

Children and Families Scrutiny Panel

ADDITIONAL INFORMATION

Thursday, 27th September, 2018
at 5.30 pm

ADDITIONAL INFORMATION RELATED TO THE LISTED
REPORTS

ADDITIONAL INFORMATION

9 **SEND UPDATE** (Pages 1 - 162)

10 **EARLY HELP SERVICES** (Pages 163 - 168)

DIRECTOR, LEGAL AND GOVERNANCE



SEND Strategic Review

A review of provision for children and young people in Southampton with special educational needs and disability June 2017 – March 2018

A city of opportunity where everyone thrives

Background

- Children and Families Act 2014
- DfE funding allocated to all local authorities
- Commissioned by Southampton and Portsmouth City Councils



Key aim

To ensure that future demands can be met which are financially sustainable.

Continuum of provision

Sufficiency of provision



6 + 1 priorities

- High cost out of city placements
- Increasing complex needs and pressure on special schools
- Post 16 provision
- Increasing numbers with autism and challenging behaviour
- Resourced provisions
- Identification of SEND and thresholds for EHC assessment
- **Inclusion**

Out of city placements

- Broader, more flexible offer
- Residential provision
- Proactive intervention to prevent breakdown



Don't drop the baton

Track outcomes

Complex needs

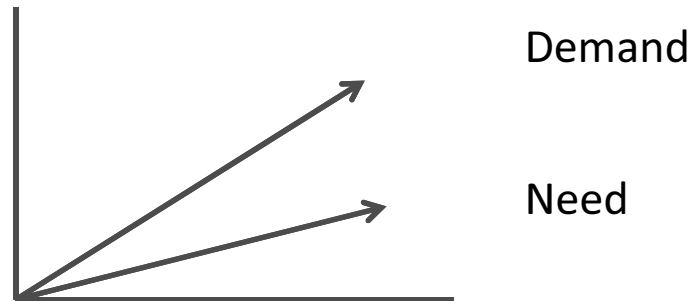
Numbers and complexity is increasing

- Complex needs
- Autism with challenging behaviour
- Social, emotional and mental health difficulties



Demand v need

- Numbers could increase by up to 50% by 2022
- Pressure on HNB
- Funding implications across all SEND provisions
- Manage the demand – meet the need



Post 16 / Post 19

Increase in age of statutory protection



Increase in EHCPs

Offer

Transition

Planning

Autism

- Numbers increasing
- Focus on diagnosis ~~NOT~~ need
- Autism strategy
 - Autism friendly schools
 - Autism champions
- Neurodiversity

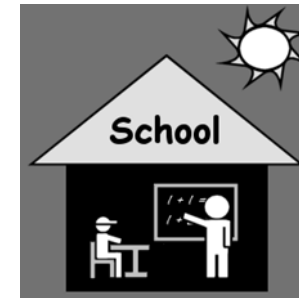


Resourced provisions

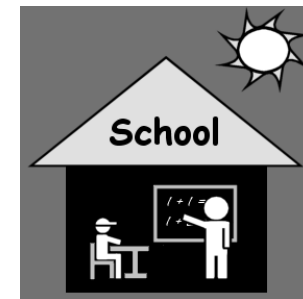
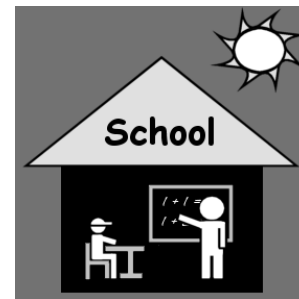
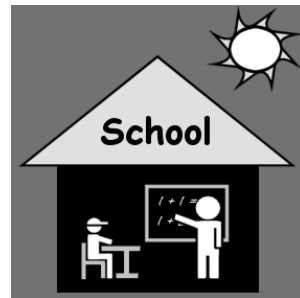
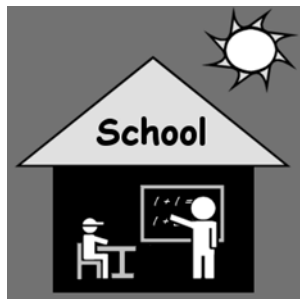
Southampton 2

Portsmouth 9

Springwell resourced provisions



Secondary resourced provisions



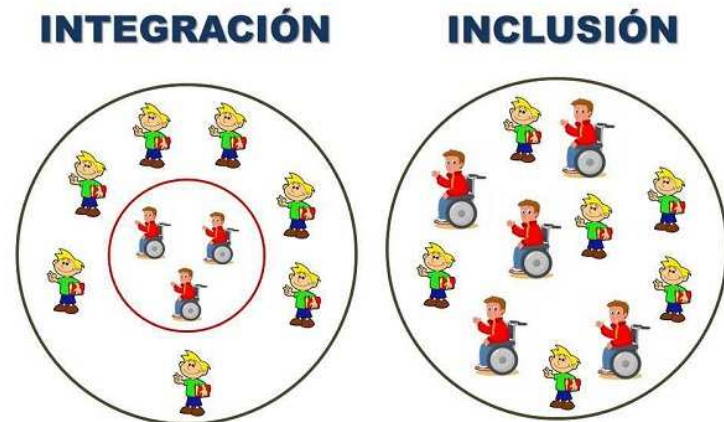
Identification and thresholds

- Misunderstandings SEND = Special School
- Magic ticket
- Parents as equal partners



Inclusion

- What does it mean?
- Ofsted, results, league tables
- Impact on other pupils
- Cost of inclusion
- Challenge of differentiation
- Staff capability
- Safety



MJ

Inclusive schools



- Sign up to ethos of inclusion
- Responsibility for children in community
- Challenges not problems
- Highly child centred
- ‘Bend’ to meet the child
- Behaviour as communicative intent
- Feeling not a place



To ensure that future demands can be met which are financially sustainable.

- Cost of 291 more special school places = £6M
- Cost of 291 places in a range of provisions from mainstream – resourced – special = £5M
- Savings from out of city placements = £2.8 – 4.5M



To conclude

- Act now
 - Doing nothing is not an option
- Act together
 - Sign up as a city
 - City wide responsibility



Southampton Special Educational Needs and Disabilities (SEND) Strategy 2017-2020



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SEND STRATEGIC REVIEW

A REVIEW OF PROVISION FOR CHILDREN AND YOUNG PEOPLE IN SOUTHAMPTON WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY

June 2017 - March 2018



Philippa Cook

Liz Robinson

About the authors

Liz Robinson is the Education Support Manager and Principal Educational Psychologist for Portsmouth City Council. She was a teacher before qualifying as an educational psychologist and has accrued thirty years of experience in education and is still learning something new every day. Within her leadership role she has played a key role in embedding the SEND Reforms within Portsmouth and will be involved in taking forward many of the recommendations of the SEND Strategic Review. Liz is the chair of the National Association of Principal Educational Psychologists.

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Any enquiries regarding this report should be made via email to:

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Foreword

I am pleased to present the report of the SEND Strategic Review.

With funding from central government, the SEND Strategic Review was commissioned jointly with Portsmouth City Council to review the provision for children and young people aged 0-25 with special educational needs and disabilities.

It is now three years since the publication of the *Children and Families Act 2014*, which places statutory duties upon local authorities, schools, colleges and health (NHS) bodies in relation to the identification, assessment and placement of children and young people with SEND.

The SEND Strategic Review will assist the Council and its relevant partner organisations in fulfilling those statutory duties and, in particular, ensuring that future needs can be met.

Whilst the review has focused on six key priorities it also provides a wealth of information and evidence to help unravel the complexity of the SEND agenda.

As the Association of Directors of Children's Services survey highlights on page 16, the pressure on the High Needs Block element of school funding which funds SEND provision is significantly overspent across the country. Southampton is no exception to this. As the numbers and complexity of children with SEND increases we must all work together across the city to ensure that we are meeting the needs of this vulnerable group within the resources that we have available.

The review presents a comprehensive narrative on the many issues within the SEND agenda and offers a range of recommendations that provide a clear pathway to meeting future needs in a financially sustainable way. These recommendations will now be considered by the Council with those taken forward being subject to full consultation and equality impact assessment.

The review has involved a wide range of stakeholders, including children, young people and their families; schools, colleges; out of city providers; health; social care and the voluntary sector. The findings have received widespread support and agreement.

Working in close collaboration with schools and partner agencies, the review will now enter into an implementation phase as part of the wider Southampton SEND Strategy. This implementation phase will continue to need the active engagement and contribution of a wide range of people.

Finally I would like to thank the authors for the insight and clarity they have brought to the review. They have provided the Council with a firm basis from which the planning and delivery of provision for pupils with SEND can be taken forward for the next 5 years and beyond.

Hilary Brooks

Director of Children, Families and Education

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Notes on terminology used in the report

The Children and Families Act (2014)

The Children and Families Act aims to ensure that all children, young people and their families are able to access the right support and provision to meet their special educational needs. The Act outlines a new Code of Practice for children and young people with special educational needs and disabilities (SEND). Changes introduced include:

- Statements of SEN and Learning Difficulty Assessments (LDAs) were replaced by Education, Health and Care (EHC) Plans
- EHC Plans provide statutory protection for young people who are in education or training up to the age of 25 instead of ending at 16
- Parents and young people with SEND have the option of a personal budget to buy specialist support when a Plan is issued
- Local Authorities are required to publish a 'Local Offer' outlining the support they will normally provide for children with SEN
- School Action/School Action Plus and Individual Education Plans (IEPs) have been replaced by a single category called SEN Support
- Health services and local authorities will be required to jointly commission and plan services for children and young people

Special educational needs and disability code of practice

Special educational needs and disability code of practice: 0 to 25 years: Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities

This Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations and applies to England. It relates to children and young people with special educational needs (SEN) and disabled children and young people.

Definitions of learning difficulties and learning disability

Learning disability and learning difficulties are terms that are commonly used. These two terms are often interchangeable. 'Learning Disabilities' are used more by Adult Services and Health colleagues (based on a medical model of disability), whereas 'Learning Difficulties' tends to be used by Children/Young People's Services and Education colleagues (based on a social model of disability).

The British Psychological Society (2000) and Valuing People: a new strategy for learning disability for the 21st Century (Department of Health, 2001) describes learning disability as having 3 criteria:

- a significantly reduced ability to understand new or complex information and to learn new skills;
- a reduced ability to cope independently;
- an impairment that started before adulthood, with a lasting effect on development.

In the *SEND Code of Practice* they are used interchangeably. Page 13 states:

"A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her"

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

School Action, School Action Plus and SEN Support

The School Action and School Action Plus categories of the previous Code of Practice have combined to form one category of SEN support.

SEN support in schools 6.44: Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.

Education, Health and Care Assessments

Where, despite the setting having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care needs assessment. To inform its decision the local authority will expect to see evidence of the action taken by the setting as part of SEN support.

Primary and secondary need

The 0-25 SEND Code of Practice (2015) identifies 'four broad areas of [special educational] need and support' (see chapter 6 for detailed descriptions):

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs

These areas allow schools to gain an overview of their pupils' range of needs. The 0-25 SEND Code (2015) emphasises: 'The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, individual children or young people often have needs that cut across all these areas and their needs may change over time... A detailed assessment of need should ensure that the full range of an individual's needs is identified, not simply the primary need.' (*Section 6.27*)

Although the Government wishes to move away from assumptions about pupils' needs based upon their difficulty or disability, they still need information about specific categories of need to allow them to predict levels of future resource. This is collected through the statutory 'School Census' and is used nationally and locally to identify the presenting range and number of children with certain types of need, changes over time and to predict provision required for the future.

There are 13 specific categories of need which are often referred to as the child's primary need. As some children present with more than one need it is also possible to assign a secondary need. Whilst, for planning purposes, being able to identify a child's needs in this way is useful, this is dependent upon the child's needs being correctly identified and the appropriate need being recorded.

The census categories of special educational needs include:

- Specific learning difficulties (SpLD)
- Moderate learning difficulty (MLD)
- Severe learning difficulty (SLD)
- Profound and multiple learning difficulty (PMLD)
- Speech, language and communication needs (SLCN)
- Social, emotional and mental health (SEMH)
- Autistic spectrum disorder (ASD)
- Visual impairment (VI)
- Hearing impairment (HI)
- Multisensory impairment (MSI)
- Physical disability (PD)
- 'SEN support' but no specialist assessment of type of need (NSA)
- Other difficulty/disability

Throughout the report the acronym SEND will be used to refer to children and young people with special educational needs and / or disability.

Executive summary

The SEND Strategic Review was jointly commissioned by Southampton and Portsmouth local authorities to review the provision for children and young people aged 0-25 years with special educational needs and disabilities (SEND) to ensure future demands can be met which are financially sustainable.

This followed an announcement by the Government in December 2016 which published details of funding for local authorities to carry out a strategic review of SEND provision, including consideration of the continuum of provision available to meet the range of identified need, as well as the sufficiency of provision going forward.

The Review commenced on 5th June 2017 and was concluded at the end of March 2018. It built on the work that had already been undertaken in Southampton and Portsmouth and was underpinned by the SEND Strategies that were already in place in the two cities.

As identified by leaders in both cities and with a focus on financial sustainability, the review focused on a number of shared key priorities, namely:

- 1. Reviewing the use of high cost out of city placements, where provision is not available locally*
- 2. Meeting the needs of the growing number of children with severe learning difficulties and complex needs, which is currently putting pressure on special school places*
- 3. Reviewing the availability of post-16 provision for students with SEND, including those with a sensory impairment*
- 4. Meeting the needs of the growing number of children and young people with autism/social communication needs and associated sensory processing difficulties and challenging behaviour*
- 5. Reviewing the use of resourced provisions*
- 6. Reviewing the identification of SEND and thresholds for requesting EHCP needs assessments*

As a key principle and aim of the Southampton SEND Strategy, inclusion and inclusive practice has also been explored due to its importance as part of a graduated response to meeting the needs of children with SEND.

Throughout the review the team engaged widely with all stakeholders involved in SEND within the city to ensure that a breadth of knowledge and opinion was gained to inform the review findings. Meetings were held with young people, parents and carers; Headteachers and SENCOs; staff from Southampton City Council Education and SEND Teams, Social Care, Adult services, Housing, Finance and Information Teams; Health commissioners and providers; and the voluntary sector.

The review involved research and enquiry, benchmarking, data analysis, visits to a range of provisions across the city and to out of city independent special schools.

Working across the two cities allowed the review team to compare and contrast approaches to managing the needs of children with SEND and to share good practice, common issues and ideas for problem solving. Both cities have signed up to continuing to work together, sharing ideas and solutions and potentially commissioning joint provision.

Whilst the review was jointly commissioned and many of the findings were similar, two final reports have been produced for ease of reference and to allow city specific findings and recommendations to be readily presented.

The outcomes of the review will be shared with stakeholders and have been incorporated into the Southampton SEND Partnership Forum Action Plan.

The key findings of the review are as follows:

- The numbers and complexity of children and young people with SEND is increasing with the potential for a significant increase in costs. The areas of need that warrant particular attention are children and young people with more complex needs; autism especially where there is challenging behaviour and social, emotional and mental health difficulties. Action is required now to manage demand to ensure that future needs can be met that is financially sustainable.
- The demand for specialist provision is increasing in some cases over and above need. It is predicted that the numbers of children being considered for specialist provision / special school places could increase by up to 50% by 2022. Without additional funding this will put further pressure on the High Needs Block with funding implications across all SEND provisions.
- There are children and young people making good progress in mainstream schools who have needs that are the same as or in some cases greater than children and young people currently in Special Schools and Resourced provisions. It is essential that mainstream schools are well prepared to meet the opportunity and challenge of supporting the needs of the increasing number of pupils with SEND.
- To cope with the increase in need and demand for specialist provision the remit and criteria for the Special Schools should be reviewed. Whilst it is anticipated that there will be a need for more specialist provision the demand for places must be closely managed, working collaboratively with parents, to ensure that needs are met appropriately within the range of provisions available.
- To meet the increase in need it is recommended that:
 - The remit and admissions criteria for the Special Schools is reviewed leading to potential reconfiguration of provision
 - Consideration is given to developing extra capacity possibly through the creation of a Year R and Year 1 assessment provision
 - Mainstreams schools are supported/incentivised to become more inclusive and to take a wider range of pupils with SEND in line with the most inclusive

- schools within the city. Mainstream schools are encouraged to develop in-house provisions to support the growing number of pupils with SEMH and high functioning autism
- Outreach provision is extended to provide greater support to mainstream schools - to include the development of a peripatetic Service to support pupils with speech, language and communication needs and sensory needs related to autism especially at secondary level
 - Consideration is given to further developing the already successful resourced provisions for pupils with learning difficulties
- It is predicted that the number of children and young people with autism will increase. Parents and professionals cite high functioning autism as a gap in provision. A number of children and young people with low functioning autism and challenging behaviour are being educated in out of city schools. It is recommended that:
 - A graduated range of provision should be available from autism friendly schools; autism champions within each school; extended outreach to include support for pupils with sensory difficulties; resourced provisions with varying and flexible levels of withdrawal / integration; special school.
 - With the increase in age range of statutory protection up to 25 years it is anticipated that the numbers of EHCPs for young people Post 16 and Post 19 will increase resulting in the need to develop a better offer to meet this need. It is recommended that:
 - The Local Authority continues to work proactively with Post 16 Colleges to develop their offer and help them to prepare for the increase in demand
 - The Local Authority develops a robust transition process working proactively with parents and young people from Year 9 onwards to prepare them for transition and manage expectations regarding future provision
 - The overlap and partnership working between children's and adult services is strengthened to ensure that young people's needs are being identified early and appropriate provision planned and agreed with parents in advance.
 - It is recommended that a range of provisions is developed / expanded to include supported living alongside education, supported internships, apprenticeships etc.
 - The offer of specialist Post 19 provision is increased for those pupils with the most complex needs
 - In order to promote inclusive practice in Southampton there are barriers that need to be addressed:
 - One is scrutiny of schools performance by Ofsted, and in particular the way in which school performance is reported which can potentially act as a disincentive for schools who would otherwise wish to accommodate and support pupils with SEND. Some of the resourced provisions within Southampton are now managed by the relevant Special School with results allocated accordingly and therefore not affecting the performance of the mainstream host school.

- The second is the impact on school budgets particularly Element 2 funding. Those mainstream schools that are highly inclusive have strong leadership and a whole school ethos that supports inclusion. They recognise the importance of meeting a child's emotional, social and therapeutic needs in order for the child to learn. As a result they report spending significant time on social issues and pressures on budgets.
- A number of children and young people are being educated in high cost out of city schools. It is suggested, that with investment, many of these children's needs could be met within the city releasing significant savings. It is recommended that the following investment is considered:
 - Residential provision / short breaks to prevent family breakdown, support those young people whose needs have too great an impact on the family, for young people who need 24 hour wrap around provision or a period of stabilisation.

The review has made a number of recommendations which will now be considered by the Council and partner agencies. Any proposals taken forward will go through appropriate consultation and the formal decision making process.

Data

The data used within this report and the SEND Strategic Review has been sourced mostly from the Local Authority's SEND, Information and Finance Teams to ensure consistency and validity.

It is important to note that the data is reported in different formats. Of particular note is the difference between the Census data and the SEN2 Returns. The former includes all pupils in a school within Southampton regardless of their place of residence and therefore includes some pupils from other local authorities. The latter includes all Southampton resident children wherever they are at school and therefore includes children in schools in Hampshire and elsewhere.

Finance comments

The SEND strategic review sets out the emerging themes and some of the areas being considered as potential options and recommendations.

Over recent years the Local Authority has seen increasing costs and budget pressures in relation to the High Needs Block of the Dedicated Schools Grant (DSG) which is not sustainable.

Indicative financial modelling of the potential proposals has been undertaken and is presented within this report. A full cost-benefit analysis and business case will be required before those recommendations with financial implications can be taken forward.

Legal Implications

The *Children and Families Act 2014, Part 3* (together with associated regulations) places statutory duties upon local authorities, schools, colleges and health (NHS) bodies in relation to the identification, assessment and placement of children and young people with SEND. In carrying out those duties, the relevant organisations must also have regard to the statutory guidance issued by the Department of Education and the Department of Health under that Act, namely the *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*.

The *Equality Act 2010* sets out the legal obligations that schools, early years providers, post-16 institutions, local authorities and others have towards disabled children and young people.

The SEND Strategic Review assists the Council and its relevant partner organisations in fulfilling these statutory duties and, in particular, ensuring that future needs can be met. Recommendations taken forward will have due regard to the Equality Act 2010 and Equality Impact Assessments will be undertaken where required.

1 Introduction

In January 2017 the Department for Education announced an allocation of funding for all local authorities to carry out a strategic review of their high needs provision.

Within a letter sent by Edward Timpson, Minister of State for Vulnerable Children and Families, to local authority Directors of Children's Services in March 2017, the expectations of the review were laid out.

'We expect authorities to work with maintained schools, academies, free schools and others to agree how special educational needs should be met across their area, including considering the best ways of supporting mainstream schools to meet these needs, for example through access to specialist services. Local authorities will need to consider the range of specialist provision available, and how the places available in special schools, special units and resourced provision meet the changing needs of children and young people. It will also be important for local authorities to factor in what non-maintained and independent special schools offer, and what the diverse range of providers can contribute for children with SEN and disabilities in their early years and young people in further education. We also encourage collaboration with neighbouring local authorities and local clinical commissioning groups so that special provision can be commissioned and funded efficiently, and in a way that achieves the best possible outcomes for children and young people.'

With an expectation of joint working between neighbouring authorities, Southampton City Council (SCC) and Portsmouth City Council (PCC), as statistical neighbours, decided to pool their allocation and undertake a joint review to open up the opportunity of in-depth comparisons in provision across the two cities and the learning that this could potentially offer.

In June 2017 SCC and PCC appointed a review team to carry out a comprehensive strategic review of the provision for Southampton and Portsmouth children and young people (aged 0-25) with special educational needs and disabilities (SEND).

The key aim of the review was to ensure that future demands could be met which were financially sustainable and included consideration of the continuum of provision available to meet the range of identified need, as well as the sufficiency of provision going forward.

The Review has built on the work that had already been undertaken in Southampton and Portsmouth and is underpinned by the SEND Strategies that are in place in the two cities.

2 Background - national and local strategy and policy

The Children and Families Act was published in 2014 and introduced significant changes to the ways that services are provided for children and young people (0-25) with SEND and their families.

The vision of the special educational needs and disability reforms was of a clearer system which joins up help across education, health and care, from birth to 25. The Act has given a sharper focus to early identification and support, aspirations and outcomes; it has promoted a family centred system with greater engagement with children, young people and families; and improved transition to adulthood. It aligns with the broad aim of providing the best possible education and prospects for all children, regardless of their circumstances and background.

The former system was deemed not to be working effectively for families and children. Key changes were based on the premise that for many children and young people their needs cannot be met solely by any one agency and require organisations to work together. Parents are central to meeting their child's needs and as such must be treated as an equal partner in determining and managing their child's care. In order for parents to support their children they need information.

Key changes brought in by the Children and Families Act included:

- Joint planning and commissioning of services to ensure close co-operation between education, health and social care commissioning
- Local offer
- Integrated assessment process
- Education, Health and Care Plan
- Personal budgets
- Extended statutory protections 0-25
- Same duties apply to Maintained schools, Academies, Free Schools, Further Education and Sixth Form colleges
- Placing children and families at the centre of decision making ensuring they receive support and independent advice

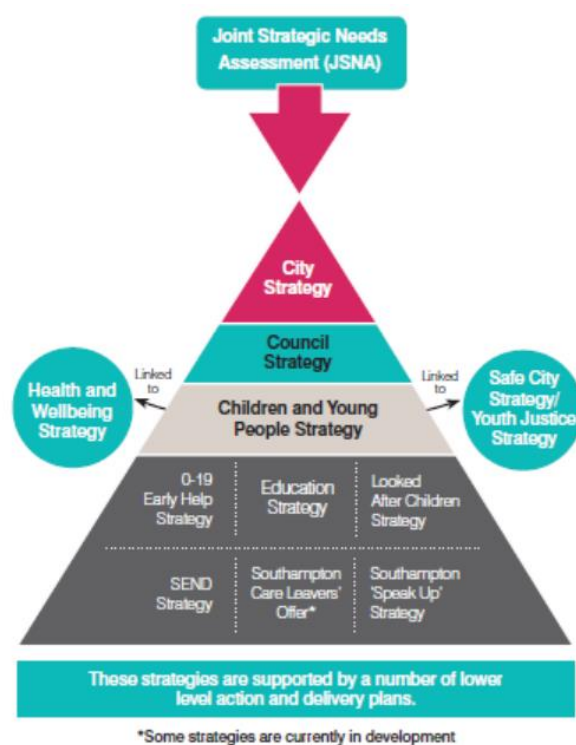
The Children and Families Act has brought about the biggest change in policy and practice since the Warnock report and the 1981 Education Act. Three years on from the introduction of these changes considerable work has been undertaken in both cities and significant progress made in implementing the reforms. Inevitably it will take time to embed all the changes and there are challenges that will impact on the intended outcomes of the reforms, including:

- an increasingly challenging financial climate
- an increase in need / demand beyond expectations
- changes to the curriculum and assessment
- an inspection system that focusses on pupil attainment with less emphasis on progress across a broader range of outcomes

Whilst the focus of the SEND Strategic Review is the sufficiency, range and affordability of provisions for children and young people with special educational needs and not the systems or processes that underpin the reforms, the review has highlighted a number of areas of good practice and areas requiring improvement that are integral to providers delivering the successful outcomes that are central to the overall aims of the reforms and the strategic plans of both cities.

The strategic review sits within the context of the Southampton SEND Strategy 2017-2020 which sets a vision for the city where all children and young people in Southampton have a good start in life, so they can fulfil their potential and become successful adults engaged in their local communities. To achieve this vision the council, Health services and other partners have committed to working jointly to ensure that children and young people with Special Educational Needs and Disabilities (SEND), their families and carers receive the support they need, when they need it, so that they can achieve and aspire in all aspects of their lives.

The strategy sits within a strategic and governance framework as shown below.



The strategy has five overarching outcomes, namely, that children and young people with SEND, their families and carers will:

- Have control over the support and services that they receive
- Have greater achievement, attainment and equal opportunities in life
- Receive the support they need to promote their health and wellbeing
- Are safe and secure
- Develop greater autonomy, independence and resilience to prepare them for adulthood

3 Scope of review

The review team was charged with undertaking a comprehensive strategic review of the provision for Southampton and Portsmouth children and young people (0-25) with SEND, to ensure that future demands can be met which are financially sustainable. This was to include consideration of the continuum of provision available to meet the range of identified need, as well as the sufficiency of provision going forward.

Priorities

With a focus on financial sustainability, it was agreed by both City Councils that the review would focus on six key priorities, namely:

1. Reviewing the use of high cost out of city placements, where provision is not available locally
2. Meeting the needs of the growing number of children with severe learning difficulties and complex needs, which is currently putting pressure on special school places
3. Reviewing the availability of post-16 provision for students with SEND, including for those with a sensory impairment
4. Meeting the needs of the growing number of children and young people with autism/social communication needs and associated sensory processing difficulties and challenging behaviour
5. Reviewing the use of resourced provision
6. Reviewing the identification of SEND and thresholds for requesting EHCP needs assessments

As a key principle and aim of the Southampton SEND Strategy, inclusion and inclusive practice has also been explored due to its importance as part of a graduated response to meeting the needs of children with SEND.

4 Financial context

In 2017 the Association of Directors of Children's Services (ADCS) issued a high needs funding survey to all Directors of Children's Services¹. The results of the survey do not come as a surprise but reinforce the issues faced in Southampton.

Headline messages from the survey were:

- Across the 85 Local Authorities who responded, the planned high needs block budget for 2016/17 was £2.95 billion and the actual spend was £3.08 billion
- 68 local authorities reported an overspend totalling £139.5 million
- The most common means of managing an overspend were: - utilising Dedicated Schools Grant reserves; transferring funding from the schools and early years block; and/ or carrying the high needs block deficit forward.

Local authorities were asked about the specific issues which were driving demand and cost pressures in the high needs budget and from the received responses, three themes emerged:

- the increase in numbers of children with SEND related to the extension of support to young people up to the age of 25 and early identification of additional needs, particularly in the early years;
- increasing complexity of need;
- and, a lack of capacity within mainstream settings to provide a graduated response to additional needs before turning to statutory processes.

The ADCS will continue to use the results from the survey to stress the need for continued support around the implementation of the SEND reforms, the need to address the financial impact resulting from the reforms and a funding system that adequately reflects the needs of children with SEND.

¹ ADCS High Needs Fund Survey Summary <http://adcs.org.uk/sen/article/high-needs-fund-survey-summary>

5 Methodology

The review was undertaken over a 10 month period and allowed the review team the opportunity to explore in depth the range of issues affecting current provision and likely to impact on future provision.

From the outset the review team sought to engage widely with all stakeholders involved in SEND within the city to ensure that a breadth of knowledge and opinion was gained to inform the review findings (see Appendix 1 for all those consulted). The team met with young people and parents to listen to and understand their views about identification of needs, diagnosis, support and provision and to ensure these views were reflected in the ensuing recommendations (see Appendix 2 for views collated at Parent/Carer Workshop). It is planned that this consultation will evolve into coproduction as and when specific recommendations are taken further.

The review was conducted concurrently across the two cities allowing direct comparisons to be made about how needs were being met.

The review involved research and enquiry of the evidence base to inform practice; benchmarking against statistical neighbours and national databases; information gathering and data analysis; visits to a range of provisions across the city and meetings with stakeholders across education, social care, health and the voluntary sector, parents and children / young people.

A number of key lines of enquiry were followed most notably:

- Data on the incidence and prevalence of SEND
- The current range and level of SEND within the city
- The range and extent of provision within the city including spend
- Parents, young people and other stakeholders views about the range of provision within the city
- Identification of the range of factors likely to affect future need
- Methodologies for forecasting
- Potential provision required to meet future need and costing

The outcome of the review has been a set of recommendations divided into 3 levels:

- Level 1 - require no further consultation, are relatively straightforward to implement and cost neutral
- Level 2 - may require some consultation and planning
- Level 3 - require further consultation and planning, and may require investment / funding

These outcomes have been shared widely throughout the second half of the review and have on the whole been received favourably with further refining of recommendations taking place on the basis of feedback received.

