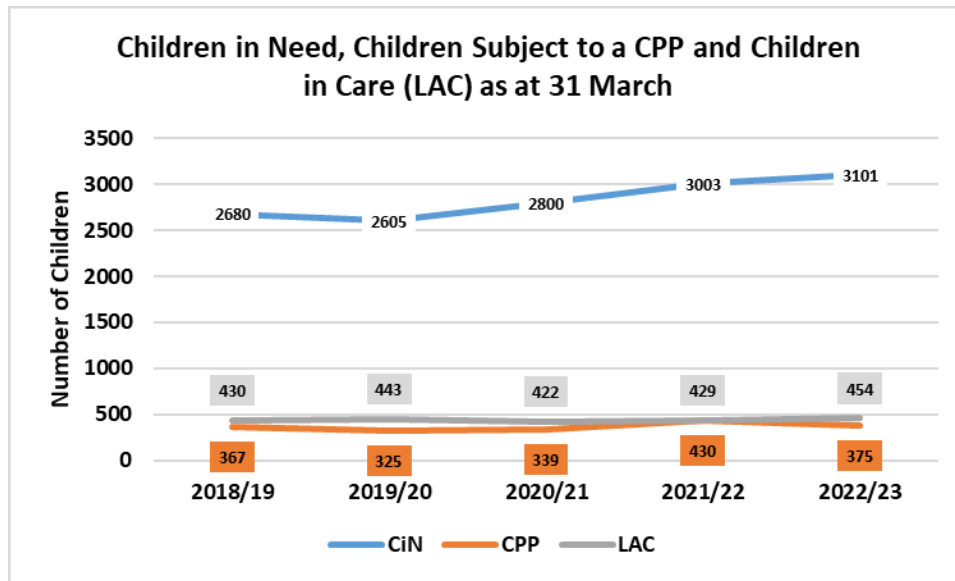
Across North Yorkshire, around 23% of children (28,275) are living in poverty after housing costs, lower than the national average of 30%. However, this rises to 41% in the Northstead ward and to 45% in the Woodlands ward in Scarborough.

1.2 Abuse and Neglect

The Crime Survey for England and Wales (CSEW 2019) estimated that one in five adults aged 18 to 74 years (8.5 million people) experienced at least one form of child abuse, whether emotional abuse, physical abuse, sexual abuse, or witnessing domestic violence or abuse, before the age of 16 years. Prevalence was higher for females than males for each type of abuse, except for physical abuse where there was no difference.

On 31 March 2022, 50,920 children in England were the subject of a child protection plan (CPP) because of experience of or risk of abuse or neglect; neglect was the most common category of abuse; 0.44% of the under 18 population. In North Yorkshire (March 2023) 375 children, 0.32% of the under 18 population, were the subject of a CPP, of which 153 (0.13% of the under 18 population) were because of neglect.

Figure 3: Numbers of CIN, CPP and LAC (2023)



On 31st March 2022, 82,170 children in England were looked after by their local authority because of experience or risk of abuse or neglect, 0.42% of the under 18 population. In North Yorkshire (March 2023) 421 children, 0.36% of the under 18 population were the subject of a CPP.

There were 404,310 children in need in England on 31st March 2022, 3.4% of the under 18 population. In North Yorkshire (March 2023) there are 3,101 children in need, 2.6% of the under 18 population.

Across England pupils in all social care groups were over twice as likely to have a special educational need (SEN) than the overall pupil population. For all children in need (CIN) at 31 March 2023, half had SEN compared to 17.1% of the overall pupil population.

1.3 Maternal Mental Health

There is evidence linking both maternal antenatal and postnatal depression and, more recently, paternal postnatal depression to a range of child outcomes including emotional and behavioural issues.

Perinatal mental health problems affect between 10 to 20% of women during pregnancy and the first year after having a baby. In North Yorkshire that could mean approximately 500-1000 women each year affected.

Figure 4: percentage of all adults reporting depression or anxiety in North Yorkshire

Population reporting depression or anxiety (%)			
Area Name	2014/15	2015/16	2016/17
Craven	12.7	10.4	12.1
Hambleton	8.8	9.9	13.3
Harrogate	9.7	9.0	12.1
Richmondshire	9.4	8.7	9.2
Ryedale	7.7	7.3	8.2
Scarborough	13.5	14.1	16.1
Selby	10.7	10.0	13.1

The percentage of all adults reporting depression or anxiety in North Yorkshire (13%) is lower than the national average (14%). The percentage of individuals reporting depression or anxiety increased by 2% in North Yorkshire from 2014/15 to 2016/17. Scarborough is the only area with a rate that is significantly higher than England, with 16% of people aged over 18 reporting anxiety or depression.

1.4 Maternal Alcohol and Substance Misuse

Use of alcohol, illegal drugs and other psychoactive substances during pregnancy can lead to multiple health and social problems for both mother and child, including miscarriage, stillbirth, low birthweight, prematurity, physical malformations, and neurological damage. The most frequently used substance in pregnancy is tobacco, followed by alcohol, then cannabis as well as other illegal substances. The number of pregnant women that present to specialist substance use services is low.

Figure 5: Number of pregnant women in treatment with Horizons 2020-23

	Harrogate	Northallerton	Scarborough	Selby	Skipton	Young People	No DTI	Grand Total
2020	5	7	13	<5	<5		<5	30
2021	8	3	7		5	<5	<5	26
2022	7	7	6	6	3	<5	<5	31
2023	<4	6	<5	<5	<5		6	23
Grand Total	24	23	29	11	11	<5	10	110

Foetal Alcohol Spectrum Disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behaviour and learning. Often, a person with an FASD has a mix of these problems. Research in 2017 found that Britain has one of the highest rates of Foetal Alcohol Syndrome in the world, with an estimated 61.3 cases per 10,000 births – significantly higher than the global average of 15 per 10,000 (Institute for Alcohol Studies).

2. School Readiness and Emerging Need

A delay in learning and development in the early years may or may not indicate that a child has Special Educational Needs (SEN). Equally, difficult or withdrawn behaviour does not necessarily mean that a child has SEN. However, in order to support early identification and positive outcomes, causal factors such as an underlying learning or communication difficulty should be considered as outlined in DfE and DH (2015) SEN and Disability Code of Practice: 0-25 years, para 5.29: *'Only 44% of children who had not reached the expected level at the age of five went on to securely achieve the national benchmark in reading, writing and mathematics at the age of 11.4 This compares with 77% of children who had achieved the good level of development.'*²

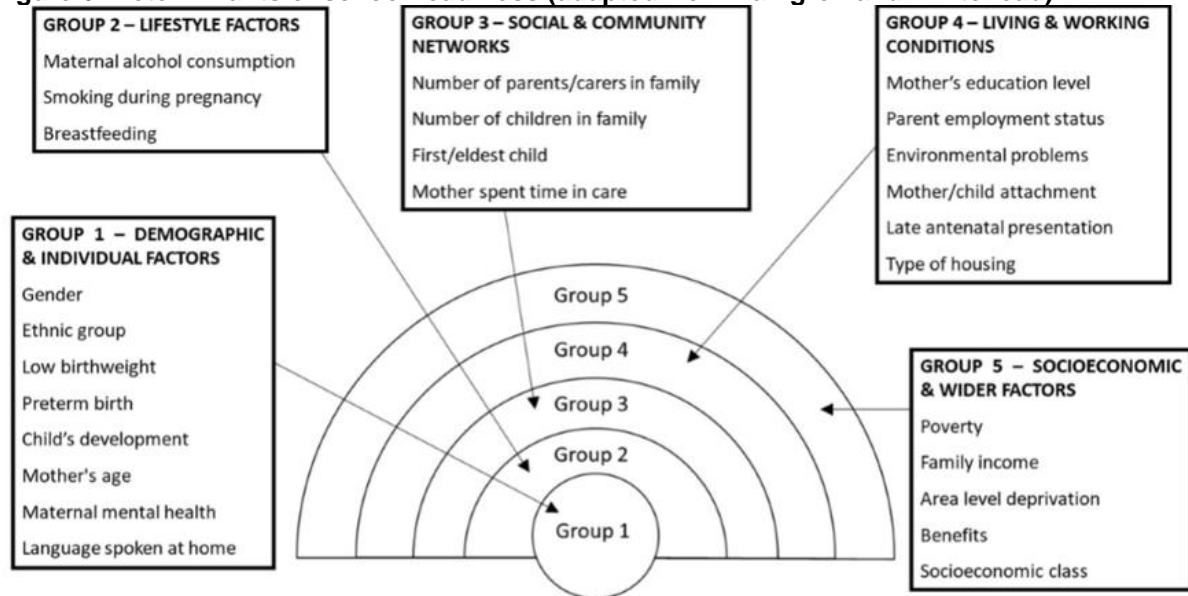
2.1 Predictive Factors for School Readiness

Early childhood is a critical time for lifelong physical, social, emotional and cognitive development. A wide range of factors are associated with Early Cognitive Development (ECD). Interventions in the first three years of life can improve a child's trajectory and deliver the greatest return on investment. However, we need to think about how best to identify children at most risk of delayed ECD, to enable appropriate targeting of interventions. Cognitive development measures in children are good indicators of later educational achievement, predict health and social care needs in adults and are associated with long term health outcomes. Research carried out by the British Medical Journal in 2019 concluded that social determinants were strong predictors of school readiness.

The following diagram shows a description of some of these factors that may effect early childhood development.

² Unknown Children – Destined for Disadvantage (2016) Ofsted

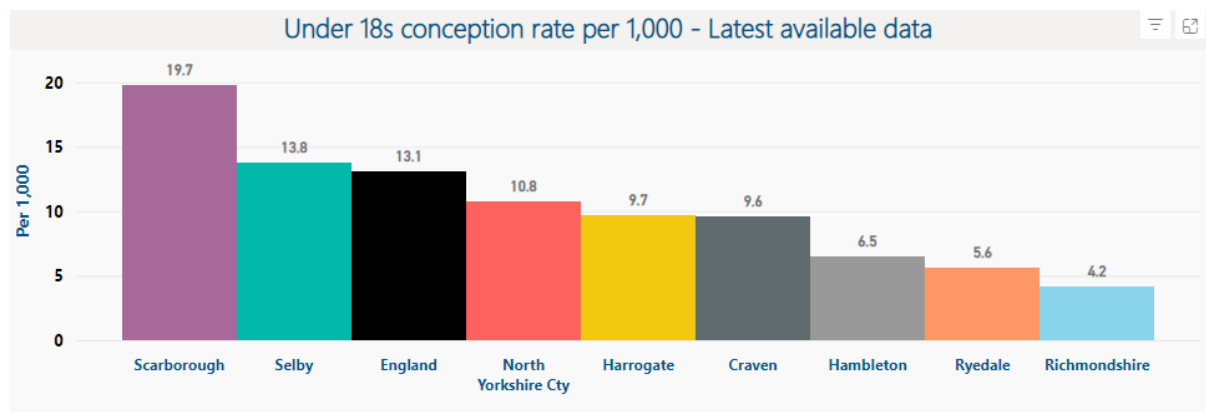
Figure 6: Determinants of school readiness (adapted from Dahlgren and Whitehead)



2.1.1 Maternal Age at Conception

Children who are born to mother's aged 14-19 are significantly less likely to reach a Good Level of Development (GLD) in their early years (23.6% will not reach GLD compared to 5.6% of children born to mother's aged 30-39).

Figure 7: Under 18 Conception rate



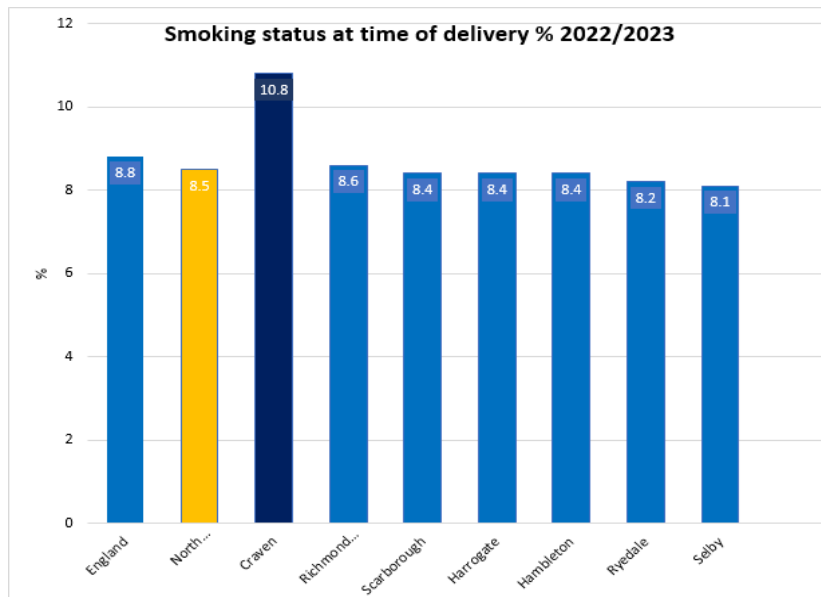
The under 18s conception rate in North Yorkshire (10.8 per 1,000) is not significantly different compared with England (13.1 per 1,000); and is the lowest within the Yorkshire and Humber region. Scarborough has the highest rate (19.7 per 1,000) and is the only district with a rate that is significantly higher compared with England and the rest of North Yorkshire.

Similarly, there is also a correlation between mother's who are over 40 at conception and increased risk of failing to reach a GLD at age 5, 24% will not reach GLD compared to 5.6% of children born to mother's aged 30-39³. We currently do not have access to North Yorkshire data in relation to numbers of mother's who are over 4

³ Dahlgren and Whitehead, BMJ, 2019

2.1.2 Smoking During Pregnancy

Figure 8: Smoking status at time of delivery



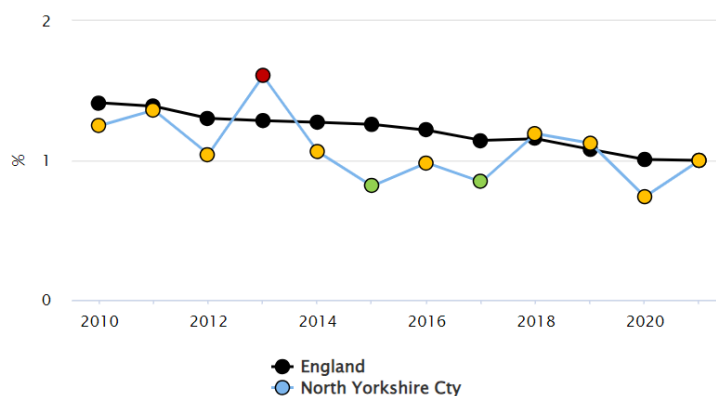
Smoking during pregnancy increases the risk of health problems for developing babies, including preterm birth, low birth weight, and birth defects of the mouth and lip.

In 2022/23 8.5% of mothers in North Yorkshire were smoking at the time of delivery, below England's rate (8.8%). The rates of the seven districts range from 8% to 10.8% (Craven). Craven is significantly worse compared with England; the rest of the areas have similar rates compared with England.

2.1.3 Birth Weight

Figure 9: Low birth weight of babies

The proportion of low birth weight of all babies, 2010 – 2021 Source: OHID



In 2021 5.7% of all births in North Yorkshire had a low birth weight (293 low birth weight babies), this is still significantly below the national figure of 6.8%.

2.1.4 Breastfeeding Rates

Multiple studies have found links between breastfeeding and children’s cognitive development. Pereyra-Elias et al. 2022 found that even after accounting for socio-economic factors and maternal cognitive ability (factors known to be correlated with a child’s cognitive ability) longer durations of breastfeeding were associated with improved verbal and spatial skills in children. The study compared cognitive scores at ages 5, 7, 11, and 14 with reported breastfeeding durations. At all ages, longer breastfeeding durations were associated with higher cognitive scores after accounting for the child’s own characteristics, however, the effect was modest. The potential mechanism by which breastmilk improves cognitive development is theorised to include the provision of nutrients important for neural development and long-term protection against infection, disease and other illnesses that may affect early development.

In 2022/23, 49.2% of infants in North Yorkshire were totally or partially breastfed at age 6-8 weeks, with 36.6% of which being totally breastfed. This is similar to the equivalent England averages and better than the Yorkshire and Humber averages.

2.2 Ages and Stages Questionnaire (2-2.5-year developmental check)

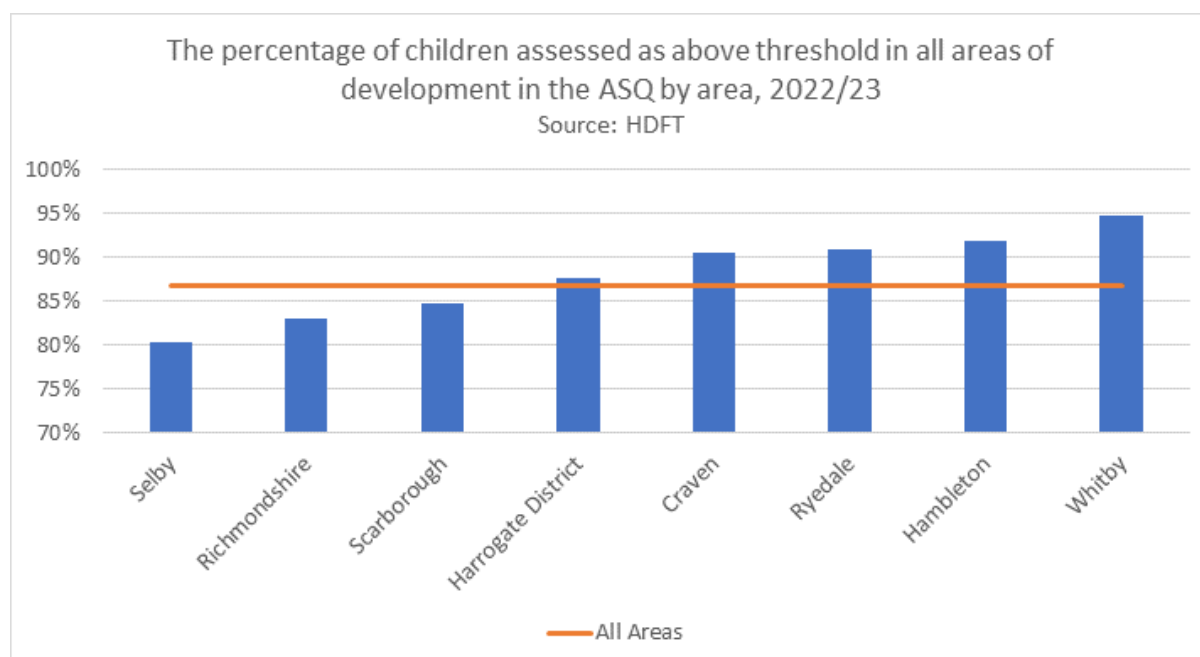
The Ages and Stages Questionnaire (ASQ) is a standardised parent completed questionnaire to screen for development and emotional delays. The ASQ is a widely used screening tool for infants and young children's development, assessing development in five domains: Communication, Gross Motor, Fine Motor, Problem Solving and Personal Social. The ASQ can help determine if a child needs further assessment or support in one or more areas. In North Yorkshire the Healthy Child Programme carries out the ASQ at the age of 9–12-month 2-2.5-year check.

Figure 10: Ages and Stages Questionnaire (2-2.5-year developmental check 22/23)

% above in communication	90.4%
% above in gross motor	95.6%
% above in fine motor	95.7%
% above in problem solving	94.2%
% above in personal-social	93.5%
% all above threshold	86.7%

In 2022/23, in North Yorkshire, 86.7% (87.9% in 21/22) of children who received an ASQ were above the threshold in all areas, with 90.4% of children achieving the expected level in communication skills, and 93.5% in personal-social skills. All these indicators are significantly better than the England averages.

Figure 11: % of children assessed as above threshold in all areas of development by area



Two-year-old Funding

High quality early education can make a dramatic difference to children's life chances, potentially generating a term and a half's progress for some children.

*'Disadvantaged children are already behind when they start school. The Sutton Trust argues that there is a 19-month gap at the start of school between the most and least advantaged children. Gaps between disadvantaged children and their peers are apparent in the early years, persist and widen throughout school and beyond. Eradicating this inequality is fundamental to ensuring all children get the best start in life.'*⁴

Research tells us that 26% of children from low-income families will not reach a good level of development at the end of their reception year, compared to 4% of children from the highest earning households. This gap is likely to grow even wider following the Coronavirus Pandemic, making the need for us to maximize the uptake of the early years offer even more of a priority.

As the expansion of the childcare offer to working families, beginning with 15 hours for two-year-old children rolls out in April 2024, it is yet to see if children from disadvantage backgrounds are squeezed out of childcare places in favour of places being given to children of working parents. This will be monitored by North Yorkshire Council.

There has been no change to the eligibility thresholds for lower income families on either Tax Credits or Universal Credit, which will potentially also have an impact on the number of families who will be eligible for disadvantage two-year-old funding.

⁴ DFE

Scarborough remains the area with the highest % of children eligible for two-year old funding. Take up for two-year-old funding in North Yorkshire Council (NYC) remains higher than the national average of 72%. The published figures from the DfE for take up rates in NYC are as follows:

- Spring 2022 - 88%
- Summer 2022 - 87%
- Autumn 2022 - 89%
- Spring 2023 - 85%

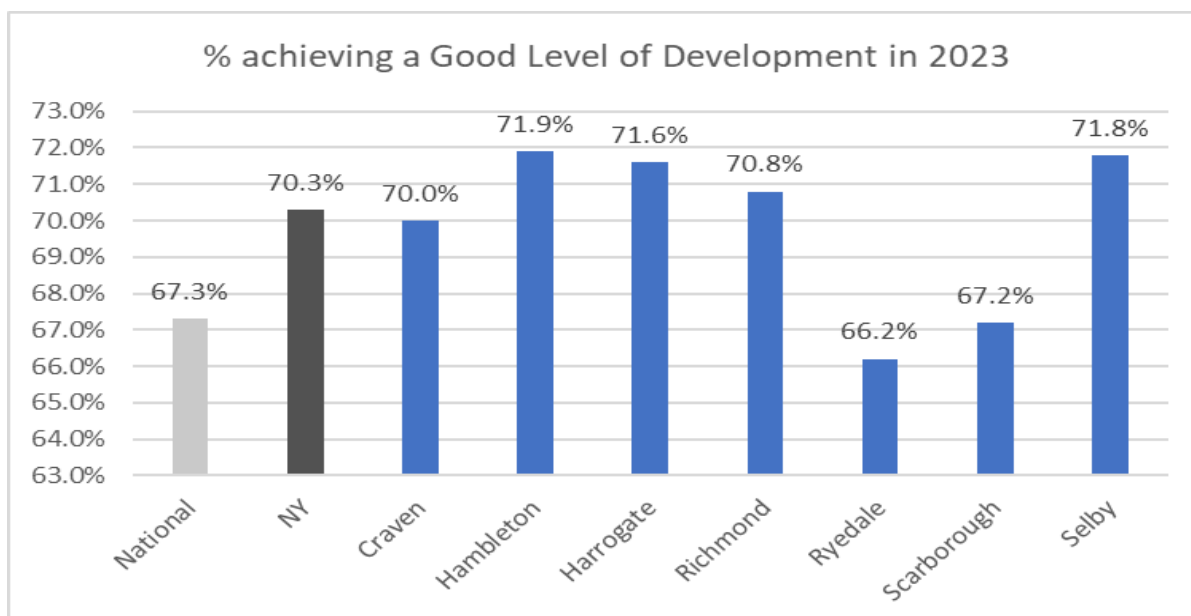
In Spring 2023, Craven area was the lowest with 76% take up and Scarborough was the highest with 87% take up.

2.3 Early Years Foundation Stage

The statutory Early Years Foundation Stage (EYFS) framework requires the EYFS profile assessment to be carried out in the final term of the year in which a child reaches age 5. The main purpose of the EYFS profile is to provide a reliable, valid and accurate assessment of individual children.

In North Yorkshire our lowest number of children reaching a GLD live in Ryedale and Scarborough. Children in Hambleton, Harrogate and Selby perform the best.

Figure 12: % Achieving Good Level of Development 2023



Please note that the National figure is taken from unratified data.

Figure 13 % Achieving Good Level of Development by SEN and area

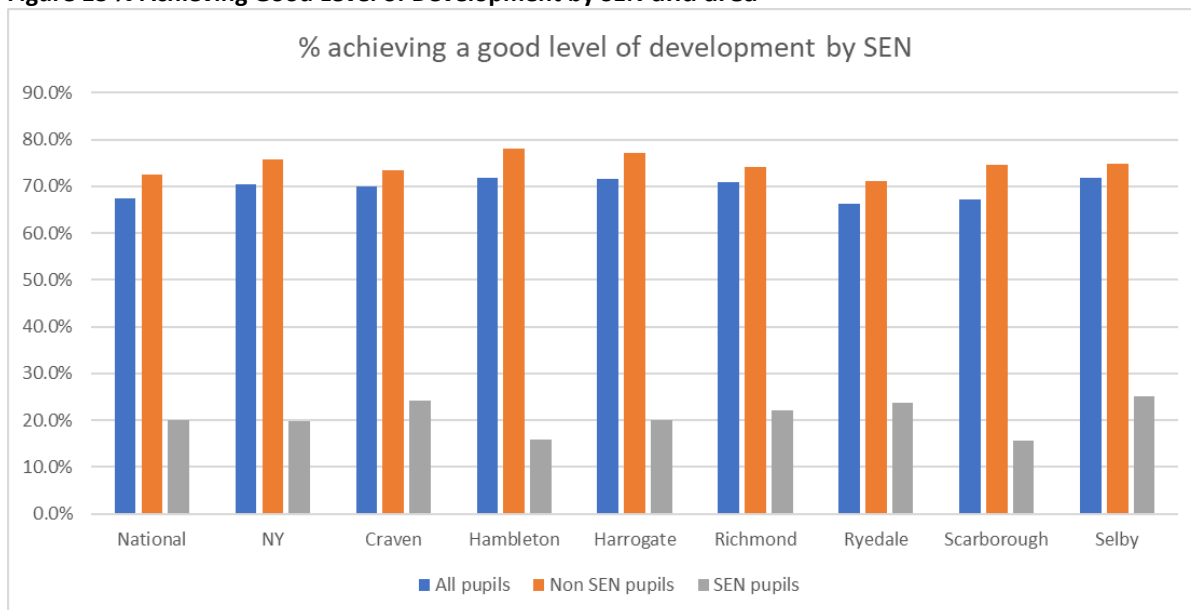
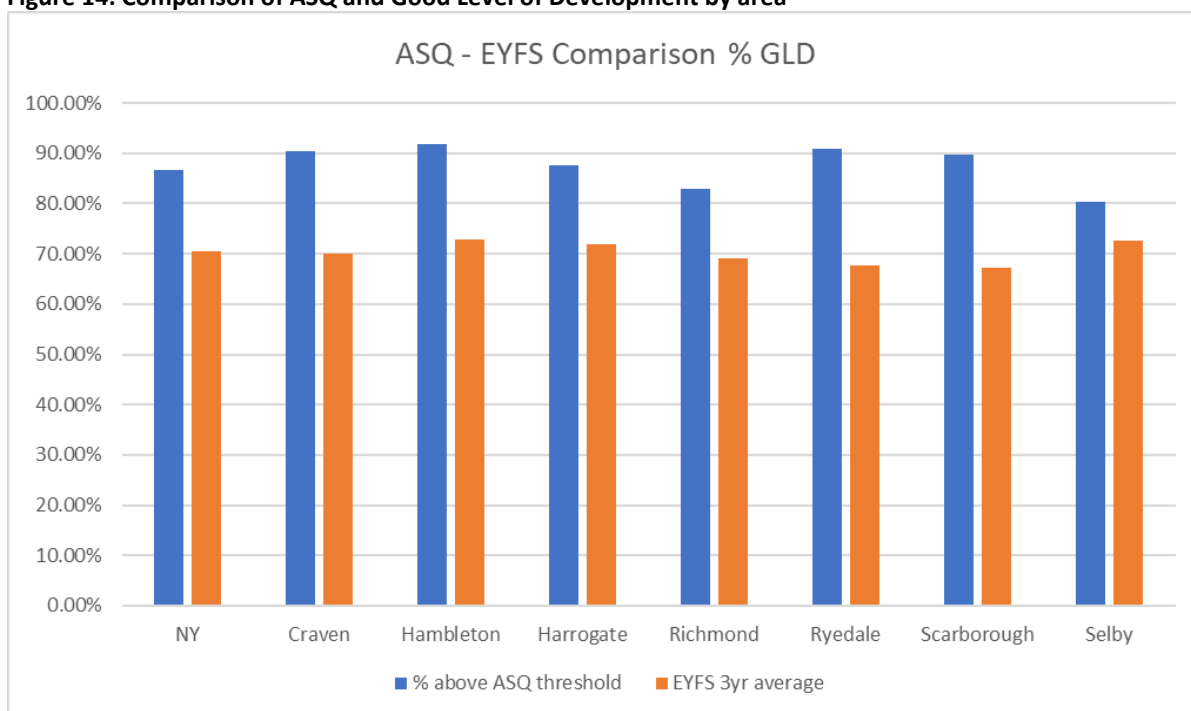


Figure 14: Comparison of ASQ and Good Level of Development by area



There is a noticeable difference between the number of children assessed as reaching their developmental milestones at the 2-2.5yr check and those who reach GLD at the end of EYFS.

The average percentage difference is 17.1%. The ASQ figures in Selby, Tadcaster, Knaresborough and Ripon show the biggest correlation with the EYFS figures (9.7%, 9.1%, 11.4%, 11.6%). Craven, Scarborough South, Richmond and Ryedale show the least correlation between ASQ and EYFS figures, with the highest percentage difference seen in Craven, at 22.6%.

3. Conclusions

- Using a Predictive Risk Tool provides a good overall measure of early development needs and SEND in children.
- In terms of Predictive Risk for School Readiness, the Scarborough Borough (including Whitby and Filey) is at a significantly higher risk than other NYC localities across multiple indicative factors.
- There is a significant discrepancy in the ASQ and EYFS data in many localities across North Yorkshire although some areas like Selby and Tadcaster show closer correlations, we need to understand the reasons for this.
- Improving the early identification of emerging concerns with regards to children's development is essential.
- Data gathered about maternal substance and alcohol misuse is perhaps not a true representation of the full picture, as it is based on mother's declaring this and receiving support from services during pregnancy. There is likely to be expectant mothers who do not disclose drug or alcohol misuse or do not meet the threshold for support services, this is currently an unknown number.
- Data that accurately records the number of babies born with FASD is not readily available at both a local level and nationally.
- Maternal mental health data here are projected figures, based on national population data. Whilst this gives us an indication of the potential figures, it does not give us a true representation of actual figures across North Yorkshire.
- In North Yorkshire we have many community-based organisations that support parents and support early childhood development. We do not currently have a reliable data set which defines the community offer across North Yorkshire for under 5's. In order to identify gaps in community provision and inform commissioning it would be useful to know what this picture looks like.

Next Steps

Early Intervention Speech and Language Pathway

In April 2022 a multi-agency Early Intervention Speech and Language Pathway – Grow and Learn was launched across the whole of North Yorkshire. It is a shared Pathway between Registrars, Libraries, Early Help, Healthy Child and the Early Years sector. It remains under annual review and in 2023 was revised to include the Healthy Child Delivery of the Early Language Intervention Measure.

It should remain under continuous review.

Early Help Strategy

The Early Help strategy for North Yorkshire was introduced in 2019. It is the embodiment of our joint will as Partners to ensure that we work in the most effective, co-ordinated way as early as possible when children and families need our joint support and help.

The Early Help Strategy is currently under review, 2023/24. Any new version should have a focus on early identification.

Healthy Child Team transformation

The new service agreement has been in place now since July 2022. The current priorities for the service are:

- Improving Integration.
- Speech Language and Communication.
- Mental Health.

SEND Early Years Forum

- Establishing children and families' current experience of the identification, assessment and support for SEND in the 0-5 age group.
- Supporting the ongoing development of locality team processes and offer for children with SEND aged 0-5.
- Identifying potential areas for joint working and joint commissioning across wider services such as health and the voluntary sector to strengthen the offer for children with SEND and their families in the early years.

Smoking and substance use in Pregnancy

Across North Yorkshire there are two Local Maternity and Neonatal Systems (LMNS) that oversee delivery of maternity services and maternal outcomes – Humber, Coast and Vale LMS, and West Yorkshire and Harrogate LMS. Smoking in pregnancy is a priority in the work plans of the LMNS. West Yorkshire and Harrogate LMNS has a prevention plan. Healthcare providers should ask about smoking and substance use at all antenatal and postnatal contacts.

Teenage Pregnancy

Promoting sexual health to reduce unintended pregnancies and supporting young parents are both important workstreams to support young people's sexual health and young parents. The North Yorkshire Teenage Pregnancy Partnership Group lead this work. Public Health England delivered a deep dive of teenage pregnancy in Scarborough with a range of professionals who work with young people to identify recommendations to provide targeted support, sexual health services, informal relationships, sex education, and support for young parents. A Scarborough Teenage Pregnancy Steering Group was established to develop an action plan. Any learning should be shared across North Yorkshire.

Maximising breastfeeding - Baby Friendly Initiative

Baby Friendly accreditation is based on a set of interlinking [evidence-based](#) standards for maternity, health visiting, neonatal and children's centres services.

North Yorkshire Council Children's Services and the Healthy Child Team have implemented the [best practice standards](#) required to receive the prestigious Baby Friendly award, which is a nationally recognised mark of quality care.

The Healthy Child Team have achieved full accreditation and will be working towards the Gold award and achieving sustainability.

Continue to embed Dingley’s Promise and promote early identification.

Dingley’s Promise is a training package which is being rolled out across North Yorkshire (one of 30 LAs nationally) specifically targeted at developing the knowledge and understanding of SEND across all Early Years practitioners, including nurseries, schools, and childminders. The aim of the training is to upskill practitioners to support early identification and increase the number of young children with SEND accessing early years and childcare places.

There are currently five courses available:

1. Introduction to Early Years Inclusive Practice.
2. Early Years SEND Transitions.
3. Managing Behaviour that Challenges.
4. Having Difficult Conversations with Families.
5. The Voice of the Child.

As of the end of September 2023, North Yorkshire have 454 Early Years practitioners signed up to Dingley’s Promise which is 20% of the Early Years workforce. Of these, 68% are early years settings, 17% are schools, 8% NYC and 6% childminders.

3. The Lived Experience of Families

Connecting and engaging with parent/carers, children and young people is a priority for North Yorkshire and we are working with partners and stakeholders to further develop the way we capture and understand the lived experience of families.

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1. What do SEND children and young people in school tell us about their experiences in North Yorkshire?

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3. What do parents, children and young people tell us about the EHCP process in North Yorkshire?

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- 3.3 Young Inspectors.

