

SEND AND INCLUSION

Inspection Improvement Plan

ADDENDUM: To ensure alignment with the Local Area SEND Inspection findings and the SEND and Inclusion Strategy 2026–2031, this plan will operate alongside and complement the 2024–2026 plan.



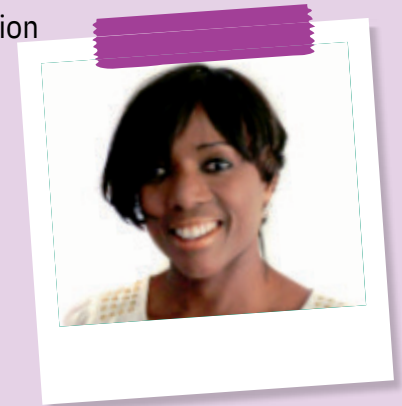
Foreword

Foreword from Merlin Joseph, Executive Director of Children’s Services and Chair of the SEND and Inclusion Board

I am pleased to introduce this addendum to our Improvement Plan, developed in direct response to the September 2025 Local Area SEND Inspection. This addendum complements our existing 2024–2026 Improvement Plan and sets out the targeted actions we will take—together—to strengthen inclusion, accelerate progress, and deliver the ambitious change our children, young people, and families deserve.

I would like to extend my sincere thanks to everyone who has contributed to this addendum. Your passion, expertise, and dedication to improving the lives of children and young people with SEND are truly inspiring.

Together, we can build a more inclusive, ambitious future.



Our Partnership Vision is:

“For all children in the East Riding to have the best start in life: to be safe, and grow up in a loving home, to be equipped with the skills and values to achieve their potential and thrive.”

SEND and Inclusion Board Governance Groups and Responsibilities

The **SEND AND INCLUSION BOARD** has overarching accountability for the delivery and success of this addendum of the SEND and Inclusion Improvement Plan 24-26. To achieve this, improvements will be delivered through 5 Subgroups which have specific remits within the addendum and plan, (which are highlighted in the corresponding colours.) The work within these Subgroups and any developing risks and challenges will be overseen by the SEND and Inclusion Board.

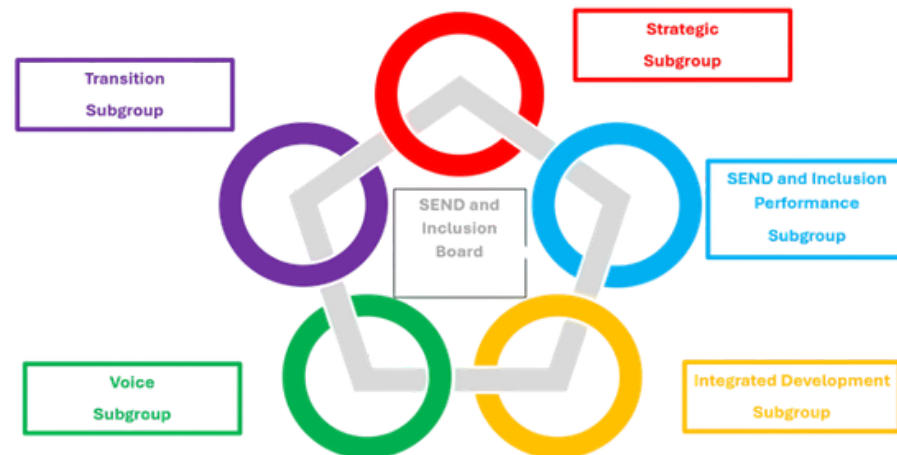
Strategic Group – Key responsibility is to review the creation and progress of any relevant Strategies and Improvement Plans linked to SEND and Inclusion, escalating any risks/challenges to the main board.

SEND and Inclusion Performance and Quality group – Key responsibility is to review a number of quantitative and qualitative data measures, such as waiting lists/ EHCNA and identify, task, and deliver on any risks / challenges, informing the main board as appropriate.

Integrated Development Group – Key responsibility is to ensure that support, training, and opportunities to develop are in place for the whole workforce, parents, carers, and young people, escalating any risk / challenges to the main board.

Voice – Key responsibility is to review co production and engagement activity across the partnership; analyse feedback; develop new information and resources and inform the main board of any key messages, alongside escalating any risks/challenges.

Transition Group – Key responsibility is to ensure that work to ensure transitional points in a young person’s life such as EYFS – Primary – Secondary – Preparing for Adulthood – Post 16,19–25, short term breaks, Education Other Than At School / Alternative provision are as seamless as possible is completed; escalating any risks/challenges to the main board.



Delivering the Addendum and Accountability

Delivery and Accountability

Accountability for delivering this addendum to the SEND & Inclusion Improvement Plan rests with the Local Area Partnership. This partnership is led by the Local Authority and the ICB, and is supported by Public Health, the Parent Carer Forum (PCF), the VCSE sector, and other relevant delivery partners. Responsibility does not sit with any one individual; it sits collectively with the partnership through the SEND and Inclusion Board, described below.

The partnership will work together to deliver the additional aims set out in this addendum, alongside the priorities already established in the SEND and Inclusion Improvement Plan 2024–2026.

SEND and Inclusion Board Leadership

- Chair: Merlin Joseph, Executive Director of Children, Families and Schools, East Riding Council
- Vice Chair: Paula South, Place Nurse Director (Hull and East Riding of Yorkshire Place)
- Key Partners Supporting Delivery: Katie Bristow and Emma Cottam, Co-Chairs of the East Riding Parent Carer Forum



To maintain clarity and avoid unnecessary updates, individual officers are not named within the addendum. Actions are assigned to roles, ensuring continuity even if personnel change.

The addendum outlines:

1. **Actions to be taken and links to Strategy** – First column
2. **Who will be doing it – lead and which group is monitoring it** – Second column
3. **When it will be achieved** – Third column
4. **What the impact should be/ What this will be like for children and young people and their families** – Fourth column
5. **How success will be measured** – Fifth column

Column 1	Column 2	Column 3	Column 4	Column 5
A1. Children and young people’s needs are identified accurately and assessed in a timely and effective way.	By Whom	By When	Intended Impact	Success Measures
Strategy Section: 1 A1.1 Aims and actions	Transition Subgroup Role leading and Sub-group monitoring it	March 2025 Timeline	Intended Impact For CYP and their Families	Baseline Data: Target data:

Sharing the Addendum

This addendum outlines how the partnership will deliver the partnership response to the Inspection findings. Updated annually, it will flex to meet emerging priorities, align with our existing SEND and Inclusion Plan and SEND and Inclusion Strategy, the national SEND reforms, and the 2026 SEND White Paper.

To ensure that this addendum is fully accessible we have created a number of different versions:

- A child friendly version.
- A Young Person friendly version.
- A Summary.
- An easy-to-read version.
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This addendum will be shared on the Local Offer and be sent to partners via relevant means to ensure that moving forward this, alongside the existing improvement plan, can be the cornerstone of SEND and Inclusion development across the partnership. Feedback on the plan and any areas outlined can be sent to: steve.owen@eastriding.gov.uk

Priority 1

The local area partnership should prioritise improving accessibility for children and young people with SEND to healthcare provision.