6 Brief overview of Southampton and Portsmouth Cities

In the national context Southampton and Portsmouth are similarly sized (51.81km² and 40.25km² respectively) port cities located on the south coast of England. They both have large and thriving university populations and busy retail centres (West Quay in Southampton and Gunwharf Quays in Portsmouth) which draw in people from a wide area.

They are both unitary authorities with strong links with neighbouring towns in Hampshire (Eastleigh, Fareham, Gosport, Havant and Waterlooville) which combined form the metropolitan area of South Hampshire.

Despite a strengthening of both cities economies the populations continue to experience high levels of deprivation, relatively poor health and educational outcomes.

For planning purposes they are considered to be very close statistical neighbours, allowing comparisons to be made with regard to the needs, demands and provisions for children and young people with special educational needs and disabilities.

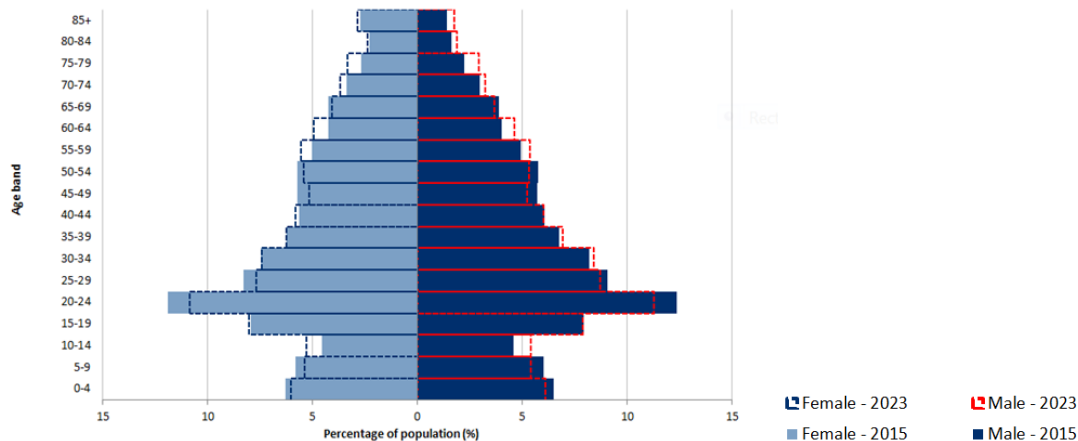
Both cities have a diverse population which is ever changing and difficult to predict. Whilst both cities are expecting population growth over the next 5-10 years the rate of growth and impact on the numbers of children and young people with SEND is difficult to determine due to a range of factors including:

- Increasing birth rates
- Inward migration
- A reduction and change in pattern in the number of children going to schools outside of the Local Authority area due to pressures on school places in Hampshire and the increasing number of schools judged to be good by Ofsted
- Impact of housing developments and regeneration schemes
- Reduction in the number of children accessing independent education

7 Southampton City demographic data

The forecast resident population of Southampton for 2017 was estimated to be 254,054 and is expected to grow by 3.9% to 263,884 by 2022². With a large number of students, Southampton's population differs from the national average with 20% of its population aged between 15-24 years compared to just 12.4% nationally.

Figure 7 - Population pyramid for Southampton LA (HCC Resident population) 2016 and 2023 projection



Source: <http://www.publichealth.southampton.gov.uk/Images/JSNA-Demography-2017.pdf>

Whilst the population is expected to grow over the next 5 years, the older population is projected to grow proportionally more than any other group in Southampton. For children there will be a decrease in all age groups except the 10-14 year olds.

Since 2004, high levels of migration into the city especially from Eastern Europe have contributed to the development and sustainability of many business activities, thereby bringing in greater richness and diversity to city life. Based on results from the 2011 Census, Southampton now has residents from over 55 different countries who between them speak 153 different languages. The annual school census in Southampton in 2015 revealed that 33.4% of pupils were from an ethnic group other than White British. This has increased from 26.4% in 2010³.

Despite significant economic growth, deprivation levels are high, with Southampton ranked 67th of 326 Local Authorities in England (previously ranked 81st in 2010, and 91st in 2007) where 1 is the most deprived in terms of the average score⁴.

² Hampshire County Council Small Area Population Forecast 2016

³ Southampton Joint Strategic Needs Assessment

⁴ Southampton City Council statistics <https://www.southampton.gov.uk/council-democracy/council-data/statistics/imd2015.aspx>

8 Current need and demand

A note about data

Understanding current need and provision and predicting the need for future provision is reliant on having accurate and reliable information.

The sources of information that the Review Team accessed included:

- Hampshire Small Area Population Forecasts 2016 data (Hants SAPF 2016)
- Joint Strategic Needs Assessment (JSNA)
- Schools census
- SEN 2 return
- Southampton City Council Self-Evaluation
- Southampton City Council SEND team data
- Local Government Inform (LG Inform)
- Local Authority Interactive Tool (LAIT)

Staff within the SEND Team, Finance Team and Information Team have been helpful throughout and generous with their time. The analysis and interpretation of information available has been challenging and not always supported the narrative as it is experienced on the ground or reported elsewhere. The review team have tried to ensure that the source of all data is clearly identified and have attempted to make sense of information that may seem inconsistent or at odds with perceived trends.

In particular it must be noted that the reported prevalence of SEND by the DfE and used in national datasets is based on January school census data. These figures include all pupils that attend one of the following Southampton schools as at January Census Day and is considered to be the most accurate data on which to analyse need and base predictions:

- academies including free schools
- maintained and non-maintained special schools
- all-through schools
- city technology colleges
- university technology colleges
- direct grant nursery schools
- pupil referral units
- general hospital schools
- independent schools

As this data includes all pupils attending a Southampton school it will include a small number of pupils from other local authorities e.g. Hampshire, who attend a Southampton school and does not include Southampton children who attend a school outside of Southampton.

In contrast the SEN2 data return includes all Southampton children, wherever they are educated and is referenced throughout the report as SEN2 Return.

To illustrate the challenge, the difference in the number of children with a statement or EHCP in the January 2017 census (1011) compared to the SEN2 Return (1181) is 170.

Similarly the population used in the January census is generally based on the YR-Y11 Southampton school population which for 2017 was 32,872, whereas the SEN2 Return considers all children and young people 0-25 years which for 2017 was 55,107 (0-19); 93,431 (0-25) (Source: Hants SAPF 2016). Throughout the report, population figures beyond 19yrs are not used due to the impact of the student population resulting in a skewed picture of need.

In identifying need the review team has drawn from the Southampton City Council SEND database where children are identified according to their primary need. There are currently 13 categories of special educational need assigned to children with statements or Education, Health and Care Plans or who are receiving SEN Support. The child's primary need can be assigned by the school or early years setting or by the SEND team when a plan is finalised. This is often when the child is relatively young and as a result can change over time as the child's needs become more apparent or may change. For example some young children with speech, language and communication difficulties may receive a diagnosis of autism. Whilst the primary need should be reviewed annually at the Annual Review of the Education, Health and Care Plan it is rarely amended on the database, partly as there is no place on the Annual Review paperwork where this is recorded. As a result many children have codes assigned to them which are now out of date leading to difficulties in reviewing the level and range of needs, understanding changing needs over time and planning.

Collating finance data has similarly been challenging with data held by different teams.

Finally the data on SEND is continually changing resulting in spreadsheets held by one team not concurring with data held by another team. As a result the Review team have attempted to use published data wherever possible whilst also trying to ensure that the report is up to date. With sources identified and where possible verified, every attempt has been made to ensure that information is accurate and valid. (NB. Data within the performance dashboard can differ to that reported in the January census. It is vital that those analysing data have an understanding of the source and format of the information being presented).

It is recommended that the process of coding, recording and amending primary need is reviewed with the aim of establishing a robust process to inform future planning and provision.

Recommendation 8.1: A review of the process of coding, recording and amending primary need to be undertaken with the aim of establishing a robust process to inform future planning and provision.

Recommendation 8.2: High importance should be attached to leaders from the SEND, Information and Finance Teams, Southampton City CCG, Health providers and Social Care meeting annually to share and collate data to ensure that the city has an accurate picture of all the children with SEND, how needs, numbers and costs are changing to support continuous improvement and review, planning and future orercasting. This should link with the Joint Strategic Needs Assessment and report into the SEND Partnership Forum.

Current Need

Producing a Needs Assessment is a statutory requirement to facilitate successful implementation of the SEND reforms set out in the Children and Families Act 2014. Drawing on a range of local and national data sets as well as qualitative information, Southampton SEND Partnership Forum uses the Needs Assessment to identify the needs of children and young people aged 0-25 years with SEN and/or disabilities in Southampton and inform shared planning and commissioning decisions about the most effective way to meet these needs, specifically:

- To identify the population, prevalence and characteristics of children and young people who have special educational needs and disabilities in Southampton
- To understand current needs and demand for services, and how this may change in future
- To provide an overview of current provision
- To provide an evidence base and shared understanding of needs and the effectiveness of provision, to inform the development of joint priority outcomes and commissioning plans
- To identify any gaps in knowledge, and improvements in relation to data collection, analysis and use

This report will draw from its findings to inform the recommendations made with regard to provision.

Estimating need is highly problematic due to widely varying research methodology. Similarly determining current need is difficult due to the lack of a single register; differences in data collected across agencies and services; the co-occurrence of disabilities which can result in double counting, or the counting of the primary need but not secondary needs; out of date coding; and within child changes in presentation and needs that can occur over time.

Best estimates of the prevalence of special educational needs and/or disabilities in children and young people aged 0-18 years ranges from 3% (Disabled children with SEN and in receipt of Disability Living Allowance known to Local Authorities (LAs)) to 7.3% (Family Resources Survey 2007 for Department for Work and Pensions. Uses Disability Discrimination Act (DDA) measure of disability)⁵. In Southampton this equates to a prevalence within the 0-18 years population of 1484 (3%) to 3610 (7.3%)(Source: Hants SAPF 2016 - population forecast for 2017 = 49,452). From research the DDA measure of disability has been concluded as the best source for estimating national prevalence⁶. However it should be acknowledged that this is a national prevalence which may not account for variations between LAs.

⁵ Thomas Coram Research Unit, University of London for the Department for children, schools and families 2008. Disabled children: numbers, characteristics and local service provision.

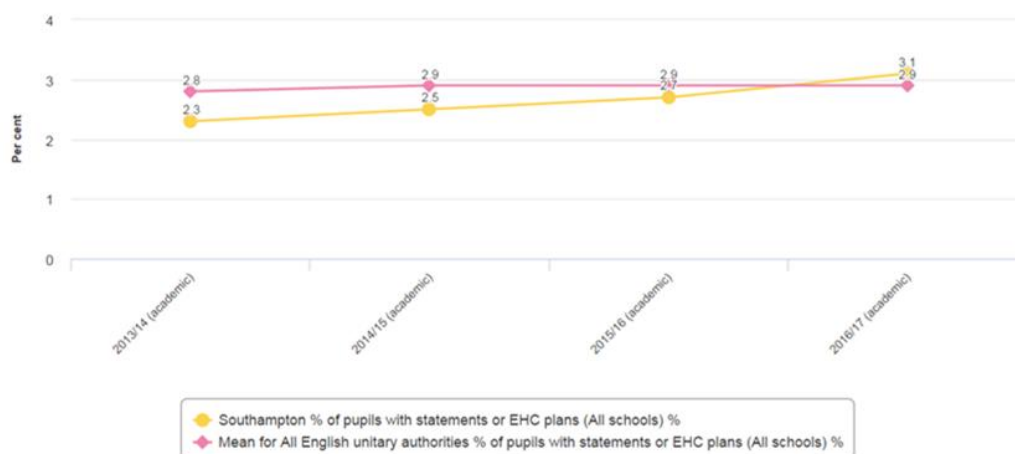
⁶ Read, J., Spencer, N. and Blackburn, C. (2007), Can We Count Them? Disabled Children and Their Households. Full Project Report to the ESRC. Swindon: ESRC

Adding together the number of children on SEN Support to those with EHC plans the number of children and young people with SEND in Southampton schools and colleges is currently 6,389 or 13% of the 0-18 population of 49,452 (*Hants SAPF 2016*) and 19.4% of the school aged population of 32,872 (*January School Census 2017*). This is higher than identified in the Thomas Coram research and national rates of SEND⁷ (19.4% compared to 15% nationally). Whilst this may be a reflection of high levels of deprivation it may also be due to over-identification. In addition of all the children identified with SEND a smaller proportion of children will be in receipt of DDA.

The numbers of pupils in Southampton schools with SEND at January 2017 was

EHCP / statements	=	1,011 (3.1%)
SEN Support	=	5,378 (16.4%)

Figure 8.1 - Percentage of pupils with a statement or EHCP 2014-2017



Source: LG Inform

Over the last 5 years the numbers of pupils with a statement or EHCP in Southampton has been gradually increasing from 2.3% in 2013/14, which was below national average and statistical neighbours to 3.1% in 2016/17 which is just above national average of 2.9% and on a par with statistical neighbours (range 2.5%-3.6%) (Figure 8.1). This increase in EHC Plans is in line with anecdotal reports from health, early years settings and schools who describe an increase in the number of children and young people with SEND with more complex needs. Whilst this increase is in part due to increased need, complexity and the wider age range now eligible for an EHCP, it is also considered to be due to a consequence of prioritising the transfer of statements over to EHCPs by the DfE deadline of 31 March 2018 rather than using resources to cease statements where they may no longer be needed.

⁷ LG Inform

In other words, more plans have been agreed and fewer have been ceased in the first three years of the Children and Families Act (Table 8.1).

Table 8.1 - Number of new and discontinued statements / EHCPs 2012-2016

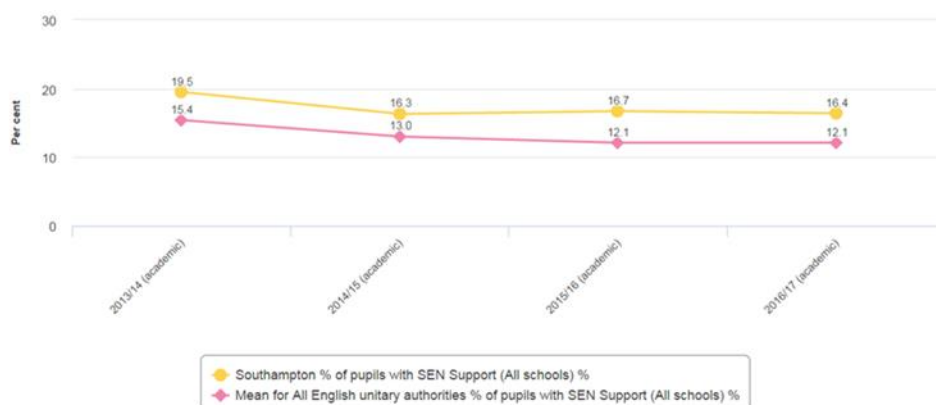
	2012	2013	2014	2015	2016
No of new statements/EHCPs	91	107	127	204	241
No of discontinued statements/EHCPs	51	5	18	3	0

It is predicted that the numbers of children and young people with an EHCP will continue to increase to around 3.3% before plateauing or returning to 3.1%.

In contrast the numbers of children on SEN Support has decreased from 20.4% (2012) to 16.4% (2017). This change is reflected both nationally (17.9% → 11.6%) and by statistical neighbours (19.66% → 12.09%). This decrease reflects the growing understanding of the difference between special educational needs and low attainment and the more accurate identification of those with SEN following implementation of the SEND reforms introduced by the Children's and Families Act 2014.

As the percentage of SEN Support has been fairly constant since 2014 it may suggest that it has plateaued and will remain at around 16% although comparisons with statistical neighbours would suggest a further decrease is likely to around 13%.

Figure 8.2 - Percentage of pupils with SEN Support in all schools 2014-2017



Source: LG Inform

As shown in figures 8.3 and 8.4 below, comparing Southampton data with statistical neighbours suggests that Southampton is:

- at the median with regard to the number of statements/ EHCPs (3.1%) compared to other areas and slightly above the South East (3%) and national average (2.8%); and
- higher than all statistical neighbours with regard to the number of pupils on SEN Support (16.4%) and compared to the South East average (11.1%) and national average (11.6%).

Figure 8.3 - % of pupils with a statement or EHCP compared with statistical neighbours

Southampton - Statistical Neighbour View													
Change Authority		Southampton		Topic		Children with SEN		Indicator				% of Pupils with Statement of (SEN) or (EHC) Plans (All Schools)	
% of Pupils with Statement of (SEN) or (EHC) Plans													
Statistical Neighbours		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Change from previous year	
331	Coventry	2.70	2.60	2.50	2.40	2.30	2.30	2.30	2.40	2.30	2.30	0.00	
373	Sheffield	2.70	2.70	2.60	2.60	2.60	2.50	2.50	2.50	2.50	2.50	0.00	
837	Bournemouth	2.10	2.20	2.40	2.50	2.50	2.50	2.60	2.70	2.70	2.50	-0.20	
801	Bristol, City of	3.30	3.30	3.30	3.10	3.00	2.80	2.70	2.70	2.60	2.50	-0.10	
852	Southampton	2.00	2.10	2.20	2.20	2.30	2.20	2.30	2.50	2.70	3.10	0.40	
831	Derby	2.80	2.50	2.50	2.60	2.50	2.70	2.80	2.90	3.00	3.10	0.10	
851	Portsmouth	3.10	3.10	3.10	3.10	3.10	3.10	3.20	3.10	3.10	3.30	0.20	
874	Peterborough	3.90	3.90	3.80	3.90	4.00	3.80	3.80	3.60	3.30	3.30	0.00	
861	Stoke-on-Trent	3.30	3.30	3.20	3.10	3.00	2.90	2.90	3.00	3.10	3.40	0.30	
882	Southend-on-Sea	3.00	3.00	3.00	3.00	3.10	3.20	3.20	3.20	3.20	3.40	0.20	
879	Plymouth	3.20	3.30	3.40	3.50	3.50	3.60	3.80	3.80	3.60	3.60	0.00	
Statistical Neighbours		3.01	2.99	2.98	2.98	2.96	2.94	2.98	2.99	2.94	2.99	0.05	
989	South East	-	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	3.00	0.10	
970	England	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	0.00	

Source: DfE Local Authority Interactive Tool

Figure 8.4 - % of pupils with SEN Support compared with statistical neighbours

Southampton - Statistical Neighbour View													
Change Authority		Southampton		Topic		Children with SEN		Indicator				% of Pupils with Special Educational Needs (SEN) Support (All Schools)	
% of Pupils with Special Educational Needs (SEN) Support													
Statistical Neighbours		2009	2010	2011	2012	2013	2014	2015	2016	2017	Change from previous year		
882	Southend-on-Sea	-	16.00	15.40	16.20	14.90	14.10	11.00	8.70	8.30	8.30	0.00	
837	Bournemouth	-	17.30	17.80	16.60	15.80	14.30	14.80	11.00	11.10	10.50	-0.60	
801	Bristol, City of	-	15.00	15.00	15.80	15.20	14.20	15.00	13.50	12.40	12.20	-0.20	
851	Portsmouth	-	23.90	23.50	22.00	21.40	20.40	17.90	13.40	11.40	12.30	0.90	
874	Peterborough	-	21.30	21.60	20.60	20.10	18.80	16.10	12.20	12.20	12.30	0.10	
879	Plymouth	-	19.20	19.80	19.10	18.70	16.70	15.90	12.70	12.50	12.30	-0.20	
861	Stoke-on-Trent	-	22.70	22.90	21.30	20.50	19.70	18.20	13.10	12.40	12.70	0.30	
331	Coventry	-	20.30	21.00	20.20	19.90	19.40	18.70	14.30	13.30	13.20	-0.10	
373	Sheffield	-	22.10	22.80	21.70	20.90	19.60	18.70	16.10	13.90	13.50	-0.40	
831	Derby	-	18.80	19.90	18.80	17.90	16.40	15.90	14.10	13.60	13.60	0.00	
852	Southampton	-	25.90	25.50	22.90	20.40	19.50	19.50	16.30	16.70	16.40	-0.30	
Statistical Neighbours		-	19.66	19.97	19.23	18.53	17.36	16.22	12.91	12.11	12.09	-0.02	
989	South East	-	18.50	18.60	18.20	17.30	16.30	15.10	12.30	11.20	11.10	-0.10	
970	England	-	17.90	18.30	17.80	17.00	16.00	15.10	12.60	11.60	11.60	0.00	

Source: DfE Local Authority Interactive Tool

The higher numbers of pupils with SEND in Southampton may reflect the high levels of deprivation within the city and / or issues with regard to identification but is also due to the higher starting point.

In understanding these percentage changes within the context of need and demand it is important to see how this relates to the actual numbers of children with SEND and how this has changed relative to the population over time (Table 8.2).

Table 8.2 - Number of pupils with SEN in Southampton schools

	2010	2011	2012	2013	2014	2015	2016	2017
All SEN	7974	7289	6657	6518	5782	5862	6234	6389
SEN Support	7349	6642	5987	5851	5938	5072	5374	5378
SEN with a statement or EHCP	625	647	670	667	710	790	860	1011

(Source: January School Census)

These percentage changes relate to pupils attending a Southampton school as reported in the January census. However Southampton has responsibility for a wider group of children who live in Southampton and attend schools elsewhere as captured on the SEN2 Return shown below. It is important to keep the needs of these pupils in mind when predicting future numbers.

Table 8.3 - Number of Southampton children with a statement or EHCP

	2010	2011	2012	2013	2014	2015	2016	2017
SEN with a statement or EHCP	567	593	634	655	701	803	1021	1181

(Source: SEN2 Return)

As the percentage of pupils with a statement or EHCP has gradually increased so the number of children has increased above what would be expected purely due to population increases.

In contrast the numbers of children requiring SEN Support has reduced by 27% since 2010. Overall the numbers of pupils identified with SEND has reduced from 7974 (2010) to 6389 (2017) with the ratio of EHCP: SEN Support changing from 1:12 to 1:5 (Table 8.2).

The SEND Review Team anticipate that once all statements have been transferred the percentage of EHCPs may continue to increase slightly but should then plateau at a point between 3.1 - 3.3%. It is anticipated that the percentage of children requiring SEN support will continue to reduce to around 13%.

Primary need

Within Southampton the most common primary areas of need vary between primary and secondary phased schools and special schools (see Table 8.4 and Appendices 3a-c).

Tale 8.4 - Percentage of SEND pupils by primary need and school type, January 2017

Primary Need	Primary Schools			Secondary Schools			Special Schools		
	Soton	England	SN	Soton	England	SN	Soton	England	SN
Specific Learning Difficulty	7.3	9.7	7.0	22.6	21.1	19.4	1.3	1.4	1.1
Moderate Learning Difficulty	31.0	23.3	23.8	32.0	24	24.7	25.8	14.5	15.8
Severe Learning Difficulty	0.4	0.7	0.6	0.4	0.5	0.7	29.4	19.8	21.4
Profound & Multiple Learning Difficulty	0.1	0.3	0.2	0	0	0.1	10.6	7.8	9.1
Social, Emotional & Mental Health	17.7	15.7	15.6	23.8	18.4	19.3	14.9	12.5	15.9
Speech, Language & Communication	26.8	29	31.2	5.5	10.8	9.9	3.8	6.4	5.5
Hearing Impairment	1.2	1.7	1.8	1.3	2.3	2.7	0.2	1.3	2.1
Visual Impairment	0.8	0.9	1	0.7	1.3	1.4	0.8	0.7	0.4
Multi-sensory Impairment	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2
Physical Disability	3.0	2.9	2.8	2.8	2.9	2.8	3.6	3.4	2.7
Autistic Spectrum Disorder	5.8	6.7	7.5	5.7	8.9	10.2	8.9	26.9	24.5
Other	3.3	4.2	3.2	1.9	6.5	5.5	0.6	1.5	0.9
SEN Support but no specialist assessment of type of need	2.4	4.6	4.9	3.1	2.9	3.2	0	0.2	0.2

SN = statistical neighbour average

(Source: DfE Statistical First Release SEN Local Authority Tables)

The most common primary areas of need in primary phased schools are:

- Moderate Learning Difficulty higher than national and SN
- Speech, Language & Communication Needs lower than national and SN
- Social, Emotional & Mental Health higher than national and SN

The most common primary areas of need in secondary phased schools are:

- Moderate Learning Difficulty higher than national and SN
- Social, Emotional & Mental Health higher than national and SN
- Specific Learning Difficulty on a par with national and SN

The most common primary areas of need in special schools are:

- Severe learning difficulty higher than national and SN
- Moderate learning difficulty higher than national and SN
- Social, Emotional and Mental Health higher than national, lower SN

The change in primary need between phases may be explained by a difference in the way that needs are recorded in primary and secondary settings and/or because of the change in presentation of need between primary and secondary aged pupils. For example social, emotional and mental health difficulties can become more apparent at secondary age whilst many children's speech, language and communication difficulties may have resolved by secondary age or been identified as the early presentation of autism or a more generalised developmental delay.

Of interest is the higher prevalence or over-identification of moderate learning difficulty and social, emotional and mental health difficulties across all types of school; the higher numbers of pupils identified with severe learning difficulties in special schools; and the significantly lower numbers of pupils with autism in special schools. With no evidence to suggest that Southampton should have different prevalence rates for these groups of children it is highly likely that the differences are due to coding issues. Once again it is recommended that work is undertaken to improve the accuracy of coding to support analysis of need, changes over time and long term planning of provision.

Prevalence of autism

The latest prevalence studies of autism indicate that 1.1% of the population in the UK may be on the autism spectrum⁸. With a school aged population of 32,872 this would equate to 362 pupils presenting with autism in 2017.

Since 2013 there has been an increase in the number of young people with a primary need of Autistic Spectrum Disorder (from 190 in 2013 to 363 in 2017). In April 2015, Solent NHS Trust implemented two new Autism & Neurodevelopmental pathways for children under 6 years and one for 6-18 year olds which has resulted in an increase in the numbers of children and young people receiving a diagnosis.

The numbers of children with a primary need of autism in Southampton is 363⁹ which is in line with expected prevalence but below the national average¹⁰. This difference is particularly significant at secondary level and in Special Schools which is thought to be an issue with coding where primary needs have not been updated following a diagnosis. The Review Team have investigated the rise in diagnosis of Autism. With the introduction of the autism pathway in Southampton, children are being identified as having autism at an earlier age and this is now being coded as the primary need. In the past children may have initially been identified either with a speech, language and communication or behavioural need with autism coded as a secondary need following diagnosis in later childhood. Parents and professionals in the city generally agree that there is earlier and better identification of children and young people with autism. There is now an understanding of the autism

⁸ Baird, G. et al (2006) Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP). *The Lancet*, 368 (9531), pp. 210-215.

⁹ January school census

¹⁰ LG Inform

spectrum as a continuum, which has increased the number of children identified, some with milder forms of autism. This issue is not unique in Southampton. The notion of 'diagnostic substitution' has been described by Paul Shattuck, PhD, Assistant Professor of social work at Washington University, St. Louis. He accounts for the increase by explaining that children who once may have been described as 'mentally retarded' are now described as having autism and / or a learning disability. It is important that data held on children is updated to reflect changes in need or a new diagnosis.

As knowledge continues to advance, some professionals consider that the term 'neurodiversity' may be more helpful to highlight the uniqueness of each individual presenting with a range of strengths and needs. An area of consensus between parents and professionals is that no two children with autism are the same.

Prevalence of learning difficulties

Determining the prevalence of learning difficulties is complicated by the lack of clarity as to what is regarded to be included within that term. It is generally used to encompass moderate, severe and profound multiple learning difficulties. Prevalence is reported to be between 2.5 - 3% with higher prevalence rates being attributed to children due to mortality rates in adults¹¹.

With a school aged population of 32,872 this equates to 986 (3%) children.

Within a population of children with learning difficulties approximately 80% will have a moderate learning difficulty; 15% a severe learning difficulty and 5% profound and multiple learning difficulties (PMLD).

For Southampton this would equate to

- 789 children with moderate learning difficulties
- 148 children with severe learning difficulties
- 49 children with profound and multiple learning difficulties

Work conducted by the Centre for Disability Research on behalf of the Department for Health suggested that the estimated prevalence of PMLD in children (aged under 18) is on average 1.34 per 1,000 children. With a school aged population of 32,872 this equates to 44 children. With a predicted increase in prevalence of 4.8% per year¹² it is estimated that this number will increase by approximately 2 children per year.

¹¹ Emerson E & Hatton C (2008) 'People with Learning Disabilities in England' Lancaster University. CeDR Research Report 2008

Emerson E et al (2014) 'Estimating the number of children in England with learning disabilities and whose behaviours challenge'. Challenging Behaviour Foundation.

PHE Learning Disabilities Observatory 'People with learning disabilities in England 2015: Main report November 2016'

¹² Emerson E (2009) 'Estimating future numbers of adults with profound multiple learning disabilities in England'. Centre for Disability Research, Lancaster University.

The actual number of children in Southampton is¹³

- 1854 children with moderate learning difficulty(the numbers in primary, secondary and special schools is above the national average)
- 176 children with severe learning difficulty (which is above the national average)
- 59 children with profound and multiple learning difficulties (which is above expected prevalence and the national average. This may be due to the high percentage of Hampshire children in Rosewood School)

Prevalence of social, emotional and mental health difficulties (SEMH)

The most recent British surveys carried out by the Office for National Statistics of children and young people aged 5–15 years in 1999 and 2004 (referred to as the British Child and Adolescent Mental Health Surveys or B-CAMHS) found that 10% had a clinically diagnosable mental disorder (i.e. a mental health problem associated with significant impairment). Among the 5 to 10 year olds, 10% of boys and 5% of girls had a mental health disorder while among the 11 to 16 year olds the prevalence was 13% for boys and 10% for girls. In these two surveys the prevalence of anxiety disorders was 2–3%, depression 0.9%, conduct disorder 4.5–5%, hyperkinetic disorder (severe ADHD) 1.5% and autism spectrum disorders 0.9%. Rarer disorders including selective mutism, eating disorders and tics occurred in 0.4% of children. Conduct disorders, hyperkinetic disorder and autism spectrum disorders were more common in boys, and emotional disorders were more common in girls¹⁴.

