

Joint Strategic Needs Assessment Special Educational Needs and Disabilities

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The SEND Joint Strategic Needs Assessment in the context of the Covid-19 pandemic

This document has been produced in the context of the Covid-19 pandemic and as such, this event has affected delivery of services and support for the SEN population in North Yorkshire. Nationally, as of writing, the path out of the pandemic is yet unresolved but we would hope and expect that future iterations of this document will be able to reflect on the lessons learned from continuing to work together during this challenging period. The following is an overview of activity during the pandemic during 2020/21, we will continue to monitor activity and this JSNA will be updated with the progress made by and with partners as we move forward.

In Education, since the reopening of schools in September 2020, there has been an increase in the number of children being Electively Home Educated (EHE). As of the beginning of 2021, there were 805 children living in North Yorkshire and EHE, which was a 29% increase on the same time in the

previous year (622). Over the course of the 2020/21 academic year to January, 265 children became EHE, over twice the number in the same period of the previous year (128).

Families choosing to home educate during this time were contacted and approximately half of those responding said that Covid-19 was a factor in their decision. We expect to be able to report a reduction in EHE in future JSNA's and as we emerge out of the pandemic.

In health care, North Yorkshire there was a sharp increase in the number of emergency hospital admissions for Asthma having observed a gradual reduction during 2019/20, a potential consequence of the spread of Covid-19 symptoms. There has also been a notable increase in the demand for Eating Disorder Services during the pandemic, which has also been the case Nationally, warranting further collation and analysis of this trend for future reports.

The pandemic caused specialist assessments for Autism services to be paused between April 2020 and August 2020, however as of September 2020, the rate of assessments had returned to previous levels of 12 per month. The delivery models for Autism services across the county differ depending on provider, which has meant approaches to delivery through the pandemic has differed, for example, virtual service models were introduced in Scarborough and Ryedale to address the postponement of face to face appointments. These approaches across North Yorkshire are being assessed and reviewed by Commissioners.

The pandemic is also predicted to have an impact on the day to day lives of children with SEND and their families into the future. National research has shown that the profile of mortality rates suggests that vulnerable groups and households from deprived areas will be particularly hard hit and current social inequality patterns will continue or be reinforced into the future. These patterns have been witnessed in North Yorkshire at both a geographical level and amongst vulnerable groups and partners have worked together to address these concerns.

In social care, a dedicated support line was introduced during 2020 for Foster Carers and Social Workers who had concerns about young people in care. This was used to access coping strategies and to explore further available support. Children's services have also given families the opportunity to respond to surveys on the challenges they have faced during this period which have been used to record feedback and to improve support at a family level.

Clear opportunities have been identified during this time to alleviate the negative impact of the pandemic on the population and to address long standing inequality, these include, gaps in educational attainment, health, physical activity and life chances into adulthood. Future JSNAs will be used to monitor and analyse these factors and to evidence progress and to learn solutions to these challenges together.

Joint Strategic Needs Assessment

Special Educational Needs and Disabilities

Introduction and Overview

North Yorkshire is committed to meet the needs of children and young people with special needs and disabilities living within the county. The development of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and identify priorities which will help improve identification and outcomes.

An up-to-date JSNA is a mandated part of the Ofsted inspection framework. Ofsted currently assesses the strength of arrangements in local areas as a whole against three broad strands, through the current inspection framework. These three strands have been used to summarise the JSNA findings.

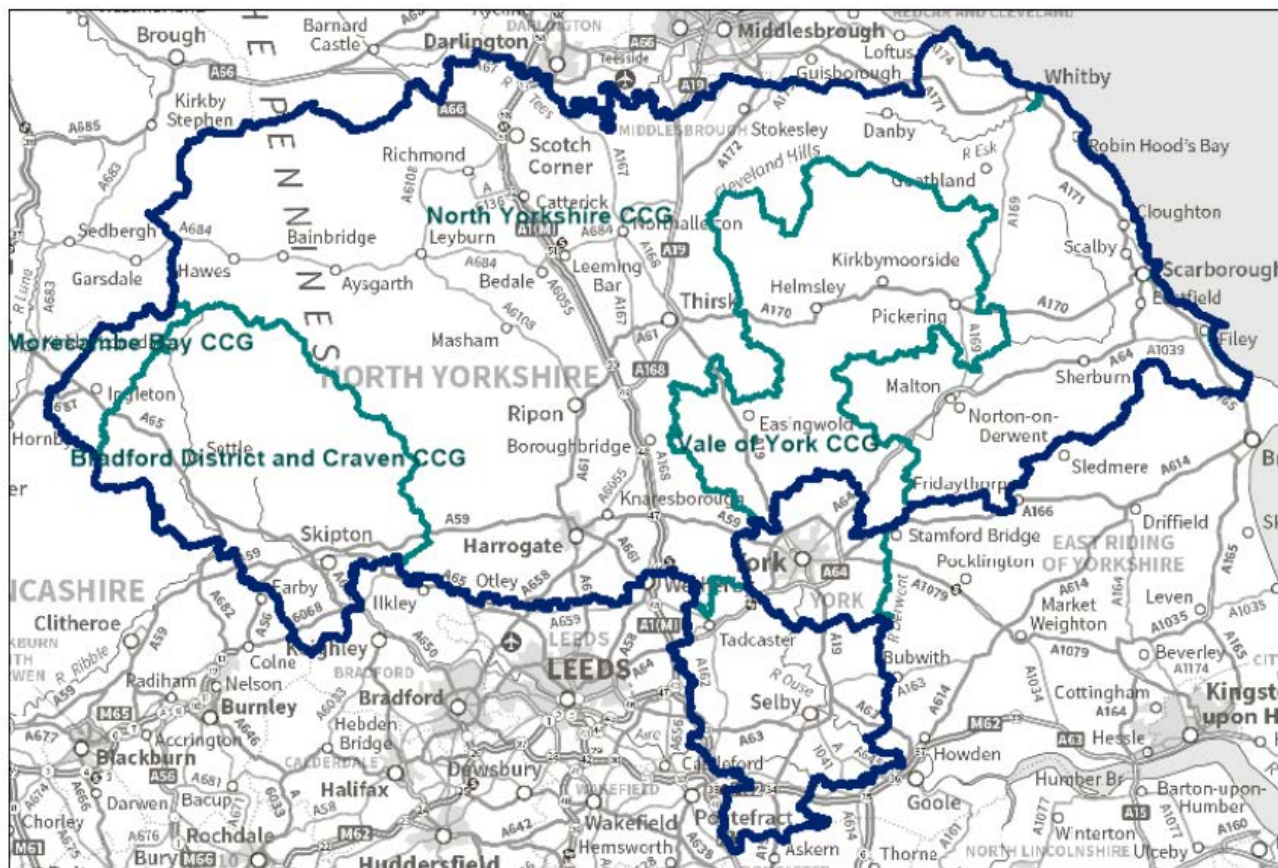
- What we know about children and young people with SEND, including risk factors for SEND and vulnerable groups? (systems to identify need)
- What are the key services within the Local Offer and how do they work together? (Assessing and meeting needs)
- How effective is the local area in improving outcomes for children and young people who have a SEND? (Outcomes achieved)

We are aware that the current inspection framework is under review and will take into account any changes as this JSNA is developed and reviewed.

This JSNA looks at all the evidence available for children and young people with special needs and disabilities within North Yorkshire County Council and all health partners, combined with nationally published statistics and research materials, we have purposefully ensured that the JSNA informs SEND and have avoided including wider data that does not

help inform our commissioning intentions. It is a developing data set and will be refined as part of this process.

The JSNA will take into account and reflect the complex health demographics with three legally responsible clinical commissioning groups (North Yorkshire, Vale of York and Bradford District & Craven) who procure services from a range of health providers across a diverse landscape of geography and population health needs of North Yorkshire.



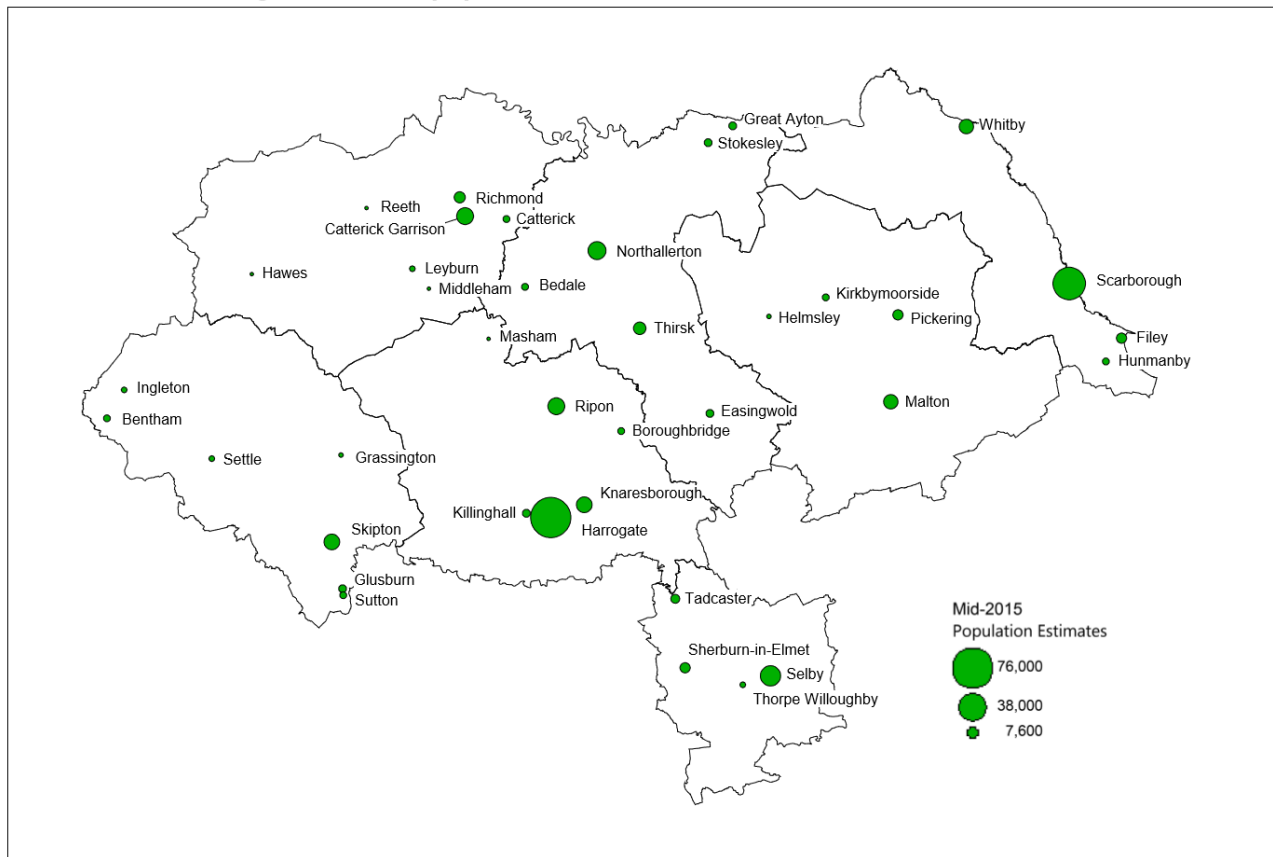
The evidence base looks at current literature and North Yorkshire intelligence about the prevalence and trends in special educational needs and/or disability in the county. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special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

The JSNA represents an accurate picture of known data and information available as of March 2021. A key recommendation of the JSNA is to improve the sharing of data between health, social care and education, and it will lead to the development of a joint performance dashboard that we all own.

Demographics

North Yorkshire has an older population than both Yorkshire and the Humber region and England, with more residents aged 50-84, and fewer aged under 45. There are noticeably fewer people aged 20-44 in North Yorkshire compared to both regional and national demographics. In general terms, North Yorkshire has a population with long life expectancy and low birth rate.

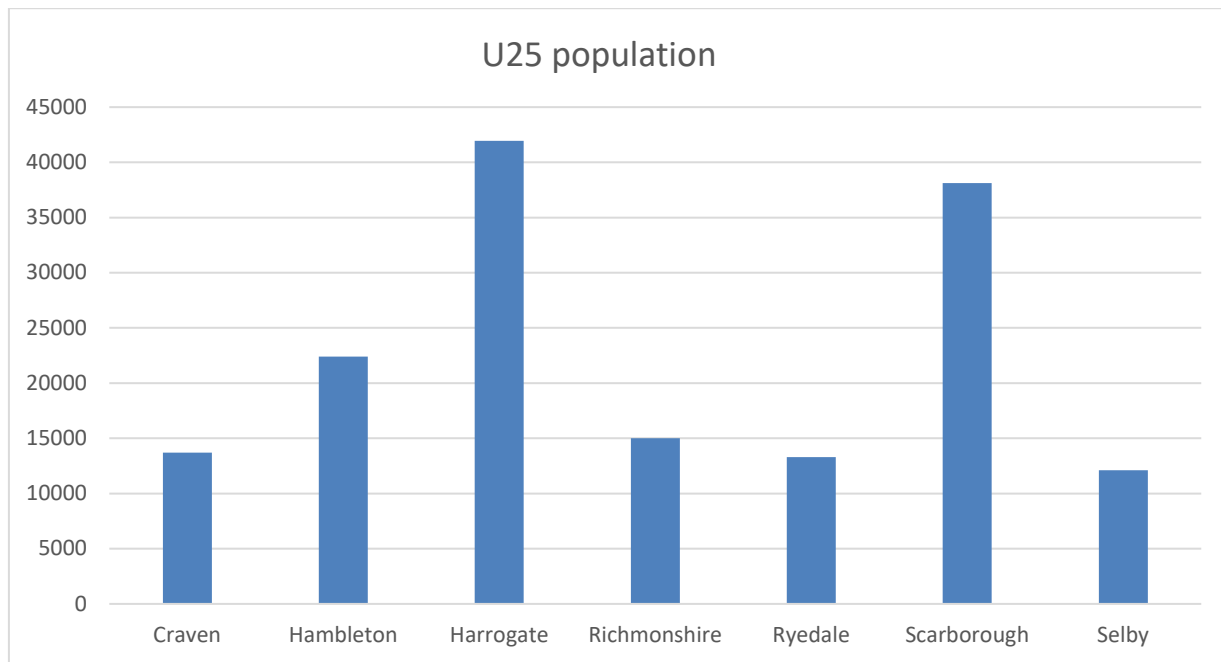
Mid-2015 town & large settlement population estimates



Most recent figures show that there are 157,100 under 25's living in North Yorkshire, this population reduced by 4.4% from 2011-2016 with all ages showing a decrease (with the exception of 5-9 year olds which saw a 7.8% increase during this period).

Age Group	2016			% Change 2011-16
	Male	Female	Total	
Under 1	3000	2800	5800	-3.7
1 to 4	12600	12000	24700	-1.5
5 to 9	17200	16200	33300	7.8
10 to 14	16700	15900	32600	-4.6
15 to 19	18000	15400	33400	-9.1
20 to 24	14600	12700	27300	-15.2
			157100	-4.4

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



Approximately 13.6% of children in North Yorkshire primary schools were known to have a special educational need (SEN) in 2018/19, either recorded as receiving SEN Support or having an Education, Health and Care plan (EHC plan), which 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%.

The SEN population is however growing in North Yorkshire schools, with the proportion of all children receiving SEN support in schools increasing from 9.1% in 2016 to 10.9% in 2019 and those with an EHC plan increasing from 2.0% to 2.5% in the same period.

Joint Strategic Needs Assessment

Special Educational Needs and Disabilities

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 and analytical techniques. 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 a number of 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

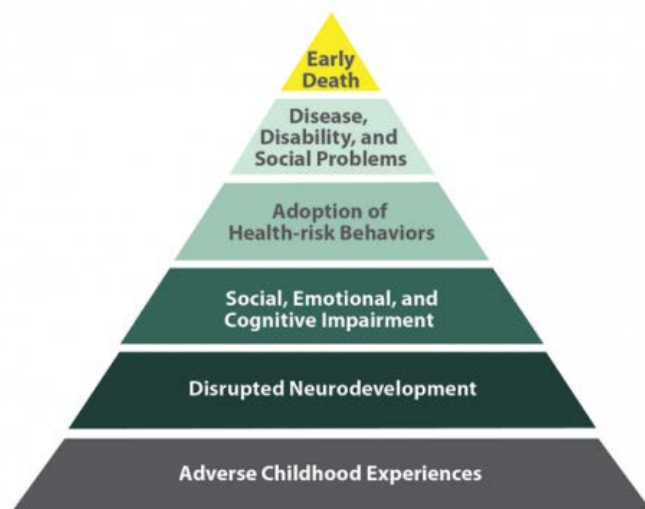
2. School Readiness and Emerging Need

- 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 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 this impacts on a child's development 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 incarceration 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.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(Centre for Disease Control and Prevention 2016)

Prevalence of Nine Adverse Childhood Experiences (ACEs) Among US Children Ages 0–17, By Selected Characteristics, 2011–12

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%

1

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.

The chart above shows a clear pattern of correlation between increasing exposure to ACE's and 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.

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.

Prevalence Of Adverse Childhood Experiences (ACEs) Among Children Age0–17, By Eleven Child Health And Health Risk Factors, And Prevalence Of Health And Risk Factors, By Number Of ACEs, 2011–12

Category of children	Study population (%)	Prevalence of ACEs (%)	
		1 ACE	2 or more ACEs
All	100.0	25.3	22.6
In fair or poor overall health	3.2	31.8	39.3
With special health care needs	19.8	25.9	36.0
With special health care needs and EBD	7.2	23.7	51.9
At high or moderate risk for developmental, behavioral, or social delays	26.2	26.9	18.8
With asthma	8.8	27.3	33.4
With ADHD	7.9	24.8	45.2
With autism spectrum disorder	1.8	27.1	34.4
Who are overweight or obese	31.3	25.5	37.1
With a behavior problem	3.2	23.6	61.4
Who bully ^d	2.2	23.0	55.4

The table above highlights the increasing link of children with specific conditions having been exposed to 2 or more ACE's. This is particularly apparent in children with a behavioural need.

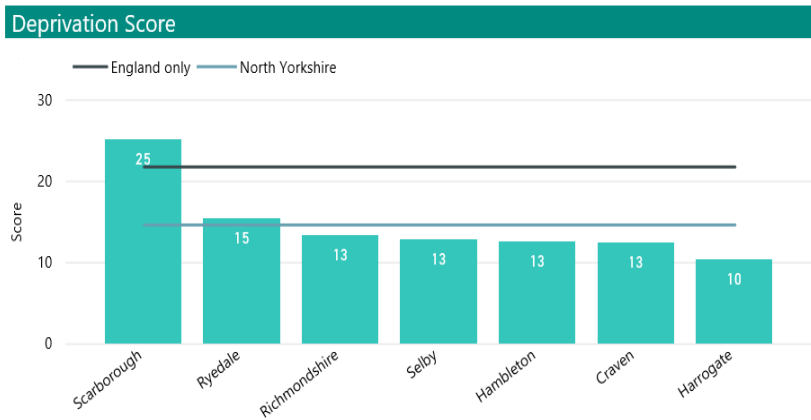
1.1 Deprivation

There is a strong link between poverty and SEND. 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

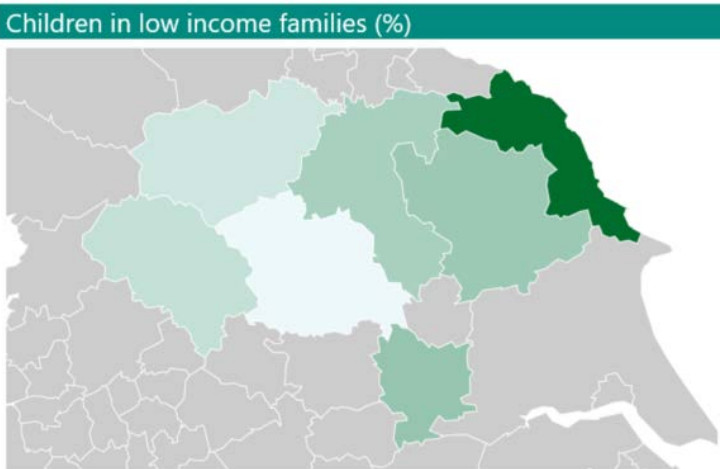
² Adverse Childhood Experiences: Assessing The Impact On Health And School Engagement And The Mitigating Role Of Resilience - Christina D. Bethell, Paul Newacheck, Eva Hawes, and Neal Halfon. Authors' analysis of data from the 2011–12 National Survey of Children's Health USA.

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, The Department for Education (DfE) statistics show a clear link between SEND and children living in poverty. Of the pupils who are eligible for free school meals in England, 28% are identified as having SEND (DfE, 2019). Thus, SEND are more prevalent among disadvantaged pupils than their less disadvantaged peers

The 2015 Index of Multiple Deprivation (IMD) identifies 23 Lower Super Output Areas (LSOAs) of the 373 LSOAs in North Yorkshire which are amongst the 20% most deprived in



England. These have a combined population of 39,000 people. Eighteen of these LSOA's are in the Scarborough district and 28,000 people live in these areas. 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.



Deprivation measures for specific groups show that wards in Scarborough have highest rates of overall deprivation, children in poverty and older people's deprivation. In the county, around 23% of children are living in poverty after housing costs, slightly higher than the national average of 22%. However, this rises to 31% in the Scarborough, Whitby and Filey area, represented by the dark green area on the map shown here. (Source: endchildpoverty.org)

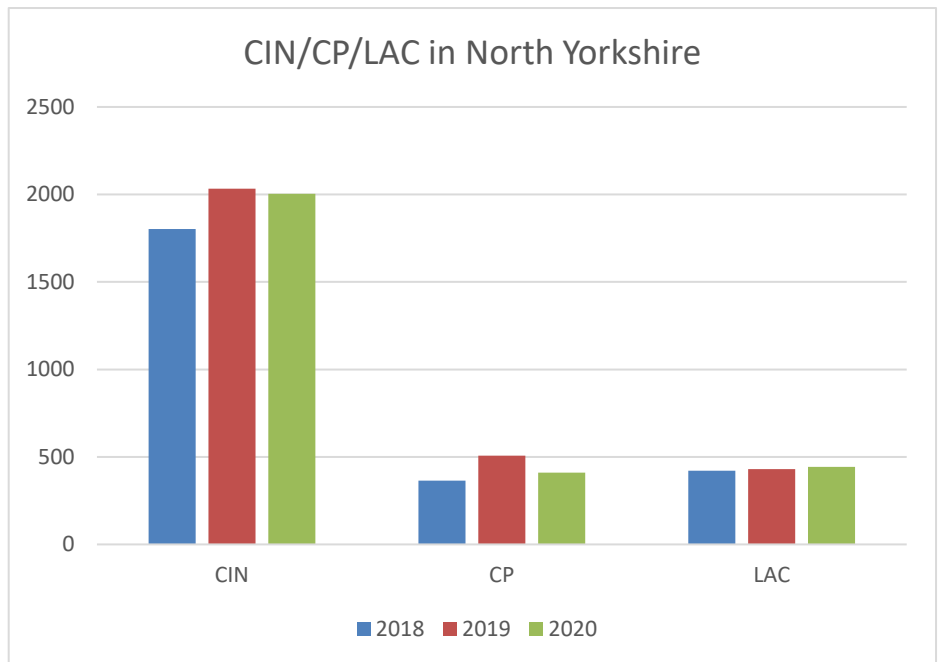
1.2 Abuse and Neglect

The Crime Survey for England and Wales (CSEW) 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 (8.5 million people). Prevalence was higher for females than males for each type of abuse, with the exception of physical abuse where there was no difference.

At 31 March 2019, 52,260 children in England were the subject of a child protection plan (CPP) because of experience or risk of abuse or neglect; neglect was the most common category of abuse, 0.44% of the under 18 population. In North Yorkshire (2020) 410 children, 0.32% of the under 18 population were the subject of a CPP.

At 31 March 2019, 49,570 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 (2020) 410 children, 0.33% of the under 18 population were the subject of a CPP.

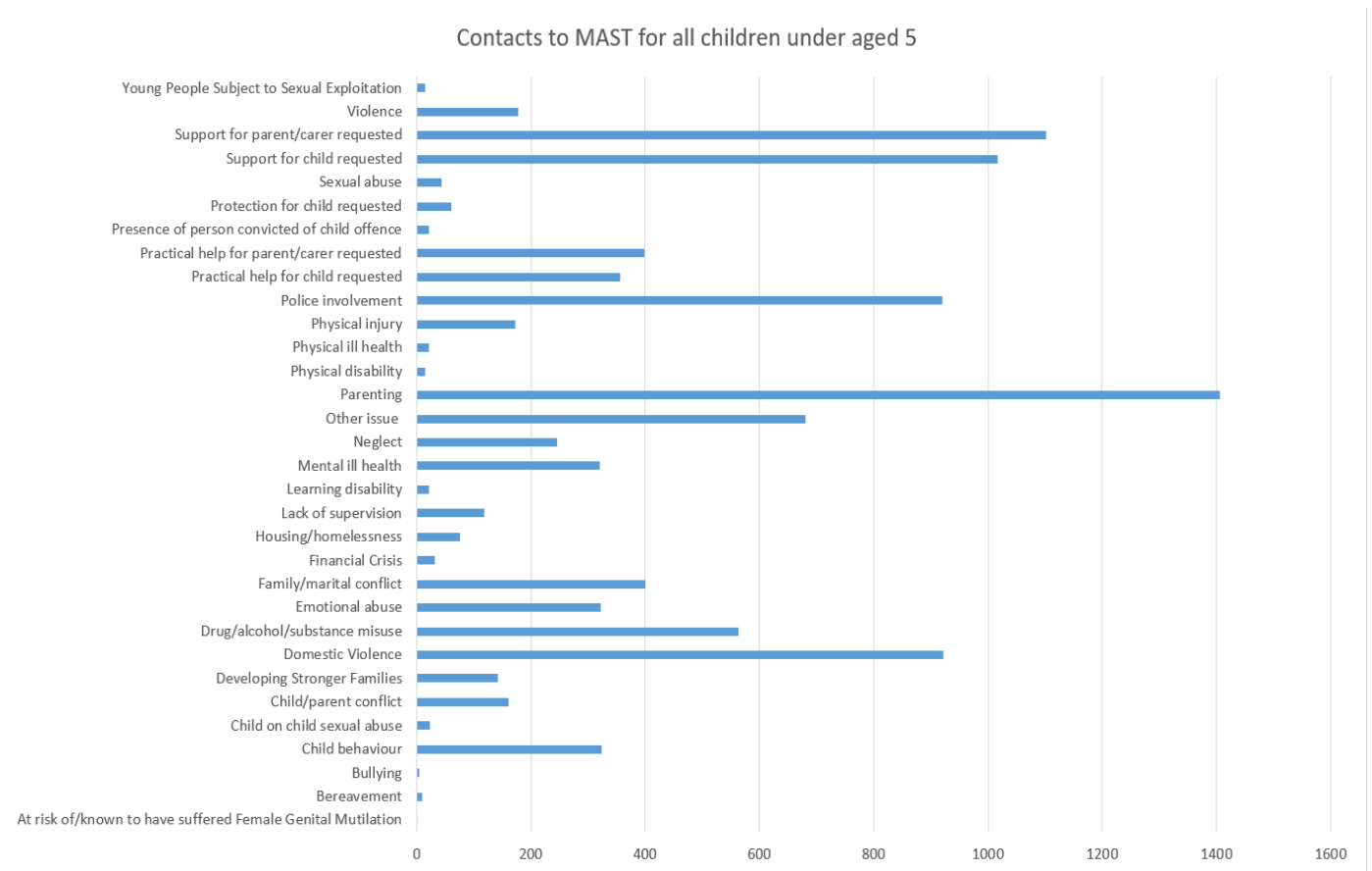
There were 399,500 children in need in England at 31st March 2019, 3.4% of the under 18 population. In North Yorkshire (2020) there are 2003 children in need, 1.5% of the under 18 population.



The numbers of children in need and children the subject of a child protection plan have both increased slightly from 2018, although have fallen from a peak in 2019.

The number of looked after children has seen a small annual increase since 2018.

The most common request for service screened by the Multi-Agency Screening Team (MAST) for parents with children under 5 years in 2020 are parenting, support for parent/carer and support for child. Domestic violence and police involvement are also a significant referral reason for the U5 age group.



1.3 Maternal Mental Health

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 district with a rate that is significantly higher than England, with 16% of people aged over 18 reporting anxiety or depression.

Published national data regarding diagnosis of Perinatal Mental Health conditions in mothers; can be used to estimate the picture across the Clinical Commissioning Groups that cover North Yorkshire.

Indicator	Period	Harrogate and Rural District	Airedale, Wharfedale and Craven	Morecambe Bay	Scarborough and Ryedale
Postpartum psychosis: Estimated number of women	2017/18	2	2	4	2
Chronic SMI in perinatal period: Estimated number of women	2017/18	2	2	4	2
Severe depressive illness in perinatal period: Estimated number of women	2017/18	32	36	67	23
Mild-moderate depressive illness and anxiety in perinatal period (lower estimate): Estimated number of women	2017/18	107	121	225	77
Mild-moderate depressive illness and anxiety in perinatal period (upper estimate): Estimated number of women	2017/18	160	182	337	116
PTSD in perinatal period: Estimated number of women	2017/18	32	36	67	23
Adjustment disorders and distress in perinatal period (lower estimate): Estimated number of women	2017/18	160	182	337	116
Adjustment disorders and distress in perinatal period (upper estimate): Estimated number of women	2017/18	321	363	674	232

The data shows that adjustment disorders and distress in the perinatal period are most common, followed by mild-moderate depressive illness and anxiety in the perinatal period (10-15%). Postpartum Psychosis and Chronic SMI are quite rare both having an estimated prevalence of 0.2%.

3

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, cannabis as well as other illegal substances.

Pregnant In Treatment - 1st April 2019 - Present					
	Alcohol and Non Opiate	Alcohol Only	Non Opiate Only	Opiate	Total
Harrogate	1	1	0	6	8
Northallerton	1	3	2	2	8
Scarborough	0	4	5	1	10
Selby	0	2	1	3	6
Skipton	0	1	2	0	3
Total	2	11	10	12	35

In 2020 nearly half (45%) of all women in treatment with Horizons for substance misuse were from the Scarborough locality, however no obvious pattern is reflected in previous years data. Horizons have worked with an average of 19 pregnant women per year since 2014, there is no particular notable increase or decrease in these figures, which remain quite stable over this 7-year period.

³ Source – Fingertips

Number of pregnant women in treatment with Horizons 2014-20

	Harrogate	Northallerton	Scarborough	Selby	Skipton	Total
2020	4	4	10	2	2	22
2019	6	5	4	5	1	21
2018	4	1	4	6	1	16
2017	6	2	5	4	1	18
2016	3	2	5	2	1	13
2015	2	2	12	4	0	20
2014	7	4	6	4	2	23

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), that is, that they have a learning difficulty or disability that calls for special educational provision. 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.’

4

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.

⁴ Unknown Children – Destined for Disadvantage (2016) Ofsted

Research carried out by the British Medical Journal in 2019 concluded that Social determinants were strong predictors of school readiness.

Below is a description of the contribution of some of these factors to early childhood development.

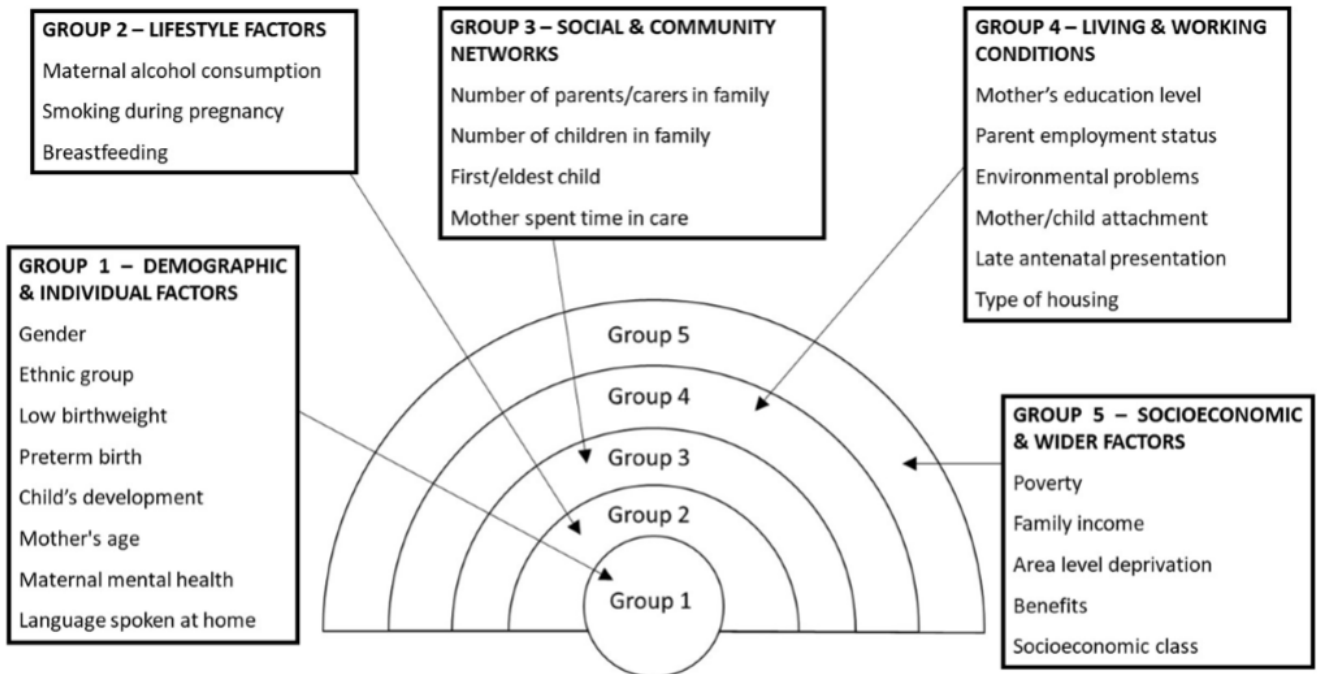
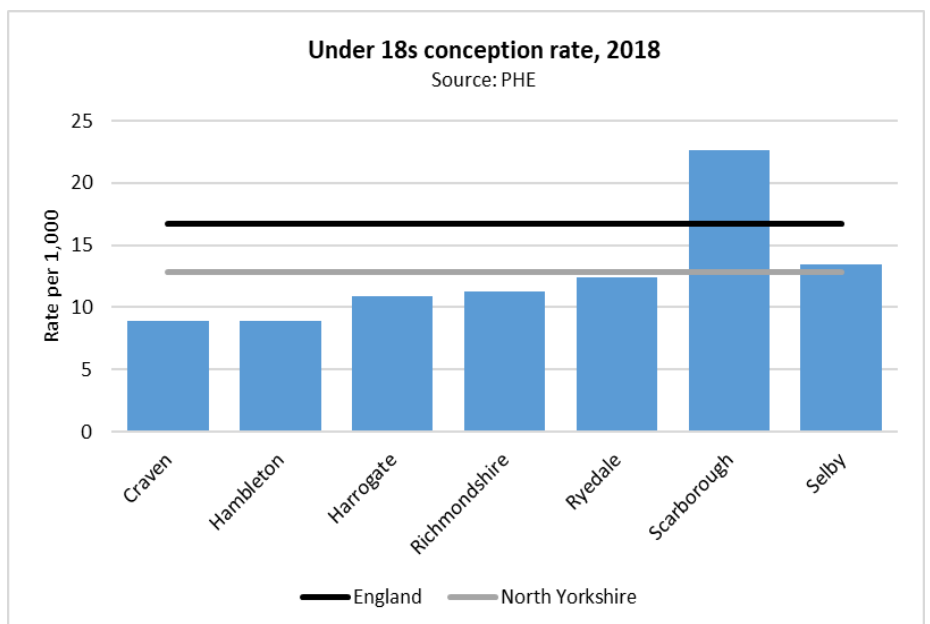


Figure 1 Rainbow Model showing determinants of school readiness (adapted from Dahlgren and Whitehead³⁴).

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).

Typically, the under 18 conception rate in North Yorkshire is well below the national average (16.7 per 1000). The exception to this is Scarborough borough where the rates are significantly higher at 22.5%.

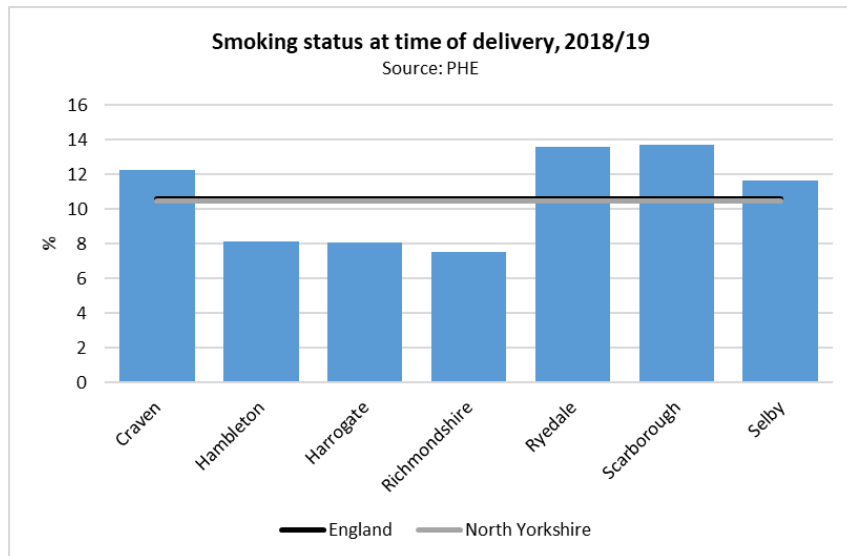


Similarly, there is also a correlation between mother’s who are over 40 at conception and increased risk of failing to reach a GLD at age 5, 24% will not reach GLD compared to 5.6% of children born to mother’s aged 30-39⁵. We currently do not have access to data in relation to mother’s who are over 40.