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- 4.2 ACCET.
- 4.3 Autism diagnostic services.
- 4.4 Emotionally Based School Avoidance.

5. Conclusions.

6. Next Steps.

1. What do SEND children and young people in school tell us about their experiences in North Yorkshire?

1.1 Flying High Feedback

Flying High is a group of young people with SEND who meet weekly online, as well as occasional face to face gatherings to discuss issues important to them. A rap was written by the group about their identified needs accessed:

https://soundcloud.com/nyyouthvoice/send-regional-consultation?si=bd7e5ba288464654a4055e3764cbbb64&utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing

- Areas identified include:
 - Independence.
 - Access to employment.
 - Identity and pride.
 - Safe spaces and trusted adults.
- Other feedback has highlighted:
 - SEND young people who don't have an EHCP, miss access to services, including accessing support with independent living skills.
 - We need to enable young people themselves to access services instead of identifying that young person's needs solely from parents, whose agenda may differ from the SEND young person.

1.2 Inspire2gether feedback

- Inspire2gether are a group of young people with additional needs who meet online every 6 weeks to discuss relevant issues and have their voices heard.
- This group has been reviewed the SEND Local Offer website and contributed to its re-launch in 2023.
- Also raising other issues they would like to discuss, including improving access to SEND for young people directly.

1.3 Growing Up in North Yorkshire Feedback

The Growing Up in NY (GUNY) survey is conducted every 2 years, with the same year groups (Years 2, 6, 8, 10 and 12) completing the survey, to allow comparisons and trend data to be analysed. The 2020 survey was undertaken at a different time of year, so large changes in trends should be interpreted with caution.

Some significant issues were identified for the children with additional needs:

Bullying

% of children bullied at or near school in		2014	2016	2018	2020	2022
	All KS2	22%	22%	21%	21%	21%
SEND KS2	26%	32%	28%	33%	28%	

	All KS4	20%	20%	20%	11%	9%
	SEND KS4	17%	19%	14%	6%	7%

- The resilience score reflects those children who feel they have a good degree of ability to deal with stress and challenge.
- Older children have far less ability to deal with the stress than those who are younger, possibly due to the pressures of national examinations and the particular life stage.
- At Key Stage 2, over the last decade, there has been a narrowing of the gap in resilience scores between those with additional needs and the group overall, however this is due to resilience falling in all children, rather than significantly improving resilience in the SEND group.

2. What do parents and carers of children and young people with SEND tell us about their experiences?

Let's Talk

Let's Talk sessions started in 2021 as a Partnership with Parent Carer Voice, NYC and the NHS to share information on them in SEND, and gain feedback from families on issues affecting them.

➤ **Let's Talk Sensory** in 2022 raised parent concerns around services for children with sensory preferences. The session shared information about the sensory profiles completed by specialist teachers in NYC, about the role of Occupational Therapy. A follow up session on understanding and supporting children with sensory needs was therefore held in July 2023. Feedback at this session was excellent, parents wanted more information on this and repeated sessions for others. This will be scheduled in and reflected in the review of Unlocking Autism.

➤ **Let's Talk SEMH** session was held January 2023 and **Let's Talk Educational Psychology** February 2023. Recurring themes across these were that parents wanted:

- Faster and easier access to support services, such as Educational Psychologists' and CAHMS.
- Training to be given to all staff in mainstream school on autism and SEND.
- Educational Psychologist's getting to know the child they are assessing and their families better.
- Thorough Educational Psychologist assessments - These should detail the needs of the child, their areas of strength and challenge, and contain specific recommendations for provision that are a clear guidance to professionals and parents.
- Observations of the child at different times and environments e.g., at home in comparison to at school.

Discussions took place about these issues within the sessions, and quality assurance processes for EP assessments are being strengthened. Further Let's Talk sessions were held in Summer 2023, with the theme of **Transitions and Sensory processing**. Across 2023 by far the most popular session was Sensory processing with 99 attendees. 163 parents/carers attended a session in 2022-3.

Parent Carer Voice ran drop-in brunch sessions in localities across the county in 2023. One of the recurring themes was a need for increased information about support for children with autism and those on the diagnostic pathway, reflecting the popularity of the Sensory Processing session. This has been shared with the neurodevelopmental pathway review group, and further Let's Talk sessions are planned.

3. What parents, children and young people tell us about the Emotional Health and Care Plan (EHCP) process in North Yorkshire?

3.1 Snap Survey

A SNAP survey is sent out after the EHCP process has been completed but returns on this link are extremely low (1 in last reporting period). Due to this, in the last two years a survey has been sent to all parents involved in the process; 1,030 were sent and 41 returned. This is only a 3.9% return rate, which may have captured only the families with a strong view on the process.

Question	Average score for 2021 (out of 5)	Average score for 2022 (Out of 5)
When we received your request for an EHCP assessment, we sent you some information	3	3.8
The SEN caseworker maintained appropriate communication with you during the assessment process	2.6	2.4
The caseworker responded in a timely way to your emails, telephone calls (within 5 working days)	3.4	2.4
The SEN Caseworker was approachable and listened to my needs	3	2.9
My child was appropriately involved and able to contribute to the plan	2.8	2.5
As a parent/carer I felt able to contribute fully to the plan	3.2	3.2
Health professionals contributed fully to the plan	3.5	2.7
Care professionals contributed fully to the plan	3.7	3.2
The final plan gives an accurate picture of my child	2.9	2.8
The final plan identifies realistic and ambitious outcomes for my child	3	2.8
The final plan identifies the right support to achieve these outcomes	2.6	2.7

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The final plan identifies the right support to achieve these outcomes	2.6	2.7

3.2 Special Educational Needs and Disabilities Information, Advice and Support Services (SENDIASS) feedback

We capture themes from calls to SENDIASS to tell us what parents, carers and young people are concerned about:

- From 1st April 2021 to 2nd April December 2021 SENDIASS North Yorkshire received 1,468 referrals.
- Top reasons for referrals in order:
 - Provision.
 - Placement.
 - Requesting an EHC assessment.
 - Requesting information (e.g., short breaks/direct payments).
- There has been a significant yearly increase in referrals 2485 cases in 2022/2023
- 444 received training for 2022/23

From 1-04-22 to 31-03-2023 this service's top four reasons for referrals were:

- Provision
- Placement
- Requesting an EHC assessment
- SEND Tribunals

This feedback is shared with the SEND and inclusion teams to inform practice.

3.3 Young Inspectors

- Young people with SEND are well represented on NYC's Young Inspectors; a group of young people who inspect council services to give a young person's perspective on performance and how well the needs of young people are being met, providing recommendations for improvements in their reports. This year Young Inspectors are focused on EHCPs and how they can and should be improved.
- This report gave detailed feedback for the SEND team including:
 - 62% of young people surveyed knew why they had an EHCP.
 - The All About ME section was welcome but the YPs voice should be reflected throughout the document.
 - The design is not accessible.
 - Neurotypical viewpoints are reflected.
 - 63% of parents surveyed felt they could see the outcomes for their child being worked towards in school.
 - 62% of young people felt well represented in their annual review if they couldn't attend in person.
 - 70% of young people knew who they could talk to if they didn't understand their EHCP and who could make changes.
 - Challenges included a lack of consistent professionals, a long process in getting an EHCP, inequality in the support on offer, and reviews too far apart.

4. What do parents/carers and young people tell us about the support they get from the local authority?

The SEND hubs provide specialist support and advice to schools in meeting their statutory duties to support children and young people with SEND.

4.1 SEND Hubs

Child and young person feedback

- 100% of young people surveyed at the end of the episode of support from the hub said they would recommend the service to a friend with similar needs. They enjoyed:
 - Learning about how their mind and body worked.
 - Playing games about situations they could be in and making them think.
 - That they could trust the worker and be honest with them; they wouldn't be shocked at what they said.
 - Being taught "new ways to stop me hitting walls/doors/people."
 - "I can actually spell my name now! It's (writing) improved, my writings not wonky. I use capital letters and full stops and finger spaces. It's neater."
 - Sensory Ladders and Bucket Theory was described as calming and helping how the young person felt during the day and how they could make it better.

- Comments on strategies they had outside the session included:
 - The finger breathing.
 - "The fist push-it makes me feel what strength I have and stops me from punching cos I need my hands to be a mechanic. It hurts but works."
 - "The mountain thing would help me in class, it helps you remember which bit you're doing."

- General comments included:
 - 'I can actually talk about anything'
 - 'I don't eat in class anymore and I now go to the library if I feel angry and can talk to TA about what's making me angry'

This feedback is shared with hub staff to inform them about the interventions that work and are deemed most useful by the young people.

Parent feedback

- The SEND hubs have received no formal complaints from parents in 22/23.
- Informal complaints:
 - Late start to intervention, and slow processing of other services. The complaint encompassed the child being on their 3rd class teacher of the term. The intervention was started within the following week and parent has now thanked the team for rectifying the situation.
- Comments include:
 - Since the 6th day provision began, he has been sleeping better and is in a better mood.
 - I have seen a big change in LC since Portage has been involved, he has made progress with eating and with his play/learning. I have also felt supported as a Mum by PHV during her weekly visits.

- Tapping into his interests through using technology has had a positive impact on his learning in school.
- There have been dramatic changes in O's reading, it just flows now. There have been dramatic changes in O's attitude to work and his willingness to learn.
- All of the staff clearly understand what is needed and have handled it really well. A is really chatty with her classmates and it tentatively talking to the adults. She certainly isn't feeling overwhelmed by it.
- This has taken its toll on all of us. I feel emotionally drained. You have been more help than you might realise.

Feedback on parent drop-in and group sessions includes:

- Lovely, well thought out provision and a calm, helpful, welcoming team.
- Ladies were all fantastic in 1:1 support. My child had a great time. Would 100% recommend.
- It's the most relaxed I've felt out and about with him since he arrived, but also walking home with him was just so different from our walk there. He was calm and noticing things around him, safe crossing roads with me, no reins on, just holding my hand etc. That's because you all made him feel at ease straight away with your calm manner and patience.
- I found seeing my son play, meeting new people and meeting the Portage team really valuable.
- I found interacting with other people who understand what we're going through so valuable.

Feedback on parent training sessions:

- Really informative course run by an expert team.
- A very interesting and helpful course, so helpful and informative.

Pre and post intervention surveys have been launched and will be reported on in summer 2023.

4.2 Autism Community Connections and Engagement Team (ACCET)

- This project was launched in 2022 in response to parent need for signposting to community support. The report was published in Summer 2023, following independent analysis by Chrysalis Research.
- Themes included a need for **Specialist Support**:
 - "All of the parents reported having reached out for help with their child through a variety of sources. If they had already received a diagnosis, this was from the Autism Assessment Team after which they were discharged with little in the way of follow up support or advice.
 - Several parents said they had been in touch with CAMHS or Early Help, and there were reports of some schools trying to help, in one case by offering to support the CYP with their anxiety. However, before these parents were put in touch with ACCET, they were being managed by services who had little understanding of the needs of their CYP and how to address them. This is illustrated by the cases of parents being referred to multiple sources with it not being clear who was based placed to help. Parents found having to

explain their circumstances each time they spoke to someone new very frustrating and tiring.

- The needs of autistic CYP can be very individual as can the strategies required to help them navigate the world. General information (in the form of books, leaflets, or short webinars) can provide a useful introduction but this is not sufficient to help parents cope with the day to day demands of managing meltdowns or young people refusing to attend school.
- The report showed emerging evidence which suggest that the ACCET pilot is having a positive impact. Almost all survey participants (15 out of 16) said the social prescriber provided practical advice and support (one said the statement was not relevant to them).
- Parents felt this service gave them confidence in meeting their child's needs, felt more connected to others, and felt supported and helped.
- The pilot has now disbanded but approaches and learning have been shared with mainstream services.

4.3 Autism Diagnostic pathway engagement April 2022

Prior to recommissioning the new diagnostic pathway, significant engagement with service users took place, and a detailed report written to inform the next steps. Significant themes included:

- Communication.
- More information about waiting times and what to expect with the referrals and assessment.
- Assessment process.
- Reduce waiting times.
- Joined up process to reduce form filling (health and education).
- Health and wellbeing support needed whilst waiting for the assessment.
- Streamline the assessment process. Parents would like to see a holistic neurodiversity pathway that recognises the overlapping and often co-occurring nature of different neurotics.

Diagnosis

- Support required following the assessment – parents highlighted that post diagnosis they often felt 'alone' and would benefit from support and advice.

Training

- Parents welcome having the opportunity to raise the awareness of autism through this engagement exercise and called for more general awareness amongst health and education professionals.

4.4 “Emotionally Based School Avoidance” guidance consultation

Consultation took place on draft guidance; this drew significant concern from families whose children were struggling to attend school due to their SEND.

Key themes:

- Language.
- Focus on “can’t” around addressing barriers, rather than “won’t” go to school which implies a choice.
- EBSA is not a welcome term, appearing to blame YP and parents.
- System issues.
- Lack of a joined-up approach between services (CAMHS), school (academy) and local authority.
- Services need to align.
- EHCP requirements are not being met.
- Plan/Do/Assess/Review is not a realistic model.
- An overall lack of support from schools.
- Schools and health professionals need to build a bigger picture and not base an assessment of need on one moment, at one time or appointment.
- Listen to parents.
- Parents need to be heard and can feel blamed, culture of believing.
- Schools and professionals don’t listen to parents. They need to see the whole picture and spot early signs.
- Resilience within parents.
- Co-morbidities.
- Gap in mental health provision for CYP with autism.
- Basic lack of knowledge of autism across education and health settings.
- Support is needed for teachers, with training around autism.
- NB Covid has had a huge impact.

It was agreed that the guidance as it stood didn’t encompass the needs of this cohort so needed to be revised completely in partnership with families. This will be launched in 2024.

5. Conclusions

- We currently have limited data available that allows us to fully capture and understand the lived experiences of children and young people with SEND and their families in North Yorkshire. However, this is an improving picture since the last JSNA, with further data expected. A cross service planned approach will be necessary to ensure comprehensive feedback and co-production.
- Parents are telling us that they find our independent advice and support service (SENDIASS) helpful and informative.
- Individual interventions with children, young people and families are highly valued across Early Help, ACCET and the SEND hubs.
- Parents feel unsupported during autism diagnosis and often afterwards.
- Resilience and Wellbeing appear to be an area where our CYP with SEND are particularly struggling.
- Access to community groups is important
- The growth in numbers of young people struggling to attend school and the voice of parents in the recent consultation sessions about “school avoidance” shows this should be priority for further engagement and co-production of guidance and pathways.
- Young people feel strongly about their identity as a young person with SEND and will benefit from the increased community work completed by ACCET and the Inspire

2gether group. It will be important to review the role these groups play in gathering insight directly from YP with SEND and how this insight is fed into services.

Next steps 2022-23

Recommendation
Have a shared plan to improve how we capture, and share lived experience to ensure comprehensive feedback and co-production.
Continue to support the Parent Carer Voice to develop and extend its reach.
Review the offer of social groups/activities available with a view to identifying opportunities for joint commissioning.
Review use of Inspire 2gether to determine what more can be done to reach YP themselves directly.
Co-produce the new neurodiversity pathways.
Co-produce guidance for CYP experiencing difficulty in attending school.

4. Pupils with Special Educational Needs support, including Education, Health and Care plans.

Introduction

A child or a young person has SEN (Special Educational Needs) if they have a learning difficulty or disability that requires special educational provision. Children and young people (0-25 years - up to their 25th birthday) with SEN are entitled to additional support (SEN support), however not all require this. Furthermore, children and young people with SEN (particularly those with complex needs) are entitled to request a needs assessment for an EHC Plan (Education, Health and Care Plan), however, the majority of children and young people will have their needs met without an EHCP. Before the introduction of EHCPs in 2014 there were 'Statements' of SEND.

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1. EHCP and SEN Support.

- 1.1 Pupils with SEN, SEN Support, EHC Plans.
- 1.2 North Yorkshire EHC Plans by Locality.
- 1.3 New EHCP Plans issued – national comparisons.
- 1.4 New EHCP Plans issued – timeliness.
- 1.5 Placement of children and young people with an EHC Plan.
- 1.6 Requests for assessment for EHCP's – assessment process.
- 1.7 SEN by Age and Gender.
- 1.8 EHCP's and SEN Support by Ethnicity.
- 1.9 SEN by Deprivation.
- 1.10 Appeals to SEND Tribunal.

2. Primary Category.

- 2.1 Pupils with SEN by Primary Need - North Yorkshire.
- 2.2 Pupils with SEN by Primary Need – LA localities.
- 2.3 Primary Need by Gender and Age.
- 2.4 Autism.

3. Conclusions.

4. Next Steps.

1. EHCP and SEN Support

	2023			Change since 2018 (%point)		
	All SEN	SEN Support	EHC plan	All SEN	SEN Support	EHC plan
North Yorkshire	14.9%	12.5%	2.4%	+3.6	+2.4	+1.1
Ham & Rich	16.7%	14.3%	2.3%	+3.6	+2.3	+1.2
Scar/Whi/Rye	15.2%	12.5%	2.7%	+2.3	+0.8	+1.6
Selby	14.6%	12.2%	2.4%	+3.6	+2.7	+0.9
Harrogate	14.4%	11.9%	2.5%	+4.7	+3.5	+1.1
Craven	12.5%	10.7%	1.8%	+3.7	+3.3	+0.4
National	15.5%	13.0%	2.5%	+2.3	+1.3	+1.0

Chart 1: % of mainstream school population recorded as SEN (January 2023 school census) with change since 2018.

In England, 15.5% of children in mainstream education were identified with SEND in 2023. This figure was 13.2% of pupils in 2018. There has been a bigger increase in North Yorkshire during the same time, rising from 11.3% in 2018 to 14.9% of children in North Yorkshire schools in 2023.

Figures are not directly comparable with the period previous to 2014 since there was a change in data collection at that time, during which children transitioned from Statements of SEND onto Education Health and Care Plans.

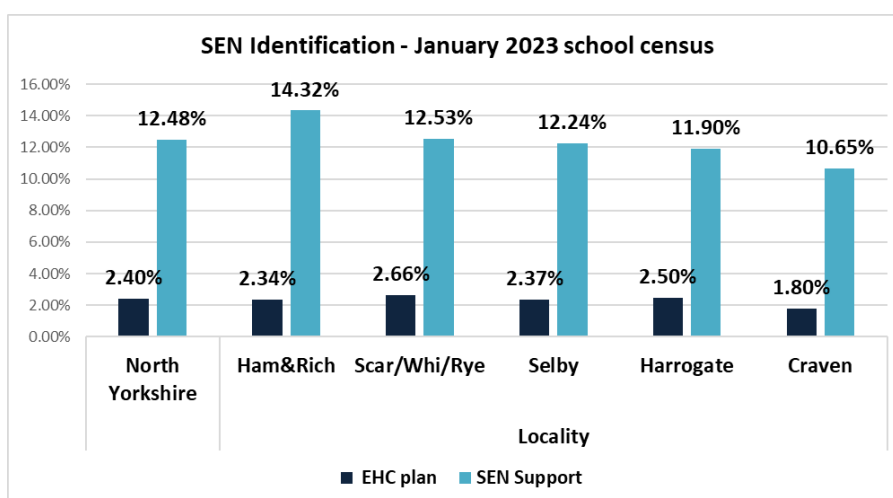


Chart 2: % of mainstream school population recorded as SEN (January 2023 school census) – School Locality.

As of the January 2023 school census, the North Yorkshire rate of children identified as SEND was 14.9%, 12.5% with SEN Support, 2.4% with an EHC plan. Currently, the Hambleton and Richmondshire locality has the highest population of children with SEN Support, at 14.3%, it is much higher than the North Yorkshire rate. The Scarborough, Whitby, Ryedale locality at 2.66% currently has the highest rate of EHC plans in schools.

1.1 Pupils with SEN, SEN Support, EHC plans

EHC plans

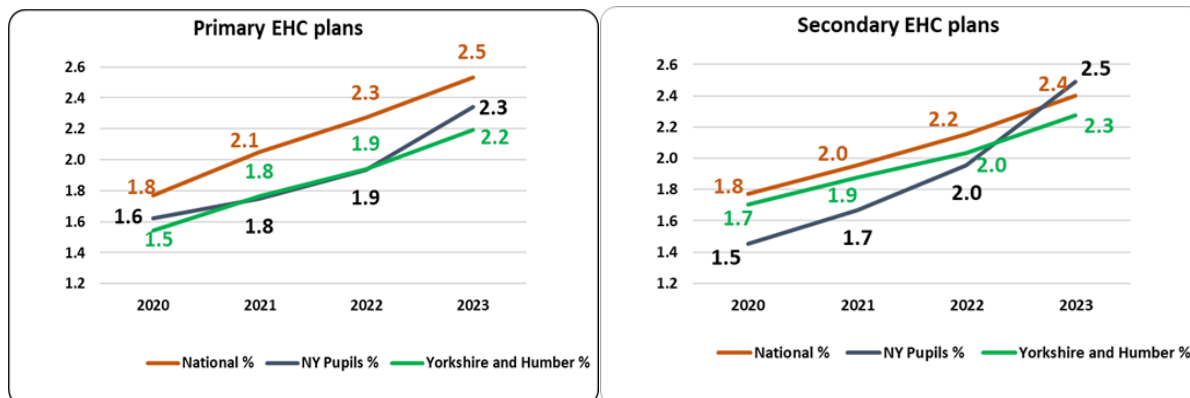


Chart 3: % of school population – primary and secondary phases – with an EHC plan (January school census).

The rate of children with EHC plans in North Yorkshire primary schools increased from 1.0% in 2017 to 2.3% in 2023, slightly below the National rate of 2.5% recorded in 2022. The percentage of children with EHC plans in secondary schools has also increased in North Yorkshire from 1.3% in 2017 to 2.5% in 2023 which is now above the England rate of 2.3% seen in 2023.

SEN Support

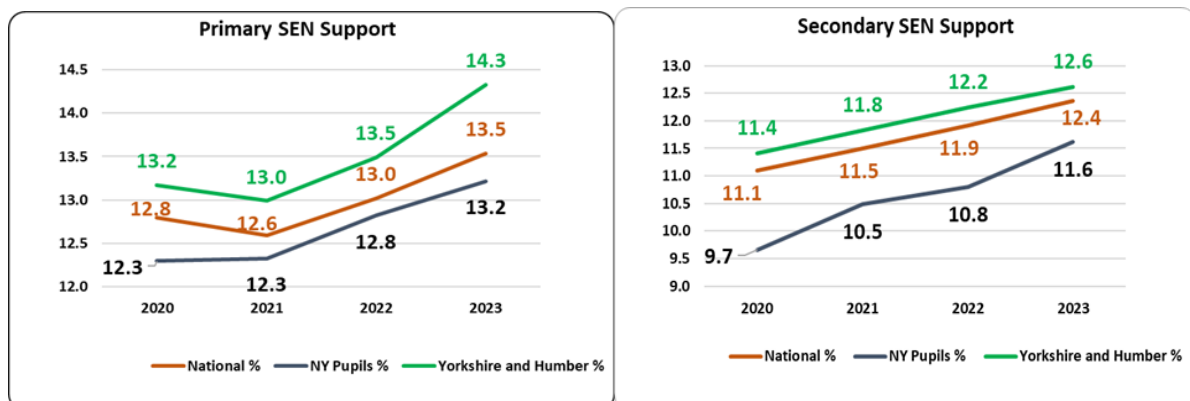


Chart 4: % of school population – primary and secondary phases – recorded as SEN Support (January school census).

The rate of children recorded as having SEN Support in schools in North Yorkshire has been below that of national rates. This has increased over the past few years, and as of 2023 rates in primary schools in North Yorkshire is 13.2% and now similar to the national rate of 13.2% in 2023. The percentage of SEN Support in secondary schools has increased at a much greater rate in North Yorkshire than is the case nationally but continues to be slightly below the national rate. The rate is now 11.6% in North Yorkshire a little below the national rate of 12.4% in 2023.

1.2 North Yorkshire EHC Plans by Locality

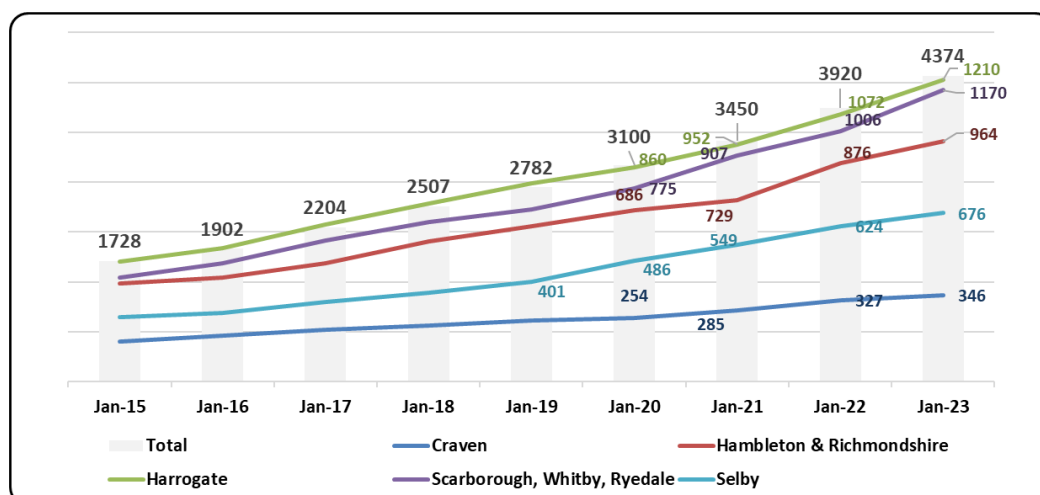


Chart 5: Total North Yorkshire funded EHC plans by Home Locality in January of each year (source: internal North Yorkshire Council, 2023).

The number of children supported with North Yorkshire funded EHC Plans in all localities has consistently risen since 2015. Harrogate and Scarborough, Whitby, Ryedale have the highest number of EHCP's, these are also the NYC localities that have the highest Under 25 population.

The percentage increase in North Yorkshire has been +57% between 2019 and 2023. The localities with the highest increases have been Selby and Scarborough, Whitby, Ryedale at +69% since 2019.

Locality (Home)	Change 2019 to 2023
Craven	+41%
Hambleton & Richmondshire	+55%
Harrogate	+52%
Scarborough, Whitby, Ryedale	+69%
Selby	+69%
North Yorkshire Funded EHC plans	+57%

Chart 6: Total North Yorkshire funded EHC plans by Home Locality in January of each year (source: internal North Yorkshire Council, 2023), % change since 2019.

1.3 New EHCP Plans issued – national comparisons

	2015	2016	2017	2018	2019	2020	2021	2022	% change 2015 to 2022	% change 2019 to 2022
National	27923	36094	42162	48907	53899	60097	62180	66356	+137.6%	+23.1%
Regional	2240	3298	4015	4561	4671	5375	5568	5728	+155.7%	+22.6%
Stat Neighbour	1705	2170	2353	2843	3442	4160	3957	4681	+174.5%	+36.0%
North Yorkshire	244	330	438	406	433	467	494	814	+233.6%	+88.0%

Chart 7: Total EHC plans issued in year by Local Authorities - National Comparisons as of SEN2 census (Source: SEN2, DfE, 2023) – with % change since 2015 and 2019.

In the calendar year of 2022, 814 new EHC plans were issued by North Yorkshire Council, this was an 88% increase on the 433 issues in 2019 and a 234% increase on the 244 issued in 2015. Nationally, the increase from 2019 to 2022 was 23% and 138% from 2015. However, the rate of increase between 2015 and 2017 was 80% in North Yorkshire compared to 51% nationally. Reflecting the continuing and increasing demand for statutory assessment for an EHC plan in North Yorkshire and based on current totals the number of new EHC plans issued in the 2023 calendar year will be approaching 700.

	2015	2016	2017	2018	2019	2020	2021	2022
National	27923	36094	42162	48907	53899	60097	62180	66356
% 0 to 25 population	0.16%	0.21%	0.24%	0.28%	0.31%	0.34%	0.35%	0.38%
North Yorkshire	244	330	438	406	433	467	494	814
% 0 to 25 population	0.15%	0.20%	0.27%	0.25%	0.27%	0.29%	0.31%	0.51%

Chart 8: New EHC plans issued by Local Authorities as % of 0 to 25 population - National Comparisons as of SEN2 census (January) (Source: SEN2, DfE, 2023) – by year shown.

In 2023, the total number of new EHC plans issued as a rate of the 0 to 25 population was 0.51%, more than the national rate of 0.38%. As stated, reflecting the continuing and increasing demand for statutory assessment for an EHC plan in North Yorkshire and based on current totals the number of new EHC plans issued in the 2022 calendar year will be approaching 700 or at least 0.4% of the 0 to 25 population.

1.4 New EHCP Plans issued – timeliness

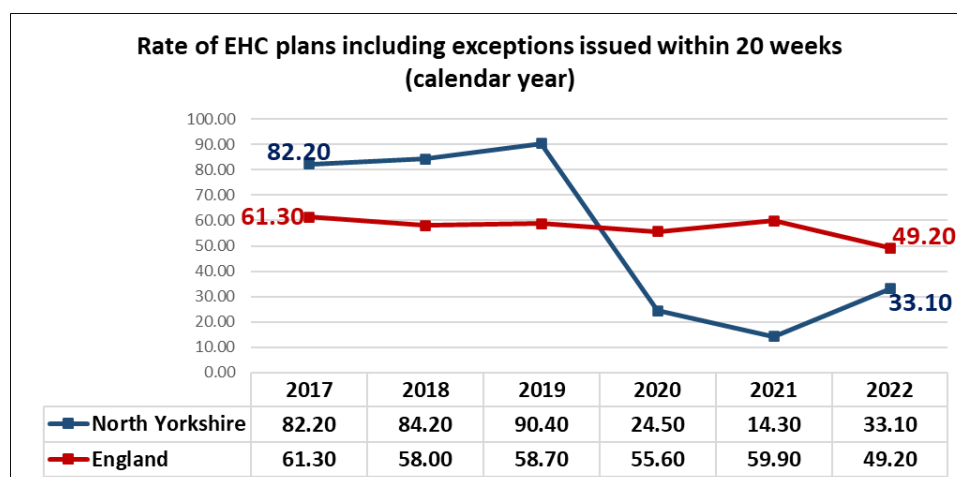


Chart 9: % of EHC plans issued in 20 weeks in year shown - National Comparisons as of SEN2 census (January) (Source: SEN2, DfE, 2023).

The statutory timescale for completing a new EHC plan is 20 weeks from the date a new request for assessment is received. Historically, North Yorkshire has had a much higher rate than the national rate of EHC plans issued in the 20-week period, however this rate decreased during the years of the Covid pandemic. There has been a steady improvement in the timeliness of EHC plans issued since then and

based on current performance, the rate will have again increased significantly to be approaching or at previous national rates.

1.5 Placement of children and young people with an EHC Plan

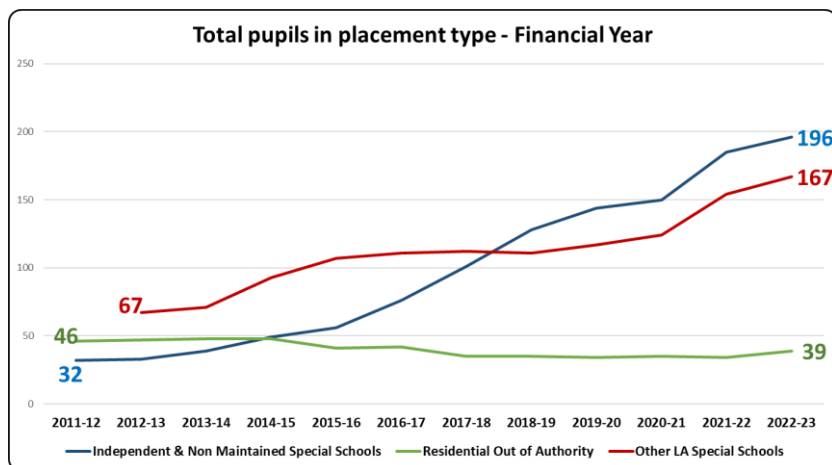


Chart 10: Out of Authority specialist placements in financial year shown by placement type shown (source: internal North Yorkshire Council, 2023).

The number of children educated in independent, non-maintained special schools and other Local Authority special schools has increased significantly in the past ten years. Independent and non-maintained special schools saw the biggest increase from 39 in 2013/14 to 196 in 2022/23 (+400%).

The number of children with an EHC Plan educated in a residential out of authority placement has fallen during this period from 48 in 2013/14 to 39 in 2022/23 (-19%).

1.6 Requests for assessment for EHCP's – assessment process

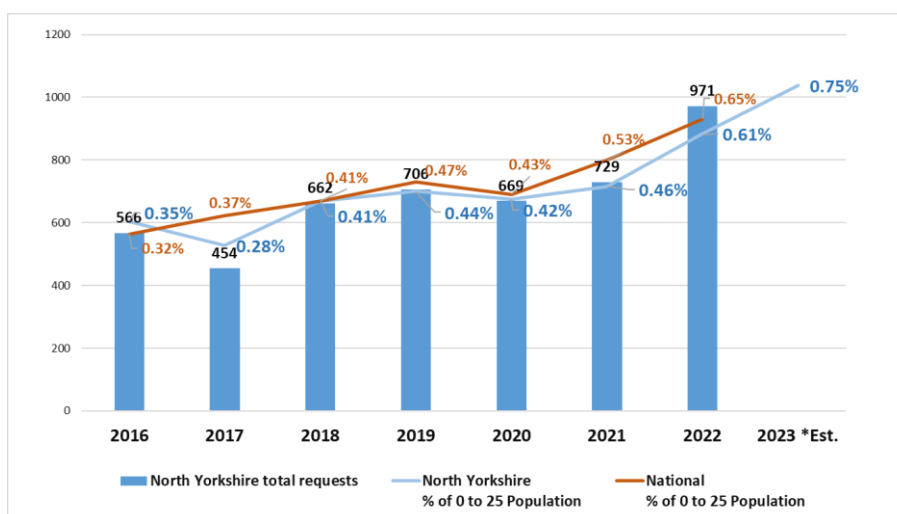


Chart 11: % of request received for statutory assessment as % of 0 to 25 population – with National comparison (source: internal North Yorkshire Council, 2023).

There were 971 requests for statutory assessment received by North Yorkshire County Council in the 2022 calendar year more than any previous year, an equivalent of 0.61% of the 0 to 25 population in North Yorkshire. In 2021, the number

of requests was equivalent to 0.46% of the North Yorkshire 0 to 25 population, lower than the national rate (0.53%).

The increasing demand for statutory assessment has continued into 2023. A total of 1316 requests for statutory assessments for an EHC plan were received during the 2023 calendar year 36% increase (+294) on the number received in 2022.