These surveys are now out of date and may therefore underestimate the current prevalence of mental health needs in children and young people.

With a school age population of 32,872, a 10% prevalence rate equates to 3,287 children and young people in Southampton. A number of these children will not have SEN.

The number of children in Southampton with SEMH as their primary need is 1164¹⁵ which is above the national average.

The Code of Practice introduced the term "social, emotional and mental health" to replace "social, emotional and behavioural" needs and this has helped to focus on the meaning behind the presenting behaviour and to address the underlying needs. An increasing number of children and young people are experiencing social emotional and mental health needs (SEMH). Many of these children will have experienced extreme trauma, bereavement and loss. Headteachers of SEMH specialist provisions have noted an increase in this area and comment on the lack of understanding, with children's behaviour being attributed to 'being naughty' rather than a manifestation of underlying trauma. A number of children and young people with SEMH also have speech, language and communication needs and may

¹³ January school census

¹⁴ Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays - Rates and profile of mental health problems among children and young people

¹⁵ January school census

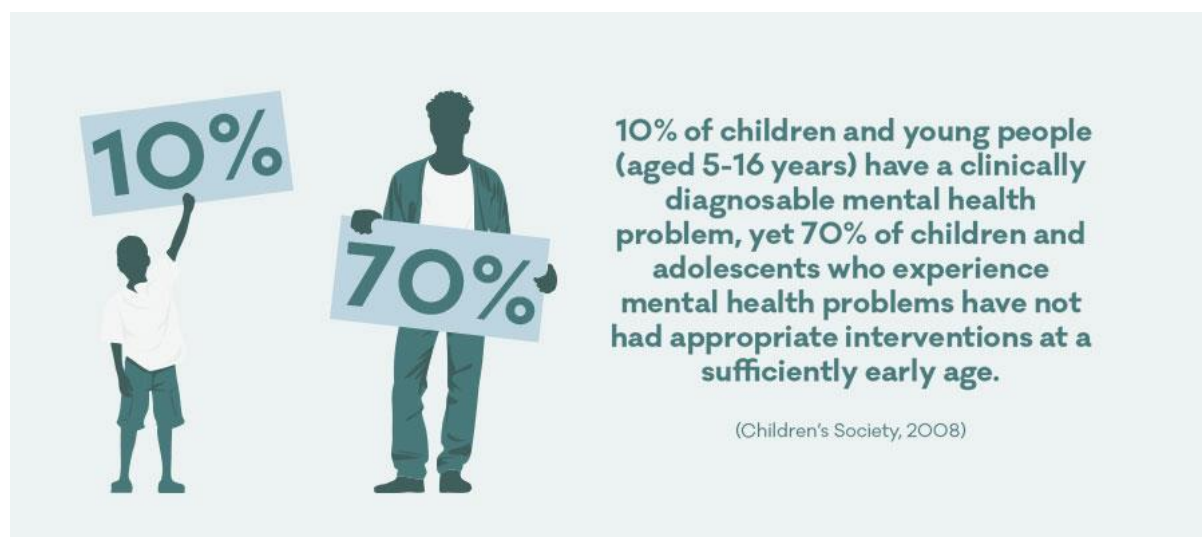
have other co-occurring difficulties such as Attention Deficit Disorder (ADHD), Autistic Spectrum Disorder (ASD), insecure attachment or conduct disorder.

Young people who find themselves part of the Youth Justice system may have experienced social, emotional and mental health issues. National research¹⁶ has found higher prevalence of disabilities in young people in custody compared to the general youth population (Table 8.5).

Table 8.5 - Prevalence of neurodevelopmental disorders in young people, and in young people in custody

Disability	Prevalence rate	
	General youth population	Young people in custody
Communication disorders	5 - 7 %	60 - 90%
Learning disability	2 - 4 %	23 - 32%
Autistic spectrum disorder	0.6 - 15%	15%
Attention deficit/Hyperactivity disorder	1.7 - 9%	12%
Foetal alcohol spectrum disorder	0.1 - 5%	10.9 - 11.7%

Many children and young people who are Looked after children (LAC) or Looked after children and young people (LACYP) also have SEMH.



¹⁶ Hughes N and Chitsabesan P, 2015. Supporting young people with neurodevelopmental impairment. Centre for Crime and Justice Studies. <http://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/Supporting%20young%20people%20with%20neurodevelopmental%20impairment.pdf> Accessed 16 February 2016

Prevalence of speech, language and communication needs (SLCN)

It is estimated that approximately 10% of children have some form of long term and persistent speech, language and communication difficulty. In deprived areas a further 50-80% of children start school with impoverished language / delayed communication skills¹⁷.

This 10% is made up of:

- 7% of children with speech, language and communication difficulties as their main difficulty. This is also referred to as developmental language disorder (formerly specific language impairment) and is often severe and complex.
- 3% of children with speech, language and communication difficulties as part of another condition such as autism, hearing impairment or general learning difficulty. Of these children an estimated 1% of children have the most severe and complex speech, language and communication difficulties.

For Southampton, 7% prevalence within the school population of 32,872 would equate to 2,301 children. Many of these children will make progress during their primary years with fewer young people experiencing longer term residual difficulties through secondary school (7% prevalence within the YR-Y4 school population would be 959). If unaddressed this can lead to wider issues relating to literacy, behaviour and attendance at school.

The actual numbers of children with SLCN as their primary need is 1,093¹⁸. Southampton prevalence is lower than national average at primary and secondary levels and may reflect the investment in provision for children with SLCN during their early years.

It is also likely that there is a degree of under-identification of speech, language and communication difficulties and acceptance of poor language skills as the norm for much of the population. However with good language modelling many children can make good progress during their primary years.

Demand

Whilst identifying need is not always as straightforward as it should be, using need as the basis for determining provision is even more problematic due to the effect of demand.

Interviews with parents and professionals have revealed a shift towards parents wanting a special school for their child or young person. Special school provision is now considered to be specialist provision where once it may have been viewed much less positively. This is particularly so at secondary level where parents are concerned about transition and the support that will be available.

The demand for special school places has increased year on year and despite increasing the number of places available the schools are always full. Whether this indicates a true

¹⁷ The Communication Trust

¹⁸ January school census

increase in need or demand meeting capacity whatever that may be is difficult to determine. However comments made by Special School staff, professionals and parents combined with the observations of the Review team would suggest that there are children and young people incorrectly placed who are contributing to this pressure.

One young person who was interviewed described moving from special school to mainstream. He found that staff did not understand him and other children bullied him. Despite being able to cope academically in a mainstream setting he wanted to come back to special school where he felt he belonged.

Parents, quite understandably, can be influenced by professionals who work closely with their child and/or whom they trust. Anecdotal evidence indicates that parental demand for special school provision may be shaped at least in part by views and comments from professionals. This is not a problem in itself but can become problematic when expectations cannot be met due to potentially misleading or confusing information given to parents. A shared understanding amongst all professionals of Southampton's strategic approach to meeting SEND, policy and processes is essential.

Over the last 10 years there has been increasing recognition of the importance of considering parents as equal partners in the support of children with SEND. This was made more explicit in the SEND reforms of 2014 with the introduction of the local offer as a way of ensuring that parents had access to information on SEND provision, the statutory requirement to include parents as co-producers in the EHC planning process and the development of local and national Parent Voice groups. The concept of co-production was introduced with parent representatives now involved in all aspects of SEND planning, development and delivery.

This increased involvement of parents and the encouragement to 'use their voice' has resulted in parents feeling empowered and having higher awareness and expectations of what should be provided for their child and all children with SEND.

At the same time the increasing demands of the curriculum and wider social needs has put pressure on mainstream schools, whilst special school provision has improved in terms of ethos, quality, standards and environment.

Children interviewed at Cedar and Great Oaks schools reported feeling safe. They described feeling they belonged and of not being different. They commented on not being bullied. They were happy and enjoyed coming to school.

As a result the demand for high quality child centred provision has increased particularly the demand for special school provision. As more special school places have been created to meet this demand those places have been quickly filled creating a pull for continued demand.

Conclusion

Table 8.6 - Comparison of estimated prevalence v current identified need

	Estimated prevalence applied to Southampton school population (32872)	Current need in Southampton	Comparison with national average
SEND	7.3% = 2400	6389 = 19%	Above national average
ASD	1.1% = 362	363 = 1.1%	Below national at primary Below national at secondary Below national in Special
LD	3% = 986	2089	
MLD	80% of above = 789	1854	Above national at primary Above national at secondary Above national in Special
SLD	15% of above = 148	176	Above national in Special
PMLD	5% of above = 49 1.34/10,000 = 44	59	Above national in Special
SEMH	10% = 3287 but only a proportion will have SEND	1164	Above national at primary Above national at secondary Above national in Special
SLCN	7% = 2301 7% of YR-Y4 = 959	1093	Below national at primary Below national at secondary Below national at Special

- The prevalence of SEND within Southampton is significantly higher than national prevalence rates and may be a reflection of higher levels of deprivation and issues with identification
- The percentage of children with SEND has been falling steadily in line with national data and statistical neighbours. The numbers of children with moderate learning difficulties is still significantly above the national average and expected prevalence and is therefore likely to continue to fall. It is anticipated that the overall percentage of pupils with SEND will continue to fall until it reaches a level on a par with statistical neighbours and the national average.
- The percentage of children with a statement or EHCP has been steadily increasing and is currently 3.1% (2017). It is expected that the percentage of EHCPs will either remain at 3.1% or could continue to increase before plateauing at around 3.3%
- The numbers of children with autism is on a par with expected prevalence levels but below national average. Unless research reveals otherwise the consensus of professionals is that the numbers will start to plateau.

- The numbers of children in Southampton identified with a learning difficulty is significantly above prevalence levels. Whilst it is anticipated that the numbers of pupils with moderate learning difficulties will decrease, research suggests that the numbers of children with more severe and complex learning difficulties will increase annually by approximately 4.8%.
- The number of children presenting with SEMH is higher in Southampton than the national average. As a city with high levels of deprivation it is likely that rates of trauma, family breakdown, violence and neglect may be higher contributing to the numbers presenting with SEMH. Since the change of designation from BESD to SEMH there has been greater awareness of the impact of social and emotional issues on children and the consequent identification of children with SEMH. With increasing austerity and widespread social issues it is likely that the numbers of children and young people presenting with SEMH will continue to increase for some time.
- There is no national benchmark indicating how much Special School provision there should be in any one area with local provision being due to local policy and historical provision, areas of specialism and centres of excellence. For example, Cornwall has few Special Schools due to geography and access; the London borough of Newham has few Special Schools due to a policy of inclusion. Demand also plays a part and there is evidence that if Special School places are available they will be filled.

9 Current provision

Southampton City Council holds responsibility for commissioning specialist educational provision for children with statements or Education, Health and Care Plans (EHCPs) to enable children with identified special educational needs to access suitable educational provision that meets their needs.

Southampton City Council has a stated commitment to 'inclusion', by which it is meant that the city aims to ensure that there are in place a range of high quality support services that contribute to removing the barriers to achievement for all Southampton children and young people, in particular those with special educational needs and disabilities. This includes enabling children and young people to benefit from education or training, with support, if necessary, to ensure that they can make progress in their learning, build and maintain positive social and family relationships, develop emotional resilience and make successful transitions to employment, higher education and independent living.

Mainstream schools and available support

The majority of children and young people with special educational needs or disabilities will have their needs met within their local mainstream school. For some children, whose needs are complex and long term, an EHCP is necessary to make provision to meet their needs. There are 1181 (January 2017 SEN2 Return) children who have a statement or EHCP maintained by Southampton.

Of these, approximately 47% are educated within a mainstream setting with support and 53% in Special School. This compares to the position nationally where 51% are in mainstream schools and 49% in a Special School¹⁹. Whilst the majority of children are educated in Southampton schools, a small number are educated in schools within other local authorities, mainly Hampshire.

To strengthen inclusion and support mainstream schools in meeting the needs of pupils with SEND Southampton City Council commissions Springwell School to deliver an outreach service. The Southampton Advisory Outreach Service (SAOS) provides support for schools across Southampton through a funded core service followed by enhanced, intensive and consultancy services if required (all charged).

Schools can also access support from other Local Authority Services such as Educational Psychology; Health - Speech and Language Therapy, Occupational Therapy, Physiotherapy, Child and Adolescent Mental Health Services, School Nursing; and from Social Care Services.

¹⁹ DfE SEN in England January 2017 - Local Authority Tables SFR37/2017

Resourced provisions

Some of the pupils in mainstream have the additional support of a resourced provision which allows varying degrees of integration based on each pupils needs.

There are currently four resourced provisions in Southampton. These offer specialist provision for children with an Education, Health and Care Plan (EHCP), requiring provision over and above what is ordinarily available within a mainstream setting. They also offer the opportunity for children to access some aspects of the mainstream curriculum and to be included with their mainstream peers where appropriate.

There are two resourced provisions for children with a hearing impairment based at Tanners Brook Primary School and Redbridge Community School.

Due to pressure on school places, Springwell School set up two temporary resourced provisions for children with general learning difficulties in Mason Moor Primary School and Bitterne C of E Primary School. These provisions are hosted by the primary school but managed by Springwell Special School. They have proved successful and are now permanent.

Plans are underway to establish a secondary resourced provision for pupils with autism at Bitterne Park Secondary School in September 2018. This provision will be managed by the host school in partnership with Great Oaks Special School and support pupils with higher functioning autism.

Special Schools

There are 6 designated special schools in Southampton

- Springwell School - For key stage 1 & 2 pupils with complex needs, severe learning difficulties and autism spectrum conditions.
- Great Oaks School - For key stage 3 & 4 pupils with complex needs, severe learning difficulties and autism spectrum conditions.
- Cedar School - For pupils from nursery to key stage 4 with a range of complex needs including children with physical disabilities, profound and multiple needs, medical conditions and sensory impairment
- Rosewood School - For pupils from nursery to key stage 5 with profound and multiple learning difficulties
- Vermont School - For key stage 1 & 2 pupils who have social, emotional and mental health (SEMH) needs.
- The Polygon School - For key stage 3 & 4 pupils who have social, emotional and mental health (SEMH) needs.

In addition, the Compass School provides Alternative Provision for pupils from key stage 1 - 4 who require a time limited period of support outside of their mainstream school. There are a small number of pupils at Compass who have been identified as needing a place at Vermont or Polygon but due to pressure on places are unable to transfer.

Southampton Children's Hospital School provides education for children while they are in hospital and a home tuition service for pupils who are unable to go to school for medical reasons.

Table 9 - The agreed place number (APN) and numbers on roll (NOR) of each Special School 2017/18

<i>Special school</i>	<i>APN</i>	<i>NOR 2017/18</i>
Springwell School	160	184 (including virtual school)
Great Oaks School	200	202
Cedar School	80	80
Rosewood School	37 (+ 22 Hampshire)	37
Vermont School	32	32
Polygon School	60	60
Compass School - Alternative provision (AP)	160 AP places	106 AP places 11 pupils with EHCPs

A small number of children are placed in special schools in other Local Authorities, mainly Hampshire.

Out of city independent special schools

There are a small number of children and young people who have been placed in out of city independent special schools due to the complexity of their needs.

Schools that currently have Southampton children and young people include:

Mary Hare, Newbury	St Catherine's, IOW
St Edwards, Romsey	Fairways, Fareham
Clay Hill and Coxlease, Lyndhurst	Cambian Group, Dorset
Hillcrest Park School, Oxfordshire	The Serendipity Centre, Southampton
Shieling College, Ringwood	Tadley Court, Hampshire
Treloars, Alton	Victoria Education Centre, Poole

10 Findings of review

Whilst the brief of the review was to carry out a comprehensive review of the provision for Southampton and Portsmouth children and young people with SEND, the reviewers were given a number of priority areas to focus on which were considered to be the most important with regards to future financial stability, namely:

1. Reviewing the use of high cost out of city placements, where provision is not available locally
2. Meeting the needs of the growing number of children with severe learning difficulties and complex needs, which is currently putting pressure on special school places
3. Reviewing the availability of post-16 provision for students with SEND, including for those with a sensory impairment
4. Meeting the needs of the growing number of children and young people with autism/social communication needs and associated sensory processing difficulties and challenging behaviour
5. Reviewing the use of resourced provisions
6. Reviewing the identification of SEND and thresholds for requesting EHCP needs assessments
7. Inclusion

10.1 Reviewing the use of high cost out of city placements, where provision is not available locally

There are a number of children currently being educated in schools out of Southampton city. Some are in maintained schools in other local authorities, mainly Hampshire; some are in other local authority special schools, again mainly Hampshire; a small number are in independent private schools (funded by parents) and 62 children are in independent special schools. It is this latter group that comprise the high cost out of city placements. Of interest, Portsmouth has 36 children in independent special schools.

These high cost out of city placements were identified as a priority due to the significant spend in this area against a deficit budget. The funding of out of city placements is the most unpredictable and volatile area of the high needs funding block. Children may require a placement out of the city if either their education or social care needs or both cannot be met within the city.

As at 1 December 2017, Southampton had 62 children and young people in independent specialist out of city placements at an approximate total cost of £5.6M broken down as follows:

Education - £3,482,598

Social Care- £1,375,004

Health - £329,910

Transport - £270,542

Escorts - £98,800

(Source: Finance Team December 2017)

The majority of pupils in out of city schools have a primary need of either SEMH (52%) or ASD (31%), with a small number having sensory difficulties, VI or HI (8%) and physical difficulties (6%).

It is recognised that for a small number of pupils the Local Authority will not be able to meet their needs due to their complexity. Some children with SEMH need to be out of the city to break a cycle of exploitation and harm even when educational needs might be met locally. Whilst other children whose educational needs could be met locally are in out of city provision because the package of health and/or social care needs is so complex that family breakdown becomes a risk. With limited support for health and care needs within the home families experience increasing strain which impacts on siblings and family relationships. While access to short breaks can help, this is often insufficient for those families whose children have the most complex needs. In most cases families do not wish their child to go out of city and have to make long journeys to see their children at infrequent intervals.

These children do however form only a small proportion of those currently in placements out of city (approximately 20%). It is believed that with some additional investment and changes to the local offer that the majority of other pupils could have their needs met within the city schools releasing significant savings.

A number of findings have been identified during the course of the review which are relevant to the decision to seek out of city placement:

- ***Lack of suitable educational provision within the city***

There appears to be a lack of provision for children and young people with high functioning autism, those with autism and challenging behaviour, those requiring support for sensory processing needs and Post 16 provision for young people with a physical disability.

As already reported, the numbers of children and young people with SEMH and ASD has been increasing year on year and is expected to continue to increase for some time yet. As these two groups can present with some of the most challenging behaviour it is imperative that future support, management and provision for these pupils is identified and planned.

Pupils with high functioning autism have specific needs associated with their autism that need to be understood and accommodated for. They are a group of pupils however that could and should have access to a mainstream curriculum and be allowed and enabled to access a mainstream environment.

- ***Lack of residential provision within city***

There is a lack of residential and / or short break provision for children and young people with SEND within the city. Some pupils could have their educational needs met within the city but require residential and / or short break provision for social and health needs. Many parents do not want their child to go to an out of city provision but find that there are times when caring for a child with complex needs is just too much. Having a continuum of support

and provision for families including short breaks; a short term residential assessment unit to identify underlying needs, stabilisation of behaviour and a break for parents; to weekly, termly and full time residential provision would enable some children and young people to stay within the city as part of their local community.

- ***Parental perceptions and preference***

A number of children are placed in out of city independent special schools due to parental preference following a tribunal. Whilst in many cases the local authority considers that suitable local provision is available parents are understandably drawn to some of the independent special schools that have an attractive and comprehensive offer that is well marketed. Visits to a number of these schools as part of this review has found them to be well run; with dedicated teaching and support staff; regular onsite access to therapeutic staff; good staff: pupil ratios; good facilities; a highly differentiated curriculum; access to a range of qualifications to meet individual needs; and an environment that fully supports and adapts to meet the individual needs of every child and young person.

- ***Marketing of offer***

The Review Team have observed that independent special schools tend to have an attractive and comprehensive offer that is very well marketed. In some cases the school buildings look impressive set within their own grounds. It should not be too surprising if parents are drawn to this provision.

It is recommended that local provisions are similarly 'marketed' to highlight to parents the offer for the child and their family.

- ***Availability of therapies***

Inspection of independent special school brochures and visits to a selection of schools shows that there is an offer of onsite access to therapeutic provision including in most cases speech and language therapy, occupational therapy, physiotherapy, psychology, psychiatry and in some cases play therapy and art therapy. Although this provision may be shared across two or more schools (a fact that is not always explicit on websites or within school brochures) it is more readily available than provision to mainstream or special schools in Southampton. Children and young people in Southampton are currently unable to access provision solely for sensory processing difficulties. Independent special schools tend to also offer other facilities and resources which are very appealing to children and families such as onsite or local horse riding and swimming pools.

- **Multiple providers**

Children are placed in a wide range of independent special schools which reduces the negotiating power of individual Local Authorities. Contracting of residential placements for social care and educational needs has been managed within The Hampshire Residential Framework. This framework is due to expire in October 2018. Whilst there are plans in place to commission a new framework as a collaborative with Hampshire and Portsmouth, SEN residential placements will not be part of the new procurement. All three Authorities are keen to work together to develop a framework specifically for SEND and to negotiate more favourable contracts with a few local providers. Initial discussions have taken place to explore options.

- **Early intervention and multi-agency decision making**

The Strategic Review Team reviewed case histories of pupils in out of city provision and noted that these children experience repeated failure and therefore issues with attachment are often compounded. It is clear that many pupils, especially those with social, emotional and mental health issues, have a tough journey through most of their early and primary years which may exacerbate their difficulties, escalating as the transition to secondary school approaches, with special or out of city placement becoming almost inevitable. This comment has been made to the Review Team by professionals working across the city in Education and Social Care, recognising that difficulties with educational provision are often compounded by social and environmental factors in the life of the child concerned.

Out of city provision is only ever considered when local options have been exhausted. The current process for placing a child in an out of city independent special school can be slow and time consuming with residential placements being agreed only when all other options have been exhausted and / or placements have broken down. Such delays have resulted in increased costs as finding appropriate placements becomes more urgent and reduces any negotiating power with independent providers. Parents explained to the Review Team that it is important to them *"Not to let a child have to struggle so long before getting help"*.

"In Year 2 an EHCP was turned down, my child went into Year 3 and the school had no idea how to cope and we lost 14 months of schooling. They even said to us that we should think about changing primary schools"

- **Age**

The majority of pupils placed out of city are of secondary age (55%) with 35% being Post 16.

Primary schools, especially at KS1, have more flexibility to meet the needs of pupils with SEN and this may be particularly relevant for those with SEMH. Constraints with curriculum and assessment at key stage 3 and 4 are perceived to mitigate against inclusion of older pupils with SEN.

On closer scrutiny however, many of the children eventually placed out of city were identified in their early/primary years and received significant input from schools, specialist advisers and health professionals. The majority had been excluded on a number of occasions and were on part time timetables. Many also had a number of school placements including periods at alternative provision and / or an SEMH special school.

Both out of city special schools and Southampton City special schools expressed a wish to have pupils placed at an earlier age to give them time to 'turn the child around', reduce the escalation of failure and distress experienced by these pupils and potentially enable them to return to mainstream education.

- ***Commissioning and clarity of advice***

In order to promote good outcomes for children early intervention is essential. This concept is well understood but sometimes panels are required to make decisions before advice from professionals is available or may not have even been commissioned. Whilst this is rare for out of city placements, it is still important to ensure that advice is commissioned and provided in a timely manner. When it is provided it must be clear, specific, jargon free and reflect the voice of the child or young person concerned, to ensure this is never overlooked.

- ***Duration of placement***

Once children and young people are placed out of city they rarely return even for post 16 provision. Pupils rarely move unless the placement has broken down or needs have changed. It could be argued that this is good practice in terms of maintaining the stability of a placement. However each placement should therefore be considered within the context of the length of financial commitment that it is likely to entail. With the increase in statutory entitlement to 25 years, there is the potential that some pupils will continue within the provision up to that age. If 50% of students currently in out of city schools stay on until 25 years the additional cost to education in 2018 will be £56,171 increasing to an additional cost of £842,565 in 2022. The potential total cost to education in 2022 could be in the region of £4,325,163.

- ***Critical monitoring of pupil progress and challenge from the Local Authority of out of city providers***

There are several steps in place to ensure pupil progress is tracked and monitored.

With multi-agency representation, the pre-MARP and MARP (Multi-agency Resource Panel) have a role in reviewing and challenging all current out of city placements to ensure that placements are appropriate and provide value for money.

SEND advisers attend annual reviews of EHC plans to ensure that pupils are making expected progress, plans are still appropriate and relevant, with needs and plans updated accordingly.

The SEND Team Managers keep an overview of pupils in out of city placements by attending pre -MARP, MARP and Complex Cases meetings.

The virtual school team and Educational Psychology Service support children looked after in out of city provision.

The cost of placements is challenged by the SEND Team but there is a strong feeling that local authorities are held to ransom by independent out of city special schools because there is little option but to pay for additional costs when requested or risk the placement being ceased.

Whilst these processes are in place the critical monitoring of pupil progress, prior to and following placement in an out of city provision, and challenge to independent providers needs to be even more rigorous, ensuring that interventions are being delivered as detailed in each child's EHCP and expected outcomes are being achieved. When the Review Team scrutinised the files of children in independent special schools they found little evidence of progress and pupils receiving therapies not specified on their Education, Health and Care Plans.

New statutory guidance was issued in November 2017²⁰ outlining that pupils in residential settings must receive a visit from a suitably skilled and experienced representative of the accommodating local authority at intervals of not more than six months. Local authorities and other bodies must co-operate in their planning to support vulnerable children and young people, and in assessing their needs, commissioning and making appropriate provision. The views of the child or young person must be elicited. Further requirements are also included in the guidance.

²⁰ Statutory visits to children with special educational needs and disabilities or health conditions in long-term residential settings: statutory guidance for local authorities, health bodies and health or educational establishments. DfE and DoH. November 2017

Potential savings and costs

It is believed that many of the children who are currently in out of city placements could have had their needs met within the city if additional support and provision had been available. If the current numbers of children in out of city placements could be reduced by up to 75% significant savings to Southampton City Council would be made, impacting on the high needs block.

For example with an indicative average total cost per placement of £89,627 (education, social care, health and transport), the saving that could be achieved by reducing the number of out of city placements to 15 would be in the region of £4.2M. With an indicative average cost to education per placement of £56,171, the savings would be in the region of £2.6M, some of which would need to be reinvested in local provision.

With children settled in their current placements it is not envisaged that they will be returned to the city unless transition points are reached and it is deemed to be an appropriate move. The goal would be the reduction in out of city placements going forward. For illustrative purposes, based on the current placements out of city and assuming all pupils continued until the end of year 14, it would be 2027 before the youngest child (currently in year 4) left school. On the assumption that there will always be approximately 12-15 children in out of city placements the cost modelling below has been worked up to the point of the last 12 pupils.

Table 10.1 - Potential reduction in cost of out of city placements

Academic year	The number of pupils in OOC provision	Costs to education based on £56,171 per pupil
2017/18	62	£3,482,598
18/19	58	£3,257,918
19/20	49	£2,752,379
20/21	39	£2,190,669
21/22	30	£1,685,130
22/23	22	£1,235,762
23/24	17	£954,907
24/25	12	£674,052

Conclusion

Out of city placements could, in time, be significantly reduced with a subsequent reduction in expenditure. With investment in capital building, staffing numbers, therapy provision and resources, strengthening workforce skills and competencies, alongside an enhanced marketing of the local offer the majority of children and young people should be able to have their needs met within the city.

Recommendation 10.1.1: Pupils are identified earlier and clear protocols developed to enable decisions to be made quickly to allow pupils access to a school that can meet their needs.

To focus on the identification of risk factors for social, educational breakdown and early intervention at first sign of breakdown to support child, family and school to maintain child in city linked to Early Help Processes and MASH.

Recommendation 10.1.2: A process is established for monitoring all children who are at risk of not having their needs met within city and / or have been excluded from school. Designated SEND Officers are given responsibility for monitoring and tracking pupils to ensure that needs are properly identified and addressed early on, with the outcomes of external support monitored and specialist provision for those most vulnerable to poor outcomes considered as an option at the earliest point rather than as a last resort. Assessments and advice must be commissioned from appropriate services in a timely manner to ensure Panels can draw on high quality information for decision making purposes. Proactive anticipation of need is essential to guard against failed placement.

Recommendation 10.1.3: All children and young people in out of city schools are monitored and reviewed on a regular basis to ensure that placements are appropriate, value for money, delivering the interventions as detailed in each child's EHCP and achieving expected outcomes. Proactive anticipation of need is essential to guard against failed placement. The statutory guidance on visiting pupils in residential settings needs to be embedded in SCC practice. MARP to lead on this.

Recommendation 10.1.4: Contracting framework for out of city placement to be developed

Contracting framework, in partnership with neighbouring authorities, with providers could provide guarantee of placements, set clear expectations of provision, reduce hidden or unforeseen costs, increase accountability in terms of outcomes and lead to a reduction in exclusions. This could include block commissioning which would give greater financial stability for out of city providers and may be an incentive for collaboration.

Recommendation 10.1.5: The outreach service to be expanded to provide enhanced support to children and young people with SEMH and ASD who present with communication, sensory, and functional needs

Recommendation 10.1.6: Over and above the Local Offer and the School SEN Report, clear guidance both written and available in person should be provided to parents to support their decision-making regarding suitable provision for their child. Local provisions to be 'marketed' to highlight to parents the offer and advantages for the child and their family.