P1. Action	By Whom	By When	Intended Impact	Success Measures
<p>Strategy 1,2,3, 6 P1.01 Neurodiversity Assessments Pathways and Agreed Actions</p> <ul style="list-style-type: none"> • System-wide pathway redesign: whole-age ND pathway, shared across all HNY, clarifying roles for universal/targeted services to reduce “diagnosis-first” bottlenecks. Start: Q1 2026; milestones: draft pathway by Q2 2026; phased adoption 2026/27. • Demand management with early help: strengthen pre-diagnostic support in education/family hubs to reduce “diagnosis for support” drivers. Start: immediate; quarterly reviews. • Capacity options: quantify additional clinical capacity and potential outsourcing to hit 18-week trajectory; present investment case if required. By: Q2 2026 (to feed 26/27 plan). • Offer: “Waiting Weel” structured pre- and peri-diagnostic support (behavioural strategies, school advice) via universal/targeted services while waiting; formal communications to families that support does not require diagnosis; routine check-ins and signposting. 	<p style="text-align: center;">Strategic Subgroup</p> <p style="text-align: center;">HNY ICB MHLDA&Family Health BUs</p>	<p style="text-align: center;">March 28</p>	<ul style="list-style-type: none"> • More children receive an Autism diagnosis quickly, enabling earlier support. • Measured by: % diagnosed ≤18 weeks. • Children with ADHD access timely diagnosis and treatment, improving stability and outcomes. • Measured by: % diagnosed ≤18 weeks and treatment started ≤18 weeks. • Waiting times for Autism/ADHD assessments are significantly reduced, with no long waits. • Measured by: waiting list size and number >52/104 weeks. • Families receive effective early help before diagnosis, reducing pressure and escalation. • Measured by: number accessing pre-diagnostic support. 	<p>Baseline Data</p> <ul style="list-style-type: none"> • September 2025: Autism WL 1,319; ADHD assessment WL 701; ADHD intervention WL 432, with long-wait breakdowns (>18, >38, >52, >104 weeks). • December 2025: Autism WL 1,384; ADHD assessment WL 706; ADHD intervention WL 435; long-wait cohorts have worsened since September. <p>Data Target</p> <ul style="list-style-type: none"> • Access standard: ≤18 weeks from referral to diagnosis for Autism and ADHD, and ≤18 weeks from referral to ADHD treatment start (where indicated), aligned to National ADHD Taskforce recommendations. • Deadline: staged trajectory starting 2026/27; full compliance by Mar-2031 (as per plan’s current end date);

Strategy 1,2,3, 6

P1.02 SALT Assessments Pathways and Agreed Actions

Actions to reduce waiting list

- Short-term capacity: increase staffing use bank staff/excess hours; recruit remote assessment posts; increase admin to release clinical time; weekly WL scrutiny;
- Validation letters to prioritise and remove DNAs/inappropriate waits; SMS reminders via Accurx. Under way since Dec-2025; ongoing weekly.
- Pathway/productivity: review dual-assessment pathway; job planning per NHSE guidance; expand clinic sites in family hubs (e.g., Lemon Tree Hull; exploring Beeford). Q1–Q2 2026.
- Data/outcomes: implement SNOMED coding at pathway level; deploy TOMs and patient-reported measures with BI support; analyse referral reasons/age profile/EHCP linkage. Q1 2026 build; Q2 2026 reporting.
- Early intervention: digital referral options (MS Forms/phone), improve website resources; “Wellbeing while waiting” offer in place and being strengthened. Q1 2026.
- Offer: standardised self-help resources on referral; proactive comms and reminders; rapid telephone triage to fast-track those needing F2F; local clinics to reduce travel burden. Check-ins: at referral, FTA risk points, and every 8–10 weeks until seen.

Strategic Subgroup

SALT service manager (Hull&ER)

March 27

- Earlier intervention is available through universal services across the Hull & East Riding system.
- Families receive the right support earlier, reducing escalation to higher-tier services.
- Waiting times reduce across the whole assessment pathway (triage, first contact, second contact, and full assessment).
- No child waits more than 52 weeks for an assessment.
- Maximum waiting times continue to fall in line with the trajectory (e.g., reaching 38 weeks within 6 months).
- Improved experience of families accessing the service, with quicker decision-making and more timely advice.

Baseline Data

East Riding—referrals trending down overall with autumn spike;

September 2025:

- **0 children waiting >52 weeks**
- **Longest wait: 51.9 weeks**
- **Average wait: 17.4 weeks**

Waiting list numbers (November 2025):

- **426 waiting for first contact**
- **130 waiting for second contact**
- **44% waiting >18 weeks (down from 61%)**
- **75% waiting >18 weeks (down from 80%)**

Current position (Feb 26

- 474 children waiting
- 0 waiting over 52 weeks
- Longest wait: 46.3 weeks
- Average wait: 15.1 weeks

Current waiting time for triage: 8 weeks

Next available triage appointment: 13th March

Current referral-to-invitation cohort: referrals from 20th January

Data target:

Maximum wait to reduce to 38 weeks within 6 months

- By Sep-2026: reduce SaLT >52-week waits to zero across Hull & ERY.
- By Mar-2027: ≥92% seen within 18 weeks to assessment completion or intervention start (matching plan milestone).
- Monthly: sustain ≥95% appointment reminder coverage and ≥5% WL reduction in Hull until parity with ERY.

Strategy 1,2,3, 6

P1.03. CBT Assessments, Pathways and Agreed Actions

Increase Capacity & Remove Backlog

- Procure short-term external capacity to deliver behavioural CBT.
- Mobilise providers quickly to eliminate the existing backlog.

Redesign Access Pathway

- Reconfigure the front-end of the pathway so CBT is offered earlier within a stepped-care model.
- Shift suitable cases to early intervention to reduce pressure on CAMHS core pathways.

Establish Accurate Baseline & Monitoring

- Complete an immediate data pull of the full waiting list, broken down by age, need and priority level.
- Set April 2026 as the formal baseline.
- Implement weekly burn-down reporting to track progress against the backlog reduction trajectory.

Strengthen Support While Waiting

- Provide psychoeducation packs, guided self-help materials and group webinars to all families awaiting CBT.
- Implement scheduled check-ins and risk monitoring.
- Signpost families to MHSTs and Early Help where available.

Standardise Check-In Schedule

- Conduct check-ins at referral, at 6 weeks, and every 12 weeks thereafter.

Strategic Subgroup

HTFT (PYSH Therapies) ICB Family Health BU.

Sept 26

- Children access CBT earlier, improving emotional regulation and behaviour sooner.
- Reduced escalation of difficulties, preventing crisis, exclusions or higher-tier interventions.
- Families receive support quicker, improving coping and home stability.
- Improved school engagement, with earlier strategies reducing disruption and anxiety.
- Better long-term mental health outcomes through timely therapeutic intervention.

FT has a plan to eliminate all long waiters for Cognitive Behavioural Therapy (CBT) within core CAMHS. Further work will confirm an improvement trajectory once agreed.

The latest waiting list information held by the ICB is for November 2025, at which time there were 70 core CAMHS over 18 week waits of which 5 were over 38 weeks and 0 over 52 weeks. It is understood that these have reduced since that time. Additional external capacity has been secured to provide online CBT where this is an appropriate treatment modality

Baseline Data

November 2025 (total = 54)

- 1 × 39-week wait
- 26 × 18-week wait
- 10 × 12-week wait
- 6 × 8-week wait
- 3 × 4-week wait
- Total: 54

February 2026 (total = 15)

- 1 × 47-week wait
- 8 × 18-week wait
- 3 × 12-week wait
- 1 × 8-week wait
- 1 × 4-week wait
- Total: 15

Data Target

- By Jul-2026: outsourcing “where clinically appropriate” to clear the CBT waiting list.
- By Jul-2026: ≥90% of CBT starts within 18 weeks from referral.
- From 2026/27: CBT embedded in early intervention services rather than core CAMHS in most cases.