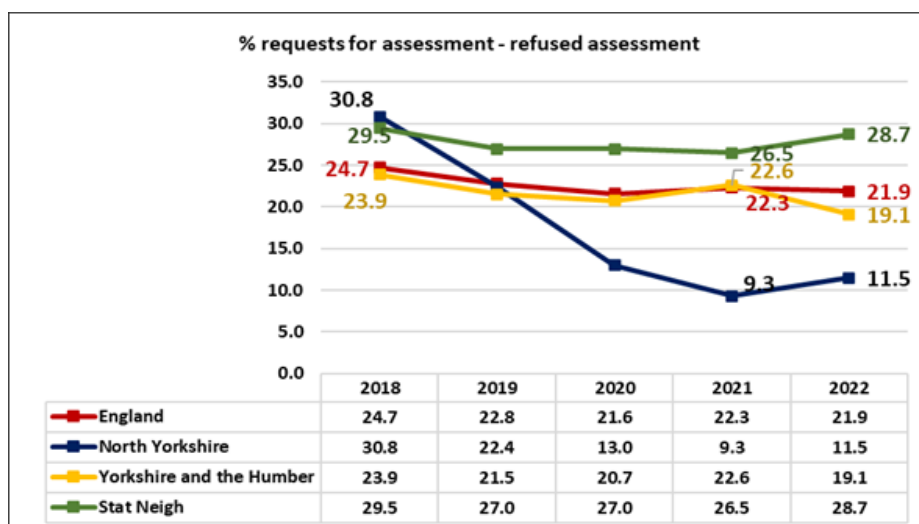


Chart 12: % requests for statutory assessment refused an assessment - National Comparisons as of SEN2 census (January) (Source: SEN2, DfE, 2023).

In the 2018 calendar year, the average rate of requests for assessment being refused an assessment in North Yorkshire was above 30%. By 2021 the rate of requests being refused was 9.3% much lower than the average rate for England of 22.3%. Indications are, at the time of writing, that North Yorkshire will see a further increase in rates of requests being refused as assessment for requests received in 2023.

1.7 SEN by Age and Gender

Children (aged 0 to 25) with a North Yorkshire EHC plan – % in age group increases January 2022

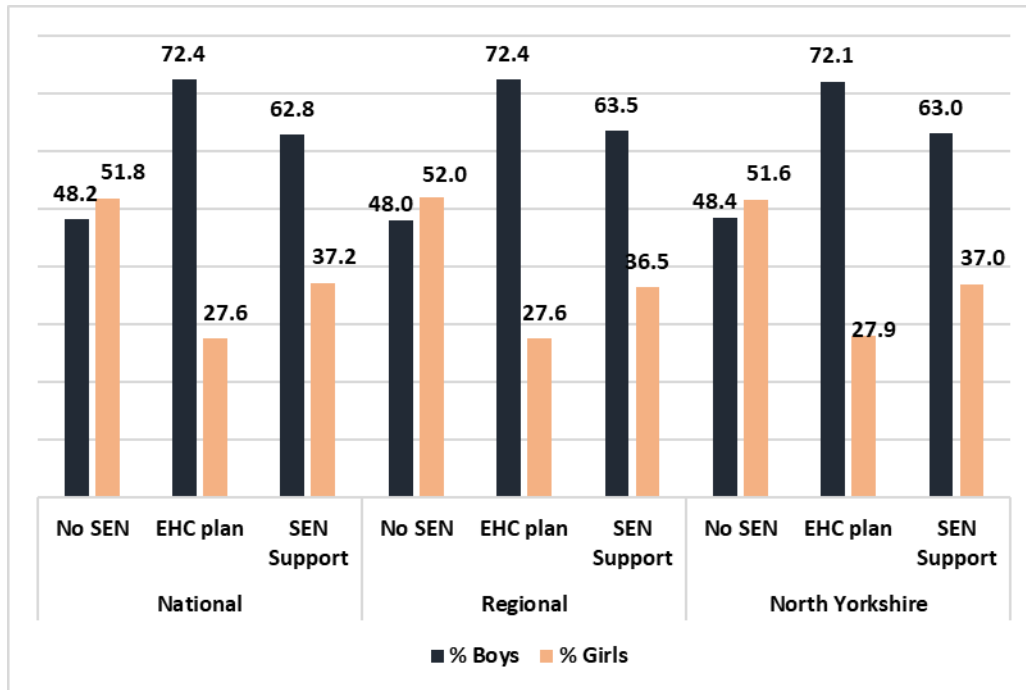
	Under 5	Age 5 to 10	Age 11 to 15	Age 16 to 19	Age 20 to 25	Total
National	4.1%	32.6%	36.0%	20.5%	6.8%	517026
Regional	4.1%	31.2%	36.4%	21.5%	6.8%	45929
Stat Neighbour	4.4%	32.1%	36.1%	21.0%	6.4%	33449
North Yorkshire	4.1%	32.4%	38.7%	19.2%	5.6%	4427

Chart 13: % of total EHC plans maintained by age range shown - National Comparisons as of SEN2 census (January) (Source: SEN2, DfE, 2023).

The number of EHC plans across all age ranges has risen over the last 4 years. The greatest number of children and young people (0-25 years) with a North Yorkshire EHCP are currently aged 11-15 years, accounting for 36.1%; and those aged 5-10 years (31.2%). A very similar proportion of all North Yorkshire EHC plans are in the Under 5 range when compared to national (4.1%) and regional (4.1%) rates.

SEN are more prevalent in boys than girls accounting for about 3 in 4 children and young people with SEN. In January 2022 the school population in North Yorkshire was made of 72.1% boys and 27.9 % girls with an EHC plan, reflecting the national picture of 72.4% and 27.6% respectively.

% of SEN cohort in all schools by gender – (Department for Education (DfE), January 2023)



% of SEN cohort in all schools by gender – (Department for Education (DfE), January 2023).

1.8 EHCP's and SEN Support by Ethnicity

A much higher proportion of the SEN population in North Yorkshire are from a White British background, reflecting the demographical make-up of the county. 89.3% of children with an EHC plan in North Yorkshire were from a White British identity, in January 2023, compared to 66.4% Nationally and 73.8% in Yorkshire and the Humber.

% of school population White British – by SEN cohort (DfE, January 2023)

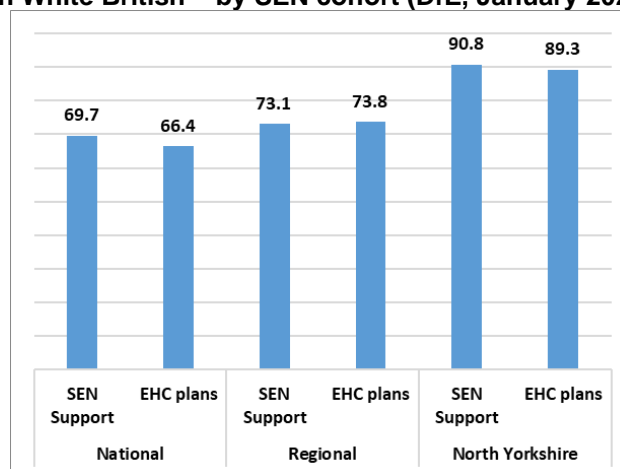
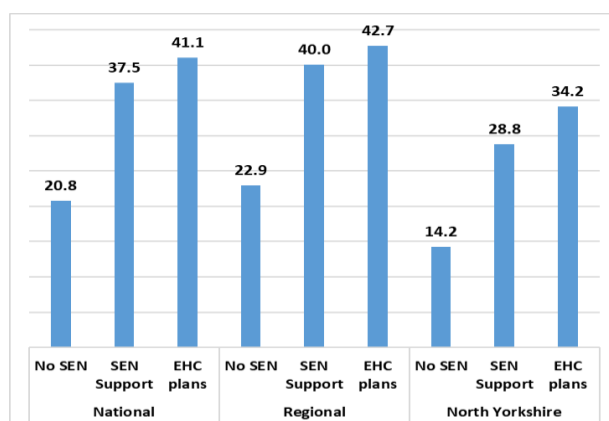


Chart 15: % of SEN cohort recorded as White British – (Department for Education (DfE), January 2023).

1.9 SEN by Deprivation

Children eligible for free school meals (FSM) is an indicator of the economic deprivation of a school intake. In North Yorkshire, overall, the rate of the school population eligible for FSM is lower than the national and regional rate (see chart above). However, the rate of children with SEN and FSM eligible rises considerably compared to children not recorded as SEN. 34.2% with an EHC plan in North Yorkshire in January 2023, were also FSM eligible compared to 14.2% of the non-SEN school population. The rate nationally was 41.1% and 20.8% respectively.

% of school population eligible for Free School Meals – by SEN cohort (DfE, January 2023)



% of SEN cohort eligible for Free School Meals – (Department for Education (DfE), January 2023).

1.10 Appeals to SEND Tribunal

There is a right to appeal to decisions made as part of the EHC plan statutory process, through a SEND Tribunal, part of the systems of courts and tribunals which makes decisions in appeals and claims.

Appeals can be made regarding a claim of disability by a school against a child or the following stages of the EHC plan statutory process:

- A refusal to assess/reassess for an EHC plan.
- A refusal to issue an EHC plan.
- The content or change of the content in the plan regarding:
 - The special need identified.
 - The support provided.
 - The school placement.
- A decision to cease the plan.

There has been an upturn in the number of appeals to Tribunal in North Yorkshire following a decline during the 2020/21 academic year. In the 2022/23 academic year the majority (73%) of appeals to SEND Tribunal in North Yorkshire were due to the content of an EHC plan. The proportion of appeals due to a refusal to assess has reduced considerably since 2018/19.

Reasons for Appeals – North Yorkshire

Academic Year	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Content of EHC plan	20	42	32	47	35	76	108
Refusal to assess	18	27	30	9	9	3	13
Refusal to make EHCP	3	12	17	12	6	13	27
Total	41	83	79	69	51	93	149

Chart 17: Appeals to first tier SEND tribunal (Source: North Yorkshire County Council data, 2023).

Rate of Appeals – national comparison

National comparisons for prevalence of appeals to tribunal can be made using the number of appeals with a rate against appealable decisions i.e., the number of requests for assessment, the number of assessments completed, the number of EHC plans and the number of EHC plans ceased. In 2022, the rate in North Yorkshire was 2.7%, higher than the national rate of 2.3%, having been below the national rate in the previous year.

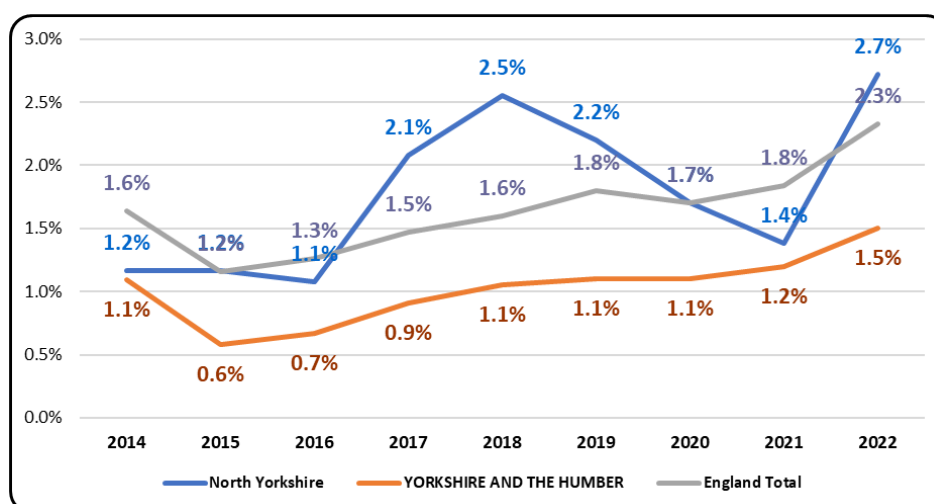


Chart 18: Appeal to SEND tribunal as a % of appealable decisions (Source: Ministry of Justice, 2023).

2. Primary Category

2.1 Pupils with SEN by Primary Need - North Yorkshire

Primary need and descriptor categories

C&I - Communication & Interaction	Autism	Autistic Spectrum Disorder
	SLCN	Speech Language and Communication Needs
Sensory	HI	Hearing Impairment
	MSI	Multiple Sensory Impairment
	PD	Physical Disability
	VI	Visual Impairment
C&L - Cognition & Learning	MLD	Moderate Learning Disability
	PMLD	Profound and Multiple Learning Disability
	SLD	Severe Learning Difficulties
	SPLD	Specific Learning Difficulties
SEMH	SEMH	Social, Emotional and Mental Health
	OTH	Other
	NSA	No Specialist Assessment

		Primary Need - % of all EHC plan in schools												Total EHC plan
	Phase	Autism	SLCN	HI	MSI	PD	VI	MLD	PMLD	SLD	SPLD	SEMH	OTH	
National	Primary	31.51	30.09	2.21	0.44	4.64	1.13	7.27	1.05	2.08	4.12	12.99	2.48	117757
	Secondary	28.73	17.11	2.44	0.37	4.94	1.64	10.93	0.36	1.39	7.70	21.18	3.21	87219
North Yorkshire	Primary	34.59	22.45	1.73	0.67	5.59	1.16	8.86	1.25	2.99	4.53	14.26	1.93	1038
	Secondary	32.44	11.75	1.72	0.32	6.47	1.40	12.18	0.00	1.40	5.06	24.46	2.80	928

Chart 19: Primary needs of children recorded with an EHC plan in primary and secondary schools as a % of all EHC plans in schools – with National comparison (Source: DfE, January school census, 2023).

The highest proportion of children in both primary and secondary schools with an EHC plan in North Yorkshire have a primary need of Autistic Spectrum Disorder (Autism) as of January 2023, 34.6% of children in primary schools had a primary need of Autism and 32.4% in secondary.

When comparing rates of primary need types for EHC plans in school nationally, the overall picture is similar to that in North Yorkshire schools, although there is a notable difference with lower identification of Speech Language and Communication Needs (SLCN) highlighted and higher identification of Autism in primary and secondary schools, highlighted in the table above

The highest proportion of children recorded as SEN Support in primary schools in North Yorkshire have a primary need of Speech, Language and Communication (SLCN), as of January 2023 28% of children in primary schools had a primary need of SLCN. The second highest identified need in primary schools was Specific Learning Disability (SPLD e.g., Dyslexia, Dyscalculia) at 17.7%.

2.2 Pupils with SEN support by Primary Need – North Yorkshire

		Primary Need - % of all SEN Support in schools													Total SEN Support
	Phase	Autism	SLCN	HI	MSI	PD	VI	MLD	PMLD	SLD	SPLD	SEMH	OTH	NSA	
National	Primary	6.68	35.21	1.32	0.30	1.93	0.75	17.02	0.07	0.22	9.74	18.31	3.07	5.38	629184
	Secondary	10.63	11.69	1.89	0.29	2.26	1.14	18.22	0.03	0.14	20.85	24.02	5.35	3.47	448967
North Yorkshire	Primary	8.34	28.07	1.33	0.43	1.86	0.53	17.19	0.12	0.24	17.74	16.92	2.00	5.25	5864
	Secondary	12.71	8.09	2.17	0.30	1.85	1.06	15.30	0.02	0.02	26.62	22.50	6.08	3.28	4328

Chart 20: Primary needs of children recorded with SEN Support in primary and secondary schools as a % of all SEN Support in schools – In January of year shown (Source: DfE, January school census, 2023).

The highest proportion of children in secondary schools had SEN Support with a primary need of Specific Learning Difficulties e.g., dyslexia, 27% of the secondary school population in January 2023. The second highest identified need in secondary schools was Social, Emotional and Mental Health (SEMH) at 23%.

When comparing rates of primary need types for SEN Support in school nationally, the overall picture is similar to that in North Yorkshire schools, although there are notable differences with lower identification of SLCN highlighted and higher identification of SpLD in primary and secondary schools in the table above .

2.3 Primary Need by Gender

	North Yorkshire		National	
	Boys	Girls	Boys	Girls
Autism	18.7%	12.1%	16.4%	10.1%
SLCN	19.9%	15.7%	25.1%	21.1%
HI	1.2%	2.2%	1.3%	2.2%
MSI	0.3%	0.5%	0.3%	0.3%
PD	2.4%	3.1%	2.2%	3.1%
VI	0.6%	1.3%	0.8%	1.2%
MLD	13.3%	18.0%	13.7%	18.2%
PMLD	0.6%	0.5%	0.7%	0.9%
SLD	1.2%	1.6%	2.3%	2.3%
SpLD	15.2%	20.9%	10.0%	14.8%
SEMH	20.1%	16.9%	20.6%	17.7%
OTH	6.3%	7.2%	6.5%	8.0%
Total Pupils	8762	4681	947635	505928

Chart 21: Primary needs of children recorded with SEN by gender (Source: DfE, January school census, 2023).

As previously discussed, identification of special educational needs is more prevalent in boys, there are also differences in the prevalence in types of need identified. In North Yorkshire, identification of SEN (both EHC plans and SEN Support) across all schools, shows that the most common identified primary need is Social, Emotional, Mental Health (SEMH) at 20.1% of the SEN school population, however, for girls the most common identified primary need is Specific Learning Difficulties (SpLD e.g., Dyslexia) at 20.9% of the SEN school population.

Nationally, the rate of SEMH in the SEN population for boys is 20.6%, similar to the North Yorkshire rate, however, the most prevalent primary need for boys nationally is Speech, Language and Communication Needs (SLCN) at 25.1%. SLCN is also the most common primary need for girls nationally, 21.1%. Specific Learning Difficulties (SpLD) identification is also less than the North Yorkshire rate amongst girls, at 14.8%.

2.4 Autism

Autism is a spectrum condition and while individuals may share certain difficulties it will affect them in different ways. The term Autism is used to describe all diagnostic autism profiles including Asperger syndrome and Pathological Demand Avoidance

(PDA). Asperger syndrome is associated with individuals who are on the autism spectrum but do not have learning disabilities, have good language skills but have social communication difficulties. PDA describes a person who may significantly avoid demands and expectations caused by high levels of anxiety relating to conforming to social demands; and of not being in control of a situation.

Autism is often diagnosed alongside other conditions such as Attention Deficit Hyperactivity Disorder (ADHD), hearing impairment, visual impairment, Down’s syndrome, dyslexia, dyspraxia, epilepsy, Foetal Anti-Convulsant syndrome (FACS), Fragile X syndrome, Hyperlexia, learning disabilities (approximately 50%), social communication disorder and mental health issues (approximately 70%) (Source: National Autistic Society).

Children and young people with Autism, including Asperger’s syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination which can impact on how they relate to others.

North Yorkshire has 2,206 children with Autism as a primary need in all schools (DfE, 2023), accounting for 16.4% of all SEN pupils (either SEN Support or an EHC plan), this compares higher than the national level of 14.2% nationally. North Yorkshire also compares higher than most of its ten statistical neighbours, apart from Central Bedfordshire (16.8%) and West Berkshire (21.5%). It is also above the regional rate of 13.6% for Yorkshire and the Humber.

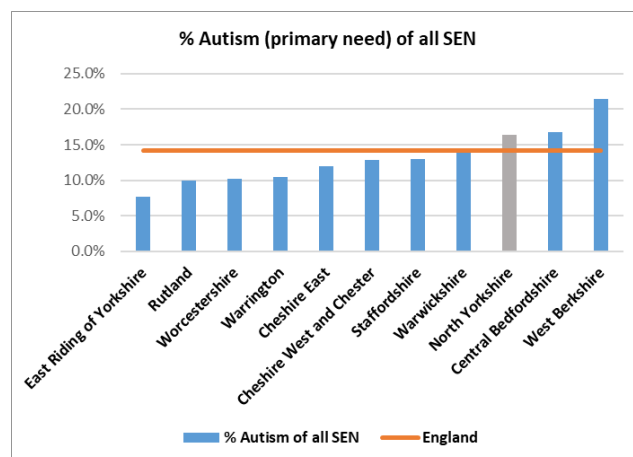


Chart 22: % primary need of SEN recorded as Autism by Statistical Neighbour LA shown (Source: DfE, January school census, 2023).

When compared to the school population as a whole, North Yorkshire rates are slightly higher than national rates for Autism. As of 2023 2.7% of the school population (all schools) in North Yorkshire had a primary need of Autism, compared to the national rate of 2.4%. Again, North Yorkshire has a higher rate than most of its ten statistical neighbours, apart from Central Bedfordshire (2.8%) and West Berkshire (3.7%). It is also very slightly above the regional rate of 2.3% for Yorkshire and the Humber.

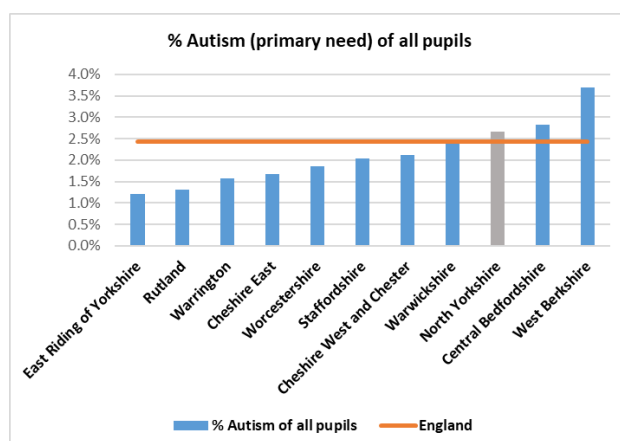


Chart 22: % primary need of school population (all school types) recorded as Autism by Statistical Neighbour LA shown (Source: DfE, January school census, 2023).

3. Conclusions

- Timeliness against the 20-week process has been steadily improving having dropped below national performance in recent years, to now being similar to the national rate.
- ‘Refusal to assess’ in North Yorkshire is significantly lower than the national average following a move to Education Health and Care Assessment Request (EHCAR) decision meetings where the decision to assess is made jointly and equally between parents/carers, school, EP and SEN team.
- The number of Tribunals is increasing but significant increase in the LA successfully defending appeals.
- Work needs to continue around National Trial cases improving joint case management of these and responsiveness to recommendations from Health and Care.
- Speech, Language and Communication is the most common primary need in North Yorkshire; however, this is lower than the national average.
- The growing population of EHC plans maintained by North Yorkshire has been largely driven by plans issued for children with a primary need of Communication and Interaction (including Autistic Spectrum Disorder) and children with Social, Emotional and Mental Health needs. This has led to growing demand for specialised provision for these needs in the county, which has been recognised within North Yorkshire’s Strategic Plan for SEND Education Provision. The Strategic Plan seeks to address this growth in demand through targeted mainstream provision in order to:
 - Assist children in accessing more local provision.
 - Provide a viable mainstream option for more children with an EHCP.
 - Assist the LA in meeting some of the geographical challenges of a large shire county.
 - Upskill whole school staff to better meet SEND within mainstream schools.
 - Help alleviate growing pressure for special school places.
 - Assist with meeting the needs of transient groups - Forces Families, LAC and those moving into the area with additional needs.

4. Next Steps

20 Week Process

An established action plan involving a hybrid Educational Psychologist model with agencies is proving to have a positive impact on overall timeliness of EHC plans. Although timeliness is improving, we need to continue to address this and work closely with agencies to remove inefficiencies in the process.

EHC Decision Panel

EHC decision panel now has consistent membership from Health and, as we move out of the pandemic, will have membership from Social Care which will facilitate effective decision making as well as ensuring quality assurance of every EHCP issued.

Improved process for early resolution of disputes

SENDIASS North Yorkshire have a standalone, arm's length, confidential advice line for parents/carers of 0-25 young people with SEND, young people and professionals that can refer via phone, email, social media, or a referral form that transfers to an advice line. Since April 2022, workshops and monthly 'Coffee and Questions' sessions based on a relevant theme (coming from the advice line) have taken place. Twice a term, professional training is also offered.

Developing transformative projects

North Yorkshire is one of 30 LAs nationally to roll out the Dingley's Promise training package, specifically targeted at developing the knowledge and understanding of SEND across Early Years practitioners, including nurseries, schools, and childminders.

School Locality boards have also prioritised Early Identification funding projects that will be evaluated at the most relevant times for those projects. The impact reports will be used to inform the boards' future decisions.

SEND Hubs

Hub staff continue to work in schools and settings across the 0-25 age range and also with parents/carers and in the home where appropriate. Each child has a key worker who is their main contact from the Hub team. A performance framework has been developed as part of this new approach to service delivery, it will be used to benchmark performance and monitor the effectiveness of hub activity.

Establishment of special free school in Selby

Approval was received in 2019 for a bid to establish a new special free school in Selby. The school will be for children and young people with complex special educational needs in the areas of:

- Communication and interaction needs; including autism and speech language and communication needs; and/or
- Cognition and learning needs (moderate/severe learning difficulties).

5. Outcomes

Introduction

This chapter provides information relating to improving outcomes for children with SEND, a goal which is central to North Yorkshire Council's strategic plan for SEND. This report focuses on areas which indicate how well this principle is being realised against the ambition of children and young people with SEND achieving strong outcomes and how well they are preparing for their next steps.

Contents

- 1. Ofsted Outcomes**
- 2. SEND Hubs**
- 3. Attainment**
 - 3.1 Early Years
 - 3.2 Key Stage 2
 - 3.3 Key Stage 4
- 4. Absence/Attendance**
 - 4.1 Attendance at Special Schools
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 - 5.1 Suspensions
 - 5.2 Permanent Exclusions
- 6. Education and training following compulsory school age**
- 7. SEN wellbeing and perceptions**
- 8. Conclusions**
- 9. Next Steps**

1. Ofsted Outcomes

% of children with SEN provision in Good or Outstanding schools (Ofsted overall effectiveness) December 23.

	Primary Schools		Secondary Schools	
	Latest Outcome	Previous Outcome	Latest Outcome	Previous Outcome
Good or Outstanding	81.0%	65.6%	81.6%	59.4%
Outstanding	8.0%	12.3%	17.4%	19.3%
Good	73.0%	53.3%	64.2%	40.0%
Requires Improvement	13.5%	29.8%	14.3%	27.4%
Inadequate	5.6%	4.6%	4.1%	13.2%

The proportion of children with SEN provision in an Ofsted graded Good or Outstanding school is increasing. As of the end of 2023, 81% of children with an EHC plan or receiving SEN Support in primary schools were being educated in a Good or Outstanding school, as of the latest Ofsted inspection outcome for overall effectiveness of the school. This is an improvement on the 65.6% reported for primary schools based on each school's previous inspection. There has been a

bigger improvement for secondary schools with 81.6% of children with SEN provision being educated in a Good or Outstanding school as of the end of 2023, an increase from 59.4% for each school's previous inspection outcome. The increase in SEN pupils attending schools graded Good or Outstanding is reflective of both the collaborative approach to school improvement driven by North Yorkshire's School Improvement Service and the Inclusion Service's close working with schools to improve the quality of education provision.

2. SEND Hubs

In September 2020, a new approach to providing specialist SEND services for children living in or being educated in North Yorkshire was implemented through the introduction of SEND Hubs across four locality areas. All schools and settings in North Yorkshire can refer to the SEND hubs as part of this locality approach and there are 4 hubs in North Yorkshire:

- Scarborough, Whitby and Ryedale
- Harrogate, Knaresborough, Ripon and Craven
- Hambleton and Richmondshire
- Selby

The total caseload of SEND hubs as of the time of writing (end 2023) was 1,551 which was a slight increase of 2% on the same time in the previous year (1,521). This caseload is made up of 1,495 individual children supported across a range of specialist services. These caseload figures include caseloads for all specialist services provided including Sensory and Medical Education Services. Each child being referred to a SEND hub will have individual clearly defined outcomes to be achieved as part of the specialist service caseload, expected outcomes which are shared with the child's school and family. The list of expected outcomes will vary considerably depending on the specialist service, but they can include improved educational attainment or outcomes relating to physical therapy by the end of 2022. 99% of children whose cases had been closed at hubs had either fully or partially achieved their expected outcomes.

3. Attainment

3.1 Early Years

The Early Years Foundation stage covers children in Nurseries and the Reception year of primary school or children aged three to five typically, it is the first stage of a child's education. Children are taught through games and play and are assessed against areas of learning covering:

- Communication and language.
- Physical development.
- Personal, social and emotional development.
- Literacy.
- Mathematics.
- Understanding the world.
- Expressive arts and design.

% of SEN cohort achieving a Good Level of Development (%GLD) – Early Years Foundation Stage

A child is evaluated against the above goals and a 'good level of development' is defined as reaching the expected level in the areas of learning which is an assessment judgement by a practitioner or teacher.

The picture of attainment for children identified as having SEN in Early Years compared to those without identified needs in North Yorkshire reflects the picture nationally. In the 2022/23 academic year, 19.8% of children who had SEN, either having an Education, Health and Care plan or receiving SEN support at the Early Years stage in North Yorkshire, achieved a good level of development (GLD), similar to the 19.9% reported nationally. There was a gap of 56 percentage points (pp) difference to those children without an identified special need, this is broadly similar to the gap reported nationally of 54.3pp. The gap between SEN and non-SEN nationally is similar to pre-pandemic rates, 53.1pp in 2018/19. This is also the case in North Yorkshire, 55.9pp in 2018/19.

The uptake of Early Years funding in North Yorkshire is very strong, based on the latest published figures, 88% of 2-year-olds (72% nationally) and 99% of 3 and 4 years olds (92% nationally) are benefitting from free early education. Across both measures, North Yorkshire sits comfortably within the top quartile nationally.

3.2 Key Stage 2

% of SEN cohort achieving expected standard in Reading and Writing and Maths (%RWM) – Key Stage 2

Key Stage 2 covers years 3, 4, 5 and 6 of primary school, typically spanning ages 7 to 11. As with Early Years, children identified as having SEN at Key Stage 2 assessments, on average, achieved much lower than children without SEN across the country.

In England, 20.1% of children achieved the expected standard in all three subjects of Reading, Writing and Maths (RWM) which was a gap of -49.8pp to the non-SEN cohort (69.9%). Similarly, in North Yorkshire, 16.9% of children with SEN achieved the expected standard in RWM, which was a -49.4pp difference to the non-SEN cohort (66.3%).

There was a significant reduction in the rate of achievement in RWM for children not identified as SEN between 2018/19 and 2021/22, in North Yorkshire and nationally. This trend appears to have continued into 2022/23. Compared to 2018/19, the gap between North Yorkshire's SEN pupils and their non-SEN counterparts has fallen from -54.9pp.

3.3 Key Stage 4

Key Stage 4 attainment covers years Year 10 and 11 of secondary school education when young people are aged 14 to 16. A 'fixed' measure of attainment for pupils

completing Key Stage 4 is the proportion of the cohort achieving a 'high C' (grade 5) or higher in English and Maths.

Comparing SEN pupils with their non-SEN peers, we have seen that the gap between SEN (15.3%) and non-SEN (51.1%) has dropped from -42.2pp in 2021/22 to -35.8pp. Over the same period the SEN gap nationally has decreased, from -37.5pp in 2021/22 to 34.2pp. The reduction in the gap is driven by a downturn in non-SEN attainment nationally.

The proportion of pupils with a Special Educational Needs achieving grade 5 to 9 in English and Maths in 2022/23 was lower than the national rate of 16.9% at 15.3%. Attainment has dropped for the SEN cohort compared the previous year (17% in 2021/22), as is the case nationally.

The attainment 8 score is the average score achieved across 8 approved school subjects, which include, English Literature, English Language, Maths, Sciences, Computer Science, History, Geography and Languages. Attainment of children with SEN in secondary schools in North Yorkshire in 2022/23 was slightly below that of children with SEN nationally, 26.8 compared to 28 nationally. Due to the impact of the pandemic, caution should be used when drawing parallels with previous years. The gap in attainment to children without identified SEN in North Yorkshire was 23.5pp in 2022/23, a larger gap than was seen nationally of -22.1pp. The gap has decreased since the last examination round in 2021/22 in North Yorkshire (from -26.5pp). The gap also decreased nationally, from -23.1pp.

Attainment

- Proportion of children achieving a Good Level of Development in Early Years in North Yorkshire, both SEND, and non-SEND is higher than their peers nationally.
- The SEND gap has closed in 2022 in North Yorkshire at a faster rate than national.
- Whilst attendance for both SEND and non-SEND pupils was slightly lower than the national average in 2021/22, the SEN-gap has reduced and is in line with the national average.
- Although SEN Support pupils were less likely than their peers nationally at Key Stage 2, pupils with an EHCP performed in line with their peers nationally.
- The gap between SEN and non-SEN pupils at Key Stage 4 achieving grade 5 to 9 in English and Maths has increased in North Yorkshire compared to the national average. This is primarily driven by an increase in attainment of non-SEN pupils, as the rate of SEN pupils achieving grade 5 to 9 in English and Maths has also improved, although it remains slightly lower than national.
- The patterns across the average attainment 8 and progress 8 scores follow similar trends, with non-SEN scores exceeding the national average, whilst the SEN scores fell slightly short of their peers nationally.

- Looking at a provision level, the average attainment 8 and progress 8 scores of pupils with an EHCP were broadly in line with the national average, whereas SEN Support scores were slightly lower. This is a trend that has existed over previous years.

With a focus on improving progress and attainment for children with SEN, North Yorkshire's School Improvement Service work collaborative to challenge areas of underperformance. Specific SEND actions include:

- All Senior Education Advisors (SEAs) to carry out focused inclusion visits as part of the core offer.
- SEAs to monitor the SEND provision effectively and consistently using the SEND evaluation toolkit.
- School Partnership Improvement Plans to identify a clear KPI for inclusion, with measurable milestones that can be monitored, and impact identified.
- Monitor and challenge SEND provision in small schools from SEN support pupils through focused visits and the small school network.
- Monitor and challenge inclusive quality first teaching during school visits.
- Autumn Planning Meetings to identify strengths and priorities for SEND provision and to ensure SEND is identified on School Development Plans.

4. Absence/Attendance

At a school phase level, primary attendance rates over 2021/22 were broadly in line with the national average across the overall cohort, non-SEN pupils, SEN Support pupils and EHCP pupils, only varying by 0.1% at each level.

The most recent nationally available information (Autumn and Spring terms of 2022/23) show that attendance for SEN Support, EHC plans, and non-SEN groups appear to have surpassed National rates marginally across all three groups. Across Secondary school, however, we saw North Yorkshire's attendance rates in 2021/22 consistently fall below the national rate. For the overall secondary school population, the national attendance rate was 91%, compared to 90.6% in North Yorkshire, a gap of -0.4pp between North Yorkshire and the national. This gap closes amongst the non-SEND population to just -0.4pp, however, increases to -1.2pp for SEN Support pupils and -2.5pp for EHCP pupils.

Whilst the gap to national rates for the North Yorkshire SEN Support cohort appears to have closed, the gap for children with EHC plans continued into 2022/23. 81.6% was the attendance rate of children with EHC plans in North Yorkshire secondary schools compared to 85.6% nationally, a gap of -4.0pp (Autumn and Spring terms 2022/23).