Recommendation 10.1.7: A range of local residential provision and short break options to be explored for pupils with severe autism and challenging behaviour, SEMH or PMLD.

Provide support for those children and young people who needs have a significant impact on the family and / or for those who need 24hr wrap around provision. Consideration could be given to whether there is scope for this to be developed in partnership with Portsmouth and Hampshire.

Recommendation 10.1.8: Consideration to be given to increasing the capacity of the SEND Team to support the above recommendations

10.2 Meeting the needs of the growing number of children with severe learning difficulties and complex needs, which is currently putting pressure on special school places

The numbers of children and young people with severe learning disabilities, complex needs and life limiting conditions has increased. This has been highlighted nationally and reported by the Council for Disabled Children²¹. In the past 10 years, the prevalence of severe disability and complex needs has risen which cannot be explained by population increase alone. The increase is due to a number of factors including increased survival of pre-term babies and increased survival of children after severe trauma or illness. Children with life-limiting conditions, such as cystic fibrosis, have better life expectancy²². The increase is predicted to continue. Research into the incidence and prevalence of PMLD suggests an annual increase of 4.8%²³.

Southampton has more children identified with SLD and PMLD as their primary need compared to the national average although this may be due to a difference in coding ASD as SLD.

With the increase in the age range of statutory protection it is anticipated that the number of young people aged 16+ with an EHCP will continue to grow requiring additional capacity in mainstream colleges and special schools for pupils with complex needs and a different more vocational offer.

To support the reduction in out of city placements, Southampton will need to ensure that its specialist provision has the capacity, capability and an attractive comprehensive offer to meet the needs of children and young people with the most complex of educational and social needs.

The increase in prevalence of children and young people will increase the *need* for provision at special schools. In addition improvements in the quality of special school provision, changing societal attitudes and the empowerment of parents to be more involved in decision making with regard to their children's special educational needs, has led to an increase in *demand* for special school placement.

Parental preference is influenced by parental perception of special school provision and the advice from health colleagues, education and social care staff and other parents. Attitudes towards special schools have changed over the last 10 years in line with the change in attitudes towards disability in general. Special Schools are now seen as centres of excellence with specialist knowledge and expertise, offering good to outstanding education (confirmed by recent Ofsted Reports) and an environment that supports children and young people with SEND to thrive. They are sometimes seen as the only place where a child's

²¹ Understanding the needs of disabled children with complex needs or life-limiting conditions. Council for Disabled Children (2016)

²² DH, DfES (2004) National Service Framework for Children, Young People and Maternity Services. Standard 8: Disabled Children and Young People and those with Complex Health Needs

²³ Emerson E (2009) 'Estimating future numbers of adults with profound multiple learning disabilities in England'. Centre for Disability research, Lancaster University.

needs can be met and as such are often endorsed by health practitioners, social care and education staff from special and some mainstream schools.

Whilst parental knowledge and views are central to the formulation of their child's EHCP, parents have reported to the Review Team that they feel they lacked information to make informed choices and have been swayed by the advice given by professionals, some of which is contradictory. Many parents report not feeling listened to; some parents are advised that special school is the only option when they would like to explore mainstream alternatives and others that mainstream is the only option when parents have a strong preference for special school provision.

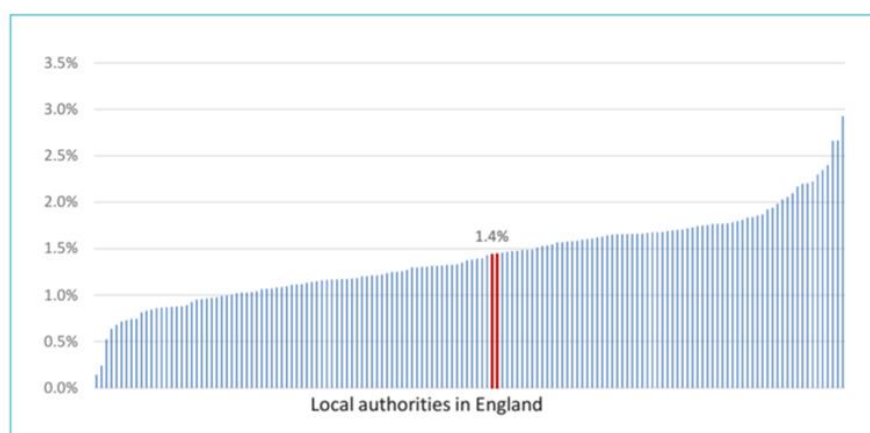
"These children have autism, they need to go to a Special School" Mainstream school teacher

Anecdotal feedback, as well as observational evidence, indicates that the demand on special schools is to some extent based on the availability of places - the more places available, the more they will be filled.

"He needs an assessment for a Special School" Mainstream school teacher

This is further evidenced by the variation in the numbers of children attending a special school across Southampton and Portsmouth, the South East Region and nationally, and special school Headteachers who have told the Review Team of (a small number of) pupils in their schools who could and should be educated within a mainstream environment with appropriate support.

Figure 10.2 - % of children attending special schools in each Local Authority 2016



Source: SFR 29-2016 local authority tables (analysis of table 14). School Census data, based on where a child attends school. Excludes children in independent schools.

In response to this increase in need and demand, capacity in special schools in Southampton has been increased year on year for the last six years, for example, Springwell School has increased by 16 pupils per year from 64 (2011) to 160 (2017). This increase is greater than would be expected from population increases or an increase in prevalence of SEND and supports the belief that the increase is in part due to demand. Despite this increase it has been unable to keep up with demand and as a result two SEN Resourced Provisions have been temporarily set up in mainstream schools pending a place at Springwell School. These provisions have proved successful and are now being made permanent. It is anticipated that this level of increase will continue unless action is taken to manage this differently.

It has been forecast that the increase in numbers at Springwell will translate into a subsequent increase in numbers at Great Oaks. Working closely with parents, expectations must be managed to ensure that consideration is given to the range of provision available and each child's needs are met within the most appropriate setting.

The city has two schools for pupils with social, emotional and mental health needs, Vermont and the Polygon. Both schools are housed in out of date and poorly maintained buildings that are no longer fit for purpose. Pupils tend to be placed at Vermont in Year 5 or 6 after an often turbulent journey through their early primary years. Vermont has expressed a wish to have pupils placed earlier and is concerned that pupils once placed have only one or two years before moving on again, usually to the Polygon. Colleagues in specialist SEMH provision have reported an increase in children and young people who have experienced trauma potentially linked to high levels of deprivation and a climate of austerity impacting on the availability of services available to support the child and family. To address some of the issues presented by both schools a Task and Finish Group was set up and led by the Review Team to explore the needs and future provision. The report from this group may be found in Appendix 4. Whilst there is still additional work to be undertaken to take forward the work of this group it is proposed that the SEMH provisions are re-configured. It is recommended that this includes alternative provision.

Cedar School was historically designated as an all through school for pupils with physical disabilities. With the increase in accessibility of mainstream schools many of these pupils are now being educated in mainstream settings. As a result Cedar has gradually changed to become 'a catch all' school meeting the needs of a wide range of pupils from those with profound and multiple needs to pupils with physical needs but good cognitive ability.

While the capacity of special schools has increased there has been no matched increase in therapy provision. To ensure that the city's special schools have an attractive offer there will need to be an increase in the therapy provision available.

In 2021 Springwell School will reach capacity (224 pupils). If demand is not managed and numbers continue to increase it may be necessary to consider opening a Year R / Year 1 provision in the city to provide an assessment function followed by appropriate placement planning from the full range of provisions available.

A review of early year's provision in Southampton is currently being conducted as part of a joint commissioning work stream. This will consider potential options including a specialist

nursery provision or a hub and spoke type model where the expertise across education and health comes together for assessment and a more strategic distribution of provision.

There are currently no clear criteria or remit for each of the Special Schools. Clear criteria need to be determined based on need which ensures that all children and young people who need specialist provision have their needs met within an appropriate environment.

In forecasting the need for Special School places, approaches historically have looked at the demand on Special School places, the numbers coming through with SEND from early year's settings, the needs and associated provision being identified in EHCPs, and parental preference often following advice from health practitioners and education staff within Special Schools and mainstream schools. Whilst these are all valid ways of considering the need for Special School provision they also encompass a degree of subjectivity and have the potential to skew what needs, for planning purposes, to be an objective and rational decision.

Improved forecasting of needs during the early years will support not only placement planning for YR admissions but will allow predictions to be made for special school places throughout both primary and secondary phases and ultimately Post 16 provision. Regular monitoring of pupil needs, placements and moves will enable the LA to develop increasingly accurate predictions to inform future planning.

From modelling of places needed based on current pupil numbers, population increases, changes in prevalence and expected parental preferences, it is predicted that approximately 291 additional places for children and young people with complex needs could be required over the next 5 years (see Appendix 5 for details of complex needs place forecast modelling).

Conclusion

The numbers and complexity of children and young people with SEND is increasing with the potential for a significant increase in cost. Action is required to manage demand to ensure that future needs are met in a financially sustainable manner.

Recommendation 10.2.1: Establish a central point for the collation of all data / intelligence on children 0 - school age with complex health, social care, educational needs.

An annual report on numbers, age, type of need to be produced to review trends and agreement with previous forecasts, support planning and refreshed longer term forecasting. Report to be shared annually with the SEND Partnership Forum.

Recommendation 10.2.2: SEND needs and placement planning to be included in the annual cycle of school placement planning, supported by an annual refresh of the SEND needs assessment and reported to the SEND Partnership Forum

Recommendation 10.2.3: The outcomes of the review of early years provision to feed into the forecasting of need and identify options for future provision

Recommendation 10.2.4: Additional provision for children with complex needs will be required, which may include additional capacity at special schools, resourced provisions and/or mainstream schools. Consideration to be given to the development of further primary and secondary resourced provisions for pupils with learning difficulties to reduce pressure on special school places. This may contribute to solutions about meeting need and demand bearing in mind capital funding pressure.

Recommendation 10.2.5: The review of Special School provision required for children with complex needs, commenced as part of the review, is taken forward to ensure that the needs of pupils within the city are met in line with forecasts.

Recommendation 10.2.6: SEMH specialist provision including alternative provision to be re-configured to meet future need in appropriate accommodation

Recommendation 10.2.7: The criteria and remit for each Special School is clearly defined and used to inform placement planning and decision making regarding pupil admissions.

Recommendation 10.2.8: There is a clear process for determining educational provision which is communicated to all professionals involved and built into the induction of the SEND workforce so that parents receive coherent information and advice

Recommendation 10.2.9: There will need to be a review of therapy provision available in special schools in the city to ensure that needs are met within the context of an increase in pupil numbers.

10.3 Reviewing the availability of post-16 provision for students with SEND, including for those with a sensory impairment

For many young people transition into adulthood is a rite of passage that can be exciting but also daunting at the same time. It is a time when peer relationships become important as the main sources of support during a period of increasing independence. The ability to communicate effectively, form friendships, manage on a daily basis (meeting functional and emotional needs) becomes key to the successful transition into a happy and healthy adult life.

For young people with SEND this transition can be an extremely challenging time.

In August 2012, the Ofsted survey 'Progression post-16 for learners with learning difficulties and/or disabilities'²⁴ found that transition arrangements for these learners to post-16

²⁴ <https://www.gov.uk/government/publications/progression-from-school-for-those-with-learning-difficulties-or-disabilities>

education and into adulthood were not fully effective. Schools, local authorities and other agencies did not work together sufficiently well to ensure that learners were adequately prepared for transition between school and post-16 provision.

The recently published Ofsted report, *Moving Forward*²⁵, found that too many young people with learning difficulties and / or disabilities are poorly prepared for adult life.

The Children and Families Act 2014 recognised the ineffective arrangements between education, health and social care agencies in supporting young people to successfully transition from school to post-16 provision and adult life and extended statutory protections for education up to the age of 25 to try and address this.

Parents told the Review team that they are concerned about transitions in general but perhaps especially to post 16 provision and preparation for adulthood.

*"It's a daunting process. This is your life now. What about college?
What about independent living?" Parent of secondary aged child*

Within Southampton, the Transition Operational Group (TOG) provides a vehicle for overseeing effective transition but needs to sit within a framework of a 0 - 25 multi-agency service, have a clear remit with associated responsibilities and accountability, especially in relation to the annual review process (potentially amalgamating with the Year 9 Annual Review), sign up and attendance from all agencies, and the involvement of the young person and their family. Consideration could be given to the adoption of the Portsmouth EHCP format for pupils at 14 years onwards which uses the Preparing for Adulthood stages to help young people, parents and professionals to think longer term about the skills that will be required for successful transition.

Potentially 'commissioned' by the newly configured Transition Operational Group, it is recommended that consideration is given to expanding the current Therapy Transition Team both in remit and workforce to provide multi-agency support to young people from 14 - 25.

Whilst Post 16 providers are willing and feel able to take students with a wide range of needs, the inflexibility of funding and inability to forward plan for students is a challenge in ensuring that appropriate resources are available when required. Better planning for transition at 14 years onwards will alleviate some of these challenges.

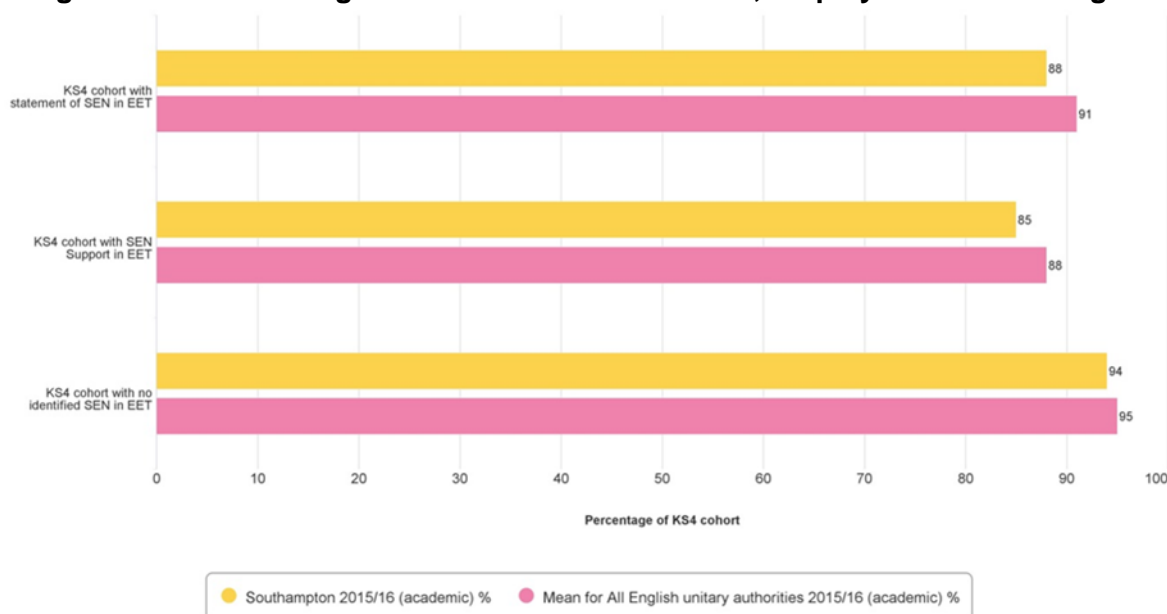
The reforms placed increased emphasis on supporting children and young people with SEND to make a positive transition to adulthood, including paths to employment, good adult health, independent living and participating in society.

²⁵ *Moving forward? How well the further education and skills sector is preparing young people with high needs for adult life.* Ofsted March 2016

For more information visit <http://www.preparingforadulthood.org.uk/>.

The chart below (Figure 10.3) shows the percentage of the Key Stage 4 SEN cohort in a sustained education, employment or training destination at 17 in 2015/16. To be included in the measure, young people have to show sustained participation in education, training or employment destinations in all of the first two terms of the year after they completed key stage 4. In Southampton, 88% of the KS4 cohorts with a statement or EHCP were in education, employment or training at 17 compared to the previous period of 82% and the national average of 91%. Southampton students with SEN Support and those with no SEND follow a similar pattern with 85% and 94% being in education, employment or training at 17, compared to national averages of 88% and 95%.

Figure 10.3 - Percentage of KS4 cohort in Education, Employment or Training at 17



Source: LG Inform

Despite efforts to address the gaps that present in Post 16 provision there is still much to be done.

There is still a lack of Post 16 provision within the city for young people with SEND. The Post-16 colleges have significantly improved in their offer to students with SEND but will need to do more to flexibly meet each students specific needs, for example, allowing prospective students to visit the college on a different day to all other students, providing more vocational courses, supporting students to access and navigate the campus, and supporting students to develop increasing independence in a range of life skills such as using the bus to get to college rather than a taxi. It is recommended that provision is broadened out across the city using other providers to afford students a wider range of high quality options.

The expectation of self-managed learning and fewer tutored hours (16 hours as opposed to 30 hours in school) is an issue reported by families and presents problems in managing time out of lessons. Whilst recognising the funding constraints of the Education Skills Funding Agency (ESFA), the option of a more structured and fully supported timetable with academic learning happening alongside the development of functional life skills would enable students to gain the skills required to have a meaningful adult life. Support for young people who have not had an EHC plan but who have been at SEN Support level at school may need exploring.

With the extension of statutory responsibility for students with SEND up to 25 years it is anticipated that the demand for post 19 provision will increase requiring the Local Authority to consider how to respond and plan accordingly. The table below shows the significant increase in young people Post 16 with an EHCP from 2015 onwards and Post 19 in 2017 (Table 10.3.1). It is anticipated that these numbers will continue to increase (Appendix 8).

Table 10.3.1 - Number of pupils with statements/EHCPs by age

	2013	2014	2015	2016	2017
<5	43	45	79	74	69
5-10	268	301	322	410	487
11-15	314	317	324	379	400
16-19	30	38	78	157	199
20-25	0	0	0	1	26
Total	655	701	803	1021	1181

Source: SEN2 Return

Whilst there are currently 225 EHCPs in place only 105 are funded from the High Needs Block. This is because Post 16 providers review needs outlined in the Education, Health and Care Plans in relation to the support and provision available in college, bearing in mind that students are on site for 16 hours as opposed to 30 hours at school, meaning the element three funding is not always required.

The reforms in 2014 required the transfer of statements in to EHCPs and few statements have been ceased during this period, as per DfE expectations. Whilst the majority of the increase in the numbers of EHCPs Post 16, as shown above, is due to the maintenance of plans, there has also been a slight increase in the number of new plans issued since 2016 (Table 10.3.2).

The table below shows the significant reduction in cessation of statements / EHCPs in 2015 and 2016 which is thought to be partly due to the effect of the reforms and partly due to plans being maintained beyond 16 years.

Table 10.3.2 - Number of new and discontinued statements/EHCPs

	2012	2013	2014	2015	2016	2017
New EHCPs 16-19yrs	0	1	0	4	12	8
New EHCPs 20-25yrs	0	0	0	0	8	0
Discontinued EHCP Post 16	51	5	18	3	0	76

Source: SEN2 Return

The forecasted number of Post 16 and Post 19 pupils with an EHCP over the next 5 years is shown in the table below.

Table 10.3.3 - Forecasted numbers of Post 16 and Post 19 EHCPs (based on current plans projected forward)

	2017	2018	2019	2020	2021	2022
Post 16	199	240	250	261	272	283
Post 19	26	36	40	45	40	40
Anticipated number of plans funded from HNB	105	135	158	188	210	225
Change from previous year		30	23	30	22	15

The Local Authority is working proactively with Colleges, Adult Services and parents to ensure that those students requiring an EHCP continue to have this support and that at the appropriate time EHC plans are ceased for those young people no longer requiring them because needs are no longer so severe or "education" has ceased.

The majority of young people placed in independent specialist out of city schools stay beyond 16 and even beyond 19 due to a lack of specialist post 16 provision locally. There are currently 4 Post-16 pupils with physical disability in out of city residential provision who could be supported within the city if appropriate provision were made available. Unless expertise is developed in local colleges these pupils will continue post 16 in their current out of city provision. For example, there are four pupils from Portsmouth educated out of city, all with profound hearing loss. All were felt to require a peer group of youngsters with same or similar needs. Since the establishment of a secondary resourced provision for pupils with hearing impairment no further pupils have been placed out of city. The same issue will apply for Southampton, with four pupils with a visual impairment and one pupil with a hearing impairment who are out of city. Providing support locally is achievable, drawing on the specialist teacher advisers working in Southampton and Portsmouth and working with colleges to design high quality provision.

Young people, some of whom are looked after, currently in residential SEMH provision, will eventually return to Southampton. They may not meet criteria for support from the Adult Learning Disability Social Care team but will have an EHC plan and special educational needs and will be vulnerable young adults. It is often confusing for this group in terms of knowing which department to contact and what support is available. Discussion with

professionals regarding specific cases indicates that staff can feel lacking in skills and knowledge to support young people with complex SEMH needs.

Similarly, some young people who have high functioning autism do not meet the criteria for the Adult Social Care Learning Disabilities Team and are left feeling unsupported or return to require services later on.

The lack of post 16 provision for young people with physical disabilities has led to a placement out of city at a cost of over £100,000.

Both Great Oaks School and Rosewood take pupils up to 19 years. Rosewood has been piloting post 19 provision.

Discussions with adult services to explore options for the development of packages of supported housing, daytime social and educational activities and work experience could provide innovative solutions to expensive external College placements, support transitions into adulthood and integration into local communities.

Conclusion

With the increase in statutory protection it is likely that the number of young people with an EHCP Post 16 will increase. In preparing young people for adulthood, consideration will need to be given to their specific needs with a range of provisions being made available. The local authority will need to work proactively with Post 16 providers and Special School Headteachers; Adult Social Care and young people to determine the nature of that provision to ensure needs are met in the future.

Recommendation 10.3.1: The Transition Operational Group (TOG) to be developed as the vehicle for overseeing robust and comprehensive transition planning from 14 years through to 25 and onto adult services.

Recommendation 10.3.2: Strengthen the process for sharing information between Education SEND team and Adult Social care teams on young people (14 years +) with EHC plans for forecasting purposes and to begin the plan for individual young people transitioning to college with a real or virtual team, with clearly defined responsibilities, taking a lead on this work.

Recommendation 10.3.3: Consideration to be given to expanding the Therapy Transition Team into a Multi-agency Transition Team to support all young people with SEND from 14 years through to 25.

Recommendation 10.3.4: SCC to continue to work with local post 16 providers to ensure sufficiency of high quality, inclusive educational provision for students with SEND. This is an opportunity for coproduction with young people and families

Recommendation 10.3.5: Explore specific gaps in provision. For example, provision for pupils with physical disability, autism, SEMH and sensory impairment, in coproduction with parents and young people. Explore opportunities for shared provision with Hampshire and /or Portsmouth.

Recommendation 10.3.6: Work with adult services to scope the costs and viability of developing supported housing and educational packages

Recommendation 10.3.7: The Transition Operational Group to oversee Adult Social Care LD team and other teams in Adult Social Care in the development and roll-out of a self-assessment tool for young people to clarify needs, develop clear pathways and access provision. This is an opportunity to liaise and learn with PCC as a similar approach is being developed in Portsmouth. Closer liaison between all social care teams would be of benefit in supporting young people with SEND

Recommendation 10.3.8: SCC to work proactively with students, their families and independent out of city specialist providers in transitioning students back to the city for their Post 16 education

Recommendation 10.3.9: Consideration to be given to the adoption of the Portsmouth EHCP format for pupils at 14 years onwards which uses the Preparing for Adulthood stages to help young people, parents and professionals to think longer term about the skills that will be required for successful transition.

10.4 Meeting the needs of the growing number of children and young people with autism/social communication needs and associated sensory processing difficulties and challenging behaviour

'The great increase in the number of children whose primary need is ASD is the clearest trend in the education data, evident in both mainstream and special school cohorts' - Council for Disabled Children 2016²⁶.

It has been well reported both in the literature and anecdotally that the prevalence of children and young people with ASD has been increasing year on year. It is therefore imperative that future support, management and provision for these pupils is identified and planned.

Since 2013 the number of pupils in Southampton with autism as their primary need has increased from 190 to 363, an increase of 91%. The latest prevalence studies suggest that 1.1% of the population may be on the autism spectrum. With a school aged population of 32,872, the current prevalence in Southampton is 1.1%.

The reasons for this increase in prevalence are not entirely clear. When asked whether the increase is a true increase in incidence, an increase in awareness, an increase in diagnosis, an increase in breadth of definition or increase in the age range of educational responsibility, most professionals respond that all above factors are relevant. The higher profile of autism as seen in the media has resulted in a better understanding of the condition and social acceptance. Parents may be pursuing a diagnosis as a reason for behaviour that they are struggling to manage. Further research into the possible genetic basis of autism will help increase our understanding of prevalence rates.

²⁶ Understanding the needs of disabled children with complex needs or life-limiting conditions. Council for Disabled Children (2016)

The (incorrect) belief that an EHCP will only be considered for autism if there is a diagnosis has put strain on Health and Education services. For example one parent of a child with High Functioning Autism informed the Review Team that:

"EHCPs appear to be the magic ticket to services and support"

The development of the diagnostic pathway has streamlined processes and increased the numbers being diagnosed each year yet this is often mistakenly interpreted as equating to need. Whilst diagnostic criteria are applied, the diagnosis is based on verbal report and observable behaviour and it has been suggested to the Review Team that this can lead to some subjective interpretation. Many health and education professionals working currently in Southampton, who were consulted during the course of the review, appreciate that a diagnosis can be helpful but question its value as opposed to the consideration of a child's needs.

Southampton is a "needs led city" and professionals must focus on a functional assessment to meet needs rather than diagnosis. This needs to be embedded in policy and practice across the SEND 0-25 workforce.

Whilst it is difficult to predict whether this increase will continue it is generally believed by most professionals that the numbers being diagnosed will at some point start to plateau out as schools and practitioners become confident in their knowledge and expertise in managing children with autism. This view is supported by the prevalence figures above which suggest that the numbers now being identified are reaching expected prevalence rates.

Interestingly some practitioners are starting to question whether some of the children presenting with social communication difficulties are presenting with an attachment disorder. It will be interesting to note if any growth in rates of attachment disorder coincide with a reduction in diagnoses of autism.

Despite these predictions and the greater understanding of autism there is still some way to go in ensuring that all provisions are meeting the needs of children and young people with autism, social communication disorders and associated sensory processing difficulties and challenging behaviour.

National statistics suggest that between 44-52% of people with autism have a learning disability. Within Southampton 13% of pupils with autism are currently being educated in a special school²⁷. It is highly likely that this is an under-estimate of the actual number due to coding issues that have been highlighted previously. With smaller class sizes, a calmer and quieter environment and the specialist knowledge of teaching staff these pupils needs are generally well met to the end of KS4.

²⁷ Statistical First Release DfE 2017

48-56% of people with autism do not have a learning disability. These pupils with high functioning autism have specific needs associated with their autism that need to be understood and accommodated for. They are frequently cited as being a group where there is a gap in provision. They are a group of pupils however that could and should have access to a mainstream curriculum and be allowed and enabled to access a mainstream environment. Within Southampton 87% of children with autism are being educated in mainstream schools.

Within Southampton 58% (210) of pupils with a primary need of autism are being educated in a primary school and 29% (106) in a secondary school. Whilst the majority of school staff and parents report a degree of confidence in managing the needs of primary aged children with autism, it is at secondary level that concerns are often raised. The more limited flexibility in curriculum delivery, frequent transitions, size of school and the bewildering number of relationships and interactions to navigate during the school day can make secondary school a difficult proposition for many young people with social communication difficulties or autism. The development of the autism resource base at Bitterne Park Secondary School along with a specialist and comprehensive outreach offer to secondary schools will go some way to ensuring that pupils receive the support that they need.

Up to 80% of children and young people with autism experience sensory issues. The report, Local Area SEND Inspections: One Year on - October 2017²⁸ highlighted that *'access to therapy services was a weakness in half of the local areas inspected'*. Typically, therapy services were of high quality but children and young people experienced long waiting times as well as limited contact with the therapists that they needed. In addition, *'access to child and adolescent mental health services (CAMHS) was poor in over a third of local areas'*. Many parents reported that the threshold to access CAMHS services was too high or waiting times too long. Consequently, too many children and young people identified as having social, emotional or mental health (SEMH) needs did not get the right support until they were in crisis.

Autism was a topic which parents were keen to talk about with the Review Team. Parents feel there is a lack of expertise in mainstream schools and a lack support for primary class and secondary subject teachers. They also felt there was insufficient specialist provision in the city. This is simply summed up by one parent.

"We need more support and provision for autism"
- Parent of child with autism

It is recommended that provision for children and young people with sensory processing difficulties is established to support children and young people, advise on environmental issues and equipment and support schools to become autism friendly. This provision could be part of the extended outreach offer to ensure that support is available to meet the child's holistic needs.

²⁸ Local Area SEND Inspections: One year on. CQC Ofsted October 2017

To become an autism friendly city it is recommended that all schools adopt autism friendly practices, develop an autism friendly environment and ensure that all staff are aware of and understand how to support pupils who are on the autism spectrum. As a whole school approach many of the strategies and interventions used to support pupils with autism will also support many other pupils who for a variety of other reasons can find school a challenging place to be.

There are currently 19 pupils with autism in independent specialist out of city schools. The reasons for their placement out of city vary but include the need for residential provision and input for sensory processing issues. It is anticipated that this number could increase with the increase in age of statutory protection. With the aim of reducing high cost out of city placements it is recommended that a residential facility be explored within the city.

Conclusion

The numbers of children with autism has been increasing year on year. Whilst it is likely that this increase will continue for the next few years, the review team believe that it will eventually plateau with the increasing understanding of neurodiversity.