Strategy 1,2,3, 6

P1.04, Reducing Waiting Times for Equipment and Specialist Provision, Pathways and Agreed Actions

Strengthen Prioritisation and Data Quality

- Prioritise all cases based on clinical risk and functional impact.
- Cleanse the waiting list to remove duplicates and incorrect entries.

Embed Consistent Clinical Workflow

- Implement the WAP/AWAP model across the pathway to support consistent triage and progression.
- Hold fortnightly recovery reviews to monitor progress and unblock delays.

Strengthen Performance Monitoring

- Produce weekly backlog dashboards showing inflow, outflow, risk, and recovery trajectory.
- Maintain supplier recovery for moulded seating to avoid secondary delays.
- Run additional handover clinics to increase throughput.

Maintain Eligibility Alignment

- Sustain the eligibility changes implemented in November 2024 so inflow remains aligned with commissioned capacity.
- Monitor inflow and eligibility compliance monthly.

Waiting Well

- Implement risk-based prioritisation for all referrals.
- Provide proactive family updates at referral, 6 weeks, 12 weeks, and then every 4 weeks where waits approach 18 weeks.
- Offer interim loan equipment only where eligibility criteria are met.
- Establish a clear escalation route for any clinical deterioration.
- Maintain weekly internal ICB oversight meetings to track performance and risks.
- Maintain monthly Contract Management Board meetings for formal governance, assurance and performance monitoring.

Strategic Subgroup

AJM Clinical Lead/ICB Commissioning Clinical Lead

Aug 26

- Higher-risk children are seen sooner, reducing the likelihood of deterioration.
- Safety improves through routine check-ins and clear escalation routes.
- Families feel informed and supported with predictable, proactive updates.
- Fewer 18-week breaches due to tighter monitoring of approaching cases.
- Consistent, accountable decision-making through strengthened weekly and monthly governance.

Baseline Data

- **All ages 18+ week waits (routine assessments): improved from 729 (29/10/25) to 566 (19/01/26).**
- **CYP detail (18+ weeks):**
 - **Age 0–5: from 21 to 4;**
 - **6–17: from 63 to 32;**
 - **18–25: from 34 to 18. (10/2025 vs 01/2026).**

Data Target

- Assessments within 15 days (95%) and deliveries within 5 days (90%)
- % CYP ≤18 weeks referral→handover; backlog 18+ weeks
- By Oct-2026: “No CYP waiting >18 weeks from referral to receipt of wheelchair/accessories” (plan).
- Backlog clearance: 9-month trajectory from late Jan/early Feb-2026 using +17/wk uplift; weekly performance to plan.


<p>Strategy: 1,2,3.6</p> <p>P1.05 Continence Service Assessments, Pathways and Agreed Actions</p> <p>Equity of Offer Across Hull and ERY</p> <ul style="list-style-type: none"> • Target: Establish a consistent Level 1 and Level 2 continence offer across Hull and East Riding, removing historic inequity. • Measure: Level 2 enuresis pathway operational in ERY; Level 1 SPHN capacity aligned across both places; immediate support in place for the ~6 identified ERY CYP with complex needs. <p>Single Co-Produced Pathway</p> <ul style="list-style-type: none"> • Target: Implement a single, co-produced continence pathway covering prevention, early support and MDT neighbourhood delivery. • Measure: Baseline completed across 0–19 SPHN and CCNS; pathway mapped, agreed, and adopted across both areas. <p>Immediate Case Actions (Jan–Feb 2026)</p> <ul style="list-style-type: none"> • Share ~6 complex ERY CYP cases with SPHN for joint SPHN–CCNS MDT reviews and plans. <p>Capacity & Equity (Jan 2026)</p> <ul style="list-style-type: none"> • Develop Level 1 SPHN capacity uplift for ERY. • Work with Hull PH on a cross-place prevention/early intervention model. <p>Level 2 Extension (End Jan; phased 26/27)</p> <ul style="list-style-type: none"> • Produce CCNS/CHCP options for adding ERY enuresis to Level 2, informed by impact assessment and pilot. • Begin phased implementation in 2026/27. <p>Baseline Creation (Q1 2026)</p> <ul style="list-style-type: none"> • SPHN 0–19 (Hull & ERY) and CCNS to establish a baseline against NICE, PCF and NHSE standards. <p>Governance (Ongoing)</p> <ul style="list-style-type: none"> • Report progress to ERY SEND & Inclusion Board and H&ER Transition & Efficiencies Board. • Align with the SEND Improvement Plan. <p>Strengthen Offer While Waiting</p> <ul style="list-style-type: none"> • Provide early Level 1 advice/training via Family Hubs and schools. • Offer Level 2 specialist support where indicated. • Give clear communication on care plans, review cycles, and escalation steps. • Conduct proactive reviews during the pilot. <p>Check-In Schedule</p> <ul style="list-style-type: none"> • Check in with families every 6–8 weeks until seen. <p>Guidance</p> <ul style="list-style-type: none"> • Ensure practice follows NICE, NHSE Excellence, PCF and ERIC/BBUK resources. 	<p style="text-align: center;">Strategic Subgroup</p> <p style="text-align: center;">Assistant Director for Community Integration and Transformation (CYP) - ICB</p>	<p>End of 26</p>	<ul style="list-style-type: none"> • More children achieve dryness sooner, improving daily functioning. • Faster access to support, reducing long waits and escalation. • Families feel more confident, using early advice and self-management strategies. • Fewer referrals to specialist services, as early intervention resolves most cases. • Reduced inequality across Hull and ERY, with consistent access and outcomes. 	<p>Baseline Data</p> <p>Baseline to be built - not available as yet.</p> <p>Target Data</p> <ul style="list-style-type: none"> • By Mar-2028 (plan): pathways fully operational with capacity to meet need; ≤18 weeks from referral to assessment/intervention. • By 31/01/2026: ERY PH & Children’s Prevention Lead—draft proposal to improve Level-1 capacity (and include Hull PH to ensure equity). Complete by 31/01/2026. • By 31/01/2026: CCNS/CHCP impact assessment + prioritisation framework for Level-2 rollout to ERY. Pilot by 31/01/2026. • By 31/03/2026: Stakeholder workshop to co-produce single system pathway and 26/27 action plan.
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Priority 2

The local area partnership should continue to improve the experience and outcomes of children and young people receiving SEN support in mainstream settings.