2.1.2 Smoking during Pregnancy

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.

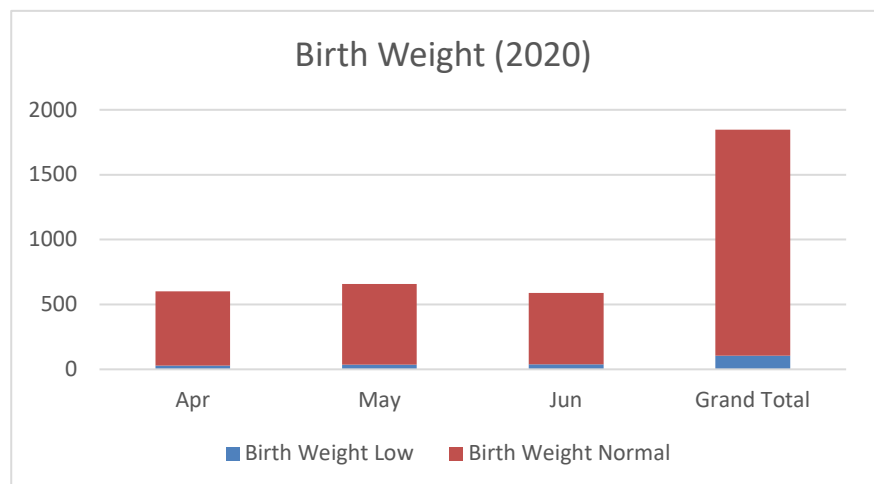
The average percentage of mothers smoking at time of delivery is close to national figures



over 10.5%, however we see locality differences across North Yorkshire. Hambleton, Harrogate and Richmonshire are all below county and national averages. Craven, Ryedale, Scarborough and Selby are above national and county average. The highest figures are seen in Scarborough, where just under 14% of all mothers are smoking at time of delivery.

2.1.3 Birth Weight

In North Yorkshire, 5.7% of babies were born with a low birthweight in Apr-July 2020, this equates to 105 babies. From this we can estimate that 420 babies per year will be born with birth weight <2500g. Children who are born at a birth weight of less than 2500g are less likely to reach a GLD than children born with a high/normal birth weight.⁶



⁵ Dahlgreen and Whitehead, BMJ, 2019

⁶ Source Healthy Child Programme, Harrogate and District NHS Foundation Trust

2.1.4 Breastfeeding Rates

Multiple studies that have found positive links between breastfeeding and children's cognitive development. The effect of breastfeeding on children's cognitive development-lacovou, M (2010) found that breastfeeding had an effect on a child's cognitive outcomes that could not be entirely explained by a mother's socio-economic background. Controlling for a wide range of factors, children breastfed for four weeks or more did better than children breastfed for less than four weeks by about one tenth of a standard deviation at ages 5, 7, 11, and 14.

In North Yorkshire breastfeeding rates are similar to the national average and have improved over the last few years. In particular, breastfeeding at 6-8 weeks has increased from 38.3% in 2014/15 to 49.1% in 2019/20. However, within the data it highlights that inequalities exist across North Yorkshire. For example, initiation rates vary from 84.4% in Harrogate to 60.3% in Scarborough.

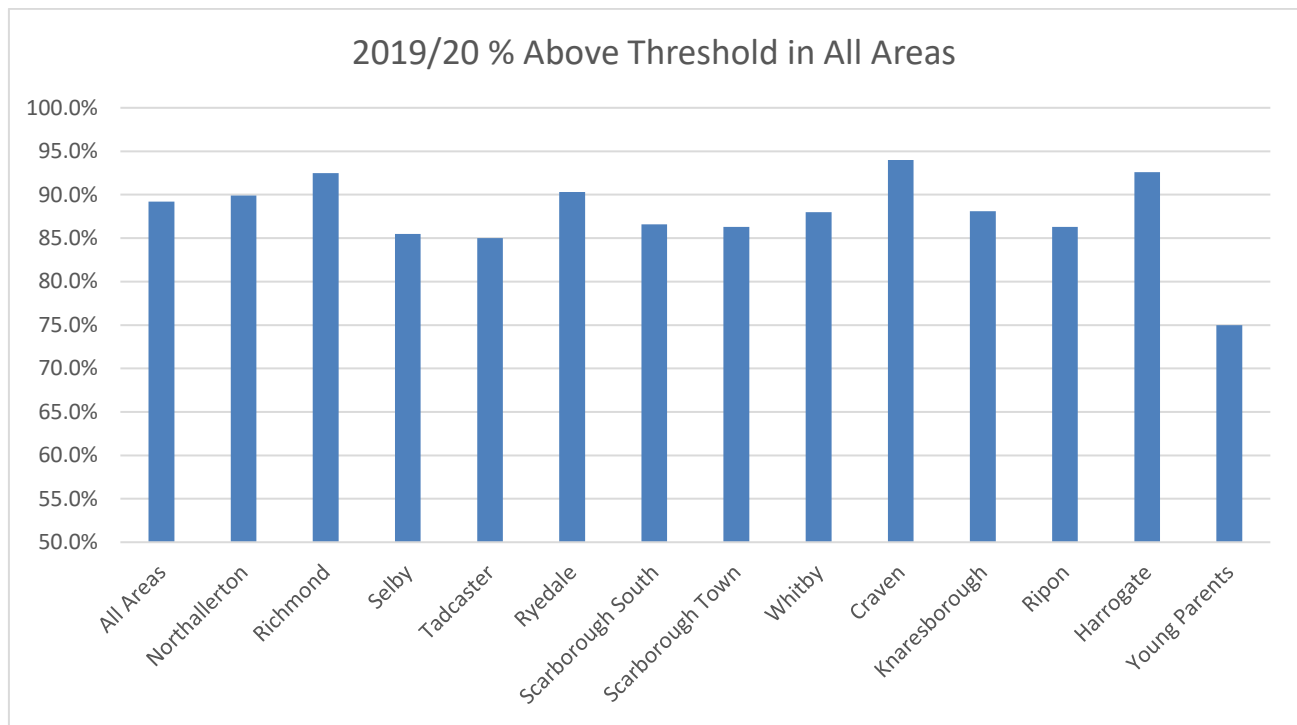
The data also shows that almost three-quarters begin to breastfeed but this drops to less than half (49.1%) by 6-8 weeks, although this is still significantly higher than the national rate of 24% at 6-8 weeks.

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

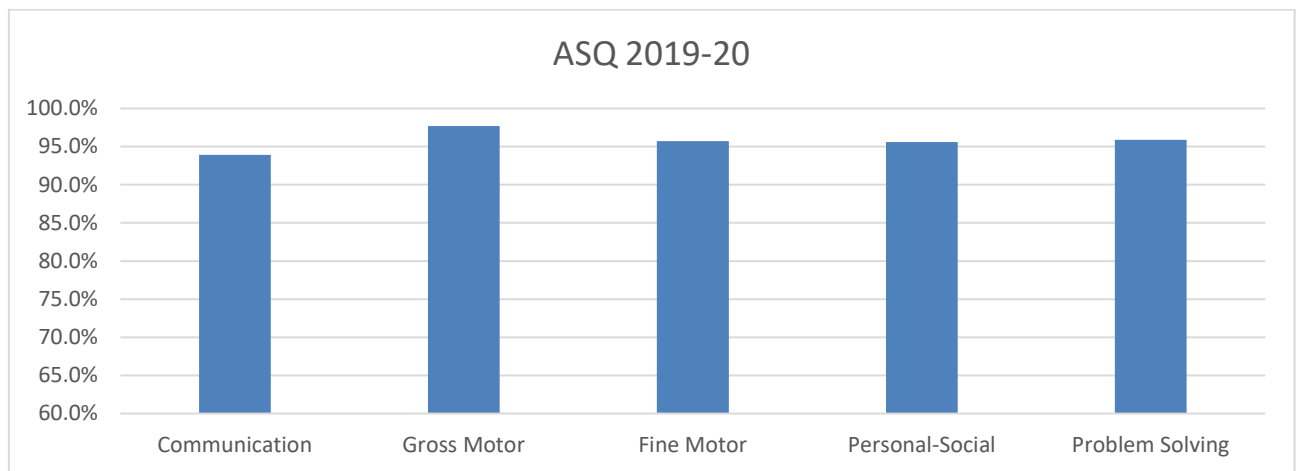
The Ages and Stages Questionnaire (ASQ) is a standardised parent completed questionnaire to screen for developmental delays. The ASQ is a widely used screening tool for infants and young children's development assessing development in five domains: Communication, Gross Motor, Fine Motor, Problem Solving 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 Healthy Child Programme carries out the ASQ at the 2-2.5 yr check.

The average number of children assessed as above threshold in all areas of development, at their 2-2.5 year check, across all localities for 2019-20 is 89.2%. The lowest figures are seen in Tadcaster and Selby (85% and 85.5%), with Scarborough Town, Ripon, Scarborough South, Whitby and Knaresborough all falling below average. The highest figures are seen in Craven, Richmond and Harrogate.

North Yorkshire was consistently above the National and Regional (Yorkshire and the Humber) average in all quarters of 2019/20, an average of 6.5% above national and 2.5% above regional.



When we look at the developmental categories, Communication shows the least number of children reaching the expected level of development (93.9%) followed by Personal-Social development (95.6%).



2.3 Two-year-old Funding

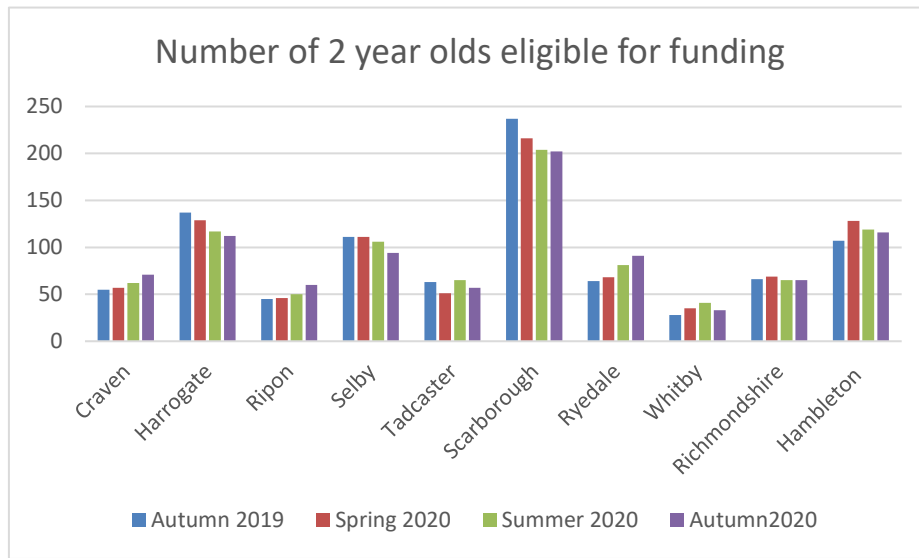
High quality early education can make a dramatic difference to children’s life chances. High quality nursery can improve later results – generating a term and a half’s progress for some children.

‘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.’⁷

Research tell 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 EYF2 even more of a priority.

“Demographic profile of Covid 19 mortality rates suggests pandemic will re-inforce existing deprivation and inequality hitting low income households particularly hard.”⁸



In North Yorkshire, the highest number of children eligible for 2-year-old funding is seen in the Scarborough district. Although this may be partly due to higher population level, it is still significantly higher than comparable areas with similar populations such as Harrogate. It is likely that the impact of the Pandemic will increase

these figures further as many households have seen changes in their financial situation, particularly in the area’s where the tourist industry provides a high percentage of employment (such as our eastern coastal communities).

2.4 Early Year Foundation Stage

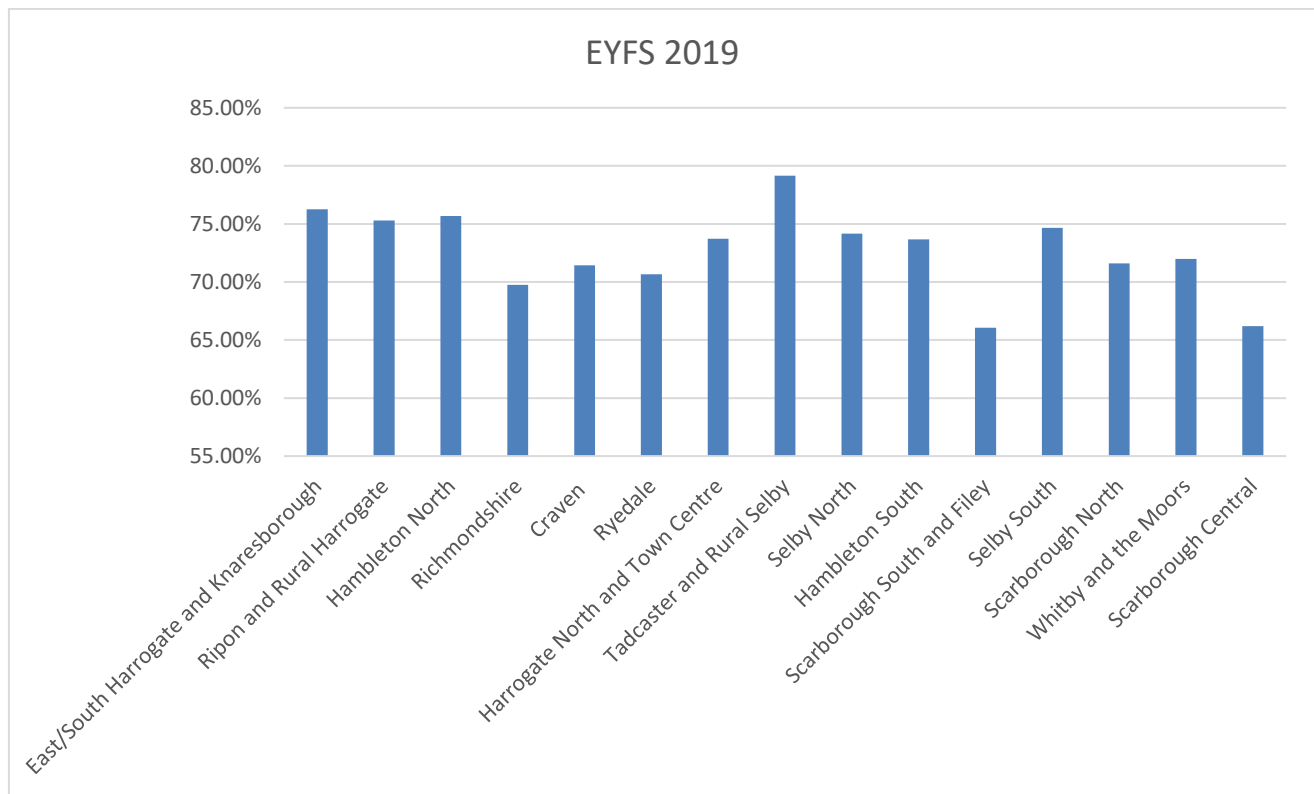
The statutory Early Years Foundation Stage (EYFS) framework requires the EYFS profile assessment to be carried out in the final term of the year in which a child reaches age 5.

The main purpose of the EYFS profile is to provide a reliable, valid and accurate assessment of individual children.

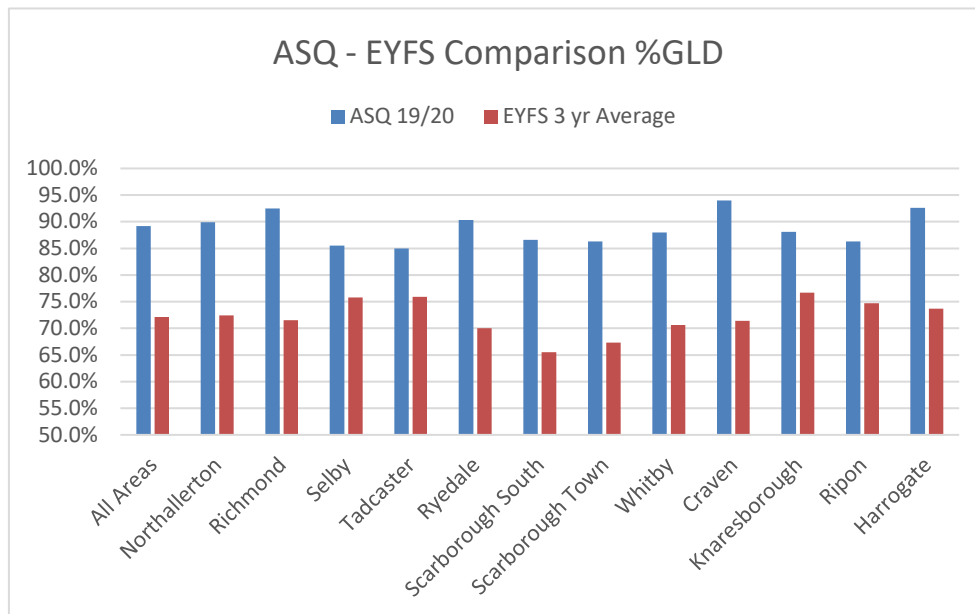
In North Yorkshire our lowest number of children reaching a GLD live in Scarborough South and Filey, Scarborough Central and Richmondshire. Children in Tadcaster and Rural Selby, East/South Harrogate and Hambleton North perform the best.

⁷ DFE

⁸ Ceeda Research Limited.



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 percentage of children assessed as 'above threshold in all areas' by ASQ is significantly higher than the percentage of children reaching GLD by EYFS assessment. 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, 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 significantly higher risk than other NYCC 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. We also need to explore how we can improve the identification of emerging concerns with regards to children's development, in order to ensure needs are met at the earliest opportunity.
- 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 either 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 FAS is not readily available both at 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. Data with regards to onward referral following the 6-8 week maternal mood assessment shows very low numbers of mothers identified with three localities seeing zero onward referrals over the last 2 years. We need to establish whether this is due to limitations to the data reporting mechanism's and gain a better understanding of maternal mental health pathways in North Yorkshire.
- We currently have a limited data set identified for this JSNA around domestic violence and CYP. In order to effectively plan services a more detailed picture of how children in North Yorkshire are impacted by Domestic Abuse is needed.
- 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.

4. Next Steps

Childhood Futures Programme

The Childhood Futures Transformation Programme is a new strategic partnership with the vision to respond to local need and target provision where it is needed most. To re-align and integrate services to work alongside community capacity to reduce inequalities, improve outcomes for children and young people and maximise a child's potential to thrive.

Outcomes:

- To deliver a new collaborative model of working across Children's Services and Health services enabled by early identification, intervention and targeted community capacity building.
- To provide opportunity for all children to achieve their aspirations of education
- Full re-alignment and joining together of several essential areas for children and families into a brand-new integrated model that will be delivered through a new strategic partnership arrangement

Amanda/Jane are you happy with this wording?

School Readiness Pilot

The school readiness pilot is intended to test a strategic approach to promoting Speech Language and Communication development and early intervention when problems are identified. It is proposed that the wider roll out of the strategy will be incorporated in the 'Childhood Futures' transformation programme led by the School Readiness strategic board. This project is currently taking place within the Ryedale district and the eastern part of Whitby and has created local neighbourhood based partnerships to develop a range of locally led interventions across the 0-5 pathway. The focus of interventions is on evidence based approaches linked to developing sounds and early speech with a consistency of approach in the home, settings and the community. The approach is two-fold with a universal offer for all families and more intensive support offered to families where particular vulnerabilities have been identified. The evaluation of the pilot will inform the wider roll out of activity through the Childhood Futures Programme.

Review of 2 Year Old Funding Processes.

During 2020 work has taken place with the Behavioural Insights Team- a social purpose organisation that generates and applies behavioural insights to inform policy and improve public services. The focus of this work was a review North Yorkshire's 2 year old funding processes. As a direct result of this review North Yorkshire County Council has recently been trialling a 'Golden Ticket' approach, to increase the uptake of 2 year old funding and improve the customer journey. A working group is currently being formed to continue to further develop this work and drive forward the aim for all disadvantaged children to have access to high quality early education across North Yorkshire. A new multi-agency working group is being established to develop this work further.

Early Help Strategy and Ladder of Intervention

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 strategy was just the beginning. We continue to work with partners to introduce and embed the framework, develop skills and knowledge in our workforce, and ensure

practitioners are confident with the early help approach. The right support at the right time and place is our joint ambition. We want partners and practitioners to feel well supported, knowledgeable and able to meet the needs of children and families as early as possible.

The Ladder of Intervention aims to support schools and settings in adopting early intervention for children with Social Emotional Mental Health (SEMH) and/or at risk of exclusion. This will include children with a range of vulnerabilities including children and young people with SEND, pupils in receipt of free school meals (FSM), Gypsy Roma Traveller (GRT) children, and others eligible for pupil premium including looked after (LAC) or previously looked after children.

Healthy Child Team transformation program

All families will continue to receive the quality mandated 5 Health Reviews from Health Visitors. The proposed offer for 0-5s is therefore as follows:

- 28 weeks' pregnancy - health promoting visit;
- 10-14 days after birth - new baby review – Face to face visit;
- 6-8 weeks old - 6-8-week assessment;
- 9-12 months old - One-year assessment; and
- 2-2½ years old review – Face to face visit.

Enhanced infant feeding, family nutrition and diet programmes will be developed to help refocus local efforts in promoting and supporting families with healthy eating and increased physical activity. This will help in reducing the proportion of older children becoming overweight or obese.

Skill Mix Teams with new roles in to support Breast Feeding and Family Diet and Nutrition, and also in working with local partners such as early years and early practitioners in the 2-2.5 year reviews. The new service model is further being developed.

Review of Early Years provision

Work has started on a full review of Early Years SEND provision. The review forms part of Phase 2 of the broader Strategic Plan for SEND Provision 2018-2023.

As part of our statutory duties to work with parents / carers, young people and professionals in evaluating and developing our SEND provision we are proposing to hold engagement events during 2021. Our aim will be to gather feedback from all regions of the county representing the views of all stakeholders with regards to the identification, assessment and provision for SEND in the early years. We have begun work with North Yorkshire Parent Carer Voice to co produce the engagement plan for parents and carers.

Outcomes from this engagement will play an important part in:

- 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;
- informing the next steps in phase 2 of the Strategic Plan for SEND Educational Provision - Early Years;
- 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.

Opportunity Area

The opportunity area programme aims to help more children and young people achieve their full potential through targeted funding in 12 areas facing the biggest challenges to social mobility, working in partnership with local nurseries, schools, businesses and charities to overcome the barriers that hold children and young people back. The North Yorkshire Coast (Scarborough borough) was identified as an opportunity area in 2017 and this work continues to date. The Early Years is identified as one of four key priorities for this project.

Shared Data Dashboard – See Health Chapter

Smoking in Pregnancy

Across North Yorkshire there are two Local Maternity Systems 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 LMS. West Yorkshire and Harrogate LMS has a prevention plan that includes recommendations for smoking in pregnancy for Maternity Trusts. Humber, Coast and Vale LMS have recently undertaken a Clear Deep Dive in Smoking in Pregnancy that will produce a number of recommendations for Maternity Trusts, local authority and stop smoking service providers.

The Stop Smoking service across North Yorkshire is Livingwell Smokefree who have specialist stop smoking advisors specifically trained in pregnancy. The service supports pregnant women, their partner and family members to quit too. Pregnant women are referred into the service by their midwife. Livingwell Smokefree offers personalised one to one support on a 12 week gradual reduction programme with further support up to the time the baby is born and beyond if needed.

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 and sex education, and support for young parents. A Scarborough Teenage Pregnancy Steering Group was established to develop an action plan. However, due to the pandemic this work has currently paused. The re-procurement of the healthy child programme and sexual health services consider the sexual health needs of young people.

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 County 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. NYCC and the HCT have achieved both stage 1 and stage 2 accreditation and are working towards the Gold award and achieving sustainability. Unicef UK Baby Friendly Initiative Theory of Change document explains how it impacts on culture and practice, thus leading to changes in infant care and feeding, with long term effects on children's lives.

Joint Strategic Needs Assessment Special Educational Needs and Disabilities

The Lived Experience of Families

This document is part of the wider Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) Deep Dive document and demonstrates what North Yorkshire knows about the experiences of Children and Young People (CYP) with SEND using the lived experience of parents/carers and CYP.

The following is a summary of what we know as of September 2020 from the lived experience of parents/carers and CYP. This chapter contains information from the 'Education Health Care (EHC) Plan Survey' which parents complete at the time a new EHC plan is issued or reviewed and the 'Growing Up in North Yorkshire' survey which is issued every 2 years to children in North Yorkshire Schools, data from 2018.

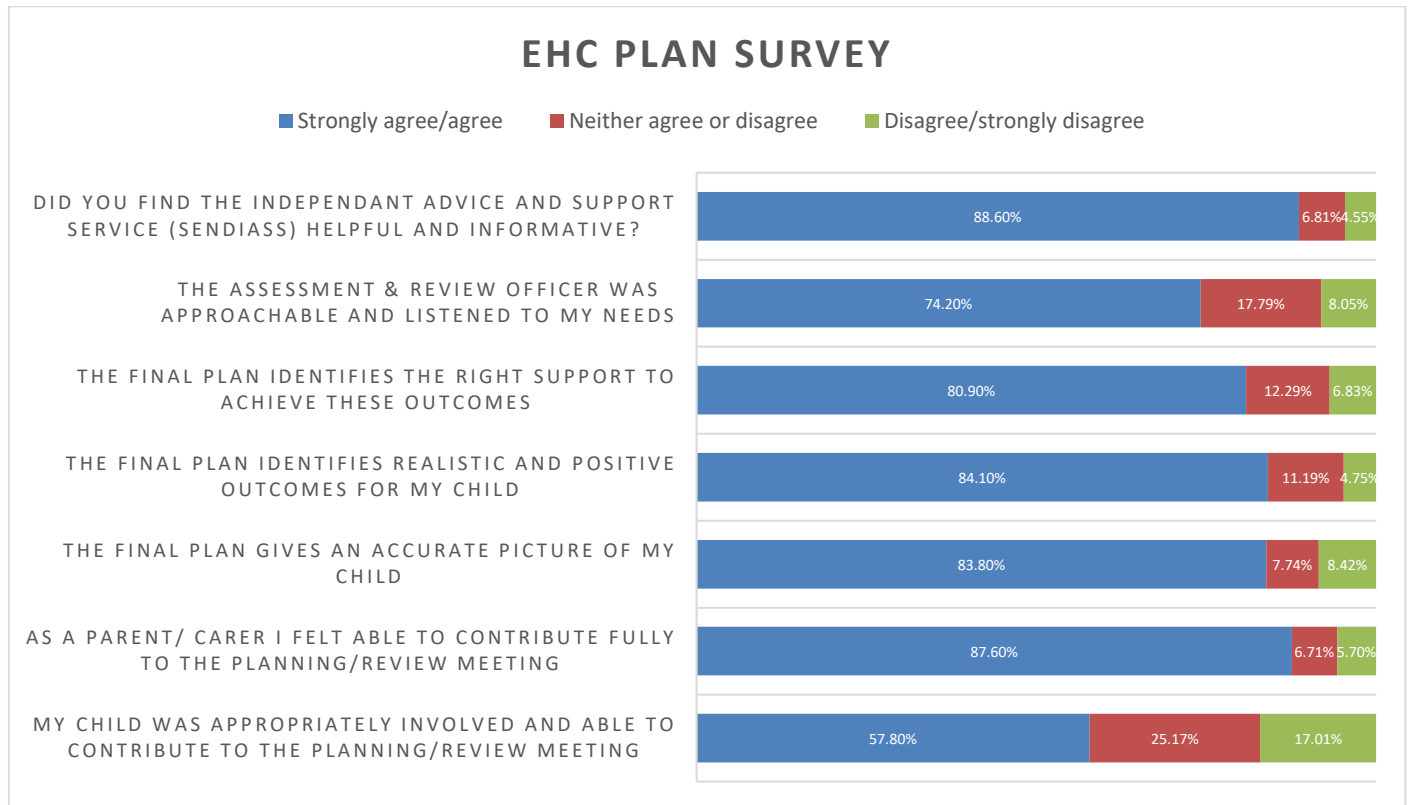
Engagement with Parent/Carer's, Children and Young People is a priority for North Yorkshire and we are working with partners and stakeholders to further develop the way we capture and understand the 'Lived Experience of Families'.

Contents

- 1. What do Parents, Children and Young People tell us about the EHCP process in North Yorkshire?**
- 2. What do SEND Children and Young People in school tell us about their experiences in North Yorkshire?**
 - 2.1 Bullying
 - 2.2 Well-being
 - 2.3 Resilience
 - 2.4 Exercise
- 3. Conclusions**

4. Next Steps

1. What do Parents, Children and Young People tell us about the EHCP process in North Yorkshire?



In general the vast majority of parents responded positively with an agree/strongly agree what asked about the EHCP process. Particularly strong areas were the independent advice and support service (SENDIASS) with an 88.6% positive response and parents feeling they could contribute fully to the planning/review meetings with a 87.6% positive response. When asked about whether their child was appropriately involved and able to contribute to the planning/review meeting parent’s had the least positive response rate of 57.8% (strongly agree/ agree).

2. What are children and young people telling us?

2.1 Experiences of services

Young people with SEND are well represented on NYCC’s Young Inspectors, a new 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 recommendation for improvements in their reports. To date the group have completed inspections of our Young Carers Providers, and reviewed how well we gather the Voice of the Child across social care. Through interviews with young people and staff, parent / carer

surveys, review of process, and website inspections, young people with SEND have ensured that there is a strong SEND focus across all inspection and reporting work, to improve the services provided to them by the authority.

2.2 Bullying

		2014	2016	2018	
Bullied at or near school (12 mths)	KS2	22%	22%	21%	√
	KS4	19%	20%	22%	x
	SEND KS2	26%	32%	28%	√
	SEND KS4	32%	35%	36%	x

In 2018, 28% of children with SEND in KS2 reported being bullied at or near school, 7% higher than children without SEND. However, this has decreased by 4% since 2016.

In 2018, 36% of children with SEND in KS4 reported being bullied at or near school, 14% higher than children without SEND. This figure has increased by 1%.

2.3 Well-being

High well-being score	KS2	40%	53%	45%	x
	KS4	22%	25%	22%	x
	SEND KS2	35%	39%	40%	√
	SEND KS4	18%	21%	16%	x

In 2018, 40% of children with SEND in KS2 had a high well-being score, 5% lower than children without SEND. However, this has increased by 1% since 2016.

In 2018, only 16% of children with SEND in KS4 had a high well-being score, 6% lower than children without SEND. This figure has increased by 5% since 2016.

CYP who access groups, eg Youthability are consistent in their attendance, even through lockdown when it has moved virtually, and are positive about the group, citing “happiness” and relationships when describing what keeps them coming back.

In 2018, 43% of children with SEND in KS4 had more than 5 hours of exercise per week, 6% lower than children without SEND. This figure has decreased by 3% since 2016.

3. 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, lived experience in North Yorkshire. A cross service planned approach to this will be necessary to ensure comprehensive feedback and co production.
- The Parent Carer Voice forum surveyed parents during the height of the Covid-19 pandemic to determine how well supported they felt. Unfortunately the reach of this survey was such that results are not statistically significant and so have not been reported here, rather taken as feedback from individual families
- An area where parents have identified we are not doing so well at is involving and facilitating their child's participation in EHCP planning and review meetings, however a large majority reported that they themselves felt they were able to contribute.
- Parents are strongly telling us that they find our independent advice and support service (SENDIASS) helpful and informative.
- In terms of what CYP with SEND are telling us the results from KS4 are a particular area of concern as in all four areas the positive response rate has reduced.
- Physical activity has reduced for both KS2 and KS4, it is also likely that the pandemic has reduced this figure further, although we do not know to what extent at this stage.
- Resilience and Wellbeing appear to be an area where our KS4 CYP with SEND are particularly struggling. Can all these CYP access support groups such as Youthability? Do these groups cater for the diverse range of SEND or focus on those with particular types/classifications of SEND?
- Examples have been shared of individual feedback on Early Help support for children with SEND, and is routinely gathered as part of practice supervision.

4. Next Steps

Parent Carer Voice

We know we need to extend the reach of the PCV to inform our decision making and ensure that feedback from families covers a range of experiences. We have established a multi-agency PCV steering group. We are developing locality PCV groups- these will communicate with the locality boards to ensure we reflect priorities of families and CYP. We are working with PCV to develop our statement of intent re co-production- which will cover both strategic and a child/family level view- in order to address some of the family concerns here that their views are not considered.

NY CCG and VOY CCG have agreed to provide funding to facilitate joint commissioning of Parent Carer Voice; this aims to increase their reach and develop the numbers of families actively involved in the group.

SENDIASS

NY CCG and VOY CCG have agreed to provide funding to facilitate joint commissioning of SENDIASS. This will enable us to develop our links with the Designated Clinical officers so that we can highlight issues parents have raised around services.

We have established a multi agency SENDIASS steering group with a SLA describing our joint commissioning.

Early Years

Work has started on a full review of Early Years SEND provision. The review forms part of Phase 2 of the broader Strategic Plan for SEND Provision 2018-2023.

As part of our statutory duties to work with parents / carers, young people and professionals in evaluating and developing our SEND provision we are proposing to hold engagement events during 2021. Our aim will be to gather feedback from all regions of the county representing the views of all stakeholders with regards to the identification, assessment and provision for SEND in the early years. We have begun work with North Yorkshire Parent Carer Voice to co produce the engagement plan for parents and carers.

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- supporting the ongoing development of locality team processes and offer for children with SEND aged 0-5;
- informing the next steps in phase 2 of the Strategic Plan for SEND Educational Provision - Early Years;
- 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.

Young Person's Voice

A planned, cross agency approach is needed to maximise the impact of groups such as Flying High and Young Inspectors, and ensure that the experiences and views of children with a range of SEND are gathered.

Physical Activity

Inclusion and Stronger Communities are working together to create tailored sports packs to be distributed to children who receive free school meals with SEND. This will be combined with activity session over the school summer holidays, developed by North Yorkshire Youth.

Early Help Service SEND offer

Pre-pandemic a number of groups and sessions were available to CYP with SEND we intend to review this offer as part of the Covid recovery with a view to identifying opportunities for joint commissioning.

Aggregated and collated feedback from CYP and families on the impact of the Early Help service in managing the needs of their children would further support this work.

SEND hubs

Aggregated feedback from parents/carers and young people on the support and intervention received will support evaluation of this new service area and support practice improvements.

Joint Strategic Needs Assessment Special Educational Needs and Disabilities

Pupils with Education, Health & Care Plans; and Special Educational Needs support

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 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, not all children have these depending on their needs. Before EHC Plans were “statements” which were replaced with EHC Plans from September 2014; children and young people requiring a new assessment and support receive an EHC Plan.

Contents

1. EHCP and SEN Support

- 1.1 Pupils with SEN, SEN Support, EHC Plans
- 1.2 Placement of children and young people with an EHC Plan
- 1.3 New EHC Plans issued in the 20 week time limit
- 1.4 Requests for assessment for EHCP's – assessment process
- 1.5 EHCP by Age and Gender
- 1.6 EHCP's and SEN Support by Ethnicity
- 1.7 SEN by Deprivation
- 1.8 Appeals to SEND Tribunal

2. Primary Category

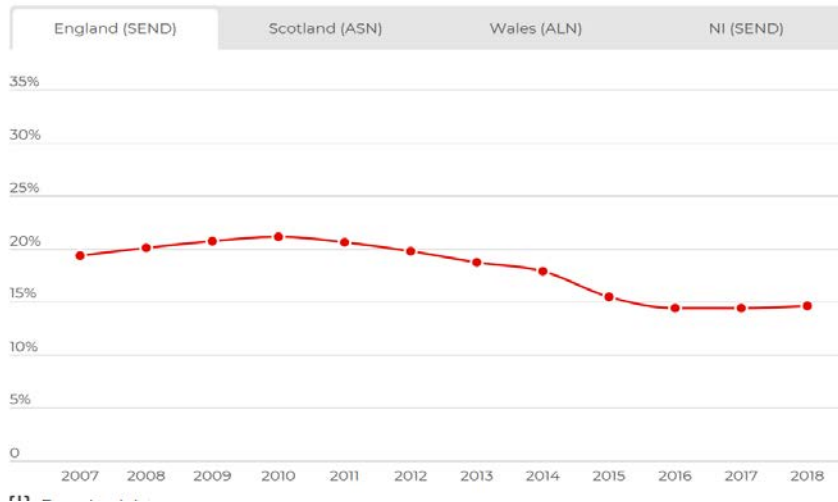
- 2.1 Pupils with SEN by Primary Need - North Yorkshire
- 2.2 Pupils with SEN by Primary Need – LA Districts
- 2.3 Primary Need by Gender and Age
- 2.4 Autistic Spectrum Disorder

3. Conclusions

4. Next Steps

1. EHCP and SEN Support

Proportion of children enrolled in education with an identified Special Educational Need / Additional Support Need / Additional Learning Need, United Kingdom, 2004-2019



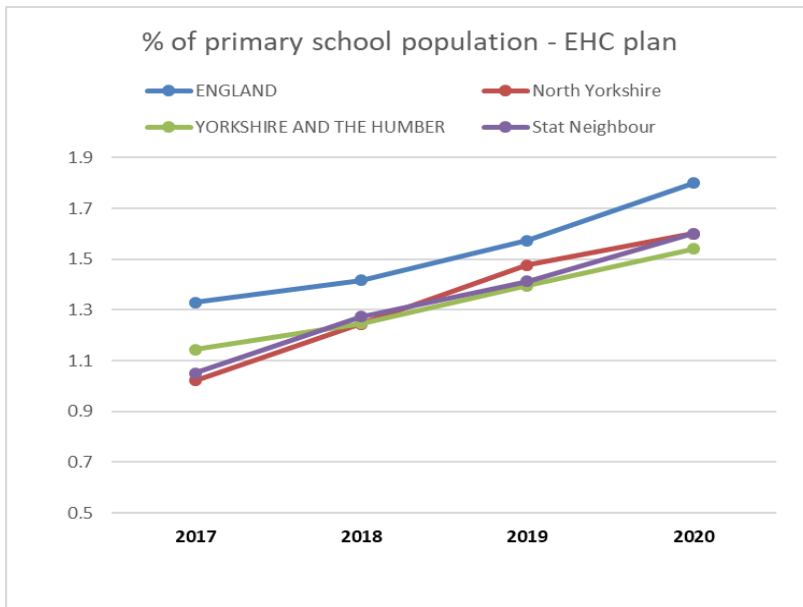
In England, 14.6% of children in formal education were identified with SEND in 2018. This figure was 19.3% of pupils in 2007. However, the figures are not directly comparable since there was a change in data collection in 2014, during which children transitioned from *Statements of SEND* onto *Education Health and Care Plans*. Since 2016, the proportion of children has been stable at around 14%.