Recommendation 10.4.1: All mainstream schools to have an identified Autism Champion to support the development of an autism friendly environment, autism friendly practice and individualised support to pupils on the autism spectrum. This staff member may not necessarily hold a qualification relating to ASC but will attend regular training sessions, have experience of working with pupils 'on the spectrum' and be able to influence policy and practice in the setting

Recommendation 10.4.2: Workforce development in special and mainstream schools to support children and young people with high functioning autism
Development of 'Autism champions' programme to ensure high quality provision is in place and that provision is "tribunal proof" (i.e. to prevent SCC being directed to provide out of city placement by SENDIST when SCC feels confident that local provision is/should be an effective and efficient use of resources)

Recommendation 10.4.3: All special provision to have an ASC specialist (including SEMH provisions)

Recommendation 10.4.4: Programme of training on sensory processing available for all settings - built into ordinarily available provision

Recommendation 10.4.5: The review supports the establishment of the secondary autism resourced provision at Bitterne Park Secondary School which is due to open in September 2018.

Whilst it is not the intention of the review to return children to Southampton from out of city there may be scope for working with schools and parents of those pupils coming up to the end of an age phase to explore the potential for transitioning pupils back.

Recommendation 10.4.6: Including representatives from education, health and social care, it is recommended that the Southampton City Autism Strategy be recommissioned to take forward all recommendations within this report pertaining to children and young people with autism

Recommendation as for 10.1.5: The outreach service to be expanded to provide enhanced support to children and young people with SEMH and ASD who present with communication, sensory, and functional needs

10.5 Reviewing the use of resourced provisions

Resourced provisions are “additionally funded” places within a mainstream school which are able to offer:

- Teaching staff with additional knowledge, skills and expertise in a particular area of SEND
- Specialist environments which support the learning needs of each pupil
- Systems to track small-step progress
- Lessons in mainstream classes, but with additional specialist resources and teaching
- Additional Educational Psychologist and specialist health input as necessary.

Resourced provisions offer pupils the opportunity to be part of a mainstream environment whilst also receiving the support and specialist teaching that is available at a special school.

Resourced provisions generally specialise in a particular area of special educational needs such as speech, language and communication; hearing impairment or autism. Resourced provisions are an integral part of the school and are small-scale. The organisation of resourced provisions varies but in general pupils will spend time within the designated resourced provision classroom and access mainstream classes or subject lessons with support. This approach enables each individual to receive the particular support that they need, at the appropriate age-related level in the most appropriate setting. Pupils in resourced provisions are usually on the school roll and are included within the school's academic results.

Resourced provisions are regarded positively by parents.

Whilst resource provisions were initially intended to be short term placements for pupils who given a little extra support would be enabled to function independently within mainstream the majority of pupils continue to be supported by the resourced provision throughout their primary or secondary school phase.

Southampton currently has two resource provisions for pupils with hearing impairment, primary and secondary, that fit the model described. These provisions are managed by the schools in which they are hosted and as such report attainment as part of their school roll. Employing their specialist staff directly the resourced provisions have struggled to cover absences and fill vacancies. It is recommended that the specialist teachers of the deaf

become part of the wider local authority team to support staff recruitment and development and more flexible deployment of staff when required.

In contrast Portsmouth has nine provisions covering speech, language and communication, communication and interaction, sensory impairment and autism.

Consideration was given some years ago to the development of primary language resourced provisions within the city. The Early Learning Group at Weston Shore was established to support pre-school children with speech and language impairment which continues to deliver good outcomes. The Speech and Language Support Assistants (SALSA) service was established to work with children with speech and language difficulties across the city. Under the management of a qualified Speech and Language Therapist and working closely with NHS Speech and Language Therapists this service was well regarded and supported a wide range of pupils. The service is currently without a Speech and Language Therapist and since becoming traded has struggled to have a clear remit. It is recommended that this service becomes part of the overall outreach offer within the city, managed by the Speech and Language Therapist from the peripatetic team with a clearly defined offer.

Due to pressure on school places at Springwell School two resourced provisions have been set up for primary aged pupils with general SEN. The model of provision differs from that described above in that both provisions are managed and staffed by Springwell, the pupils are on the Springwell School roll and their attainment is recorded within that school's figures. These provisions have proved successful and have now been made permanent. The direct support of special school staff, access to staff development and resources combined with pupils being on the Special School roll seems to overcome many of the obstacles and concerns around resourced provisions and as such may be a model which other authorities may wish to adopt.

This seems an interesting model to consider further especially when the demand for specialist provision is likely to increase. Being relatively new these provisions are offering limited opportunity for pupils to integrate with pupils in the mainstream school. It is recommended that as the confidence of these provisions increases opportunities for integration are explored. As an inclusive city supporting the integration of pupils with SEND into a mainstream environment and affording other pupils the opportunity to learn to be more accepting of difference is an important step to a truly inclusive society.

It would be interesting to explore this model within a secondary mainstream setting particularly for those pupils who have either been in a primary resourced provision or who have been educated in a mainstream setting throughout their primary years but are thought likely to struggle with the demands of a secondary setting.

The secondary autism resourced provision at Bitterne Park Secondary School that is due to open in September 2018 will be a valuable addition to the range of provision available within the city. It will alleviate parents' concerns and take some of the pressure off Great Oaks.

In addition to designated funded units many mainstream schools provide additional support to groups of pupils with SEND from within their own resources, purchasing additional specialist input e.g. Speech and Language Therapy as required. As a result a number have developed a level of expertise within particular areas. With increasing numbers of pupils presenting with social, emotional and mental health needs it is recommended that all schools develop in house provision to meet the needs of this vulnerable group of children and young people.

Conclusion

Resourced provisions provide a valuable offer, are popular with parents, children and young people and promote the 'inclusion agenda' supporting those pupils who have significant special educational needs but who can nonetheless thrive in a mainstream setting. Pupils should have the opportunity to spend time in the mainstream of the host school (with support) based on individual need as specified on the child's EHCP. What is essential to achieve successful outcomes is that the children feel happy, safe, respected and have a sense of belonging in their school community irrespective of the number of lessons in mainstream classrooms.

Recommendation 10.5.1: Specialist teachers of the deaf within the two resourced provisions to join with the local authority team of specialist teacher advisers for hearing impairment and visual impairment to support the needs of all pupils with sensory impairment across the city.

Recommendation 10.5.2: Consideration to be given to increasing further the number of primary resourced provisions for children with learning difficulties.

Recommendation 10.5.3: Consideration to be given to developing a resourced provision for secondary aged pupils with learning difficulties.

Recommendation 10.5.4: A Speech and Language Therapist to be appointed to manage the SALSA Team. This therapist could be part of an extended outreach service working alongside qualified teachers.

10.6 Reviewing the identification of SEND and thresholds for requesting EHCP needs assessments

The percentage of children and young people in Southampton with a statement or EHCP has been increasing year on year from a position below the national average to a position in 2017 (3.1%) that was for the first time just above the national average (2.9%) but in line with statistical neighbours.

Apart from a rise in population and incidence of special educational needs, there are a number of other reasons that may account for this growth:

- The Code of Practice recommends a graduated approach to assessing and reviewing needs and progress before requesting an EHC assessment but the law allows for an assessment to proceed if there is any doubt of SEN. This makes it more difficult not to agree to a request for assessment.
- There is a perception amongst schools that funding for special educational needs is inadequate. Special Educational Needs Co-ordinators (SENCOs) have commented that EHCPs are seen as a means to ensure funding is targeted at pupils who need support. However the unintended adverse consequence is that it becomes increasingly challenging to meet needs for pupils on SEN Support
- SENCOs may make a request on behalf of a parent in order to be seen as supportive to the parent or to prevent damage to relationships, even when they do not think it is necessary.
- Tribunals are not seen by Local Authorities to support them in refusal to assess.
- The Children and Families Act extended the age range resulting in a need to fund educational provision up to the age of 25 years.

Professionals may be quite clear that needs can be met without an EHCP. However, parents believe that there are numerous advantages to having an EHCP.

"Professionals seem appalled that parents should... work so hard to get an EHCP for their child. But without an EHCP the parents DO NOT get the support for their child. Example- you do not get to choose an appropriate school for your child unless you have an EHCP, you just have to go in the pot with hundreds of other kids in the city. You do not get access to support such as Supported Internships unless you have an EHCP. You do not attract funding in to the school unless you have an EHCP. You do not have anything in writing to back up what you require from the school to be done for your child unless you have an EHCP. The schools tell you that they don't have the resource to pay for additional help for your child and you seem to have no way to enforce it. Can you see why it is so essential to fight for an EHCP?" - Parent

The EHCP process, which was reduced from 26 to 20 weeks, is still long, complicated and costly in terms of time and staffing capacity.

With the High Needs Block being overspent the Local Authority could explore ways of managing demand that offer financially sustainable solutions such as:

- Reviewing thresholds for EHCPs and decision making
- Working with schools and finance teams to review models of funding from the Element 3 part of the budget
- More effective use of outreach to maintain children and young people at SEN Support level of the Code of Practice
- Working directly with SENCOs to support practice

There is a graduated approach to supporting children and young people with SEND who require additional provision. In Southampton this is set out in the ordinarily available provision (OAP) guidance. This guidance makes clear the provision that mainstream schools in the city have agreed should be available for their pupils with SEND. It is expected that this provision is used before an EHC request is made and will ensure that only those children and young people with the most severe, long term or complex needs have an EHCP. OAP is funded through the schools notional SEN budget.

It is recommended that the OAP guidance document is reviewed and re- sent to all Southampton schools and discussed regularly with SENCOs and at the SENCO Hub.

Southampton, along with other Local Authorities, is beginning to pilot processes to target additional funding to pupils without going through the EHC assessment process. The pilot scheme will focus on pupils who are preparing for transition to secondary school. There are arguments for and against this approach. It may streamline processes or it may add another layer of bureaucracy. Parents would have to have full confidence in the process for it to work instead of the EHC assessment process. The outcomes of this pilot will be scrutinised along with feedback from other Local Authorities to determine whether this is an approach worth adopting long term.

Conclusion

EHCPs should be seen as part of the whole range of support available to a child or young person with provision being available according to need. Parents must have confidence in the system, which must be efficient and effective, adding value to the child.

Recommendation 10.6.1: It is recommended that SENCOs, Head Teachers and colleagues in other agencies understand funding mechanisms and the pressures on the High Needs Block and apply the best evidenced based approaches to support children and young people. Supervision (including peer supervision) is also essential to ensure that SENCOs feel confident and competent with local processes relating to the Code of Practice and working with parents. These steps should help to ensure Education, Health and Care assessment requests are made for pupils with severe, long term, complex needs.

Recommendation 10.6.2: The pre-EHC threshold working group should pilot a pre-EHC plan for transition into key stage 3 and report back to SEND Partnership Forum regarding longer term viability.

10.7 Inclusion

The aim of the special educational needs and disability (SEND) strategy in Southampton is to promote inclusion and improve the outcomes for Southampton children and young people aged 0-25 years with SEND and their families.

The Review Team were not tasked to investigate 'inclusion' but every aspect of the Review involved some reference to inclusion or inclusive practice and it became clear that the term meant different things to different people.

When the Review Team asked what makes an inclusive school most respondents found it difficult to define. What became clear through visits to schools and discussions with Head teachers and SENCOs is that true inclusion is more about attitudes than policies and procedures - a feeling rather than a place (See Appendix 6 for a list of features seen by the Review Team in highly inclusive schools).

Being such a central aspect of the SEND Strategy it is important that parents, professionals and educational settings share an understanding of what inclusion means and schools are encouraged to adopt the attitudes and practices of the best inclusive schools.

Schools across Southampton vary in their levels of inclusivity. Whilst the majority of schools would wish to support inclusion all report the challenges of being an inclusive school such as:

- Impact on results and league rankings
- Impact on other pupils in the school
- Pressure on budget due to the additional costs of supporting high numbers of pupils with SEND
- Challenge of differentiating the curriculum to meet a wide range of needs and levels
- Social care issues that are often associated with SEND
- Ensuring staff have the knowledge and skills to meet a wide range of needs
- Safety of staff and pupils

Research has shown that attainment of pupils is largely independent of levels of inclusivity in schools. Overall attainment in local education authorities with higher levels of inclusivity is similar to those with lower levels of inclusivity²⁹

Those schools that are highly inclusive tend to have head teachers that believe strongly in the ethos of inclusion, see problems as challenges to be overcome and provide a totally child centred educational offer.

One parent explained to the review Team that they had needed some encouragement to accept that their child's needs could be met in a mainstream school. This parent feels that mainstream school has been successful due to the

"Hand holding by primary head and their open door policy".

²⁹ Inclusion and Pupil Achievement, Dyson et al. A research report for the DfES 2004

Another parent informed the Review Team that

"I was told by my child's school that my child would not be able to cope with mainstream"

In schools with an inclusive ethos parents told the Review team that there is consistency from all teachers with regard to SEND policy and practice stating

" it is not just the SENCos job"

Inclusive schools place equal importance on a child's social, emotional and therapeutic needs as well as their educational needs recognising that by addressing the former the pupil will be enabled to access education more fully. These schools fund additional support services such as welfare support workers and Speech and Language Therapy. Many pupils in highly inclusive schools have needs similar to children in resourced provisions and not that dissimilar to some children in special schools.

Evidence from the London Leadership Strategy has shown that purposeful and focussed collaboration between schools can improve outcomes for all pupils. The resulting SEN Review Guide has been developed with DfE funding available to support the use of this resource across schools in the city. This guide has been localised by the Southampton Inclusion Group and a simple self-audit tool developed that schools will be asked to complete as part of their annual visit.

With pressure on special school places and recognition that some pupils in special schools could be supported in a mainstream environment, it is recommended that all mainstream schools are encouraged and supported to embrace inclusion, sharing the 'load' and managing the demand and needs as a city wide responsibility working with the Southampton Advisory Outreach Service (SAOS) and the Local Authority. Consideration could be given to setting up a 'seed' fund to incentivise schools to develop more inclusive practice. This could include small amounts of funding to support the establishment of nurture groups or purchase resources for pupils with sensory processing difficulties. The learning from the outcomes of projects funded from individual schools should be shared across the city in the spirit of school to school learning.

Maintaining and supporting pupils with 'moderate learning difficulties' in mainstream schools will allow special schools to focus on pupils with more complex needs and make place pressure more manageable. With a robust secondary offer it is recommended that all secondary schools are encouraged to use the support that is available, especially SAOS, to support pupils with SEMH, communication and interaction and complex needs.

Many mainstream schools provide additional support to groups of pupils with SEND from within their own resources, purchasing additional specialist input e.g. Speech and Language Therapy as required. As a result a number have developed a level of expertise within particular areas. The ELSA programme (Emotional Literacy Support Assistant) is well established and the Nurture group network is also gaining momentum. Schools are also increasingly and successfully developing their own alternative provision. This is particularly relevant for pupils with SEMH or those who are vulnerable or anxious and who would benefit from the support of their local school and community. This supports the inclusion agenda and given the increasing demands on special schools to support children with increasingly complex needs all mainstream schools should be encouraged to support a wider range of pupils 'in house' .

In recognition of the need to increase inclusion and appreciating the challenges that this can present it is recommended that schools develop a network of peer support and challenge to help problem solve difficult cases, share learning of successful interventions and build capability and confidence across the city. The existing Primary Heads Inclusion Group (PHIG) could become the forum for this following a review of its Terms of Reference and agreement from all mainstream schools. It is recommended that the secondary version of PHIG be developed to provide similar support and challenge to secondary schools.

To support inclusion schools need access to a robust and comprehensive outreach offer. This offer should:

- provide flexible, needs led support, advice, resources and modelling
- be provided by credible experts with current experience i.e. primary staff supporting primary schools, secondary staff supporting secondary schools
- be outcome focussed and centrally monitored to ensure that outcomes are achieved and value for money provided, linked to an alert system for pupils and schools who are struggling even with additional support
- be centrally managed and able to offer co-ordinated and graduated support bringing together education, health and social care
- be proactive, engaging early to achieve quick turnaround
- be part of a wider strategy of learning and development whereby the capacity and capability of the city to support pupils and understand what works is continually being developed
- be accountable and measurable

Southampton Advisory Outreach Service (SAOS) provides a well-regarded and comprehensive model of outreach to mainstream schools across Southampton. Providing training, modelling of good practice and delivering specific interventions it has done much to grow the overall capability of the city.

It is recommended that the Outreach service include additional therapy provision working alongside specialist teachers to support pupils with speech, language and communication needs and sensory processing difficulties (see recommendation 10.1.5). This proposal is modelled on the existing highly successful Hampshire Communication and Language Team who are well regarded by schools and Hampshire County Council and have as a result

grown in size and reach. A peripatetic team could provide support to primary and secondary mainstream schools, interventions for specific pupils and support transition from primary school. It is believed that this would help to "tribunal proof" Southampton City Council and Southampton City NHS Clinical Commissioning Group.

Advice and support is also available from a range of other sources within the Local Authority including the Sensory Impairment Team, Portage, Educational Psychology Team, SALSA Service, specialist provisions, health and social care colleagues.

With such a range of support it is essential that interventions are co-ordinated and not duplicated to maximise efficiency and effectiveness. Consideration could be given to a SEND Hub having a role in providing overarching co-ordination of outreach provision bringing together services across education, health and social care under one virtual umbrella of support.

To ensure that the outreach offer is effective and achieves desired outcomes it is essential that there is a line of accountability. It is recommended that the current commissioning of outreach is reviewed to ensure that there is a robust service level agreement in place with regular reporting on interventions delivered, quality of provision, costs and outcomes.

Conclusion

Given the increasing demands on special schools to support children with increasingly complex needs, it will become vital that all mainstream schools are able to support a wider range of pupils.

Recommendation 10.7.1: A definition of inclusion to be agreed and shared with parents, children and young people and professionals across the city

Recommendation 10.7.2: Inclusive practice to be celebrated and supported with appropriate support and challenge made to settings to ensure a consistent approach and ethos is developed city wide. A kite mark of inclusion to be established based on 'What makes good inclusion' / Inclusion Audit

Recommendation 10.7.3: Ways of incentivising inclusion to be explored. This could include a 'seed' fund for mainstream schools to provide a financial contribution to schools wishing to develop a more inclusive offer

Recommendation 10.7.4: Ordinarily available provision needs to be reviewed and updated regularly with SENCOs to ensure consistency of approach and expectations. Links between Southampton and Portsmouth would help to facilitate the sharing of concepts and thresholds of ordinarily available provision and lead to city to city learning.

Recommendation 10.7.5: Southampton is a "needs led city" and professionals must focus on a functional assessment to meet needs rather than diagnosis and this needs to be embedded in policy and practice across the SEND 0-25 workforce.

Recommendation 10.7.6: All schools to be encouraged to develop their own 'in house' provisions to meet the increasing number of pupils in mainstream with SEND

Recommendation 10.7.7: The current specification for the Southampton Advisory Outreach Service to be reviewed. A clear, transparent, consistent and quality assured offer of Outreach Support should be readily available for mainstream schools, delivered by primary and secondary specialists, designed to support individual pupils and build capacity in schools. (See also 10.1.5). The Outreach Service should be enhanced, possibly targeted at SEMH and ASC, with increased uptake from secondary schools in particular.

Recommendation 10.7.8: Outreach provision to be commissioned and accountable through a robust Service Level Agreement involving regular reporting of interventions delivered, quality of provision, costs and outcomes

Recommendation 10.7.9: Consideration could be given to the establishment of a centralised SEND Hub within the city bringing together all SEND services and providers to ensure the overall co-ordination of SEND provision and support, provision of teaching /CPD/ upskilling and quality assurance, placement, tracking of pupils.

Recommendation 10.7.10: The role and remit of Primary Heads Inclusion Group and Secondary Heads Inclusion Group to be reviewed and potentially used to provide peer support and challenge to mainstream schools to support the increase in inclusion of pupils with SEND.

11 Forecasting future need

It is extremely difficult to accurately predict future need due to the number of factors and unknown variables that can have an effect. Even trying to decide on the population of children and young people with SEND can be problematic (e.g. 0-25; 0-19; 5-19yrs) and depending upon the source can be significantly different. However having some idea of future need is vital in planning appropriate provisions some of which will require a 3 year lead in before being in operation.

Understanding the factors involved, having access to comparative data both locally and nationally, and using a robust and replicable methodology will allow reasonable predictions to be made that with annual reviews and analysis will ensure that degrees of accuracy and understanding will improve year on year.

In determining future need as part of the Strategic Review, the team consulted at length with the data teams from both Cities and as far as possible used their statistics and methodologies. In both cities the data teams were willing to share their knowledge and expertise and to actively contribute on a regular basis to discussions on population changes.

Forecasting to date has been largely based on an analysis of historical trends and predicted population changes, with the assumption that trends will continue and the prevalence of SEND will increase or decrease in line with the population.

While the data team have attempted to predict future special school places required this has not taken into consideration changes in prevalence, the impact of demand or intelligence from the SEND team and Special Schools themselves. As a result the figures presented have fallen significantly short of what is happening on the ground resulting in last minute reactive placement of children and dissatisfied parents.

While trend data can be informative it can also be misleading being based on historical starting points, demand as well as prevalence. Taking factors, such as those below, into consideration will provide a more accurate and informed prediction.

Ongoing analysis of actual numbers compared to forecasts, combined with intelligence provided by SEND leaders in the city, will then start to improve the accuracy of the predictions year on year.

Recommendation 11.1: Data teams to be proactively involved, working alongside SEND Teams and LA Leaders, using hard data and soft intelligence to forecast, using the same methodology, to allow for year on year direct comparisons of change and continual improvement in accuracy.

In determining future need a number of factors need to be considered, including:

- Population changes
- Changes across age groups
- Changes in prevalence
- Improvements in awareness, identification and classification
- Changes in primary and secondary needs
- The impact of increasing statutory protection to 25 years
- Parental preference
- Changes in societal attitudes
- Changes in curriculum / educational practice / health / social care practice/funding

Population changes

The 0-19 population in Southampton (2017) was 55,107³⁰.

The overall population of Southampton has increased over the last 5 years mainly due to increases in housing and is expected to continue to grow over the next 5 years. As a percentage of the total population it is likely therefore that the number of children and young people with SEND will increase also.

The 0-19 population is expected to increase slightly year on year with a cumulative increase of 4% over the next 5 years (Table 11.1).

Table 11.1 - Predicted change in Southampton 0-19 population 2017-2022

Year	Total Southampton 0-19 population	% change
2017 January	55,107	
2018 forecast	55,263	0.28%
2019 forecast	55,618	0.64%
2020 forecast	56,094	0.86%
2021 forecast	56,698	1%
2022 forecast	57,290	1%
Overall change 2017-2022	2,183	4%

(Source: HCC SAPF by LSOA 2017)

The Southampton City schools population Year R - Year 11 is expected to increase by 9.5% by 2022 (Table 11.2). The figures below start with the 2017 January Census school population and are then increased in line with the SCAP 17 mainstream NCYR-11 (National Curriculum Year R - Year 11) forecast.

³⁰ Source: Hants SAPF

Table 11.2 - Predicted change in Southampton school age population 2017-2022

Year	YR-Y11 population	% change
2017 January	32,872	
2018 forecast	33,702	2.5%
2019 forecast	34,449	2.2%
2020 forecast	35,036	1.7%
2021 forecast	35,523	1.4%
2022 forecast	36,005	1.4%
Overall change 2017-2022	3,133	9.5%

With the numbers of children and young people with SEND expected to change in line with population changes the following tables show the expected numbers of children with an EHCP over the next 5 years based on **current** rates of prevalence and **predicted** rates of prevalence.

Table 11.3 - Projected number of children with SEND based on January 2017 School Census population figures and **current rates of SEND**

	2017	2018	2019	2020	2021	2022
Pupil population	32,872	33,702	34,449	35,036	35,523	36,005
EHCP (3.1%)	1,011	1,045	1,068	1,086	1,101	1,116
SEN Support (16.4%)	5,378	5,527	5,650	5,746	5,826	5,905
Total SEND	6,389	6,572	6,718	6,832	6,927	7,021

Table 11.4 - Projected number of children with SEND based on January 2017 School Census population figures and **predicted rates of SEND**

	2017	2018	2019	2020	2021	2022
Pupil population	32,872	33,702	34,449	35,036	35,523	36,005
EHCP (3.3%)	1,011	1,112	1,137	1,156	1,172	1,188
SEN Support (13%)	5,378	4,381	4,478	4,555	4,618	4,681
Total SEND	6,389	5,493	5,615	5,711	5,790	5,869

The following table (Table 11.5) shows the predicted increase in the number of EHCPs based on population increases applied to all the children and young people with an EHCP maintained by Southampton (see Appendix 8).

Table 11.5 - Predicted numbers of pupils with an EHCP based on SEN2 population figures

	2017	2018	2019	2020	2021	2022
Southampton population 0-19	55,107	55,263	55,618	56,094	56,698	57,290
EHCP	1,181	1,258	1,299	1,343	1,379	1,420

Changes across age groups

Whilst the population overall is expected to increase slightly this is not reflected across all of the age groups with the primary age population decreasing over the next 5 years by 3% and the secondary age population increasing by 21%. This increase in secondary aged pupil numbers is expected to continue for some time and will put increased pressure on secondary school places. There will be a subsequent pressure on Post 16 places.

Table 11.6 - Hampshire County Council Small Area Population Forecasts for Southampton by age range

	2017	2018	2019	2020	2021	2022	% change 2017-2022
Aged 0-4	12,666	12,563	12,560	12,730	12,869	12,959	2.3%
Aged 5-10	20,924	20,988	20,807	20,642	20,539	20,306	-3.0%
Aged 11-15	11,411	11,717	12,333	12,772	13,261	13,763	21%
Aged 16-19	10,106	9,995	9,918	9,950	10,029	10,262	1.5%
Total 0 - 19	55,107	55,263	55,618	56,094	56,698	57,290	4%

Source: HCC SAPF 2016

Applying these population changes to the current number of EHCPs across each of the age groups, whilst also factoring in changes in prevalence and a potential increase in EHCPs at Post 16, it is predicted that the number of EHCPs could increase by up to 20% by 2022 (Table 11.7 and Appendix 8)

Table 11.7 - Projected number of children with EHCPs by age based on SEN2 population figures

	2017	2018	2019	2020	2021	2022
<5	69	72	75	79	83	87
5-10	487	493	499	505	512	518
11-15	400	417	435	453	472	492
16-19	199	240	250	261	272	283
20-15	26	36	40	45	40	40
Total	1,181	1,258	1,299	1,343	1,379	1,420

Whatever changes occur with the size of the SEND population it is likely that the complexity of need will increase and the type of primary need potentially change.

With a continued focus on early identification, combined with the increase in children with complex needs as highlighted above, it is likely that needs will be identified earlier and assessment processes started for many children before they enter school.

The increase in statutory protection for pupils up to 25 years of age could result in an increase in EHCPs being maintained beyond 19 years especially for those young people with more complex needs.

The forecasted number of Post 16 and Post 19 pupils with an EHCP over the next 5 years is shown in the table below (Table 11.8).

Table 11.8 - Forecast numbers of Post 16 and Post 19 EHCPs (based on current plans projected forward)

	2017	2018	2019	2020	2021	2022	Total
Post 16	199	240	250	261	272	283	
Post 19	26	36	40	45	40	40	
Anticipated number of plans funded from HNB	105	135	158	188	210	225	
Change from previous year		30	23	30	22	15	120

Changes in prevalence

In considering to what extent true changes in incidence and prevalence may account for an increase or decrease in the number of children with SEND one group of factors dominates.

With improvements in maternity and neonatal care, the number of high risk pregnancies, premature babies or babies with complex needs who survive the neonatal period and infancy has been increasing year on year and is expected to continue.

Health technologies are improving allowing disabilities and conditions to be diagnosed earlier, with the availability of medical equipment enabling children to leave hospital and attend school.

Research evidence suggests that there is an increase in prevalence of children with profound and multiple learning disabilities of approximately 4.8% per year. It is likely that this increase will apply to children with a more complex range of needs and has therefore been applied to forecast figures.

In considering other areas of SEND there does not appear to be clear evidence of any other true changes in prevalence. However as understanding of SEND increases so also can perceptions of prevalence increase. Improved diagnostic pathways for autism has resulted in more children being diagnosed but does not necessarily indicate an increase in prevalence. Increased awareness of social and emotional needs, in particular trauma, and the impact that this can have on a child has resulted in anecdotal reports of an increase in children presenting with social, emotional and mental health difficulties.

Improvements in awareness, identification and classification

There have been significant improvements in the awareness of SEND amongst professionals, parents and society as a whole supported by a better understanding of different forms of SEN, a wider acceptance of 'difference' and the development of inclusivity in schools, leisure and the workplace.

There is however still a long way to go. With continued research, acceptance of diversity as the 'norm', and a wider understanding of inclusion for all children, it is anticipated that practice will continue to evolve and grow with children and young people being supported within and by their communities, whatever their needs.

This increase in awareness has been reflected in the year on year increase in children with EHCPs from a point below statistical neighbours to being roughly in line. Whilst this may reflect increasing need it may also be a by-product of the SEND Reforms. It is anticipated that the numbers of EHCPs could continue to increase to about 3.3% before stabilising once the reforms are embedded.

The decrease in the number of children on SEN Support is bringing Southampton in line with the national average and statistical neighbours. It is expected that the numbers of pupils at the SEN Support level of the SEND Code of Practice will continue to decrease until plateauing at around 13% (See Table 11.4 above).

Of significant note over the last 5 years has been the increasing recognition of autism or autistic spectrum disorders. Whilst much progress has been made in the diagnostic pathway, this was still the most frequently cited gap in provision especially for children with high functioning autism.

Whilst the concept of neurodiversity may prove pivotal in the understanding and management of all children it is likely that the numbers of children presenting with autism over the next few years will continue to increase before plateauing. With an estimated prevalence of 1.1% Southampton is already identifying the expected numbers of children with SEND in the school population although this is below the national average and statistical neighbours. With the breadth of definition still being under debate it is expected that the numbers could continue to increase further before plateauing.

Although the numbers of children and young people in Southampton with social, emotional and mental health needs is higher than national averages across all age phases this was cited by many professionals as a growing area of need. Whether the numbers will continue to grow or whether Southampton is ahead in terms of the identification of these pupils is difficult to determine. It is clear however that this is an area that needs to be closely monitored.

Changes in primary and secondary needs

From discussions with SENCOs and Headteachers and an analysis of the data it is clear that the primary need for many pupils is out of date.