P2. Actions	By Whom	By When	Intended Impact	Success Measures
<p>Strategy 1,2,3,4,5,6,7 P2.1 Improve experience and outcomes of children and young people receiving SEN Support in mainstream settings.</p> <ul style="list-style-type: none"> • Create a dedicated lead role for SEN Support within the LA. • Create dedicated Action Plan for improving outcomes at SEN Support. • Explore best practice in outcomes locally, regionally and nationally. • Refine data analysis of SEN Support outcomes. • Ensure ILS provide high support and challenge as focus of school improvement visit. • Explore the use of the Cluster model of funding to address challenges at SEN Support. • Provide training to enable staff to identify SEN needs early and provide timely, targeted support. • Deliver ongoing training for education staff. • Review the use of the SEN Support Plan. • Identify settings to provide SEN reviews. • Opportunities for clusters of schools to bid to deliver improvement in focus areas of outcomes such as KS2 writing. • Expand outreach offer from Early Years settings to support inclusion. 	<p style="text-align: center;">Performance Subgroup</p> <p>Director of Education, Schools and Inclusion</p> <p style="text-align: center;">SEN Support Lead/ Head of School Effectiveness/DBV Lead</p>	<p>Jul 27</p>	<p>Outcomes for CYP at SEN Support improve and move inline with regional and national measures.</p> <p>For CYP and their families :</p> <p>Children and young people on SEN Support will have their needs identified earlier and receive consistent, high-quality interventions in mainstream settings, improving progress and inclusion.</p> <p>Families will feel confident that support is timely, effective, and delivered without unnecessary delays or reliance on an EHC plan.</p>	<p>Baseline Data and target:</p> <ul style="list-style-type: none"> • GLD for SEN Support in line with National and to be improved from 23.6% 2024 to 26.4% (National) • Phonics for SEN Support 49.6% in line with national/regional and to be improved to 52.1% (National). • KS2 RWM for SEN Support in line with national and to be improved from 19.7% to 28.2% (National) • Attainment 8 for SEN Support to be in line with national and improved from 32.2% to 33.7% (National) • Progress 8 for SEN Support to be in line with national and improved from -0.59 to -0.45 or better (National) • L2 Attainment for SEN Support with English and Maths at age 19 from 40.8% - 44.5% (National)

<p>Strategy 3,4, 6,7 P2.2 Explore and address mental health barriers that prevent attendance at school.</p> <ul style="list-style-type: none"> • Ensure EBSA understanding and training is in place across the system. • Recruitment of MHSTs to continue and continue to roll out MHSTs across localities. • Create a Senior Mental Health Lead in Education Group to share good practice and challenge. • Ensure T+F group review the cohort of CYP to explore links with other needs such as ND/SALT etc. • Analyse numbers of settings with mental health lead, reach out to those without and provide invitations to group. • Provide workshops for SENCOs and HTs on the importance of Mental health Leads. • Provide best practice guides for schools developed with practitioners and families. • Ensure clear referral pathways are in place. • Map the interventions available across the partnership. Monitor and review the effectiveness of local interventions to meet childrens' needs. 	<div style="text-align: center;">  <p>Performance Subgroup</p> </div> <p>Director of Education, Schools and Inclusion</p> <p>Principal Ed Psychologist</p>	<p>Jan 27</p>	<p>We will reduce EBSA cases and improve attendance by ensuring all schools have mental health training, clear referral pathways, and access to best practice resources and support.</p> <p>For CYP/Families</p> <p>Children and young people will feel safe, supported, and confident to attend school with quick access to mental health help, while families will know where to get support, experience clear communication, and feel reassured their child's needs are met.</p>	<ul style="list-style-type: none"> • Attendance: Fewer EBSA cases and improved school attendance. • Training: All schools trained on EBSA and mental health; most have a Mental Health Lead. • Access: Faster referral times and clear pathways understood by families. <p>Baseline Data</p> <ul style="list-style-type: none"> • Jan 26 84 CYP with an EHCP EHE • Jan 26 46 in receipt of S19 AP • Jan 26 39 CYP in receipt of EOTIS • Jan 26 96 CYP in receipt of tuition MH Need <p>Data Target</p> <ul style="list-style-type: none"> • Baseline data shows 10% reduction - July 26 • Baseline data shows 20% reduction -Dec 26 • Ensure 100% of schools are trained on EBSA and mental health awareness by July 2026. • Achieve 80% of schools with a designated Mental Health Lead by July 2026. • Reduce average referral time to mental health support to under 4 weeks. • 85% of families report satisfaction with the support received. • Deliver a minimum of three workshops per term for SENCOs and Headteachers.
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Priority 3

The local area partnership should prioritise . The local area partnership should continue to improve the quality and consistency of EHC plans by:

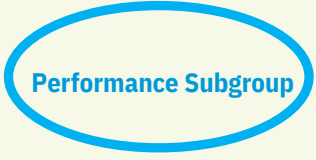


P3. Action	By Whom	By When	Intended Impact	Success Measures
<p>Strategy 2,4,7 P3.1 Strengthen Quality Assurance Framework</p> <ul style="list-style-type: none"> Review and refine the QA framework for EHC plans to ensure the system works efficiently and includes: Review of membership Review of frequency Analyse alternative models Meaningful quarterly multi-agency audits Meaningful feedback loops, with learning shared across teams. 	<div style="text-align: center;">  <p>Performance Subgroup</p> </div> <p>Director of Education, Schools and Inclusion</p> <p>Head of SEND/ Head of Service - Quality assurance, review and partnerships/ SEND QA Lead</p>	<p>Jul 26 and Dec 26</p>	<p>Continuous improvement in EHC plan quality and consistency across all settings. Implement internal QA of all new EHC plans prior to issue. Conduct 6-weekly audits of EHC plans to monitor compliance and quality. Hold monthly multi-agency audits to review outcomes and share good practice.</p> <p>Positive increase in outcomes of audits, with the proportion of plans reaching the highest level of 7 increasing and the proportion of plans scoring the lower scores decreasing.</p> <p>For CYP/families This means EHC plans will be accurate, consistent, and regularly reviewed, ensuring the right support is in place, transitions are well-planned, and services respond effectively to needs and aspirations.</p>	<p>Monthly QA reports; analysis of trends; improvement actions tracked by SEND Board/ESLT and demonstrate positive impact on the quality of plans.</p> <p>Baseline Data % of plans audited internally before issue:</p> <p>100% of newly drafted EHCP's are internally QA'd.</p> <p>Total - 392 EHCP's QA in 2025</p> <p>9.96% rate of audit 392/3935</p> <p>95% of new plans internally QA'd at 2 or above (1= Good, 2 = Satisfactory, minor amends to be made) with an average score of 1.7.</p> <p>49% of EHCPs audited and moderated scored 7+ out of 10 (target 7+ and above, rated as good).</p> <p>Data Target:</p> <ul style="list-style-type: none"> % of new EHC plans internally quality assured before issue (Target: 100%) % of EHC plans audited every 6 weeks (minimum 18-20 plans per cycle) All [plans to be of 2 or above with an average improving to 1.3.) % of multi-agency audits completed monthly (Target: 100% of scheduled audits) % of audited EHC plans rated “Good” or above for quality and compliance (Target: 60% by end of year) 15% of plans Qa'd in 2026 600/4000

Strategy 2, 5,6

P3.2 Further Strengthen Multi-Agency Involvement in EHCPs and Annual Reviews.

- Ensure all key partners, including education, health, and social care, are consistently engaged in the annual review and EHCP process and contribute timely, high-quality advice by:
- Reviewing current systems for invitation.
- Agreeing a partnership wide approach to ensure improved awareness of when an AR is taking place so that all parties are invited.
- Establishing clear processes for gathering information and agree /refresh existing processes and understanding to ensure advice accurately in place. Including the DCO and DSCO role and relevant panels.
- PCF to promote at meetings with families the need for AR to be multi agency.
- Agree a process by which records are made where non input occurs and outline a process for escalation.
- Formalise approach in a partnership wide agreement.
- Undertake regular multi agency audits to ensure plans involve all agencies.



Director of Education,
Schools and Inclusion

**Head of SEND / SEND QA
Lead/**

July 26

Annual reviews are holistic and reflect the collective professional input across agencies.

For CYP / Families:

Strengthening annual reviews and input into EHCPs from multi-agencies will ensure children, young people, and families receive coordinated, person-centred support that leads to a clearer single plan; smoother transitions, and better outcomes for adulthood.