The proportion of pupils aged 5-15 with SEND in North Yorkshire has increased slowly between 2016 and 2018. Despite the gap narrowing, the proportion remains significantly lower than England.

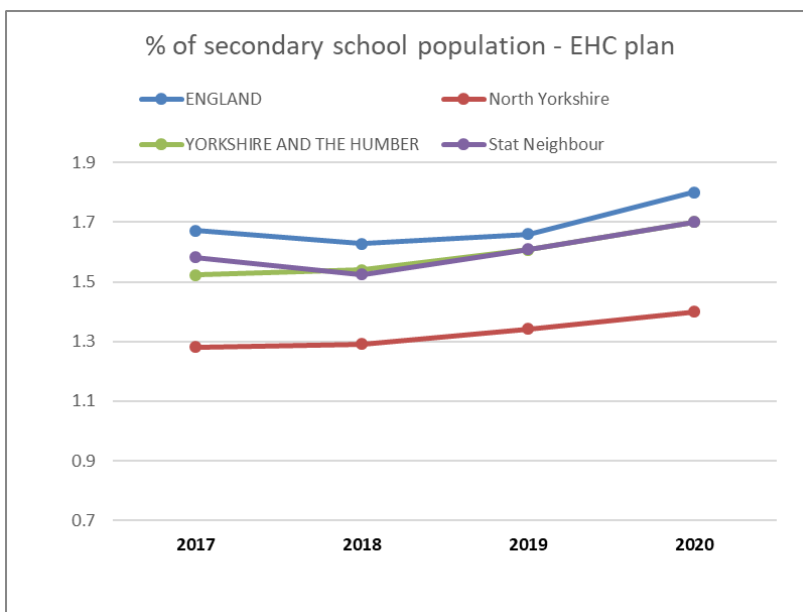
Approximately 13.6% of children in North Yorkshire primary schools were known to have a special educational need (SEN) in 2018/19, either recorded as receiving SEN Support or having an Education, Health and Care plan (EHC plan), which was below the national rate of 14.2%. The rate in secondary schools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

The SEN population is however growing in North Yorkshire schools, with the proportion of all children receiving SEN support in schools increasing from 9.1% in 2016 to 10.9% in 2019 and those with an EHC plan increasing from 2.0% to 2.5% in the same period.

1.1 Pupils with SEN, SEN Support, EHC Plans SEN Provision

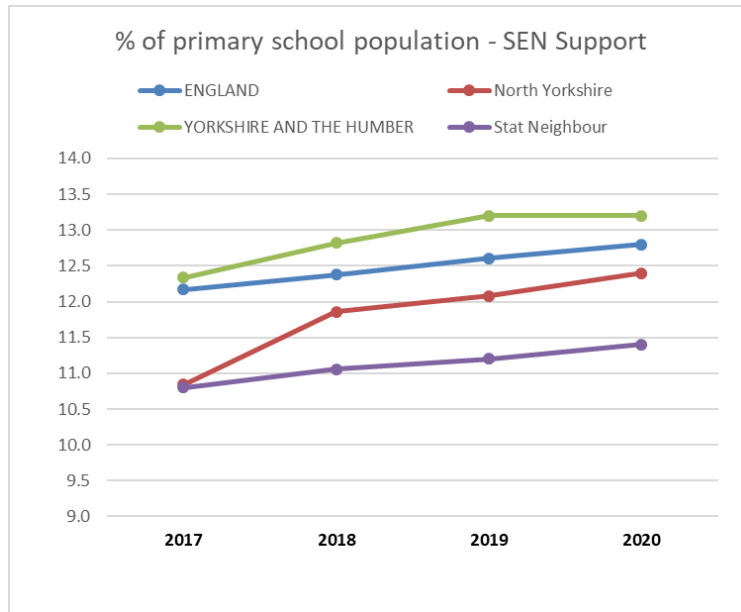


In 2020 1.6% of children attending mainstream primary schools in North Yorkshire had an EHC plan. This is higher than the figures seen in the Yorkshire and the Humber region and the same as statistical neighbours, however still below the England average of 1.8%. This figure has risen quite sharply since 2017 up from just 1.0% of the primary school population in North Yorkshire



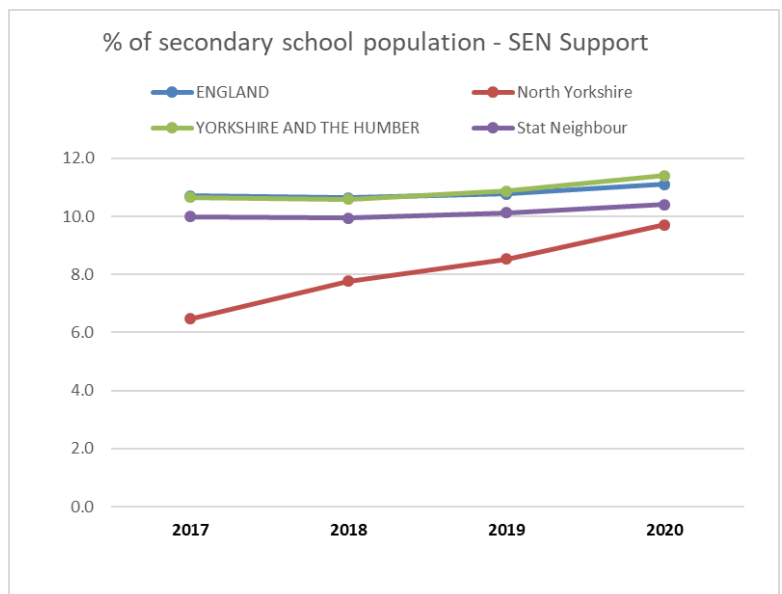
In Secondary schools North Yorkshire's figures have remained consistent since 2017, and remains lower than the figures for England, Yorkshire and the Humber and our statistical neighbours. In the 2020 school census, 1.4% of children attending mainstream secondary schools in North Yorkshire had an EHC plan, which is a rise from 1.3% but lower than the national average of 1.8%.

SEN Support



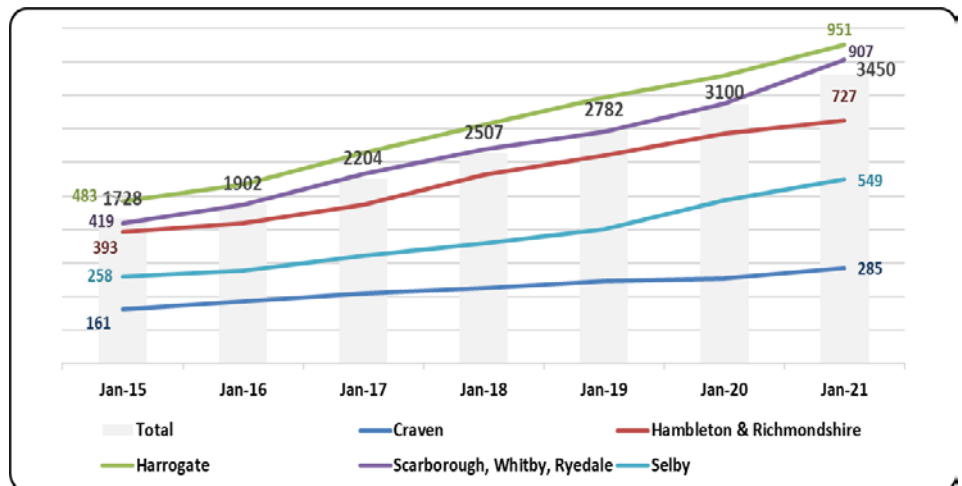
In 2020 North Yorkshire had 12.4% of primary pupils receiving SEN support, a figure which is below the England and Yorkshire and the Humber average but above our statistical neighbours. This figure has risen from 10.8% since 2017 and the gap to the national rate has declined over this period from -1.4pp to 0.4pp.

In 2020 9.7% of North Yorkshire secondary pupils were receiving SEN support, a figure which is below the England, Yorkshire and the Humber and our statistical neighbours. Whilst England, Yorkshire and the Humber and our statistical neighbours figures have remained relatively constant over the last 3 year, North Yorkshire has seen a steady increase, rising from just 6.5% since 2017.

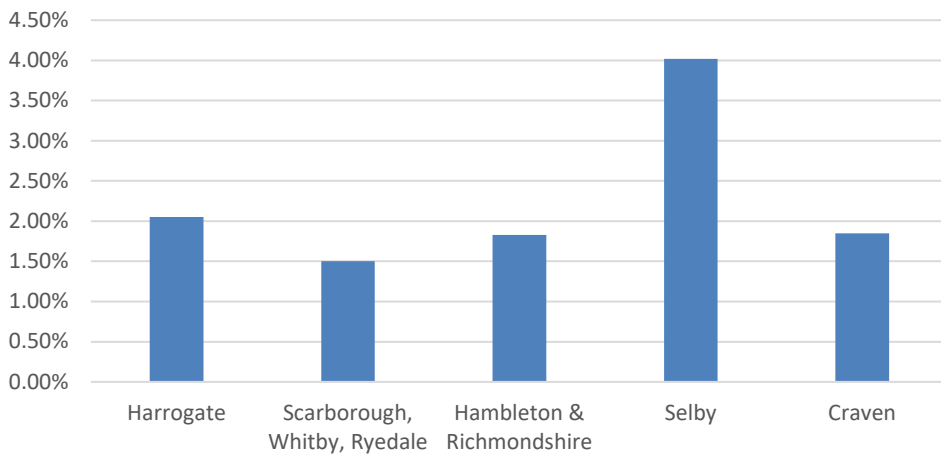


North Yorkshire EHC Plans by Locality

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



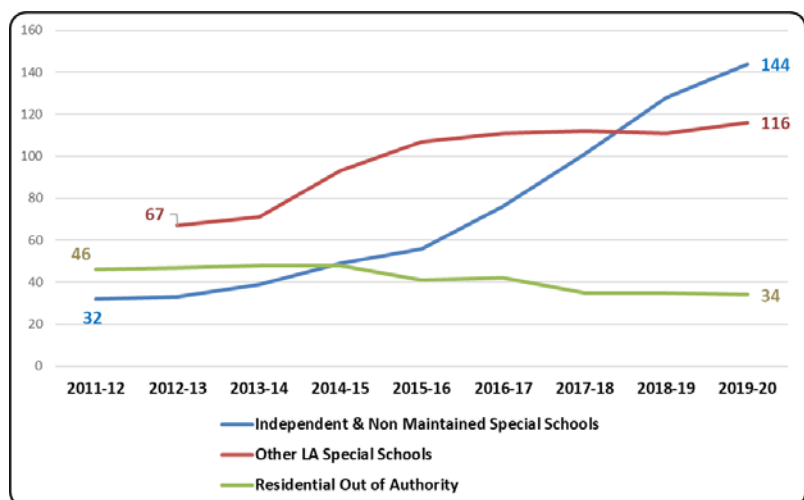
Percentage of the U25 population with an EHCP



When we compare the number of EHCP's issued against the total Under 25 population, Selby at 4.02% has a significantly higher proportion of children with an EHCP than the rest of the county. In 2019 3.1% of children in the UK had an EHCP.

1.2 Placement of children and young people with an EHC Plan

The number of children educated in independent, non-maintained special schools and other Local Authority special schools has increased significantly since 2011. Independent and non-maintained special schools saw the biggest increase from 32 in 2011/12 to 144 in 2019/20 (450%).

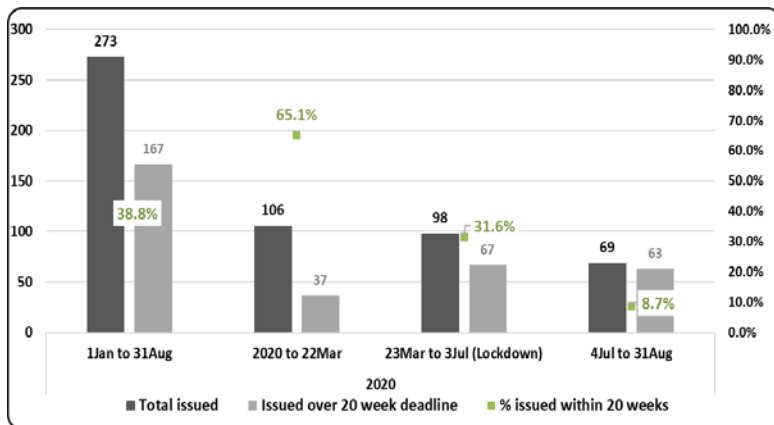
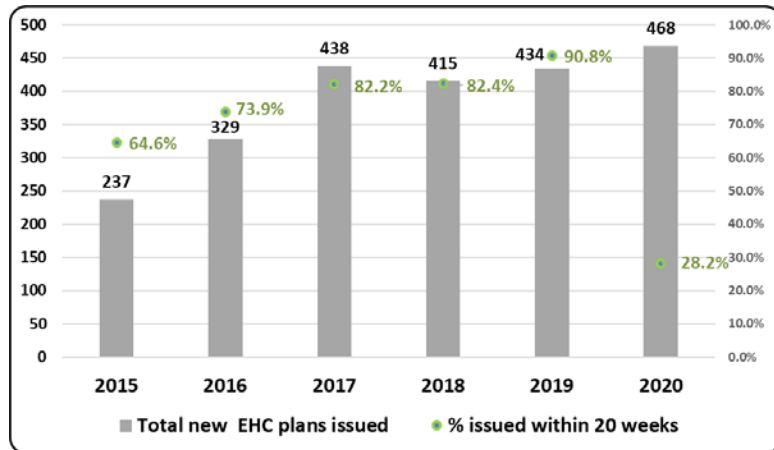


The number of children with EHC Plan educated in a residential out of authority placement has fallen during this period by 26%.

1.3 New ECP Plans issued in the 20 week time limit

In the 2019 calendar year, 90.8% of the 434 new EHC plans which were produced by North Yorkshire County Council within the 20 week timescale. The national rate in this period was 58%.

In the 2020 calendar year, the timeliness rate in North Yorkshire was 28.2%, a considerable drop from the previous year but largely due to the largest proportion of new EHC plans being produced during the course of the Covid-19 pandemic. Flexibility with timelines during this period was necessary in order to receive required advice from professionals and to assess needs appropriately within the period of the Covid-19 pandemic. North Yorkshire has been committed – in line with government guidance – that all required elements were in place even if that meant missing the 20 week deadline.

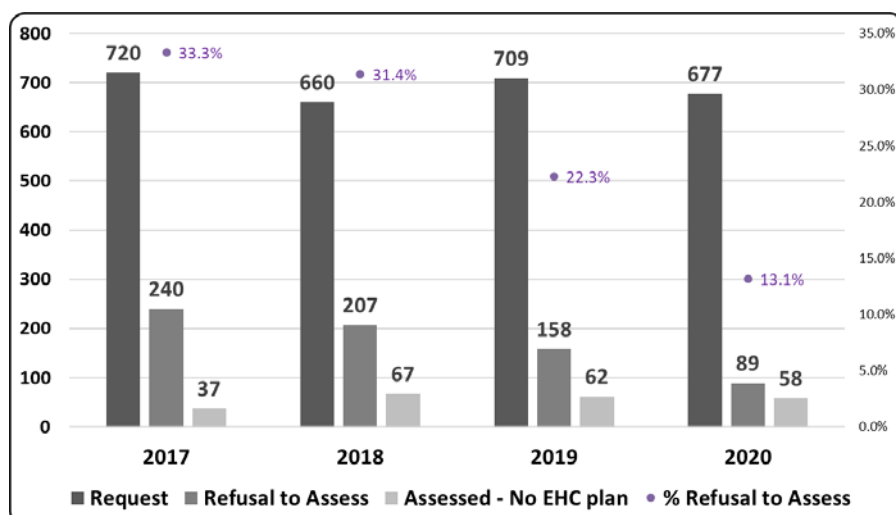


106 new EHC plans were issued by North Yorkshire in 2020 up to the start of the first Covid-19 lockdown (22nd March) 65.1% of which had been produced within the statutory timeline. During the course of lockdown (to 3rd July), timeliness had dropped to 31.6%.

1.4 Requests for assessment for EHCP's – assessment process

There were 677 requests for statutory assessment in the 2020 academic year only slightly less than the 2019 figure of 709, this is despite the impact of the Covid-19 outbreak.

In 2017 and 2018 calendar years, the average rate of requests for



assessment being refused an assessment in North Yorkshire was above 30%.

By 2019 the rate of of requests being refused was 22.3% slightly lower than the rate for all authorities in England in 2019 of 22.7%.

1.5 SEN by Age and Gender

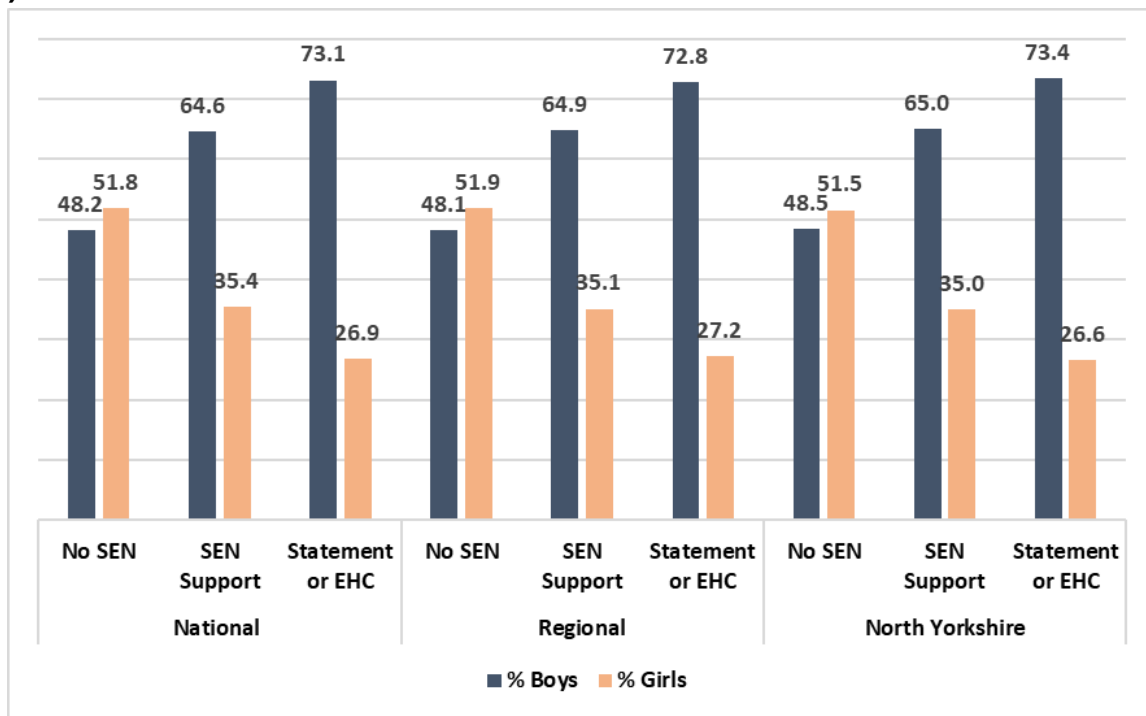
Children (aged 0 to 25) with a North Yorkshire EHC plan – age group increases Jan18 to Jan20

NYCC EHC plans	Under 5	5 to 10	11 to 15	16 to 19	20 plus
Jan-21	86	1089	1215	767	293
Jan-20	91	990	1099	696	224
Jan-19	66	922	967	635	163
Jan-18	58	846	892	575	126

The number of EHC plans across all age ranges has risen over the last 4 years. The greatest number of children and young people (0-25years) with an EHCP are currently aged 11-15 years, accounting for 35.2% (1 in 3); and those aged 5-10 years (31.6%).

SEN are more prevalent in boys than girls accounting for 3 in 4 children and young people. In January 2020 the school population in North Yorkshire was made of 73.4% boys and 26.6 % girls, reflecting the national picture of 73.1% and 26.9% respectively.

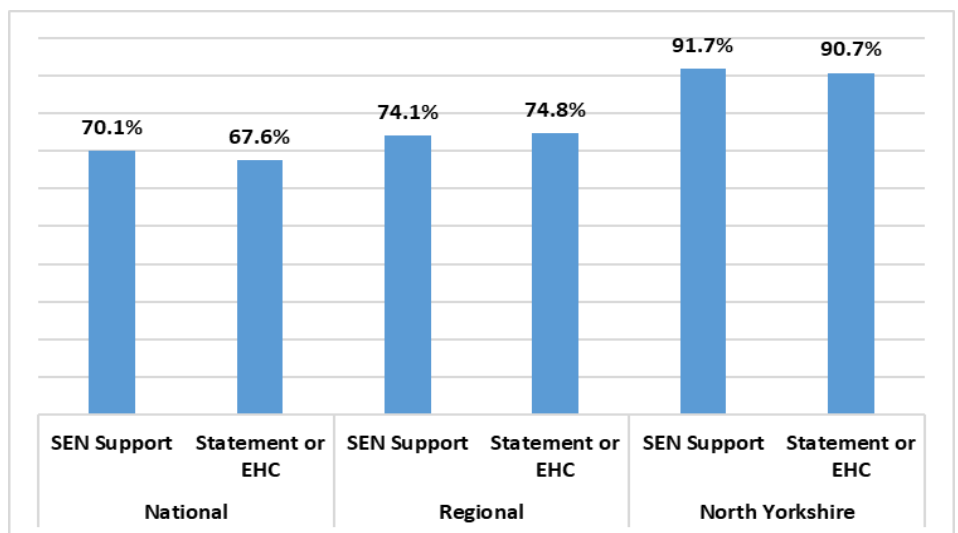
% of SEN cohort in all schools by gender – (Department for Education (DfE), January 2020)



1.6 EHCP's and SEN Support by Ethnicity

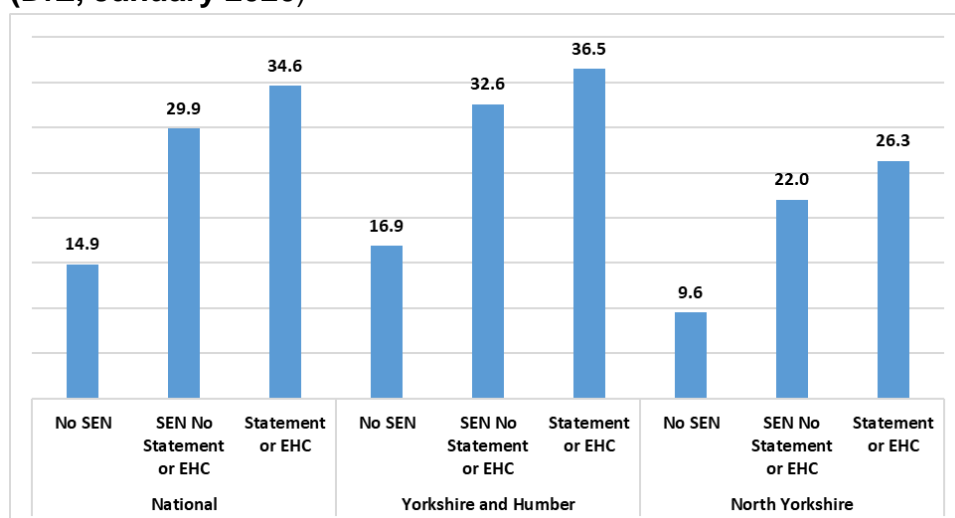
% of school population White British – by SEN cohort (DfE, January 2020)

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. 90.7% of children with an EHC plan in North Yorkshire were from a White British identity, in January 2020, compared to 67.6% Nationally and 74.8% in Yorkshire and the Humber.



1.7 SEN by Deprivation

% of school population eligible for Free School Meals – by SEN cohort (DfE, January 2020)



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

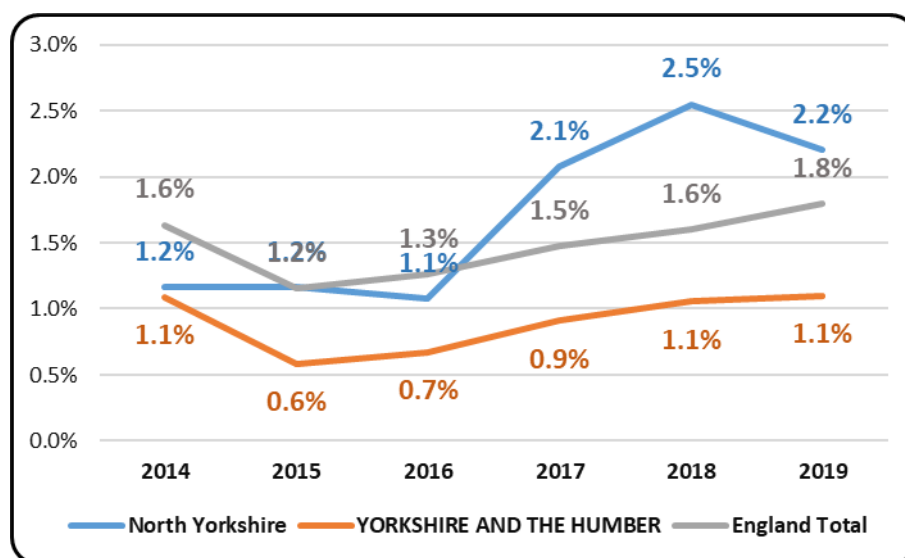
above). However, the rate of children with SEN and FSM eligible rises considerably compared to children not recorded as SEN. 26.3% with an EHC plan in North Yorkshire in January 2020, were also FSM eligible compared to 9.6% of the non-SEN school population. The rate nationally was 34.6% and 14.9% respectively.

1.8 Appeals to SEND Tribunal

Reason for appeal

Reason for appeal:	Academic Year			
	2016/17	2017/18	2018/19	2019/20
Content of EHCplan	20	42	32	47
Disagrees with the ceasing of the EHCP		1		1
Refusal to assess	18	27	30	9
Refusal to make EHCP	3	12	17	12
NA		1		
Total	41	83	79	69

Rate of Appeals – national comparison



2. Primary Category

2.1 Pupils with SEN by Primary Need - North Yorkshire

Children recorded with SEN provision in mainstream schools (January 2020 School Census)

	C&I	Sensory	C&L	SEMH
SEN Support	2512	479	3620	1722
EHC plans	570	200	229	223

43.3% of children receiving SEN support for cognition and learning in mainstream schools, this is followed by communication and interaction (30.1%), social, emotional and mental health (20.7%) and Sensory (5.7%). In contrast, almost half of EHC plans were issued for communication and interaction needs (46.6%), with the other 3 areas falling between 16-19%.

% of school population by recorded primary need – SEN Support and EHC plans (DfE, January 2020)

Primary Need	North Yorkshire	National	Regional
Social, Emotional and Mental Health	19.1%	18.3%	18.2%
Speech, Language and Communications needs	18.9%	21.9%	21.5%
Moderate Learning Difficulty	17.2%	18.9%	21.2%
Specific Learning Difficulty	16.8%	12.2%	12.1%
Autistic Spectrum Disorder	12.3%	11.8%	10.5%

Other Difficulty/Disability	3.8%	4.2%	3.5%
Physical Disability	3.2%	2.9%	3.1%
SEN support but no specialist assessment	3.2%	3.2%	2.7%
Hearing Impairment	1.9%	1.8%	2.2%
Severe Learning Difficulty	1.6%	2.6%	2.5%
Visual Impairment	1.0%	1.0%	1.2%
Profound & Multiple Learning Difficulty	0.7%	0.9%	0.9%
Multi- Sensory Impairment	0.3%	0.3%	0.2%
Unknown	0.0%	0.0%	0.0%
Total	11459	1275024	128908

Overall, a higher proportion of children with SEN in North Yorkshire schools, recorded as either receiving SEN Support or having an EHC plan, have a primary need of Social, Emotional and Mental Health (SEMH) needs (19.1%) compared to National (18.3%) and Regional (18.2%), as of January 2020.

SEMH is also the most common primary need in North Yorkshire, compared to Speech Language and Communication (SLCN) needs nationally at 21.9% of the school population and 21.5% regionally.

2.2 Pupils with SEN by Primary Need – LA Districts

% of North Yorkshire mainstream school population with SEN provision (DfE School Census, January 2020)

School District	EHC plan (E)	SEN Support (K)	E and K	School Population
Craven	1.5%	8.2%	9.7%	8802
Hambleton	1.4%	14.1%	15.5%	10279
Harrogate	1.6%	9.8%	11.4%	23159
Richmondshire	1.4%	13.0%	14.4%	6477
Ryedale	1.2%	11.2%	12.5%	7291
Scarborough	1.5%	12.7%	14.2%	12844
Selby	1.8%	11.0%	12.8%	12488
Total	1.5%	11.2%	12.7%	81340

The North Yorkshire district of Selby has the highest percentage of a school population with an EHC plan, at 1.8%, it does not, however, have the highest overall rate of SEN (receiving either SEN Support or having an EHC plan) of the school population. Hambleton district has the highest rate of SEN at 15.5%, given that it's rate of children receiving SEN Support is also the highest rate in the county at 14.1%. The North Yorkshire average rate of the school population is 12.7% SEN, with 1.5% having an EHC plan and 11.2% recorded as SEN Support.

**% of North Yorkshire mainstream school population by primary need
(DfE School Census, January 2020)**

EHC plans					
School District	C&I	Sensory	C&L	SEMH	Total
Craven	50.00%	15.15%	17.42%	15.15%	132
Hambleton	49.32%	14.86%	18.92%	13.51%	148
Harrogate	50.53%	17.02%	15.43%	14.36%	376
Richmondshire	42.05%	18.18%	19.32%	18.18%	88
Ryedale	30.34%	17.98%	24.72%	24.72%	89
Scarborough	34.52%	17.26%	19.29%	25.38%	197
Selby	48.02%	12.33%	18.94%	18.06%	227
North Yorkshire	45.35%	15.91%	18.22%	17.74%	1257
SEN Support					
School District	C&I	Sensory	C&L	SEMH	Total
Craven	29.49%	8.07%	37.27%	16.13%	719
Hambleton	30.71%	4.08%	42.05%	17.91%	1446
Harrogate	26.63%	5.29%	38.98%	19.97%	2268
Richmondshire	26.78%	4.98%	33.89%	17.06%	844
Ryedale	22.47%	5.62%	46.64%	18.80%	819
Scarborough	30.72%	4.54%	39.24%	21.21%	1631
Selby	24.89%	5.84%	40.29%	18.25%	1370
North Yorkshire	27.61%	5.27%	39.79%	18.93%	9097

The most prevalent primary need of children with an EHC plan in mainstream schools in North Yorkshire is Communication and Interaction (C&I), at 45.35%, this comprises children with an Autistic Spectrum Disorder (ASD) and/or Speech, Language and Communication Needs (SLCN). Of the 9097 children in North Yorkshire mainstream schools recorded as having SEN Support in January 2020, Cognition and Learning (C&L) was the most prevalent primary need at 39.8% of the total. Children with a C&L need, can have learning difficulties, physical difficulties or profound and multiple learning difficulties.

2.3 Primary Need by Gender and Age

Age range of North Yorkshire maintained EHC plans by home locality (January 2020)

	Under 5	5 to 10	11 to 15	16 to 19	20 plus	
Craven	3	84	96	56	15	254
Hambleton and Richmondshire	18	230	249	145	44	686
Harrogate	21	296	297	187	59	860
Scarborough, Whitby, Ryedale	23	207	278	198	69	775
Selby	24	168	168	93	33	486
Grand Total	91	990	1099	696	224	3100

As of January 2020 in North Yorkshire, children aged between 10 and 25 were twice as likely to have a North Yorkshire maintained EHC plan than those aged 10 or younger. The most

common age bracket which children with a North Yorkshire EHC plan fell into was 11 to 15, at 35.4% of the total EHC plan population, although the 5 to 10 age bracket was only slightly behind at 31.9%. The North Yorkshire age profile for EHC plans is broadly repeated across all five of the localities shown above (see table).

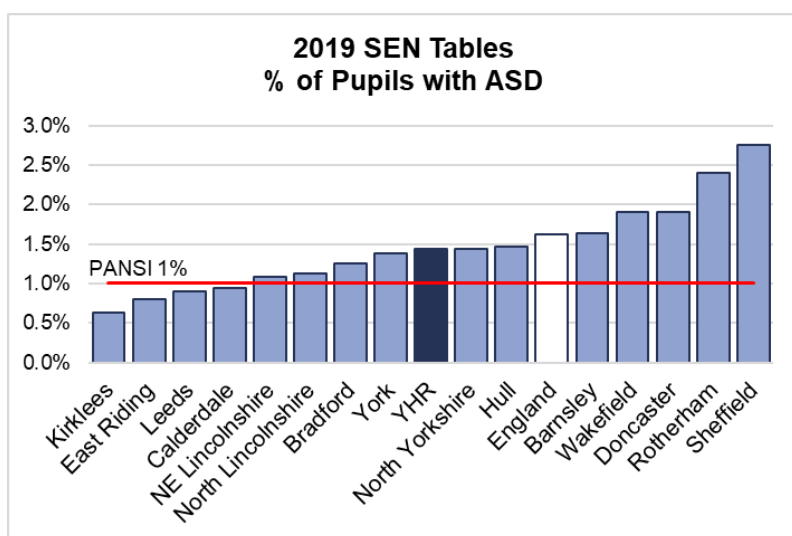
2.4 Autistic Spectrum Disorder

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).

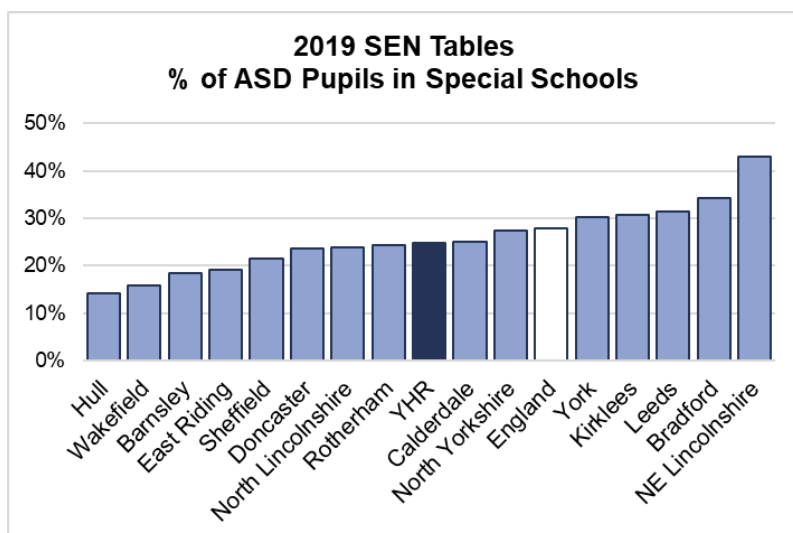
Children and young people with ASD, including Asperger’s Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination which can impact on how they relate to others.

North Yorkshire has 1191 children with an Autistic Spectrum Disorder in its schools, accounting for 12.3% of all SEN pupils, this compares to 11.8% nationally.



Yorkshire and the Humber at 1.4% overall compared with 1.6% for England, which compares with the 1% rate used for PANSI population projections.

EHCP levels stable through statutory school-age – 0.8% at age 5 and then 1% throughout secondary school to age 15.



Small step change at secondary school entry for other SEN support – total ASD at 1.7% at the end of primary, 1.9% in Y7-Y9.

Autistic Spectrum Disorder - Primary SEN Need

	Boys		Girls		All Pupils
Pupils on SEN support	45,880	77%	13,448	23%	59,328
Pupils with SEN with statements or EHC plan	60,469	83%	12,548	17%	73,017
Total	106,349	80%	25,996	20%	132,345

Nationally, ASD is recorded as a primary need for 59,328 pupils with SEN support, 77% of these pupils are boys and 23% are girls. 73,017 pupils with SEN with statements or EHC plan have ASD as a primary need, 83% of these are boys and 17% are girls.

3. Conclusions

- Timeliness against the 20 week process has moved significantly over the past 12 months from being well ahead of national averages to below.
- ‘Refusal to assess’ in North Yorkshire is significantly lower than the national average following a move to EHCAR decision meetings where the decision to assess is made jointly and equally between parents / carers, school, EP and SEN team.
- The rate of Tribunals is still above national and statistical neighbours but is now falling with a small 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 Selby district has a significantly higher proportion of EHCPs issued than the rest of North Yorkshire. This is partly driven by the compulsory school aged population in the district. Between 2017 to 2020, there was a 45% increase in children aged 5 to 15 with a North Yorkshire EHC plan (232 to 336), compared to a 36% increase in the county as a whole. Selby has also had the biggest increase in its aged 0 to 25 population since 2017, growing by 2.3% to 25198 as of 2019. All other North Yorkshire districts apart from Ryedale (+0.8% to 13,801) have a decreasing 0 to 25 population.
- 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 action plan is in place with the EP service which is the main delaying factor in the ability to issue. There have been some delays in health and social care advice which we need to continue to address but these have still been received prior to the EP advice.