Whilst there is a process for determining the primary need, for those children who present with a range of needs it is sometimes not clear which should be recorded as the primary need.

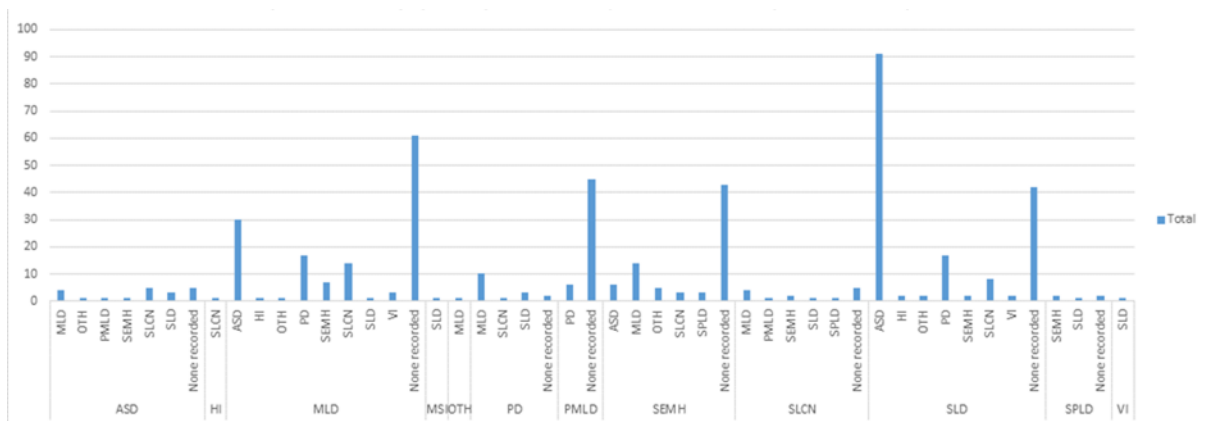
Primary need is recorded when the EHCP is finalised. Whilst it is reviewed at each annual review this rarely results in the need being changed on the database.

Having a clear understanding of the needs of the SEND population is vital in ensuring that provision is available to meet need.

Recommendation 11.2: Guidance and training is developed for all those staff who determine primary need to improve accuracy and consistency. Primary need is reviewed at all annual reviews and any changes updated on the database.

In relation to special school pupils, further analysis of primary needs associated with secondary needs indicates that a relatively high number of pupils with moderate learning difficulties (MLD) have a range of secondary needs recorded e.g. autism, physical disability; speech, language and communication needs (SLCN); social, emotional and mental health needs; and visual impairment.

Figure 11.1 - Primary SEN needs of pupils in special schools (at January 2016 census) with secondary SEN needs



For some children determining whether they have a specific need or their presenting difficulties are due to a more generalised learning difficulty can be hard to decide and could be the reason for the over use of this code as a catch all for a range of needs that have still not been clearly identified. One would expect that if this was the case the numbers of pupils with MLD would reduce at secondary level as the needs of the child become clearer. The data on primary need in secondary schools does not confirm this, with MLD continuing to be over identified in Southampton compared to national average. Again this could be a coding issue where a code assigned during primary years has not been updated to reflect changing need or clarity of need.

SEMH is similarly associated with a range of secondary needs including autism, MLD, SLCN and Specific Learning Difficulty. This is perhaps not surprising and confirmed through work undertaken at Vermont and Polygon schools where the majority of pupils were found to have a range of needs.

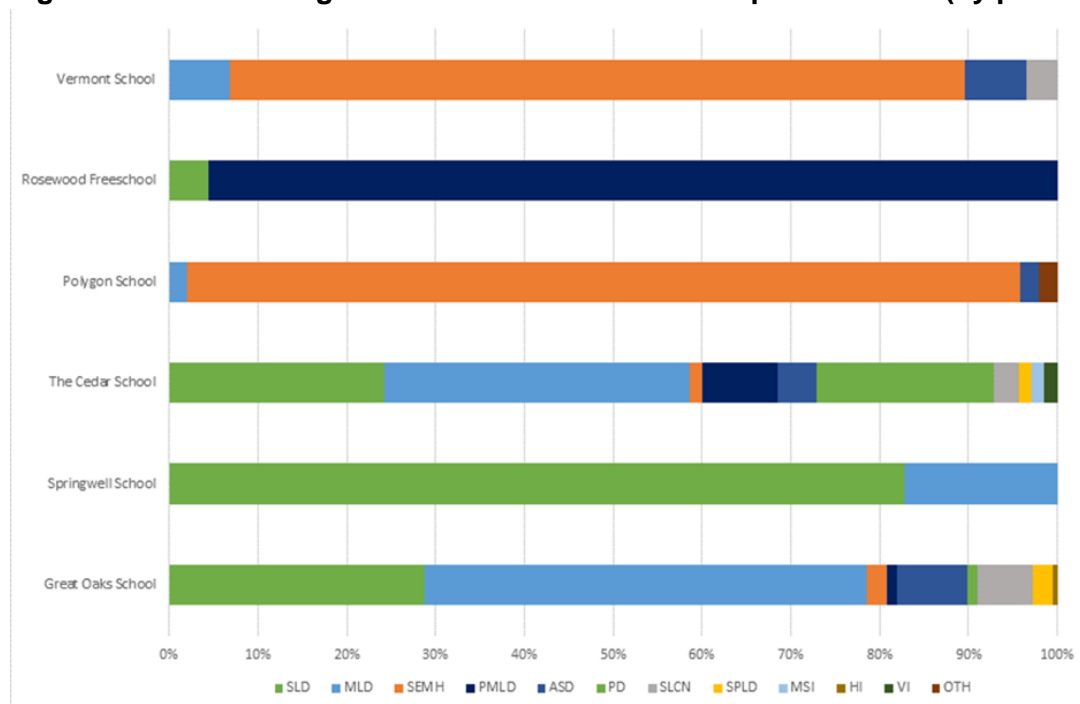
The most significant secondary need recorded is in relation to severe learning disability (SLD) where almost 90% of pupils are recorded as having autism as a secondary need. As the primary need in special schools reported to the DfE indicates that Southampton has a higher number of pupils in special schools with SLD and MLD than the national average but a significantly lower number of pupils with ASD it would suggest that these pupils are being incorrectly coded or need to be considered as pupils with autism and SLD for planning purposes.

Historically the Special Schools in Southampton were set up to support cohorts of pupils with similar needs as follows:

Springwell School	- primary age moderate - severe learning disabilities
Great Oaks School	- secondary age moderate - severe learning disabilities
Rosewood School	- 2-19 years profound and multiple learning disabilities
Cedar School	- 2-19 years physical disabilities
Vermont School	- primary age social, emotional and mental health difficulties
Polygon School	- secondary age social, emotional and mental health difficulties

As pupil needs have changed and pressure on special school places has increased the type and range of needs of pupils placed in each school has become more complex and varied.

Figure 11.2 - Percentage breakdown of SEN at each special school (by primary need)



It is recommended that the role and remit of each school is determined with clear criteria established and adhered to, to ensure that pupils are placed appropriately, resources used effectively and future placement planning can be undertaken. (See **Recommendation 10.2.4**)

Impact of increasing the age range to 25 years

The Children and Families Act (2014) increased the age range of statutory protection from 19 years to 25 years.

Whilst the impact of this has been slow to materialise it is notable that in 2017 the number of statements / EHCPs for young people in Southampton aged 20-25 increased from 1 to 26. With the number of EHCPs in the 16-19 age group having increased from a steady state in the mid-30s, this doubled to 78 in 2015, doubled again in 2016 and increased by 27% in 2017 (Table 10.3.1). It is likely that these numbers could continue to increase as families and colleges make use of the additional funding that an EHCP brings.

Developing an offer that is appropriate to this age group has also been slow to start but will be driven by demand as young people who have been in receipt of the support of an EHCP move through the system.

Parental preference

In line with changing perceptions of SEND, parental views have changed. Once deemed to be schools with highly negative connotations, special schools have been transformed with new, appealing buildings, highly experienced staff and a value system and approach that values all children. All the Special Schools in Southampton have been rated as good or outstanding by Ofsted.

In contrast the demands on mainstream schools have increased with many schools struggling to manage the range and complexity of needs encountered. Whilst being generally positive about mainstream primary schools, nearly all parents consulted expressed concern regarding secondary provision.

The increasing recognition of parents as equal partners, endorsed by the Children and Families Act, has given parents a voice and more power in determining how their child's needs are met. Many are using this voice to push for specialist provision whether that is at a special school, through a tribunal or an out of city placement.

As a result demand for specialist provision has increased.

The Southampton Information, Advice and Support Service (IAS) provides valuable information but parents report being confused by the complexity of the system and the lack of information to make informed choices. They tend to rely on advice from trusted professionals who can be highly influential in swaying parental opinion.

It is vital that parents have access to accessible information and are supported to make informed choices with professionals providing advice based on an understanding of the full range of provision available.

Changes in societal attitudes

There has been significant progress in attitudes towards special educational needs and disability over the last 20 years largely driven by representative organisations with an understandable bias towards adults.

Greater public exposure, especially through avenues such as the Paralympics has furthered understanding and acceptance of special needs and disability especially for people with physical disabilities.

Recent broadcasts of programmes around autism have raised awareness of the challenges people face and the current focus on mental health issues will increase recognition and support for many.

Whilst awareness of SEND in schools as a whole has improved there are still areas of practice that have not changed and are significant gaps in driving forward progress, such as limited inclusion of SEND in teacher training; the rigidity of the curriculum; challenging mainstream school environments especially at secondary level; an emphasis on a within-child model of need rather than a social model of need/disability that includes environmental factors.

It is hoped that as understanding and acceptance of diversity in all areas of life improve so will the support and management of children and young people with SEND. If all schools operated a model of provision as practiced by the existing highly inclusive schools many of the issues frequently highlighted by professionals and of concern to parents would be eliminated.

The increasing inclusion of children with SEND in mainstream schools will drive forward a continual change in attitudes and by so doing support further inclusion in the future.

Conclusion

- The pupil population is expected to increase over the next 5 years
- The population at secondary level is expected to increase more than other age groups and will impact on post 16 in due course.
- The numbers of pupils requiring an EHCP is expected to, at least, increase in line with population increases, therefore remaining at 3.1%, but is more likely to increase to 3.3% and then plateau, possibly returning to 3.1% in due course. Forecasts have been based on the upper limit of 3.3%.
- The numbers of children requiring SEN Support is expected to continue to fall to about 13%.
- The numbers of young people with an EHCP Post 16 and Post 19 is likely to increase
- The ratio of children with EHCPs compared to SEN Support is likely to stabilise at 1:4
- The prevalence of children with profound and multiple learning difficulties and very complex needs is likely to increase
- The numbers of children with autism and SEMH are likely to increase due to an increase in awareness, identification and possibly prevalence
- There are some significant differences in prevalence of needs compared with national data most notably autism, SEMH and MLD
- The accuracy of coding should be looked at as a matter of urgency to ensure that data reflects needs to inform future planning
- The role and remit of all provisions needs to be discussed and agreed to ensure that as a whole Southampton is able to respond to demand in the future and plan places accordingly.
- Parents need access to support, advice and information to help them make informed choices and engage in the process as equal partners
- Increasing understanding and acceptance of disability within society will support and be supported by the inclusion agenda

12 Provision required to meet future need

This review has been undertaken within a national and local context of increasing demand, over and above predicted levels, especially on special school places, which has put pressure on the high needs block. With no additional resources or signs of this demand abating it is clear that the current response to meeting this need is not sustainable. With a remit of ensuring that future demands can be met which are financially sustainable the review has explored the options available.

The following options are based on data from a variety of sources including SCC Finance and SEND Teams. Due to different reporting requirements it has been difficult to obtain accurate comparable data from one source. Data presented at this point in time is for indicative purposes only and based on December 2017 figures supplied by SCC Finance Team. No uplifts or increases have been applied. If it is decided to take forward any of the following options, a full cost benefit analysis will need to be carried out to ensure financial viability and sustainability. See Appendix 7 for more detailed financial breakdown.

CURRENT POSITION

Based on data taken from SEN2 Return 2017

Mainstream schools

There are 506 children with a Southampton maintained EHCP in a Southampton or other local authority mainstream school (SEN2 Return 2017). The funding for these pupils will range from £10,100 - £16,000 for a high end plan (Element 1, 2 and 3).

Resourced provisions

There are 27 children in resourced provisions in Southampton at an approximate cost of £16,000 per pupil (SEN2 Return 2017).

Special School provision

There are 583 places funded for children in 6 SCC Special Schools at a total cost to the High Needs Block of £10,274,857 (17/18 Special School forecast expenditure) plus 11 children with an EHCP in Compass school who have been identified as needing a place in a special school.

Current approximate placement costs (place funding plus top up)

Springwell	£10k plus £11k
Great Oaks	£10k plus £8k
Cedar	£10k plus £12k
Rosewood	£10k plus £17k
Vermont	£10K plus £11.5k
Polygon	£10K plus £10k
Compass	£10K plus £17K

Post 16 provision

There are 225 young people with an EHCP maintained by Southampton.

Some of these young people are in out of city independent special schools (included in the out of city figure below); some are in Southampton Special Schools (included in the figure above); some are undertaking apprenticeships, traineeships or are in work; some are not in education, employment or training (NEET); and some are in local colleges within the travel to learn area. Of these 105 are being funded through the High Needs Block (HNB) at a total cost of £883,900

Out of city placements

As at December 2017, Southampton had 62 children and young people in independent specialist out of city placements at a total cost of £5,556,854 broken down as follows:

Education	- £3,482,598 (average £56,171 per student)
Social Care	- £1,375,004
Health	- £329,910
Transport	- £270,542
Escorts	- £98,800

(Source: SCC Finance Team/SCC SEND Team)

OPTIONS FOR MEETING PREDICTED FUTURE NEED

It is predicted that the number of EHCPs will increase, at a minimum, in line with population increases and increases in prevalence, but potentially also as a result of increased expectations and demand.

This increase is expected to be most significant in the numbers of children with severe learning difficulties and complex needs which has already put pressure on special school places.

Special School

The need and demand for Special School places is predicted to increase year on year due to increasing numbers of children and young people with severe and complex needs and autism and the increase in age of statutory protection.

Two different methodologies have been used to determine the number of places that may be required by 2022 (Appendix 5 - Complex needs place forecasting 2017-2022).

For ease of reference, places for pupils with complex learning difficulties are described as *complex*, and places for pupils with complex/profound and multiple needs are described as *complex⁺*.

Methodology 1

Is based on current pupil numbers and historic trends of pupil movement into and out of special schools with numbers tracked through year on year. This will include need and demand.

Methodology 2

Uses the current pupil numbers as the starting point and then applies average population and predicted prevalence changes, with assumptions made for predicted numbers at Post 16 and Post 19.

The two methodologies have been amalgamated to give a proposed forecast as summarised below. Based on these methodologies it is predicted that the number of children and young people requiring specialist provision could increase to 905 by 2022, **if no action is taken**. These figures include children currently in out of city schools and Post 16 and Post 19 places which it is anticipated will be in demand due to the statutory increase in protection to 25 years (see Appendix 5).

Table 12.1 - Summary of complex needs places needed by 2022

Age phase	No. of additional places required in Southampton schools 2022	Total places required 2022	Cost per place based on current weighted averages	Cost of additional places 2022	Approximate total cost of provision 2022
Primary	78 complex 12 complex ⁺ 17 SEMH 107	374	£21,000 (based on Springwell)	£2,247,000	£7,854,000
Secondary	68 complex 9 complex ⁺ 26 SEMH 103	392	£18,000 (based on Great Oaks)	£1,854,000	£7,056,000
Total YrR-Yr11	210	766		£4,101,000	£14,910,000
Post 16	47 complex 5 complex ⁺ 20 SEMH 72	107	£22,000 (based on Cedar)	£1,584,000	£2,354,000
Post 19	9 complex ⁺ 9	20	£27,000 (based on Rosewood)	£243,000	£540,000
Total Post 16/19	81	127		£1,827,000	£2,894,000
TOTAL		893		£5,928,000	£17,804,000
Out of city		12	£56,171		£674,052
TOTAL	291	905			£18,478,052

The additional places required in Southampton in 2022 include 50 of the children currently in out of city schools.

The potential cost of **additional** specialist provision in 2022 could be in the region of £6M.

The total potential cost of specialist provision for pupils YrR - Yr11 by 2022 could be in the region of **£15M**.

The total potential cost of specialist provision for Post 16 and Post 19 provision if attached to current Special Schools could be nearly **£3M**.

The total revenue cost of Special School provision in Southampton could be in the region of **£18M** (plus transport costs of approximately £3K per pupil attending Special school).

An increase in places would require capital funding.

The need to reduce the use of out of city placements will require the city's special schools to support those pupils with the most complex needs including children with SEMH, autism and challenging behaviour.

With the need to review the criteria for the special schools it is predicted that the thresholds for admission will need to increase resulting in more pupils with SEND being educated in resourced provisions and / or mainstream schools. There are currently approximately 150 children (25.8%) with a primary need of moderate learning difficulty being educated in special schools in the city (See Figure 11.2 and Appendix 3c). This figure is higher than the national average (see Appendix 3c). Whilst it is recognised that some of these children may be incorrectly coded it is likely, and has been confirmed by observation and anecdotal report, that some of these children could be supported in mainstream school. Projecting this up to 2022, this would equate to 226 of the 893 places that it is estimated may be required (see Appendix 5).

If 75% of the 226 children coded with MLD as their primary need in 2022 (170) were educated in a mainstream setting or resourced provision, 723 places (893 -170) would be required within a special school setting by 2022. The cost of an additional 121 (291 - 170) places by 2022 would be:

- 42 primary places @ approx. cost of £21K per place = £882,000
- 11 secondary places @ approx. cost of £18K per place = £198,000
- 59 Post 16 places @ approx. cost of £22K = £1,298,000
- 9 Post 19 places @ approx. cost of £27K per place = £243,000
- **Total additional cost = £2,621,000**

(Within the above figures all children with a primary need of MLD have been taken out of the primary (65) and Post 16 (13) figures and 92 from the secondary figures)

Total cost of Special School provision in 2022 would be in the region of **£12.8M**
(Plus transport costs of approximately £3k per pupil attending special school)

If pupils currently attending out of city schools are in future educated within the city the savings to the High Needs Block would be $50 \times £56,171 = £2,808,550$ (It is anticipated that approximately 12 children will always need to be in highly specialist provisions out of the city).

There is some overlap with regard to the needs of pupils attending some of the schools with complex needs.

There are concerns regarding the current state of the buildings housing the two SEMH schools.

In trying to determine future provision a number of workshops were held with special school Headteachers where options for the future configuration of special school provision were discussed. The options are presented in Appendix 5 and will need further discussion with stakeholders.

Resourced provision

The need and demand for specialist provision is expected to rise to an estimated 291 additional places unless active steps are taken to manage need and demand by for example supporting more children and young people with complex needs EHC plans who meet current criteria for specialist provision in mainstream schools/resourced provisions.

The city has relatively few resource provisions compared to other areas such as Portsmouth where there are 9 Inclusion Centres. To alleviate the pressure on Special School places it is recommended that consideration is given to the development of further resourced provisions for pupils with learning difficulties at both primary and secondary phases.

This model has already been trialled by Springwell School and having proved successful has resulted in the resourced provisions being made permanent. Hosted by Springwell School these pupils have the support of specialist teachers whilst also having access to aspects of the mainstream school providing opportunities for social inclusion. Whilst the intention is that these pupils will go to a special school on secondary transfer, consideration should be given to establishing a matched secondary resourced provision to offer pupils the opportunity to remain within a mainstream community.

Whilst resourced provisions were originally developed to support pupils who had SEND but were considered to have the potential to access a mainstream environment with the degree of withdrawal / integration shifting towards increasing integration as the child moved through the year groups, this has not always happened in practice. With the pressure on special school places it may be timely to revisit the role and remit of resourced provisions and consider whether they could provide a valuable offer in supporting those pupils with significant SEN who will never cope with a mainstream curriculum but who could nonetheless thrive socially in a mainstream setting.

With the development of a secondary resourced provision for pupils with autism, consideration could be given to developing a matched primary resourced provision.

The cost of a resourced provision = £10,000 place funding per pupil plus top up funding of approximately £6,000 per pupil. If 30 additional pupils with EHCPs were being educated in a resourced provision the cost would be £480,000.

Mainstream schools

It is anticipated that some pupils with SEND who are currently in specialist provisions could be supported in a mainstream setting as evidenced by some of the most inclusive schools in the city. These pupils are likely to have higher cost plans to reflect the complexity of their needs.

If 30 out of the 170 pupils potentially identified as being able to be managed within a mainstream setting were supported by newly established resourced provisions, 140 pupils would be educated in mainstream settings at a cost of £2,240,000 (£16,000 per pupil Element 1,2 and 3 funding).

Table 12.2 - Comparison of costs of different options for meeting the need for additional places

Setting	Predicted additional places required	Average placement cost	Cost of additional places
Special school	291	£22,000	£5,928,000
Out of city school	12	£56,171	£674,052
Total	303		£6,602,052
Special school	121	£21,000 - £27,000	£2,621,000
Resource provision	30	£16,000	£480,000
Mainstream provision	140	£16,000	£2,240,000
Out of city school	12	£56,171	£674,052
Total	303		£6,015,052

Outreach provision

With increasing numbers of pupils with more complex needs being managed within mainstream settings and colleges it will be vital that a comprehensive and accessible outreach offer is available working in partnership with mainstream schools and colleges to meet needs, avoid escalation of problems and prevent the breakdown of placements.

Pupils with high functioning autism have been highlighted as a gap in provision. Whilst the development of the secondary Autism Resourced Base at Bitterne Park Secondary School will meet the needs of some, there will be many more who will need support in mainstream schools. The development of support for children with sensory processing difficulties alongside specialist teaching support and speech and language therapy will be a valuable resource in enabling these young people to be managed within a mainstream setting.

It is recommended that the therapists work closely with a specialist teacher for communication and interaction to ensure that therapy and educational advice is dovetailed together to provide deliverable outcome based solutions to mainstream staff. This team

would sit within the Southampton Advisory Outreach Service providing additional capacity and expertise. They would work across the city providing training, advice, support, modelling and direct interventions if required to address specific needs. This will support positive outcomes for children and young people with SEND and should significantly reduce the number of SEND tribunals in the city.

Transition Team

The potential expansion of the existing Transition Therapy Team into a Multi-agency Transition Team with a broader reach would support the effective planning and transition of young people from 14 -25 years, providing assessment, advice, and interventions across education, health, social care, housing, employment and leisure.

Post 16 provision

Due to the increase in statutory responsibility up to 25 and an increase in complex needs progressing through Special Schools it is anticipated that there will be an increase in need for provision. It is anticipated that potentially 120 more students (total 225) could need funding through the HNB by 2022 resulting in an additional cost of £1,010,160 based on average college placement of £8,418. The anticipated total costs for 225 students in 2022 would be £1,894,060.

To manage the potential demand for the continuation of EHCPs beyond Yr 11 or Yr 14 the following actions are proposed:

- SEND Team to proactively work with special schools and parents to transition young people into local Post 16 college provision with or without a plan
- Develop a clear Post 16 and Post 19 offer, co-produced with parents and young people, that offers a viable and supportive alternative to special school provision

The potential costs of implementing these actions would be:

- Capacity of SEND Team. Consideration might need to be given to increasing the capacity of the SEND Team and relevant support teams to support these actions, working with parents, young people and providers.
- Additional costs associated with improving the local Post 16 offer which might be significant dependent on need

The aim would be to transition the majority of young people to SEN Support and adult services without the need for a plan. Colleges will need to plan for the gradual increase in students with SEND both in terms of **increasing their capacity and capability**.

Investment in an expanded outreach service and transition team will ensure that all young people with SEND are well supported which will help to reduce the reliance on an EHCP.

If 50% of the predicted increase in numbers of young people with an EHCP Post 16 are enabled to be supported without a plan the savings to the High Needs Block would be 60 x £8,418 = £505,080.

There will be a small but growing number of young people with the most complex needs who may require continued support beyond 16 years within a specialist setting. Rosewood School is currently piloting a Post 19 offer, due to end July 2018. Whilst this will be a welcome addition to the city, without residential provision it is unlikely to replace or prevent the need for out of city provision. Working in partnership with the Rose Road Association could result in the development of residential provision working alongside an educational offer for pupils with profound and multiple disabilities.

Out of city placements (OOC)

If no action is taken it is likely that the current level of placements will either remain the same i.e. 60+ or increase and young people will continue to stay in their OOC placement Post 16 and potentially Post 19. The result would be an overall increase in numbers out of city. If 50% of pupils currently in out of city schools stay on until 25 years the **total cost will increase to £6,901,255 by 2022** broken down as follows:

- Education - £4,325,163
- Social care - £1,707,666
- Health - £409,727
- Transport - £458,699

If the numbers placed out of city were to increase the costs above would be higher.

Whilst it is acknowledged that there will always be a small number of children and young people who need highly specialist out of city provision (approximately 12), it has been estimated that the majority could have their needs met within the city if a wider and more flexible range of provision was available.

To maintain the numbers of out of city placements at current levels a number of actions would be required as follows:

- SEND Team to actively review provision at each key stage to ensure that progress is being made, outcomes are being achieved within realistic timescales, provision is aligned to the EHCP and there are no better alternative provisions within the city.
- SEND Team to proactively work with OOC providers and parents to transition young people back into the city for Post 16 provision, overseen by the Transitional Operational Group
- Develop a clear Post 16 and Post 19 offer, co-produced with parents and young people, that offers a viable and attractive alternative to out of city provision. This offer must include 5 day provision.
- Develop a marketing strategy to ensure the local offer becomes the provision of choice

- Enhance the range of specialist provisions including sensory integration therapy, speech and language therapy, behaviour resource service.
- A contractual framework with the potential for block commissioning at a regional level for out of city provision including a breakdown of provision and costs of placement from OOC providers to ensure provision is aligned to the EHCP

Residential provision

About 50% of children and young people in out of city independent special schools have a residential placement, many due to a lack of provision within Southampton. The development of a range of residential and / or short break provisions would prevent many pupils needing to go out of city for their education.

Potential savings to the High Needs Block from a reduction in out of city provision by 20 places = £1,123,420 per annum (based on average placement cost of £56,171) . There would also be savings to the social care and transport budgets.

Further exploration of this recommendation, taking into consideration the potential costs combined with the requirements of registration, may make this an unviable option for SCC to pursue alone. Alternative options that could be considered include setting up a residential school in collaboration with another local authority; setting up a residential school in partnership with a local independent provider; or block commissioning residential provision from a local independent provider.

APPRAISAL OF OPTIONS PRESENTED

Options	Appraisal
Special School	<p>Pros</p> <ul style="list-style-type: none"> - Satisfies demand <p>Cons</p> <ul style="list-style-type: none"> - Does not align with strategy of inclusion - Unaffordable, the trend of increasing costs seen over recent years will continue with consequent impact on funding to mainstream schools - Will require capital investment
Resourced provision	<p>Pros</p> <ul style="list-style-type: none"> - Ensure pupils receive specialist support as well as the access to a mainstream environment and opportunities for social inclusion. - Offers small class sizes and a quieter, less distracting environment - Supports SCCs strategy on inclusion - Viable alternative to special school provision - Potential for preventing out of city placement - Requires minimal capital investment - Cost effective <p>Cons</p> <ul style="list-style-type: none"> - School leaders may be concerned about the impact of inclusion especially on results
Maintain children in mainstream schools	<p>Pros</p> <ul style="list-style-type: none"> - Cheapest option in financial terms - Will avoid upfront investment - May encourage mainstream schools to increase capability (skills and expertise) - Supports SCCs strategy on inclusion <p>Cons</p> <ul style="list-style-type: none"> - Significant risk of increase in tribunals if parents unable to access special school provision leading to increase in special school placement in or out of city - Increasing the competency of mainstream schools will incur costs and be difficult to achieve without a well-funded and robust outreach service - Will increase school spend as evidenced by existing highly inclusive schools - EHCPs in mainstream schools will increase. Funding will need to be directed to support children with plans. Schools may redirect funding away from pupils with SEN Support.

Enhanced outreach support	<p>Pros</p> <ul style="list-style-type: none"> - Requires minimal investment - Could support inclusion of increased numbers of children with SEND including pupils on SEN Support through increasing competency of mainstream schools - Wide reach of team - Prevent tribunals through provision of therapy where indicated - Prevent out of city placements where this is required for therapeutic provision or where therapy will complete the educational offer within the city - Highly flexible - could be piloted in the first instance to gauge benefit - Cost -benefit ratio likely to be high <p>Cons</p> <ul style="list-style-type: none"> - Source of funding for therapy may be contentious - Would require careful management to ensure pupils are targeted for support appropriately and outcomes assured. - Quality assurance is key - May cause confusion with contracted NHS therapy provision
Residential / short breaks provision	<p>Pros</p> <ul style="list-style-type: none"> - Residential school provides wrap around care, education and therapy under one roof - Provides for the full continuum of need - Keeps the majority of children within the city - Inclusive - Supports the retention of links with birth families <p>Cons</p> <ul style="list-style-type: none"> - Provision needs to be managed within an overarching strategy for future SEND provision - Need range of provisions to be able to move children around - More cost effective to send some children out of the city - Registration requirements

Conclusion

The review has identified that the numbers of children and young people with complex needs will increase requiring additional places to be created within the system. It has also been recognised that these children's needs could be accommodated within a number of different settings. With a focus on the child's and family's needs and wishes, having a diverse range of options, including mainstream schools, outreach support, resourced provisions, special schools and colleges, ensures that children and young people have choices in the provisions available that supports them to develop within the wider context of their community. All the options presented have implications and will need careful planning but in the view of the Review Team are viable and sustainable for the future.

13 Conclusion

The SEND Strategic Review was commissioned to review the provision to children with special educational needs and disabilities. It was tasked with considering the continuum of provision available to meet the range of identified need, as well as the sufficiency of provision going forward, to ensure that special provision could be commissioned and funded efficiently and in a way that achieves the best possible outcomes for children and young people.