Audit of annual reviews and EHCPs; attendance records; feedback from families and professionals demonstrate multi agency approach of plans.

Baseline Data:

AR (Based on sample of 20 (CLA and Non CLA) plans) - Jan 26

Partner Invitation (H+S*) Recorded -10%

Partner attendance - 25% S and 10% H.

Information from partners dip sampled % (TBD)

Data Target

Partner Invitation (H+S) Recorded 80%

Partner attendance at AR 2026: Improves 50% S and H by July 26, and 75% by Dec 26.

Partner involvement in EHCP 2026 increases from baseline.

- *H = Health S = Social Care

Strategy 3, 5 and 6

P3.3 Improve consistency and quality of EHCPs by including preparation for adulthood planning consistently, ensuring it reflects the CYP 's aspirations, talents and interest in a timely way.

- **Embed PfA in Annual Reviews and EHC Plans**
- Introduce PfA discussions pre Year 9 onwards, as early as possible using PfA framework.
- Ensure EHC plans include aspirational outcomes across the four PfA domains.
- Use person-centred tools to capture voice and goals.

- **Develop and Implement a Local PfA Framework (0–25)**
- Co-produce a framework for early planning and transition.
- Embed across education, health, social care, and careers services.

- **Co-Produce Transition Plans**
- Work with young people and families to create individualised plans.
- Document longer-term adulthood outcomes in all transition planning.

Ensure involvement of Carers Service

- Where appropriate ensure CS are in place and the Pathways team

- **Build Workforce Capacity**
- Provide training on PfA outcomes, young person-led planning, and person-centred approaches.
- Develop toolkits and guidance for practitioners.

- **Monitor and Evaluate Impact**
- Implement audits, feedback loops, and multi-agency reviews.
- Use findings for continuous improvement and share good practice.

Transition Subgroup

Director of Education, Schools and Inclusion

Head of SEND / SEND QA Lead/

Sept 26

Young people have clear, aspirational outcomes for adulthood embedded in EHC plans and transition reviews, leading to improved life chances in education, employment, independence, and community participation.

Families and professionals work together through a consistent, person-centred PfA framework, supported by a skilled workforce and robust quality assurance, ensuring smooth and well-planned transitions from Year 9 to adulthood.

For CYP / Families:

This will ensure there is strengthened input from all parties into decisions that are made for children/young people and their families so that voices are listened to.

Baseline data

Feb 26

- **P16 EHC Plans**
- **442 General College**
- **35 Other FE**
- **33 Post 16 Specialist**
- **34 6th Form College**
- **22 Bespoke Post 16 Package**
- **18 Apprenticeships**
- **24 SI**
- **Baseline for EET Feb 26**
- **Baseline for independent living.**
- **143 NEET 3.6%**
- **3 Unknown**

% of EHC Plans with Pfa outcomes in all 4 domains. Baseline TBC Marc 26

Data Target

- % of Year 9+ EHCPlans with PfA outcomes in all 4 domains improves from baseline.

- % in sustained education, employment, or training (post-16/19)increases from baseline.

- % living independently or semi-independently by 25 increases from baseline.

Strategy 1,2,6,7

P3.4 Developing the use of technology to improve quality and consistency of EHCPs, through the use of AI and QA software.

- Introduce AI Tool for writing plans, QA of EHCPs and AR's.
- Provide training for staff.
- Review the impact of the tool writing:
- Efficiency savings
- Quality and consistency of plans/EHCP/AR

Performance Subgroup

Director of Education,
Schools and Inclusion

**Head of SEND / SEND QA
Lead**

Dec 26

AI-supported plan writing makes plans more consistent and higher quality, freeing up time to focus on families and supporting partners.

For CYP and/Families

It means children and young people/families will receive EHC plans that are more accurate, consistent, and produced more quickly, ensuring timely access to the right support and better planning for their future.

Baseline Data:

**Time to complete plan on average:
6 hours**

EHCP audit score 1.7 2025

Timelines 20 week 92.9% 2025

Audit Score 1.7 2025

Data Target

- Time to produce an EHC plan – aim to reduce average completion time.
- Plans completed within statutory timescales – target 95%.
- % of plans passing QA checks first time – target 90%.
- Audit score improvement from 1.7 to 1.2.
- Measure quality before and after AI tool use.
- Staff confidence in using AI tools – target 80%+ positive feedback.
- Family satisfaction with plan quality – annual improvement.

Priority 4

The local area partnership should improve the inclusiveness and take-up of the short break offer for children and young people with SEND, including overnight stays away from the family home.



P4 Action	By Whom	By When	Intended Impact	Success Measures
<p>Strategy 1,2,5,6 P4.1 Review of the Short Breaks Offer to take place, listening to the views of children, young people, and their families to improve the inclusiveness and take up of the short break offer for CYP with SEND, including overnight stays away from the family home.</p> <ul style="list-style-type: none"> • Initiate Consultation • Review and refresh the short breaks offer to ensure it meets the diverse needs of children and young people with SEND, specifically with a focus on including overnight options. • Utilise existing survey results around barriers to inclusive services in the community. • Mapping of potential organisations to take place. • Implement PA Web and Virtual Wallet. • Strengthen communication and outreach so all families understand what short breaks are available and how to access them. • Work with parents, carers, and young people to co-produce a more inclusive and appealing range of short break activities. • Develop targeted support for underrepresented groups to increase take-up. • Build partnerships with providers to expand capacity and ensure staff are trained in supporting children with complex needs. • Monitor participation and feedback regularly to identify gaps and improve accessibility. • Review provision at specialise residential care. • Explore family based short breaks 	<p>Transition Subgroup</p> <p>Director Integrated and Joint Commissioning, Youth and Community Partnerships and Improvement</p> <p>Head of Corporate Parenting/PCF</p>	<p>Oct 2026</p>	<p>An improved Short Breaks offer that clarifies eligibility, supports prevention, early intervention and supports greater flexibility and personalised support, especially through the use of personal budgets.</p> <p>For CYP and their Families: Clear guidance about who can apply for Short Breaks and more flexibility, personalisation, and choice for CYP and families.</p>	<p>Baseline Data: Jan 26</p> <p>Jan 26</p> <p>24 Short Breaks Packages</p> <p>65 children in overnight short break residencies</p> <p>2 Youth Groups - Buzz and Bumble Bs</p> <p>Survey results</p> <p>58% of CYP and 47% of families reporting non attendance at leisure activities.</p> <p>40% currently access leisure activities</p> <p>Data Target</p> <ul style="list-style-type: none"> • Timeline achieved. • Baseline data of number and breadth of short breaks provision established and improved on. • Usage of short breaks increases. • Voice of Families recognises improvements to accessibility.