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.

School Readiness Pilot

The school readiness pilot is intended to test a strategic approach to promoting SLCN development and early intervention when problems are identified and it is proposed that the wider roll out of the strategy will be incorporated in the 'Childhood Futures' transformation programme led by the School Readiness strategic board.

SEND Hubs

As of 1st September 2020, most of the services previously offered through Inclusive Education Services (IES) plus the Statutory SEN Team as well as some additional services are being provided through 4 Locality based hubs.

- Hambleton/Richmondshire
- Harrogate/Knaresborough/Ripon/Craven
- Scarborough/Ryedale/Whitby & Filey
- Selby

Hub staff will work in schools and settings across the 0-25 age range and also with parents/carers and in the home where appropriate. Each child will have a key worker who will be 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. Wellspring Academy Trust has been chosen as the multi-academy trust for this school.

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).

Some children and young people may have related social, emotional and mental health needs but this will not be their primary need.

Joint Strategic Needs Assessment Special Educational Needs and Disabilities

Education and Attainment

Introduction

This chapter provides educational attainment data for children and young people (aged 0-25 years) with SEN.

Contents

1. Attainment of children with SEN in schools in North Yorkshire
2. Early Years Foundation Stage
3. Key Stage 1
4. Key Stage 2 – Reading, Writing and Maths
5. Attainment 8 – KS4
6. Progress 8 (KS2 to KS4)
7. Post 16
8. Young People Not in Education, Employment or Training (NEET)
9. Absence and Exclusions
10. Elective Home Education
11. Key Findings
12. Conclusions
13. Next Steps

1. Attainment of children with SEN in schools in North Yorkshire

		EHC plan		SEN Support	
		North Yorkshire	England	North Yorkshire	England
Early Years	% GLD	4.0%	5.0%	25.0%	29.0%
Key Stage 2	% RWM	6.0%	9.0%	20.0%	25.0%
Key Stage 4	Attainment 8	13.9	13.7	31.4	32.6
	Progress 8	-1.12	-1.17	-0.42	-0.43

There have been some improvements in performance for children with Special Education Needs (SEN) in North Yorkshire over the 2018/19 academic year, however, overall attainment outcomes for this cohort have been below that of their peers nationally. The SEN cohort is made up of children with an Education, Health and Care plan (EHC plan) and those children recorded as receiving SEN Support.

A total of 81 children with an EHC plan and 361 children recorded with SEN Support were assessed at the end of the Early Years Foundation Stage in North Yorkshire in 2018/19 and outcomes were similar to that of 2017/18. 4% of children with EHC plans had a good level of development (GLD), marginally behind the 5% nationally. 25% of children on SEN Support had a GLD compared to 29% nationally (-4pp).

At the end of Key Stage 2, attainment was recorded for 171 children with EHC plans and 929 with SEN Support. 6% of children with an EHC plan achieved the expected standard in reading, writing and maths (RWM), down on the 8% of the previous year, the national outcome was 9% (-3pp). For children with SEN Support this figure was 20%, similar to last year (21%) but below the national rate of 25%.

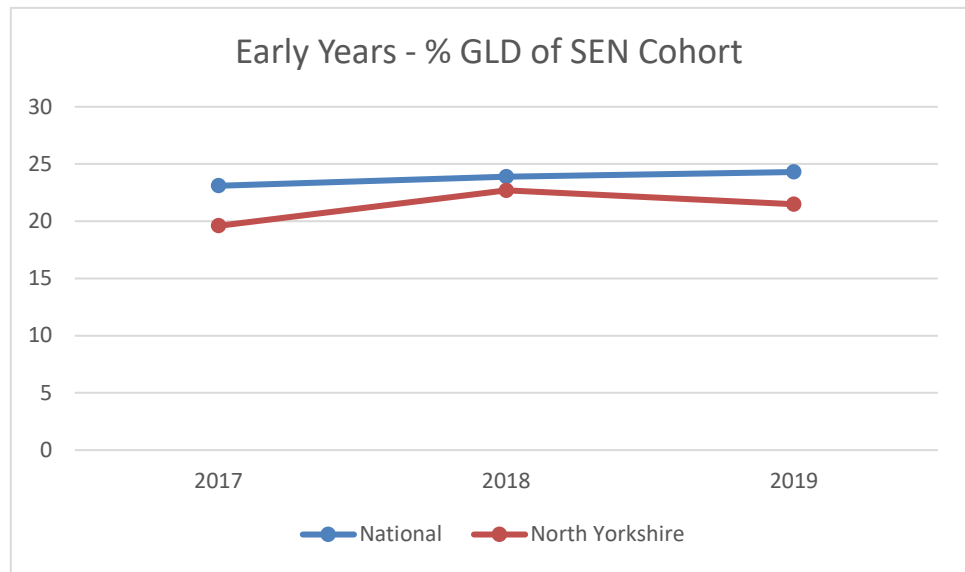
The average Progress 8 score for the 175 children with EHC plans in North Yorkshire at the end of Key Stage 4 in 2018/19 was -1.12, slightly better than the national figure of -1.17 but down on the -0.89 of 2017/18. The Progress 8 score for the 497 children on SEN Support of -0.42 was also marginally better than the national figure of (-0.43) but this was also down on the 2017/18 outcome of -0.38.

2. Early Years Foundation Stage

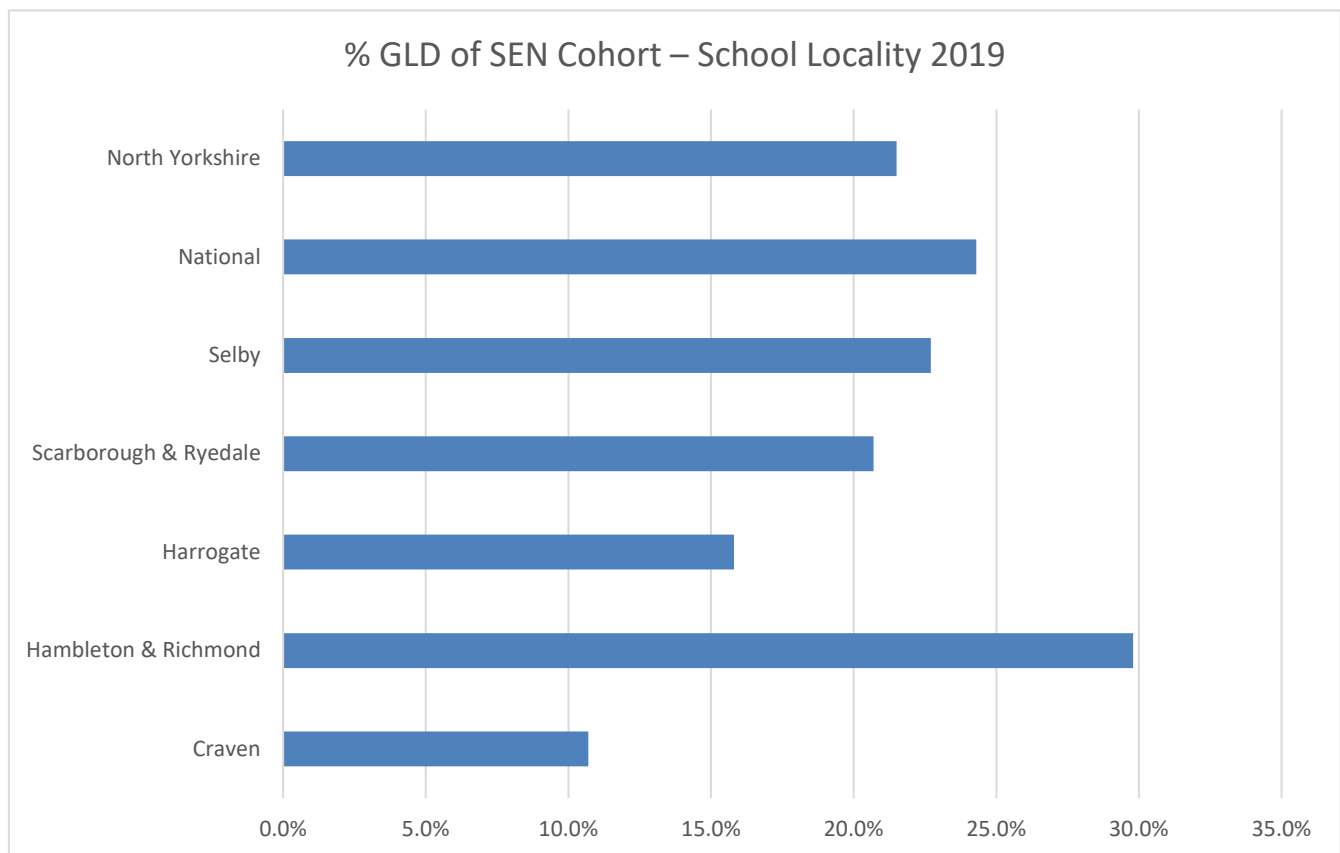
The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of a child from birth to 5 years old. The areas of learning (also known as Early Learning Goals (ELGs)) include communication and language; physical development; personal, social and emotional development; literacy; mathematics; understanding the world; and expressive arts and design. All schools and Ofsted-registered Early Years providers must follow EYFS, including childminders, preschools, nurseries and school reception classes. The EYFS is an assessment of development at the end of the academic year in which the child turns 5 years

(Source: Department for Education). In 2019, 72.8% of all children in North Yorkshire achieved a good level of development (GLD), 1% above the national average of 71.8%.

In Early Years, a total of 442 children were recorded as SEN (EHC plan/SEN Support) in 2018/19 in North Yorkshire schools, 7.3% of the entire EYFSP population. 21.5% of children with SEN achieved a GLD, slightly lower than the national average of 24.3%



In 2019, Hambleton and Richmondshire saw the highest number of children with SEN achieving a GLD (29.8%), the lowest level was seen in Craven where only 10.7% of children achieved a GLD.



None of the 46 children with an EHC plan in schools in Craven, Hambleton and Richmondshire or Scarborough, Ryedale, Whitby achieved a GLD in 2019, whereas 6.7% of the 30 children in Harrogate achieved a GLD and 11.1% of the 9 in Selby did.

The locality with the highest proportion of SEN Support achieving a GLD in 2018/19 was Hambleton and Richmondshire (35.2% of 88 children), whereas the locality with the lowest was Craven (15.8% of 19 children).

3. Key Stage 1

The gap between SEND pupils and their non-SEND peers continues into Key Stage 1. Whilst in 2019, 69.8% of non-SEND pupils achieved the expected standard across Reading, Writing and Maths (RWM) at Key Stage 1, just 17.5% of SEND pupils did. Whilst the gap between non-SEND and SEND pupils in RWM has reduced slightly in 2019 from -54.4% to -52.3%, this is by virtue of a reduction in the proportion of non-SEND pupils achieving the expected standard, rather than an increase in SEND pupils.

	2018/19	Non-SEND pupils	SEND Pupils	Attainment Gap
Key Stage 1	Expected Standard in Reading	27.80%	81.10%	-53.30%
	Expected Standard in Writing	21%	75.60%	-54.60%
	Expected Standard in Maths	31.70%	81.40%	-49.70%

Key Stage 1 to 2 progress

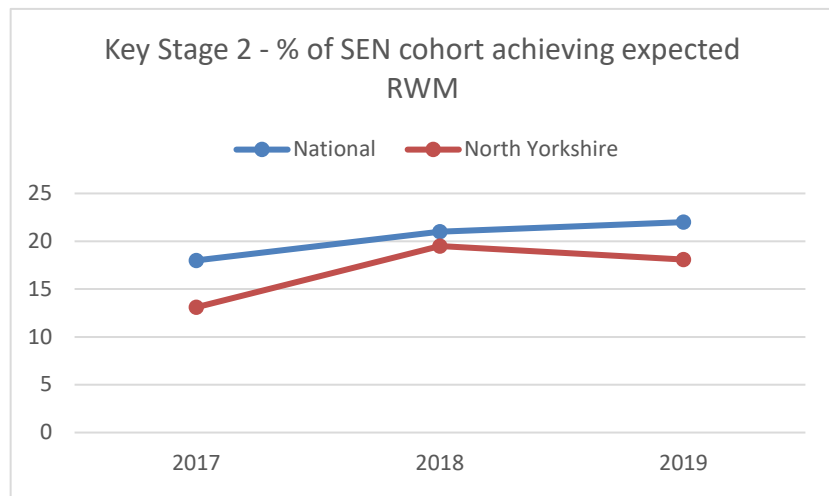
Overall progress of pupils between the Key Stage 1 assessment and Key Stage 2 has been below expected progress across all subjects in 2019. This is similarly the case for children with SEN in North Yorkshire. In 2019, the average progress score of children with an EHC plan in North Yorkshire was -0.22 lower than their peers nationally in Reading, -0.41 lower in Maths but +0.18 higher in Writing. For children recorded with SEN Support in North Yorkshire, average progress was -1.03 lower than their peers nationally in Reading, -1.15 in Maths and -0.33 in Writing.

	NY	National	NY	National	NY	National
	Reading	Reading	Writing	Writing	Maths	Maths
All	-0.38	0.02	-0.12	0.02	-0.73	0.02
E	-3.88	-3.60	-4.14	-4.32	-4.37	-3.96
K	-2.09	-1.06	-2.10	-1.77	-2.22	-1.07
N	0.02	0.34	0.36	0.51	-0.36	0.36

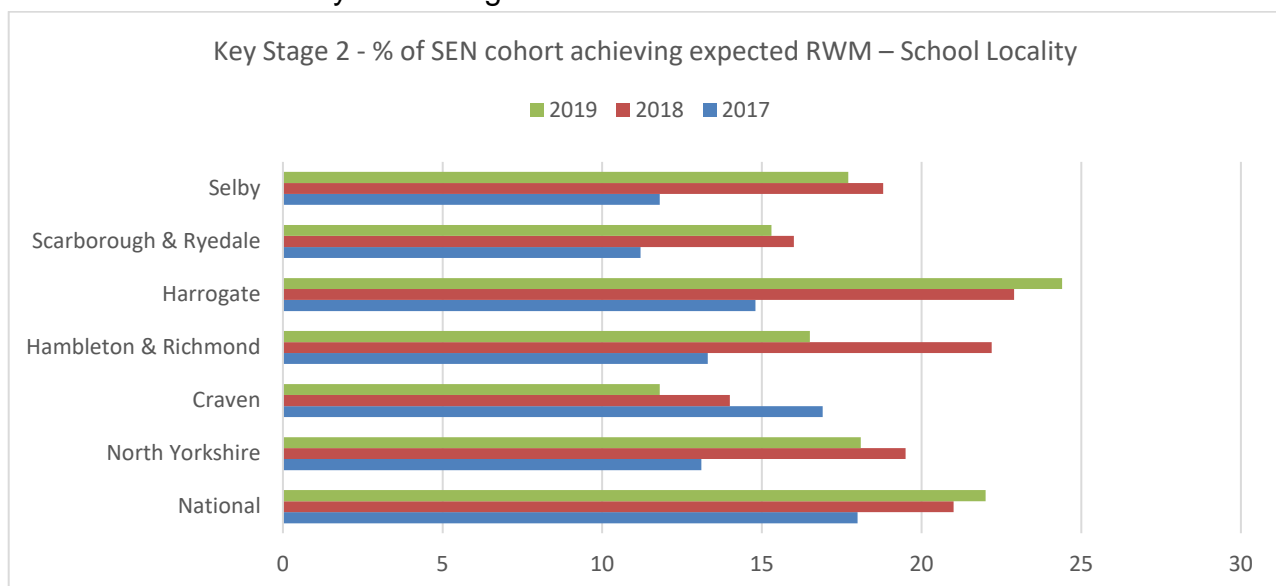
4. Key Stage 2 – Reading, Writing, Maths (RWM)

At Key Stage 2 there are statutory tests in reading; grammar, punctuation and spelling; and mathematics. KS2 figures are based on either test results or teacher assessments. All children are required to take part in key stage 2 assessments before they move into secondary. In 2016 the curriculum changed and the expected standard was raised; these changes mean that results are not comparable with the expected standard used previously. The SEN variable indicates whether a pupil has learning difficulties or disabilities that make it harder for them to learn than most children of the same age. (Source: Department for Education).

In North Yorkshire (in 2019), 18.1% of pupils with SEN achieved KS2 (RWM) compared to 72.8% of pupils with no SEN. North Yorkshire’s has fallen below the national average of the number of pupils with SEN achieving KS2 (RWM) for the last 3 years in 2019 North Yorkshire was 3.9% below the national average.



At a locality level, Craven, Scarborough and Ryedale had the lowest number of pupils with SEN achieving KS2 (RWM), this is consistent with the 3 year average. None of the 22 children with an EHC plan in schools in Craven achieved the expected standard in 2018/19. Harrogate saw the highest number of pupils with SEN achieving KS2 (RWM) in 2019, 14% of the 43 children with an EHC plan achieving the expected standard in RWM, which again is consistent with the 3 year average.

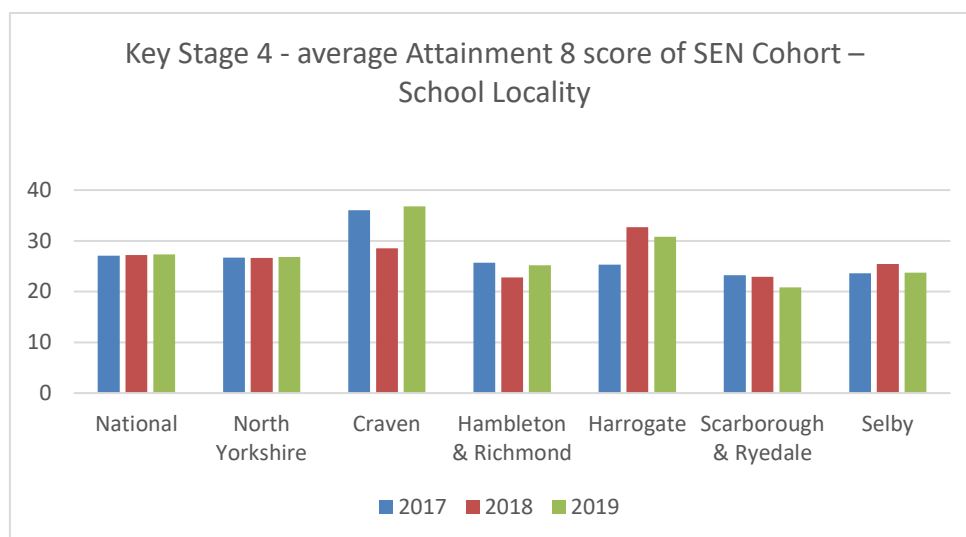


5. Attainment 8 – KS4

Attainment 8 is the average score achieved from 8 subjects. The subjects include: English (double weighted) maths (double weighted), three further qualifications that count in English Baccalaureate (EBacc), three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list. Headline accountability measures for secondary schools are: Attainment 8, Progress 8, attainment in English and mathematics at grades 5 or above, English Baccalaureate (EBacc) entry and the EBacc average point score. Because of changes to subjects and grading, users should be cautious when comparing data between years. (Source: Department for Education).

North Yorkshire has fallen slightly below the national average for the last 3 years.

Key Stage 4 - average Attainment 8 score of SEN Cohort – School Locality



There is a significant variance in the average attainment 8 score across the county. The highest figures are seen in Craven and Harrogate and lowest seen in Scarborough and Ryedale, this is consistent with the three year average.

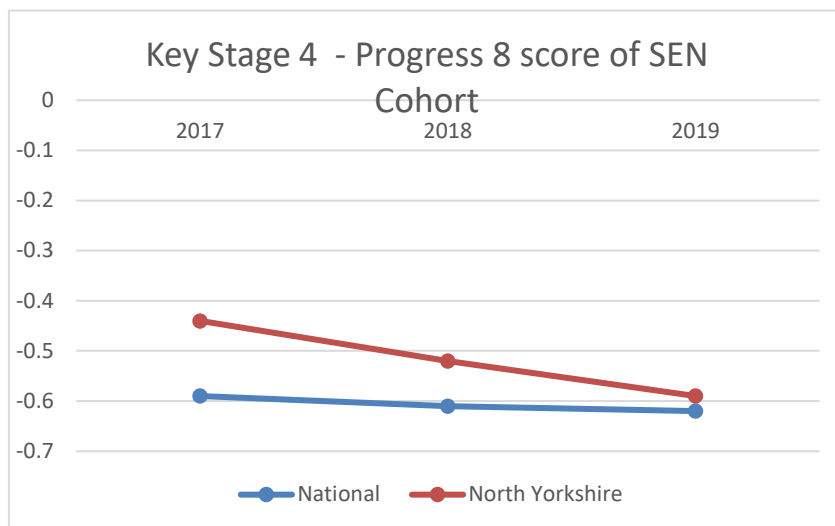
	2019 Cohort	2017	2018	2019
National		27.1	27.2	27.3
North Yorkshire	669	26.7	26.6	26.8
Craven	74	36.0	28.5	36.8
Hambleton & Richmond	171	25.7	22.8	25.2
Harrogate	192	25.3	32.7	30.8
Scarborough & Ryedale	172	23.2	22.9	20.8
Selby	60	23.6	25.4	23.7

In 2018/19 the average score for SEN in North Yorkshire was 26.8 (26.6 in 2017/18), Nationally it was 27.3 (27.2 in 2017/18). For non-SEN in North Yorkshire this was 51.3 (51.3 in 2017/18), Nationally it was 49.9 (49.8 in 2017/18).

Craven had the highest average score for the SEN cohort at Key Stage 4 amongst the 5 above localities in 2018/19 (36.8) for a cohort size of 74. Scarborough had lowest score (20.8) for a cohort size of 172.

6. Progress 8 (KS2 to KS4)

Progress 8 measures the progress a pupil makes between the end of primary school (Key Stage 2) to the end of secondary school (Key Stage 4) across eight qualifications. It compares pupils' achievement (Attainment 8 score) with the average Attainment 8 score of all pupils nationally. It is a relative measure therefore the national average score is close to zero. A negative score shows pupils have achieved a lower level of progress than their peers (i.e. if the score is -0.5, pupils are half a grade behind their peers). [Note: when including pupils at special schools the national average is not zero as Progress 8 scores for special schools are calculated using Attainment 8 estimates based on pupils in mainstream



schools. Progress 8 was adjusted in 2018 in order to take account of cases where extremely negative scores disproportionately affected school's overall progress score].

In 2019, Progress 8 scores of the SEN cohort are slightly higher but similar to the national average.

Key Stage 4 - Progress 8 score of SEN Cohort – School Locality

Progress 8 is a measurement of how well pupils progressed compared to their national peers between Key Stage 2 and 4.

In North Yorkshire the Progress 8 score of the SEN cohort was -0.59, a decrease from -0.51 in the previous year, the score for the Non-SEN cohort also dropped in this period from 0.22 to 0.18. Nationally the SEN score was -0.62 in 2018/19 (Chart 10).

The SEN cohort in Craven performs better than any other locality with a score of -0.30, with Scarborough/Whitby/Ryedale achieving a score of -0.96.

	2019 Cohort	2017	2018	2019
National		-0.59	-0.61	-0.62
North Yorkshire	669	-0.44	-0.52	-0.59
Craven	74	-0.48	-0.82	-0.30
Hambleton & Richmond	171	-0.65	-0.59	-0.70
Harrogate	192	-0.54	-0.19	-0.34
Scarborough & Ryedale	172	-0.51	-0.85	-0.96
Selby	60	-0.77	-0.69	-0.34

Looking at average Progress 8 scores, there is also a significant difference between the average Progress 8 score of pupils in receipt of SEN Support and those with an EHCP. The average progress score for pupils with an SEN Support being between 45% & 50% better than pupils with EHCPs, 47.5% in total for the past 3 years. The consistency in the difference of both Attainment 8 and Progress 8 scores between pupils with EHCP and in receipt of SEN Support could possibly (but unlikely) be indicative that the support being put in place as a result of EHCPs is not having the desired effect. It is much more likely that this is indicative that the needs of pupil's with EHCPs are significantly more complex than the needs of pupils in receipt of SEN Support, and it is this that is reflected in the numbers.

It is worth noting that, whilst there are considerable gaps between non-SEND Pupils, pupils in receipt of SEN Support and pupils with EHCPs, there are also considerable variations within the SEN Support and EHCP cohorts between 'need' groups. The chart below shows the Attainment 8 and Progress 8 outcomes for children with SEN based on their provision (EHC plan or SEN Support) in the academic year 2018/19. This is evidence of the considerable impact that they type of need, and the severity, can have on a pupil's ability to make progress in the 'conventional' way that is captured within the national measures of attainment and progress.

Primary Need	Attainment 8 by need			Progress 8		
	EHCP / Statement	SEN Support	Combined Average	EHCP / Statement	SEN Support	Combined Average
ASD	19.63	37.93	28.59	-0.81	-0.35	-0.58
HI	39.36	45.1	43.39	0.43	-0.19	-0.01
MLD	5.47	24.93	20.66	-1.18	-0.32	-0.51
MSI	29	42.5	35.75	-0.11	1	0.45
NSA		27.85	27.85		-0.87	-0.87
OTH	11.06	33.27	31.32	-1.11	-0.21	-0.29
PD	30.73	41.35	35.3	0.02	0.28	0.13
PMLD	2.86	24.5	4.3	-1.14	0.64	-1.02
SEMH	10.51	21.98	19.06	-1.53	-1.61	-1.59
SLCN	8.92	27.4	20.43	-1.11	-0.27	-0.59
SLD	1.76	28.75	3.02	-1.27	-0.63	-1.24
SPLD	18.84	32.33	31.92	-0.05	-0.04	-0.04
VI	42.95	57.12	51.45	-0.52	0.81	0.28
Overall Average	14.49	29.6	25.65	-0.97	-0.51	-0.63

7. Post 16 and Post 19

North Yorkshire has seen a noticeable increase in post-16 and post-19 SEND students over the past 3 years. In Jan 2020, there were 821 post-16/19 North Yorkshire EHCP students accessing an educational offer in or around the county compared to 642 in Jan 2018 (an increase of 28%).

Month / Year	Number of Post-16 EHCP Students	% Increase
Jan-17	559	-
Jan-18	642	15%
Jan-19	730	14%
Jan-20	821	12%

The number of Post-19 EHCP students has also increased from 172 in Jan 2018 to 307 in Jan 2020. This is an increase of 78% indicating that young adults with an EHCP are staying in education for longer.

There were 148 students (yrs 12-14) who attended Post-16 Special school provision in Jan 2020 compared to 134 in Jan 2018, an increase of over 10% in 2 years.

Tracking special school leavers has shown that 100% (year 11-14) have moved on to a positive destination within the last 2 years. This is a positive outcome for all involved. The table below shows the destinations of North Yorkshire special school leavers.

July 2019 Leavers (104)	July 2020 Leavers (82)
35% Further Education	38% Further Education
25% PLC	28% PLC
29% Post-16 Special School	26% Post-16 Special School
8% SPI	4% SPI
1% Supported Internships	2% Supported Internships
2% Health and Adult Services	1% EHCP discontinued
0% Moved out of area	1% Moved out of area

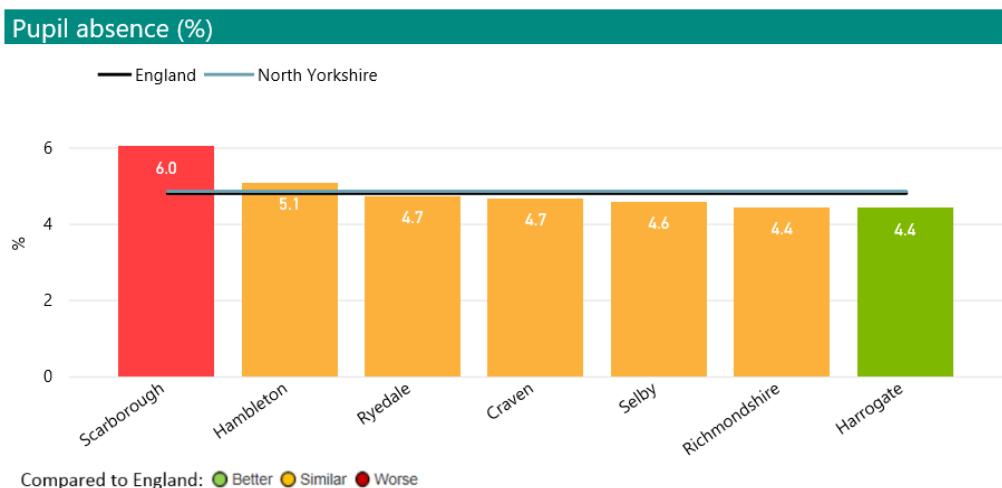
8. Young People Not in Education, Employment or Training (NEET)

The table below shows the education and employment status of young people with SEN (either having an EHC plan or SEN Support) in the 2017/18 academic year who were in Key Stage 4 in the 2016/17 academic year. 93% of the SEN cohort in North Yorkshire were in sustained education or some form of employment, a higher rate than the national rate of 90%. A higher proportion of this cohort were also in a sustained apprenticeship at this point, 6% compared to 4% nationally.

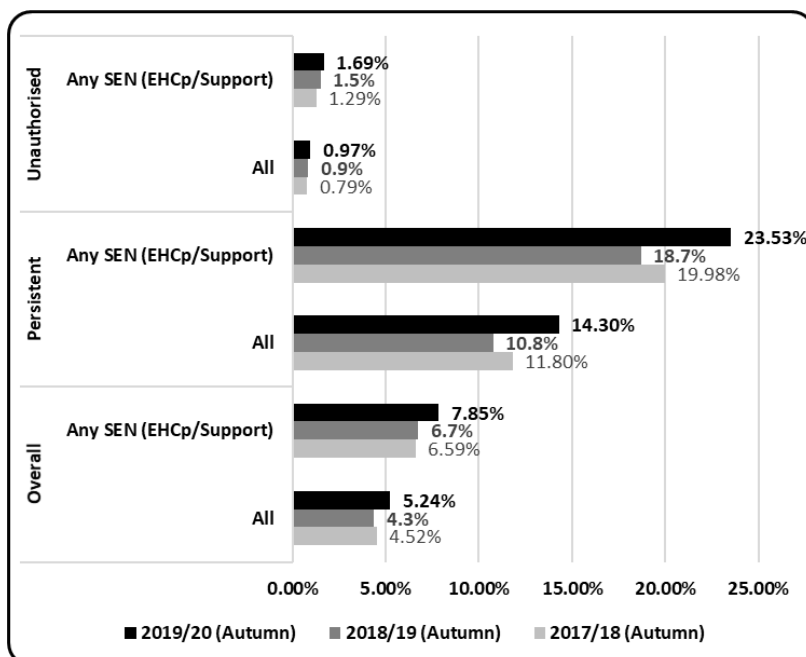
	Any sustained education or employment		Further education college or other FE provider		School sixth form - state funded		Sixth form college		Sustained apprenticeships		Sustained employment destination	
	SEN	non-SEN	SEN	Non-SEN	SEN	Non-SEN	SEN	Non-SEN	SEN	Non-SEN	SEN	Non-SEN
England	90	95	51	35	16	40	5	12	4	4	4	3
Yorkshire and the Humber	89	94	53	36	13	35	6	14	4	6	4	3
North Yorkshire	93	96	51	30	14	44	9	12	6	5	4	3

9. Absence and Exclusions

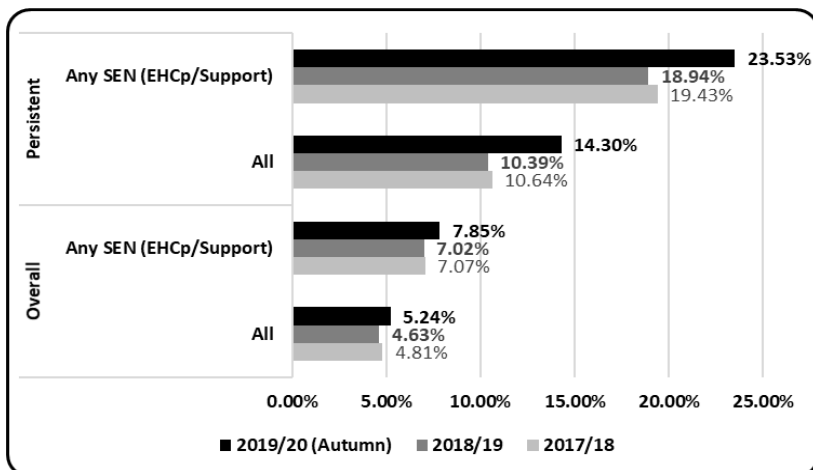
The proportion of half days missed by pupils due to overall absence (both authorised and unauthorised) in North Yorkshire is similar to England at 4.7%, and is similar to the Yorkshire & Humber average (5%). Harrogate has the lowest rate of pupil absence (4.4%), significantly lower than England. In contrast, Scarborough has the highest rate (6%), significantly higher than England. The proportion of overall absence has increased from 2013/14 to 2017/18 in the county, and this is in line with Yorkshire & Humber trends.



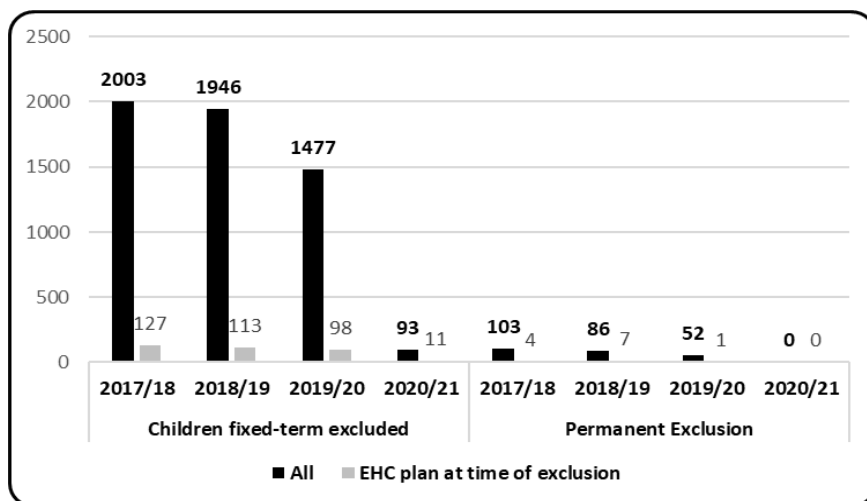
There was a slight drop in the rate of overall absence and children persistently absent from primary and secondary schools between 2017/18 and 2018/19. This was the case for the mainstream cohort as a whole and children. The winter months (Autumn term) of 2019/20 saw a typical rise in these rates for both cohorts.



The overall absence rate in North Yorkshire mainstream schools in 2018/19 was 4.63% for the whole cohort (National: 4.7%) and 7.02% for the SEN cohort (National: 6.6%). 10.39% of the whole cohort (National: 10.6%) were persistently absent in this period and 18.94% of the SEN cohort (National: 18.2%).



There have been fewer children being excluded from North Yorkshire mainstream schools over the past three years. In 2018/19, a total of 1946 children had been fixed-term



excluded, 2.4% of the mainstream school population, 113 of whom had an EHC plan in place at the time of exclusion. In 2019/20 this figure had dropped to 1477, 1.8% of the school population, 98 of whom had an EHC plan. In 2018/19, the national rate was 2.4%.

There has been a continuing decline in the number of children being permanently excluded. There was a 17% decrease in permanent exclusions from mainstream schools between 2017/18 (103) and 2018/19 (86).

Covid-19 Impact

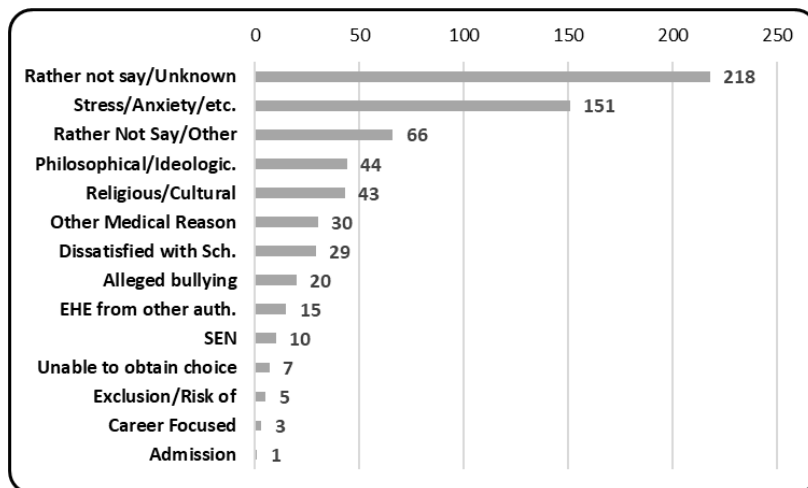
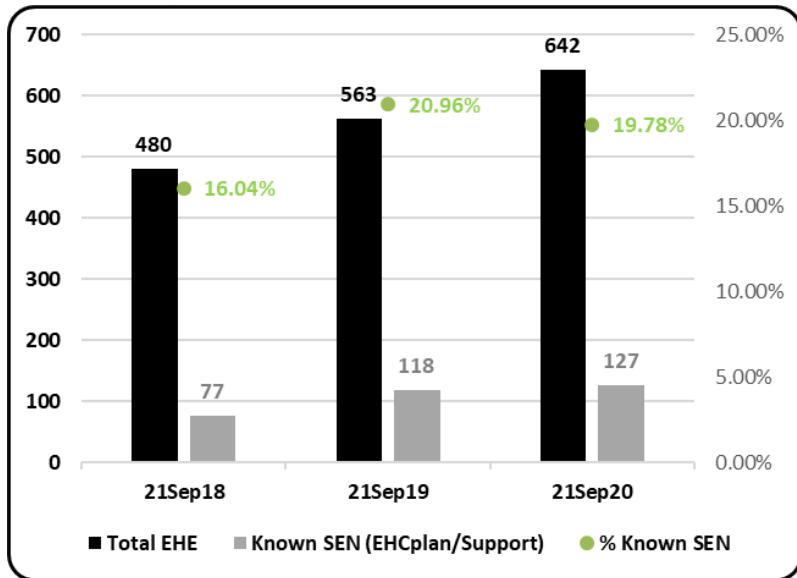
To the end of September in the 2020/21 academic year (end Q2 in 2020/21 financial year), there have been 168 children fixed-term excluded at least once and 1 permanent exclusion. In the same period of the 2019/20 academic year, there had been 298 children fixed-term excluded and 3 permanent exclusions.