With the exception of EHCP pupils, according to provisional attendance data, persistent absence rates at Primary School are lower in North Yorkshire than the national average. Overall Primary persistent absence rates in North Yorkshire were 16% compared to 17.9% nationally. Non-SEND pupils fell below this, 14.1% in North Yorkshire and 15.8% nationally. Reflective of escalating needs, persistent absence rates at SEN support level were above the overall average at 24.3% in North

Yorkshire, 1.9pp lower than SEN Support nationally (26.2%). At EHCP level, persistent absence rates in North Yorkshire matched the national rate at 31.3%. These trends in primary schools appear to have carried into 2022/23, with persistent absence being slightly below rates seen nationally, for EHC plan, SEN support and non-SEN cohorts.

National comparison data (DfE, 2023) shows that persistent absence in secondary schools in North Yorkshire appears to have reduced slightly compared to last year. In 2021/22, Secondary persistent absence rates in North Yorkshire were 28.7% compared to 27.6% nationally. This reduced to 24.8% in the 2022/23 academic year (Autumn and Spring Terms), below the national rate of 25.3%. Persistent absence of the EHC plan (43.6%) and SEN support (37.1%) fell to below national rates in 2022/23 (Autumn and Spring Terms). Persistent absence for non-SEND pupils continued this trend falling to 22.0%, slightly below the national rate of 22.6%.

4.1 Attendance at Special Schools

Due to the nature of the needs of children attending special school being considerably more complex than pupils in mainstream school it is worth applying some caution when comparing the North Yorkshire rate with the national average. This being said, the attendance rate in North Yorkshire has continued to close with the national average (86.8%), at 86.0%, the attendance of pupils in North Yorkshire Special Schools is now only marginally below the national rate, as of the Autumn and Spring term of 2022/23.

Reflective of the trend seen in the attendance rate at Special School, the persistent absence rate has also seen considerable reductions from a high of 72% (compared to 48.9% nationally) in 2020/21, to 40.4.% in Autumn/Spring of 2022/23, slightly higher than the national rate of 40.4% nationally.

5. Exclusions from school

Rates of exclusions from school have seen an increase following a sharp reduction during the Covid pandemic.

5.1 Suspensions

Rate of school population issued with at least one Suspension. – National Comparison

The proportion of the SEN population which is temporarily suspended from school for any length of time during the course of the academic year, tends to be much higher than for the non-SEN cohort, both nationally and in North Yorkshire schools, typically at least 4 percentage points more. By far, the most commonly stated reason for a child being excluded (both for a suspension or permanently) nationally is due to 'persistent disruptive behaviour', which is also the case in North Yorkshire schools. The proportion of children with an EHC plan in North Yorkshire schools who were suspended at least once during 2021/22 was 7.3%, this is higher than the national rate of 5.4%. Whilst the rate of suspension amongst pupils with an EHCP remains

very similar to rates seen in previous years, the rate nationally has reduced, falling from 6.5% in 2018/19 to 5.4%.

Rates of children recorded as SEN support and suspended at least once in 2021/22 was 5.7%, similar to the 5.5% nationally. Over recent years, and largely reflecting the trend seen amongst North Yorkshire non-SEN population, the suspension rate has remained more-or-less consistent with the national average.

5.2 Permanent Exclusions

Rate of school population permanently excluded – National Comparison

As is the case with suspensions, children who are recorded as having a special education need (either EHC plan or SEN Support) are more likely to be permanently excluded from school during the course of the academic year. Comparable with the non-SEN cohort, the proportion of children being permanently excluded reduced during the academic years spanning the Covid pandemic.

In 2018/19, 0.37% of the SEN Support population were permanently excluded, higher than the national rate (0.32%), dropping to 0.16% in 2020/21 and 0.12% in 2021/22. We have also seen considerable reductions in the rate of permanent exclusions for children with an EHCP, down from 0.29% in 2018/19 (compared to 0.15% nationally) to 0.04% in 2021/22 (compared to 0.06% nationally). This sharper rate of decrease highlights the work that the inclusion service has undertaken to prevent exclusions for vulnerable young people, including working with schools and settings to better understand the needs of young people.

The fact that children with a special educational need are more likely to be excluded from school is demonstrated when we look at the proportion of all exclusions issued for children already identified as having SEN in recent years in North Yorkshire. In 2022/23 32.2% of all suspensions in North Yorkshire were for children recorded as having SEN support, which was similar to the previous year (31.7%). The rate of suspensions for children with an EHC plan was 9.2% in 2022/23, down by 2.4pp from 11.6% in 2021/22.

Children who are excluded are more likely to be recorded as SEN support than have an EHC plan, which is reflected in permanent exclusions for each group, 38.5% of all permanent exclusions in North Yorkshire were for children with SEN support, whereas 14.6% had an EHC plan at the time. This is, in part, reflective of the extensive support offered to children with Education, Health and Care Plans and the work with schools to understand the needs of children with EHCPs. As mentioned earlier, the inclusion service is working closely with schools and settings to enhance the support offered to pupils with SEN Support.

Children or young people with Social, Emotional and Mental Health needs (SEMH) identified as their primary need are 15 times more likely to be permanently excluded and 13.5 times more likely to be suspended than a peer without SEN, according to national statistics (DfE, 2021). A high proportion of children in North Yorkshire who were excluded in North Yorkshire were identified as having a need of SEMH in 2022/23. 25.0% of children who were permanently excluded have or have since

been identified as SEMH, this rate is similar to previous years. Relatively fewer children with a suspension have been identified with this need, however the proportion is significant, with 10.7% of children suspended in North Yorkshire in 2021/22 having a need of SEMH. This is reflective of the presenting needs/behaviour of children with SEMH needs.

6. Education and training after compulsory school age

The proportion of children with SEN who are recorded as being in an education or training setting at the age of 16 to 17, has been consistently above rates seen in England in 2022 and 2023. 97% of 16 to 17-year-olds recorded with an EHC plan in North Yorkshire were in these settings as of March 2023, higher than the recorded national rate of 87.2% (gov.uk, 2023). Similarly, the percentage for children with SEN support was 95.0%, much higher than the 85.9% recorded nationally. For those children without any recorded SEN, the rate was 95.9%, slightly higher than the published national rate of 93.2%.

% of EHC plans in Further Education

As of the annual SEN2 (SEN census) submission in 2023, a very similar proportion of children with an EHC plan, compared to nationally, were recorded as being in Further Education at the time of the census. 14.7% of all EHC plans were recorded as having a placement in Further Education compared to 14.8% recorded nationally.

The types of further education young people are attending varies, including general further education offering apprenticeships, vocational and higher education courses. The Further Education category includes specialist institutions for young people over the age of 16, as well as post-16 courses offered by providers on the UK Register of Learning Providers (UKRLP).

7. SEN wellbeing and perceptions

– Growing up in North Yorkshire survey 2022

The Growing Up in North Yorkshire (GUNY) survey of schools assesses wellbeing in the school population based on a series of questions. These are recognised and validated tools. In Primary school the Stirling Children's Well-Being Scale is used and the Short Warwick-Edinburgh Mental Wellbeing Scale at secondary school.

Children identified as having a special educational need consistently report that their levels of wellbeing are below that of children who do not have SEN. In primary schools, the 2022 survey showed, 34% of boys identified as SEN had a wellbeing score categorised as high compared to 43% of the non-SEN cohort.

The wellbeing score in primary schools for the Growing up in North Yorkshire survey is based on the Stirling Wellbeing scale, a sample of questions asked is above.

Stirling Children's Well-Being Scale	Boys		Girls	
	SEN	Non-SEN	SEN	Non-SEN
I've been feeling optimistic about my future	59	71	49	68
I've been feeling useful	60	75	43	61
I've been feeling relaxed	71	72	52	65
I've been dealing with problems well	63	79	44	62
I've been thinking clearly	66	81	38	64
I've been feeling close to other people	79	83	70	80
I've been able to make up my own mind about things	79	87	63	79

In 2022, girls with SEN in secondary school were much more likely to report as having a low wellbeing score. 22% of girls with SEN in secondary schools had a low wellbeing score compared to 9% of the non-SEN cohort.

There have been some positive changes in reported outcomes from the GUNY survey for children with SEN since it was last undertaken during the Covid Pandemic. A much higher proportion of children with SEN in secondary schools are now reporting that they are doing five or more hours of physical activity during the course of the week, this cohort is also more likely to be taking part in volunteering in the community when compared to 2020.

Children with SEN's perception of their contribution in primary schools is now also more positive, with a higher proportion finding their opinions are asked for and make a difference to decisions made in school. They also believe that they have enough knowledge of how their body will change as they go into secondary school.

Pupils in Secondary Schools	2022	2020	Trend
Do five or more hours of physical activity in a typical week out of school.	44	35	▲
Taken part in volunteering at some point outside of school in the last six months.	44	35	▲
Pupils in Primary Schools			
Found school lessons about 'you and your community' 'quite' or 'very' useful.	50	40	▲
Think the opinions of young people make a difference to decisions about what they learn in school.	69	35	▲
Feel they know enough about how their body changes as they get older.	80	70	▲
Are asked for their ideas and opinions about what happens in their school.	59	48	▲

8. Conclusions

- The proportion of children with SEN educated in a school in North Yorkshire with a Good or Outstanding outcome has increased, when compared to schools' previous outcomes.
- A high proportion of children receiving a specialist service at SEND locality hubs are achieving their expected outcomes, as set out at admission to a hub.
- The gap between SEN Pupils in Early Years and their Non-SEN peers has reduced, closing on the gap nationally.
- The gap in attainment of children with SEN to children without an identified special need has maintained, whilst attainment outcomes have dropped across primary year groups across the country.
- There is regional variability in attainment for children with SEN in North Yorkshire.
- The attendance of children in North Yorkshire schools is recovering following the Covid pandemic, the attendance of children with SEN has, however, been slower to recover.
- Whilst there was a reduction in children with SEN being excluded from school during the pandemic, overall exclusions are now reaching pre-pandemic numbers.
- The rate of young people with SEN choosing to be in education or training after compulsory school age in North Yorkshire has been marginally above national rates.

9. Next Steps

Training Programme

- A comprehensive training programme to build expertise and capacity will continue to be available for schools and settings via the local authority SEND Hubs and commissioned activity by the Locality Boards. An approved provider list has been developed which includes interest from schools and settings in NY, Multi Academy Trusts together with external private companies and charities.
- Opportunities for parent/carer training are also being enhanced with the Unlocking Autism course providing free training, with sessions on behaviour, emotional regulation, communication and sensory differences. This will give attendees practical tools and strategies to support children with special needs.

Locality Boards

Locality Boards are now well established and will identify key areas for development in their locality and commission support accordingly. Over the last 2 years, this has included commissioning training and extending alternative provision.

SEND Hubs

SEND Hubs, introduced in September 2020 are continuing to develop and provide advice and support to schools and settings to meet the need of children and young people with SEND. The hubs are made of specialist teachers and practitioners, EPs, and therapists and adopt a 'Key Worker' model of working with children.

Parent and Carer Guidance

A wide range of advice and guidance has been made available for parents/carers via the Local Offer, SEND Hub drop-ins, together with Parent Carer Voice and Let's Talk sessions in localities.

Working Together

The Inspire2gether group of 11 to 25-year-old young people with additional needs was formed in 2022 and is continuing to be established. The agenda is formulated by young people with support on how to plan together to collaborate with identified relevant services.

Attendance pathway training

Attendance and Enforcement Officers will deliver training to schools, head teacher cluster meetings and head teacher training to ensure schools have an informed understanding of how to follow the school attendance pathway, when it is appropriate to refer and to build relationships with the schools.

Children Persistently Absent from School

- Attendance and Enforcement Officers are working closely alongside the Medical Education Service (MES) to ensure schools are referring into the MES when a child has been absent of 15 days or more due to a medical need if the school cannot make arrangements to access a full-time education offer. They are also working closely alongside the Elective Home Education (EHE) advisors to ensure legal intervention is used when an EHE child is not in receipt of a suitable education.
- Training to support children who are anxious about school has been delivered to many schools and professionals to support schools and professionals to identify reasons for a solution to absence. This training is available through NYES (formerly North Yorkshire Education Services).

Exclusions

Schools continue to use tools such as the Ladder of Intervention as part of referrals to specialist support within hubs and as part of pupil support pathways for children at risk of exclusion.

Alternative Provision prevention model

- A more preventative model of Alternative Provision has been co-produced with secondary head teachers in 2019/20 to reduce permanent exclusions.
- This model will be further refined with head teachers in localities.
- The model offered part-time short-term and longer-term placements based on an agreed number in an area.

6. JSNA - Health Chapter

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1. Introduction

This chapter provides an overview of the health services and health data for children and young people aged 0-25 years, who have or may have Special Educational Needs or Disabilities (SEND). The information reflects the services commissioned by North Yorkshire and York Health Care Partnership (NYYHCP) within the Humber and North Yorkshire Integrated Care Board (HNYICB) and Bradford District and Craven Health and Care Partnership (BDCHCP), within the West Yorkshire Integrated Care Board (WYICB).

The JSNA Health Chapter reflects the complex health demographics within three legally responsible Integrated Care Boards (ICB) (Humber and North Yorkshire ICB, West Yorkshire ICB and a small part covered by Lancashire and South Cumbria ICB). The three ICBs procure services from a range of health providers across the diverse geographical landscape and population health needs of North Yorkshire. The provision of health services across the North Yorkshire local area footprint is represented in Figure 1 below.

North Yorkshire Local Area Children's Health Services: Provision by Geographical Area

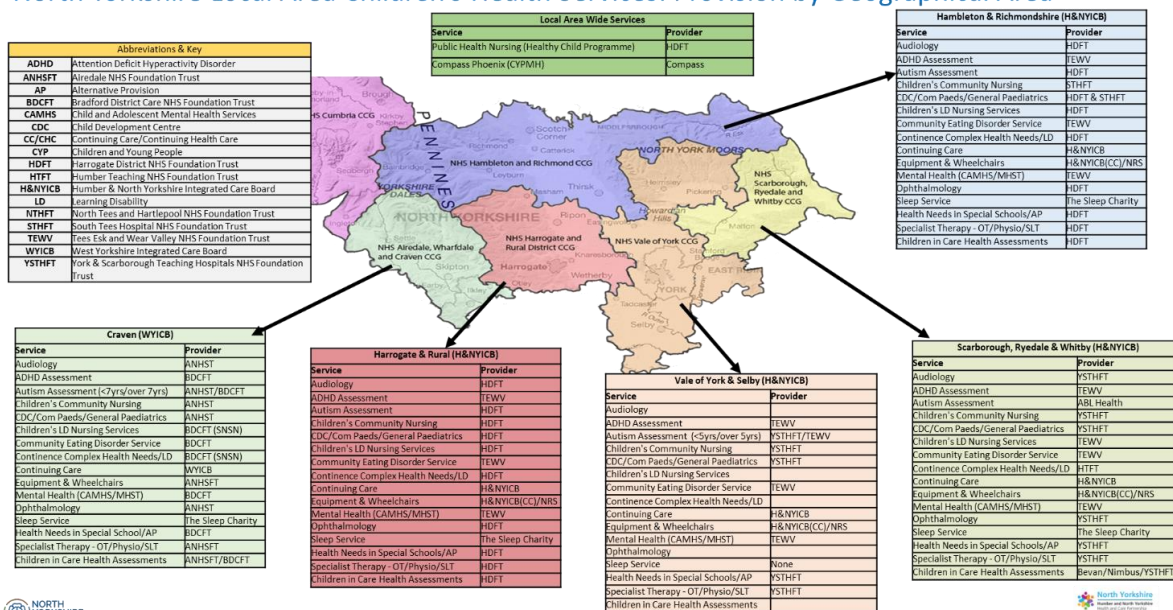


Figure 1: the Provision of Health Services across the North Yorkshire local area footprint.

In partnership with the North Yorkshire Local Authority (North Yorkshire Council), health information is being captured on the Local Offer to provide up to date information and advice for families on where and how to access services and what support is available to them; this includes support whilst they are on the waiting list for assessment and support from services.

A SEND Health data dashboard has been developed for North Yorkshire to capture current information and highlight gaps in service information. This was completed in December 2023. Going forward data will be collated jointly between the NYYHCP and BDCHCP Commissioning and SEND teams to be shared at North Yorkshire Local Area Alternative Provision and SEND Partnership Board and within meetings of the respective ICBs.

The data presented within this chapter is representative of a snapshot in time. It is likely that this data will differ slightly at the time of publication. Trends relating to service data will be discussed in more detail throughout the chapter. To note the data from NYYHCP and BDCHCP is currently being captured differently and so is not displayed in the same way throughout this chapter. This is something the Partnerships are aware of and is being worked toward so that all data can be captured, recorded and presented in the same way across North Yorkshire. In addition, primary and secondary health care do not currently routinely record in the clinical record whether a child/young person has an Education, Health and Care Plan (EHCP). This is an area of development which is taking place between the Local Authority and the ICBs. Data regarding A&E admissions has not been discussed within this chapter as it was not believed to be pertinent to the discussion regarding SEND provision across North Yorkshire.

2. Demographic Overview

Health care need and appropriate provision is heavily dependent on a multitude of factors and the demographic overview of an area provides context for commissioning decisions. North Yorkshire has an older population with a total population of 618,847. The number of 0-25-year-olds in North Yorkshire is 150,800, making up 24.5% of the population. Determinants of health, such as genetics, behaviour, environmental and physical influences, medical care and social factors, all influence a population's health. Therefore, it is important that factors such as income, background, familial situations, etc. are all understood to provide a comprehensive landscape of health need within a population.

Across North Yorkshire, there are varying levels of deprivation, with 19.9% of children and young people living in relative low-income households. This ranges from 9.3% in Harrogate to 22.3% in Scarborough. Across North Yorkshire 16.5% of children are eligible for Free School Meals. 1 in 20 children are from a Service Family. 5.2% of children are from minority ethnic groups and 5.9% of children in school have English as an additional language, compared to 19.5% nationally.

The SEN population is also growing in North Yorkshire with the number of EHCPs having risen over recent years with the total number of EHCPs in 2023 being 4,427. All of these factors influence what health provision is required for the children and young people within North Yorkshire. *

*Demographic information taken from the North Yorkshire Local Area SEND SEF⁵

3. Health Duties and Responsibilities

Health services' responsibilities for children and young people with SEND include the extent to which:

➤ Children and young people's needs are identified accurately and assessed in a timely and effective way.

- Children, young people and their families participate in decision-making about their individual plans and support.
- Children and young people receive the right help at the right time.
- Children and young people are well prepared for their next steps and achieve strong outcomes.

Health services also have a responsibility for the joint planning and commissioning of services, contributing to the Local Offer and working in partnership with parents/carers, children and young people and other professionals to assess, plan and deliver services.

Health professionals also have a statutory duty to notify the local authority if they believe a child under compulsory school age has, or is likely to have, Special Educational Needs or a Disability that may impact upon learning (SEND). This duty is in Section 23 of the Children and Families Act 2014.

Health services are delivered across a graduated approach. The approach includes the universal identification and assessment of need (the Universal Offer), early intervention and support for additional and emerging needs (Getting Advice), Specialist Assessment and Diagnosis and Targeted Specialist Support and Advice (Getting More Help) and Complex and Intensive Support, including Personalised Support and Intervention (Complex and Personalised Support).

4. Universal Antenatal and Newborn Screening

Offered as part of the universal healthy child programme, Antenatal and Newborn Screenings offered to pregnant mothers and newborn babies are important to identify and treat certain conditions before a baby becomes ill. Early detection, diagnosis and intervention can help prevent death or disability and improve outcomes, enabling children to meet their full potential. Antenatal and Newborn Screening include the 20-week Anomaly Scan, the Newborn Blood Spot Test and the Newborn Hearing Test.

What is the 20-week Anomaly Scan?

This is an ultrasound screen offered between 18 and 21-weeks' gestation. This scan will screen for 11 rare physical conditions. By identifying these conditions at this point in a pregnancy it can help inform the care required for the duration of the pregnancy and in the period after birth.

What is Newborn Blood Spot Test?

Every baby is offered newborn blood spot screening, which is also known as the heel prick test within the first 5 days of life. This test screens for nine genetic conditions.

What is the Newborn Hearing Test?

The national Child Development Programme recommends routine hearing screening is offered to newborn babies to help identify any problems early on in their development. Hearing tests carried out soon after birth can help identify most babies

with significant hearing loss, and testing later in childhood can pick up any problems that have been missed or have been slowly getting worse.

5. Universal Offer

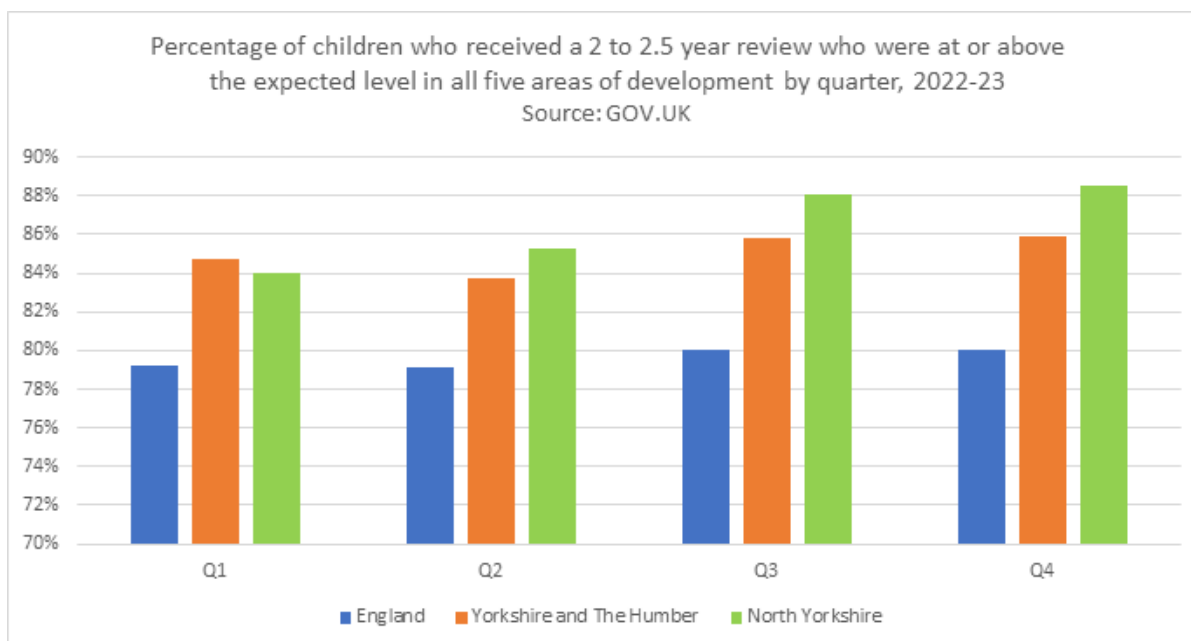
The 0-19 Healthy Child Service deliver the mandated elements of the Healthy Child Programme to all children, young people and families who reside in the North Yorkshire local area. This includes five mandated health reviews to under 3s and the National Child Measurement Programme at Reception and Year 6. The 0-19 Healthy Child Service is commissioned by North Yorkshire Council and is delivered by Harrogate and District NHS Foundation Trust (HDFT). The service is delivered across four pillars. These are indicated in the table below:



5.1 0-19 Service – Ages and Stages Questionnaire (ASQ) Focus

ASQ is a standardised parent completed questionnaire to screen for developmental delays. The ASQ is a widely used screening tool for infants and young children's development assessing development in five domains: Communication, Gross Motor, Fine Motor, Problem Solving and Personal Social. The ASQ can help determine if a child needs further assessment or support in one or more areas.

In North Yorkshire the 0-19 Healthy Child service carries out the ASQ as part of the 2-2.5-year review.



6. Specialist Assessment of Need

6.1 Specialist Assessment of Need: Community Paediatrics

Paediatric Services in the North Yorkshire Local Area

Community Paediatrics offer a range of services with a focus on children and young people with physical and developmental difficulties. Community Paediatricians contribute to assessment and diagnostic processes and offer follow-up support if required.

Community Paediatricians work very closely with the Child Development Team; this is a specialist multi-disciplinary service consisting of Paediatricians, Physiotherapy, Occupational Therapy, Speech and Language Therapy and Dietitians. The service provides a coordinated disciplinary team approach to children and young people who have more complex needs.

Why are Community Paediatric Services Important?

Community paediatrics specialise in the support and assessment of children and young people who may have a range of different physical and developmental difficulties. Community Paediatrics support the early identification of conditions which may impact on a child/young person's ability to learn or access an educational setting. Early identification of developmental difficulties enables the Right Support at the Right Time to be provided to enable the child/young person to achieve better outcomes.

The community paediatrics service sees children with health and development issues which impact on their education. They carry out medical assessments of children with Special Educational Needs, as requested by the education authority. These reports aid decision making about entitlement and provision of resources to

meet their needs. The service will undertake medical assessments for children and young people with special needs for EHCPs, as requested by children's services, and provide reports to aid decision making regarding the EHCP. The community paediatrics team also contributes specialist expertise to the autism assessment process.

Health assessments for Looked After Children as requested by Social Care are carried out by the community paediatrics service. These are detailed assessments of the health and wellbeing of children which help ensure their health needs are met while in the care of the Local Authority.

Paediatric Service Provision in the North Yorkshire Local Area:

Harrogate and District NHS Foundation Trust (HDFT) provide children's Paediatric Services to all children/young people living in the Harrogate and Rural District and to children over 5 years living in the Hambleton and Richmondshire localities.

York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) provide children's Paediatric Services to all children/young people living in the Scarborough, Ryedale and Whitby localities and the Vale of York locality.

South Tees Hospitals NHS Foundation Trust (STFT) provide children's Paediatric Services to children under the age of 5 years living in the Hambleton and Richmondshire localities. STFT review their waiting times monthly and if needed flex clinics to accommodate longer waits.

The children and young people's outpatient department at The Friarage Hospital holds a number of clinics for a variety of clinical services. This allows the children and their families to gain access to specialist care closer to their homes.

Airedale NHS Foundation Trust (ANHSFT) provide children's Paediatric Services to all children/young people living in the Craven locality.

Wait times for Community Paediatrics as of Nov 2023 are:

- Harrogate and Rural – 8-12 weeks
- Hambleton and Richmondshire (H&R) – 82 weeks*
- YSTHFT – 2-4 weeks
- STFT – 22 weeks
- ANHSFT – 31 weeks average wait.

* Wait times in Hambleton and Richmondshire are currently significantly longer than those in Harrogate due to a number of factors: the services in the two areas are commissioned and run differently; the booking and appointments systems are different which has historically had an effect on booking in follow ups vs new patients first; and recruitment to specialities is more of a challenge in Hambleton and Richmondshire. The combination of these factors and increased referrals has led to these increased wait times. HDFT have carried out some calculations based on current waiting times and new specialty doctors appointed, and calculated that by

April/May 24, they should have seen all those new patients currently waiting. Combining the lower referrals with the additional capacity now in place, HDFT are forecasting no waiters over 39 weeks by the end of the financial year 2023/24 and less than 18 weeks wait by the end of August 2024.

Support whilst Waiting for Community Paediatrics

Support services available to children and young people and their families can be found on Trusts' websites. These cover preparing children and young people for their visit to hospital as well as links to websites for further information about mental health, disability and SEND. Referral pathways can also be found in the Specialist Health Services section on the Local Offer [Specialist health services for children and young people with SEND | North Yorkshire Council](#)

6.2 Specialist Assessment of Need: Neurodevelopmental Assessment Services in North Yorkshire

Autism Assessment Services

Autism Assessment Services are offered through a variety of different providers across the North Yorkshire local area to ensure that children/young people have access to the assessments, regardless of their location or circumstances. This flexibility has been instrumental in ensuring that children/young people receive the assessments they need in a timely manner.

The increased demand for assessments has led to an increased budget for the service, which has been used to provide assessments for under 4s, waiting list initiatives, and offering the service to a wider population. This has allowed more children/young people in the North Yorkshire local area to access services.

Autism Assessment Service Provision for Children/Young People across North Yorkshire

Harrogate and District NHS Foundation Trust (HDFT) provide Neurodevelopmental Assessment Services to all children/young people living in the Harrogate and Rural District and the Hambleton and Richmondshire localities.

Autism assessment data, October 2023

	Oct 2023
Number of CYP on a waiting list for an assessment.	1034
The longest wait for an assessment at the end of the month.	75 weeks
The average wait for an assessment at the end of the month	60 weeks

What the data shows

In the last 12 months (October 2022-October 2023) the average outcome rate for assessments was **96%**. This indicates that a high percentage of children/young people who received an assessment were able to receive an accurate diagnosis. The number of children and young people on the waiting list have continued to rise and wait times remain lengthy with those joining the service in October 2023 estimated to wait 32 months from referral. Despite increased funding in the form of a Waiting List Initiative, demand still outweighs supply.

The Retreat/ABL Health ABL Health have provided Neurodevelopmental Assessment to all children/young people who live in the Scarborough, Ryedale and Whitby localities since 1st October 2023. Prior to this time, assessments were provided by The Retreat. The Retreat remains the provider for adult Autism Assessments across North Yorkshire and York (excluding Craven).

ABL Health have devised a waiting list management plan that outlines a comprehensive strategy to efficiently address the waiting list while ensuring a supportive experience for families and individuals seeking assessments. To facilitate a seamless transition, ABL Health collaborated with The Retreat, securing a smooth transfer of the waiting list and gathering essential data about the current list's demographics and specific requirements.

Autism assessment data, end September 2023 (The Retreat)

	Sept 2023
Number of CYP on a waiting list for an assessment.	114
The longest wait for an assessment at the end of the month.	117 weeks
The average wait for an assessment at the end of the month.	44 weeks

What the data shows

So far, through the 2023/2024 (April 2023-Sept 2023) year, the average diagnosis rate for assessments completed by The Retreat was **80%**. This indicates that a significant number of children/young people have been able to access the support they need through The Retreat's services. Commissioners and ABL Health are working in partnership through their mobilisation period to ensure that this data is being reported. Demand for the service remains high and this is reflected in the average wait for an assessment and the increase in the number of children/young people awaiting an assessment.

York and Scarborough Teaching Hospitals Foundation Trust's Children's Paediatric Services provides Neurodevelopment Assessment to children aged under 5 years who live in the Vale of York locality and **Tees, Esk and Wear Valley**

NHS Foundation Trust provide children's Neurodevelopmental Assessment to children over the age of 5 years living in the Vale of York locality.

Due to the way these services are currently commissioned, the data for the Vale of York was not available at the time of writing. This data is being collated but is likely to be representative of the rest of North Yorkshire in terms of increasing demand on the service.

Airedale NHS Foundation Trust (ANHSFT)'s Community Paediatric Service provides Neurodevelopmental Assessment to children aged under 7 years who live in the Craven locality area and **Bradford District Care NHS Foundation Trust (BDCFT) CAMHS service** provides Neurodevelopmental Assessment to children and young people over the age of 7 who live in the Craven locality.

The Autism Assessment dataset is not currently separated from the wider Neurodevelopmental Assessment dataset which also includes the ADHD Assessment dataset.

What is the data telling us?

- The total number of children/young people in Craven waiting for a Neurodevelopmental Assessment has been steadily increasing (as of Sept 2023). The number of children under 7 on the waiting list has increased since May 2022 and is now higher than the number of children over 7 waiting for an assessment.
- The longest wait time has been steadily increasing from September 2022 to September 2023. The longest wait for those children and young people over 7 years of age is currently longer than the longest wait of those children under 7. Longer waiting times, increased referral rates and complexity of cases across the Bradford District have all contributed to longer waiting times.
- New referrals continue to fluctuate.

Support whilst Waiting (graduated response)

- A new assessment pathway that began on September 1st, 2023, that focuses on clear communication through a redesign of the service's website to aid young people, families and professionals through the referral process as well as the opportunity for families and young people aged 16-17 to self-refer along with professionals (HDFT).
- Regular communication and updates during waiting period.
- Signposting to resources whilst on the waiting list.
- Needs-led approach.
- Creating a waiting well booklet for children/young people and their families (ABL Health).
- Engagement with Voluntary, Community, and Social Enterprise (VCSE) organisations to forge a robust support network for families, post-assessment (ABL Health).

Challenges

Despite increased contracted activity, increasing referral rates and increasing complexity continues to cause the waiting list and waiting times for Autism Assessments to grow.

ADHD Assessment Services

Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) provide the ADHD Assessment Service which provides diagnostic assessments to children and young people across the North Yorkshire Health and Care Partnership, excluding Craven.

ADHD Assessment Data

TEWV has been historically unable to send data and performance information about the ADHD diagnosis service due to technical challenges. Commissioners are working closely with TEWV to improve data and performance reporting for the service to enhance understanding and enable joint working to address service pressures. An agreement has been reached that from the fiscal year 2023/2024, TEWV will be able to send the data on a quarterly basis.

Once this data is received, a process will be jointly established for reviewing and analysing the data and performance reports, and for identifying areas of concern or areas where improvements can be made. Commissioners will work with TEWV to address any issues or areas of concern that are identified through the data and performance reports.

Support whilst waiting (graduated response)

The TEWV ADHD services' waiting list plan is designed to tackle the existing challenges in waiting times for ADHD assessments with TEWV. The plan is geared towards creating a structured approach to address these challenges through meticulous data collection, analysis, and transparency. Data collection and sharing stand at the forefront of the plan's execution. Collaborating closely with TEWV service managers, the plan establishes a streamlined process to gather critical data about ADHD waiting lists. A standardised data collection template is introduced, encompassing vital details such as the number of children awaiting assessment, average and longest wait times, and a breakdown of waiting times by months. This data is further categorised by specific North Yorkshire localities, ensuring a comprehensive understanding. The plan emphasises the consistent monthly collection of this data.

Incorporating a comprehensive approach, the plan also caters to parent communication. Collaborative efforts with TEWV ensure that waiting list packs provided to parents are thorough and informative, containing comprehensive details about ADHD, guidance to resources, and a clear explanation of the waiting process. The plan emphasises consistent updates to these packs to ensure accuracy and relevance over time.

Bradford District Care NHS Foundation Trust (BDCFT) CAMHS The ADHD Assessment Service provides diagnostic assessments to children/young people across the Craven locality area.

The ADHD Assessment dataset is not currently separated from the wider Neurodevelopmental dataset which also includes the Autism Assessment dataset (see above pg 68).

Neurodevelopmental Needs Led Pathway

Over the past two years, the Integrated Care Partnership has been actively engaged in listening to the needs of communities in North Yorkshire to develop a needs-led pathway for neurodevelopmental services. This has resulted in significant progress. For instance, Harrogate and District NHS Foundation Trust (HDFT) has successfully developed a new needs-led pathway, enhanced the waiting list management process and ensured improved support for children, young people, and families. Additionally, a new autism assessment provider has been introduced in Scarborough, Whitby, and Ryedale. They have revamped their assessment pathway to offer a more efficient one-week assessment process, along with community-based assessments.