Priority 5

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



P5. Actions	By Who	By When	Intended Impact	Success Measures
<p>Strategy 1,2,3,4 P5.1 Strengthen system-wide governance, accountability, and data driven quality assurance to ensure services deliver real impact for children, young people and families.</p> <p>Establish and Maintain Clear Governance Structures</p> <ul style="list-style-type: none"> • Develop and agree a Partnership Memorandum of Understanding (MoU). • Refresh and approve Terms of Reference (ToR) for the SEND & Inclusion Board and all subgroups. • Nominate and confirm Lead Partners for each subgroup. • Ensure additional capacity is in place to support subgroup functioning and coordination. • Embed clear roles, responsibilities, and governance arrangements across the partnership. • Provide guidance documents so that responsibilities and decision rights are understood across the system. <p>Strengthen Accountability and Escalation</p> <ul style="list-style-type: none"> • Reset and publish clear accountability measures and escalation routes. • Publish a framework for decision-making and issue resolution. • Ensure the Board and subgroups routinely review progress against improvement plans and strategic priorities. 	<p>Strategic Subgroup</p> <p>Director Integrated and Joint Commissioning, Youth and Community Partnerships and Improvement</p> <p>Strategic Lead Inspection, Improvement and Partnership/ Head of SEND ICB/ PCF Chair</p>	<p>July 26</p>	<p>Clear roles and responsibilities across the partnership.</p> <p>Stronger leadership and quicker issue resolution.</p> <p>For CYP and families: Children and young people with SEND will experience more consistent, joined-up services that focus on real outcomes and inclusion within their communities. Families and carers will have clearer information, timely support, and confidence that their voices shape improvements across the system</p>	<p>Baseline data</p> <p>MoU not in place 2025</p> <p>ToR in place 2025 but no refresh</p> <p>100% of Subgroups chaired by LA</p> <p>Data:</p> <ul style="list-style-type: none"> • MoU signed and implemented by all partners (Target: 100% by end of Mar 26.) • ToR refreshed by all partners (Target: 100% by end of Apr 26.) • Subgroup Leads in place and role descriptions issued (Target: 100% in place by end of Apr 26.) • Additional resource in place (Target: May 26). • Accountability framework published (Target: May 26) • Highlight reports show any points for escalations

<p>Strategy 1,2,3,4 P5.2 Strengthen system-wide governance, accountability, and data driven quality assurance to ensure services deliver real impact for children, young people and families.</p> <p>System-Wide Data Requirements & Oversight</p> <ul style="list-style-type: none"> • Define data requirements for the SEND & Inclusion Board and each subgroup (linked to revised ToR and monitoring expectations). • Ensure expectations for You Said / We Did reporting are clearly built into these requirements. • Strengthen system-wide ability to collate, collect, analyse and use data. • Ensure leaders have comprehensive oversight of service quality and impact. <p>Integrated SEND & Inclusion Data Dashboard</p> <ul style="list-style-type: none"> • Review and redesign the Integrated Data Dashboard to ensure: <ul style="list-style-type: none"> ◦ appropriate scrutiny of performance, quality and outcomes ◦ both quantitative and qualitative indicators are included ◦ it aligns with improvement priorities and the SEND & Inclusion Strategy ◦ data is accessible to all relevant partners <p>Quality Assurance Infrastructure</p> <ul style="list-style-type: none"> • Provide dedicated resource (single and multi-agency) to enable effective quality assurance across the partnership. • Embed service user voice within all QA processes. • Implement strengthened destination tracking of children and young people. • Further develop qualitative measures within parent/carer/young person surveys. 	<p style="text-align: center;">Strategic Subgroup</p> <p style="text-align: center;">Director Integrated and Joint Commissioning, Youth and Community Partnerships and Improvement</p> <p style="text-align: center;">Strategic Lead for Improvement, Inspection and Partnership/ Head of SEND ICB/PCF Chair</p>	<p>July 26</p>	<p>Better use of data to improve services and target resources. Quality assurance focused on outcomes for children, young people, and families. Shared dashboard for transparency and oversight.</p> <p>For CYP and families: Children and young people with SEND will experience more consistent, joined-up services that focus on real outcomes and inclusion within their communities. Families and carers will have clearer information, timely support, and confidence that their voices shape improvements across the system</p>	<p>Data:</p> <ul style="list-style-type: none"> • Board and Subgroup data requirements agreed. • You Said/ We Did in Highlight reports • Integrated Dashboard in place • 100% of Indicators updated by agreed cut off date. • Dedicated QA resource in place from all partners. • % of audits completed.
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<p>Strategy 1,2,3,4 P5.3 Strengthen system-wide governance, accountability, and data driven quality assurance to ensure services deliver real impact for children, young people and families.</p> <p>Embedding Service User Voice in Improvement & QA</p> <ul style="list-style-type: none"> • Systematically gather feedback from: <ul style="list-style-type: none"> ◦ parent carers (inc. PCF work) ◦ children and young people (inc. youth work) ◦ wider engagement activities ◦ VCSE ◦ using partner intelligence template • Integrate Engagement Intelligence into monthly performance reporting from all parties: PCF, LA and ICB so that trends and key themes are being presented to the Board. • Ensure feedback directly influences decisions via You Said / We Did mechanisms. 	<p>Strategic Subgroup</p> <p>Director Integrated and Joint Commissioning, Youth and Community Partnerships and Improvement</p> <p>Strategic Lead for Inspection, Improvement and Partnership/ Head of SEND ICB/PCF Chair</p>	<p>July 26</p>	<p>Service user voice embedded in decision-making.</p> <p>For CYP and families: Children and young people with SEND will experience more consistent, joined-up services that focus on real outcomes and inclusion within their communities. Families and carers will have clearer information, timely support, and confidence that their voices shape improvements across the system</p>	<p>Data:</p> <ul style="list-style-type: none"> • Partner engagement template agreed. • Monthly engagement intelligence performance gathered. • SEND Board Insight from Voice Subgroup on a bimonthly basis • You Said/We Did closure rate shows 85% of commitments closed within agreed timelines. • % of Board actions directly inform frontline services.
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Other identified Priorities



<p>Strategy 1,2,5,6, P6.1 Strengthened AP Provision within the East Riding to ensure right support, right place, right time. Utilise review and inspection findings, alongside SEF to facilitate a review of current AP arrangements, including current specialist involvement and options, including listening to the voices of key end users and partners. Decide on future plans for AP and how it will be structured in light of announcements from the DfE regarding the funding of AP (Dec 25) Ensure anticipated outcomes are clearly defined. Continue to build AP network - providing LOMO is in place. Finalise online directory of providers and seek mechanisms for funding this. Continue to embed AP QA processes across the system. Continue to embed Inclusion Panel A 2.8 and Tier 1 Outreach. Review independent AP to ensure pupils needs are met</p>	<p style="text-align: center;">Transition Subgroup</p> <p>Director of Education, Schools and Inclusion</p> <p>Strategic Lead for AP/ Head of Place Sufficiency</p>	<p>Jan 27</p>	<p>Strategic development of AP provision in place, which ensures that settings, children, young people with SEND and their families are clear about what AP is, how it can be accessed and how it works in the short/medium term.</p> <p>Settings, children, young people, and their families with SEND and their families are clear about what the future is for AP in the next 3-5 years.</p> <p>Number of exclusions reduces.</p> <p>Number of NEET reduces.</p> <p>FAP has clear pathways for reintegration.</p> <p>For CYP and their Families: There is a greater range of options for CYP who need alternative provision and increased chances of success at school.</p>	<p>Baseline data NEET Figures Baseline January 2025 January 2025 157 4.2% January 2026 142 3.6%</p> <p>Number of CYP in non school providers</p> <p>Baseline January 26 Number of Exclusions</p> <p>Academic Year 2024-25 - 100 (22 EHCP and 20 K)</p> <p>Academic Year 2025 -26 37 (11EHCP, 11K)</p> <p>Inclusion Panel 25-26 (Jan 26) 20 Cases Tier 1 - (7), Tier 2 (5), Tier 3 (2), Other (6)</p> <p>Data Target Numbers of Exclusions for CYP in East Riding reduces across academic year 2025-2026 from 2024-25 figures. Numbers of NEET in East Riding reduces from 4% December 2024 to being in line with statistical neighbours / national December 2026.</p>
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Strategy 6,7

P6.2 Ensure Accurate Identification of Primary Need

- Implement moderation processes to ensure EHC plans accurately reflect each child or young person’s primary area of need and align with up-to-date assessment evidence.
- Ensure system in place for reviewing primary need.
- Set clear criteria and guidance for defining each area of need.
- Provide protected time within SEND Panel for the review of Primary Need cases.
- Provide training to workforce in the LA and across settings.