To the point of lockdown (23rd March 2020), there had been 1463 children fixed term excluded from mainstream schools in 2019/20, slightly more than the 1425 seen to the same point in 2018/19. There had however been a decline in the number of permanent exclusions, 51, compared to 57 in 2018/19. At that rate, we would have expected approximately 77

permanent exclusions in 2019/20 (down by 9 on the previous year), there were however only 52 in total.

10. Elective Home Education

There were 642 children recorded as Electively Home Educated (EHE) in North Yorkshire as of 21st September 2020. An 18% increase on the same time in the previous year. This figure does not include those children being educated at home due to Covid-19. Over the past two years, an average of approx. 20% of children recorded as EHE were known to have previously had some SEN provision in school (i.e. EHC plan or SEN Support). The increase in children recorded as EHE and formerly being in a mainstream school in North Yorkshire has however been marginal, increasing from 507 in September 2019 to 519 in September 2020.



Of the 642 children recorded as EHE in September 2020, 151 (23.5%) were EHE for the reason of 'Stress/Anxiety' (where known). Only 10 children are recorded as being EHE for the reason of SEN, there are however 30 children recorded as being EHE for a medical reason.

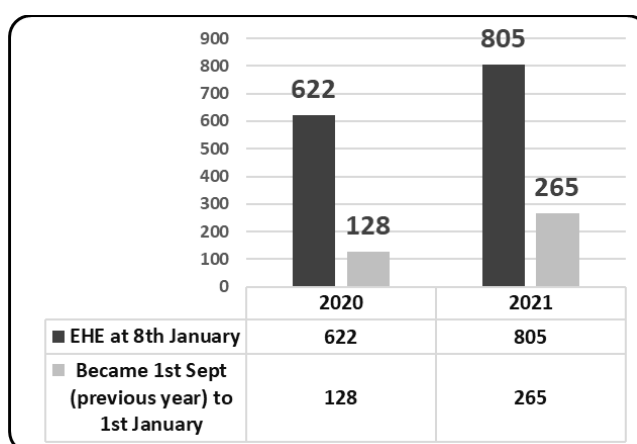
A small proportion of children who receive a new EHC plan in North Yorkshire are home educated at the time of receiving their plan, only 4 in 2019/20, down from 7 in both 2017/18 and 2018/2019.

New EHC plans issued in:	Academic Year			
	2017/18	2018/19	2019/20	2020/21 to end Dec 2020
EHE at time of issue	7	7	4	2

Covid-19 Impact and response

Since the re-opening of schools in September 2020, we have seen a significant increase in the number of children Electively Home Educated. At 1st January 2021, **805** children were Electively Home Educated, compared to 622 at the same point in 2019 (+29%).

This has continued to be driven by a significant increase in the number of children becoming EHE since schools reopened. As of 8th January 2021, **265** children became EHE in the 2020/21 academic year, more than twice as many in the same period last year (128).



As of the end of 2020 we have spoken to 175 families who have chosen to electively home educate since 01/09/20 (8 declined to talk to us, and the remainder have either not responded on the contact details we have or have come in too recently for us to speak to them yet).

48% (84) of families stated that Covid was a factor in deciding to home educate.

Of those:

Reason	Number	% of total EHE where Covid a factor
anxiety over future infection	49	58%
that home education had gone well over lockdown so they decided to continue	19	23%
felt that their child's anxieties had been heightened over lockdown, and the child was too anxious to return to school in September	9	11%
disagreed with the way that schools were (or their particular school was) handling the return in September	9	11%
74% (n=62) said that they would like their child to resume school-based education once they family feel it is safe to do so.		

11. Key Findings

- Persistent gap in attainment between pupils with SEND and their non-SEND peers throughout a child's academic journey from Early Years right the way through to GCSE and beyond.
- At Key Stage 2, the gap is most profound writing with the SEN attainment being 57.9% lower than non-SEND attainment.
- Fewer than 2 in 10 children with SEND at Key Stage 2 achieve the expected standard in Reading, Writing and Maths, compared to more than 7 in 10 non-SEND pupils.
- Fewer than 3 in 20 children with SEND achieve the grade 5 or higher in the 'basics' at GCSE.
- Over the past 3 years, the gap in progress 8 scores between SEND pupils and non-SEND pupils has grown.
- There is a significant and persistent gap between the countywide absence rate and the absence rates of pupils in receipt of SEN Support and EHCPs.
- One in 4 pupils with an EHCP were persistently absent in 2019 (i.e. missed at least 10% of possible sessions).
- More than twice as the proportion of pupils in receipt of SEN Support were persistently absent in Secondary Schools (26.56%) than in Primary Schools (12.43%).

12. Conclusions

Variation in attainment of the SEN Cohort across the county

There is observed variation in attainment between geographical areas in North Yorkshire. For example, In 2018/2019, Hambleton and Richmondshire saw the highest number of children with SEN achieving a GLD (29.8%), the lowest level was seen in Craven where only 10.7% of children achieved a GLD.

This variation continues into Key Stage 2, none of the 22 children with an EHC plan in schools in Craven achieved the expected standard in 2018/19.

However, at Key Stage 4, the highest attainment is seen in Craven and Harrogate and the lowest seen in Scarborough and Ryedale.

North Yorkshire County Council has gone some way in addressing this variation through the introduction of School Locality boards across five different geographical areas. The Boards represent a partnership between leaders from education settings and the local authority. The function of the boards is to promote inclusion, school improvement and the sharing of good practice with the ultimate aim of maximising outcomes for children and young people.

The Boards will also identify priorities for further development and improvement, which will be described in an annual plan of activity.

Each locality board will benefit from an allocation of funding from the local authority to support the activity of the Board.

An increasing population of young people with Education Health and Care plans requiring Post-16 provision

There has been an increasing population of children with an Education, Health and Care plan in post -16 and post-19 education with an 8% increase seen in those attending further education course between 2017 and 2018. In response to this demand, a broader range of post 16/post 19 provision is now available for children in North Yorkshire with special needs across a larger number of providers.

There is ongoing development of post 16 options in terms of further education and employment pathways in partnership with the Adult Learning and Skills Service and resources team. The need has also been identified to improve tracking of the destinations of children leaving education and improving outcomes for those young people identified as NEET.

There is an ongoing review of a 6th form offer in special schools in the county, to address demand for post-16 provision. We have also consulted on and implemented a system for joint funding provision between Children and Young People's Services and Health and Adult Services for young people post -19 with EHCPs in five-day provision.

Exclusions and Attendance

Permanent exclusions from schools have steadily reduced over the course of the past few years. However, the number of children who have been excluded for a fixed period has hovered around 2000 per academic year or 2% of the school population, similar to the national rate. The only reduction in the number of children being fixed-term excluded was observed during the Covid-19 outbreak and the shutting of schools.

Children who are recorded as having SEN form a small proportion of the total number of children excluded, approximately 2% of the total in the past few years.

Action undertaken by the local authority to reduce the use of exclusion includes:

The Ladder of Intervention approach has been developed by North Yorkshire County Council and partners to provide early intervention for vulnerable children, those recorded as SEN (including those demonstrating Social, Emotional and Mental Health needs), looked after children and children from disadvantaged backgrounds.

It supports families and schools through the early identification of needs, training in the early help process, implementing 'signs of safety' methods, solution focussed interventions,

implementing a partnership approach to risky adolescent behaviour, improving attendance and inclusion and exploring the use of shared IT systems to capture early help activity and outcomes.

Reconfigured model of the PRS from September 2020 to provide preventative AP places for children at risk of exclusion.

Targeted provision forms part of the response to children with EHCPs who otherwise would not be in a position to attend mainstream schooling and to this end seven North Yorkshire Alternative Provision locality panels have been established. Young people who are at risk of exclusion can access support from a North Yorkshire Alternative Provider via referral through the local area inclusion panel. This support can be tailored to meet the needs of the individual young person and will include assessment, intervention and support and guidance on reintegration back to mainstream school.

Elective Home Education

There has been a significant increase in the number of parents electing to home educate their children in North Yorkshire, rising to 805 at the beginning of January 2021, a 30% increase on the same point of 2020. The Covid-19 outbreak and the closing of schools can be considered to be a factor in this recent surge of EHE but a steady increase was already clear before that period.

North Yorkshire CYPS has made considerable inroads into identifying the causes of parents choosing to and developing a system for schools to notify that children are becoming home educated so that the service can provide guidance and support to parents. However, further analysis of any special needs of those children becoming EHE is required, particularly the further development of the IT systems used in the recording of the needs of the child or concerns of the parents, as a proportion of new EHE cases have an unknown reason.

Response and pathway out of Covid

As part of the response to the Covid outbreak, North Yorkshire Council has had to work closely with schools to monitor the attendance and safety of vulnerable children. This has required considerable investment in monitoring systems for school absence, exclusions and parental choices to home educate, including the development of analysis tools to monitor each of these areas.

It will be important to share information and learn from this experience so that not only the council but also partners can further develop our understanding of how this data can be used, to promote positive outcomes for all children and to fulfil our duties in collaboration.

Maintain the Continuum of Education through local provision

The implementation of a localised approach to specialist provision in North Yorkshire was introduced in 2019. Central to this approach is the maintenance of the continuum of education, including universal, targeted and specialist provision. Our aim is that through early identification and intervention for children and young people more can receive their education and achieve good outcomes in mainstream schools, and fewer will need specialist provision but for those who do require support the goal is that they are able to attend a school or provision locally, as close to their home as possible, where they can make friends and be part of their local community.

The development of this approach to SEND Education Provision in North Yorkshire is underpinned by our Strategic Plan for Education Provision 0-25 2018-23 (the Strategic Plan). During 2017 and 2018 we worked closely with parent, carers, children, young people, schools and other professionals to gather views on how education for children and young people with SEND is provided. This included a public consultation during May and June 2018.

Locality Boards have been established in each locality, partnership between the local authority and 0-25 providers to identify areas of development for SEND and Inclusion and to work collectively to address the priorities.

13. Next Steps

Variation in attainment of the SEN Cohort across the county

- Reports describing attainment at locality, NY and national to be produced and discussed in Locality Board meetings in April/May. The Boards will be able to identify priorities for action in their area and utilise their funding entitlement for 21/2 to support activity. Further analysis of the reasons for the variability in attainment of the SEN cohort across geographical areas within the county will also be undertaken. This analysis will identify reasons for historic trends in attainment gaps for the SEND cohort not just regionally but also across age groups and will explore school staff and pupil turnover, Ofsted outcomes and the demographic picture of the SEND population across North Yorkshire.
- The well-established SENCo network in North Yorkshire will continue to assist schools in the early identification of special needs of children in schools and will work closely with School Improvement to implement best practice.

An increasing population of young people with Education Health and Care plans requiring Post-16 provision

- Further work to be undertaken to ensure the continuum of provision to support post 16 and post 19 learners is appropriate and support transition into independence.

- Analysis of 3 year trend of destination data for post 16 and post 19 learners to be undertaken to identify gaps in provision.
- Lived experience review to be undertaken with a selection of post 16 and 19 learners
- Pathways to employment reviewed to increase opportunities for internship and work related opportunities

Exclusions and Attendance

- Establish the revised CYPS directorate wide governance arrangements for oversight of inclusion in education performance indicators
- Drive to ensure that all schools are utilising group call to ensure the LA has oversight of all attendance.
- Development of preventative AP offer in PRS to be embedded now schools have reopened post COVID and impact evaluated.
- Further analysis to be focussed on primary exclusion to work collaboratively with head teachers to agree joint approaches to support children at risk. This will build further on the interventions from the SEND Hubs, and the intensive support pathway.
- Locality Inclusion Panels to ensure oversight of children at risk and agree intervention, managed moves or time limited places in Targeted Provisions.

Elective Home Education

- Review undertaken in 2019 and recommendation of the review to be embedded in 2021 in accordance with the action plan.

Post-Covid

- Attendance of children to be closely monitored post lock down including attendance of vulnerable groups

Maintain the Continuum of Education through local provision

- SEND Strategic Plan for Educational Provision (2018-23) delivered to ensure SEND is future proofed in North Yorkshire

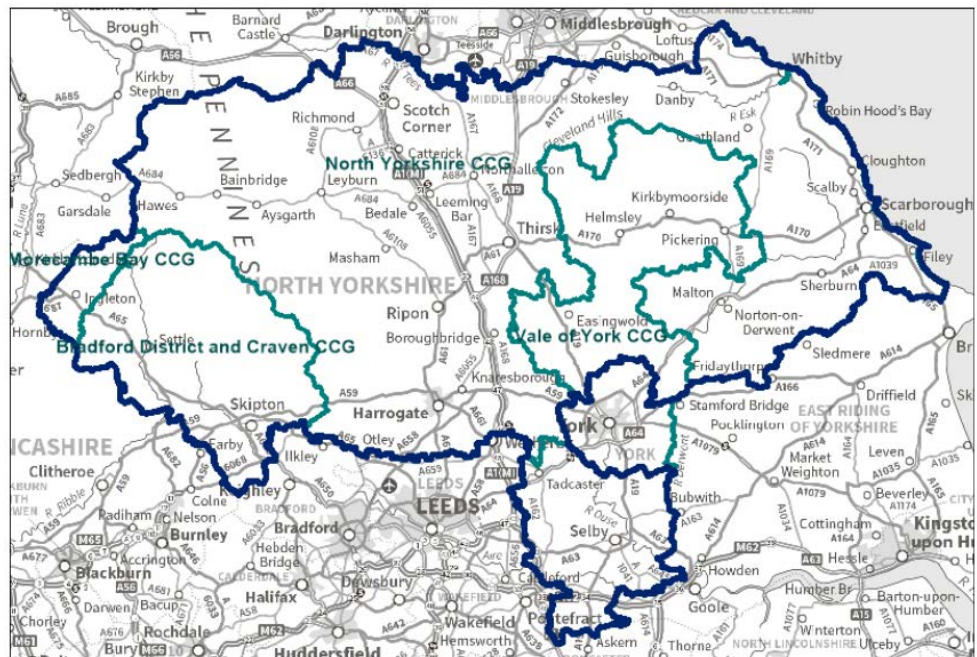
Joint Strategic Needs Assessment Special Educational Needs and Disabilities

Health

Introduction

This chapter provides health data for children and young people aged 0-25 years, commissioned by North Yorkshire Clinical Commissioning Group, Vale of York Clinical Commissioning Group, Bradford District and Craven Clinical Commissioning Group and Harrogate District Foundation Trust. Currently primary and secondary health care (CCGs/NHS) do not record patients with SEND therefore it is not possible to provide health data for this particular cohort, data for the total 0-25 years population is provided.

The JSNA takes into account and reflects the complex health demographics with three legally responsible clinical commissioning groups (North Yorkshire, Vale of York and Bradford District and Craven) who procure services from a range of health providers across a diverse landscape of geography and population health needs of North Yorkshire.



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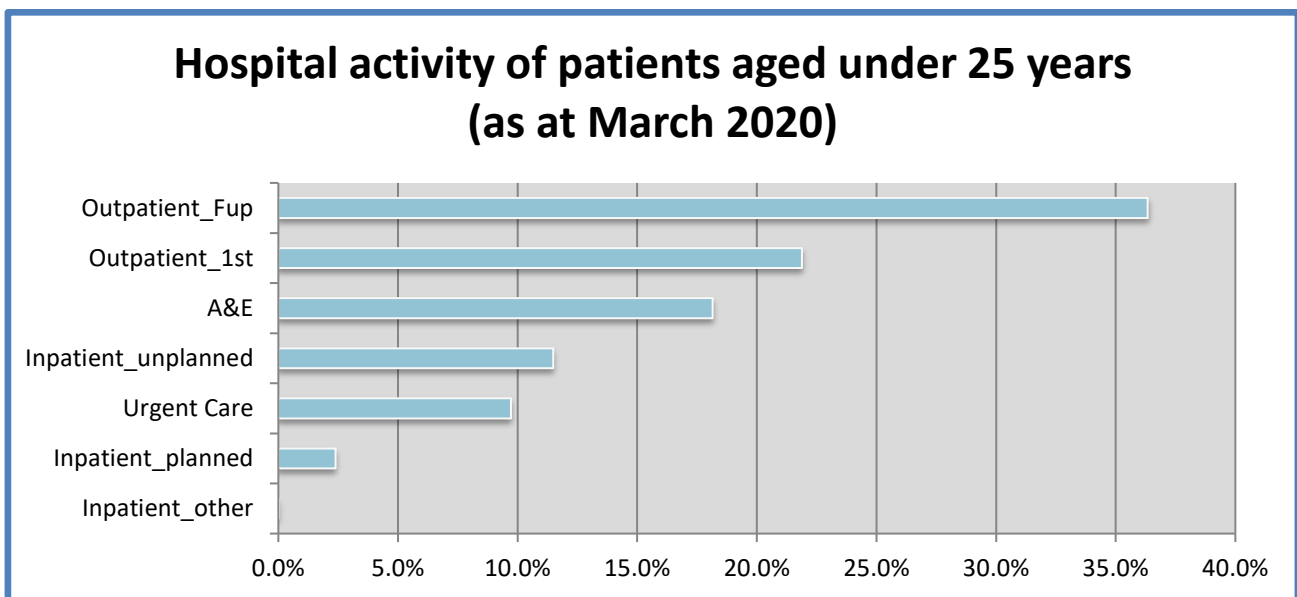
- 1.1 Hospital Activity
- 1.2 Emergency Admissions
- 1.3 Outpatients
- 1.4 Antenatal and Newborn Screening Programme
- 1.5 Neo-natal Admissions
- 1.6 Healthy Child Program
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2. Conclusions

3. Next Steps

1. Health Data

1.1 Hospital Activity (not SEND specific)



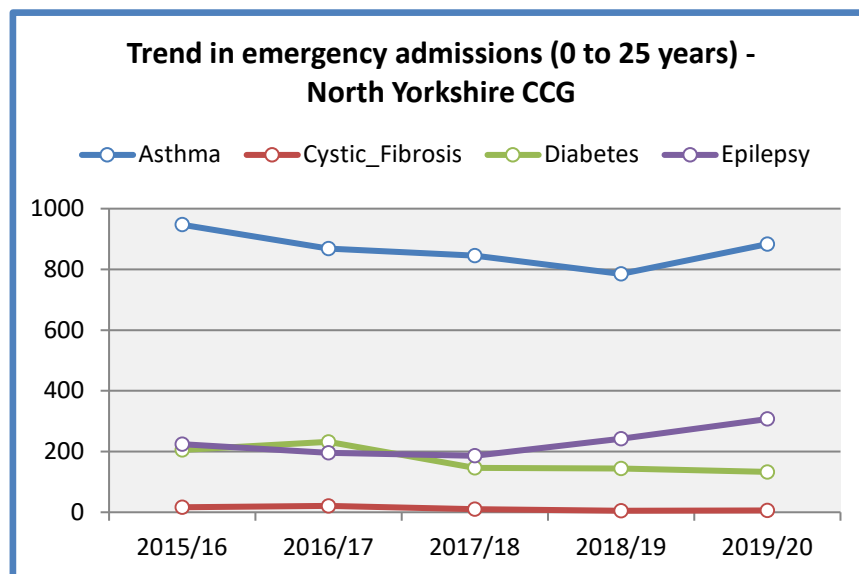
North Yorkshire CCG

- **Outpatient_1st** – Attendance in an outpatient clinic where the attendance is the only appointment or the first appointment in a series
- **Outpatient_Fup** – Follow-up Attendance in an outpatient clinic where the attendance is on the same pathway but subsequent to a first attendance
- **A&E** – An attendance at a type 1 consultant led Accident and Emergency department
- **Inpatient unplanned** - Where the patient’s admission is not planned, including emergency admissions and admissions for maternity, births, and non-emergency patient transfers.
- **Urgent Care** – Attendance at a type 3 Urgent Treatment Centre which may not be consultant led
- **Inpatient_planned** – Admission where the patients care is planned either with an overnight stay (ordinary elective admission) or without (day-case admission)
- **Inpatient_other** – Regular day or night admission onto a ward for an ongoing regime of broadly similar treatment

The most common reason for under 25’s to attend the hospital is for Outpatient appointments accounting for 58.2% of activity (initial and follow up appointments). 18.2% of hospital attendances were via A&E.

1.2 Emergency Admissions

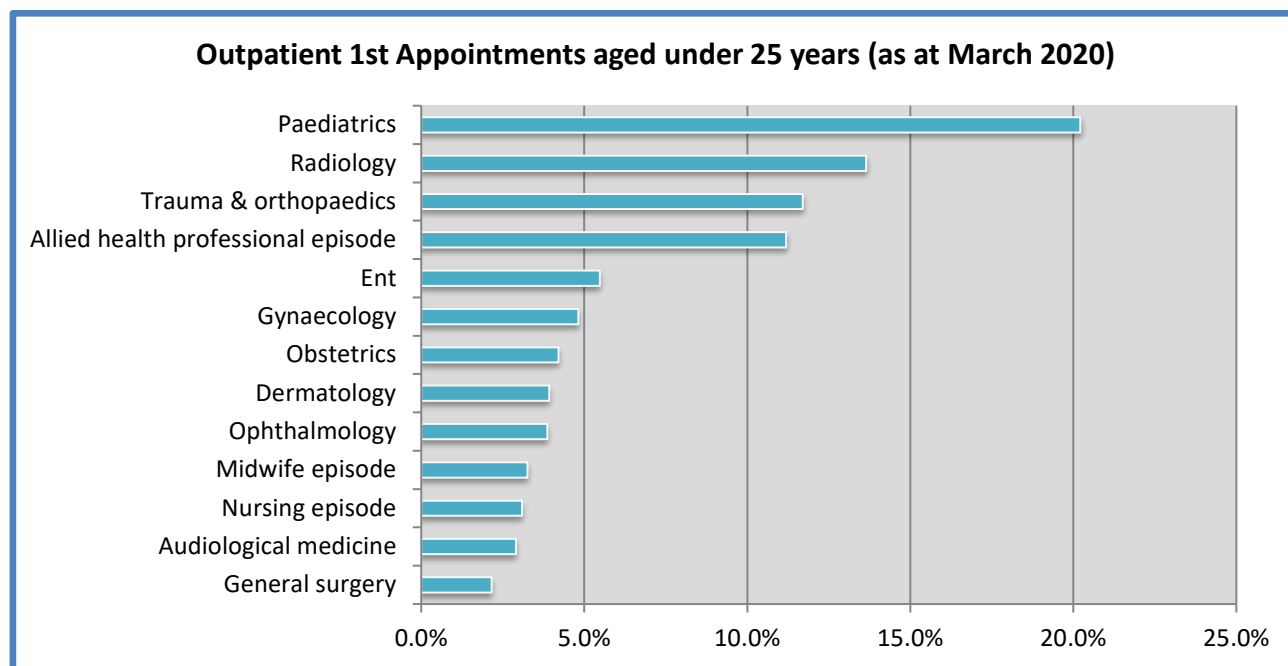
A&E activity is costly and sometimes preventable however the number of emergency admissions nationally has been rising for a number of years. Emergency admissions data can give an indication of wider determinants of poor health.



The most emergency admission for U25’s in North Yorkshire CCG are due to Asthma, a consistent trend over the last 5 years. Emergency admissions for Diabetes and Cystic Fibrosis have seen numbers reduce over the last few years; however emergency admissions for Epilepsy have increased. Interestingly, emergency admissions for Asthma were showing a reducing trend until 2019/20 where

there was a sharp increase, this may have been an impact of the Coronavirus pandemic although we may have expected to see similar patterns for other respiratory conditions such as Cystic Fibrosis which is not the case here.

1.3 Outpatients



North Yorkshire and Vale of York CCG

As of March 2020, Paediatrics accounted for over 20% of first appointments for CYP under 25 years with Radiology, Trauma & orthopaedics and Allied Health Professional episode all falling between 10—15%.

1.4 Antenatal and Newborn Screening Programmes

NHS England and NHS Improvement and Public Health England work together as a public health team working to deliver the Section 7a agenda. The North Yorkshire & Humber Screening and Immunisation Team (SIT) is a team of Public Health professionals employed by Public Health England and embedded in NHS England and NHS Improvement who work alongside the commissioners within NHS England and NHS Improvement North East and Yorkshire. The SIT work closely with all the system partners including North Yorkshire County Council Public Health.

Local NHS England and NHS Improvement have worked with CCGs to embed the national antenatal and newborn screening programme service specifications within the main contract that CCGs hold with trusts for the maternity pathway. This enables NHS England and NHS Improvement locally to be an associate commissioner where the screening pathway is being paid for as part of the maternity contract.

- Screening Tests are offered to women during their pregnancy and after their baby is born.
- Screening tests are used to find people at higher chance of a health problem. This means they can get earlier, potentially more effective, treatment or make informed decisions about their health.
- Screening tests are not perfect. Some people will be told that they or their baby have a higher chance of having a health condition when in fact they do not have the condition.

- Also, a few people will be told that they or their baby have a lower chance of having a health condition when in fact they do have the condition

The following programmes are commissioned by NHS England and NHS Improvement and national key performance indicators (KPIs) are used as measures of quality within the programmes; NHS Infectious Diseases in Pregnancy Screening Programme (hepatitis B, HIV and syphilis), NHS Fetal Anomaly Screening Programme - Screening for Down's, Edwards' and Patau's Syndromes (Trisomy 21, 18 & 13), NHS Fetal Anomaly Screening Programme - 18+0 to 20+6 weeks fetal anomaly scan (screening for 11 physical conditions (20-week scan), NHS Sickle Cell and Thalassemia Screening Programme (screening for inherited conditions (sickle cell, thalassaemia and other haemoglobin disorders), NHS Newborn Blood Spot Screening Programme (blood sample to find out if a baby has 1 of 9 rare but serious health conditions), NHS Newborn Hearing Screening Programme (identifies babies who have permanent hearing loss as early as possible), NHS Newborn and Infant Physical Examination (screening tests to find out if your baby has any problems with their eyes, heart, hips and, in boys, testicles (testes))

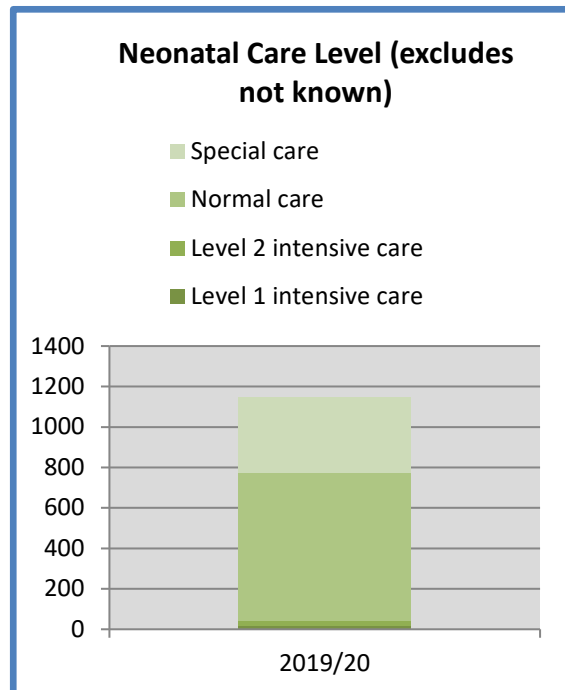
The Screening Quality Assurance Service (North) also have an oversight of the programmes as part of the national structure. They provide scrutiny and advice to the commissioners and the trusts. As part of this process the Screening Quality Assurance Service conduct an external quality assurance visit every 3-5 years. This enables trusts to improve on quality and share learning.

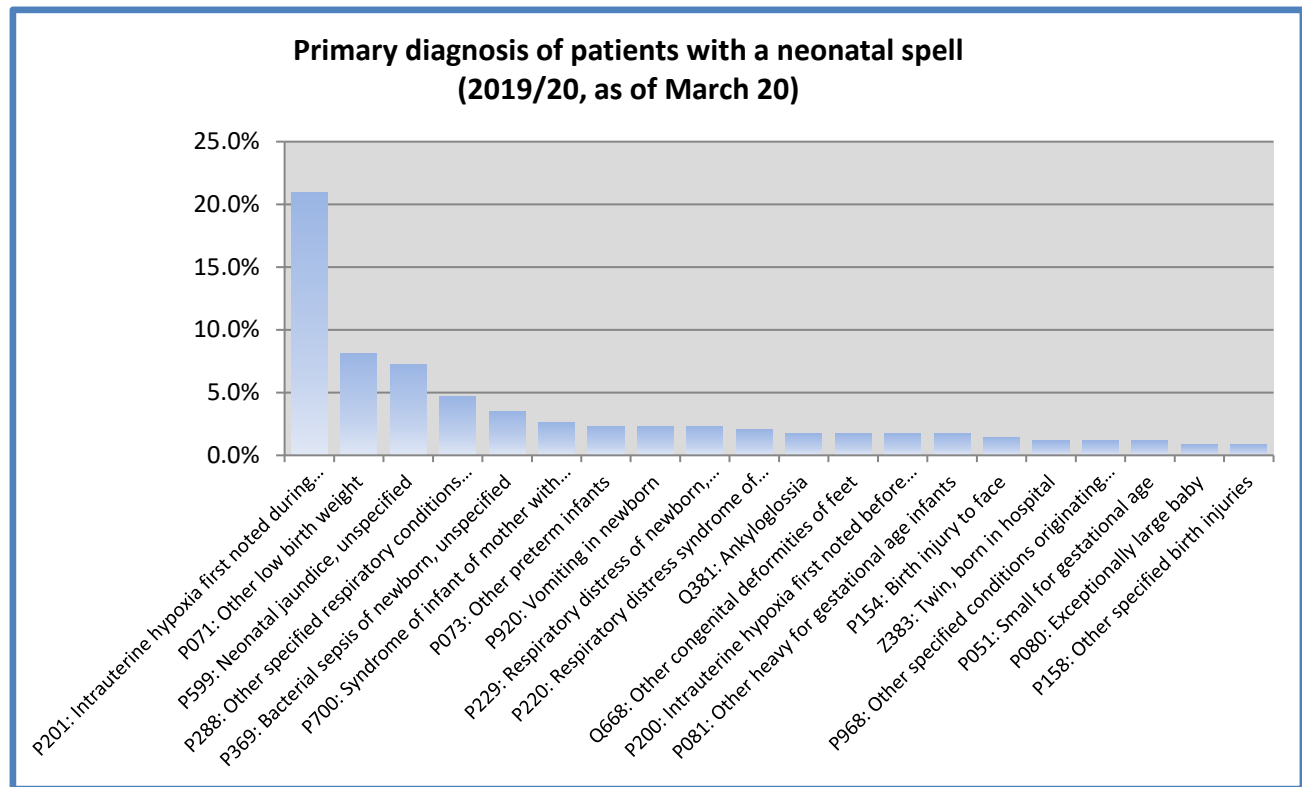
1.5 Neo-natal Admissions

In North Yorkshire 63.4% of newborn babies receive normal care after birth. 32.7% of babies receive special care and 3.8% require level 1 or 2 intensive care.

The most common primary diagnosis for patients with a neonatal spell is Intrauterine Hypoxia (21%) this occurs when the foetus is deprived of an adequate supply of oxygen. It may be due to a number of reasons, such as, a prolapse of the umbilical cord, placental infarction and maternal smoking. Oxygen deprivation in the foetus and neonate have been implicated as either a primary or as a contributing risk factor in numerous neurological and neuropsychiatric disorders such as epilepsy, attention deficit hyperactivity disorder, eating disorders and cerebral palsy.

In addition to this a primary cause of 'other low birthweight contributes' to 8.1% and 'neonatal jaundice' contributes to 7.3% of patients with a neonatal spell 2019/20.

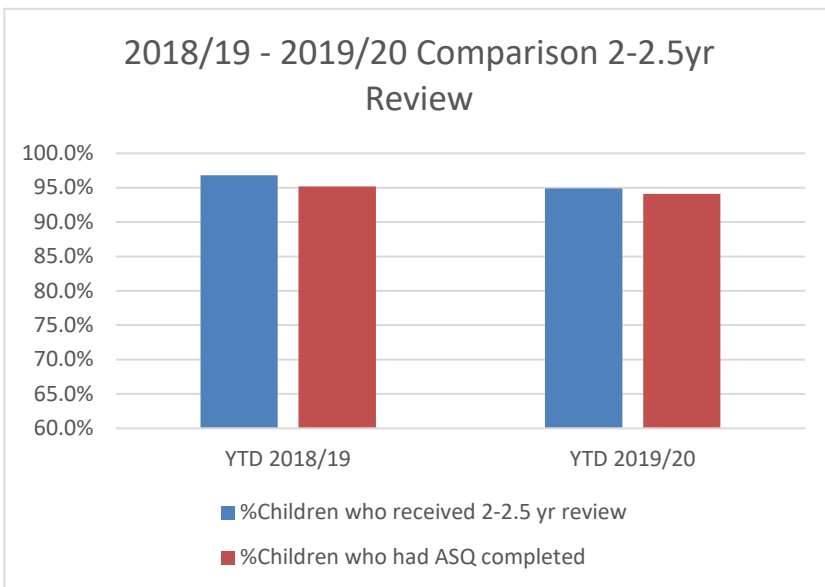




North Yorkshire and Vale of York CCG

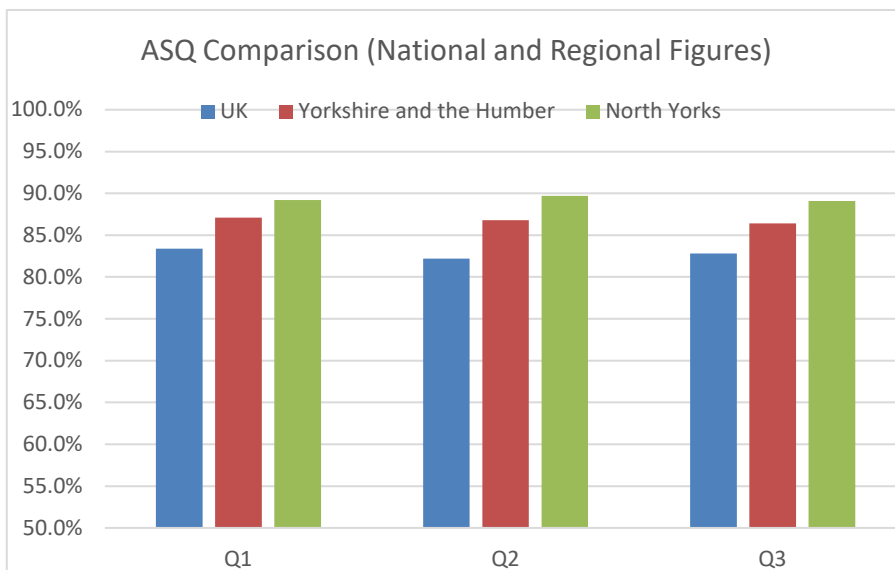
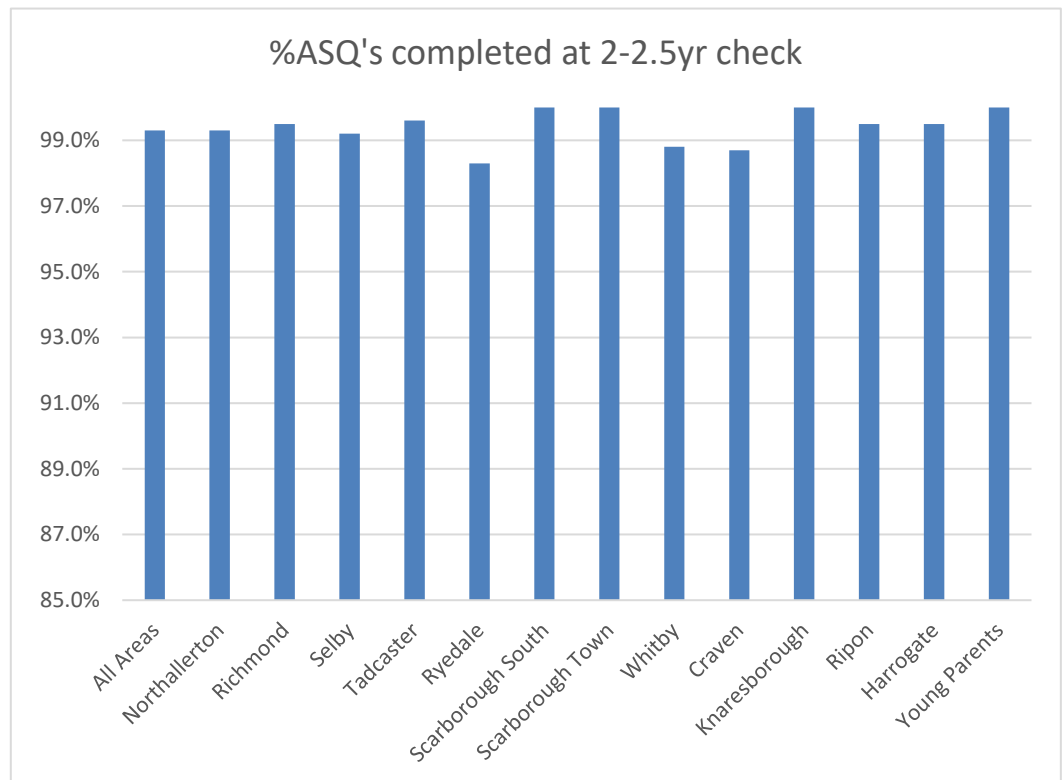
1.6 Healthy Child Program

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 Healthy Child Team carries out the ASQ as part of the 2-2.5 yr review. In 2018/19 95.2% of children had an 2-2.5 year review and 4.8% of children did not, this equates to 234 children. In 2019/20 94.1% of children had a 2-2.5 year review and 5.9% of children did not (267 children). This is a 1.1% decrease on the previous year.