Furthermore, collaborative efforts have been made to establish multidisciplinary teams (MDTs) involving various service providers. These MDTs facilitate comprehensive discussions on cases, enabling the identification of the most suitable services to address the presenting needs. This approach also includes direct referral routes into other services, ensuring a streamlined and coordinated approach to service delivery.

In Craven, BDCFT have also been reviewing their needs led pathway and have a strong partnership working group leading this. Findings from The Better Pathways Autism Pilot in Selby (and Scarborough) proved the importance of early identification and are influencing further conversations in the area in work towards a needs-led pathway.

7. Sleep Service

What is the Sleep Service?

The Sleep Service in North Yorkshire is provided by The Sleep Charity. The aim of the service is to provide appropriate sleep advice and support for parents/carers of all children and young people aged 12 months to their 18th birthday. For children and young people with a Special Education Need or Disability and/or Education Health Care Plan the service is available from aged 12 months to their 25th birthday. The service:

- Allows families in the Harrogate and Rural, Hambleton and Richmondshire, Scarborough, Whitby and Ryedale localities, for whom Humber and North Yorkshire ICB is the Responsible Commissioner, to access appropriate support for their child's sleep issue. Children and young people prescribed melatonin access the service at tier 4 (1:1 support).
- Values the importance of sleep for children's mental, emotional and physical wellbeing.

- Supports children to get a better night's sleep through behavioural and cognitive intervention (rather than pharmaceutical).
- Signposts parents/carers to the relevant primary or secondary care service when medical investigation is required.
- Identifies opportunities to deliver promotion and awareness events within the Borough and devise projects with service providers to meet locally identified need.
- Upskills Practitioners within the Borough whose role involves working with children and young people to ensure they have the necessary skills and competencies to provide effective advice and guidance on sleep as part of their day-to-day role.

Over 370 families have been seen in the clinics and The Sleep Charity have provided over 2,800 appointments. On average, families receive six tailored sessions after the initial assessment. 93% of parents showed an improvement from 1:1 support. The helpline received 1,540 enquires and 17 information sessions were hosted for parents/carers.

We have ten Sleep Practitioners and 259 Foundation professionals trained. A further 117 professionals attended webinars on various elements of sleep education.

8. Targeted Areas of Need

8.1 Targeted Areas of Need: Mental Health Services

Children and Young People's Mental Health Services

Children and Young People's Mental Health (CYPMH) services are delivered across a graduated approach in the North Yorkshire local area. This includes a universal offer to all children and young people, services that support early intervention, services that offer more targeted or Specialist Support and Crisis/Safeguarding support. This approach is reflected in the I-Thrive and Graduated Approach. The Go-To Website and the Mini Marketplace provide information about the services that are offered to support CYPMH across the Graduated Approach:

<https://thegoto.org.uk/>

<https://thegoto.org.uk/mini-marketplace/>

Why are CYPMH Services Important?

Mental health encompasses emotional, psychological, and social wellbeing. It influences cognition, perception and behaviour and can include stress and anxiety. Mental health challenges can make it difficult to concentrate, to feel motivated to learn, to form friendships or to attend school. Research shows that good levels of mental health are associated with increased learning, creativity and productivity, more pro-social behaviour and positive social relationships, and with improved educational attainment, physical health and life expectancy.

Children and Young People Mental Health Services: Graduated Approach

The Go-To Website is the home of wellbeing and mental health advice for children and young people in North Yorkshire. The website provides information, advice and

signposting to services that support CYPMH and wellbeing and is available 24 hours a day all year round.

Recovery College Online, Compass Phoenix and Kooth (Craven) Websites are online mental health and emotional wellbeing services for children/young people, parents, carers and professionals. They provide a safe, anonymous online emotional wellbeing community, with resources, discussion forums and access to chat sessions with qualified counsellors and emotional wellbeing practitioners.

Compass Phoenix Direct and Youth in Mind (Craven) provide direct intervention services for children and young people who have been assessed as having mild to moderate emotional wellbeing and mental health difficulties.

Mental Health Support Teams (MHSTs)/Wellbeing in Mind - MHSTs in North Yorkshire excluding Craven locality are provided by **Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)**. MHSTs in Craven are provided by **Bradford District Care NHS Foundation Trust (BDCFT)**. The service is part of a national project that provides specialist support within education settings.

Specialist Children and Adolescent Mental Health Services (CAMHS) - TEWV provide CAMHS services to North Yorkshire localities, excluding Craven. **BDCFT** provide CAMHS services to Craven.

Specialist Eating Disorder Services – TEWV provide Specialist Eating Disorder services to North Yorkshire localities, excluding Craven. **BDCFT** provide Specialist Eating Disorder services to Craven.

Compass Phoenix (North Yorkshire (including Craven))

Compass Phoenix Data	Quarter 1, 2023-24 (April – June 2023)	Quarter 2, 2023-24 (July – Sept 2023)	Quarter 3, 2023-24 (Oct-Dec 2023)
Number of CYP on the waiting list for comprehensive assessment	126 (Of which: 17 waiting for groups, 28 primary 1:1, 64 secondary 1:1, 16 Lumi Nova and 1 waiting assessment outcome)	154 (Of which: 6 waiting for groups, 32 primary 1:1, 114 secondary 1:1 and 2 Lumi Nova)	202 (Of which: 13 waiting for groups, 44 primary 1:1, 145 secondary 1:1 and 0 Lumi Nova)
Number of referrals for Compass Phoenix Direct Intervention	230	225	295
Percentage of staff who report an increase in knowledge and confidence from training sessions	Knowledge and confidence - 100% increase.	Knowledge - 96% increase. Confidence - 90% increase.	Knowledge - 90% increase. Confidence - 92% increase.
Percentage of CYP reporting excellent or good about their Compass experience	71%	85.7%	100%
The number of BUZZ US conversations opened	42	50	61

What the data shows

To address the waiting list pressures, Compass Phoenix undertook a series of internal efficiency and management actions outlined below:

- The screening tool has been streamlined which has allowed screening to increase from seven to twelve appointments a day.
- Structured working to support early help and throughout.
- Allocations made as soon as space becomes available on a practitioner's caseload, therefore practitioners always hold a maximum caseload.
- Weekly management checks interrogate key data on a virtually 'live' basis.
- Robust caseload monitoring and management forms part of every practitioner's managerial supervision with the Service Manager.
- An agreed pathway has been established with MHSTs across the county, which means schools with a MHST refer to them in the first instance.
- Reduce travel time for practitioners by providing more virtual appointments so that more time may be dedicated to delivering interventions.
- Review how appointments and cancellations are managed to ensure effective flow through the system.

In addition to these actions, further work was undertaken to have a more significant impact on waiting times through two key service pathway improvements:

- Offering group work as the primary intervention from March 2023.
- Offering the digital platform [Lumi Nova](#) for children and young people aged 7-12 from May 2023.

Lumi Nova is an engaging child-led, parent/guardian supported digital therapeutic intervention that can be used on most smartphones and tablets. It facilitates graded exposures (the active ingredient of Cognitive Behavioural Therapy) with psychoeducation to empower 7–12-year-olds with mild to moderate needs to learn to self-manage fears, worries and anxieties.

Support whilst waiting

Keeping in Touch calls to children and young people on the waiting list replaced with a letter explaining they have been accepted and are awaiting allocation with an invitation to contact Compass Phoenix should anything change and signposting to key agencies e.g., CAMHS crisis.

Kooth (Craven)

What is Kooth?

Kooth is an online mental health and emotional wellbeing service for children and young people aged 10-18. It provides a safe, anonymous online emotional wellbeing community, with resources, discussion forums and access to chat sessions with qualified counsellors and emotional wellbeing practitioners.

What is the data* telling us?

- New registrations to Kooth's digital offer have been considerably lower on average during the last year to June 2023 in comparison to the same period the previous year. However, the number of logins to Kooth over recent months has started to increase again.
- Significantly more females registered on Kooth and tend to return more times.
- New registrations from minority ethnic groups continue to be considerably high.
- Children/young people's main presenting issues are anxiety/stress, suicidal thoughts, self-harm, family relationships and friendships.
- On the whole, forum views are the highest recorded activity, with a smaller number of children/young people accessing chat counselling sessions.
- Although many children/young people aged 10-18 are newly registered on Kooth, new registrations were higher within the 13-16 age ranges.

The Kooth service will be reviewed alongside other counselling provision in the coming months, with a view to agreeing a coordinated and responsive future model for Children and Young People's counselling for Bradford District and Craven which meets children and young people's needs and aspirations.

* Data includes all CYP accessing the service from both Bradford and Craven

Youth in Mind (Craven)

What is Youth in Mind (YiM)?

YiM is an integrated, community based, early intervention mental health service for children and young people. YiM is a partnership of 9 providers delivering a range of dynamic services to children and young people with social, emotional, mental health issues. A number of services work across Bradford District and Craven, whereby others are focused on a particular geography.

What is the data* telling us?

- Referrals to YiM services do fluctuate, with 644 referrals received between April to June 2023. There are commonly reduced referrals in school holidays as education are their main referrer. The main age group referred to YiM is 11-15 years.
- YiM strive to keep their waiting times low and have introduced a streamlined referral route from their website which has increased the number of self and parent/carer referrals. On average, in June 2023, CYP waited 2.5 weeks from referral to first attended contact and just over five and a half weeks from referral to second contact. This presents a rise in waiting times compared to previous months.
- In addition to YiM, there are numerous other Voluntary Community Sector children/young people wellbeing providers, including counselling providers. Bradford District and Craven ICB also contributes towards the Compass Phoenix contract in North Yorkshire, for Craven children and young people.
- There has been an upward trend in referrals to YiM with providers reporting a significant increase in referrals and levels of need of children/young people since the pandemic.

* Data includes all CYP accessing the service from both Bradford and Craven.

CYPMH Services – MHST/Specialist CAMHS (TEWV) North Yorkshire Health and Care Partnership (NYHCP)

What are the MHST and Specialist CAMHS services (NYHCP)?

The NYHCP MHST team engage schools with the whole school approach, supporting school audits, training sessions, signposting, and developing safe spaces for reflective discussions and supporting the early identification of need.

The NYHCP Specialist CAMHS service supports moderate to severe emotional/mental health issues that significantly impact on daily life despite other interventions; this includes moderate to severe depression, anxiety, post-traumatic stress disorder, obsessive compulsive disorder, moderate to severe self-harm and psychosis.

What is the data telling us?

There is currently no waiting list in the Single Point of Access (SPA) to specialist CAMHS or the Wellbeing in Mind Teams. All young people are seen within 28 days of receipt of their referral into service. There is a robust process in place within both teams to monitor the service demands daily. Demand on the service remains high with 4,274 children/young people being supported by specialist CAMHS with at least one contact by July 2023 (year to date).

Support whilst waiting

A Keeping in Touch letter is sent by the CAMHS team (SPA) which has contact details regarding support should the child or young person have experienced significant changes regarding their emotional health.

CYPMH – Specialist CAMHS Craven (BDCFT)

What is the Specialist CAMHS service (Craven)?

The Specialist CAMHS service for Craven is provided by BDCFT. The service supports children and young people with moderate to severe emotional/mental health issues that are significantly affecting daily living despite other interventions. Conditions supported include moderate to severe depression, moderate to severe anxiety, habit disorders, mental health problems with learning disabilities, eating disorders, obsessive compulsive disorders, significant attachment/relationship difficulties and psychosis.

What is the data telling us?

- The CAMHS data presented is for Bradford District and is inclusive of Craven. All data represented includes referrals for children/young people with Mental Health, Autism, ADHD and Eating Disorders.
- Specialist CAMHS referrals and caseloads remain significantly high. Caseload levels as of June 2023 were 6,025 children and young people which is a significant increase from the same time last year.

- The average wait time from referral to assessment in June 2023 was 3.2 weeks, 3.8 weeks from assessment to treatment and 9.3 weeks from referral to treatment. Some reduction in waiting times is being observed, although waits are still considerably longer compared to the previous year.
- We are aware that some children/young people do experience longer waits, as part of the SEND improvement plan, a new metric to report on these waits for Core CAMHS has been developed, alongside a new approach to improve the timeliness of assessment and treatment for these children/young people. This data is now being received and for June 2023, 82.3% of children/young people waited less than 18 weeks from referral to commencement of treatment, excluding eating disorder and neurodiversity referrals.

CYPMH – Specialist CAMHS Eating Disorder (North Yorkshire excluding Craven)

What is the Eating Disorder Service for NYHCP?

The NYHCP Eating Disorder Service is a specialist service for children and young people up to the age of 18 who have a diagnosable eating disorder. The NYHCP Service offers a hub and spoke model with the York Hub supporting the Scarborough Spoke and the Harrogate Hub supporting the Northallerton Spoke.

2023 Performance	Apr	May	Jun	Jul	Aug	Sept	Oct
% of CYP with eating disorders (routine cases) seen within 4 weeks (target is 95%)	71.43 %	100%	100%	80%	100%	50%*	100%
% of CYP with eating disorders (urgent cases) seen within 1 week (target is 95%)	No cases	No cases	100%	88.89 %	No cases	100%	100%

* The relatively small number of children and young people referred into the service means that percentages can be easily distorted.

What is the data telling us?

The target of 95% is frequently met. However, due to small numbers using the service, data can be skewed when families are unable to make appointments.

CYPMH - Specialist CAMHS Eating Disorder (Craven)

The Specialist CAMHS Eating Disorder Service for Craven is provided by BDCFT. Data for the Specialist CAMHS Eating Disorder service is not currently separated from the wider CAMHS dataset for Bradford District, inclusive of Craven (see above).

8.2 Targeted Areas of Need: Special School Nursing Services

What is the Special School Nursing Service?

The special school nursing service aims to ensure that children/young people in Special Schools receive personalised assessed care to meet their needs and help

achieve their aspirations. The service promotes healthy lifestyles for children and young people and advises schools on the best way to help a child or young person to be as healthy as possible.

Why is it Important?

Some of the reported positive impacts of a Special School Nursing Service include:

- Reducing unplanned hospitalisation for children and young people with asthma, diabetes and epilepsy.
- Preventing lower respiratory tract infections (LRTI) in children from becoming serious (reduce emergency admission for children with LRTI).
- Improving the experience of children, young people and their parent/carers.
- Preventing/reducing hospital admission and support early hospital discharge.
- Improving transition to adult services.
- Children and young people (with their parents/carers as appropriate) are able to manage their own care (achieve healthy independent ageing).
- Improving school attendance - health needs are not a barrier to education and children/young people will receive the support they need to be healthy and able to participate in their education.
- Empowerment - children and young people feel empowered to manage their own health and manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- Improving confidence of education staff and carers.

Special School Nursing (SSN) Service Provision in North Yorkshire

Harrogate and District NHS Foundation Trust (HDFT) provide the SSN service for children and young people within Harrogate and Rural District and Hambleton and Richmondshire who are attending a Special School in these North Yorkshire localities aged between 2 years and 19 years (and up to 25 years in exceptional circumstances). The service is available for 2-year-olds plus who have an EHCP and a confirmed place at one of the 5 designated special schools in the locality.

York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) provide the SSN service for children and young people who are attending a Special School within Scarborough, Whitby and Ryedale aged between 2 years and 19 years (and up to 25 years in exceptional circumstances). The service is available for 2-year-olds plus who have an EHCP and a confirmed place at one of the 4 designated special schools in the locality.

Bradford District Care NHS Foundation Trust (BDCFT) provides the SSN service for children and young people from 4-19 years of age who have complex physical, life limiting and/or social emotional health needs in Bradford District (including Craven). They are not currently commissioned to deliver a provision for nursery aged children but do complete health assessments and care plans for them to enable appropriate provision of care.

Each service provides annual reports based on the Sussex Complexity Tool to understand the needs of the population and allow for a flexible approach to service

delivery, targeting the areas where increased need and risk are highlighted. This enables the capacity and demand on the service to be measured over time. This will support future planning and delivery of the specification of the services moving forward to support future delivery of the SSN services and anticipate changing need.

8.3 Targeted Areas of Need: Speech and Language Therapy

What is Speech and Language Therapy?

Speech and Language Therapy (SALT) is life-improving treatment, support and care for children and young people who have difficulties with speech, language, communication, eating, drinking or swallowing. SALT work with all ages but unlike other therapy services, paediatric and adult Speech and Language Therapy are different. In general, paediatric SALT supports developmental difficulties whereas adult SALT will work with acquired conditions. There are also Adult Learning Disability SALTs who work with both.

In terms of supporting young people with SEND it is important to note when considering transition, as transition generally occurs between paediatric and adult Learning Disability (LD) SALT services. Using specialist skills, SALTs also work directly with children, young people, and their parents/carers to provide them with tailored support. They also work closely with teachers and other health professionals, such as doctors, nurses, other allied health professionals and psychologists to develop individual treatment programmes.

Why are Speech and Language Services Important?

Good speech, language and communication skills are essential for learning, social interaction, and emotional wellbeing. They are the foundation of life skills, underpinning the ability to learn, make friends, and manage behaviour. Evidence shows that good language leads to better academic attainment, good mental health in later years, improved social interaction and relationship building, and better employment outcomes. Every aspect of learning relies on good speech, communication and language skills. They have significant impact on academic achievement and are crucial for writing and content-area learning.

Challenges/ Current Position Statement

SALT staffing levels continue to fluctuate. SALT services have worked to tackle this by reviewing skill mix and utilising group therapy and training sessions. However, workforce challenges impact SALT services and are under continuous review.

Speech and Language Therapy Service Provision in North Yorkshire

Harrogate and District NHS Foundation Trust (HDFT) provide Speech and Language Therapy services to all children/young people living in the Harrogate and Rural and the Hambleton and Richmondshire localities.





The Specialist Children's Team at HDFT adapted the Friends and Family Test (FFT) to enable non-speaking children and young people to be able to participate in giving

feedback about the service they receive. 'Jif' is the mascot and was designed by a service user. Information is collated centrally and used to inform service developments. The Team have won an NHS England National SEND Award in the Health Innovation category for their work on this project.

Triage Process

Once a referral (open access) is registered by admin onto SystmOne, based on age and need, the referral is triaged by one of the following teams based on this early identification of need: pre-school, school age mainstream, special school and dysphagia. Within these teams, there are some subsections, for example within school age mainstream, there are speech referrals, and this has its own pathway and specific triage criteria. Within the HDFT SALT service, currently, they triage to pre-school; pre-school complex needs; mainstream language; mainstream speech; fluency; selective mutism; voice; special school/SEND; dysphagia (SALT only) and dysphagia (MDT feeding clinic). There is a Speech and Language Therapy prioritisation criteria which pertains to any referral. An acknowledgement/acceptance, request for more information or rejection letter is sent to the referrer and the young person is placed on the appropriate waiting list.

Waiting list (October 2023)

Waiting list	Oct-23	Performance
Active caseload	1051	
Number on waiting list	475	
Number waiting less than 18 weeks	234	
Number waiting 18-52 weeks	241	
Number waiting over 52 weeks	0	
		

49.3% of children/young people on the waiting list are waiting less than 18 weeks.

York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT)

provides Speech and Language Therapy services to all children/young people living in the Scarborough, Whitby and Ryedale (SWR) localities and the Vale of York locality.

Triage Process

YSTHFT have done some scoping around a revised entry to service via an enquiry line model. This requires signposting opportunities at universal and targeted level to enable specialist intervention as appropriate. The Request for Help Line will replace paper referrals from Autumn 2023 in order to make the service more accessible and enable people to 'wait well'. YSTHFT have also introduced an impact based initial assessment process. This is enabling the team to triage effectively and ensure that

children and young people are seen by the most appropriate Specialist Team (at the right place, at the right time).

Waiting list (October 2023) (for SWR only)

Waiting list	Oct-23	Performance
Active caseload	559	
Number on waiting list	463	
Number waiting less than 18 weeks	90	
Number waiting 18-52 weeks	188	
Number waiting over 52 weeks	185	
Longest wait (weeks)	127	

19.4% of children/young people on the waiting list are waiting less than 18 weeks.

Airedale NHS Foundation Trust (ANHSFT) provides Speech and Language Therapy services to all children/young people living in the Craven locality.

Triage Process

ANHSFT have multiple referral pathways that are used to effectively triage a child or young person based on their need. These include a Drop in Pathway, a Speech and Communication Pathway, a Speech Difficulties Pathway, a Virtual Drop in Pathway and an Early Identification Team Pathway.

Waiting List Data

* Data includes all CYP attending the service from both Bradford and Craven. Currently Craven data can not currently be extracted.

- The waiting list size has continued to rise post-pandemic but has remained below 200. The number of children/young people on the SALT waiting list in June 2023 was approximately 180.
- The average wait for initial contact fluctuates but has remained below 8 weeks (as of June 2023).

Support whilst waiting for Assessment and Provision

While children and young people and their families are waiting for a SALT appointment, they can access support and advice through:

- Request for Help Line (YSTHFT).
- Drop-in clinics (ANHSFT).
- Parent training groups (HDFT).
- Updated websites.

- Training for professionals supporting children and young people with speech, language and communication needs.
- Telephone contacts while waiting to review if support still needed.

Referral pathways can also be found in the Specialist Health Services section on the Local Offer.

9. Physical Health

9.1 Physical Health: Occupational Therapy

What is Occupational Therapy?

Occupational Therapy (OT) is a science-based health and social care profession. OT offers practical support to empower children to overcome barriers that are preventing them from doing the things that matter to them. Occupational Therapists (OTs) look at the practical and purposeful activities children do, or need to do, to live as independently as possible and have a sense of identity.

OTs help babies, children and young people grow, learn, have fun, socialise and play so they can develop, thrive and reach their full potential.

Why are Occupational Therapy Services important for children/young people with SEND?

The aim of OT is to help children/young people improve their ability to function as independently as possible so that they can participate in whatever activities are meaningful and important to them; this includes participation in education and learning.

OTs provide education, support, advice and care planning to staff in schools and educational settings to enable children and young people to access and attend the education setting if they have any permanent loss or lack of physical, sensory, mental or communication function. This increases the opportunity of the child/young person to engage in education and learning, improving educational outcomes.

OTs often work very closely with the Child Development Team - a specialist multi-disciplinary and multiagency service, which is provided to those children and young people who need a coordinated disciplinary team approach.

Occupational Therapy Service Provision in North Yorkshire

Harrogate and District NHS Foundation Trust (HDFT) provide Occupational Therapy services to all children/young people living in the Harrogate and Rural and the Hambleton and Richmondshire localities.

Waiting list, October 2023

	Oct-23	Performance
Active caseload	205	↓
Number on waiting list	28	↓
Number waiting less than 18 weeks	25	↓
Number waiting 18-52 weeks	3	↓
Number waiting over 52 weeks	0	▬
Longest wait (weeks)	23	↓

What the data shows

89.3% of children/young people on the waiting list are waiting less than 18 weeks.

York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT)

provide Occupational Therapy services to all children/young people living in the Scarborough, Whitby and Ryedale (SWR) localities and the Vale of York locality.

Waiting list, October 2023 (SWR only)

	Oct-23	Performance
Active caseload	228	↓
Number on waiting list	221	↓
Number waiting less than 18 weeks	64	↓
Number waiting 18-52 weeks	69	↑
Number waiting over 52 weeks	88	↓
Longest wait (weeks)	121	↑

What the data shows

29.0% of children/young people on the waiting list are waiting less than 18 weeks.

Airedale NHS Foundation Trust provide Occupational Therapy services to all children/young people living in the Craven locality.

What is the data* telling us?

- The number of referrals/new episodes of care have now returned to pre-covid levels with expected variance month by month. There was an increase in June 2023 due to some caseload cleansing. Referrals each month between January and June 2023 have remained between 30 and 55 each month.
- Waiting lists for OT at Airedale have seen a gradual increase in numbers waiting, particularly in 22/23. This is due to new ways of working, together with vacancies in a very small team. It is anticipated a fall in numbers waiting will be seen as this is maintained with a robust episodic pathway with priority re-access routes.
- Time between referral to 1st appointment for OT have begun to increase but 100% of referrals were still seen within 18 weeks.
- The number of referrals to OT at Airedale for children/young people with an EHCP has remained fairly constant.
- The number of children on the OT caseload with an EHCP has increased from around 60 in June 2022 to 100 in June 2023. The variance in referral numbers reflects the episodic pathways of OT input.

The vast majority of EHCPs do not have ongoing identified OT specified provision, beyond the local episodic offer.

*Data includes all CYP attending the service from both Bradford and Craven.

Support Whilst Waiting (graduated approach)

If parents/carers are concerned their child may have a difficulty that OT can support with, they can access support and advice through the Hospital Trusts' websites. Hospital Trust's providing health services to North Yorkshire have web pages dedicated to Children's Occupational Therapy. These pages include referral and service information as well as advice for a range of common concerns that OT can support with, these include toileting, fine motor skills, core stability and getting dressed. Referral pathways can also be found in the Specialist Health Services section on the Local Offer.

9.2 Physical Health: Physiotherapy

What is Physiotherapy?

Physiotherapy is a treatment that helps restore movement and function when someone is affected by injury, illness or disability. It involves the patient directly in their own care and can be used for various health conditions, such as bones, joints, brain, heart, lungs and circulation. Physiotherapists consider the body as a whole, rather than just focusing on the individual aspects of an injury or illness. Some of the main approaches used by physiotherapists include:

- Education and advice: Physiotherapists can give general advice about things that can affect your daily lives, such as posture and correct lifting or carrying techniques to help prevent injuries.
- Movement, tailored exercises, and physical activity advice: Exercises may be recommended to improve your general health and mobility, and to strengthen specific parts of your body.

➤ Manual therapy: Where the physiotherapist uses their hands to help relieve pain and stiffness, and to encourage better movement of the body.

Physiotherapists often work very closely with the Child Development Team: a specialist multi-disciplinary and multiagency service, which is provided to those children and young people who need a coordinated disciplinary team approach.







Why are Physiotherapy Services important?

Physiotherapy services are important for children/young people who have SEND as they help restore movement and function when a child/young person is affected by injury, illness or disability. The service can also help to reduce risk of injury or illness in the future. Physiotherapists provide education, support, advice and care planning to staff in schools and educational settings to enable children and young people to access and attend the education setting if they have a disability or significant illness or injury, increasing the opportunity to engage in education and learning, and improving educational outcomes.

Physiotherapy Service Provision in North Yorkshire

Harrogate and District NHS Foundation Trust (HDFT) provide Physiotherapy services to all children/young people living in the Harrogate and Rural and the Hambleton and Richmondshire localities.

Waiting list, October 2023







Physiotherapy (MSK and Neuro)	Oct 2023	Performance
Active Caseload	545	
Number on Waiting List	129	
Number Waiting less than 18 weeks	111	
Number Waiting 18-52 weeks	18	
Number waiting over 52 weeks	0	
Longest wait (weeks)	21	

What the data shows

86.0% of children/young people on the waiting list are waiting less than 18 weeks.

York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) provide Physiotherapy services to all children/young people living in the Scarborough, Ryedale and Whitby localities and the Vale of York locality.

Waiting list, October 2023 (SWR only)

Physiotherapy (MSK and Neuro) waiting list	Oct 2023	Performance
Active Caseload	256	
Number on Waiting List	129	
Number Waiting less than 18 weeks	99	
Number Waiting 18-52 weeks	30	
Number waiting over 52 weeks	0	
Longest wait (weeks)	39	

What the data shows

76.7% of children/young people on the waiting list are waiting less than 18 weeks.

Airedale NHS Foundation Trust (ANHSFT) provide Physiotherapy services to all children/young people living in the Craven locality.

What is the data* telling us?

- The number of referrals into all services has steadily increased and has returned to pre-Covid levels – generally between 40 and 60 new referrals/new episodes of care per month.
- Waiting lists for Physiotherapy at Airedale have remained variable month on month, but with less than 40 children waiting for service. This position is maintained by Episodic pathways with priority re-access routes for the highest/long term needs.
- Waiting time for initial contact has remained fairly constant with the exception of Christmas periods, when waiting times increased slightly. In 2023, waits from referral to 1st appointment have been below 6 weeks.
- The number of referrals to Physiotherapy at ANHSFT for children and young people with an EHCP has remained fairly constant over time with a small increase. The number of children on the caseload who have an EHCP has risen to 50-60%. This reflects an increase in the accuracy of recording EHCPs on SystemOne over time.

Many of those with EHCPs will not have specified physiotherapy input however, with their provision being via the health local offer.

* Data includes all CYP attending the service from both Bradford and Craven.

Support Whilst Waiting (graduated approach)

If parents/carers are concerned their child may have a difficulty that Physiotherapy can support with, they can access support and advice through the Hospital Trusts' websites. Hospital Trusts providing health services to North Yorkshire have web

pages dedicated to Children's Physiotherapy. These pages include referral and service information as well as advice for a range of common concerns that Physiotherapy can support, these include flat feet, growing pains and hypermobility. Referral pathways can also be found in the Specialist Health Services section on the Local Offer.

9.3 Physical Health: Audiology

Audiology Services

If a hearing impairment is identified, referral is made to Audiology Services which specialise in identifying, diagnosing, treating, and monitoring hearing impairment. Audiology services diagnose, manage and/or treat hearing, tinnitus, or balance problems. They also provide hearing aids and hearing implants, such as cochlear implants, middle ear implants and bone conduction implants.

Why hearing tests and audiology services important?

Hearing tests carried out soon after birth can help identify most babies with significant hearing loss, and testing later in childhood can pick up any problems that have been missed or have been slowly getting worse. Without routine hearing tests, there's a chance that a hearing problem could go undiagnosed for many months or even years.

Hearing Impairment can have a significant impact on education and learning. It can cause delays in speech and language development, leading to poor academic performance, learning problems and challenges with social interaction and communication. Pupils with hearing loss may find acoustics in the classroom challenging. An early diagnosis helps support access to any special support services that may be needed.

9.4 Physical Health: Wheelchairs and Equipment

There are two services that provide specialist equipment in North Yorkshire. These are:

- Nottingham Rehab Services (NRS)
- Medequip.

NRS provide the wheelchair service, and this has an open referral system. NRS will triage all new referrals to see if they are eligible for an NHS wheelchair of any type. If eligible they will progress to assessment and the supply of a clinically suitable wheelchair. There are funding options that include fully funded by the NHS (the chair would remain property of the NHS and this includes service and maintenance) and the use of the Personal Wheelchair Budget (PWB) to purchase non-standard extras or a non-standard wheelchair (these would not be serviced and maintained by the NHS).

Medequip provide adult and paediatric community equipment. Paediatric equipment is available and is prescribed following assessment by the paediatric Occupational Therapist (from the NHS and North Yorkshire Council). Equipment to support physiotherapy and nursing needs can range from beds, manual handling, seating,

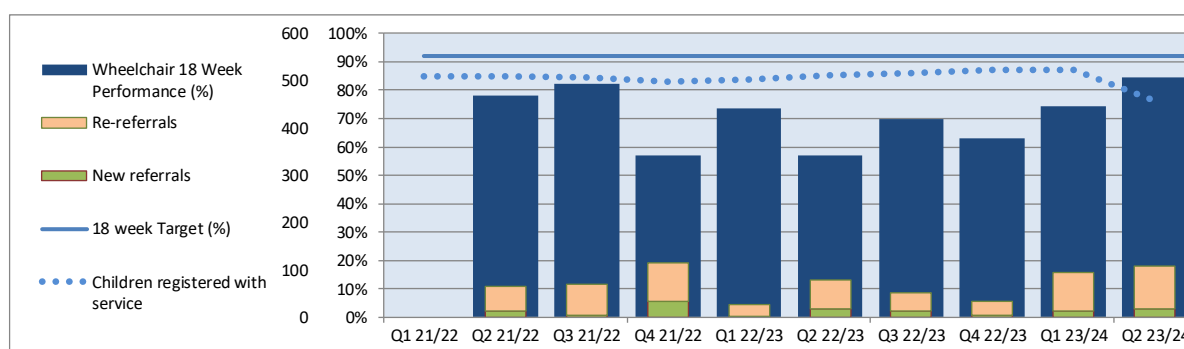
mobility and toileting equipment for use in their own home. This service is funded by both Health (NHS) and Social Care (North Yorkshire Council).

If a child or young person requires specialist equipment to access the school environment and/or the curriculum this will be funded through school budgets and the Local Authority. The equipment will be property of the school. In exceptional cases, the ICB has a process that health practitioners can use to seek guidance and decisions regarding equipment funding.

Data is collated on a quarterly basis about wheelchair requests to inform commissioning.

Wheelchair 18 Week Performance:

% waiting no longer than 18 weeks to receive a wheelchair following referral for assessment.