Performance Subgroup

Director of Education, Schools and Inclusion

Head of SEND/ Principle Ed Ps

Jan 27

EHC plans demonstrate accurate, consistent identification of need; data used effectively to inform service planning.

For CYP /Families

This means that needs are understood accurately and consistently, leading to the right support at the right time and better planning of services that meet CYP’s aspirations.

QA audits; moderation panels; analysis of need categorisation accuracy.

Baseline Data:

147 out of 3938
3.7% of plans reviewed
50% subject to change

Data Target

Number of plans where Primary Need is reviewed collated to form a benchmark. Number of plans with accurate primary need increases from this.

<p>Strategy 3 P6.3 Continue work to strengthen the Local Offer and develop a series of roadshows across the county to ensure families access support and raise awareness of the full offer across the local area.</p> <ul style="list-style-type: none"> • Review efficacy of current site location and review alternative options. • Develop business case for migration away from corporate site. • Secure approval for LO to move to independent site. • Tender process enables clear criteria for site development... criteria developed with partners to ensure site is fit for purpose. <p>During transition</p> <ul style="list-style-type: none"> • Update Local Offer content – Review and refresh information with input from families. • • Plan roadshows – Organise events across the county to promote the Local Offer and show families how to access support. • • Raise awareness – Use social media, schools, and health settings to share clear, accessible information. • • Improve usability – Add feedback options and simple guides (videos or step-by-step). • Train staff and partners – Make sure they can confidently promote and use the Local Offer. 	<p>Voice Subgroup</p> <p>Director Integrated and Joint Commissioning, Youth and Community Partnerships and Improvement</p> <p>Strategic Lead Inspection, Improvement and Partnerships</p>	<p>Jul 26</p>	<p>Local Offer feedback is positive. Engagement continues and responsive. Parents / Carers, children and young people, as well as partners and practitioners have a clear understanding of what is on offer. Feedback options on new site</p> <p>For CYP and their Families: The Local Offer will provide the right information in an easy way</p>	<p>Baseline Data</p> <p>Website unique users December 2025 3688 views</p> <p>Data Target</p> <p>Roadshows in place.</p> <p>LO site hits increase, usage by staff increases.</p> <p>LO providers keep records of how users know about service / support / provision.</p> <p>Analysis of records shows increase in direction because of awareness created from roadshows / social media / emails.</p> <p>Local Offer website hits increase from January 2026 baseline and remain in Top 3 proportionately within region.</p>
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<p>Strategy 1,2,5, 6, 7 P6.4 Continue to work to evolve and embed the Inclusion Panel.</p> <ul style="list-style-type: none"> • Ensure the Inclusion Panel meets regularly to review cases where barriers to inclusion are identified. • Continue to refine processes for referring children and young people to the Inclusion Panel. • Use the Panel to coordinate multi-agency support, ensuring education, health, and social care services work together effectively. • Track and review the impact of Panel interventions on children’s participation, learning, and wellbeing. • Present findings to ESLT on a quarterly basis,. • Share learning and best practice from the Panel across schools and partner agencies to promote wider inclusion. 	<p style="text-align: center;">Transition Subgroup</p> <p style="text-align: center;">Director of Education, Schools and Inclusion</p> <p style="text-align: center;">Strategic Lead for AP/ Head of School Effectiveness</p>	<p>July 26</p>	<p>The Inclusion Panel will successfully reintegrate children and young people into mainstream education and sustain their placement over time. Suspensions and exclusions for supported pupils will reduce significantly, while overall engagement and attendance improve.</p> <p>For CYP/Families Children and young people will feel supported to remain in mainstream education with the right help in place, leading to improved stability and progress. Families will have confidence that interventions are timely, effective, and reduce the risk of suspensions or exclusions.</p>	<p>Baseline Data:</p> <p>Inclusion Panel 25-26 (Jan 26) 20 Cases</p> <p>Tier 1 - (7), Tier 2 (5), Tier 3 (2), Other (6)</p> <p>Reintegration Apr 25-26</p> <p>Data Target Data for Inclusion Panel.</p> <ul style="list-style-type: none"> • Successful reintegrations – number and % of CYP reintegrated and sustained in mainstream for at least one term. • Total CYP supported – count of children and young people receiving panel intervention. • CYP remaining in mainstream – % of those supported who stay in mainstream after 6 months. • Suspensions – number of suspensions for CYP supported and reduction compared to baseline. • Numbers of exclusions fall from 24/25 data.
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<p>Strategy 1,2,3, 4,6 P6.5 Ensure CYP and families can easily access high quality community SEND support through clear information, strong partnerships and accessible referral pathways.</p> <p>Map local community support and activities</p> <ul style="list-style-type: none"> • Work with partners to gather details of local groups, services, and inclusive activities. • Identify gaps and opportunities to strengthen provision. <p>Maintain a clear, accessible SEND support directory</p> <ul style="list-style-type: none"> • Organise information by age, need, location, and type of support. • Include support offers, eligibility, and contact details. • Keep the directory up to date with partners. <p>Publish clear referral pathways</p> <ul style="list-style-type: none"> • Provide simple, step-by-step routes for accessing interventions and support. • Ensure pathways are visible on the Local Offer and other key platforms. <p>Make information widely accessible</p> <ul style="list-style-type: none"> • Ensure all mapped activities appear on the Local Offer and are easy to search. • Share through schools, health settings, social media, community hubs, and newsletters. <p>Strengthen partnerships with community organisations</p> <ul style="list-style-type: none"> • Develop agreements to expand inclusive activities. • Align with the Community Inclusion Strategy to widen participation. <p>Review, monitor, and improve provision</p> <ul style="list-style-type: none"> • Regularly refresh listings and check accuracy. • Monitor uptake, satisfaction, and outcomes. • Address gaps and improve based on feedback from CYP, families, and professionals. 	<p style="text-align: center;">Voice Subgroup</p> <p style="text-align: center;">Director Integrated and Joint Commissioning, Youth and Community Partnerships and Improvement</p> <p style="text-align: center;">Head of Children's Commissioning</p>	<p style="text-align: center;">Jan 27</p>	<p>Work with community organisations and partners to expand inclusive opportunities and ensure coordinated, sustainable support for children and young people with SEND. Collaborate on training, co-production, and data sharing to improve access, quality, and outcomes for families.</p> <p>For CYP/Families</p> <p>Children and young people with SEND will have easier access to timely, local support and inclusive opportunities within their communities. Families will feel confident that services are well-connected, responsive to feedback, and designed to meet their needs close to home.</p>	<p>Baseline Data Survey result Jan 26 40% of CYP with SEND currently accessing leisure activities.</p> <p>58.8% of CYP</p> <p>47% of parents reporting non attendance</p> <p>Data target Timeline achieved</p> <p>SEND Directory established:</p> <p>Baseline % when established:</p> <ul style="list-style-type: none"> • % of local SEND services listed • Number of visits to the directory per month • % of listings with clear referral info <p>Community Partnerships</p> <ul style="list-style-type: none"> • Number of formal agreements with VCSE/community groups • Number of inclusive activities delivered per month. <p>Feedback</p> <ul style="list-style-type: none"> • % of activities collecting feedback • Average satisfaction score (1–5) • % of feedback including CYP voice <p>Uptake & Outcomes</p> <ul style="list-style-type: none"> • % of CYP with SEND accessing at least one community intervention increases from figures above.
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<p>Strategy 5,6 P6.6 Ensure strengthened arrangements in place to ensure disabled children in care have placements that meet their assessed needs, with consistent planning to prevent unplanned endings and unnecessary moves.</p> <ul style="list-style-type: none"> • Hold multi-agency planning meetings before any placement move. • Use a clear matching checklist to ensure placements meet assessed needs. • Keep a live register of disabled children to plan ahead. • Train staff on disability needs and placement stability. • Involve children and families in all placement decisions. 	<p style="text-align: center;">Transition Subgroup</p> <p style="text-align: center;">Director Integrated and Joint Commissioning, Youth and Community Partnerships and Improvement</p> <p style="text-align: center;">Head of Children’s Commissioning</p>	<p>July 26</p>	<p>The LA will have clear, consistent placement planning processes, improving oversight, accountability, and compliance with statutory duties.</p> <p style="text-align: center;">For CYP and their families</p> <p>Disabled children in care will have stable, well-matched placements that meet their needs, reducing distress and unnecessary moves.</p>	<p>Data Target</p> <ul style="list-style-type: none"> • 100% of placement plans for disabled children include contingency arrangements. • Matching checklist used in all placement decisions (Target: 100%). • Reduction in unplanned placement endings (Target: 50% reduction within 12 months). • Child and family involvement recorded in 100% of placement planning meetings. • Quarterly audit of placement planning compliance (Target: 95% compliance).
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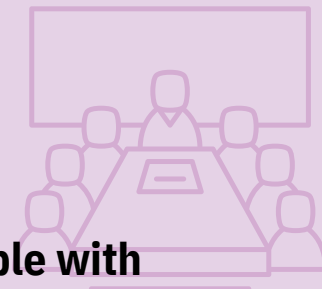
Appendix 1: Glossary of Terms