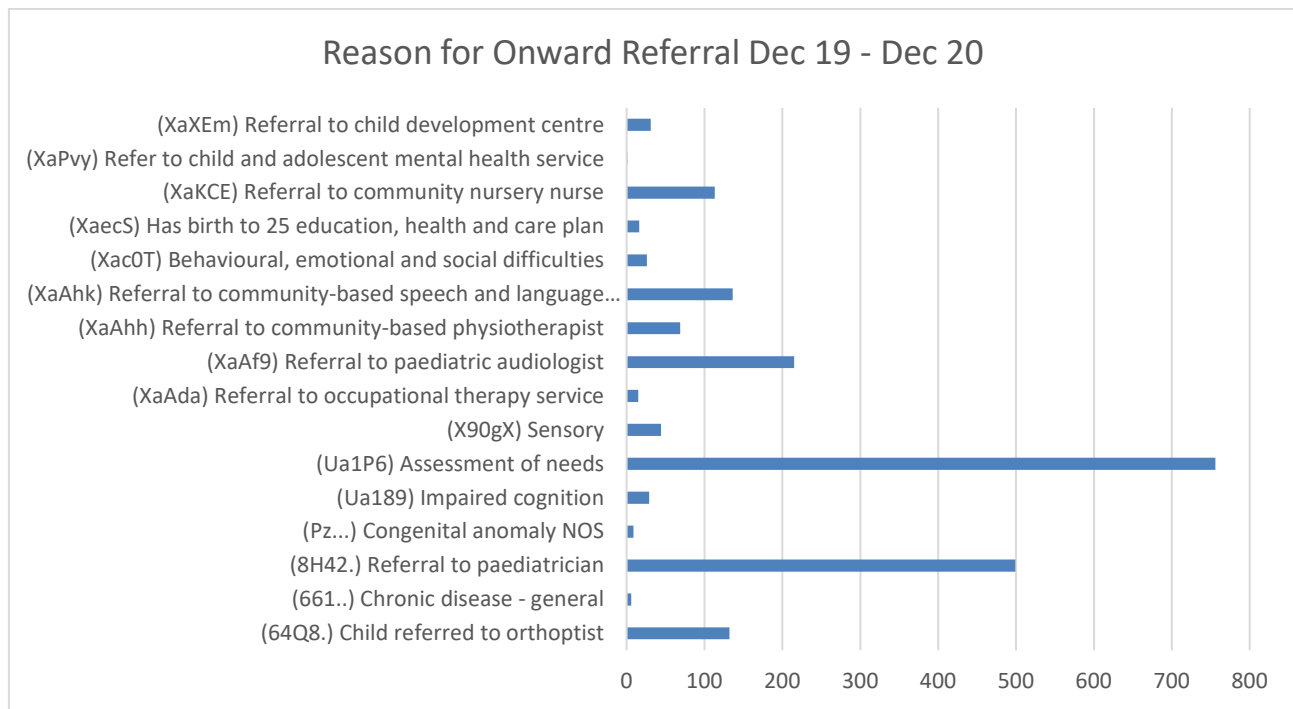
When we look at the number of ASQ's completed at the 2-2.5yr review from a local level, three localities (Scarborough South, Scarborough Town and Knaresborough) completed ASQ's at 100% of all 2-2.5yr checks completed during 2019/20. Ryedale, Craven and Whitby had the lowest percentage of ASQ's completed at 2-2.5yr check (98.3%, 98.7%, 98.8%)



The number of children assessed as being above threshold in all areas of development in North Yorkshire were consistently above the National and Regional (Yorkshire and the Humber) averages in all quarters 2019/20, an average of 6.5% above national and 2.5% above regional.

The most common onward referral

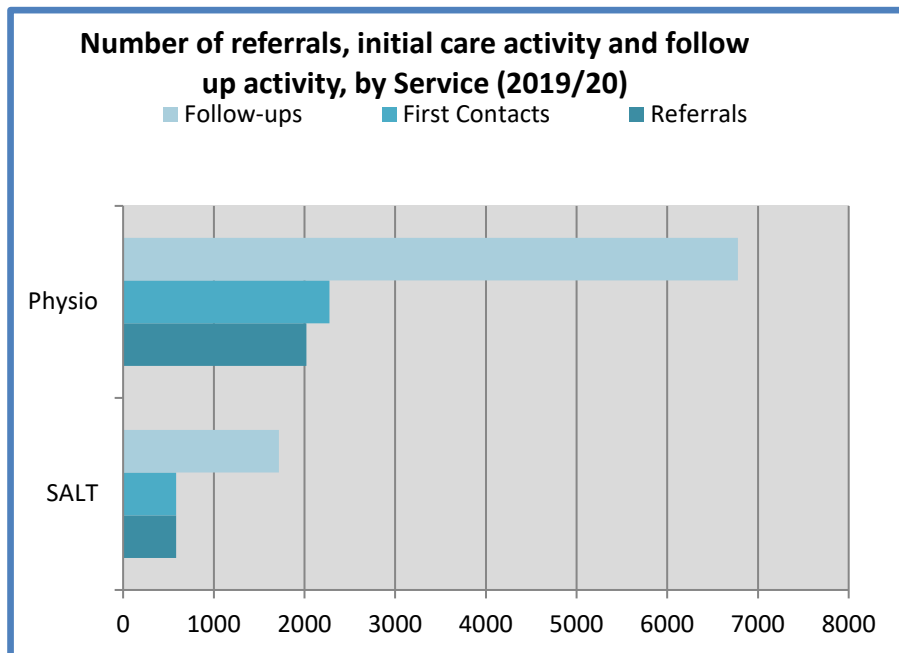
following a contact from the Healthy Child Team is a referral for an assessment of needs, this is followed by a referral to paediatrics.



1

The most common onward referral following a contact from the Healthy Child Team is a referral for an assessment of needs, this is followed by a referral to paediatrics.

1.7 Community Services



Physiotherapy received 2020 new referrals, 2274 children received a first contact and 6779 follow up appointments took place in North Yorkshire and Vale of York CCG in 2019/20.

Speech and Language Therapy received 583 new referrals offered 583 first contacts and carried out 1716 follow up appointment during the same period.

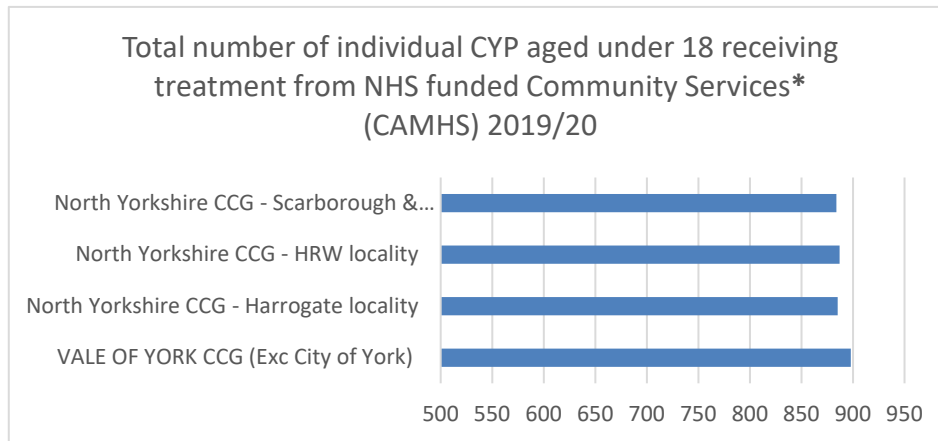
Data relating to Audiology and Occupational Therapy is not readily available at this time.

2

¹ Harrogate District Foundation Trust (HDFT)

² North Yorkshire and Vale of York CCG

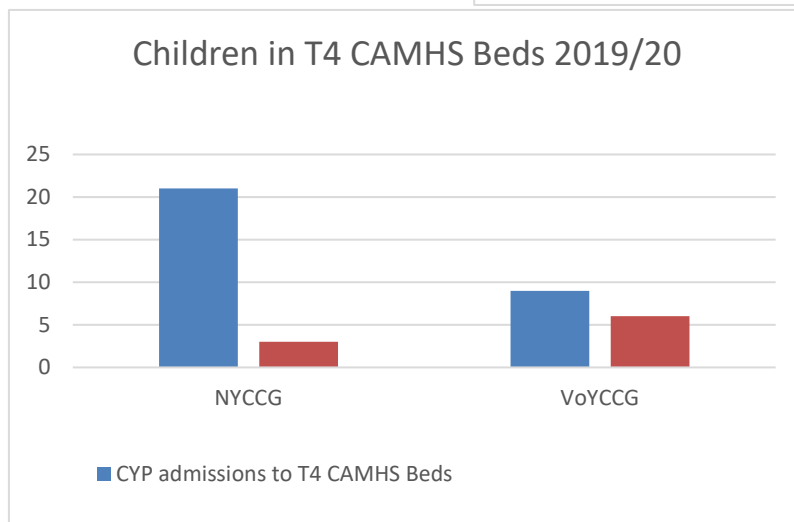
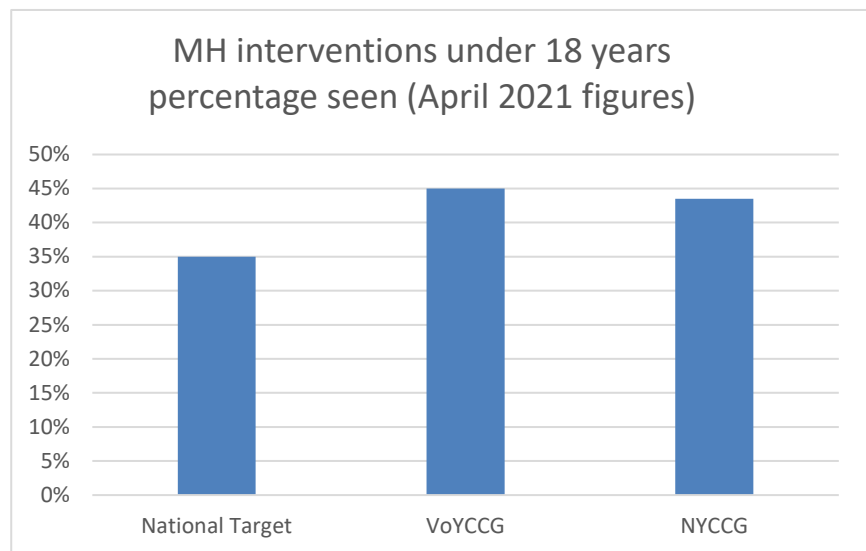
1.8 Mental Health Services



3554 CYP received treatment from mental health services during 2019/20, the figures seen across 4 CCG localities are fairly consistent with only a difference of 14 CYP between the highest and lowest figures.

In the Vale of York area 45% of children are currently seen, in the NYCCG area we see a similar figure of 43.5%.

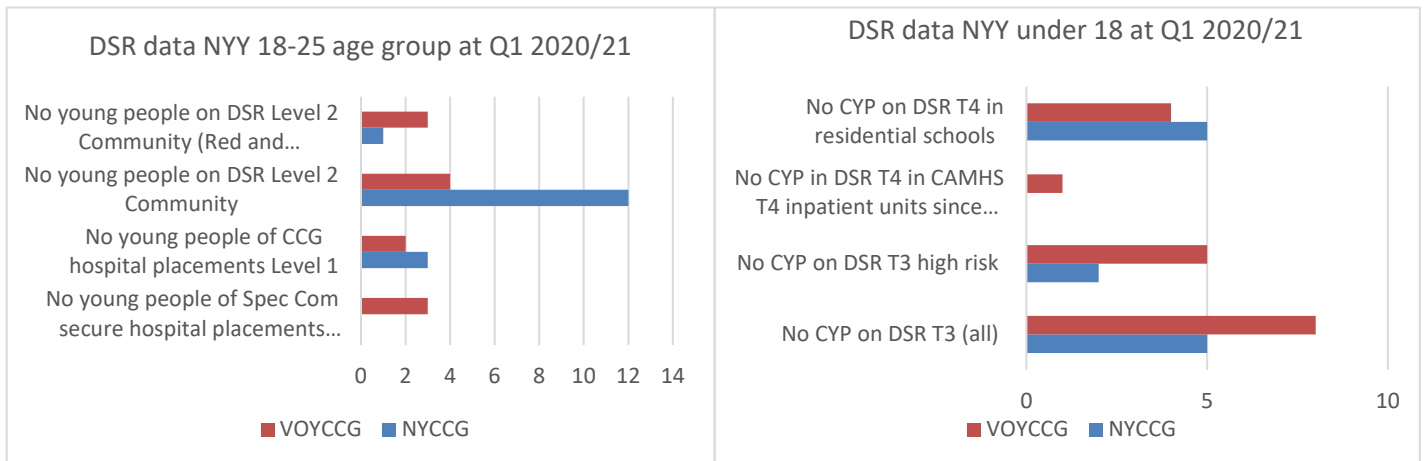
Both VoYCCG and NYCCG have considerable higher rates than national target.



During 2019/20 NYCCG saw 21 admissions to tier 4 CAMHS beds and 3 admissions to tier 4 beds out of the TEWV footprint.

During the same period VoYCCG saw 9 admissions to tier 4 CAMHS beds and 6 admissions to tier 4 beds out of the TEWV footprint.

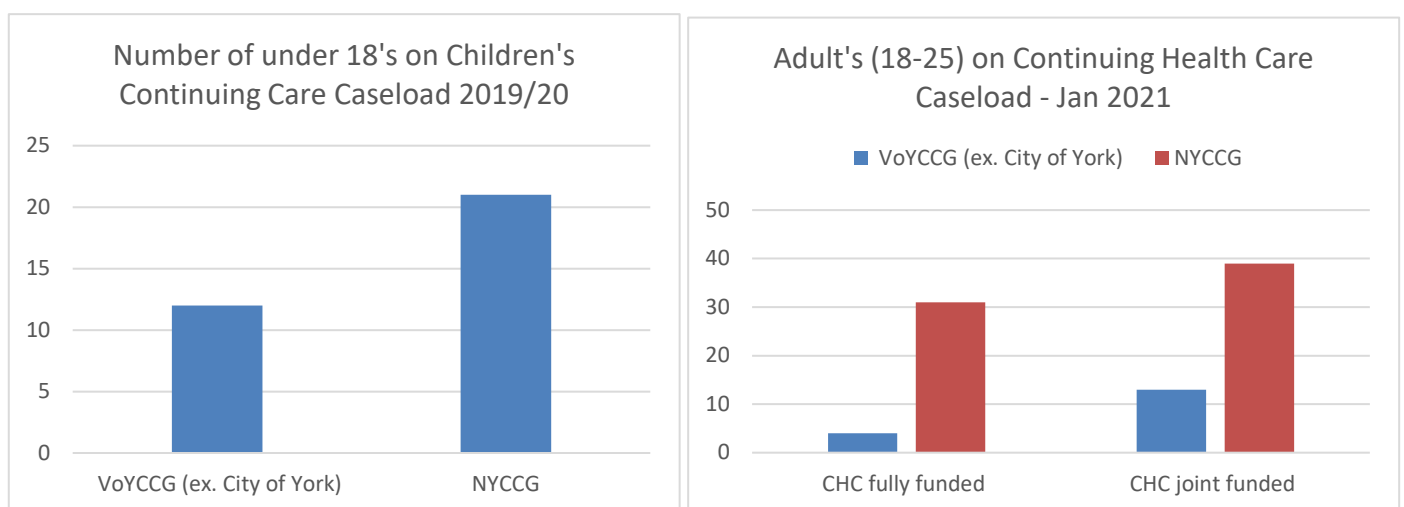
Learning Disability and Autism Partnership: Dynamic Support Registers



It is important that local NHS services understand the needs of people with a learning disability, autism or both in their area, so that they can make sure people receive the right support. The Care (Education) and Treatment Review (CETR) policy and also *Building the Right Support* highlight the importance of services knowing the people who are likely to need additional support to avoid admissions to hospital or residential setting. There is a requirement for Learning Disability and Autism Partnerships to develop and maintain registers to identify people with a learning disability, autism or both who display, or are at risk of developing, behaviour that challenges or mental health conditions, and who are therefore more likely. There is a requirement for clinical commissioning groups (CCGs) to develop and maintain registers to identify people with a learning disability, autism or both who display, or are at risk of developing, behaviour that challenges or mental health conditions who were most likely to be at risk of admission.

Care, Education Treatment Review's (CETRS) have successfully avoided admissions since 2019, despite an increase crisis for some families during the Covid pandemic.

1.9 Continuing Care



During 2019/20 NYCCG saw 21 and VoYCCG saw 12 under 18's on their Continuing Care caseload.

During January 2021, 70 adult's (18-25) were on the Continuing Care caseload for NYCCG, 39 of these were joint funded and 31 were fully funded. For the same time period, VoYCCG had 17 adults (18-25) on the Continuing Care caseload, 13 were joint funded and 4 were fully funded.

1.10 Eating Disorder Service

For both tables, these figures are numbers seen within statutory timescales, NOT the number of referrals, NOR number on caseload.

Routine cases seen within 4 weeks of referral

Team Name	2019-20		
	Numerator	Denominator	Rate
NHS NORTH YORKSHIRE CCG	17	36	47.22%
AMH HARROGATE COMMUNITY	0	1	0.00%
AMH SCARBOROUGH COMMUNITY	1	1	100.00%
AMH WHITBY AND RYEDALE COMMUNITY			
CHILD AND YP EATING DISORDERS			
CHILD AND YP HARROGATE	6	14	42.86%
CHILD AND YP NORTHALLERTON	3	7	42.86%
CHILD AND YP SCARBOROUGH	6	12	50.00%
CHILD AND YP YORK AND SELBY EATING DISORDERS	1	1	100.00%
NHS VALE OF YORK CCG	9	12	75.00%
AMH WHITBY AND RYEDALE COMMUNITY			
CHILD AND YP EATING DISORDERS			
CHILD AND YP SCARBOROUGH	0	1	0.00%
CHILD AND YP YORK AND SELBY EATING DISORDERS	9	11	81.82%
Grand Total	26	48	54.17%

Urgent cases seen within 1 week of referral

Team Name	2019-20		
	Numerator	Denominator	Rate
NHS NORTH YORKSHIRE CCG	7	14	50.00%
AMH HAM AND RICH WEST COMMUNITY	0	1	0.00%
CHILD AND YP EATING DISORDERS			
CHILD AND YP HARROGATE	4	7	57.14%
CHILD AND YP NORTHALLERTON	1	4	25.00%
CHILD AND YP SCARBOROUGH	2	2	100.00%
NHS VALE OF YORK CCG	15	22	68.18%
CHILD AND YP EATING DISORDERS			
CHILD AND YP SCARBOROUGH	1	1	100.00%
CHILD AND YP YORK AND SELBY EATING DISORDERS	3	3	100.00%
Grand Total	11	18	61.11%

In December 2020, the Royal Collage of Paediatrics and Child Health released a press release highlighting the huge rise in cases of anorexia nervosa and other food restriction disorders in children across the UK. Some areas reporting a doubling, tripling or even quadrupling of cases compared with the same period last year. Whilst actual figures for North Yorkshire have not been available for this JSNA, all 3 CCG's have seen increases in demand for Eating Disorder Services during the pandemic mirroring the national picture.

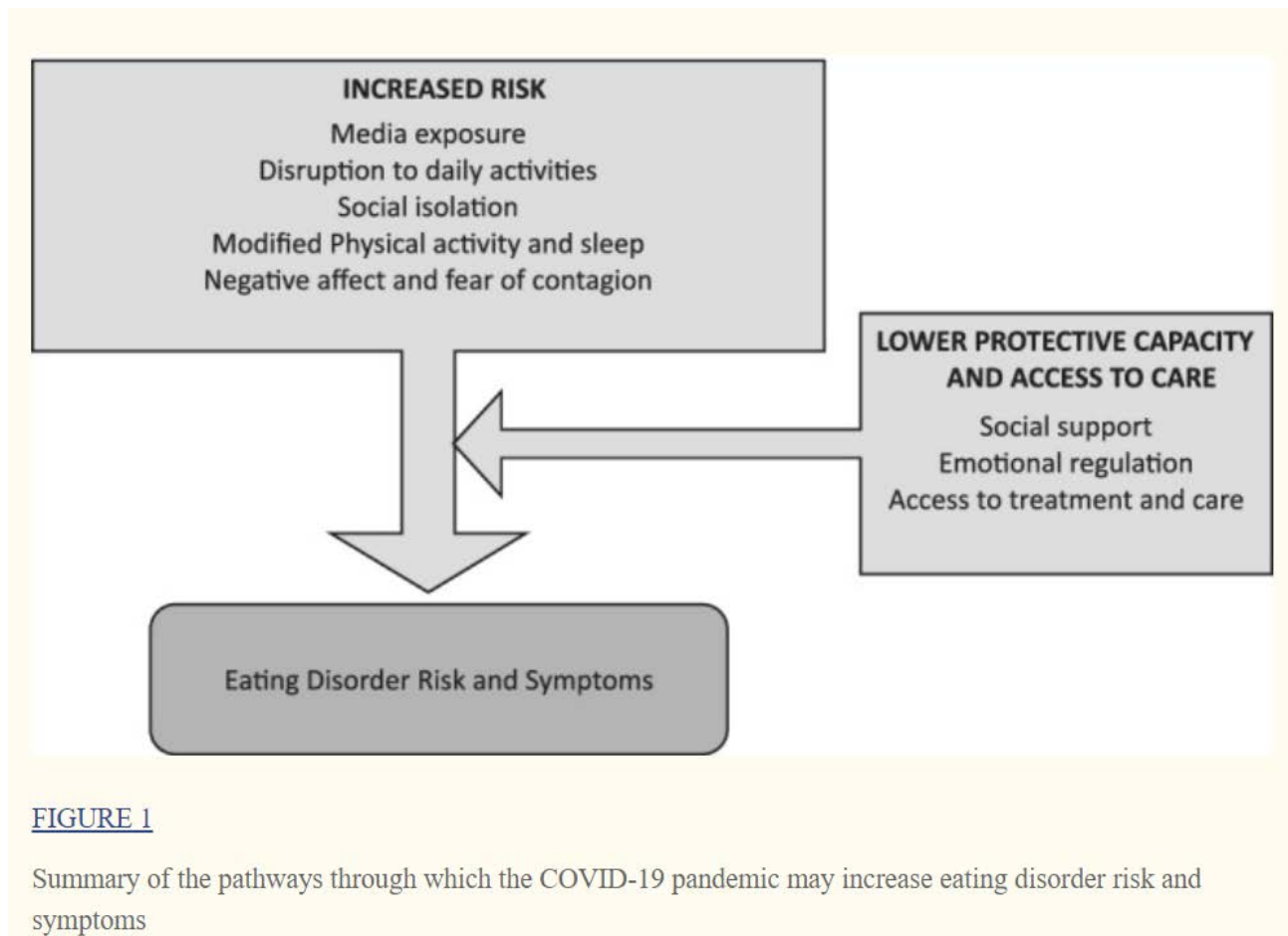


FIGURE 1

Summary of the pathways through which the COVID-19 pandemic may increase eating disorder risk and symptoms

1.11 Autism Services

YTD Q2 2020/21

	HRW locality (HDFT)	Harrogate Locality (HDFT)	S&R locality (Retreat)
Average Wait from referral to 1st appointment	45 weeks	42 weeks	29 weeks
Conversion rate	94%	93%	69%
Number of CYP waiting for 1st appointment	223	258	211
Longest wait for CYP for 1st appointment	147 weeks	128	61

The conversion rate for the Retreat Scarborough & Ryedale service is lower than the HDFT service as face-face appointments ceased due to Covid in Q1 / Q2 2020/21. In response to the Covid situation the Retreat developed and implemented a virtual service model that launched in August 2020. Therefore there was a delay in CYP accessing appointments until the new virtual model went live. We recognise that the delivery models differ between Providers, and Commissioners will be reviewing this. ⁴

Number of patients still awaiting full specialist assessment

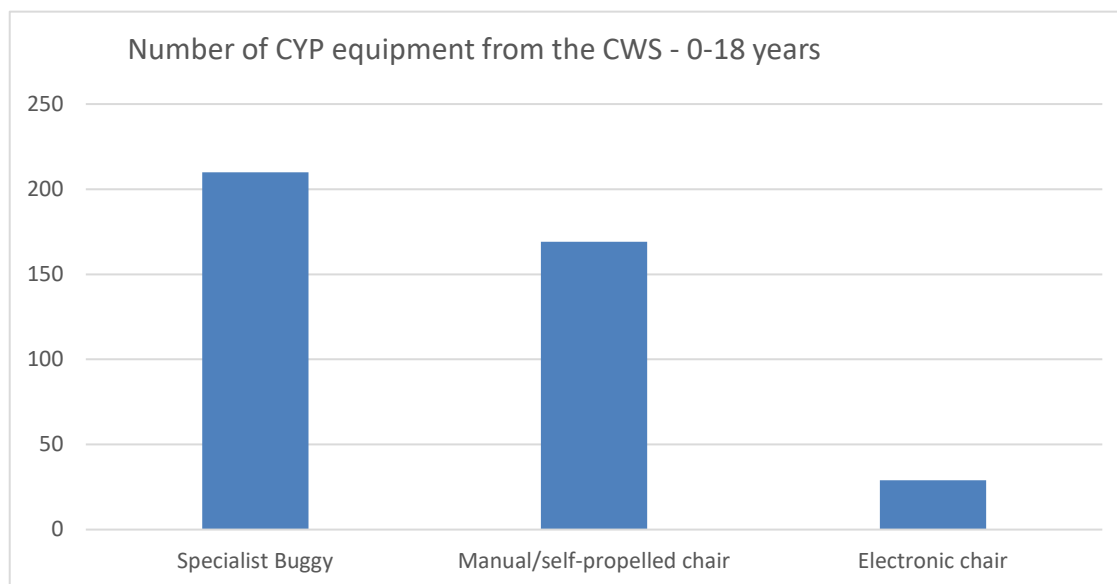
³ Source: The impact of the COVID-19 pandemic on eating disorder risk and symptoms – Rodgers et al (June 2020)

⁴ North Yorkshire CCG

LQR13	2019-20												2020-21 - YTD September					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS VALE OF YORK CCG	58	56	59	56	62	64	63	62	64	64	64	57	72	74	78	81	84	90

The Covid-19 pandemic caused assessments to be paused between April 2020 and August 2020. Assessments were re-instated in September 2020, and are currently running at the pre-covid rate of 12 a month.

1.12 Community Wheelchair Service (CWS)



There is a formal 18 referral to treatment pathway for wheelchair assessment and provision. Please note the figures above include the City of York.

1.13 Sleep Clinic (Scarborough/Whitby/Ryedale pilot)

To date 89 families in Scarborough, Ryedale & Whitby have received support from the Sleep Clinic and 227 children are receiving ongoing support. 48 of these are CYP with SEND (end of Jan 2021 reporting)

1.14 Individual Funding Requests (IFRs)

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

NYCCG

Mental Health IFRs for CYP:

- 2019/20 = 18
- 2020/21 (up to 5th Feb 2021) = 4

VOY CCG

Mental Health IFRs for CYP

- 2019/20 = 6

- 2020/21 (up to March 2021) = * (suppressed number as under 5)

In 2020/21, all IFRs in Vale of York have been for advanced sensory processing assessments

Note: IFR process does not collect dates of birth - so unable to identify exact ages. However, from the type of request IFR team can determine if these are CYP.

Note: IFR process does not specifically record if CYP are SEND. However, it is likely that the majority of these are CYP with SEND.

2. Conclusions

- Emergency admissions for Epilepsy are showing an increasing trend, however we need to distinguish the percentage that are SEND.
- Emergency admissions for Asthma have risen significantly recently despite previously decreasing over the previous years.
- The waiting time for Autism assessment is still very high, however the figures seen in North Yorkshire are in line with national average waiting times.
- In order to fully understand the needs of the SEND population we need access to SEND specific data, particularly around mental health, transitions which is currently not reported on.
- Whilst generally the rates of ASQ's being completed at the 2-2.5 year check are very high, we need to understand why the numbers are lower in Whitby, Ryedale and Craven.
- All 3 CCG's across North Yorkshire have seen increases in demand for Eating Disorder Services during the Pandemic mirroring the national picture. In order to fully understand this picture we need to collate and analyse data reported during the pandemic when it becomes available.
- Whilst in the process of collating data to inform this JSNA we have identified difficulties with the reporting on Section 23 notifications and have therefore not been able to include this data in this version of the JSNA.
- Whilst in the process of collating data to inform this JSNA we have identified difficulties extracting Craven specific data for the Bradford and Craven CCG reporting, step are being taken to improve data reporting for future updates of this JSNA.

3. Next Steps

SEND Dashboard

We are currently working towards the creation of a shared SEND data dashboard which will matched data from Health and the LA based on anonymised NHS numbers, this will allow us to clearly identify and analyse this data in relation specifically to SEND. The first phase of this dashboard involves mental health data.

Autism Services - Scarborough

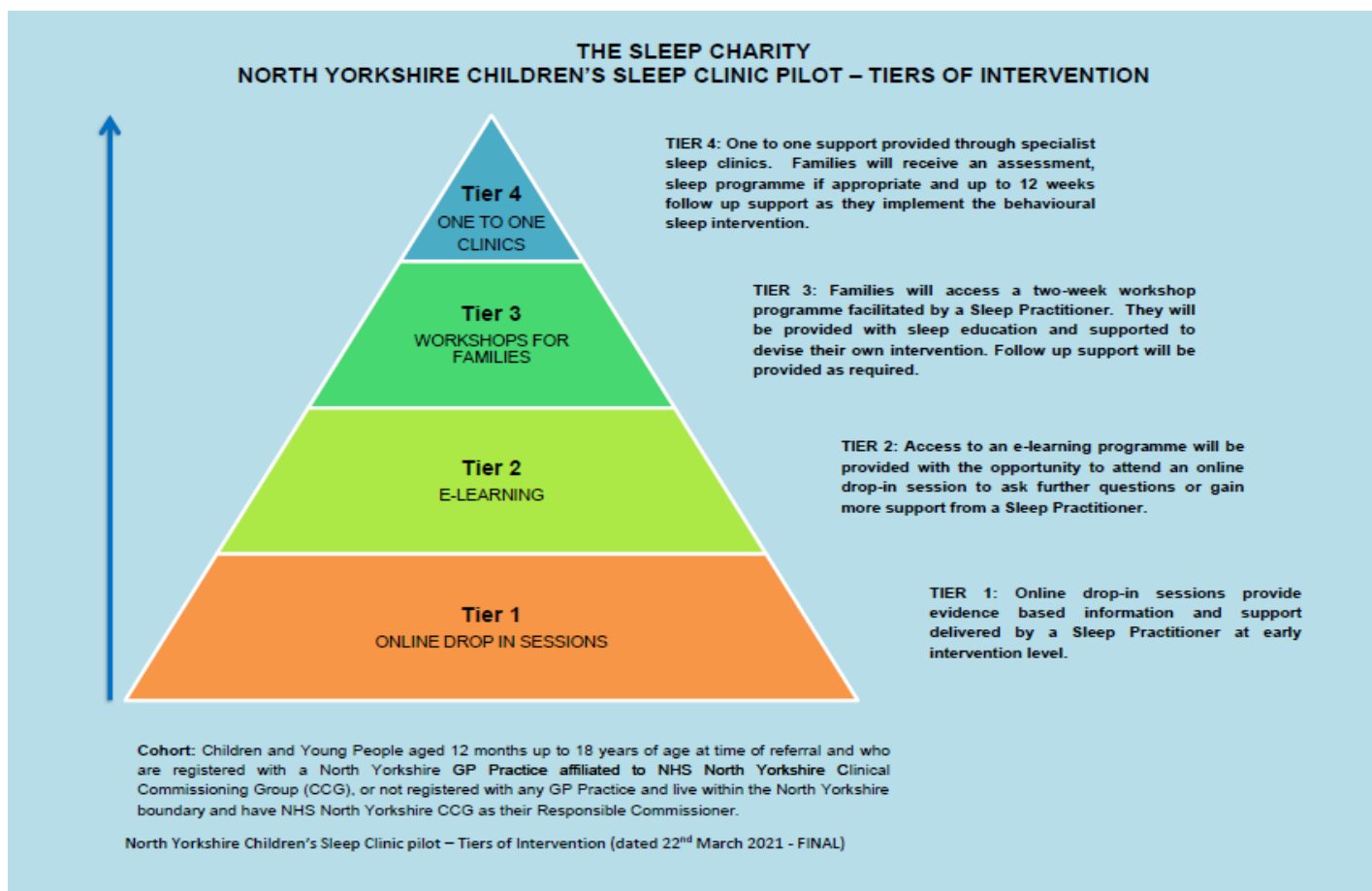
NYCCG have secured some additional **non-recurrent** funding and have asked the Autism diagnostic service Providers (HDFT and The Retreat) for projections on the waiting list to reduce the backlog to a sustainable position (i.e. 18 week wait between referral and 1st appointment).

Due to the impact of Covid in August 2020 The Retreat (Scarborough & Ryedale service) introduced a new virtual model which allows families to access this service without face-face appointments.

From the 1st April 2021 the Retreat will be able to offer ASD assessments under the age of 4. The HDFT ASD service that covers Harrogate locality and Hambleton & Richmondshire locality already offer this service

Sleep Clinic

The Sleep Charity have been commissioned to provide a 12-month pilot across North Yorkshire. The service will be able to offer a tiered service based on need. See Tiers diagram below.



Dynamic Support Register (DSR)

The CYP DSR for Bradford District and Craven was launched in Q1 2021 and is open to receive referrals from key stakeholders who are working with CYP who would benefit from admission to the DSR.

Keyworkers

Keyworker support will be provided to children and young people who are inpatients or at risk of being admitted to hospital. Keyworker support will also be extended to the most vulnerable children with a learning disability and/or autism, including those who face multiple vulnerabilities such as looked after and adopted children, and children and young people in transition between services.

Section 23 notification process

NYCC, NYCCG and HDFT are currently reviewing the S23 notification pathway.

PIPA

The PIPA Service (Psychologically Informed Partnership Approach) is a partnership between North Yorkshire County Council and the Tees Esk Wear Valley NHS Foundation Trust to provide a service around how we can effectively support our children / young people / families / care leavers and foster carers, particularly around Social, Emotional and Mental Health.

The service offers a mix of psychologists and advanced practitioners based within each locality working as a multi-disciplinary provision across the social work and leaving care teams. The service provides direct psychological interventions for children, young people, families and carers, whilst also developing the capacity of local authority staff and others to work in a psychologically informed way.

For other multi-agency and multi-disciplinary staff, such as CAMHS staff and the Crisis Team, joint approaches enable closer liaison, smoother transitions between services and prevent duplication. The embedded clinicians are a key link between social care and mental health services, and may remain directly or indirectly involved where children and young people's mental health needs are being met by child or adult mental health services in North Yorkshire, including those in schools and crisis CAMHS.

Transitions

Mental Health transitions: Health Partners will be reviewing the service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults to ensure that they can access support in a timely manner when needed. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) will be leading on a review of what other areas are doing to enhance their offers which could be used to improve the North Yorkshire offer.

SEND transitions: Designated Clinical Officer for SEND will be working with Providers to develop local Transitions Pathways for services for children and young people with SEND which could incorporate pathways developed by the Council for Disabled Children. This will ensure a seamless pathway from children's services to adult services.

Children's Continuing Care (CCC) transitions: The Children's Continuing Care team will work with Social Care colleagues to ensure that every child/young person with a package of Children's Continuing Care who is approaching adulthood should have a multi-agency plan

for an active transition process to adult or universal health services, or to a more appropriate specialised or NHS continuing healthcare pathway where applicable.

Special Needs School Nursing Service

In order to fully assess, plan and implement appropriate health services both currently and in the future for children and young people the Special Needs school nursing service will be undertaking a nursing complexity and individual health assessment tool for children and young people who attend Special Needs Schools. This tool will support the identification of children and young people's health needs, training required for school staff to support them, and future SEND provision. Please note this service is in areas in North Yorkshire covered by NYCCG and VoYCCG so does not include the Craven district.

Neuro developmental - Needs Led Approach

The CCG is looking to work with Provider and Local Authority to develop a needs led Neurodevelopmental pathway across North Yorkshire and York.

Healthy Child Team transformation program

All families will continue to receive the quality mandated 5 Health Reviews from Health Visitors. The proposed offer for 0-5s is therefore as follows:

- 28 weeks' pregnancy - health promoting visit;
- 10-14 days after birth - new baby review – Face to face visit;
- 6-8 weeks old - 6-8-week assessment;
- 9-12 months old - One-year assessment; and
- 2-2½ years old review – Face to face visit.

Enhanced infant feeding, family nutrition and diet programmes will be developed to help refocus local efforts in promoting and supporting families with healthy eating and increased physical activity. This will help in reducing the proportion of older children becoming overweight or obese.

Skill Mix Teams with new roles in to support Breast Feeding and Family Diet and Nutrition, and also in working with local partners such as early years and early practitioners in the 2-2.5 year reviews. The new service model is further being developed.

Individual Funding Requests

The IFR team will review current process to see if SEND could be recorded moving forwards for any future reporting requirements.

Compass BUZZ and Compass REACH

Compass BUZZ is an innovative school wellbeing service that works with the whole school workforce and other key partners to increase the skills, confidence and competence of staff supporting children and young people with emotional and mental health concerns. It also

offers support for schools to deliver co-facilitated one to one or group sessions to children and young people. The service is commissioned jointly by North Yorkshire Clinical Commissioning Group (CCG), Bradford and Craven CCG and Vale of York CCG.