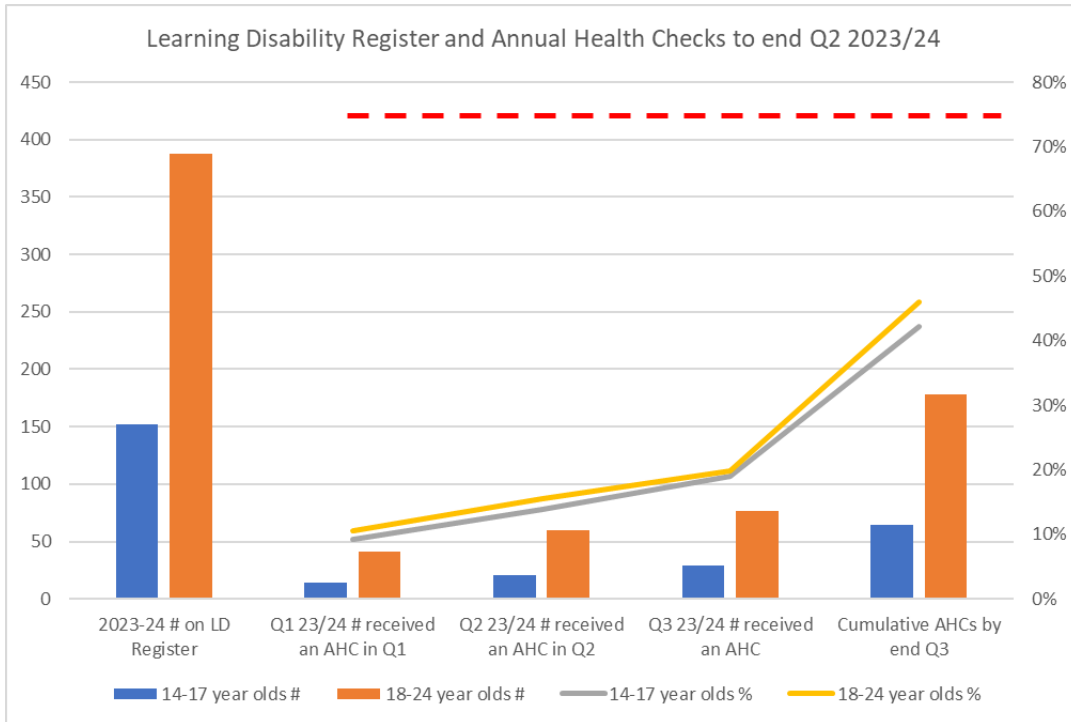
	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
Children registered with service	510	510	506	498	503	512	516	523	523	458
New referrals	n/a	14	4	34	3	19	13	5	13	17
Re-referrals	n/a	51	67	80	23	60	40	28	82	92
Children waiting 18 weeks or less	n/a	54	65	8	14	36	35	55	66	92
Children waiting over 18 weeks	n/a	15	14	6	5	27	15	32	23	17
Wheelchair 18 Week Performance (%)		78.3%	82.3%	57.1%	73.7%	57.1%	70.0%	63.2%	74.2%	84.4%

10. Complex Areas of Need

10.1 Complex Areas of Need: Annual Health Checks

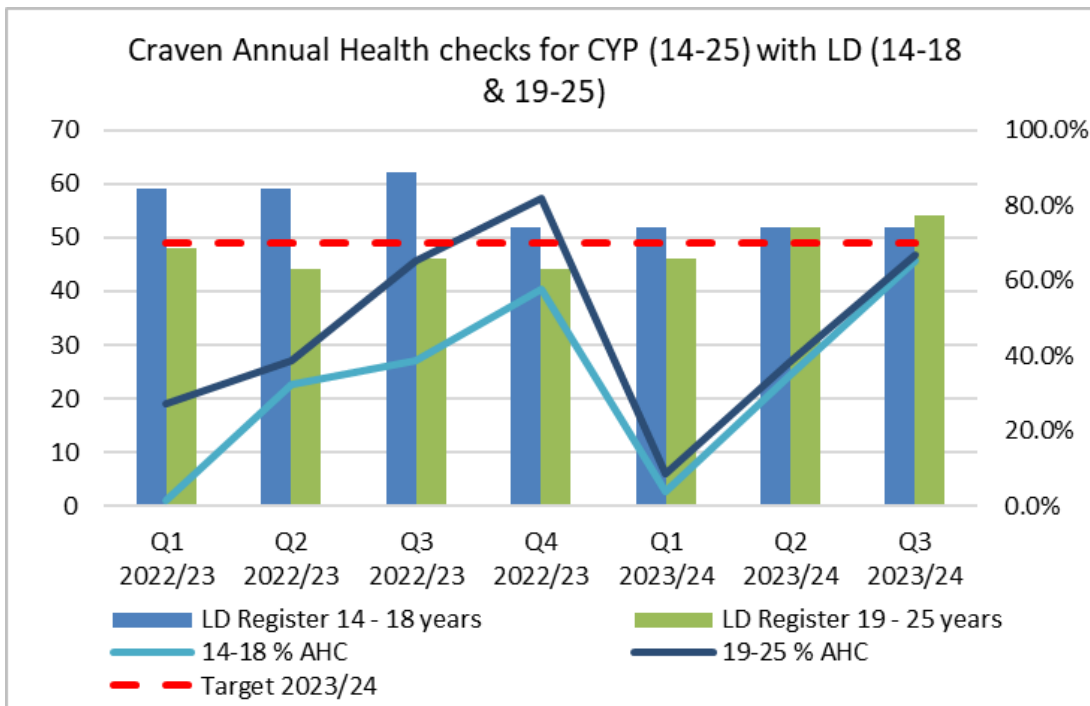
North Yorkshire (excluding Craven): Annual Health Checks (AHC) for young people (14-25) with Learning Disabilities (LD)

	No. on LD Register 23/24	Q1 23/24 no. received an AHC	Q2 23/24 no. received an AHC	Q3 23/24 no. received an AHC	Cumulative AHCs by end Q3
14-17-year-olds	152	14	21	29	64
18-24-year-olds	388	41	60	77	178
14-17-year-olds %		9.2%	13.8%	19%	42.1%
18-24-year-olds %		10.56%	15.5%	19.9%	45.9%
End of Year Target %					75%



Craven: Annual Health checks for CYP (14-25) with Learning Disabilities

- **65.4%** of children/young people aged 14 – 18 years who are on the GP LD Register have received an Annual Health Check YTD (Q2 23/24).
- **66.7%** of children/young people aged 19-25 years who are on the GP LD Register have received an Annual Health Check YTD (Q2 23/24).



*Data based on CYP attending Craven GP practices.

Why is this Important? Are we on track to where we want to be?

AHC's ensure young people become familiar with primary care services when they are well. They ensure the young person has an opportunity to meet with health staff annually to discuss any health concerns they may have and provide an opportunity to have a physical health check which may detect any unidentified health issues. This aims to reduce health inequalities that people with learning disabilities face.

Easy read information to raise awareness of the primary care LD register and the offer of AHC has recently been published and will be shared with young people, families and services from autumn term 2023. The AHC dashboard is shared with all GP practices every month so they can check to see whether they are on target. Support is offered from the LD Clinical lead if needed.

The importance of AHCs has been promoted with young people's services including social care, paediatricians, social prescribers, education and voluntary organisations. The social prescribing teams in Wharfedale Airedale and Craven Alliance (WACA) Primary Care Network (PCN) have also had additional funding for specific social prescribers to work with young people with learning disabilities or who are autistic. As part of this, the social prescribers have been involved in promoting annual health checks and encouraging young people to attend to reduce health inequalities.

The numbers for all ages usually increase in Q4 due to a number of factors, including the opportunity for immunisation at the same time so it is likely there will be a sharp increase in the overall number of AHCs carried out across North Yorkshire in the final quarter.

10.2 Complex Areas of Need: Initial and Review Health Checks for Children who have Come into Care

The Children in Care team works closely with social care to look after the health needs of children and young people aged 0-18 who are looked after. This may be with a foster carer, a residential home, or living with family, friends or parents under the care of a social worker. The team can:

- Offer you a health assessment carried out by a doctor when you first become looked after.
- Provide a review health assessment with a specialist nurse every six months for children under five years old, and every 12 months for children over five years old.
- Design a health care plan for you, following assessment, which can be shared with other health and social care professionals and used as part of your ongoing care plan.
- Keep an updated health history for you based on the health assessment.
- Give you advice and time to talk to a nurse about any health issues that are worrying you at any time.
- Offer continuity of care by aiming to provide a nurse who will remain your single, consistent contact for the whole time you are in care.
- Refer you to specialist services if necessary.
- Provide you with public health advice and information.
- Advocate on your behalf as required.

HNYICB do not currently receive data regarding children in care, however, will be working with the organisation and health providers to commence the receiving of this data to form the dashboard. HNYICB recognises the importance of collating this data to receive assurance that their needs are being met.

Adoption Medicals for Children who are Looked After in the North Yorkshire Local Area

Harrogate and District NHS Foundation Trust provide Initial and Review Health Assessments for Children who are Looked After in the North Yorkshire Local Area, including Craven.

Initial Health Assessments should be completed within 20 working days of the child/young person coming into Care. Review Health Assessments should be completed every 6 months for children aged below 5 years and annually for children aged 5-18 years.

10.3 Complex Areas of Need: Dynamic Support Register (DSR)

Children and Young People's Dynamic Support Register

The Children and Young People's Dynamic Support Register (DSR) is for children/young people up to 18 years. The DSR is a requirement of the Transforming Care agenda and provides oversight of children who have a diagnosis of Autism and/or a Learning Disability (LD) who are currently in crisis, and predominantly may be at risk of an admission to a specialist tier 4 service.

The DSR also supports young people who may be at risk of coming into contact with the criminal justice system, or at risk of placement breakdown. Dynamic Support provides oversight of the most complex and vulnerable children who have a diagnosis of LD and/or Autism.

The North Yorkshire Children and Young People's Dynamic Support Register (DSR) is for children and young people up to 18 years, and specifically includes a 16-18 offer for young people transitioning to adulthood. The DSR network is a multi-disciplinary, multi-agency forum where partners can come together to collectively make decisions in relation to the complex needs of this population.

Why is the Dynamic Support Register Important?

The DSR aims to provide oversight and enable support for children and young people to be coordinated, so that highly complex needs can be identified and co-managed wherever possible to prevent hospital admission and or the need for 52-week residential schools and specialist placements. The aim is to maintain children and young people in the community by ensuring care is delivered by the right service, at the right time, and that care is joined up. The DSR is also a tool to accessing Care, Education and Treatment Reviews (CETRs), and referrals to the keyworker service.

North Yorkshire: Dynamic Support Register

Data

Since 2020, the DSR has supported 60 young people who are ordinarily resident in North Yorkshire. Over 60% of these individuals are either settled within their communities or have the necessary support in place to remain well.

Trends

Over the last year, as awareness of the DSR has been widened through training sessions into education settings, in particular, and with the implementation of the national DSR and CETR policy, referrals have increased on average by 50%. The majority of the increases have been for young people without a learning disability who are autistic, and young people who have multiple diagnosis, including autism and eating disorders/ARFID.

Are we on track to where we want to be?

Locally we are satisfied with the implementation of our process and the joint working to achieve this, however we are always looking at ways to improve across the partnership. The strategic aim over the coming year, is to have one 'offer' across the Humber and North Yorkshire patch, which will include the processes for accessing the DSR, CETRs and transition.

The networks continue to use the DSR as a strategic commissioning tool to highlight gaps in provision. Where possible this allows us to develop and improve the services we commission so that we can respond more affectively to crisis for young people in a timely manner.

Craven: Dynamic Support Register

Embedding Dynamic Support

Every child/young person on the register is risk Red Amber Green rated in line with the Cheshire and Wirral clinical decision-making tool. This is an evidenced based tool that has been adopted across West Yorkshire.

The panel is triparty and multi-agency to ensure dynamic conversations and associated actions are followed through. The panel meets fortnightly with thorough minutes demonstrating the context, RAG rating and actions it links to CETR, annual health checks and the Barnardo's keyworker service. Every child/young person that is RAG rated Red and Amber are offered a keyworker.

Why is this Important?

Dynamic Support is important as it helps to link and support local services to meet the complex needs of this population and come together to make a collective decision to ensure these children/young people do not fall through gaps. Case studies can evidence how the DSR has supported this.

DSR provides the system with oversight and assurance for children/young people that are identified as highly vulnerable, in line with the criteria set to where possible prevent hospital admission, 52-week residential schools and specialist placements. The aim is to maintain children/young people in the community by ensuring care is delivered by the right service, at the right time and care is joined up.

Are we on track to where we want to be?

Yes, the DSR panel meets fortnightly. Evidence of dynamic conversations are evident in the minutes and case studies are available. We have received visits from West Yorkshire to observe the panel and have received excellent feedback around the quality of the conversations and actions that are taking place. New guidance from DSR was published in January 2023 and all changes suggested have been embedded.

All data and themes are reported in line with NHSE datasets, fed into the Integrated Care System West Yorkshire Work and highlighted to the LD/ND leadership group which reports to the Healthy Minds Board.

Keyworker Service

The Keyworker Service is available to autistic people and people with a learning disability or both who are at risk of being admitted to a mental health inpatient unit or are already an inpatient. The person must be registered on the Dynamic Support Register (DSR) at either Blue, Red or Amber to be considered for eligibility for the Keyworker Service. Keyworking is a function of the DSR. The primary focus, from March 2022, for The Humber and North Yorkshire Keyworker Service was to support those under the age of 18, including those transitioning to adulthood.

In the December of 2022, NHS England confirmed their ambition was that all Keyworker Services were to be working with those up to 25 by 2023 in line with the Children and Families Act 2014.

The North Yorkshire and York Keyworker service works in partnership with the Humber Transforming Care Partnership who hold the Humber DSRs and the North Yorkshire and York DSRs. The Bradford and Craven District Key Worker service is delivered by Barnardo's who work in partnership with West Yorkshire ICB. Barnardo's attend all DSRs in Bradford district and Craven providing the offer to all children, young people and adults under 25 years across West Yorkshire including Craven.

10.4 Complex Areas of Need: Individual Funding Requests (IFRs)

An Individual Funding Requests (IFR) is a request to fund, for an individual patient, an intervention or treatment that falls outside of existing contract and commissioning arrangements.

North Yorkshire (excluding Selby and Craven)

Mental Health Individual Funding Requests (IFRs) for children and young people for the financial years 22/23 and 23/24:

➤ 2022/23 – 57

The majority of IFRs in 2022/23 were for Autism Assessments. There has been an increase in IFRs in North Yorkshire (excluding Selby and Craven) since 2021.

York (including Selby)

Mental Health IFRs for children and young people for the financial years 22/23 and 23/24:

➤ 2022/2023 – 13 requests.

Bradford (including Craven)

No IFRs were received for Craven by Bradford District Craven Health and Care Partnership.

The IFR process does not collect dates of birth, so we are unable to identify exact ages. However, from the type of request the IFR team can determine if these are children/young people. The IFR process does not specifically record if children/young people have SEND. However, it is likely that the majority of these are children/young people with SEND.

10.5 Complex Areas of Need: Continuing Care

What is Children's Continuing Care?

Children and young people (0-17) who have complex health needs may require additional support that cannot be met by existing NHS universal and specialist health services. This additional health support is assessed and thereafter agreed via an NHS Continuing Care Assessment process on behalf of Integrated Care Boards (ICBs) and is delivered through a tailor-made commissioned package of care.

In the North Yorkshire Local Area Continuing Care Assessments are carried out by Humber and North Yorkshire ICB (HNYICB) for children and young people living in the North Yorkshire Health and Care Partnership, and by West Yorkshire ICB (WYICB) for children and young people living in Craven.

The Continuing Care assessment is needed to understand if a package of care is required to support a child or young person with complex needs, which is then managed by a Children's Complex Care Nurse Assessor. The National Framework for Children and Young People's Continuing Care (2016) is guidance provided by the Department of Health and Social Care and is used by Nurse Assessors to manage the process of Continuing Care.

It is recognised that there should be a multi-disciplinary team (MDT) holistic approach throughout the Continuing Care process, which includes health, education, and social care, as well as other agencies involved in supporting a child's needs. This multi-disciplinary team consists of professionals who represent local services who are known to the child.

Data

The number of children/young people (0-18) on the Children's Continuing Care caseload at the beginning of 2024 was 34 for North Yorkshire (NYHCP) and 36 for the Vale of York (including Selby). This shows a significant increase from September 2022 when the number on the caseload for North Yorkshire was 21 and the Vale of York (including Selby) was 20. This demonstrates the growing need for this service across the whole North Yorkshire locality.

11. Transition

What is Transition?

The Local Offer website and ICB SEND web page provide information about transitions from children's to adult's services. There is a page dedicated to Young People and another for parents and carers. An easy-read information guide has been developed in partnership with the Parent Carer Forum, SENDIASS and Local Authority detailing the transition road map from 14-25 years of age. In addition to this the Local Offer and ICB webpage also shows a video, produced in joint partnership, which explains transitions and signposts viewers to more information. There are plans to develop the ICB webpage further to include 360-degree images of hospital and clinic settings to support young people in preparation for appointments.

The Designated Clinical Officer for SEND has worked with NHS providers and the SEND system at place within North Yorkshire to develop local Transitions Pathways for services for children and young people with SEND.

Transition Nurses

The role of a transitions nurse is to provide a high-quality evidence-based transition service to children and young people aged 14 years and over with a particular focus on SEND. The role works collaboratively with the wider multi-disciplinary team to co-produce a plan for transition into adult services and maximise independence and choice for the young person. The role supports young people in accessing Further Education and Training and contribute to the EHCP process. It also plays a pivotal role in reducing the need for inpatient or hospital attendances.

12. Conclusions

The services that have been highlighted within this chapter all share core aims and purposes that are central to improving the provision of services for children and young people. These are:

- For children and young people's needs to be identified accurately and assessed in a timely and effective way.
- That children and young people receive the right help at the right time.

- That children and young people are well prepared for their next steps and achieve strong outcomes.
- That children and young people are valued, visible and included in their communities.

We hope that this chapter reflects that leaders are ambitious for children and young people with SEND and have a shared understanding of the needs of children and young people in the local area. Whilst demand on services continues to be high, leaders aim to commission service and provision to meet the needs and aspirations of children and young people in the community whilst also evaluating services in order to make improvements for our local children and young people.

Since the publication of the last SEND JSNA, there has been some significant progress. However, we also acknowledge that further work needs to be done to improve access to services. Whilst increasing waiting lists and waiting times continue to be an issue for some specialties, the development of a graduated response to support both the child or young person and their families has been well received.

Service redesign aimed at tackling some of the demand on health specialities has also been implemented since the last publication. For example, HDFT's Autism assessment 'needs led' pathway mentioned earlier in this chapter and other initiatives that include:

YSTHFT SALT Transformation Programme

YSTHFT have a transformation programme underway to address therapy waiting times. It's currently focusing on SALT, but plans are in place for this to also begin in OT as well. As part of this programme, they have:

- Assessed all cases on a risk and need basis.
- Carried out staff surveys to assess and improve staff wellbeing.
- Are in the process of updating their website to make it more user friendly and useful.
- Introduced an impact based initial assessment.
- Families on the waiting list were contacted to check if their needs have changed and to ensure that the service is still required with families who no longer needed the service being signposted back to the referrer.
- Initiated an enquiry/Request for Help Line where parents/carers will receive advice and guidance. Parents/carers are encouraged to call back after a period of time if there are further updates.
- All children/young people waiting prior to the introduction of the Request for Help Line are being offered a telephone appointment.
- Devised a new pathway with a universal offer of 12 sessions (maximum).

Early Language Support for Every Child (ELSEC) – Bradford

The Change Programme Partnerships are the mechanism through which the SENDAP (SEND Alternative Provision) Reforms are being tested. One of these reforms is the ELSEC pathfinder programme which is supporting nine sites (one in each Change Programme Partnership) to develop services in early years and primary school settings.

These services will identify and support children and young people with speech, language and communication needs at an early stage to reduce exacerbation of need that might lead to specialist speech and language and/or EHCP referral. We will take the learning from these pathfinder sites and consider how it could influence service development across North Yorkshire. Our closest pathfinder is operating within the Bradford district on behalf of the Yorkshire and Humber Change Partnership so there are good links and opportunities to learn from this programme.

Grow and Learn Pathway

The North Yorkshire Grow and Learn Pathway shows the identification opportunities and interventions for Early Language development across the partnership.

Talking Bradford

We are aware of the need to develop mechanisms which allow all children, young people and their families to be aware of all the support available to them whilst they wait for assessment and support from the specialist speech and language therapy services. This would include universal, targeted and specialist services. We would recommend that we have a single source of information that can be accessed by families and professionals alike, similar to that developed to support families across Bradford District and Craven: [Speech and Language pathway for parents | Bradford Families and Young Persons.](#)

HCP 0-19 service:

Since the launch of the new service model, all families continue to be offered five quality mandated Health Reviews from Health Visitors, including the introduction of the Early Language Intervention Measure at the 2-year review to identify language delay and offer early intervention. An enhanced infant feeding offer is now embedded with proactive calls to breastfeeding families and a universal introduction to weaning session.

13. Next Steps

As part of the next steps, we will strive to ensure that the health needs of all our children and young people with SEND across North Yorkshire are met, through embedding within our work the principles that are underpinned by the SEND Code of Practice. Over the next coming months and years, we pledge to continue our work to:

- Tackle long waiting lists and waiting times.
- Address any variation in health service provision to ensure all children and young people with SEND have fair and equitable access to health services.
- Redesign services and pathways to ensure that those children and young people with SEND receive the right care at the right time.
- Work in collaboration with our system partners to co-produce and jointly commission services to support children and young people with SEND.

As well as the above, the following projects will form part of our next steps programme:

PINS Project

The Partnership in Neurodiversity in Schools (PINS) project is a step forward in addressing the needs of neurodiverse children within mainstream schools. Stemming from the insights gained through the Autism in Schools and Better Pathway Pilot, PINS aims to enhance the educational experience and outcomes of neurodiverse children by fostering strong partnerships between parents and schools.

Central to the PINS project is the implementation of a whole-school approach, which seeks to embed support mechanisms for neurodiversity throughout the entire school environment. By strengthening the confidence and expertise of teachers in understanding and accommodating neurodiverse needs, PINS endeavours to create an inclusive culture where all students can thrive. This approach also involves optimising the school environment to address low-level needs effectively, thus enabling neurodiverse children to engage more successfully in learning activities.

PINS aligns with broader ambitions to build capacity within mainstream schools, ensuring that all individuals working with children and young people with SEND possess the necessary knowledge and skills. By facilitating early identification of children's needs and promptly implementing tailored support interventions, PINS aims to intervene proactively, fostering an environment where every child receives the support they require to reach their full potential.

Mental Health Transformation

On 14th February 2022, a North Yorkshire and York Children's Emotional Health Summit was held with senior leaders across Local Authorities, Clinical Commissioning Groups (now ICBs), TEWV and the VCSE. The purpose of the Summit was to gain agreement on the whole systems issues that we are facing and to develop plans for how we could implement an agreed model across the system that will help us all to meet the needs of children and young people and their families.

The North Yorkshire place group agreed a set of key themes and priorities and committed in partnership to a dedicated full-time multiagency project group to lead this work forward for a time limited period. This programme of work is due to commence shortly. Similarly, to the rest of North Yorkshire, a Mental Health Transformation programme of work is also underway in Craven.

7. Social Care Introduction

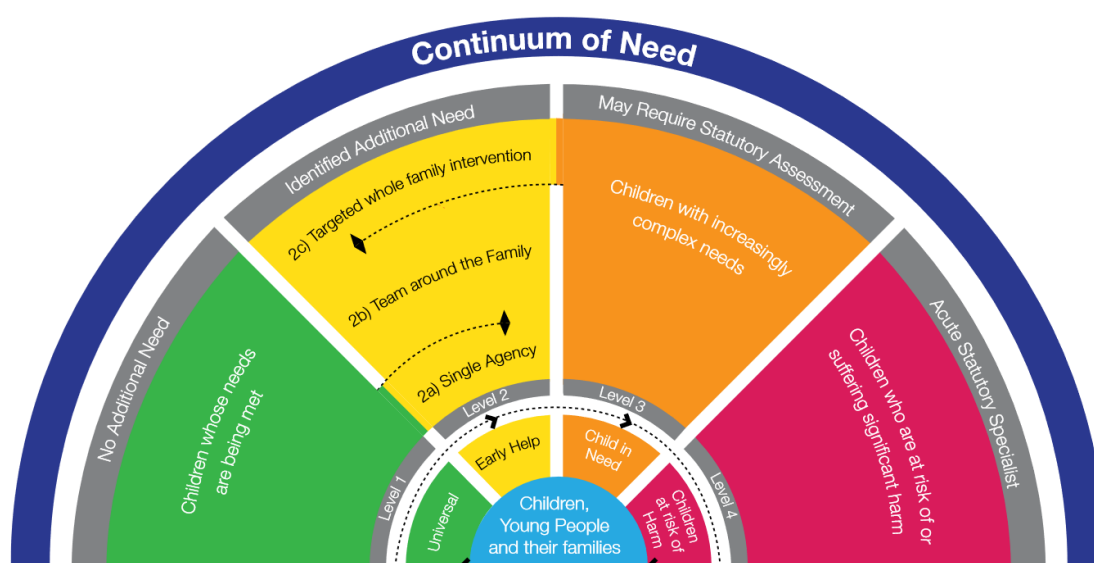
This chapter provides information relating to social care provision for children and young people (aged up to 25 years) with SEN. Where available, comparisons to England and North Yorkshire's statistical neighbours are provided.

Contents

1. Children in Care
2. Children in Need
3. Children with Child Protection Plans
4. Early Help Services
5. Conclusions

North Yorkshire Council's Children and Families Service and Disabled Children's Service provide a wide range of universal, targeted and specialist services and support.

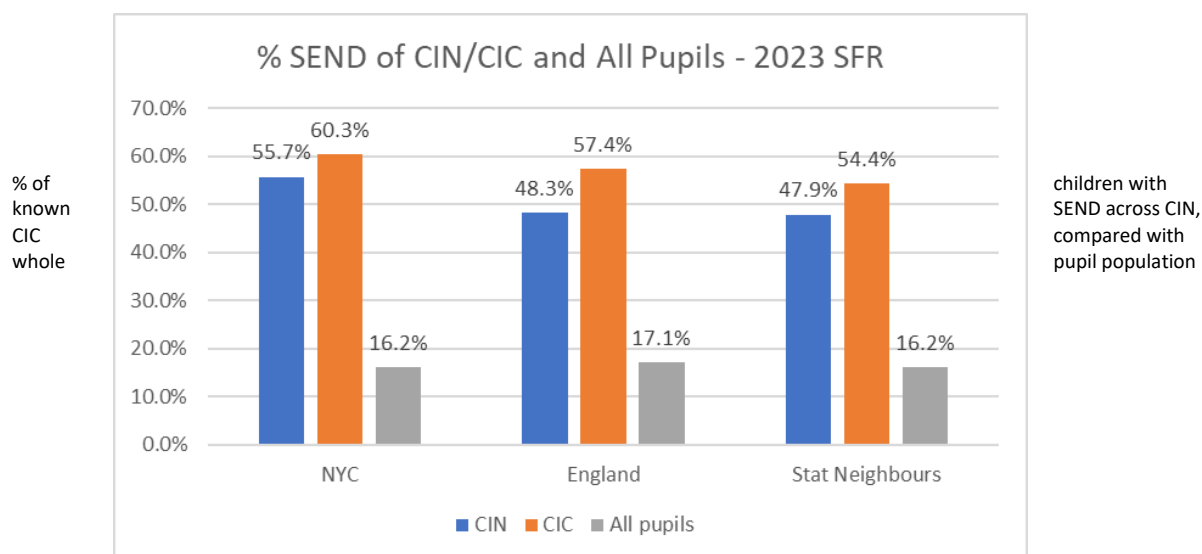
The support is offered on a continuum of need basis, beginning with a universal offer when no additional needs are identified. This progresses to Early Help Provision when a need has been identified, Child in Need for children with increasingly complex needs and Child Protection for children who are at risk of harm.



[79301-Early-Help-Strategy-2019-3-Oct.pdf](#)

In March 2023, the total number of children with SEN provision, who accessed support from Children & Families Services (C&F) is 1,566. This includes those supported by Early Help, Child in Need, Child Protection and Looked after Children.

The majority of these children and young people were supported by Early Help (n=470). Nearly 40% of children supported by C&F at SEN Support level were supported by Early Help (n=315), this drops to 20.6% (n=155) for children with an EHCP, the majority of these (35.5% n=267) were Children in Need.



Across both Children’s Social Care (CIC and CiN), somewhat reflective of the complex nature of these cohorts, the rate of SEN as a proportion of each group is significantly higher than amongst all pupils. This is something that is reflective nationally. Given this, there is inevitably children and young people who are accessing both Children’s Social Care and Inclusive Education Services.

The table below provides an overview of the Primary needs of children supported by Social Care in receipt of SEN Support or with an EHCP by district and Primary Need (according to January 2022 census).

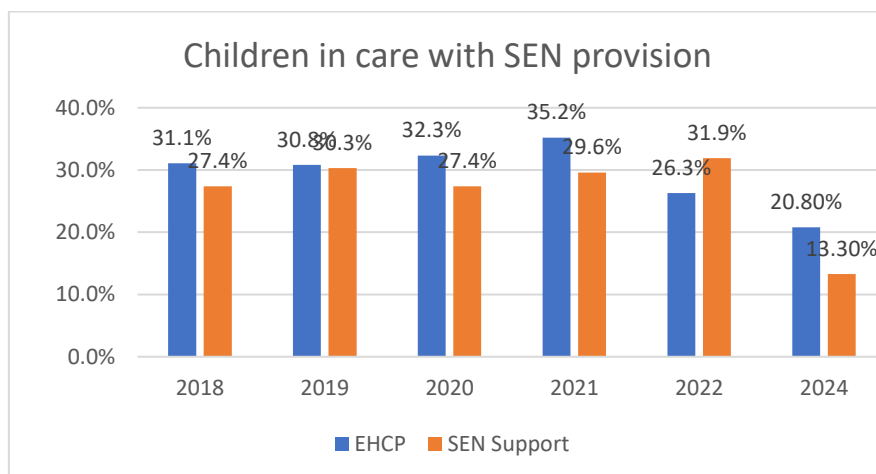
Primary need	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	Grand Total
Autistic Spectrum Disorder	42%	59%	36%	18%	18%	23%	27%	38%
Hearing Impairment	0%	1%	1%	0%	5%	1%	0%	1%
Moderate Learning Difficulty	17%	14%	14%	73%	32%	10%	93%	19%
Multi-Sensory Impairment	0%	1%	1%	0%	5%	0%	0%	1%
Not applicable/recorded	17%	2%	10%	36%	5%	14%	40%	11%
Other Difficulty/Disability	14%	3%	0%	55%	5%	2%	13%	5%
Physical Disability	17%	3%	10%	18%	18%	6%	20%	9%
Profound & Multiple Learning Difficulty	8%	3%	9%	0%	9%	19%	0%	9%
Severe Learning Difficulty	11%	11%	15%	0%	0%	14%	0%	11%
Social, Emotional and Mental Health	22%	25%	51%	118%	50%	61%	227%	52%
Specific Learning Difficulty	8%	9%	11%	45%	27%	12%	40%	13%
Speech, Language and Communication Needs	19%	20%	15%	73%	23%	18%	87%	22%
Vision Impairment	3%	0%	2%	0%	5%	0%	7%	1%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%

1. Children in Care (CiC)

Children in Care or Children Looked After (CiC) refers to children aged under 18 years who are in care of their local authority for more than 24 hours. They may be

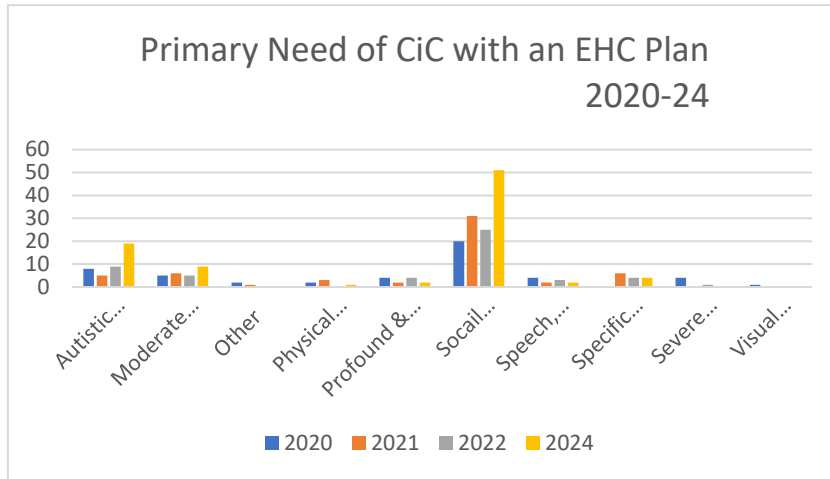
placed with foster carers, residential homes or with parents or other relatives. For the purpose of the JSNA, the January School Census has been used to provide a meaningful comparison between Children in Care and the wider Children & Families cohort.

The number of Children in Care with SEN provision has reduced over the past couple of years. This, in part, is likely to be reflective of the changing nature of the Children in Care cohort. We know, over the past two years, we have seen changes in our Children in Care cohort, including a reduction in the proportion of older children in care, alongside an increase in younger children.

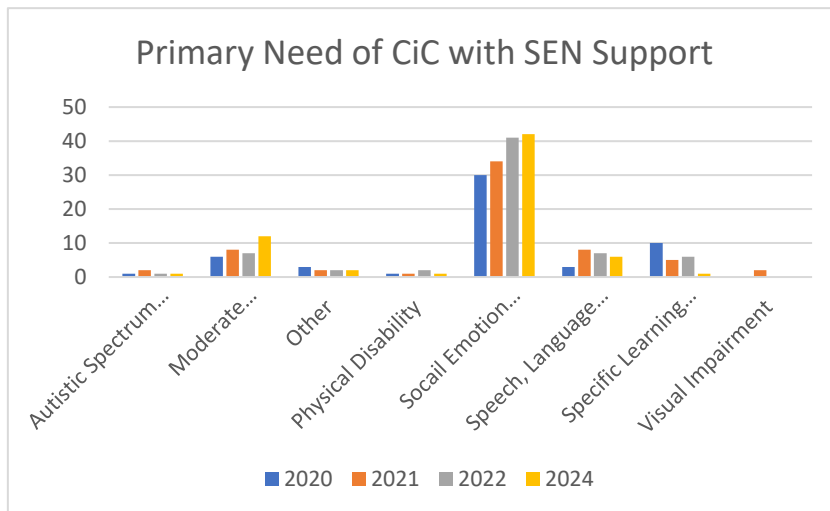


In 2024, 20.8% of School age Children in Care were receiving SEN Provision through an EHCP (according to data reported through the School Census), whilst 13.3% were receiving SEN Support. These figures show a large decrease from previous years. This is likely to be as a result of the sudden increase in children in care as a result of our intake of unaccompanied asylum-seeking children.

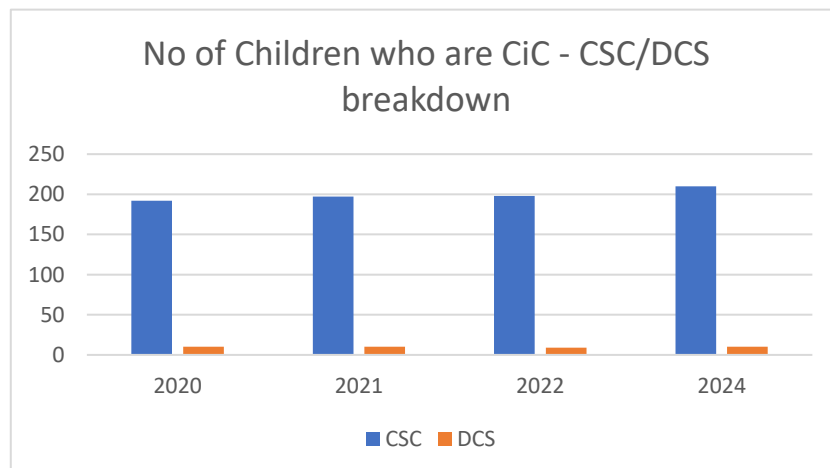
The most common primary need for Looked After Children with an EHCP is Social, Emotional and Mental Health, this is significantly higher than the figures for any other primary need and alongside Autism has seen a large increase in 2024.



Similarly, Children in Care who received SEN support also shows high numbers for Social, Emotional and Mental Health as a primary need, significantly higher than all other primary needs.