Southampton and Portsmouth cities have worked collaboratively to commission the review which has allowed direct comparisons to be made and afforded the opportunity for learning from each other, developing joint solutions and hopefully, the sharing of ideas and best practice going forward.

The review was given six priorities to focus on, with inclusion added as a seventh by the review team due to its relevance in meeting the range of needs:-

1. High cost out of city placements
2. Alleviating the pressure on special school places due to increasing needs and demand
3. Availability of Post 16 provision
4. Meeting the needs of children and young people with autism
5. Use of resourced provisions
6. Identification of SEND and thresholds for EHCPs
7. Inclusion

These priorities were chosen due to their impact on the demand for provision and the financial pressure they placed on the High Needs Block.

In addressing these priorities it became clear that each city's policies and practice on inclusion and outreach were key enablers to addressing the challenges presented.

In conducting the review the team met with parents and young people, and a range of stakeholders from education, health and social care; researched the evidence base and national policy; analysed information and financial data; and attended local meetings to share emerging findings and recommendations.

The report produced contains a considerable amount of narrative which aims to present the complexity of SEND in a readable and informative way as well as giving the background to the proposed recommendations.

The recommendations have been collated into those that can be easily achieved within existing resources; those that will require further work mostly in collaboration with other parties; and those that will require investment or structural change.

Within the course of the review a number of key themes have emerged that the team feel are crucial to achieving the aims of the review. They are presented here as key memorable messages for both Local Authorities.

1. Be proactive - doing nothing is not an affordable option
2. Hold the baton - don't let children slip through the net whilst being referred from one school or service to another
3. Manage the demand, meet the need
4. Change the culture - EHCPs must not be seen as the ticket to other services
5. Tracking - follow the child's journey and intervene as soon as possible
6. Work with parents as equal partners - they know their child best and are experts in their child's needs
7. Push for more inclusion - encourage, support, challenge schools to become more inclusive.
8. Encourage all parties involved with SEND to take on a corporate responsibility to meet the needs as a city wide responsibility
9. Outreach - ensure that settings have the support they need when they need it, and make sure that it addresses the issues and 'turns the child around'
10. Solve the problem, don't just process the child

Finally we would like to thank everyone who has so generously and willingly given their time and energy to share with us their knowledge, expertise, thoughts, concerns and aspirations. There is a clear commitment in both cities to working closely with parents and a clear recognition of the need to look ahead and plan. We have been impressed by the passion and care that we have seen and commitment to improving the outcomes for children and young people across both Southampton and Portsmouth cities.

14 Recommendations

Level 1 Recommendations (Require no further consultation, relatively straightforward to implement, cost neutral)

Recommendation 8.1: A review of the process of coding, recording and amending primary need to be undertaken with the aim of establishing a robust process to inform future planning and provision.

Recommendation 8.2: High importance should be attached to leaders from the SEND, Information and Finance Teams, Southampton City CCG, Health providers and Social Care meeting annually to share and collate data to ensure that the city has an accurate picture of all the children with SEND, how needs, numbers and costs are changing to support continuous improvement and review, planning and future forecasting. This should link with the Joint Strategic Needs Assessment and report into the SEND Partnership Forum.

Recommendation 10.1.1: Pupils are identified earlier and clear protocols developed to enable decisions to be made quickly to allow pupils access to a school that can meet their needs. To focus on the identification of risk factors for social, educational breakdown and early intervention at first sign of breakdown to support child, family and school to maintain child in city linked to Early Help Processes and MASH.

Recommendation 10.1.3: All children and young people in out of city schools are monitored and reviewed on a regular basis to ensure that placements are appropriate, value for money, delivering the interventions as detailed in each child's EHCP and achieving expected outcomes. Proactive anticipation of need is essential to guard against failed placement. The statutory guidance on visiting pupils in residential settings needs to be embedded in SCC practice. MARP to lead on this.

Recommendation 10.2.1: Establish a central point for the collation of all data / intelligence on children 0 - school age with complex health, social care, educational needs. An annual report on numbers, age, type of need to be produced to review trends and agreement with previous forecasts, support planning and refreshed longer term forecasting. Report to be shared annually with the SEND Partnership Forum.

Recommendation 10.2.2: SEND needs and placement planning to be included in the annual cycle of school placement planning, supported by an annual refresh of the SEND needs assessment and reported to the SEND Partnership Forum.

Recommendation 10.3.9: Consideration to be given to the adoption of the Portsmouth EHCP format for pupils at 14 years onwards which uses the Preparing for Adulthood stages to help young people, parents and professionals to think longer term about the skills that will be required for successful transition.

Recommendation 10.4.5: The review supports the establishment of the secondary autism resourced provision at Bitterne Park Secondary School which is due to open in September 2018.

Whilst it is not the intention of the review to return children to Southampton from out of city there may be scope for working with schools and parents of those pupils coming up to the end of an age phase to explore the potential for transitioning pupils back.

Recommendation 10.4.6: Including representatives from education, health and social care, it is recommended that the Southampton City Autism Strategy be recommissioned to take forward all recommendations within this report pertaining to children and young people with autism

Recommendation 10.6.1: It is recommended that SENCOs, Head Teachers and colleagues in other agencies understand funding mechanisms and the pressures on the High Needs Block and apply the best evidenced based approaches to support children and young people

Recommendation 10.7.1: A definition of inclusion to be agreed and shared with parents, children and young people and professionals across the city

Recommendation 11.1: Data teams to be proactively involved, working alongside SEND Teams and LA Leaders, using hard data and soft intelligence to forecast, using the same methodology, to allow for year on year direct comparisons of change and continual improvement in accuracy.

Recommendation 11.2: Guidance and training is developed for all those staff who determine primary need to improve accuracy and consistency. Primary need is reviewed at all annual reviews and any changes updated on the database.

Level 2 Recommendations (May require some further consultation and planning)

Recommendation 10.1.2: A process is established for monitoring all children who are at risk of not having their needs met within city and / or have been excluded from school. Designated SEND Officers are given responsibility for monitoring and tracking pupils to ensure that needs are properly identified and addressed early on, with the outcomes of external support monitored and specialist provision for those most vulnerable to poor outcomes considered as an option at the earliest point rather than as a last resort. Assessments and advice must be commissioned from appropriate services in a timely manner to ensure Panels can draw on high quality information for decision making purposes. Proactive anticipation of need is essential to guard against failed placement.

Recommendation 10.1.4: Contracting framework for out of city placement to be developed Contracting framework, in partnership with neighbouring authorities, with providers could provide guarantee of placements, set clear expectations of provision, reduce hidden or unforeseen costs, increase accountability in terms of outcomes and lead to a reduction in exclusions. This could include block commissioning which would give greater financial stability for out of city providers and may be an incentive for collaboration.

Recommendation 10.1.6: Over and above the Local Offer and the School SEN Report, clear guidance both written and available in person should be provided to parents to support their decision-making regarding suitable provision for their child. Local provisions to be 'marketed' to highlight to parents the offer and advantages for the child and their family.

Recommendation 10.2.3: The outcomes of the review of early years provision to feed into the forecasting of need and identify options for future provision

Recommendation 10.2.7: The criteria and remit for each Special School is clearly defined and used to inform placement planning and decision making regarding pupil admissions.

Recommendation 10.2.8: The process for determining provision is clearly defined and communicated to all professionals involved and refreshed annually and built into induction for the workforce for SEND so that parents receive coherent information and advice

Recommendation 10.3.1: The Transition Operational Group to be developed as the vehicle for overseeing robust and comprehensive transition planning from 14 years through to 25 and onto adult services.

Recommendation 10.3.2: Strengthen the process for sharing information between Education SEND team and Adult Social care teams on young people (14 years +) with EHC plans for forecasting purposes and to begin the plan for individual young people transitioning to college with a real or virtual team, with clearly defined responsibilities, taking a lead on this work.

Recommendation 10.3.7: The Transition Operational Group to oversee Adult Social Care LD team and other teams in Adult Social Care in the development and roll-out of a self-assessment tool for young people to clarify needs, develop clear pathways and access provision. This is an opportunity to liaise and learn with PCC as a similar approach is being developed in Portsmouth. Closer liaison between all social care teams would be of benefit in supporting young people with SEND

Recommendation 10.4.1: All mainstream schools to have an identified Autism Champion to support the development of an autism friendly environment, autism friendly practice and individualised support to pupils on the autism spectrum. This staff member may not necessarily hold a qualification relating to ASC but will attend regular

training sessions, have experience of working with pupils 'on the spectrum' and be able to influence policy and practice in the setting

Recommendation 10.4.2: Workforce development in special and mainstream schools to support children and young people with high functioning autism

Development of 'Autism champions' programme to ensure high quality provision is in place and that provision is "tribunal proof" (i.e. to prevent SCC being directed to provide out of city placement by SENDIST when SCC feels confident that local provision is/should be an effective and efficient use of resources)

Recommendation 10.4.3: All special provision to have ASC specialist (including SEMH provisions)

Recommendation 10.6.2: The pre-EHC threshold working group should pilot a pre-EHC plan for transition point into key stage 3 and report back to SEND Partnership Forum regarding longer term viability.

Recommendation 10.7.2: Inclusive practice to be celebrated and supported with appropriate support and challenge made to settings to ensure a consistent approach and ethos is developed city wide. A kite mark of inclusion to be established based on 'What makes good inclusion' / Inclusion Audit

Recommendation 10.7.4: Ordinarily available provision needs to be reviewed and updated regularly with SENCOs to ensure consistency of approach and expectations. Links between Southampton and Portsmouth would help to facilitate the sharing of concepts and thresholds of ordinarily available provision and lead to city to city learning.

Recommendation 10.7.5: Southampton is a "needs led city" and professionals must focus on a functional assessment to meet needs rather than diagnosis and this needs to be embedded in policy and practice across the SEND 0-25 workforce.

Recommendation 10.7.6: All schools to be encouraged to develop their own 'in house' provisions to meet the increasing number of pupils in mainstream with SEND

Recommendation 10.7.7: The current specification for the Southampton Advisory Outreach Service to be reviewed. A clear, transparent, consistent and quality assured offer of Outreach Support should be readily available for mainstream schools, delivered by primary and secondary specialists, designed to support individual pupils and build capacity in schools. (See also 10.1.5)

The Outreach Service should be enhanced, possibly targeted at SEMH and ASC, with increased uptake from secondary schools in particular.

Recommendation 10.7.8: Outreach provision to be commissioned and accountable through a robust Service Level Agreement involving regular reporting of interventions delivered, quality of provision, costs and outcomes

Recommendation 10.7.10: The role and remit of Primary Heads Inclusion Group and Secondary Heads Inclusion Group to be reviewed and potentially used to provide peer support and challenge to mainstream schools to support the increase in inclusion of pupils with SEND.

Level 3 Recommendations (Require further consultation and planning and/or investment/funding)

Recommendation 10.1.5: The outreach service to be expanded to provide enhanced support to children and young people with SEMH and ASD who present with communication, sensory, and functional needs

Recommendation 10.1.7: A range of local residential provisions and short break options to be explored for pupils with severe autism and challenging behaviour, SEMH or PMLD

Provide support for those children and young people who needs have a significant impact on the family and / or for those who need 24hr wrap around provision. Consideration could be given to whether there is scope for this to be developed in partnership with Portsmouth and Hampshire especially for those children who need to be out of their local area.

Recommendation 10.1.8: Consideration to be given to increasing the capacity of the SEND Team to support the above recommendations

Recommendation 10.2.4: Additional provision for children with complex needs will be required, which may include additional capacity at special schools, resourced provisions and/or mainstream schools. *Consideration to be given to the development of further primary and secondary resourced provisions for pupils with learning difficulties to reduce pressure on special school places. This may contribute to solutions about meeting need and demand bearing in mind capital funding pressure.*

Recommendation 10.2.5: The review of Special School provision required for children with complex needs, commenced as part of the review, is taken forward to ensure that the needs of pupils within the city are met in line with forecasts.

Recommendation 10.2.6: SEMH specialist provision including alternative provision to be re-configured to meet future need in appropriate accommodation

Recommendation 10.2.9: There will need to be a review of therapy provision available in special schools in the city to ensure that needs are met within the context of an increase in pupil numbers.

Recommendation 10.3.3: Consideration to be given to expanding the Therapy Transition Team into a Multi-agency Transition Team to support all young people with SEND from 14 years through to 25.

Recommendation 10.3.4: SCC to continue to work with local post 16 providers to ensure sufficiency of high quality, inclusive educational provision for students with SEND. This is an opportunity for coproduction with young people and families

Recommendation 10.3.5: Explore specific gaps in provision. For example, provision for pupils with physical disability, autism (and SEMH) in coproduction with parents and young people. Explore opportunities for shared provision with Hampshire and /or Portsmouth.

Recommendation 10.3.6: Work with adult services to scope the costs and viability of developing supported housing and educational packages

Recommendation 10.3.8: SCC to work proactively with students, their families and independent out of city specialist providers in transitioning students back to the city for their Post 16 education

Recommendation 10.4.4: Programme of training on sensory processing available for all settings - built into ordinarily available provision

Recommendation 10.5.1: Specialist teachers of the deaf within the two resourced provisions to join with the local authority team of specialist teacher advisers for hearing impairment and visual impairment to support the needs of all pupils with sensory impairment across the city.

Recommendation 10.5.2: Consideration to be given to increasing further the number of primary resourced provisions for children with learning difficulties.

Recommendation 10.5.3: Consideration to be given to developing a resourced provision for secondary aged pupils with learning difficulties

Recommendation 10.5.4: A Speech and Language Therapist to be appointed to manage the SALSA Team. This therapist could be part of an extended outreach service working alongside qualified teachers.

Recommendation 10.7.3: Ways of incentivising inclusion to be explored. This could include a 'seed' fund for mainstream schools to provide a financial contribution to schools wishing to develop a more inclusive offer

Recommendation 10.7.9: Consideration could be given to the establishment of a centralised SEND Hub within the city bringing together all SEND services and providers to ensure the overall co-ordination of SEND provision and support, provision of teaching /CPD/ upskilling and quality assurance, placement, tracking of pupils

15 Terminology

ADCS	Association of Directors of Children's Services
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CYP	Children and Young People
DfE	Department of Education
DSG	Dedicated Schools Grant
EHCP	Education, Health and care Plan
Hants SAPF	Hampshire County Council Small Area Population Forecast
HNB	High Needs Budget
KS1-4	Key stage 1-4
LA	Local Authority
LAIT	Local Authority Information Tool
LG Inform	Local Government Inform
MARP	Multi-agency Resource Panel
MASH	Multi-agency Safeguarding Hub
MLD	Moderate learning difficulty
PCC	Portsmouth City Council
PD	Physical Disability
PHIG	Primary Heads Inclusion Group
PMLD	Profound and multiple learning difficulties
SALSA	Speech and Language Support Assistants
SAOS	Southampton Advisory Outreach Service
SCAP	Schools Capacity Survey
SCC	Southampton City Council

SEMH	Social, emotional and mental health
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator
SEND	Special Educational Needs and Disability
SLCN	Speech, language and communication needs
SLD	Severe learning difficulty
TOG	Transition Operational Group

16 Appendices

Appendix 1:	List of stakeholders consulted
Appendix 2:	Views from Parent / Carer Workshop
Appendix 3a:	Primary need in primary schools
Appendix 3b:	Primary need in secondary schools
Appendix 3c:	Primary need in special schools
Appendix 4:	Behaviour Task & Finish Group
Appendix 5:	Complex needs place forecasting
Appendix 6:	What makes good inclusion?
Appendix 7:	Details of financial modelling
Appendix 8:	Summary of SEND data and changes 2012-2022

Appendix 1 - Stakeholders consulted

Children and Young People

Pupils at Cedar School, Great Oaks School, Polygon School and St Edwards School

Parents / carers

Parents at Rosewood School and Great Oaks School

Parents who attended the Focus Group in December 2017, organised by the Parent Carer Forum

Claire Pritchard
Stacey Richards
Angi Carey
Jenny Burnage

Southampton Parents Forum
Southampton Parents Forum
Southampton Parents Forum
Southampton Parents Forum

Voluntary / community sector

Debra Harrison-Sales / Katie Board
Eva Jolly, Lexie Brown, Sue Wilcox
Juno Hollyhock
Anita Bradbury

Autism Hampshire
National Deaf Children's Society
Rose Road Association
Adhara Autism

Education Providers

Jackie Partridge	Head Teacher, Springwell Special School
Clare Belli	Deputy Head Teacher, Springwell Special School
Andy Evans	Head Teacher, Great Oaks Special School
Angela Hardy	Deputy Head Teacher, Great Oaks Special School
Jonathan Howells	Head Teacher, Cedar Special School
Cesia Moran	Deputy Head Teacher, Cedar Special School
Zoe Evans	Head Teacher, Rosewood Special School
Maria Smyth	Head Teacher, Vermont Special School
Lynne McKeown	Deputy Head Teacher, Vermont Special School
Anne Hendon-John	Head Teacher, Polygon Special School
Alison Parsons	Head Teacher, Compass School
Liz Filer	Head Teacher, Valentine Primary School
Damian Pratt	SENCO, Valentine Primary School
Heidi Musgrove	Tanners Brook Hearing Impaired Resource Base
Rita Baker	Head Teacher, Tanners Brook Primary School
Sheryll Lunn,	SENCO, Redbridge Secondary School
Helen Smith	SENCO, Chamberlain School
JP Cooke	Early Years Advisory Teacher/Area SENCO
Sam Cootes	Early Years Advisory Teacher/Area SENCO
Rachel Booth	Early Years Advisory Teacher/Area SENCO
Liz Smith	Early Years Advisory Teacher/Area SENCO
Diana Vincent	Manager of Sensory Impairment Team
Speech and Language Support Assistants (SALSA Team)	

Independent Education Providers

Michelle Aldridge	Head Teacher, Serendipity School
Pip Smith	SENCO, Serendipity School
Jo Galloway	Head teacher, The Forum School, Dorset
Dan Goldstraw	Head teacher, Clay Hill School, Lyndhurst
Darren Harte	Head Teacher, Coxlease School, Lyndhurst
Karen Gittins	Head teacher, Southlands School

Larry Bartel
James Fenemore

Head Teacher, St Edwards School, Romsey
Deputy Head Teacher, St Edwards School, Romsey

Post 16 Providers

Anne Cook
Bridget Denney
Roger Jones
Carol Palmer

Itchen College
Southampton City College
Richard Taunton College
Totton College

Health Providers

Jonathan Prosser
Polly Sadler

Clinical Director, Children & Families, Solent NHS Trust
Designated Clinical Officer (DCO) 0-18,
Solent NHS Trust

Celia Scott-Malloy
Nicki MacDonald

DCO 19-25, Southern Health NHS Trust
Adult Learning Disability Team,
Southern Health NHS Trust

Alistair Upton
Paul Frampton
Chris Hardy

Autism Nurse, Southern Health NHS Trust
Occupational Therapist
Clinical Lead, JIGSAW

Therapy and support staff at Rose Road School and Cedar School

Social Care Providers

Julia Ford
Sharon Hawkins
Stephanie Simpson

SCC Adult Social Care
SCC Social Care
Jigsaw Team Lead

LA Leads

Hilary Brooks
Jane White
Jo Cassey
Rob Winfield
Tammy Marks
Julian Cramer
Alyce McCourt
Angie Barrett
Dawn Slattery
Colin Woodcock
Kalvinder Garewal
Clodagh Freeston
Bryn Roberts
Kerrica Hunt
Stuart Webb
Paul Atkins
Amanda Percy
Michelle Watts
Chloe Lee
Hayley Szczecinski
Ed Shackleton

Director of Children's Services
Service Lead Children's Social Care
Service Lead – Education and Early Help
SEND Service Manager
SEND Service Manager
Acting Service Lead – Education and Early Help
Principal Educational Psychologist
Senior Educational Psychologist
Senior Educational Psychologist
Senior Educational Psychologist
SEND Team Manager
SEND Assistant Team Manager
Team Manager for Inclusion Services
Inclusion Manager
Quality Assurance Manager
Education Capital Programme Manager
Post 16 Commissioning Manager
Finance Team
Placements Officer
Information and Data Team
Information and Data Team

Commissioners

Donna Chapman
Commissioning Unit
Charis Wellspring
Chris Pelletier

Southampton City CCG/SCC Integrated

SCC Integrated Commissioning Unit
SCC Integrated Commissioning Unit

Elected members

Councillor Paffey

Appendix 2

Parent / Carer Workshop

Southampton: 4 December 2017

A parent / carer workshop was held in Southampton on 4 December 2017. Organised by Southampton Parent Carer Forum, the workshop was attended by 10 parents from across the city that have children and young people with a range of needs and ages.

Attendees

Name of Child	Child's Needs	Phase	Education Type
A	Cerebral palsy, tracheostomy, behaviour issues, epilepsy	primary	Mainstream School
B	Complex, variable, needs including GDD, feeding tube, epilepsy	primary	Special School
C	Autism, ADHD, Tourettes	Post 16	College
D	Special educational needs, speech sound delay, low self-esteem, emotional needs	secondary	Mainstream School
E	ADHD, global delay, behaviour, trauma, attachment disorder	secondary	Special School
F	Asperger's Syndrome ASC	secondary	Mainstream School
G	Cerebral palsy, spastic quadriplegia affecting all 4 limbs, lower limbs affected more	primary	Special School
H	Foetal valproate syndrome - speech and language delay, autism? Unilateral deafness, motor skill delay, physical problems (facial features), incontinence	primary	Mainstream School
I	Autism, SPD, dyspraxia, suspected bi-polar, depression, anxiety	Post 16	Independent Special School
J	SEN, chromosome disorder, epilepsy	secondary	Mainstream School

The workshop was divided into 2 parts.

Part 1

This is about you and your child's experience

- Your experience of deciding on the right place for your child to go to school
- What factors did you take into account?
- What's working?
- What needs to change?

Part 2

Looking to the future, what provision will be require to meet the needs of the children with SEND in the city

Part 1

- Your experience of finding the right place for your child to go to school
- What factors did you take into account?
- What's working?
- What needs to change?

Our experience

We chose our local Infants prior to knowing my child was autistic. It was a good school generally but not a good experience for us. Provided very little support or adjustments and virtually ignored his SEN. We chose the Junior school as all their friends were going there and there were good transition opportunities. Also a new SENCo who I hoped would be a positive influence. I am extremely worried about secondary as there is nowhere appropriate to send him.

Factors considered

- SEN support i.e. ELSA and SENCo part time or full time
- Talking to the SENCo /Head in advance to gauge understanding of SEND
- Bullying and how it was dealt with
- Proximity to home and/or transport arrangements

Needs to change

- Schools need to give support as per EHCP - not use funding for other kids
- Education professionals need more understanding of SEND and better training
- Listen to the child / Listen to the parent
- Lack of autism unit places in the city at secondary level
- More support for families with children with autism
- Teachers that get to know children should contribute to a report or book of how the child learns / their needs / support that works or doesn't. This should travel with the child through school.

Our experience

Since nursery it has been a struggle with them saying my child was lazy because they refused to talk because no-one could understand them. From Year 1 to Year 3 I had to fight for my child to get the help they needed for speech therapy. After failing 3 phonics tests and their SATs they finally now have an EHCP 25 hours but they don't get the full 25 hours.

Factors considered

The only factor I took into account was if my child's needs would be understood

What's working

Nothing is working other than EHCP

What need to change

School needs to be educated on all aspects of SEND. Key thing - information not being passed on between each year Group

Our experience

- Finding the right special needs school has been a bit tricky as Southampton hasn't got much choice in schools. In Year 2 an EHCP was turned down, my child went into Year 3 and the school had no idea how to cope and we lost 14 months of schooling. They even said to us that we should think about changing primary schools. I told them enough was enough and to put in for an EHCP again and thankfully this was granted

Factors considered

We needed a school that would nurture and deal with behavioural outbursts

What needs to change

- Not to let a child have to struggle so long before getting help. 14 months is a very long time in a child's learning to reap back (in learning for them)
- A child should have a personal file to be forwarded on to each new Year Groups teacher so they are made aware of the child's needs, instead of going over and over the same story in every year (schools should be MADE to do this) and to keep in touch with parents/carers.

Our experience

Very stressful finding the right placement and took far too long for LA to agree

Factors considered

Looking for good SEN provision, right environment

What's working

The schools personalised timetable is working well

Our experience

EHCP took far longer than 20 weeks. Once it was agreed that my child needed Cedar School we were told that they didn't have space. Parent Partnership unable to help. EYAT unable to help, no-one signposted me. Independently I found IPSEA who fully supported me and then we had the outcome we needed.

Our experience

Daunting, scary - admitting they have special needs. Pushed into mainstream

Factors considered

Class size. Escorting him and their friends to school.

What's working

Portage. Opportunity group - friendships. Early Years - Sure Start Centre allowed me to attend parent course with a crèche for my children.

What needs to change

- Passport - live document to go with the child.
- A buddy from start for parent.
- Better intervention / communication.
- Adapt education for child.
- Hand holding by primary head. Open door policy
- Secondary - more autistic units in mainstream.

- Parents need more control / input to 1:1 system / LA. Parent needs nurturing.
- More training for autism.

What needs to change

- Communication
- Transition - proactive, anticipating. All through U3⇒school, 1⇒2, 2⇒Post 16
- Listening to parents and putting us at centre. Parents input
- Don't call me mum
- Psychological counselling support for parents. Support from parents - lost if school transport
- Passport - EY⇒
- ASD Unit in mainstream
- Tracking system for EHCP - parents and professionals
- Support and information re availability of provisions. Local Offer - can't find
- SEND consistency by teachers. Not just SENCOs job
- Training - teachers. SENCOs - to intervene early eg. With challenging behaviour

Our experience

Never met LA case worker. I worry more about transition into adulthood than my child's education so will need support with this.

What needs to change

- Local Authority involvement in annual review. . Training for SENCo on EHCP paperwork.
- Communication, communication, communication.
- Inter-agency communication.

Our experience

- A daunting process "This is your life now". What about college? What about independent living?
- A struggle to get EHCP, not being believed by the school that it was needed. Starting it in time for Year R but only completed in May, after panels had been held, so no place in special school left. Went to IPSEA, was great. No support from LA
- Telling your story again at every parents evening in mainstream school.
- Filling forms in over and over or never seeing them again
- Secondary - "it scares the hell out of us".
- Schools - they haven't got the funding
- A lack of provision in the city...for primary SEN also, if they fall between criteria for Cedars / Springwell etc.
- Lack of options for secondary provision - Great Oaks or Cedars
- Local Authority system problems leading to complaints and details being logged so children fall through the gaps.
- Schools don't know who is responsible for collating paperwork inviting people.
- What about the parents that don't have a voice.
- Had to fight at every step of the way.
- No contact out of school at age 14.

- No transition process, preparing for adulthood

What's working

- Portage are great and helped to support us with EHC

What needs to change

- More involvement from services and parents. Key times - annual reviews
- Being kept in communication, being in a conversation with LA/SEND team etc.
- Schools having a bible / passport to pass on.
- Child who has sensory issues and eats everything (latex glove).
- Early intervention is key
- Involvement knowing where you are in the process.
- Need more training.
- Communication is the key with parents.

Our experience

I was told by my child's school that my child would not be able to cope with mainstream. I have had to re-think all my plans for my son, re-submit my intentions. The system needs to change. I was unable to get an autistic diagnosis in time for the EHCP meeting and this is unlikely to happen for another 18 months.

Factors considered

My main deciding factor was my child and what they thought about each school when we visited them. In addition, class sizes and how the 1:1 system would be continued (if at all).

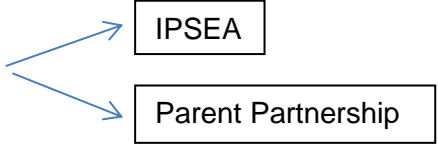
What needs to change

We need a school dedicated for autism, not just an expansion of the current secondary schools

Our experience

I knew very early on that my child had cerebral palsy so knew I'd be looking at a special school. I was very comfortable for this to happen.