Compass REACH is a confidential health and wellbeing service for children and young people aged 9 – 19 who may benefit from receiving early help and prevention work in relation to mild to moderate emotional wellbeing and mental health issues. The team deliver time limited structured one-to-one interventions to children and young people. The service is commissioned by North Yorkshire County Council (NYCC).

As both Compass BUZZ and Compass REACH contracts draw to an end, NYCC and the CCGs who cover the North Yorkshire footprint have seen the benefit of collaborative working across agencies that Compass BUZZ and Compass REACH have demonstrated. We are pleased to have jointly commissioned a new service from Compass, launching October 2021. This new service will build upon the solid foundations laid by the Compass BUZZ and Compass REACH contracts and we are looking forward to watching the new service grow and continue to support children and young people in North Yorkshire to thrive.

Joint Strategic Needs Assessment Special Educational Needs and Disabilities

Social Care

Introduction

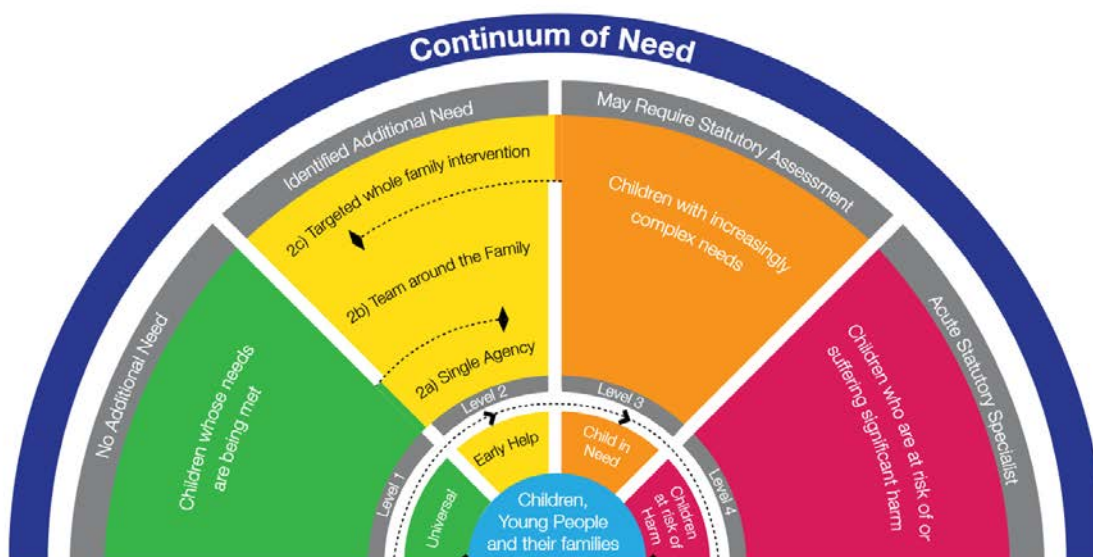
This chapter provides information relating to social care provision for children and young people (aged up to 25 years) with SEN. Where available, comparisons to England and North Yorkshire's statistical neighbours are provided.

Contents

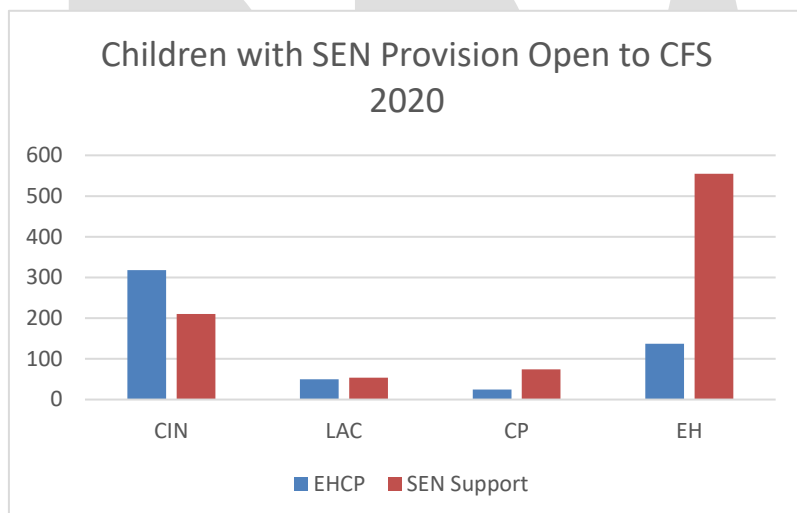
1. [Looked After Children](#)
2. [Children in Need](#)
3. [Children with Child Protection Plans](#)
4. [Early Help Services](#)
5. [Conclusions](#)
6. [Next Steps](#)

North Yorkshire County 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.



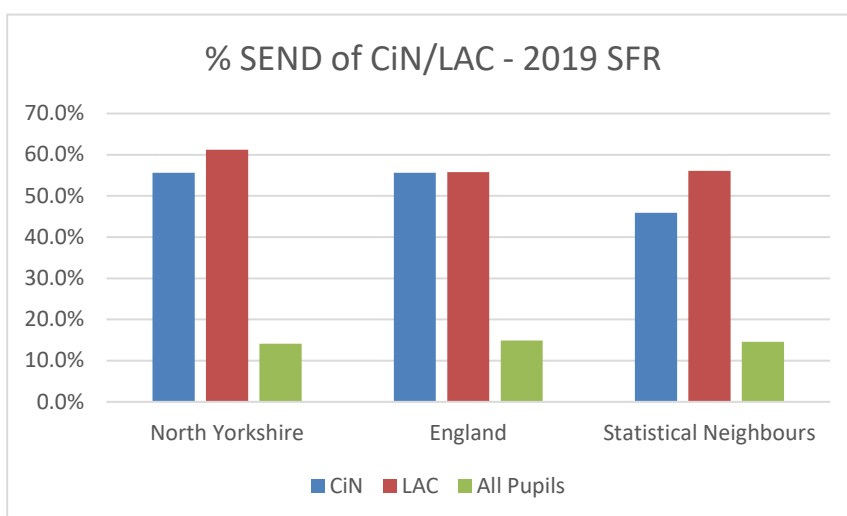
In 2020, the total number of children with SEN provision, who accessed support from CFS is 1423. This includes those supported by Early Help, Child in Need, Child Protection and Looked after Children.



The majority of these children and young people were supported by Early Help (692). 80.2% of children supported by Early Help received SEN support and 19.8% had an EHCP.

528 children with SEN provision were supported at Child in Need (CIN) level. 60.2% of children supported by the CIN team had an EHCP and 39.8% received SEN support.

In 2019, 55.9% of Looked After Children in England had a Special Educational Need, compared to 46.0% of Children in Need and 14.9% of all children. Comparably, 61.2% of Looked After Children, 55.6% of Children in Need and 14.1% of all children had a Special Educational Need.



When compared to our statistical neighbours (SN), the proportion of LAC with SEN (SN=56.1%) in North Yorkshire is notably higher, as is North Yorkshire's rate of SEN within CiN (SN=45.9%).

The rate of SEN amongst all children in North Yorkshire is slightly lower than the statistical neighbour average of 14.6%.

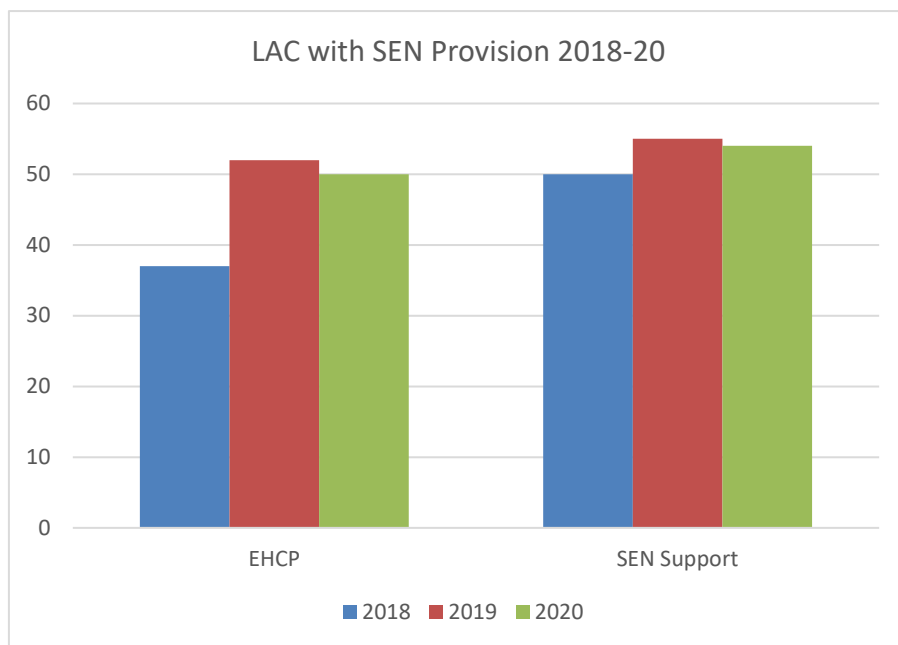
Across both Children’s Social Care (LAC and CiN), somewhat reflective of the complex nature of these cohorts, the rate of SEN as a proportion of each group is significantly higher than amongst all pupils. This is something that is reflective nationally. Given this, there is inevitably considerable cross over between 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.

	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	Grand Total
Autistic Spectrum Disorder	21.3%	13.3%	9.5%	3.3%	7.4%	5.4%	2.0%	8.3%
Moderate Learning Difficulty	6.3%	12.9%	3.3%	6.7%	7.4%	1.3%	6.6%	5.6%
Not applicable/recorded	47.5%	31.9%	39.6%	66.7%	45.3%	47.9%	54.6%	45.3%
Other Difficulty/Disability	2.5%	1.0%	1.1%	3.3%	2.1%	0.0%	1.3%	1.1%
Physical Disability	2.5%	5.2%	5.1%	2.2%	8.4%	1.9%	2.6%	3.9%
Profound & Multiple Learning Difficulty	0.0%	1.4%	5.1%	1.1%	2.1%	5.0%	0.0%	3.0%
SEN support but no specialist assessment of type of need	0.0%	0.0%	1.1%	1.1%	0.0%	0.0%	3.3%	0.7%
Severe Learning Difficulty	5.0%	5.7%	7.3%	0.0%	4.2%	4.4%	0.0%	4.4%
Social, Emotional and Mental Health	7.5%	12.4%	19.6%	6.7%	11.6%	23.0%	15.1%	16.3%
Specific Learning Difficulty	2.5%	3.8%	1.8%	1.1%	2.1%	4.1%	4.6%	3.1%
Speech, Language and Communication Needs	3.8%	10.5%	5.8%	5.6%	7.4%	6.0%	9.2%	7.1%

1. Children Looked After (LAC)

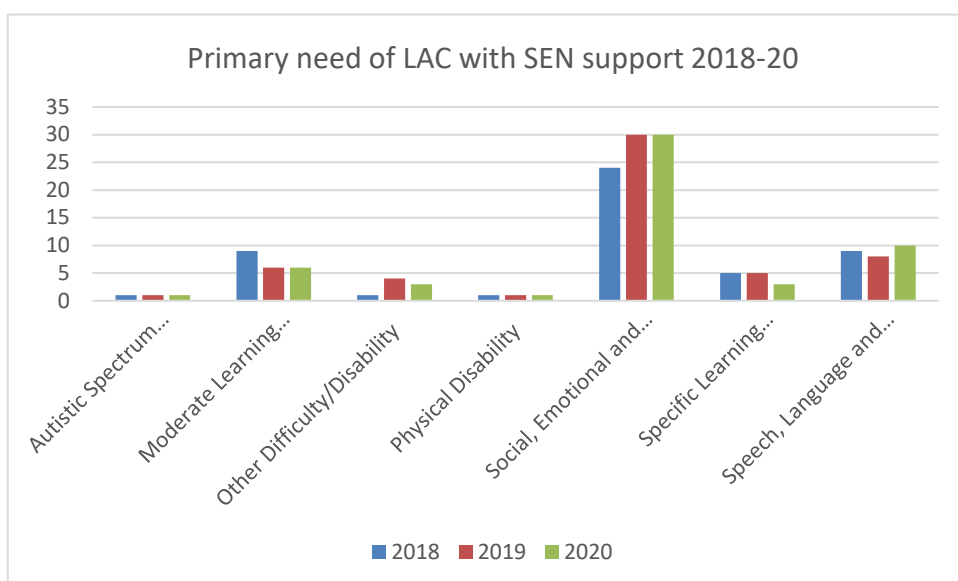
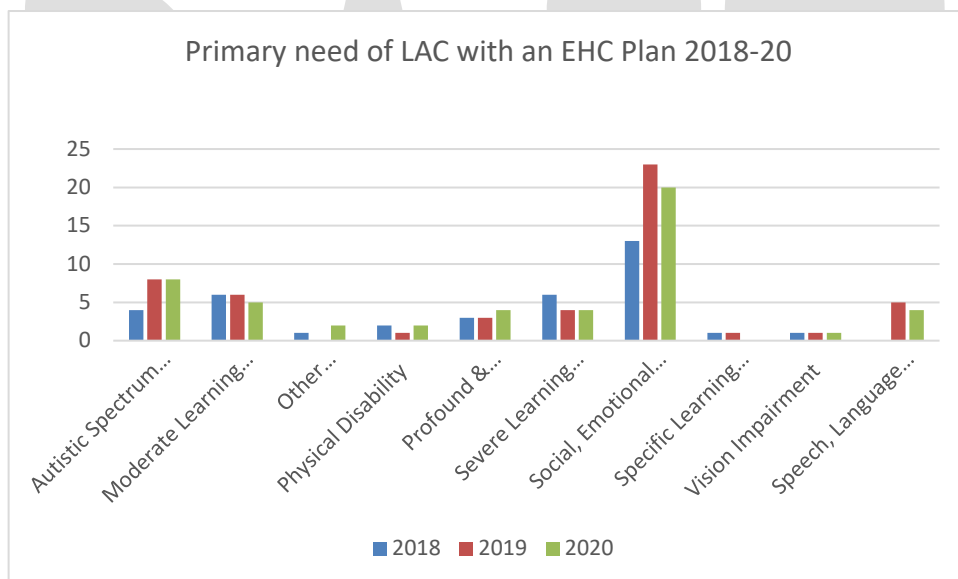
Looked After Children or Children Looked After (LAC) refers to children aged under 18 years who are in care of their local authority for more than 24 hours. They may be placed with foster carers, residential homes or with parents or other relatives.



The number of Looked After Children with SEN provision has increase overall since 2018. This increase is reflected in both SEN support and children with an EHCP, with the biggest increase seen in children with an EHCP. The numbers have however slightly reduced in 2020 from a peak in 2019.

In 2020, 48% of Looked After Children receiving SEN provision had an EHCP and 52% received SEN support.

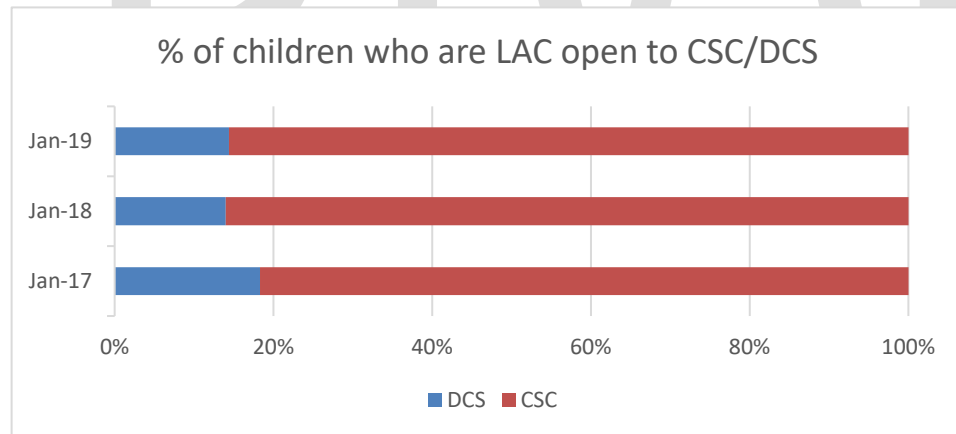
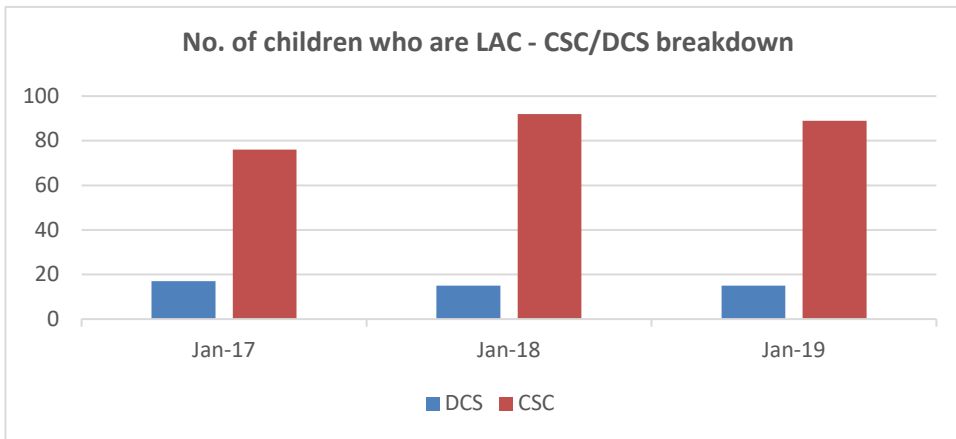
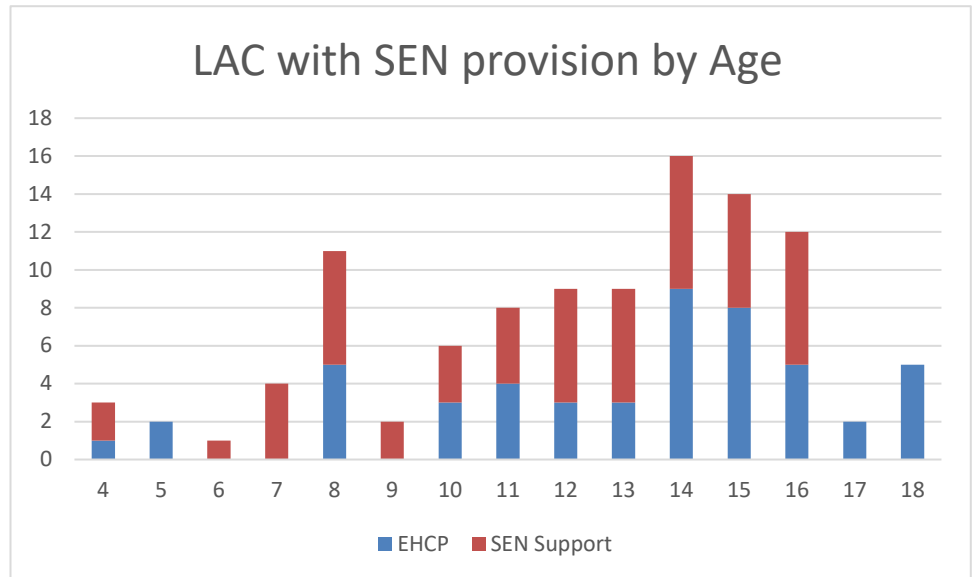
The most common primary need for Looked After Children with an EHCP is Social, Emotional and Mental Health, this is significantly higher than the figures for any other primary need and shows a consistent trend over the last 3 years.



Similarly, Looked After Children 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 Looked After Children 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 Looked After Children with SEN provision are supported by Children's Social Care (CSC).

Most recent figures show 85% of these children are supported by CSC and 15% are supported by the Disabled Children's Service (DCS). This is a consistent trend however there has been a slight shift towards a higher proportion of Looked After Children being supported by CSC since 2017.

It is worth noting there are currently 48 Looked After Children attending Special Schools, including 18 attending independent Special

Schools and 30 at maintained Special Schools. This is equivalent to approximately 15% of School age/post-16 LAC

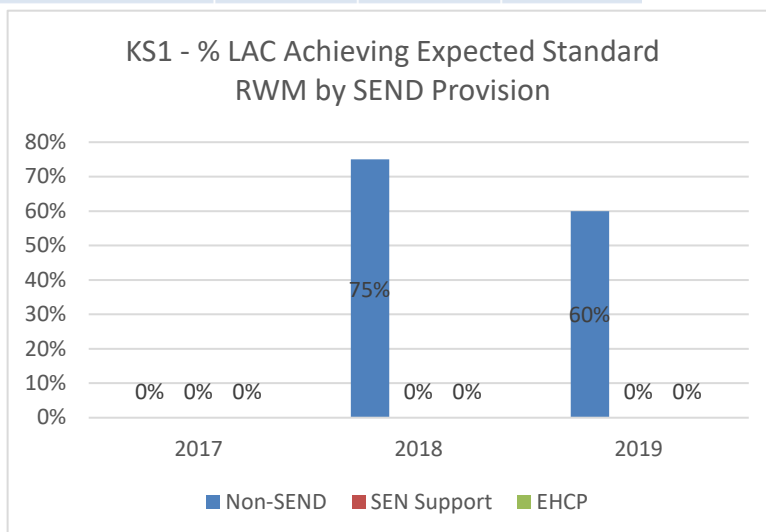
Attainment of Looked After Children with SEND¹

¹ Please note: Attainment for Looked After Children includes LAC 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.

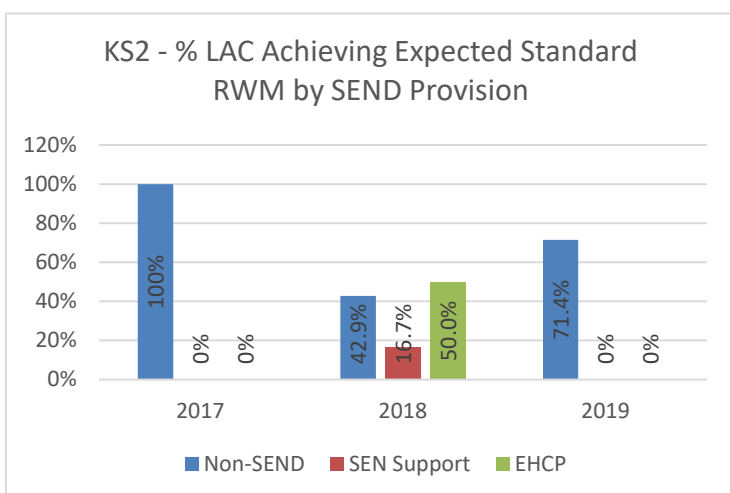
We know that previous life-experiences impact the outcomes for Looked After Children. The high rate of SEND amongst children in care adds another level of complexity to an already complex cohort. This is reflected in the education attainment of children in care with Special Educational Needs and Disabilities. 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 LAC 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.

Pupils by Key stage and SEN Provision 2017-2019				
Key Stage		2017	2018	2019
Key Stage 1	No SEND	6	4	5
	SEN Support	1	4	6
	EHCP	2	1	3
Key Stage 2	No SEND	5	7	6
	SEN Support	7	2	3
	EHCP	3	6	3
Key Stage 4	No SEND	6	19	10
	SEN Support	2	8	11
	EHCP	5	8	8

At Key Stage 1, over the past 3 years, an average of 45% of non-SEND pupils achieved the expected standard in Reading, Writing and Maths (0% in 2017, 75% in 2018, 60% in 2019). By comparison, no children with SEND (either in receipt of SEN Support or supported via an EHCP) achieved the expected standard.



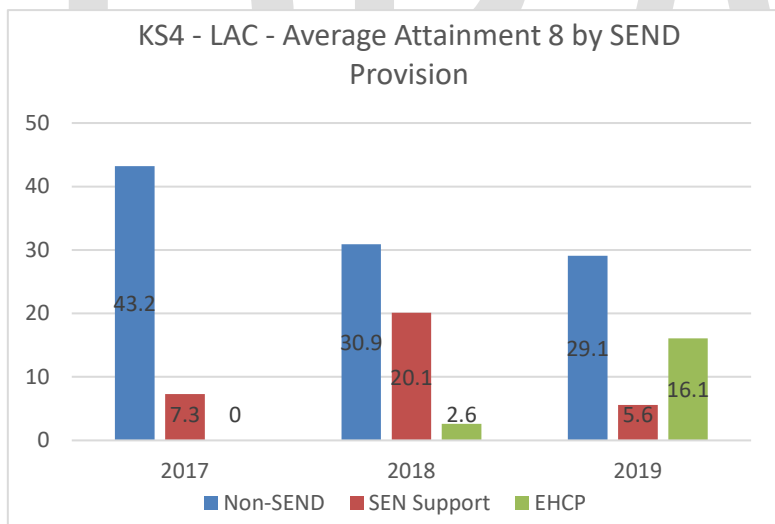
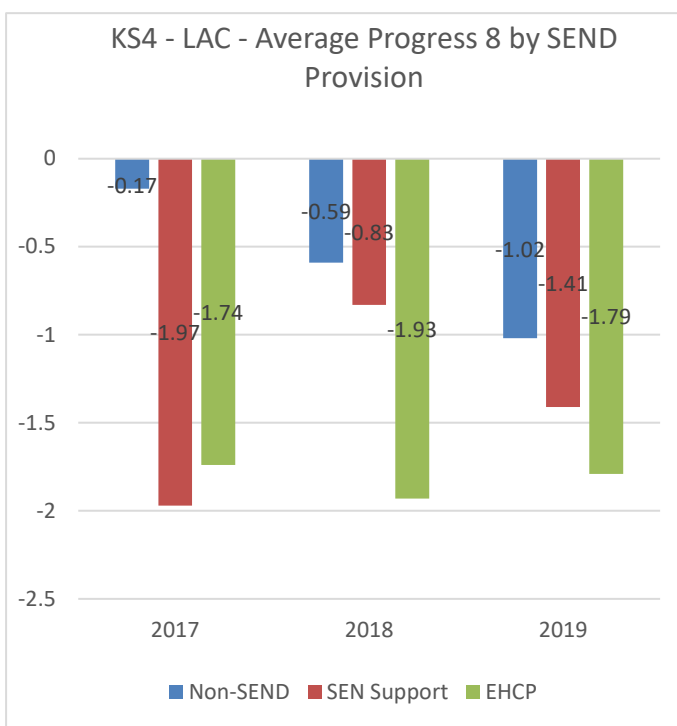
At Key Stage 2, over the past 3 years, an average of 71.4% of non-SEND Looked After Children achieved the expected standard in Reading, Writing and Maths.



As mentioned, the nature of the cohort means that fluctuations are inevitable, but over the past 3 years, an average of 6% of SEN Support LAC Pupils and 17% of EHCP pupils achieved the expected standard. As the chart to the left highlights, this was solely due to a slight spike in 2018. It is worth noting that the 50% is equivalent to just 1 EHCP pupil and the 16.7% is equivalent to just one SEN Support

pupils. This highlights the impact that the overall low cohort numbers has on the attainment statistics.

The gap between SEND and non-SEND Looked After pupils in North Yorkshire continues to persist into Key Stage 4. Whilst Non-Looked After pupils tend to make positive progress against prior attainment, as the chart below shows Looked After Children consistently below 0. As is seen elsewhere, however, the progress made by Looked After Children with SEND is consistently low than their non-SEND peers. The average progress score over the past 3 years for non-SEND LAC pupils was -0.59, lower than the overall average progress score of 0.13. The relatively low average Progress 8 Score for non-SEND pupils is relatively strong when compared to pupils in receipt of SEN Support (average progress score over past 3 years = -1.4) and pupils with an EHCP (average progress score over past 3 years = -1.82).



The lower level of progress is also reflected in the attainment made by Looked After Children. The average Attainment 8 score for all children in North Yorkshire over the past 3 years was 48.9, considerably higher than the 34.4 for non-SEND LAC children. As the chart to the left shows, the average attainment 8 scores for LAC pupils with SEND are considerably lower (11 for children in receipt of SEN Support and 6.2 for children with

an EHCP). It is worth noting that the small cohorts (particularly for children with SEND) inevitably leads to variation from one year to the next, however the overall emerging trends remain clear.

Virtual School Interventions to support SEN

Virtual School work in partnership with Social Care, parents, carers and educational settings to promote the educational attainment and emotional wellbeing of all care experienced children.

The Virtual School team consists of Education Liaison Officers, Sessional Tutors, SENCo and an Educational Psychologist. We are based in different locations across the county with each worker having schools assigned to them within a locality area.

Virtual School offer guidance and support for every Looked After Child and disperse the Pupil Premium Plus+ funding. Virtual school offer guidance for Previously Looked After Children. Virtual School work to drive the planning process to prevent drift and delay to ensure early identification of SEN needs and timely interventions to meet these needs.

The Virtual School offer support with:

- Advocating for young people with complex needs
- Coordinating Alternative Provision for those young people awaiting suitable SEN settings
- Working with the Coastal Opportunity Area to gain funding and provision
- 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
- 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

Case study 1

Year 11 young person attending Pupil Referral Unit, EHCP process driven by Virtual School to ensure suitable Post-16 provision identified. Virtual School arranged Alternative Provision to support the transition and liaise with Post-16 provider Velohead. Virtual School liaised with residential care home to ensure young person had opportunities to visit the provision and make a positive start.

Case study 2

A secondary aged pupil who had SEMH as primary need in his EHCP and was educated in a high cost independent day provision, received intensive transition support from Virtual School. A holistic view of the child and a relationship based approach resulted in the child's passion and talent for football providing a vehicle to successful transition to the Yorkshire Coast Football Academy. On completion of his Post-16 course he is now attending a university studying sports science. The trajectory for this child when much younger may not have been expected to have achieved as much academically.

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NYCC VS Attachment / Trauma Aware Schools Project

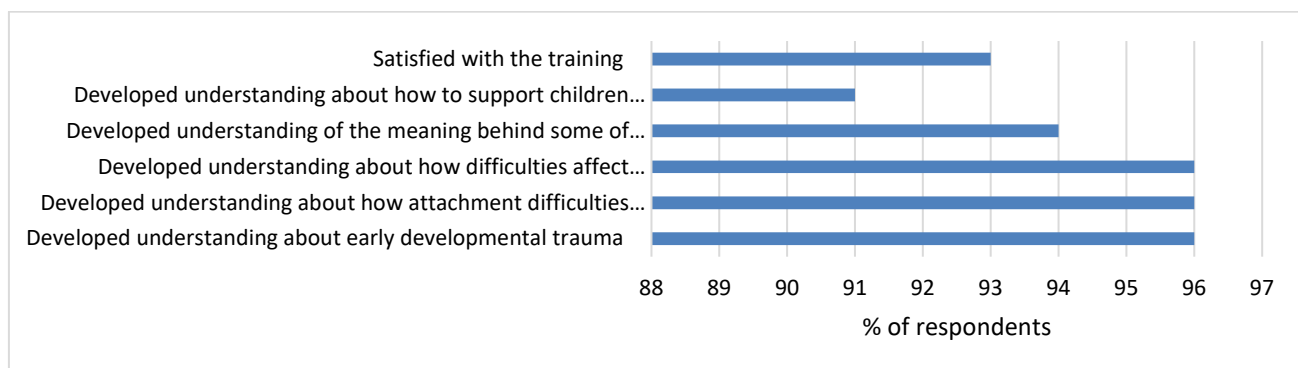
Building capacity in the system to support SEMH needs as a result of ACEs

The core purpose of North Yorkshire Virtual School's Attachment and Trauma Aware Schools Project is to support schools to work on development of their specific trauma responsive practice both systemically and individually. Following full school training in Developmental Trauma and Emotion Coaching, schools are supported to embed an aspect of practice using either Emotion Coaching or Circle of Adults. An audit is used to support planning and development. Schools are encouraged to develop Relational Behaviour Policies. We now have **60** schools engaged in this project.

Aims of Attachment Trauma and Recovery Training

- 1) To increase awareness of Attachment, ACEs and Developmental Trauma
- 2) To increase understanding of the impact of early trauma experiences on development, behaviour and learning
- 3) To help adults explore approaches to support children with these difficulties

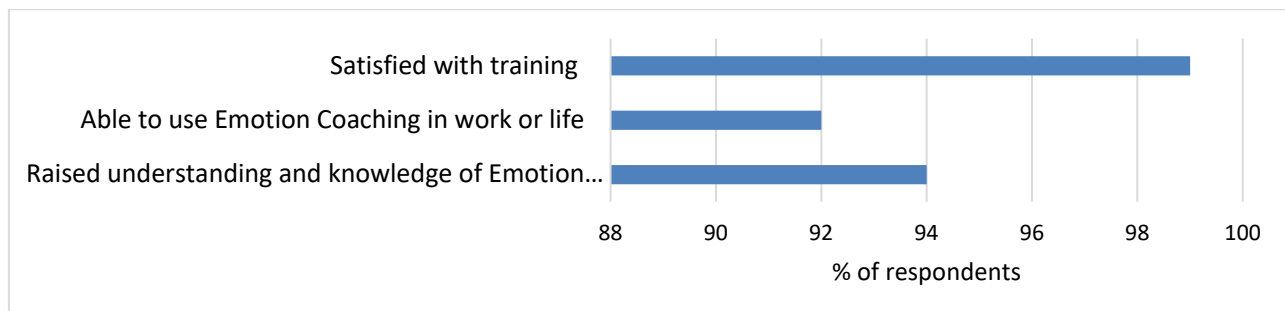
Evaluation of Attachment Trauma and Recovery Training²



Aims of Emotion Coaching Trainings

To increase participant understanding and knowledge of Emotion Coaching

Evaluation of Emotion Coaching Training³



Aims of Emotion Coaching Champions Action Research

1. To develop adult confidence in practice, specifically in the areas of Emotion Coaching
2. To promote adult self-awareness and self-regulation
3. To increase adult confidence in discussing child emotional wellbeing

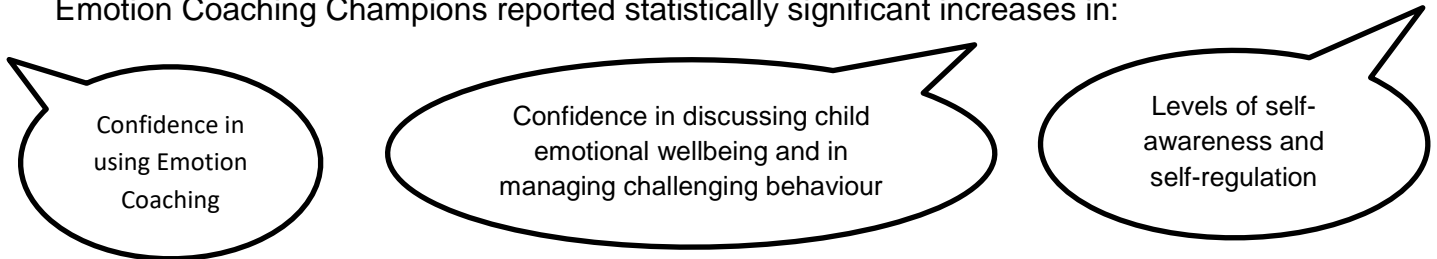
² As of June 2019, 38 schools (24 primary, 9 secondary, 2 special, 3 PRUs) with 984 participants (518 primary schools, 305 from secondary schools, 117 from special schools and 44 from PRUs) completed Attachment, Trauma and Recovery CPD evaluation form

³ As of March 2020, 709 participants (403 from primary schools, 181 from secondary schools, 72 from special schools, 47 from PRUs and 6 from the Virtual School) completed Emotion Coaching training evaluation questionnaires.

4. To increase adult confidence in dealing with and understanding the meaning behind challenging behaviour
5. To contribute to the evidence base

Evaluation of Emotion Coaching Action Research⁴

Emotion Coaching Champions reported statistically significant increases in:

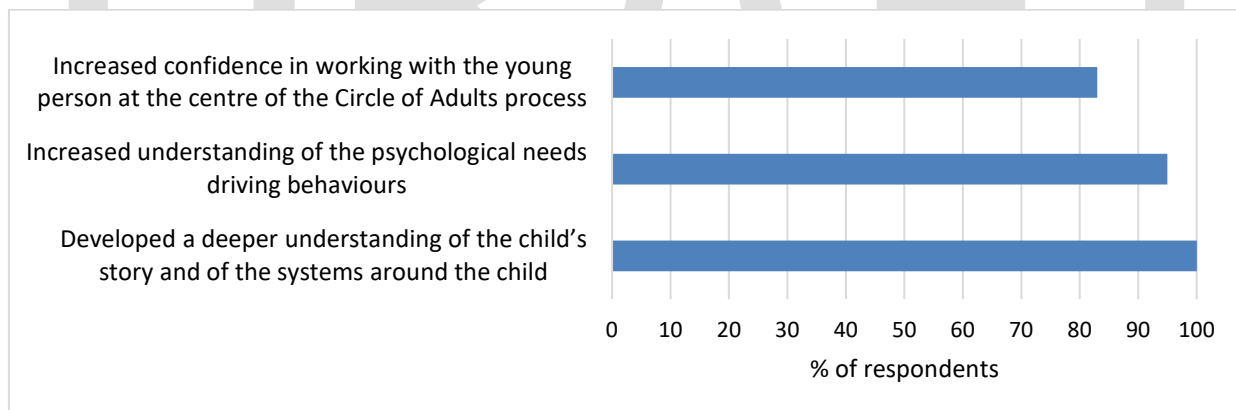


- Over 93% of Champions felt that Emotion Coaching had a positive impact on their professional practice⁵
- 75% reported a positive impact on child behaviour⁴.