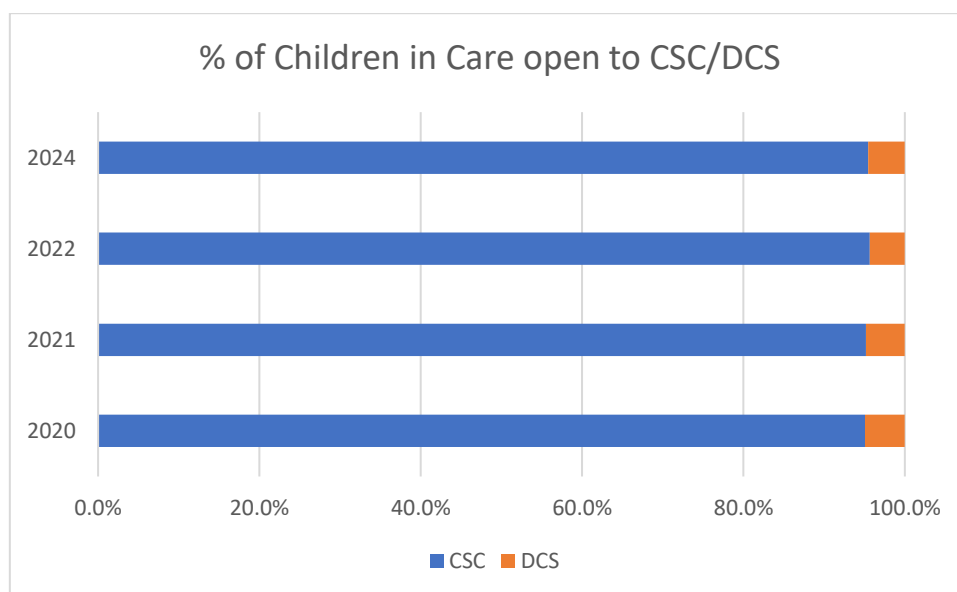


When we breakdown the number of Children in Care receiving SEN provision by age, it is clear that a high level of provision is provided for 14–16-year-olds. This is likely to be due to an increase in SEMH needs as children get older. This pattern is consistent when broken down into EHCP and SEN support.



The majority of Children in Care with SEN provision are supported by Children’s Social Care (CSC) opposed to the Disabled Children’s Service (DCS). As the number of school age children in care support by CSC has risen slightly (from 198 to 210), the number of children in care supported by the DCS has remained stable at 10.

Most recent figures show 95.5% of Children in Care children are supported by CSC and 4.5% are supported by the DCS. The trend has remained relatively stable since 2020.



Attainment of Children in Care with SEND⁶

**As will be reflected elsewhere, there is no attainment or progress data for 2020 and 2021. Also, it must be remembered that the Covid-19 pandemic will have a lasting impact on the outcomes of children and young people who have missed a significant amount of schooling. Key Stage 4 attainment is not yet available.*

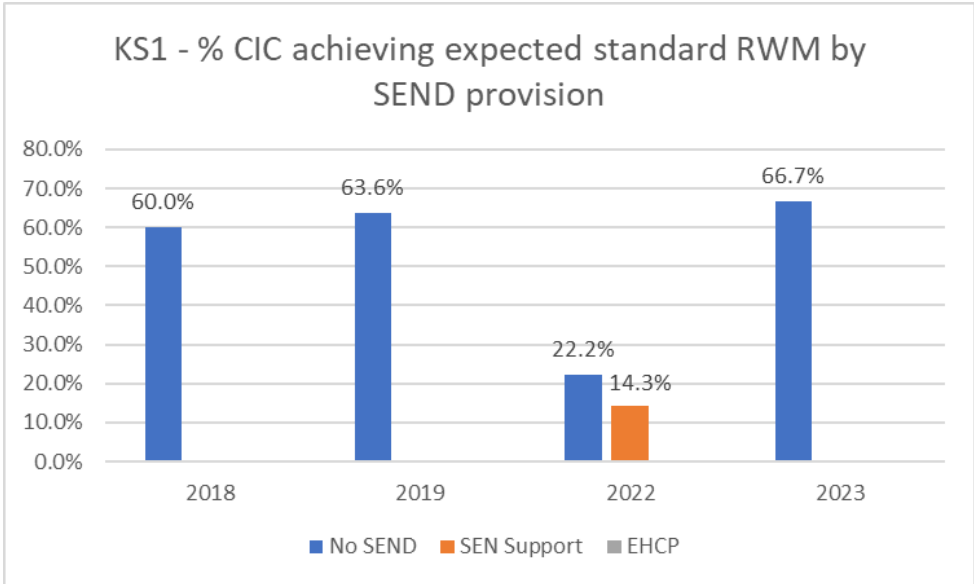
We know that previous life-experiences impact the outcomes for Children in Care. The high rate of SEND amongst children in care adds another level of complexity to an already complex cohort. This is reflected in the education attainment of children in care with Special Educational Needs and Disabilities. Whilst there are inevitably fluctuations from one year to the next, the attainment of pupils with SEND is consistently below those without. We see this through a child’s academic journey, from Key Stage 1 to Key Stage 4.

We know that CiC pupils, along with other pupils with Social Workers who are not looked after, have considerably lower outcomes throughout their academic life. Promoting outcomes and raising ambition for Looked After Children and children with a Social Worker requires a joined up, collaborative and systemic approach to delivering support at school and where the young people live.

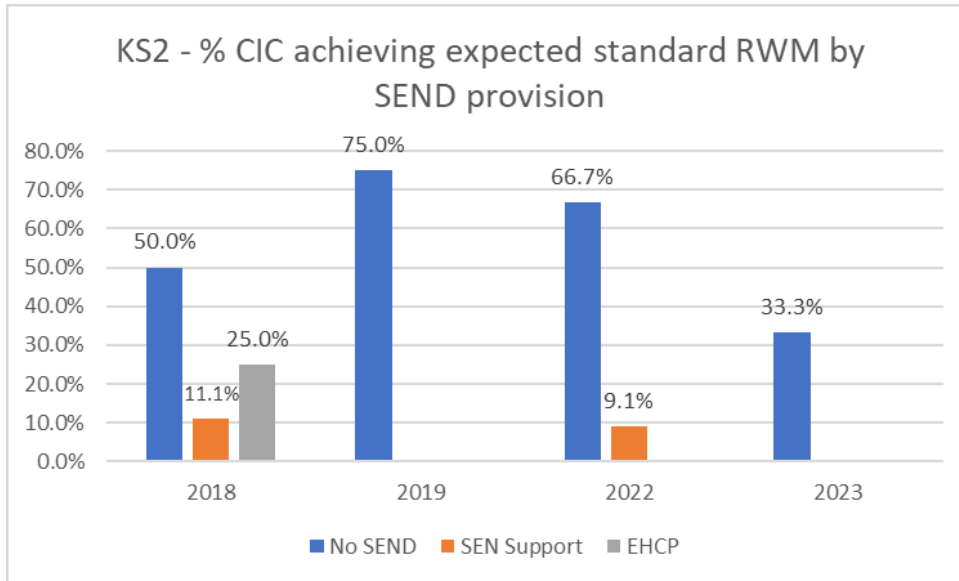
⁶ Please note: Attainment for Children in Care includes CiC pupils that are educated in settings outside of North Yorkshire, as North Yorkshire is still the corporate parent for these children and are responsible for their care and support.

CIC Pupils by Key stage and SEN Provision 2018-2019 & 2022-2023					
Key Stage		2018	2019	2022	2023
Key Stage 1	No SEND	5	11	9	9
	SEN Support	8	7	7	5
	EHCP	1	5	3	1
Key Stage 2	No SEND	5	11	9	9
	SEN Support	8	7	7	5
	EHCP	1	5	3	1
Key Stage 4	No SEND	24	16	17	15
	SEN Support	11	15	6	8
	EHCP	11	10	15	14

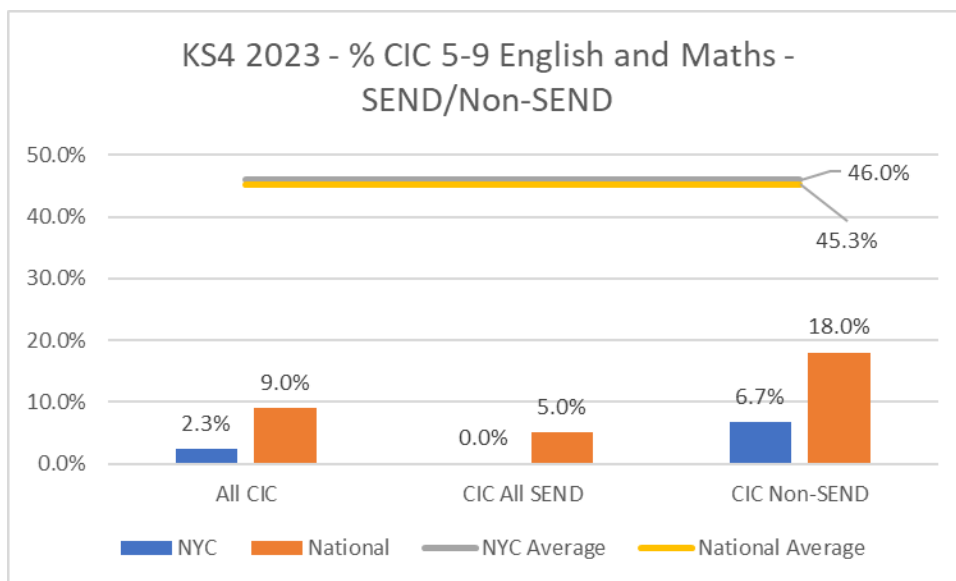
At Key Stage 1, over the past 4 years, the proportion of non-SEND Children in Care achieving the expected standard has gradually increased from 60% in 2018 to 66.7% in 2023. Apart from 2022 It is worth noting we see no SEN children achieving the expected standard at Key Stage 1.



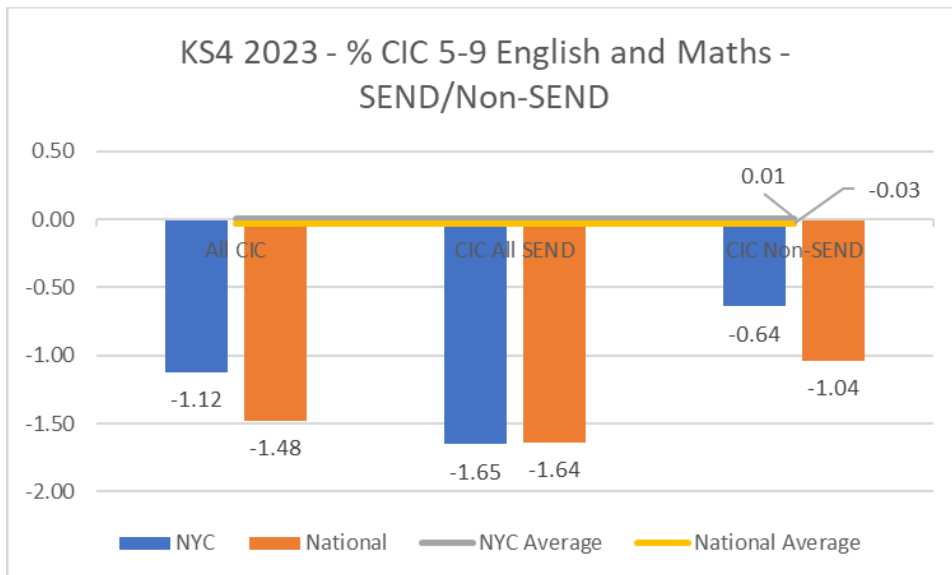
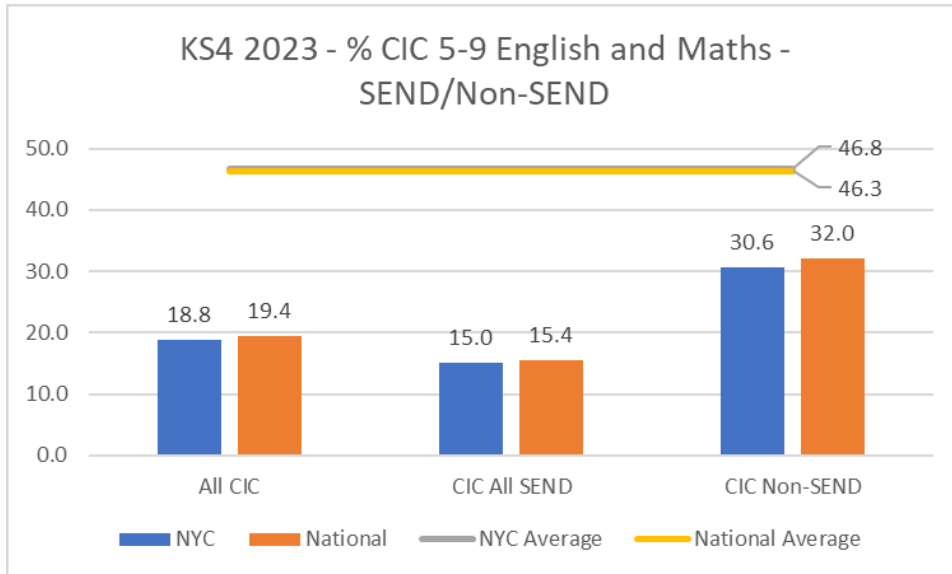
At Key Stage 2, 2023 there has been a downturn in the proportion of non-SEND children in care achieving the expected standard in Reading Writing and Maths – with 33.3% achieving the expected standard compared to 75% in 2019.



Looking at the attainment of children in care against the rigid measure, across the overall Children in Care cohort, those with SEN and those with no-SEN, Children in Care in North Yorkshire underperformed against Children in Care nationally in regard to achieving Grade 5-9 in English and Maths.



Looking at Attainment 8 across Children in Care, North Yorkshire's Children in Care had a similar level of attainment compared to their counter parts nationally across all groups. The average attainment score for children in care (18.8) remains lower than the county average (46.8), reflective of the more complex needs of the cohort and the impact of adverse childhood experiences.



Reflective of the overall North Yorkshire picture, the average Progress Score of Children in Care in North Yorkshire is generally better than their peers nationally, with an average progress 8 score of -1.12 compared to -1.44 for children in care nationally. Whilst the average progress 8 score of Children in Care with SEN in North Yorkshire (-1.65) closely aligns with the national average (-1.64).

Virtual School Interventions to support SEN

Virtual School sit within Social Care and work with parents, carers and educational settings to promote the educational attainment and emotional wellbeing of all care experienced children. The Virtual School team consists of the Virtual School Head, Education Liaison Advisors, Sessional Tutors, SENCo (Assistant Head) and an Educational Psychologist. We are based in localities with each worker having schools assigned to them within that area.

Virtual School provide guidance and support for every Looked After Child and are responsible for the delivery and effectiveness of the Pupil Premium Plus funding. Virtual school also offer advice and information for Previously Looked After Children and more recently have a strategic duty to improve outcomes for all children with a social worker.

Virtual School encourage pace in the planning process to prevent drift and delay and to ensure early identification of SEN needs and timely interventions to meet the needs of the children in care, care experienced and children with a social worker. The Virtual School offer support with:

- Advocating for young people with complex needs.
- Coordinating Alternative Provision for those young people awaiting suitable SEN settings.
- Enhancing partnerships between education settings and the local authority so agencies can work together.
- Offering advice and support to key professionals to help children make progress, including through increasing their confidence in using evidence-based interventions.
- Share knowledge and expertise to strengthen how education settings and social care understand the impact of adversity and trauma on learning and educational outcomes of children.
- Promoting professional practice for education settings and local authorities, which recognises how stability and consistency in relationships can help children to overcome barriers to learning.
- Encourages effective information sharing between professionals so that anyone supporting children and families understands their context.
- Helping identification of, and high levels of support, for those with Special Educational Needs and Disability (SEND) whilst having high expectations and standards for all children with a social worker.
- Working to promote inclusion, avoid suspensions, and permanent exclusion.
- Liaising with SEND professionals and accessing their advice.
- ECHAR Advice Requests including joint production of ECHARs.
- EHCP Planning and Reviews.
- Attending PEP meetings for all young people.
- Ensuring PEPs are high quality with SMART targets that link with the SEN support plan from the EHC plan.
- Inclusion Hubs – referral to the panel.
- Facilitating Multi Agency Complex Case discussions including Circle of Adults and consultation.
- Ensure early identification of children's needs when they start Early Years settings or enter care.
- Identifying learning differences and planning interventions.
- Advising schools around Medical Education referrals.
- Supporting transitions between schools including Early Years, Y2, Y6, Y11, Further and Higher Education through the PEP process and liaising with Designated Teachers and supporting tutors.
- Transitions between Special Schools and mainstream settings.
- Work closely with YJS particularly the Education Liaison Advisors (ELAs).
- SENDIASS, NYAS Advocates, and liaising with Carers/family.
- Virtual School Staff attend the SENCo Network.

- ACE (Adverse Childhood Experiences) awareness training.
- Train and liaise with Designated Teachers and SENCOs around the needs of care experienced children.

Attachment and Trauma Aware School's Project



Virtual School has continued to use Pupil Premium Plus funding to extend the secondment opportunity for a .5 Educational Psychologist (VSEP). The main focus of this role is to continue to train schools in attachment and trauma and rollout the 'Attachment Aware Schools Project: Developing Trauma Responsive Practice.' This programme is premised on the basis that an attachment-informed approach for all professionals working with children, including those within the universal services, offers the best prospect for effective early intervention for children, whatever their age or family situation. (Furnivall, 2012, NICE 2015, DfE 2018 & 2019, Dingwall et al., 2018, Kelly P., et al., 2020, Harrison N. et al., 2022).

Introduction to the NYC VS 'Attachment Aware Schools Project: Developing Trauma Responsive Practice'

The overall aim of the Attachment Aware Schools Project is to work with schools, through training and action research, to develop their practice both individually and systemically when working with vulnerable pupils who may have trauma history. The Project provides training for schools on Attachment, Trauma and Recovery, Emotion Coaching, and facilitation of the Circle of Adults Process.

The project is available to Primary, Secondary and Special schools in NYC where at least one Looked After Child is on the school roll. It comprises three stages. An audit/Appreciative Inquiry is used to identify organisational strengths and next steps. This is then followed by training in Attachment, Trauma/Recovery and Emotion Coaching. Training is given free of charge, provided schools then commit to an Action Research Project. This supports both organisational development and embedding good practice, with further support of the VSEP. Materials are designed, delivered and kept up to date by the VSEP. On successful completion of the project, schools are awarded a certificate giving 'North Yorkshire Attachment Aware' Status.

Overall Aims of the NYC Attachment Aware Schools Programme (AASP) Developing Trauma Responsive Practice

Due to the rolling nature of training and action research, data will be taken at different time points. To measure how far the aims of this project have been met the data from the training element includes data up to January 2022. The action research element will concentrate on data collected between 2018 up to March 2020 as a complete data set and the substantive evaluation is now available on the National Attachment Research Community (ARC) website.

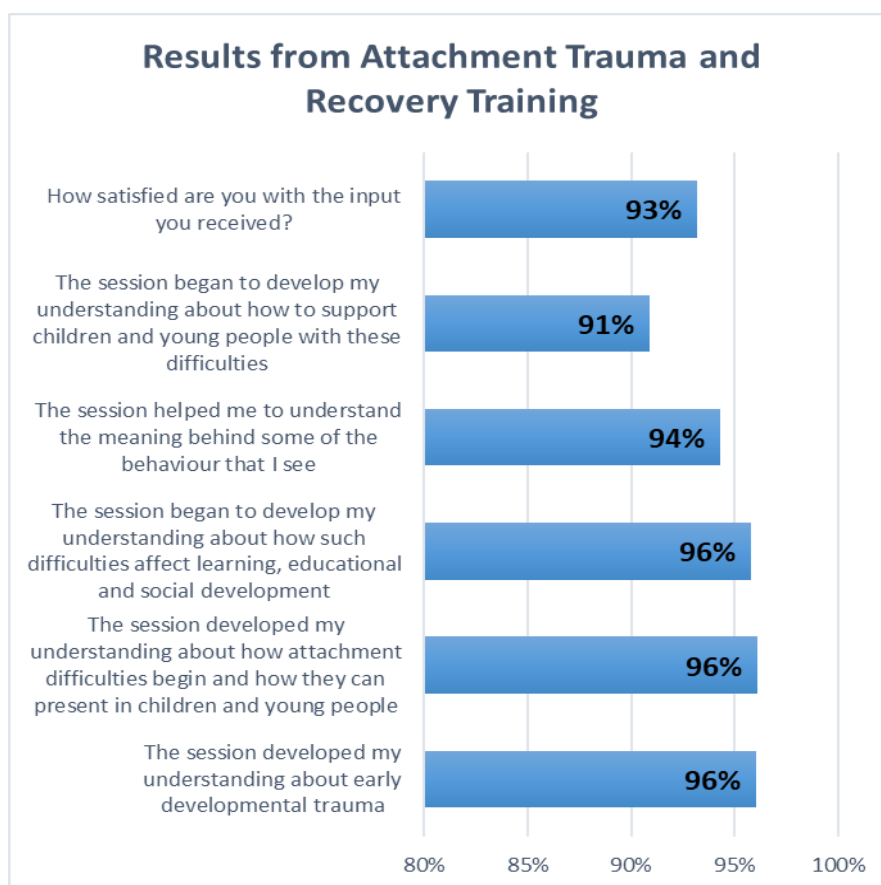
Attachment, Trauma and Recovery training

Aims of the Attachment, Trauma and Recovery training

- To increase participant school awareness of Attachment, ACEs and Developmental Trauma.
- To increase participant understanding of the impact of early trauma experiences on development, behaviour and learning.
- To facilitate adults to begin to explore approaches to support children with these difficulties.

Results from Attachment Trauma and Recovery Training

120 schools are now included in the project. This includes 33 primary, 13 secondary, 3 special schools, 3 PRUs and the NYC Virtual School.



Quotes from training



Emotion Coaching Training

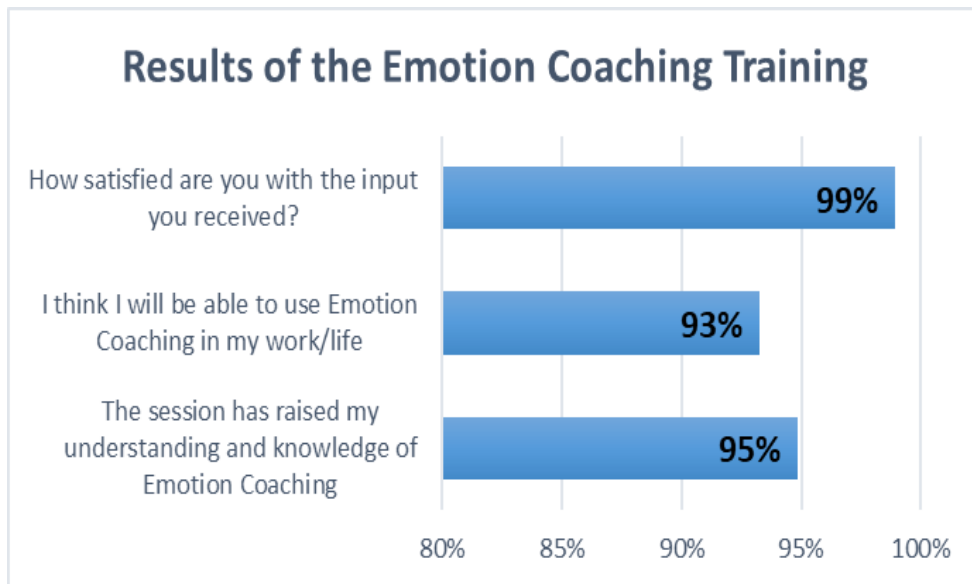
Emotion Coaching is based on the principle that nurturing and emotionally supportive relationships provide optimal contexts for the promotion of children's outcomes and resilience. Emotion Coaching uses moments of heightened emotion and resulting behaviour to guide and teach the child and young person about more effective responses.

Aims of the Emotion Coaching Training

- To increase participant understanding and knowledge of Emotion Coaching.
- To increase adult confidence in dealing with and understanding the meaning behind challenging behaviour.

Results of the Emotion Coaching Training

850 participants (464 from primary schools, 248 from secondary schools, 81 from special schools, 51 from PRUs and 6 from the Virtual School) have completed the Emotion Coaching post-training evaluation questionnaire.



Quotes from training



Emotion Coaching Action Research

A mixed-method action research study to consider the impact of Emotion Coaching on professional practice.

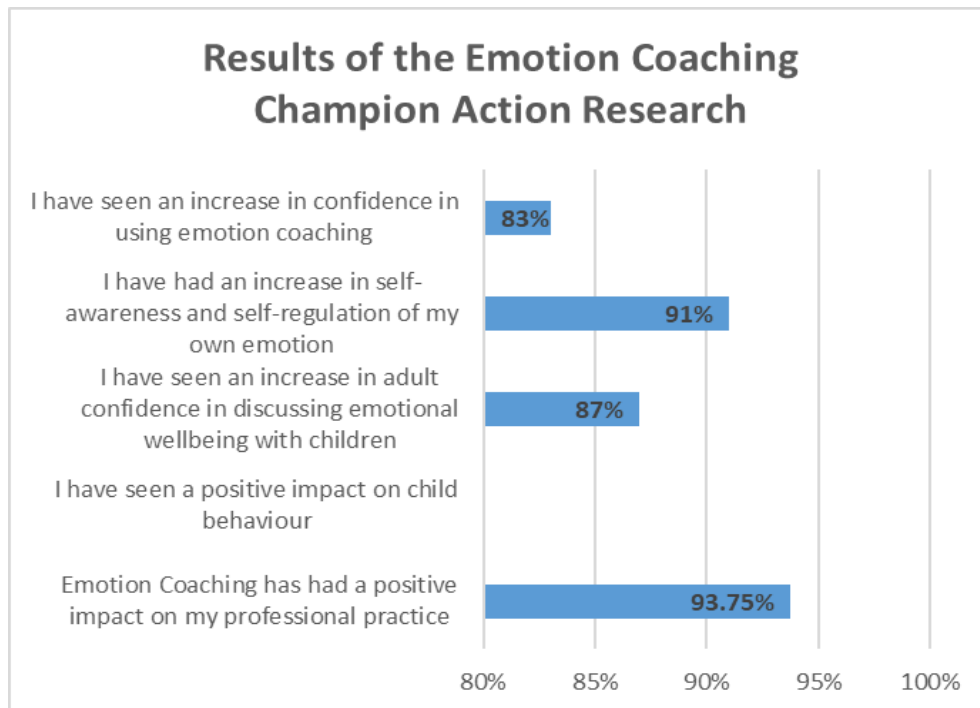
Aims of the Emotion Coaching Champion Action Research

- Develop adult's confidence in practice, specifically in the areas of Emotion Coaching.
- Promote adult self-awareness and self-regulation via Emotion Coaching.

- Increase adult confidence in discussing child emotional wellbeing.
- Increase adult confidence in dealing with and understanding the meaning behind challenging behaviour.

Results of the Emotion Coaching Champion Action Research

128 participants (94 from primary schools and 34 from Special schools) completed an Emotion Coaching Exit Questionnaire, which gathered qualitative and quantitative data. Results suggest that:



Across all questions within the Emotion Coaching Exit Questionnaire, responses indicate different levels of adult engagement with the approach. It will be interesting to discuss these findings in relation to previous research by Gilbert (2018), indicating, “You have to practise to improve your practice” (Gilbert, L., 2018). This may suggest that ‘you get out what you put in.’ The Virtual School Assistant Head is now an emotion coaching practitioner.

Staff reported the following:



Circle of Adults Action Research

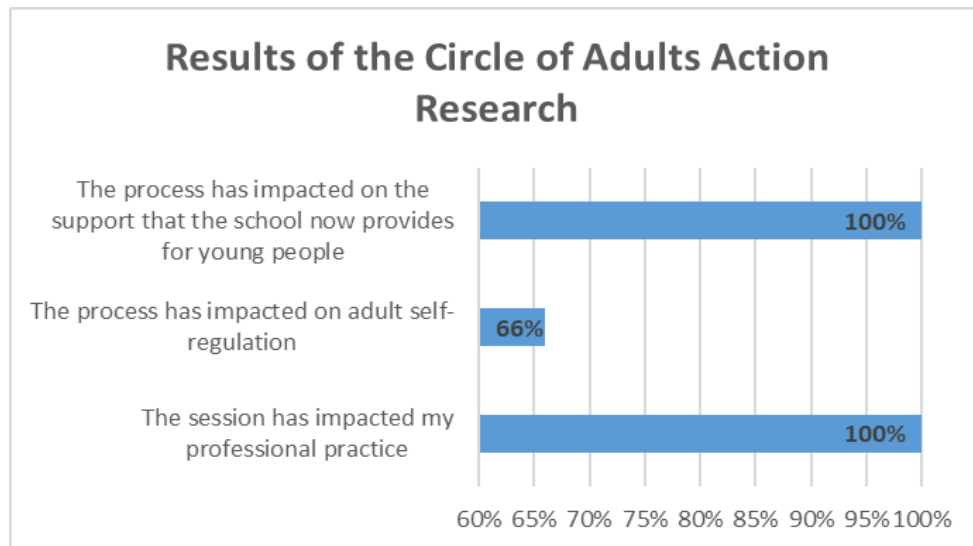
Circle of Adults is an in-depth process that supports professional teams to problem solve together around a person of any age presenting with complex social, emotional and behavioural needs. Circle of Adults uses a structured process and graphic facilitation to guide staff through a set of key questions to reach a deeper understanding of a person's story, behaviour and needs. It produces a deeper understanding of presenting behaviours in the context of unmet psychological needs. This deeper understanding is used to generate new strategies for the team's work with the person.

Aims of the Circle of Adults Action Research

- Through the collaborative Circle of Adults approach facilitate deeper understanding of the child's story and of the systems around the child.
- To increase a deeper understanding of presenting behaviours in the context of unmet psychological needs.
- To increase the confidence of participants in working with the young person.

Results of the Circle of Adults Action Research

106 participants (85 from secondary schools and 21 from Special schools) completed Circle of Adults Exit Questionnaire, which gathered qualitative and quantitative data. Results suggest that the Circle of Adults process was highly effective for helping staff develop a better understanding of the young person's experience and the psychological needs driving behaviours.



Staff reported the following:

-  Helps moving forward in complex cases
-  Making connections between past and present in the child's story
-  Stepping into the shoes of the child
-  Feeling safe in the session supports collaboration
-  Psychological containment from the approach
-  Building a shared understanding
-  Seeing the child differently



Additional evidence of impact

Additional support material in the form of school case studies are also included. This includes two Primary schools, one Special School and one Secondary school. Impact is noted on staff perception of trauma, improved relationships, and increased co-regulation across the school. Reduced exclusions were noted.

Supporting on-going development of trauma responsive practice

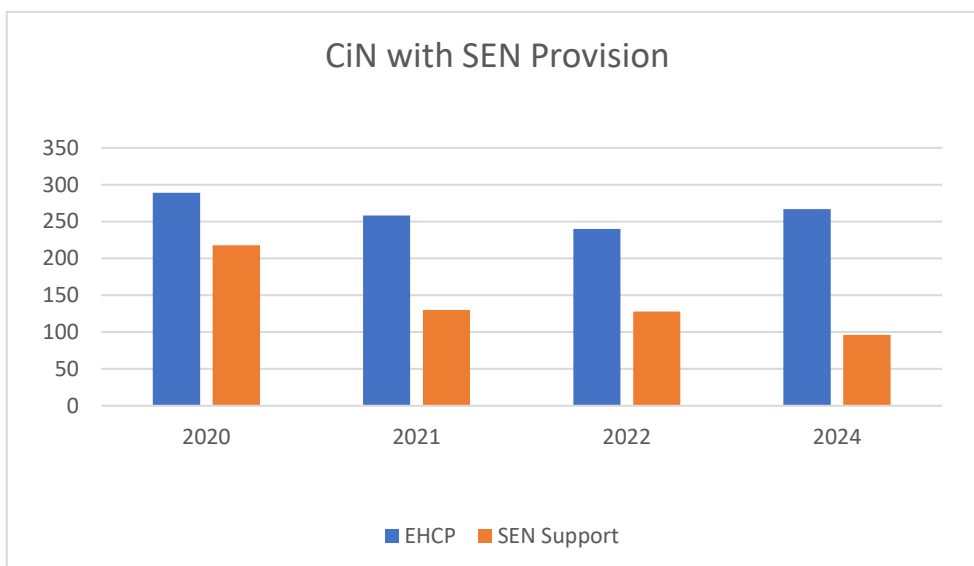
Because developing trauma responsive practice is a journey and not a destination, consideration has been given to supporting schools on this journey. A Trauma/ Emotion Coaching NYC interest group was set up in September 2020. This group is open to any interested schools to encourage participation in the project and to support general development in this area. Over 65 schools are involved with the group and meetings are well attended. This is a mixture of schools sharing best practice and discussion. Examples of topics covered include developing Circle of Adults and Emotion Coaching a journey over time and working with parents.

Conclusion

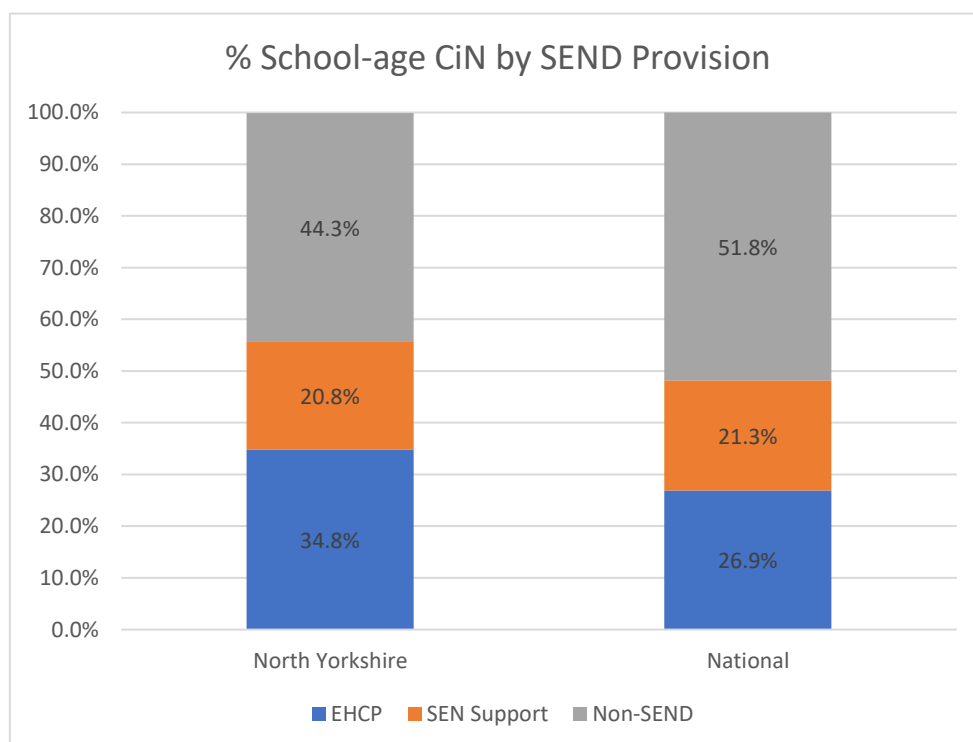
In conclusion from the evidence the Attachment Aware Schools Project training offered to schools is highly effective for developing staff understanding of early developmental trauma and developing understanding and knowledge of Emotion Coaching. The action research component is highly effective for developing Emotion Coaching Champion practice; including self-awareness/management of adult emotion, development of child self-regulation coping strategies and improved relationship and adult confidence with the Circle of Adults action research being highly effective at helping staff to understand individual children's experiences and understanding some of the psychological drives behind behaviours.