Term	Definition
Alternative Provision (AP)	Education provided to a CYP for a number of reasons: to prevent an exclusion/following an exclusion/ for medical reasons/ when a CYP is awaiting placement/ other – can be referred to as Section 19.
Children's Change Board	The Children's change Board is the governing group that oversees and makes decisions relation to change projects across the Children and Families directorate at East Riding Council.
CYP	Child / Young Person
DCO	Designated Clinical Officer – ensure Health needs of CYP with SEND are understood and supported effectively.
Delivering Better Value (DBV)	East Riding has been awarded a grant from the DfE to undertake a programme of work, this is known as DBV.
Early Help	Early help and early intervention are forms of support aimed at improving outcomes for children or preventing escalating need or risk.
Education Health Care Plan (EHCP)	Education, Health, Care Plan is a plan that lays out how the Special Educational needs provision will be met. The document outlines what Health, Care and Education will provide, how it will be delivered and where it should be provided.
Educated Other than at School/College (EOTIS / EOTIC)	Can be referred to as Section 61 – when it is inappropriate for a CYP with an EHCP to attend a school, a child/young person may have a package of education provided by the Local Authority, typically for a short period of time with the aim of ensuring there is a successful return to school.
Fair Access Panel (FAP)	A panel that meets to review where CYP should be placed, either when excluded or moved into the area – not for SEND.
Integrated Framework for Commissioning (IFC)	Integrated Framework for Commissioning sets out in detail how partners such as Health and LA work together to commission services.
Joint commissioning Strategy (JCS)	Strategy that outlines ambitions for how partners will work together to commission services jointly. (Linked to above)
Key Performance Indicator (KPIs)	These are a measure that has been agreed to measure progress and performance towards a specific target or goal.

Joint Strategic Needs Assessment (JSNA)	Joint Strategic Needs Assessment – A data rich Public Health analysis of the local area’s needs to enable partners to understand where needs for services are.
Local Area Partnership	Local Area Partnership – Health, Social Care, Education, Local Authority, Parent Carers/ Voluntary Groups, and others who work together for the benefit of the CYP with SEND and their families within the East Riding.
Local Offer	Website outlining the local area partnership’s total offer for CYP with SEND and their families. A one stop shop for information.
Moderation	A method to double check, gather a second opinion in a structured way to ensure judgements are accurate / consistent.
Preparation for Adulthood (PFA)	Preparing for Adulthood- 4 Strands – Independent living, Education/Employment, Good Health, Friends/Family/ Community.
Quality Assurance (QA)	A process to check the quality of what is being provided / or to check the work carried out / the quality can be a number of things including educational outcomes / financial value for money / effectiveness of work for example.
SEND Reviews	This is a review for a school or education setting to self-evaluate their SEND offer across the range of pupils in their setting. It then supports the creation of development plans for the school to implement.
SEND Specialism	A particular strength in one area of SEND – such as Neurodiversity, or Communication and Interaction.
SEN Support plans	A SEN Support plan is a document used by schools and education settings to plan support for pupils with SEND, this is reviewed and monitored by the school. It is a non-statutory document.
Short Breaks Offer	The Local Area partnership’s offer to children and young people with special educational needs and/or Disabilities, opportunities to enjoy fun social, leisure or educational activities, with or without their parent or carer give parent or carers a break from caring, enabling them to have time to undertake whatever they would like to do, such as leisure activities.
Transition	This word is used for when a child or person moves between stages, usually it refers to moving from primary to secondary school or starting or leaving school, but it can also refer to moving from ‘Children’s services’ to ‘Adult service’ for provision and ‘Acute Care’ to ‘Primary Care’.
Termly Support Plans (TSPs)	A Termly Support plan, is the term used for planning and reviewing support delivered by a school when a child is considered at ‘SEND Support’ level.
TYLER	The Young Leaders of East Riding – A group for 15–25-year-olds to provide a voice for CYP with SEND within the East Riding.

Appendix 2: Local Area Inspection Priorities



1.The local area partnership should prioritise improving accessibility for children and young people with SEND to healthcare provision. Leaders should focus on implementing recovery plans to reduce waiting times and ensuring children and young people with SEND can access appropriate services while waiting for assessment, diagnosis and therapeutic support.

They should:

- accelerate improvement plans to reduce assessment and intervention waiting times for speech and language therapy, CBT, and neurodevelopmental pathways including ADHD and autism
- implement plans to reduce waiting times for wheelchair provision
- ensure children and young people with SEND can access a specialist continence service.

2.The local area partnership should continue to improve the experience and outcomes of children and young people receiving SEN support in mainstream settings by:

- embedding its recently introduced multi-agency approach to breaking down barriers to inclusion for children and young people with SEND
- further exploring and addressing mental health barriers that prevent some children and young people from attending school
- continuing to ensure children and young people with SEND can access appropriate support and intervention within their local community.



3.The local area partnership should prioritise . The local area partnership should continue to improve the quality and consistency of EHC plans by:

- ensuring all key partners are included appropriately throughout the annual review process
- making sure EHC plans accurately reflect each child and young person’s primary area of need
- embedding health and social care advice effectively
- including preparation for adulthood planning consistently, ensuring it reflects the child or young person’s aspirations, talents and interests in a timely way.

4.The local area partnership should improve the inclusiveness and take-up of the short break offer for children and young people with SEND, including overnight stays away from the family home.

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

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