Aims of Circle of Adults Action Research

- 1) To facilitate deeper understanding of the child's story and of the systems around the child
- 2) To increase a deeper understanding of presenting behaviours in the context of unmet Psychological needs
- 3) To increase the confidence of participants in working with the young person

Evaluation of Circle of Adults Action Research⁶



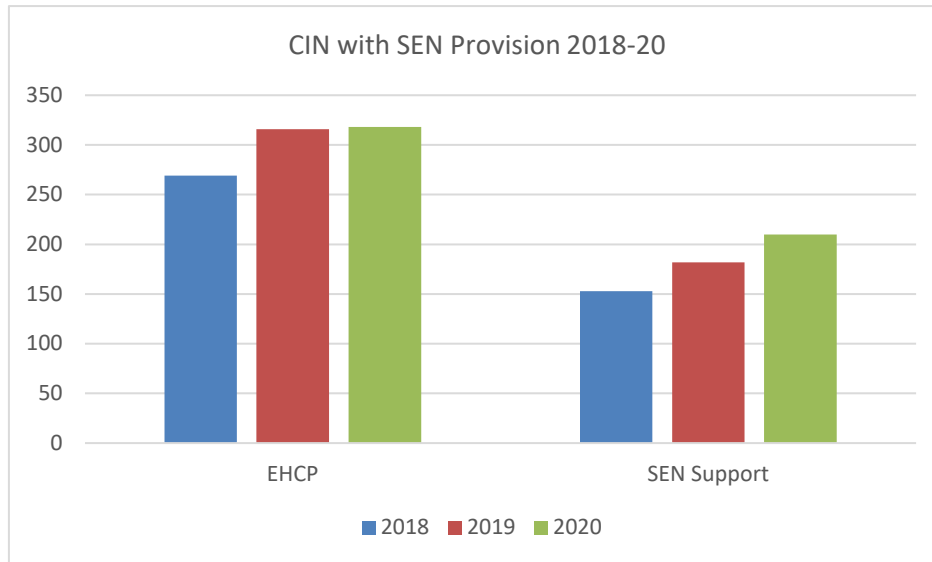
⁴ As of March 2020, 117 participants (14 primary, 2 special and 2 PRUs) completed action research looking at the impact of Emotion Coaching on professional practice. Following training, three coaching (Champion) sessions were delivered by a Virtual School EP to groups within each school. Questionnaires were used across three time periods, over an average of 16 weeks.

⁵ 128 participants (94 from primary and 34 from Special schools) completed Emotion Coaching Exit Questionnaire

⁶ By March 2020, 85 participants completed the Circle of Adults evaluation questionnaire. Data is based on complete sets of 12 Circle of Adults action research sessions in four secondary schools.

2. Children in Need

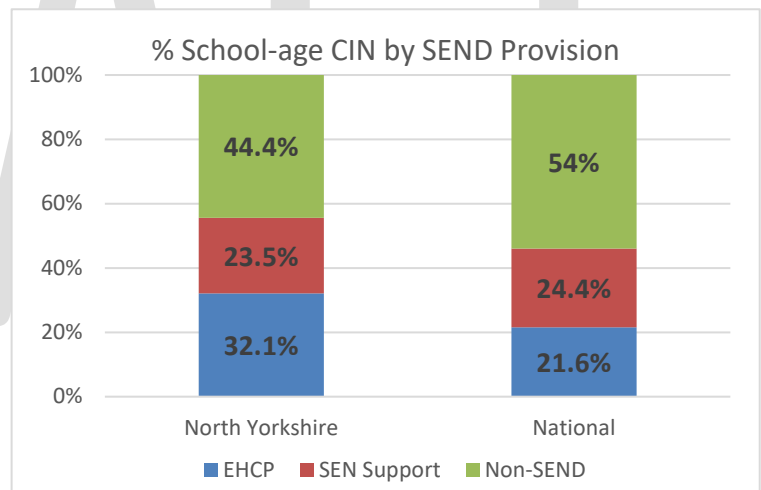
A Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.



The number of Children in Need receiving SEN provision has increased since 2018. This increase is reflected in both SEN support and children with an EHCP.

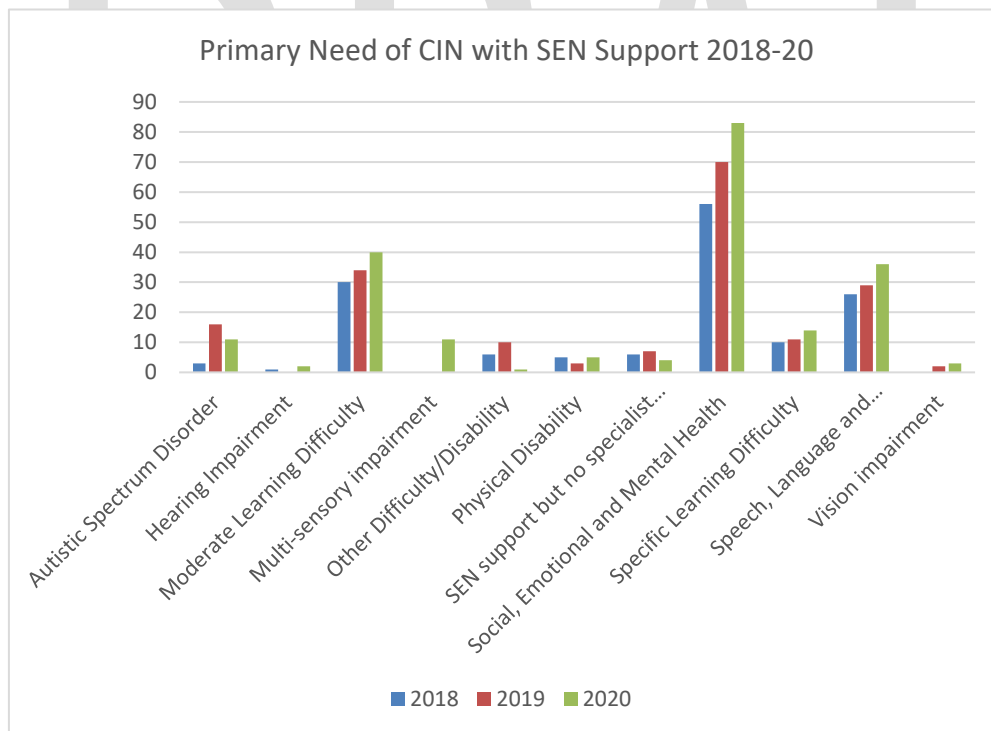
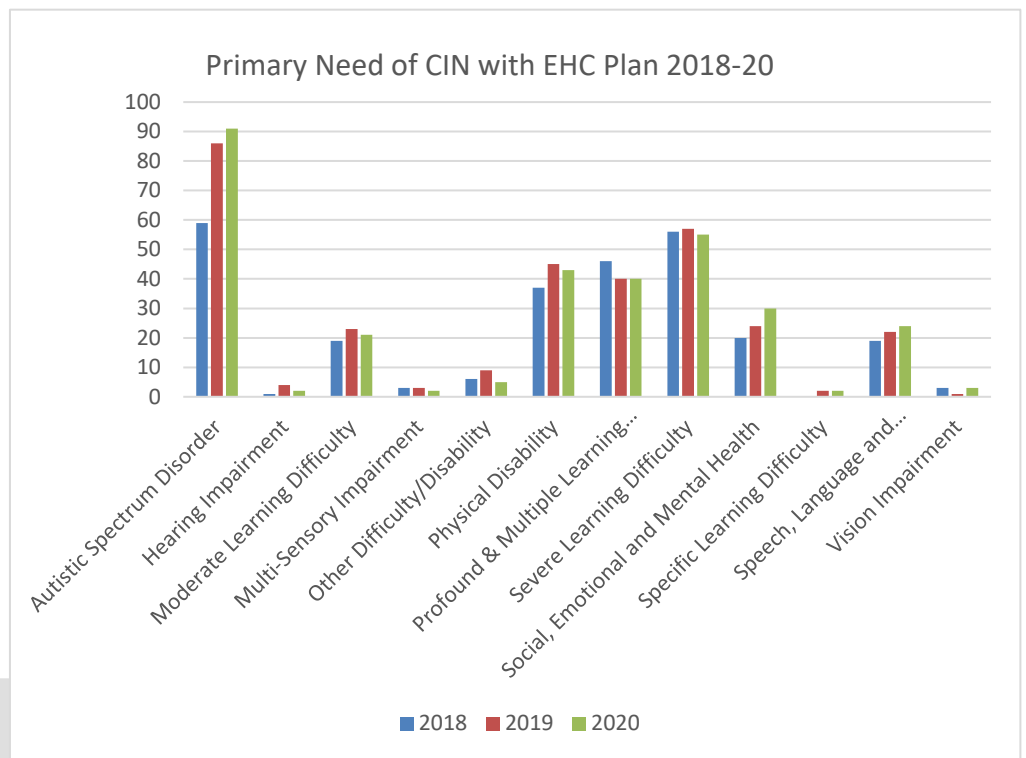
In 2020, 60% of Children in Need receiving SEN provision had an EHCP and 40% received SEN support.

According to the last statistical release for Children in Need, 32.1% of school-age Children in Need were in receipt of support through an EHCP, and 23.5% 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 (24.4%), North Yorkshire's EHCP figure was notably higher than the national average of 21.6%. In all, 55.6% of School age CiN in North Yorkshire had an SEND Need, compared to 46% nationally.



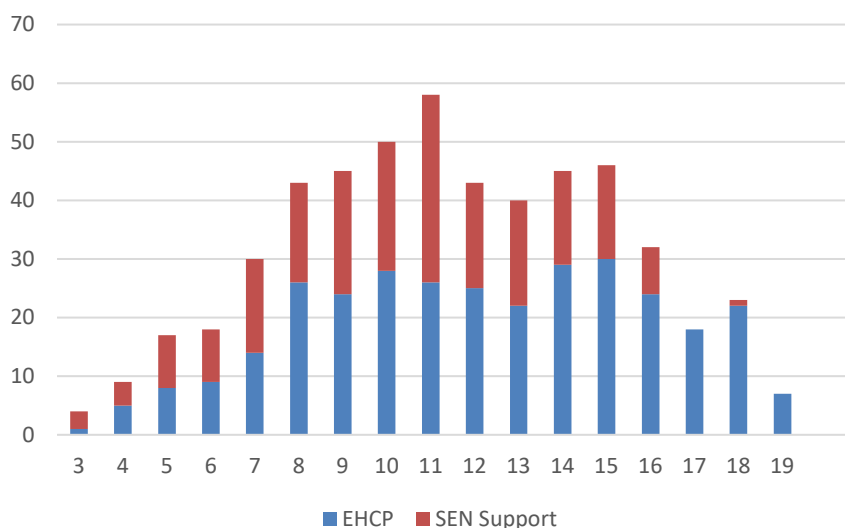
The most common primary need for Children in Need with an EHCP is Autistic Spectrum Disorder, this is significantly higher than other primary needs and has been for the last 3 years.

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.



In contrast, Social, Emotional and Mental Health is the most common primary need of Children in Need receiving SEN support. This figure is significantly higher than other primary needs and has risen every year for the last 3 years with a 48% increase over this time period.

CIN with SEN Provision by Age



When we breakdown the number of Children in Need receiving SEN provision by age, the highest level of provision is provided for 11 year olds, aligning with the transition of children from primary to secondary school.

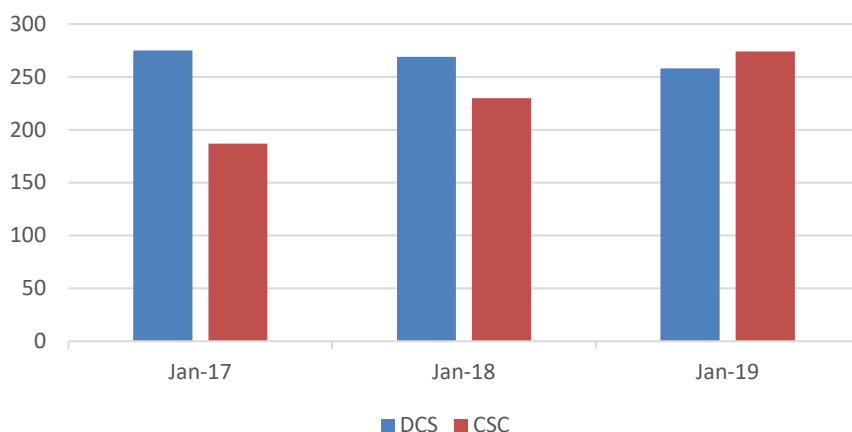
For Children in Need with an EHCP the highest numbers are seen with children who are 14/15 years of age.

A higher percentage of Children in Need receiving SEN support is generally seen between 3-11 years old this switches to a higher

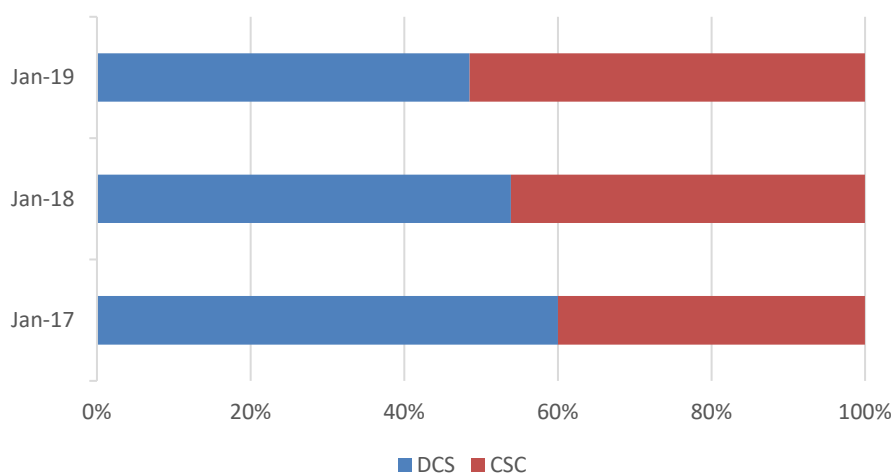
percentage of children with an EHCP from 12-19 years of age. This may be reflective of the nature of the needs of Children in Need, increasing in complexity amongst older children. As is the case with Looked After Children, Social, Emotional and Mental Health needs are more profound in older teenagers.

Over the last 3 years we have seen an increase in in the number of Children in

No. of children with SEND on CIN plans - CSC/DCS breakdown



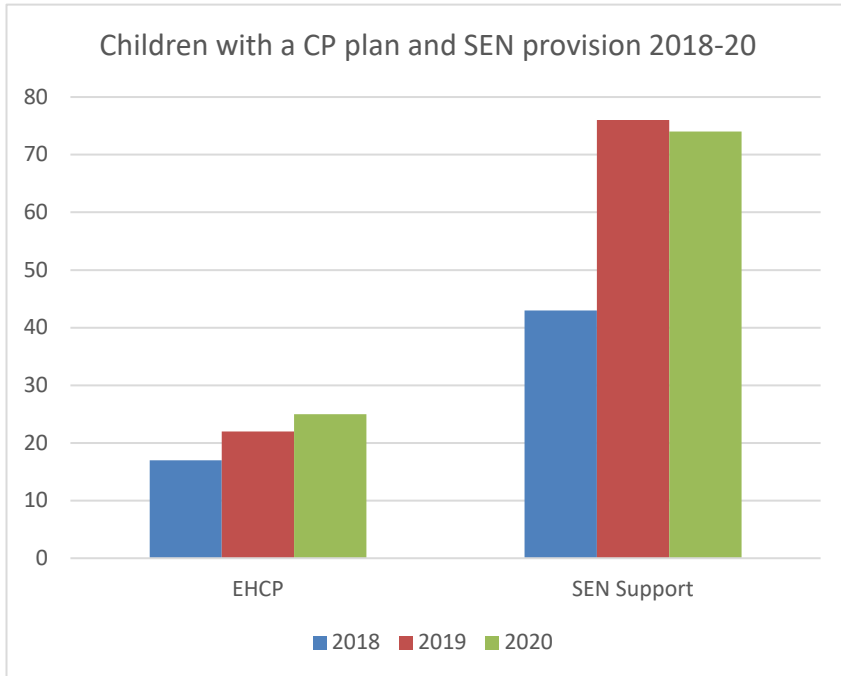
% of children with SEND on CIN plans open to CSC/DCS



Need receiving SEN provision being supported by CSC compared to those supported by DCS. In 2017 the majority of CIN with SEN provision were supported by DCS (60%), however this has changed over the course of three years and it is now CSC who support the more CIN with SEN provision with most recent figures showing a 49:51 split (DCS:CSC).

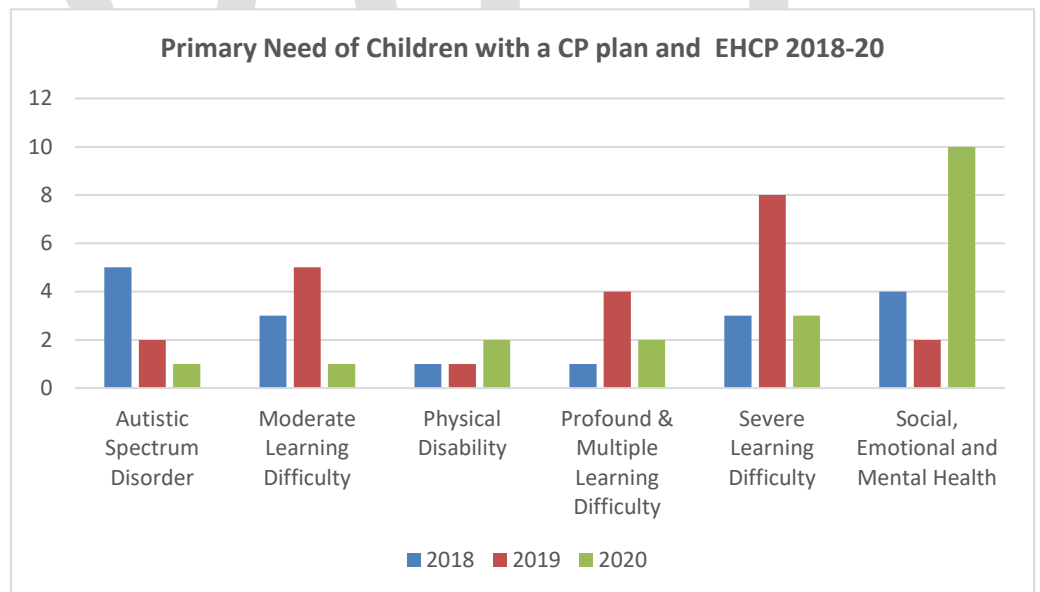
3. Children on Child Protection Plans

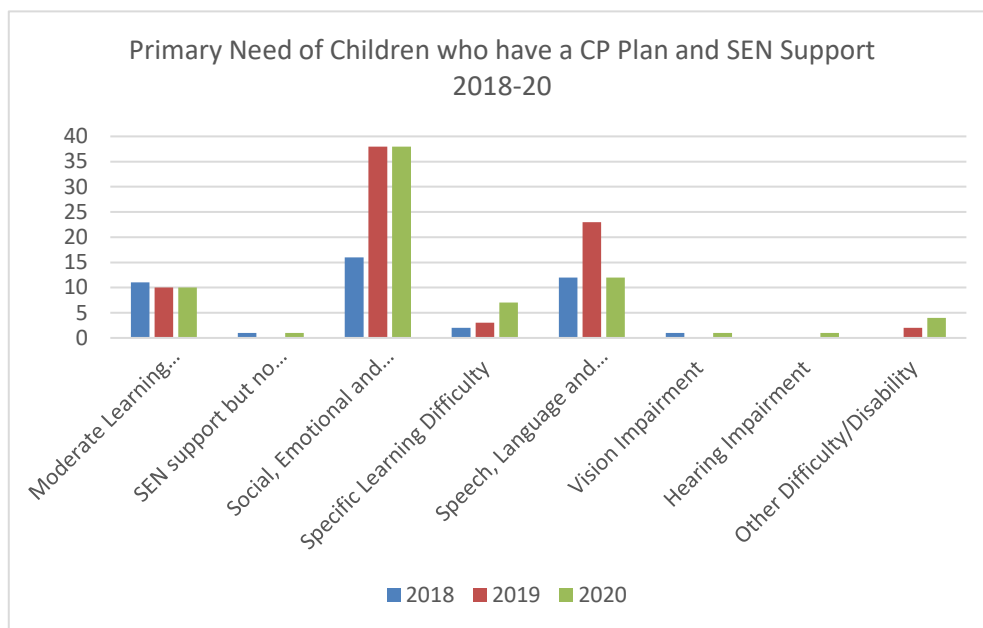
A Child Protection Plan is a plan drawn up by the local authority setting out how a child can be kept safe and what support and services are needed. It names the professionals, social workers and family members who will be involved in the safeguarding of the child, including information about their roles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

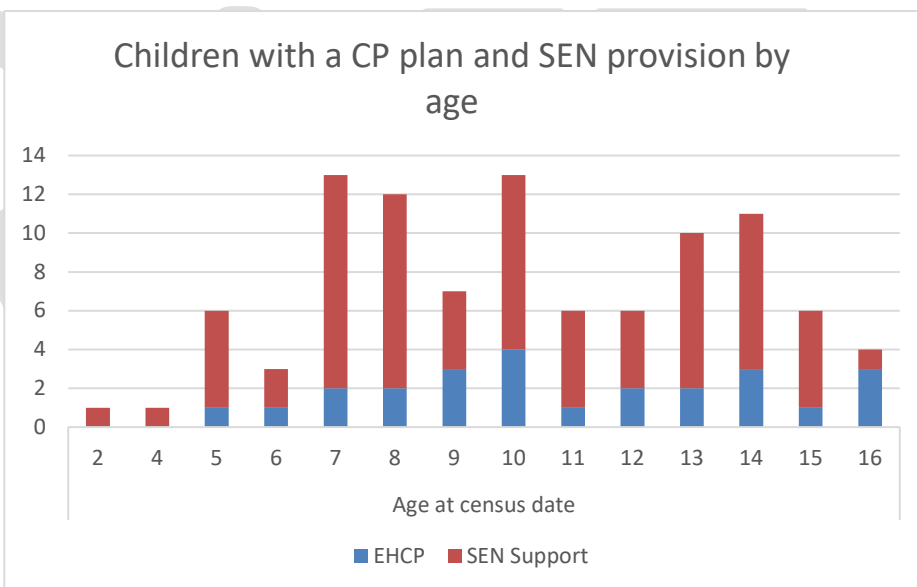
In 2020 the most common primary need for children with a CP plan and an EHCP was Social, Emotional and Mental Health needs. However there is no clear trend seen over the last 3 years, in 2019 and 2018 the most common primary needs were Severe and Multiple Learning Difficulties and ASD respectively.





Whilst there is no clear trend for children subject to CP Plans with an EHCP, over the past 3 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.

When we breakdown the number of children with a CP plan with an EHCP by age, the highest level of provision is provided for 10 year olds. 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.

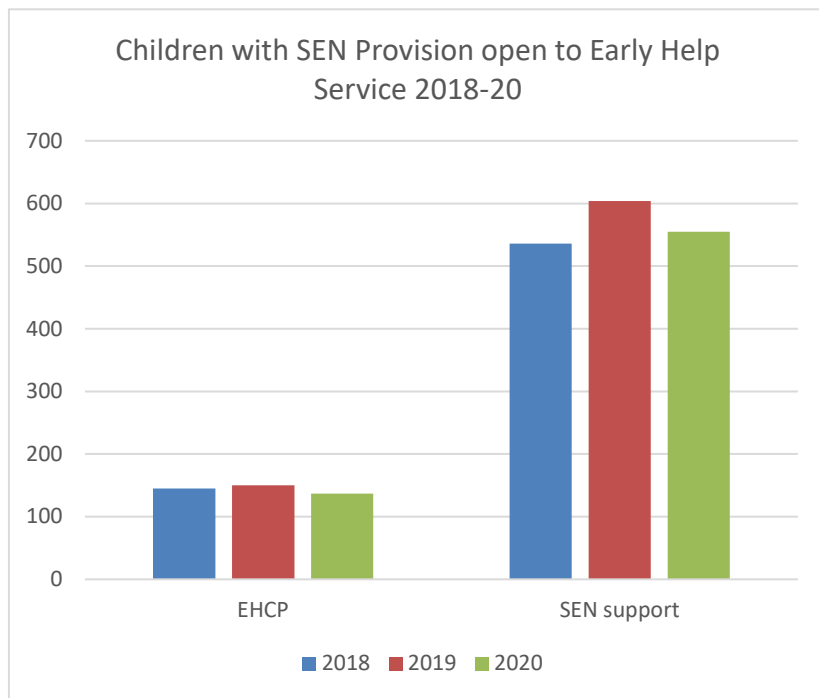


Meanwhile children with a CP plan receiving SEN support the highest level of provision is provided for 7-8 year olds.

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

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 (2018). 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).

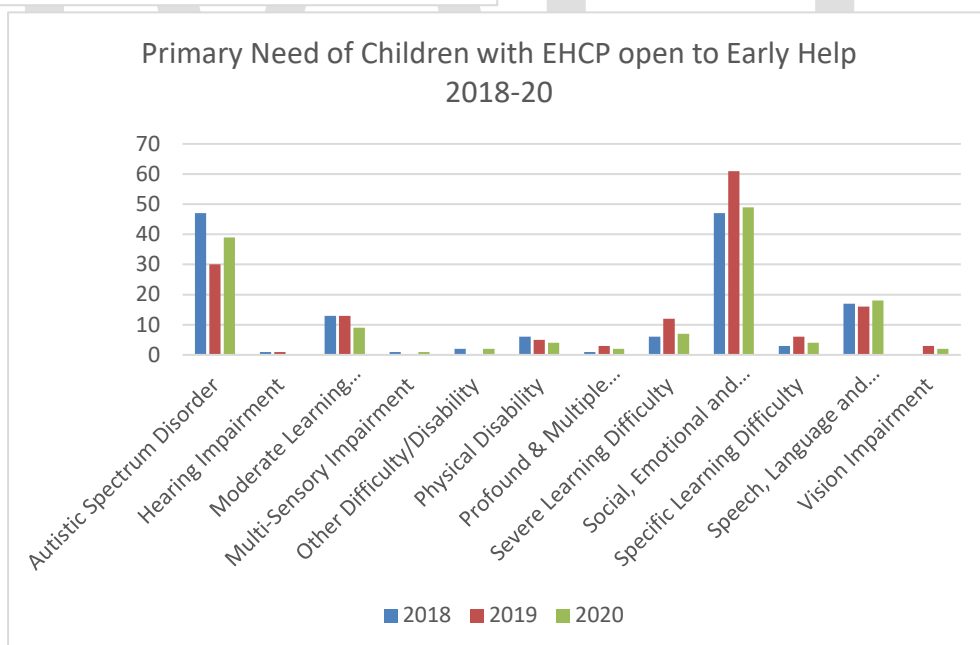


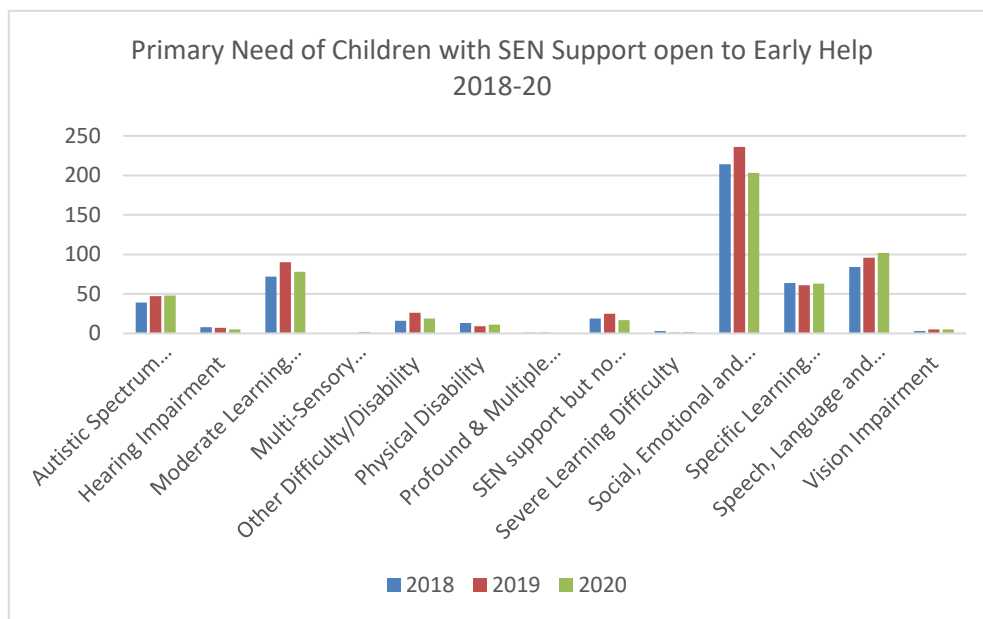
Whilst high, the number of children supported by the Early Help Service receiving SEN provision has remained fairly constant over the last 3 years. This is reflected in both SEN support and children with an EHCP with higher numbers of children receiving SEN support.

The highest numbers were seen for children receiving SEN support with a 3 year average of 565 children per year.

In 2020, 16% of children supported by the Early Help Service receiving SEN provision had an EHCP and 84% 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 both are significantly higher than other primary needs and has been for the last 3 years.

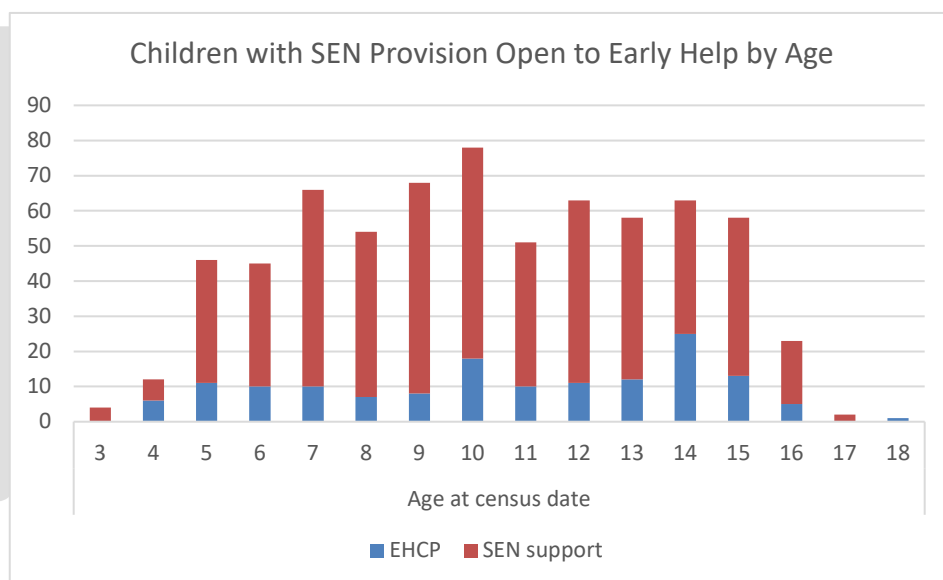




For children supported by the Early Help Service receiving SEN support, the most common primary need was Social, Emotional and Mental Health, which has been significantly higher than any other primary need category for the last 3 years.

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 9-10 year olds.

For children with an EHCP the highest provision was for 14 year olds. As mentioned above, this may be reflective of the increased prevalence and complexity of Social, Emotional and Mental Health needs amongst this cohort.



Many of the children and young people, particularly teenagers, supported by Early Help will be supported by Early Help in relation to school attendance and exclusions, potentially linked to Social, Emotional and Mental Health needs which are often recognised later in a child's academic journey.

5. Conclusions

- Evidence suggests that the North Yorkshire Attachment / Trauma aware schools project offered to schools is highly effective for developing staff understanding of early developmental trauma and developing understanding and knowledge of Emotion Coaching. Both the Emotion Coaching and Circle of Adults action research has proved highly effective in supporting schools to begin to embed an aspect of practice with deeper understanding. Both Emotion Coaching and Circle of Adults enhance staff reflective processes regarding both intrapersonal and interpersonal development. Evidence also suggests that this can provide psychologically containing processes, which can support staff and student wellbeing. Evidence suggests that this may also contribute to staff self-efficacy. Emotion coaching when used across the

school over time becomes a way of communicating and can support positive relationship development, hence contributing to positive school ethos. The value system of both approaches are based on empowerment and work best when they align with the meta-emotional philosophy of the adult and SMT. Both approaches can operate at many levels systemically, providing ecologically embedded interventions.

- In reference to the increased numbers of children open to C&FS and receiving SEN provision and a reduction of the same open to DCS. 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. It would be expected that C&FS would have more young people open receiving SEN provision than before because of the increase in the number of plans being made. However, for DCS to remain fairly stable because the referral rate to DCS is thankfully low and cases only close when the young person transitions.
- 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.
- Two clear areas where support is being provided by Early Help For both EHCP it is social emotional and mental health and ASD. The Healthy Child Team 0-19 offer support in this area we would like to understand how many of the children in this cohort are accessing support from a Healthy Child Practitioner.
- We do not know how many children are being supported at Early Help level 2b (multi-agency) – We do not currently report on this recent discussions have taken place to begin to understand what we need to capture.
- We do not know the number of S17 assessments completed for children with SEND resulting from parent self-referral - This is another area we have not reported on previously so would need further investigation as to how they are recorded in the system to be able to understand what we information we can gather.
- We do not know the number of EHCP/SEND young people on a transition plan to adult services - We currently do not report on this transition and require a more discussion about the requirements.

6. Next steps

Early Help

Social Emotional and Mental Health Needs and Autistic Spectrum Disorder; We will work towards gathering further data to explore whether the support Early Help provides is to the parent to help them manage their child's needs or direct work with children (and the impact this has). This will help us to understand and define what support is offered to families working with Children and Families Workers. We will also explore what additional work is being undertaken in schools to support these children and their families.

We will use this data to identify training needs for Children and Families Workers and to explore what would be the most consistent programme to offer parents.

Early Help 2b Team Around the Family (TAF); Gathering data relating to families who are supported at Early Help 2b is an identified priority as part of the Early Help strategy we will work together to create a process to capture this.

Data Reporting

Through the process of creating this JSNA we have identified a number of data gaps and a small working group has been formed to address this.

PIPA

The PIPA Service (Psychologically Informed Partnership Approach) is a partnership between North Yorkshire County Council and the Tees Esk Wear Valley NHS Foundation Trust to provide a service around how we can effectively support our children / young people / families / care leavers and foster carers, particularly around Social, Emotional and Mental Health.

The service offers a mix of psychologists and advanced practitioners based within each locality working as a multi-disciplinary provision across the social work and leaving care teams. The service provides direct psychological interventions for children, young people, families and carers, whilst also developing the capacity of local authority staff and others to work in a psychologically informed way.

The service works in two ways:

Indirect work: The service provides consultation to the Children and Families Service, where there is a need to understand who is involved with the child/young person and family, networks, groups and teams to support the development of a psychological understanding of children and young people, and the systems of which they are a part.

Direct work: In addition to consultation and formulation, the service also offers to join with CYPS, multi-agency and multi-disciplinary staff to provide direct psychological work with children and young people with emotional wellbeing needs, families and carers.

For CYPS staff, such joint approaches, whilst time limited, offer a number of opportunities to enhance practice, to share and deepen understandings where relationships are complex and risks high, and to introduce different perspectives and approaches whilst reinforcing existing relationships.

For other multi-agency and multi-disciplinary staff, such as CAMHS staff and the Crisis Team, joint approaches enable closer liaison, smoother transitions between services and prevent duplication. The embedded clinicians are a key link between social care and mental health services, and may remain directly or indirectly involved where children and young people's mental health needs are being met by child or adult mental health services in North Yorkshire, including those in schools and crisis CAMHS.

Dedicated Phone Line Support for Foster Carers / Social Workers during Covid 19

In order to support foster families during this difficult time, the Virtual School Educational Psychologist and the Psychologically Informed Partnership Approach (PIPA) service

alongside the Fostering Social Work Team set up a dedicated support line for families to access. The support line allowed families who had concerns about the young person they are caring for to:

- Access coping strategies to help the young person to manage any distress arising
- To have a place to access support for themselves as carers facing the challenges that social isolation, social distancing etc. can bring
- To explore any further support that might be helpful and available to the family at this time including signposting to other services.

One of the incidental advantages of the phone line was in some instances closer links between home and school through involvements of participants across settings, in line with our learning homes caring schools ethos. The line appeared to meet this need in offering a normalising response to a highly unusual, unique event. It also allowed carers to reflect on both the positives and negatives of “life in lockdown”.

Feedback from Carers using the Phone support line

- “He felt it helped to discuss his concerns. He really liked the phrase you used “Push where it moves” as it was a reminder you can’t always change everything so change what you can”.
- “The carers said it was really helpful and I think it has grounded them a little more. Some of this is secondary stress as they are taking on the anxieties of X through this court process. They are good at taking forward anything they are given to manage life better for X, so I am very optimistic this information will help put some more therapeutic flesh on the bones”
- “She felt the call was very beneficial/insightful and gave her different strategies to try/or tweak ones they are already using and ways to look at things regarding A’s behaviour. She felt it gave her some reassurance and comfort that they are doing the right things and that the difficulties A is experiencing should improve over time by enabling him to better understand and manage his emotions”.

Training for Foster Carers in Emotion Coaching



Training in Emotion Coaching was designed and delivered between the Virtual School Educational Psychologist and PIPA. Following discussion with Fostering Team Managers, it was decided to focus the training for Foster Carers and the Fostering Support Workers. Two initial virtual training sessions were delivered at different times to facilitate access. A follow up coaching session was delivered later in

August. The evaluation of this process suggested that the process was valued and further support was requested.

- It is not all about being soft, it is giving empathy and understanding and helping them manage their way forward in a gentle manner.

- Understanding that I should check if there is an underlying reason behaviour. I think that in the past I have often judged the behaviour incorrectly.

Compassion Fatigue training

In response to a request from Social Care further training is now being delivered in the area of Compassion Fatigue by the same partnership for Foster Carers and SW or support workers. The feedback is resoundingly positive. The research presented is current.

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