2. Children in Need

A Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

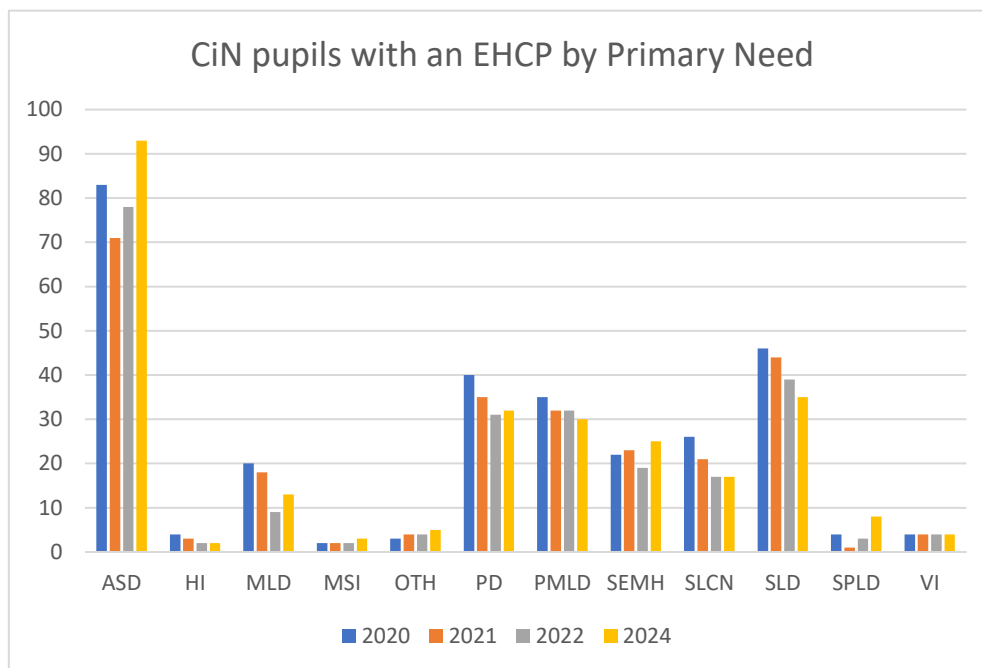


As of January 2024, 267 school-age children in need had an EHCP, an increase of 27 since 2022. Over the same period the number of CiN Pupils with SEN Support has reduced to 96. Looking further back, there has been a notable reduction from 289 CiN pupils with an EHCP and 218 with SEN Support in 2020. This, in part, is reflective of the changeable nature of the CiN cohort.



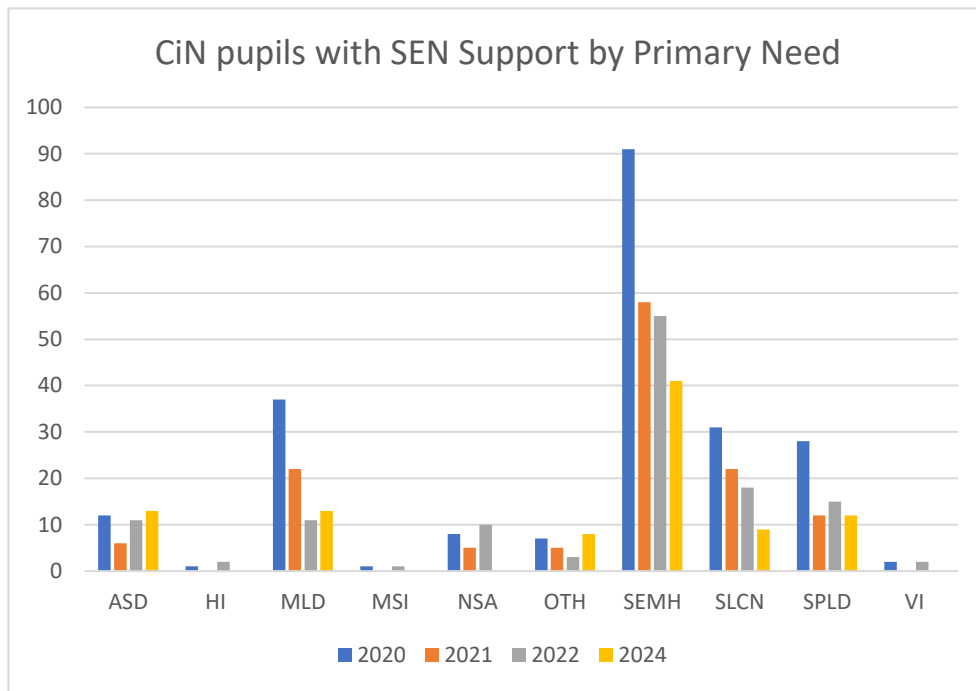
According to the last statistical release for Children in Need, 34.8% of school-age Children in Need were in receipt of support through an EHCP, and 20.8% of school-age Children in Need were in receipt of support with SEN Support.

Whilst North Yorkshire’s SEN support figure was lower than the national average (21.3%), North Yorkshire’s EHCP figure was notably higher than the national average of 26.9%. In all, 55.6% of School age CiN in North Yorkshire had a SEND Need, compared to 48.2% nationally.

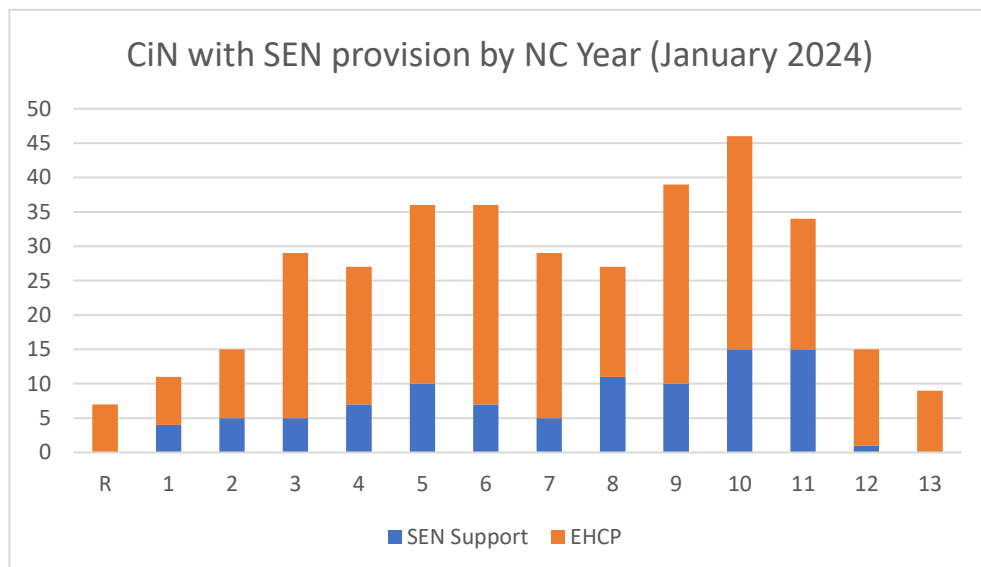


The most common primary need for Children in Need with an EHCP is Autistic Spectrum Disorder, this is significantly higher than other primary needs and has been for the last 4 years. It has seen an increase of 15 since 2022.

We also see relatively high numbers of Children in Need with an EHCP, a primary need of Severe learning difficulty, Physical disability and Profound and multiple learning difficulty. These are all reflective of the impact of DCS cases, a majority of which are Children in Need.



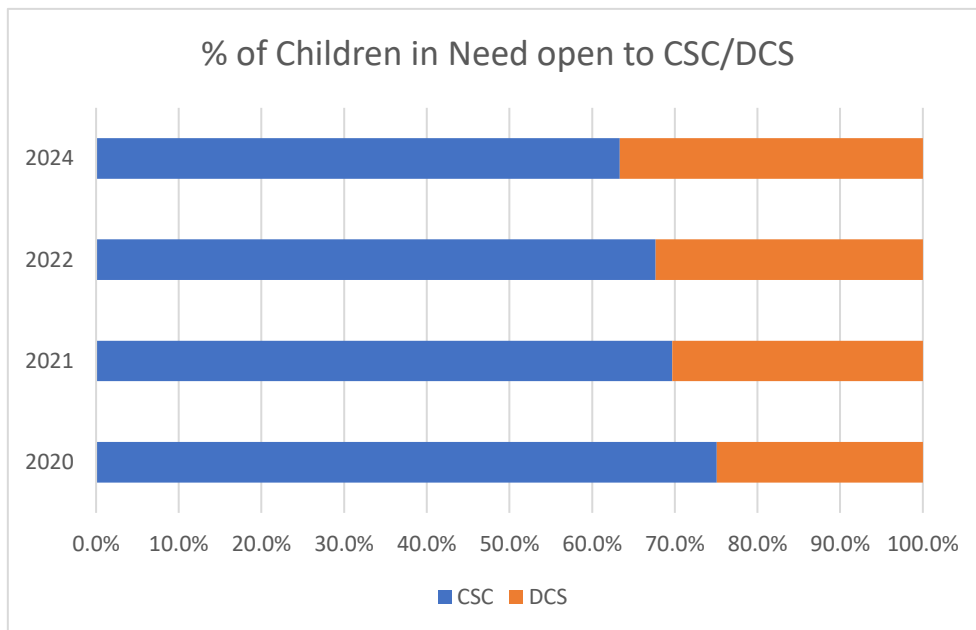
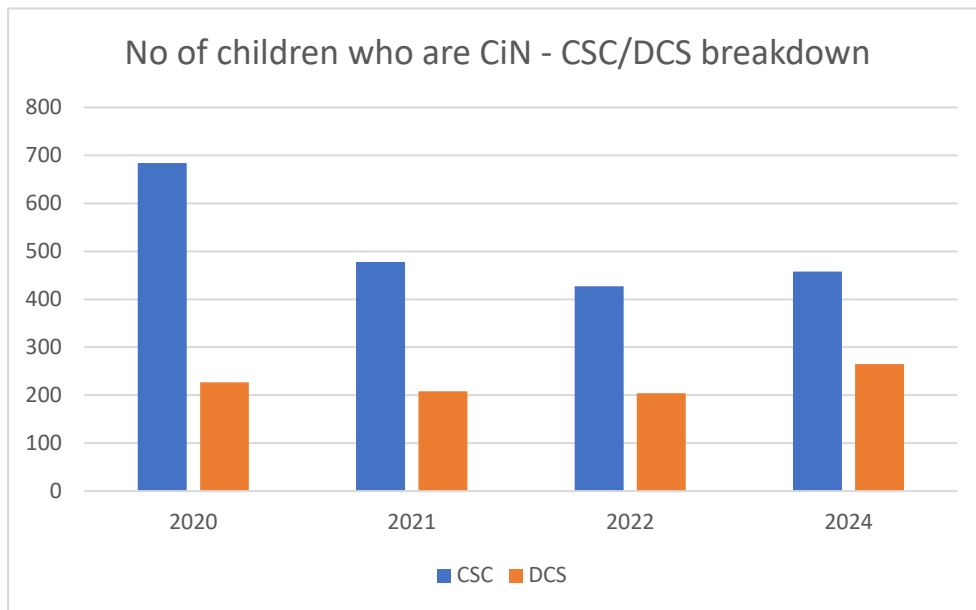
In contrast, Social, Emotional and Mental Health is the most common primary need of Children in Need receiving SEN support. This figure is considerably higher than other primary needs although the number has decreased substantially over the past three years, from 93 in 2020 to 41 in 2024.



When we breakdown the number of Children in Need receiving SEN provision by NC Year, the highest level of provision is provided for older teenagers' years 9-11. We can also see a large amount of numbers in years 5 and 6 in the lead up to transition to secondary school. For Children in Need with an EHCP the highest numbers are seen with children who are in Years 10 and 11.

It is interesting to see that the rate of EHCP to SEN Support remains relatively stable across each NC Year with the exception of NC Year and post-16 age groups. From

Year 4 to Year 11, there were between 1.5 and 2 EHCPs per SEN Support pupil across the SEND CiN cohort, with a briefing spike to 2.5 in Year 7, potentially reflective of secondary schools not picking up on SEN Support level needs until after the first year.

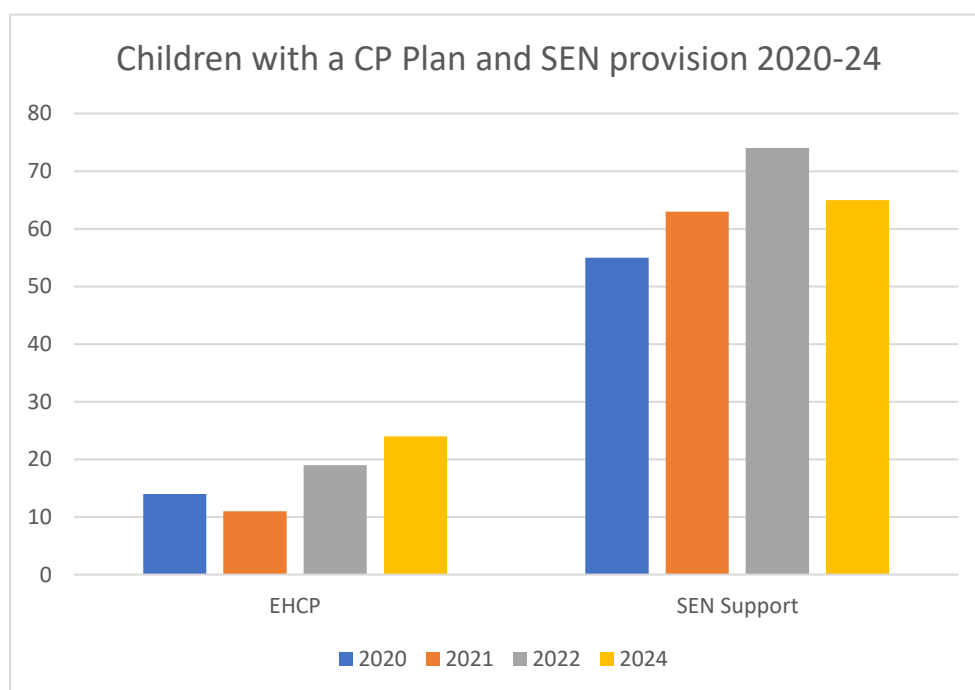


We have seen the proportion of DCN CiN cases continue its trend of growing year on year since 2020. We have seen an increase in the number of both CSC and DCS since 2022.

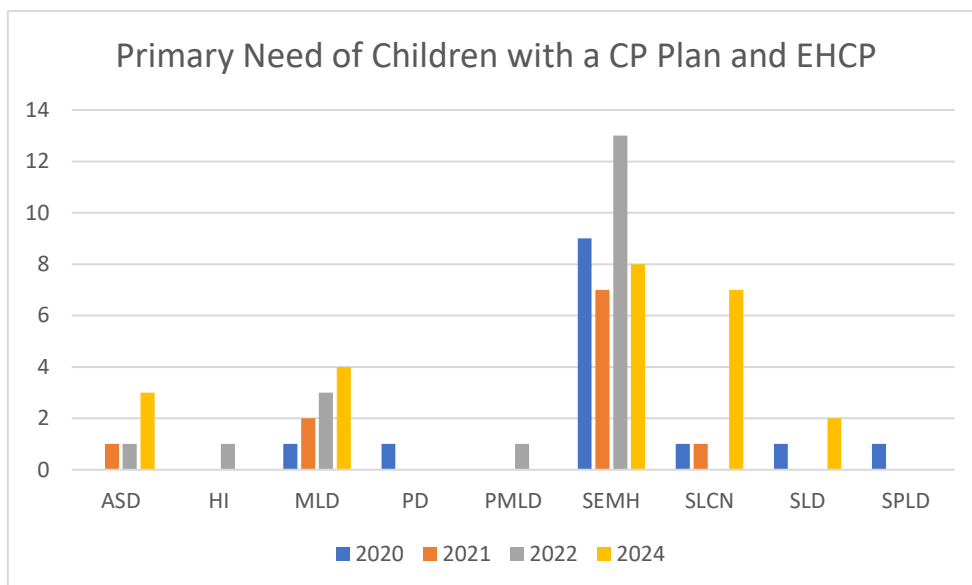
3. Children with Child Protection Plans

A Child Protection Plan is a plan drawn up by the local authority setting out how a child can be kept safe and what support and services are needed. It names the professionals, social workers and family members who will be involved in the safeguarding of the child, including information about their roles and responsibilities including details of actions required and taken.

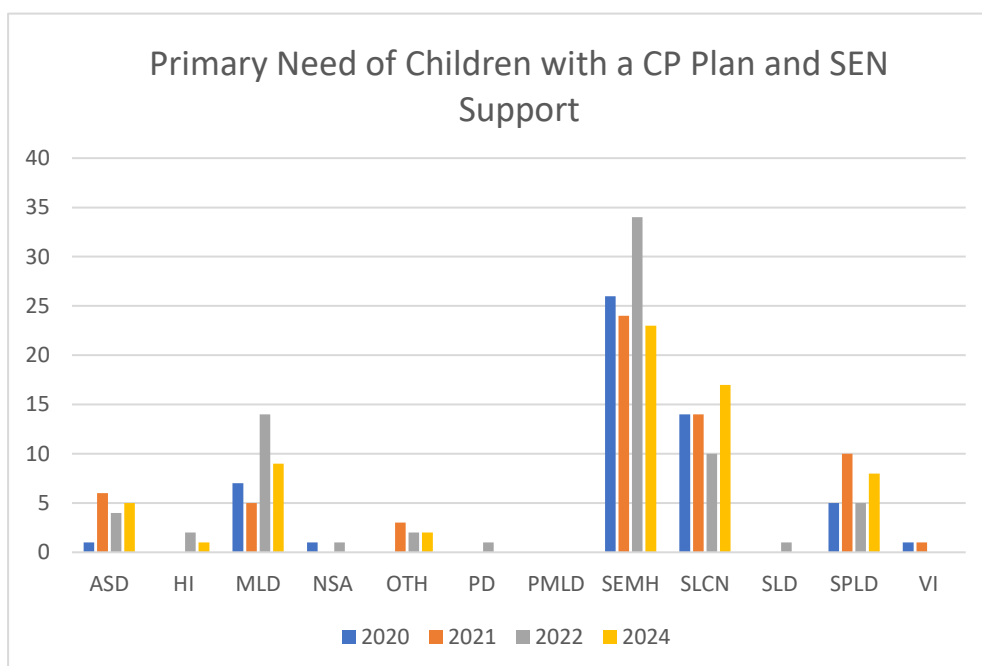
The number of children with child protection plans receiving SEN provision has increased overall since 2018. This increase is reflected in both SEN support and children with an EHCP with the biggest increase seen for children receiving SEN support which has risen by 72% since 2018. The numbers have however reduced in 2020 from a peak in 2019.



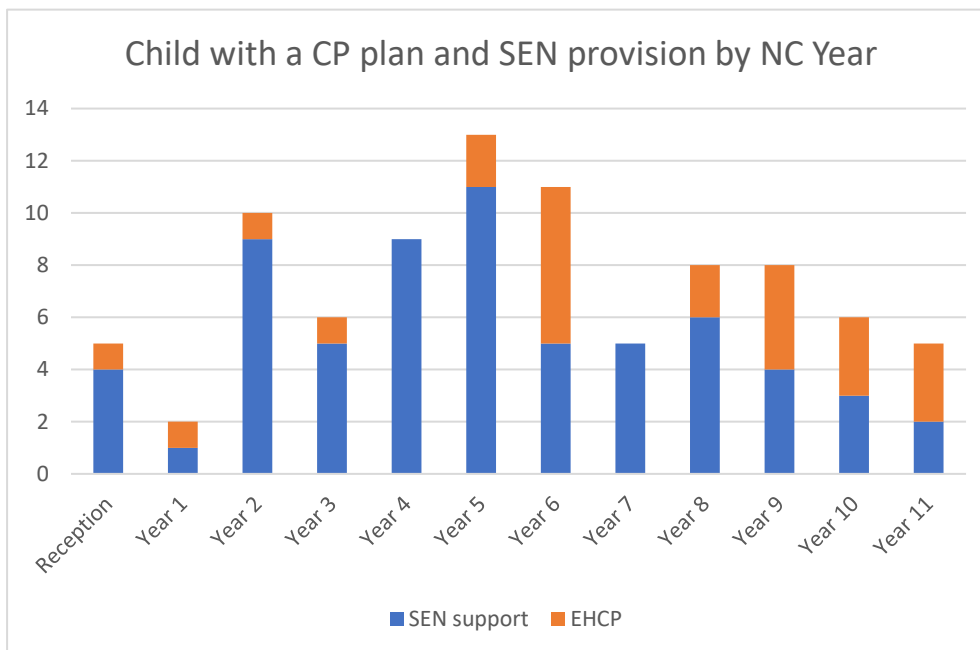
Despite growth from 2020-23, we have seen the number of children with CP Plan in receipt of SEN support drop according to the January 2024 Census. This is likely due to the variable nature of the CP plan cohort. We have seen an increase in the number of children with a CP Plan with an EHCP. This has increased from 10 in 2022 to 24 in 2024.



In 2024, we continue to see the most common EHCP primary need is for Social, Emotional and Mental Health. It is worth considering that the prevalence of SEMH needs across the whole Social Care cohort is likely to be at least in part reflective of the impact of adverse childhood experiences many of these children may have experienced. We have seen a large increase in primary need of speech, language and communication needs, increasing from 0 in 2022 to 7 in 2024.



Aligning closely with the picture seen across CP pupils with an EHCP, over the past 4 years there has been a clear prevalence of a primary need of Social, Emotional and Mental Health amongst children subject to a Child Protection Plan in receipt of SEN Support. Although this has seen a marked reduction, from 34 in 2022 to 23 in 2024. Speech, language and communication needs as a primary need has also seen a notable increase in children with a CP plan and SEN support.

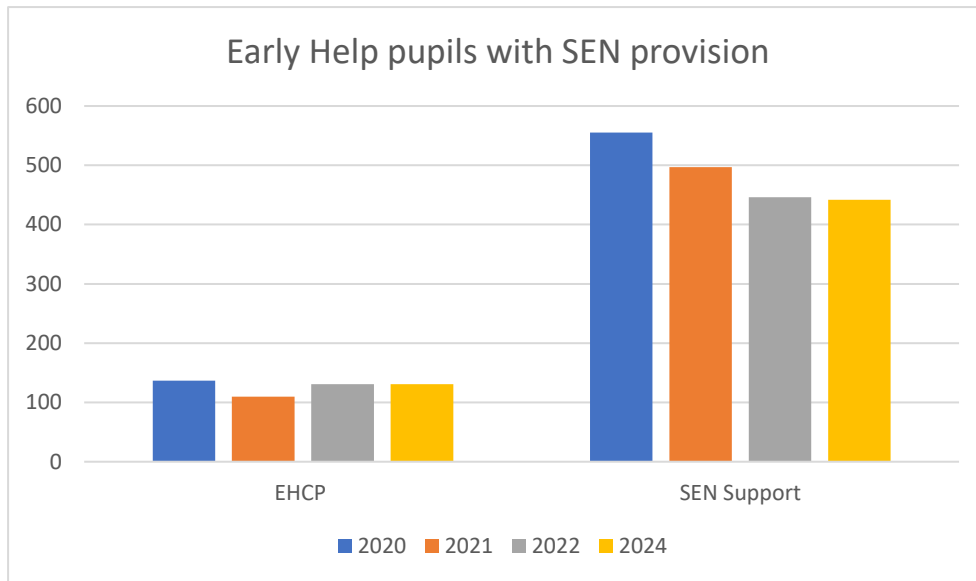


When we breakdown the number of children with a CP plan with an EHCP by NC year, the highest level of provision is provided for those in year 6. This may be reflective of Primary Schools being more proactive in recognising the needs of children, particularly ahead of the transition to Secondary School, but the threshold not being met for an EHCP assessment. However, the absence of any children with a CP plan and an EHCP in year 7 may suggest this was not the case last year. Meanwhile children with a CP plan receiving SEN support are in Year 5.

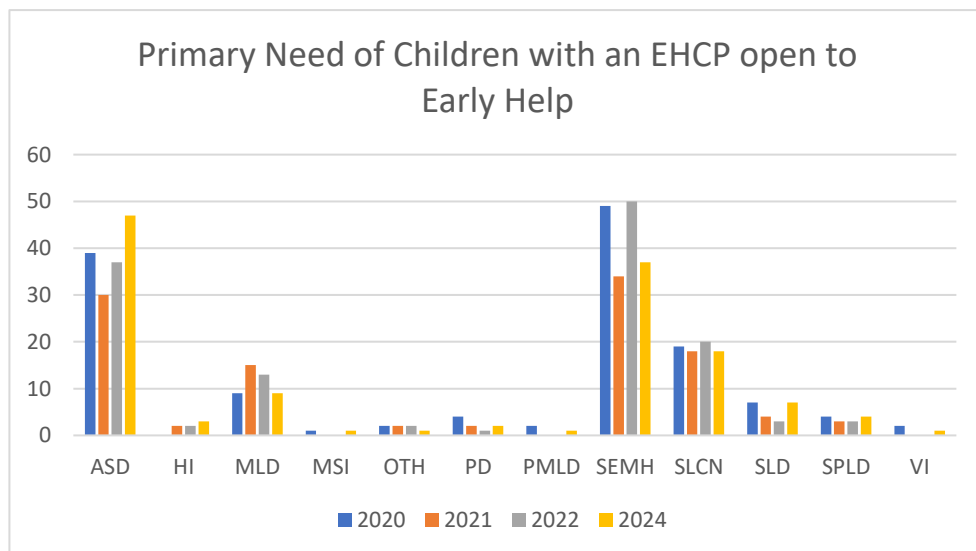
As the numbers of children included in this data set are quite small it is unclear if this is statistically significant, further analysis over a longer period may give us more insight.

4. Early Help Services

The aim of Early Help is to build on people's capacity and resources to manage their own dilemmas, resolve their own difficulties and prevent further problems in the future. Early Help is the response offered by all services in North Yorkshire who are in contact with children, young people and families when an unmet need is identified as outlined in *Working Together to Safeguard Children (2023)*. Partner agencies can request additional support from Children and Families Service where it is identified that there is an unmet need and targeted support for families is required (Early Help Level 2c).

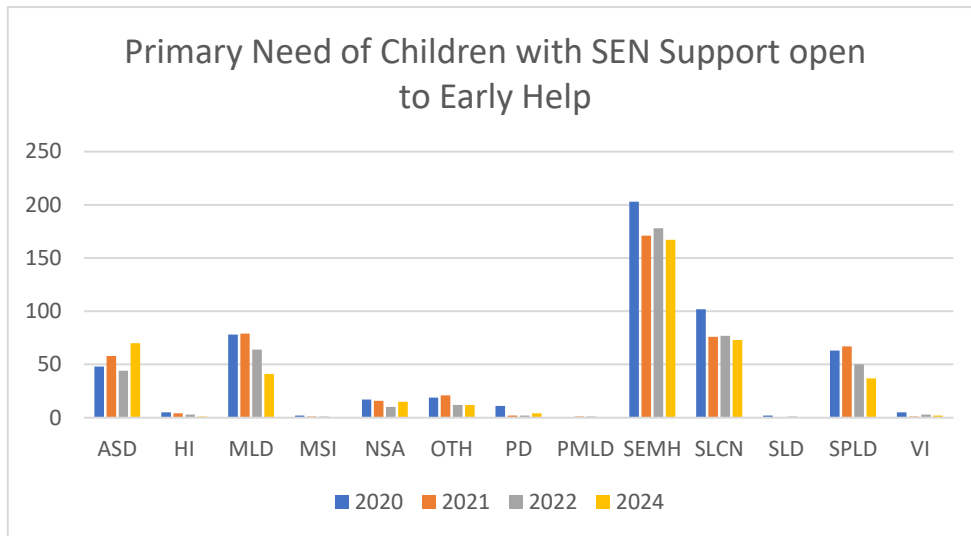


The number of pupils support by Early Help pupils in receipt of some form of SEN provision has reduced overall since 2020. To some extent, this reduction, particularly around SEN Support, may be driven by the impact of the Early Help Strategy, which encourages partner agencies (including schools) to undertake Early Help Assessments. Reflective of this, over the past 2 years, around 38% of the Early Help pupils have been in receipt of SEN provision each year, despite the reduction in SEN Support.



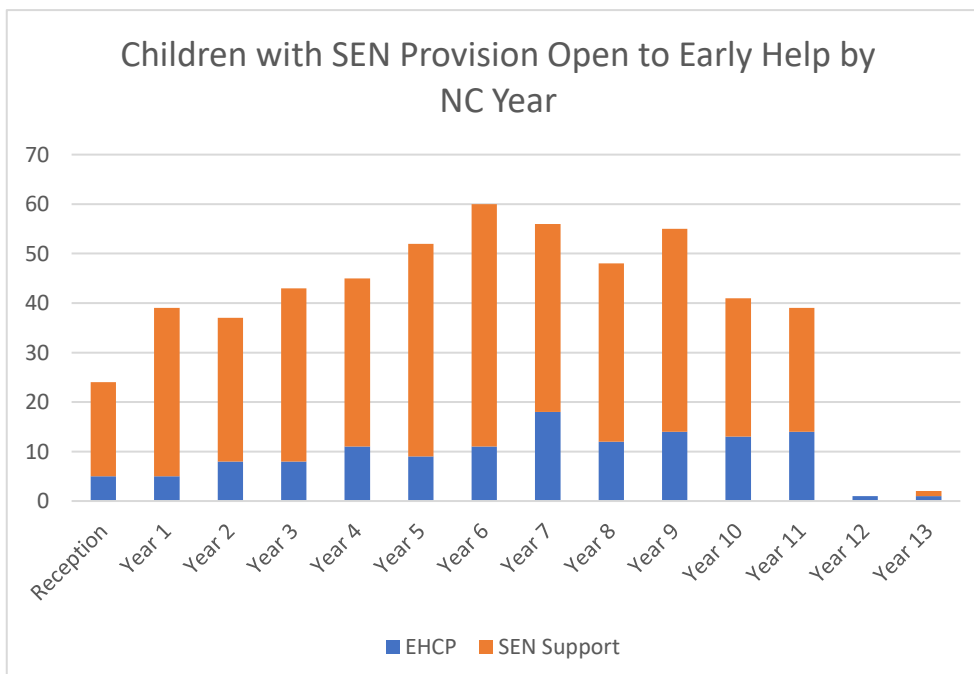
In 2020, 22.7% of children supported by the Early Help Service receiving SEN provision had an EHCP and 77.3% received SEN support.

There are two significant Primary Needs of children open to the Early Help Service with an EHCP: Social, Emotional and Mental Health and ASD. These needs are both significantly higher than other primary needs and have been since 2020.



Continuing the pattern seen across elements of the Children’s Social Care cohort, children in receipt of SEN support supported by Early Help are more likely to have an SEMH need as a primary need, despite a marked increase in Autism as a primary need.

Interestingly, across both EHCP and SEN Support pupils open to Early Help, despite it reducing in both 2022 and 2024, there relatively high levels of Learning Difficulties, something that is less prevalent amongst the higher levels of statutory safeguarding support.



When we breakdown the number of children receiving SEN support and open to Early help services by age, the highest level of provision is for pupils in Years 6, 7 and 9. There is a noticeable increase in the number of children open to Early Help with an EHCP in secondary years, compared with primary years.

5. Conclusions

- Evidence suggests the Attachment Aware Schools Project training offered to schools is highly effective for developing staff understanding of early developmental trauma and developing understanding and knowledge of Emotion Coaching. The action research component is highly effective for developing Emotion Coaching Champion practice: including self-awareness/management of adult emotion, development of child self-regulation coping strategies and improved relationship and adult confidence with the Circle of Adults action research being highly effective at helping staff to understand individual children's experiences and understanding some of the psychological drives behind behaviours. There is a high prevalence of SEND amongst our Social Care cohort.
- Over half of school age Children in Care and Children in Need, and over 40% of school age Child Protection Plan children are in receipt of some level of SEN Provision.
- Amongst Children in Need with an EHCP, ASD is the most common primary need, potentially linked to a number of children receiving support through DCS at a CiN level. Across CPP and CiC with EHCPs, SEMH is most common primary need; this is potentially reflective of a link between adverse childhood experiences and raised Social, Emotional and Mental Health needs.
- Across Early Help, whilst SEMH tends to be the most common primary need for an EHCP, there is also a high level of ASD and learning difficulties, potentially reflective of a number of families requiring additional support but either not meeting threshold or declined support from Family Assessment and Support Teams or DCS.
- Across every group reviewed in the above, Social, Emotional and Mental Health needs are the most prevalent primary need for SEN Support. There may be benefit in increasing both schools and Children & Families teams in supporting SEMH needs.
- Our Children in Need cohort has statistically significantly higher rates of children with an EHCP compared with national rates.
- Children with autism often have a significant learning disability too and that is diagnosed very early whereas children with so-called higher functioning conditions like autism, ADHD or mental health difficulties are often diagnosed much later and are more likely to be known to EH or C&FS Safeguarding teams.
- The system has been developed to enable us to record how many children have been/are being supported at Early Help level 2b (multi-agency). Reporting is being developed to provide improved oversight of this.

6. Next steps

Joint Commissioning recommendations and areas for improvement – we need to work together to support the initiatives described below:

- Evidence suggests that the North Yorkshire Attachment/Trauma aware schools project offer to schools is highly effective for developing staff understanding of early developmental trauma and developing understanding and knowledge of Emotion Coaching and promotion and uptake should continue.
- It needs to be recognised that there is a significant rise in the number of EHCPs being made and the main areas of increase which are around autism

and SEMH. There needs to be consideration of long-term workforce development in these areas.

- Children with autism often have a significant learning disability too. Mechanisms for early diagnosis and support must be effective.
- Children with higher functioning conditions are often diagnosed later and are more likely to present with complex needs which require support from CFS. Awareness raising and training should support the workforce to recognise this and identify issues early.
- Two clear areas where support is being provided by Early Help for children with an EHCP is Social Emotional and Mental Health and ASD. The planned Mental Health Transformation Project should consider how this fits with system improvement.
- We do not know how many children with SEND are being supported through a team around the family led by a partner agency other than CFS.
- The future reporting requirements within EHM and LCS should include those on a transition plan.