Part 2

- Signposting 
- Portage
- One stop shop schools - PT/OT/SLT/Orthotics etc. all at school
- Easier access to Educational Psychology
- Counselling / psychological support for parents
- EHCP more accessible
- SENCos recognising different needs
- More training for school / parents on EHCP - awareness of why behaviour is often different between home and school
- Access to CAMHS
- Better provision in secondary
- COMMUNICATION
- Provision for children that aren't non verbal autistic, behavioural or PMLD
- Parents and families at the centre
- Make parents feel listened to and valued, too often we are 'just mum'
- Transitions 0-3 to pre-school, pre-school to primary, primary to secondary, secondary to 16+.
- Tracking system for EHCP both initially and at reviews that would be available to all professionals and parents (Amazon - track my parcel!)
- Support and information from LA on provision available and what might suit your child (don't say the Local Offer - it's extremely hard to find anything on there)
- More and varied secondary provision
- More places like 'maple' class in a mainstream setting. Satellites of specialist schools, but part of a mainstream supporting core skills and life skills. Could reduce the number of 1:1 in every school (better use of money and resources)
- Rather than little schools, one larger school where the environment meets more varied needs but still with a more individualised education
- Shorter educational lessons broken up with O/T talking therapy for all

EHCPs

- Preventative, not crisis point
- Closer / improved relationship between LA and school so parents do not get caught in middle
⇒ support and challenge ⇐

Communications

- SEND children to have a "passport" folder so knowledge of child improves and builds year on year - not starting again every year - to the detriment of the child

Training for Mainstream (P.A.C.E. / NVR)

- Lack of confidence in dealing with challenging behaviour / meltdowns
- Behaviour is communication ⇒ support a child with needs/disability NOT a battle of wills with a 'naughty' child - physical element of holding child

SEND Consistency

- Across schools
- Across teachers
- Not the SENCOs job!
⇒ Leadership in schools for SEND consistency

Units/ Bases / RCs

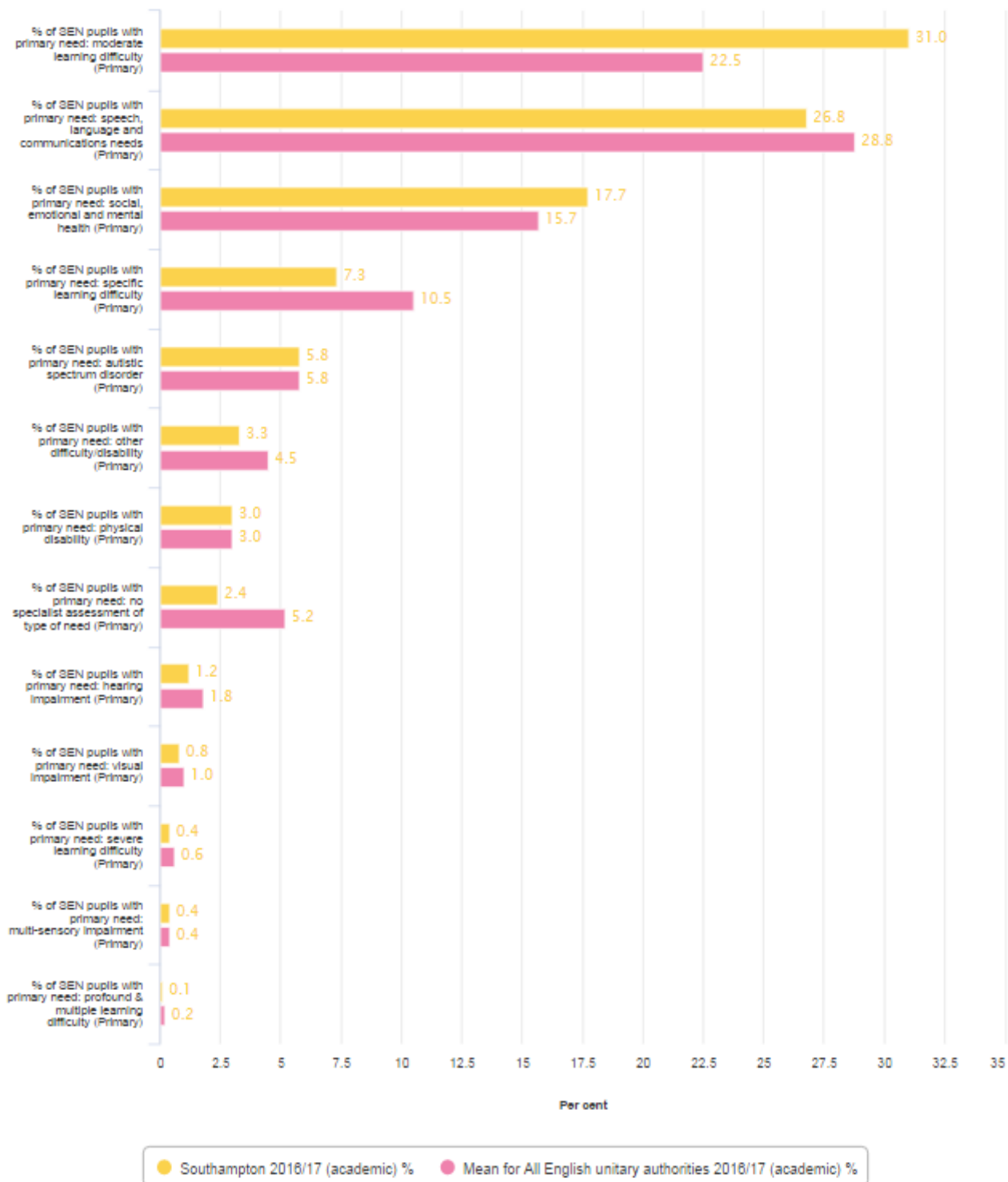
- More in the city and/or better culture of SEND care in our schools
- Relieve pressure on special schools if we get it right in mainstream

Appendix 3a

Primary Need

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them. All pupils with SEN have an assessment of their primary need. The following charts show the breakdown of need in Southampton by primary, secondary and special school, compared to the national averages and ranked by prevalence.

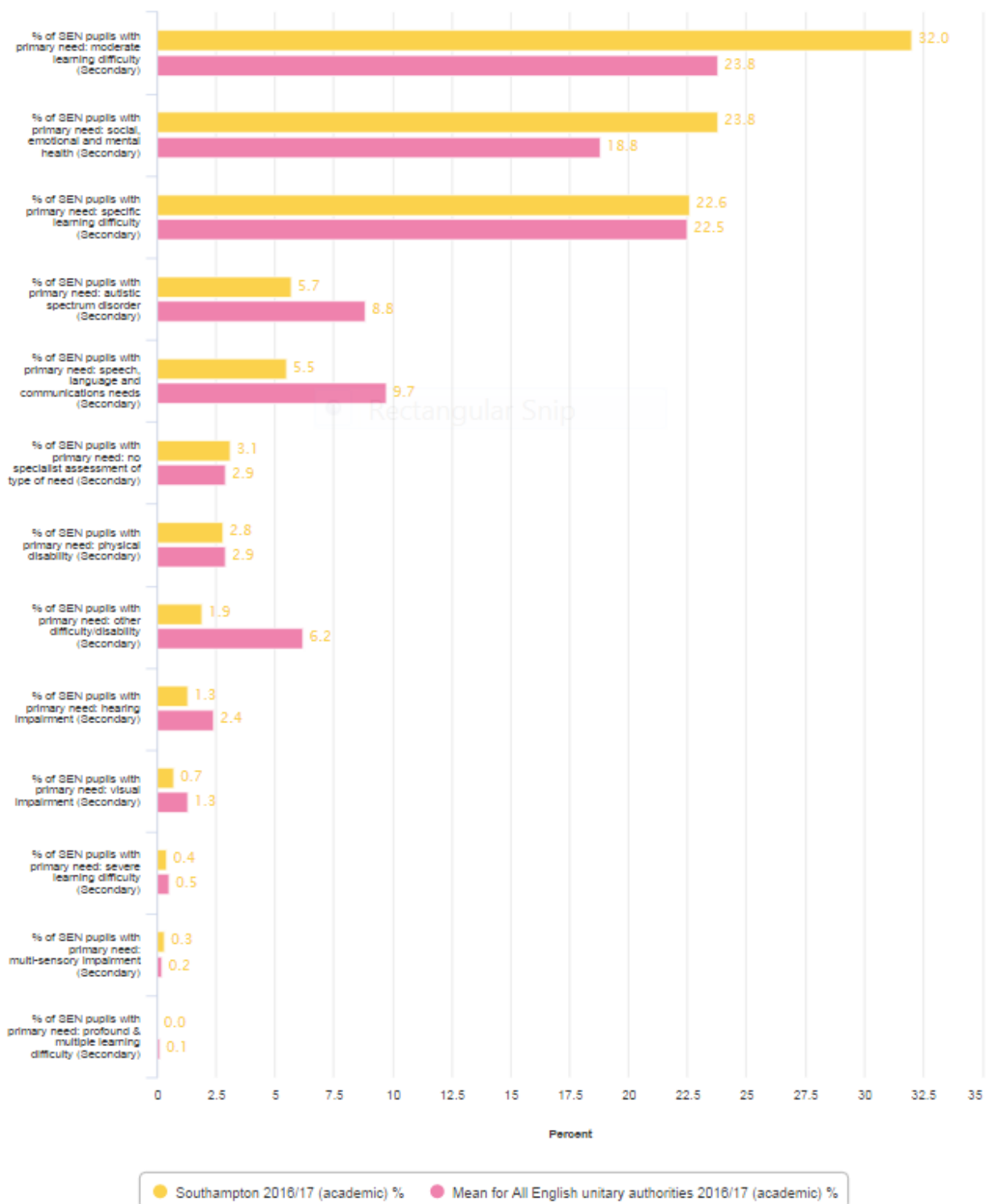
Primary need in primary schools



Appendix 3b



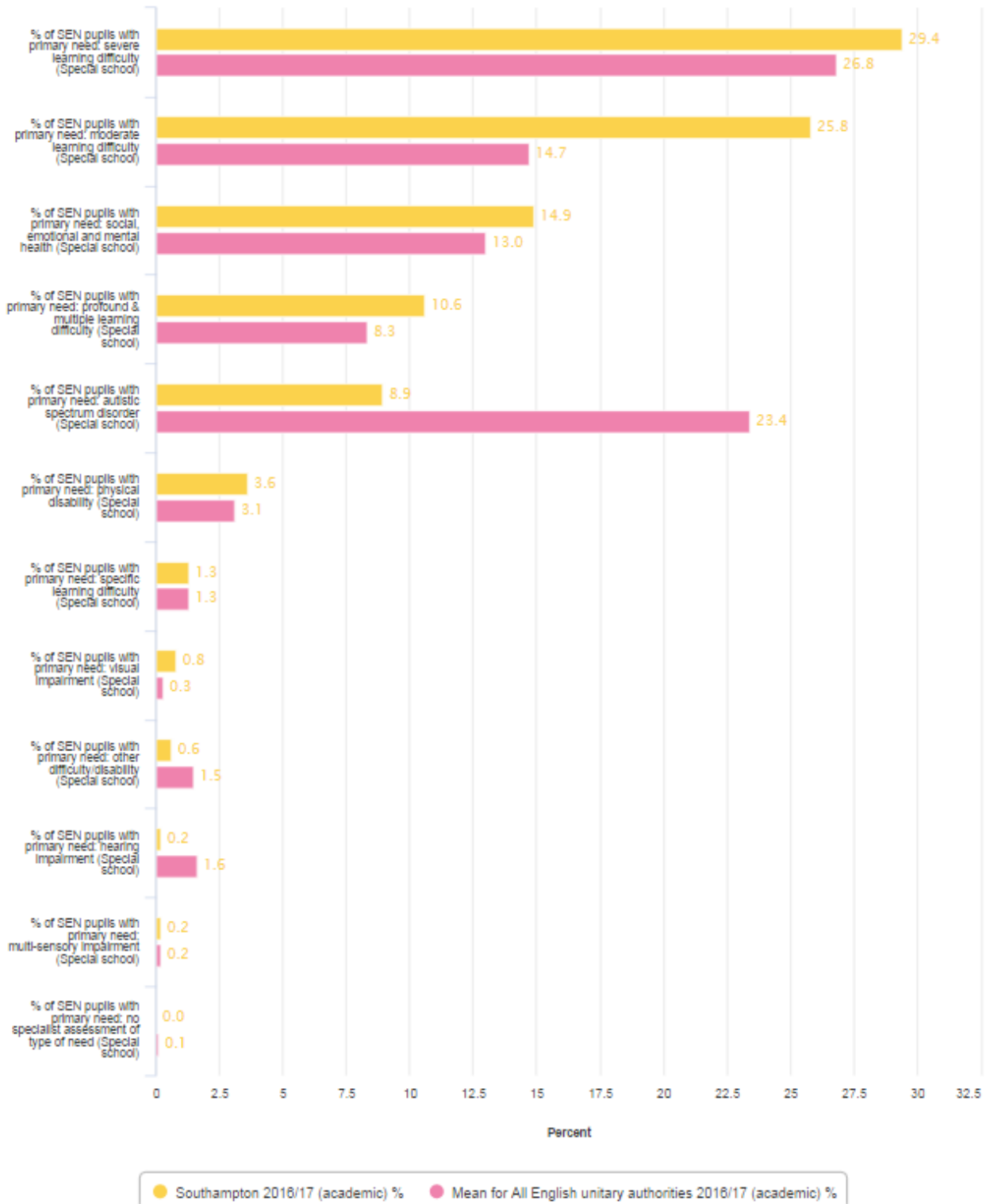
Primary need in secondary schools



Appendix 3c



Primary need in special schools





Behavioural Support Provision Task and Finish Group

Final report - November 2017

Introduction

In September 2017 a task and finish group was set up at the request of the SEND Service Manager, Southampton City Council, with the aim of considering how to meet the needs of the changing population of pupils with social, emotional and mental health difficulties and other needs at Vermont and Polygon Schools.

With a remit aligned to the SEND Strategic Review currently being undertaken across Southampton and Portsmouth cities, the Task and Finish Group was managed and chaired by the SEND Strategic Review managers with input from the Head Teachers of Vermont and Polygon Schools; the SCC SEND Team Manager; the Associate Director of the Integrated Commissioning Unit and a Service Manager from Solent NHS. Input from social care was sought but unable to attend for the duration of the piece of work.

The findings of the Task and Finish Group will be reported to the SCC SEND Service Leads, Southampton SEND Partnership Board and ultimately via the recommendations of the SEND Strategic Review as part of the overall review of SEND provision across the city.

Context

Vermont and Polygon Schools provide primary and secondary aged educational provision to pupils with social, emotional and mental health difficulties (SEMH) in Southampton City. They work as part of a range of provisions including mainstream schools and the Compass School and with services provided by social care and health. Both schools buy in additional services such as play therapy, speech and language therapy. Over recent years both schools have seen an increase in the complexity of the pupils attending particularly in the area of sensory processing.

The SEND Strategic Review was commissioned to carry out a comprehensive strategic review of the provision for Southampton and Portsmouth children and young people with special educational needs and disabilities to ensure future demands can be met which are financially sustainable.

Scope of group

Whilst the scope of the group was to principally consider the needs of pupils at Vermont and Polygon schools, the findings and recommendations are presented within the wider context of needs and provisions for pupils with SEMH across Southampton being considered within the scope of the SEND Strategic Review.

To inform the findings of the group, the SEND Strategic Review Managers visited both Vermont and Polygon schools and the Compass School; mainstream schools within Southampton, the Harbour School, Portsmouth and some of the independent schools where Southampton pupils with SEMH are currently placed.

The group met on four occasions at Vermont School to discuss and share data with the following objectives:

- To identify the range and extent of the needs of current and potential future pupils.
- To identify the provision, supported by evidence, required to meet the needs including the environment, staff training, health input, resources

The Terms of Reference for the group can be found in Appendix 1.

A SEND 'Future Proofing' event held on 2 November 2017 and attended by SCC Senior Managers, Cabinet members, Governors, Headteachers of all Special Schools and some mainstream school Headteachers has also provided valuable insight and perspective to support the recommendations.

Findings

General concerns and issues were initially shared to provide direction for further investigations (See Appendix 2 for presenting issues).

Vermont School is located in a residential area north of the city. Polygon is located on the edge of the city centre. Both schools are housed in buildings that are poorly maintained and no longer fit for purpose.

There are currently 32 pupils on roll at Vermont school and 60 on roll at the Polygon school.

The complexity of pupil needs has increased over the years, largely as a result of increased awareness and understanding, with most pupils now presenting with a range of social, emotional, and educational needs and complex social backgrounds. For example, in addition to SEMH many pupils have autism (13/31 pupils at Vermont; 5 pupils at Polygon have a diagnosis but 80% are on the autism diagnostic spectrum); a learning disability (26/31 pupils at Vermont) and sensory issues (Further details of pupil needs can be found in Appendix 3).

The majority of pupils have high levels of social need and have experienced high levels of trauma including a significant number experiencing bereavement. Many pupils present with attachment disorders and due to their experiences exhibit violent and anti-social behaviours which are difficult to manage within a mainstream environment

All pupils are performing at a lower level than national expectations either due to a learning disability or lost educational opportunities as a result of high levels of absence.

There is a significant generational factor.

The majority of pupils entering Vermont are referred in Y5 or Y6 usually after a number of school moves, frequent exclusions, part-time timetables and periods of non-attendance (20/31 pupils have not been in full time education for 1-4 years before coming to Vermont). Whilst it is difficult to assess the impact of such unsettled primary years the cumulative effect of frequent failure and rejection must compound issues with attachment and self-esteem and potentially exacerbate negative behaviours.

There is currently poor early identification of pupils at risk of SEMH, limited pro-active early intervention, a lack of co-ordinated planning and evaluated interventions and no overarching monitoring or tracking of pupils who start to fail and move schools. As a result behaviours often escalate with alternative provision, special school or out of city independent placement becoming inevitable.

The late entry into Vermont presents a challenge in effecting change before the child transitions to secondary school and potentially adds to the difficulties the child faces in developing long lasting and secure attachments.

An analysis of exclusion data indicated that the number of pupils being excluded at Vermont has increased significantly over the last year (by 69%) while the number at Polygon has reduced. The number of exclusions at the Compass school has increased by 190%. Exclusions still occur in out of city schools with St Edwards reporting 7 permanent exclusions over the last year. Sharing data on exclusions was considered to be helpful in enabling schools to challenge current practice and learn from each other, for example, some schools were found to exclude pupils for 5 days as standard. Understanding the reasons and context of exclusions was considered important, for example, 77% of pupils excluded from Vermont were Y6 pupils who had arrived in September following a period of not being in education. Further work needs to be undertaken to understand the impact of exclusions, especially on pupils with SEMH, and whether alternative strategies could result in similar or better outcomes.

For many referred pupils there was a lack of accurate, up to date information with EHCP Annual Reviews missed due to frequent school moves and a lack of recent holistic multi-agency assessment and planning. Safeguarding information was sometimes not provided prior to school entry due to confidentiality issues.

Investigations as part of the SEND Strategic Review have highlighted a gap in SEMH provision for girls within the city. Whilst both Vermont and Polygon have taken girls in the past there are currently no girls attending either Vermont or the Polygon schools and a feeling that it would be difficult to accommodate girls without additional investment in staff.

Both schools have made adaptations to the curriculum to support the specific needs of pupils and enable them to achieve. A Behaviours for Learning approach has been adopted throughout Vermont school, embedded into school life and reinforced by all staff resulting in a reduction in incident rates and increase in progress. Pupils are tracked for behavioural and academic progress.

Polygon is piloting a new 'GCSE' programme to include vocational qualifications alongside GCSE Maths and English.

Staff in both schools are well trained and supported with regular CPD opportunities and network learning with local mainstream schools (See Appendix 5). All staff attend debriefing sessions at the end of the day.

Many pupils at both schools present with a range of therapeutic needs. Whilst it was acknowledged that there would be some pupils with specific needs it is felt that the extent of need could and should be addressed throughout the school day as part of the warp and weft of the curriculum. To address communication needs Polygon fund the provision of Speech and Language Therapy. Both schools cite the lack of provision for sensory needs as an important gap in provision.

A high proportion of Southampton pupils in out of city schools have SEMH as their primary need (52%), with the majority of placements being due to social issues and the need for a residential placement. Visits to a number of the independent out of city special schools found them to be well run; with dedicated teaching and support staff; regular onsite access to therapeutic provision including in most cases speech and language therapy, occupational therapy, physiotherapy, psychology, psychiatry and in some cases play therapy, and art therapy ; good staff: pupil ratios; good facilities; a highly differentiated curriculum; access to a range of qualifications to meet individual needs; and an environment that fully supports and adapts to meet the individual needs of every child and young person. With good marketing, and a comprehensive and attractive offer, these schools are appealing to parents and difficult for local schools to compete against in their current presentation (See Appendix 4 for an example of out of city offer)

The areas that both schools feel would need to be addressed in order to prevent children going to out of city schools in the future would be:

- enhanced offer of help with parenting
- an enhanced therapeutic environment
- the option of an 'extended school' providing a 'just short of residential' environment with child delivered home allowing good home to school liaison and support
- more time for non-judgemental reflection for staff
- availability of external supervision independent of performance management

Future need

It is anticipated that the numbers of pupils with SEMH will continue to rise over the next 5-10 years for a variety of reasons:

- Overall population increase
- Comparative increase in the secondary aged population
- Impact of extended SEND age range to 25years
- Increased awareness and recognition
- Potential increase in prevalence due to social issues including impact of austerity
- Reduced use of high cost out of city schools

The 0-19 population in Southampton is set to increase by approximately 4% over the next 5 years with the most significant gains being in the secondary aged population (21% increase). Whilst the prevalence of SEMH is likely to increase in the primary age group, it is at secondary level that the impact of SEMH issues becomes more evident. Combined with the extended age range for SEND provision the numbers presenting with SEMH are likely to increase.

Members of the Task and Finish Group believe that there has been a significant increase in the awareness and understanding of SEMH over the last 5 years and an appreciation of the complex interrelationship of social, emotional, health and educational needs. Whilst the depth of understanding has to date been seen largely within special provisions there is increasing recognition that the prevalence of SEMH in secondary mainstream schools is increasing. It is imperative therefore that the future provision for these pupils is considered across all schools within the city to ensure that pupils who could and should remain in mainstream settings are properly supported to do so with only those pupils with more significant needs being placed in specialist provisions.

Reports from CAMHS colleagues have suggested that a number of children attending CAMHS for autism assessments are presenting with attachment disorders as opposed to autism. As our understanding and differential diagnoses improve it may be that some of the children previously identified with autistic type behaviours may in fact have SEMH / attachment disorders.

With 52% (32 /62) of pupils currently placed in out of city schools having SEMH as their primary need the planned reduction in the use of out of city placements will have the consequent effect of increasing the numbers within the city.

Future provision

This Task and Finish Group was set up to explore the needs of and provision for pupils with SEMH as part of the SEND Strategic Review and as such the findings above have been incorporated into the final SEND Strategic Review report.

In considering future provision meetings have been held on two occasions with the Heads of Special Schools and SCC SEND Leaders to review the recommendations and discuss options. Further work is required to agree and develop these proposals before any decisions are made. Due to the similarity in need and overlap in provision between Vermont, Polygon and the Compass school, it is suggested that the Compass school is included within the options being considered.

In all options it is recommended that, due to the poor condition of the current schools, new builds are considered.

All options include the expectation that provision for girls will be part of the school offer.

Recommendations

In addition to exploring the options for provision, the review highlighted many issues that it is recommended are addressed to improve the management of and support for children with SEMH, namely:

1. Improving the early identification and proactive intervention of children at risk of SEMH
2. Improving the co-ordinated planning of need and evaluation of interventions
3. Improving the monitoring and tracking of pupils who start to fail and move schools. Ensuring that all pupils who have an EHCP have an Annual Review and up to date plan informed by multi-agency assessment and planning.
4. All schools have an autism champion to ensure the needs of pupils with autism are met
5. Therapy provision (Speech and Language Therapy, Occupational Therapy and Physiotherapy) to be made available
6. Schools to provide specialist outreach support via SAOS to mainstream settings

Membership of the Task and Finish Group

Liz Robinson, SEND Strategic Review Lead
Pippa Cook, SED Strategic Review Lead
Maria Smyth, Headteacher, Vermont School
Ann Hendon-John, Headteacher, Polygon School
Kalvinder Garewal, SEND Team Manager
Donna Chapman, Integrated Commissioning Unit
Katie Linaker, Solent SEND Lead

Appendix 1 - Terms of Reference

Behavioural Support Provision Task and Finish Group

Context

Vermont and Polygon Schools provide primary and secondary aged educational provision to pupils with social, emotional and mental health difficulties in Southampton City.

Over recent years both schools have seen an increase in the complexity of the pupils attending particularly in the area of sensory processing.

The Terms of Reference set out a proposal to form a short term Task and Finish Group to explore the presenting issues further and make recommendations for future provision.

This piece of work falls within the remit of the SEND Strategic Review which is currently being undertaken within Southampton and Portsmouth Cities.

Aim

How to meet the needs of the changing population of pupils with social, emotional and mental health difficulties and other needs at Vermont and Polygon Schools.

Objectives

To identify the range and extent of the needs of current and potential future pupils.

To identify the provision, supported by evidence, required to meet the needs including the environment, staff training, health input, resources

Membership

Liz Robinson, SEND Strategic Review Lead

Pippa Cook, SED Strategic Review Lead

Maria Smyth, Headteacher, Vermont School

Ann Hendon-John, Headteacher, Polygon School

Kalvinder Garewal, SEND Team Manager

Donna Chapman, Integrated Commissioning Unit

Katie Linaker, Solent SEND Lead

Co-opted as required

Helen Harris / Nigel Sampson - CAMHS

Paul Frampton, Jigsaw OT

Frequency & timeframe

It is proposed that the work of the group will be achieved through 4 meetings from September to November 2017

Reporting

The outcomes of the Task and Finish Group will be reported directly to the SEND Partnership Board on 27/11/17 and through the final report on 31/3/18 of the SEND Strategic Review as part of the overall review of SEND provision across the city.

Appendix 2 - Presenting issues

- Information on newly referred pupils is not always current. High quality current information required at time of referral to inform placement and provision
- Safeguarding information sometimes comes in after the pupil has been placed, and after the start of term.
- Youngsters referred late to Vermont (Year 6) after several mainstream school placements
- Low attainments and/or learning difficulty
- Unrealistic expectations of pupil progress
- Staff training needs
- Cohort is changing. Fewer "EBD" pupils and more complex children. More extreme behaviours - violence. All pupils at Vermont are under CAMHS. Many are on ASC spectrum. Co-morbidity of needs. More pupils with sensory issues. More mental health issues - anxiety, depression.
- Societal changes over the past 40 years (the lifetime of Polygon school) are impacting on CYP in general
- Some stigma associated with provision - parents associate Polygon with delinquency - a legacy from the past?
- A need for a therapeutic or sensory room? For what purpose specifically?
- Consideration of back-classing and starting at secondary school a year late
- Early Identification
- Information for parents on available provision - can it be clearer and more accessible?
- Information on OCC SEMH websites positively promotes their schools - possibly more so than SCC provision? Does it match actual offer?
- Data analysis - who is out of city, funding (-partite) route into special school and OCC in order to access the correct placement at the outset.

Appendix 3 - Profile of needs

Vermont

31 Vermont pupils currently on roll

- 29/31 open to CAMHS
- 26 present with learning difficulty/disability, dyspraxia, global delay
- 9 are on P levels
- 23 experience difficulties at home - family member in prison, physical abuse
- 5 have safeguarding issues and are on CIN register
- 20 have not been in full time education for 1-4 years before coming to Vermont
- 26 are on Pupil Premium
- 31 are performing at a level lower than national expectations in reading, writing and maths
- 29 have not been in full time education for at least 1 year and up to 3 years (part-time attenders)
- 13 have ASD, many with other complicating needs
- 5 have SLCN
- 5 have sensory issues
- Majority of pupils have attended 3-4 schools prior to coming to Vermont and have been failing
- Violent behaviour is deciding issue for placement at Vermont as opposed to Springwell
- Majority of pupils have high levels of social need (68% free school meals, 53/60 on PPG); have experienced high levels of trauma including significant number experiencing bereavement, and present with attachment disorders. School presume all children have been abused in some way and have had to train staff to accept and deal with this. There is a significant generational factor.

Polygon

AHJ reported on the Physical Wellbeing Pilot project 2014 which involved PT/OT screening. Indicated 25% of children having OT/PT needs (15 children). Although only 5 pupils at Polygon have a diagnosis of ASD, 80% are on the spectrum. Many pupils have sensory issues.

Polygon currently purchase 0.2fte from Alex Kelly Ltd who work with 39 children, attend staff meetings, deliver direct interventions and staff training. Focus on social emotional aspects of learning.

Appendix 4 - Extract from Priory group website

An exceptional therapy team

The eight-strong Priory Lyndhurst therapy team works on-site across both Clay Hill School and its neighbouring sister school, Coxlease. Our young people have weekly 1:1 sessions as standard, with further therapeutic support available if outlined in their statement. Our clinical service team comprises a:

- Independent Child and Adolescent Psychodynamic Psychotherapist
- Independent Consultant Psychiatrist
- Independent Educational Psychologist
- Art Therapist
- Occupational Therapist
- Speech and Language Therapist
- Family Therapist
- Young Person Counsellor

Group therapy programmes

Our group therapy attempts to give the young people in our care, a safe and comfortable place where they can work out problems and emotional issues. They gain insight into their own thoughts and behaviour, and offer suggestions and support to others. In addition, young people who have a difficult time with interpersonal relationships can benefit from the social interactions that are a basic part of the group therapy experience.

The group is run by our Art Therapist and Occupational Therapist. The group uses a combination of Art, Occupational and Cognitive behaviour therapy strategies, alongside mindfulness techniques.

Specialist therapeutic facilities

Priory Lyndhurst has a dedicated therapy department, which pupils at Clay Hill School can access. Our fantastic facilities include:

- Occupational Therapy room
- 1:1 therapy rooms
- Family room
- Sensory area
- Ultraviolet Art Therapy Black Room

Our well-equipped therapy provision includes a range of sensory music, smells, textures and lighting.

Using therapy to help young people manage their conditions

Clay Hill School is known for the innovative way in which we combine therapeutic integration with education. The range of therapy we offer allows our pupils to express themselves without consequences and build a level of trust with their therapist. In turn, this allows the young person to begin to understand the reasons for their behaviour, their trigger points and how to deal with issues when they arise.

Whilst we believe in taking a therapy-based approach to our pupils' development, we still deliver on academic results too. We believe that, unless a pupil is in the right head space to learn, they are unlikely to make progress in the classroom. At Clay Hill School, our focus is on using therapies to work on an individual's communication and social interaction skills. We find that this approach supports young people to thrive academically.

Appendix 5 - Examples of staff training undertaken

Vermont

Emotional literacy; PATHS; numicons; play therapy (Loz Fosket, part of BRS also provides 1:1); team TEACH; child protection; asthma; epilepsy; NVR; restorative practice; safeguarding network meetings; numicon part 2; sensory processing

Polygon

Health and safety; team TEACH; medication (Carlos Hyos, Consultant Psychiatrist); Interactive Forum Theatre (James Wilson); restorative practice; Philosophy for children (Pat Hannon); Early childhood trauma by Forward Thinking; Boxall Profile Training and beyond Boxall; problematic child sexual behaviour; secure attachments. SEND Conference - all staff. Joint INSET day with cooperative network learning colleagues - to share information across 7 schools.

Appendix 5

2	Forecasting by population The top table has population changes and prevalence increases applied to the 2017 APN. The bottom table is a forecast undertaken by Springwell School with roll over forecasting for Great Oaks. This shows an increase of 16 per year until 2021/ 22. Forecasts were not undertaken for Cedar, Rosewood, Vermont or Polygon
3	Great Oaks - modelling based on current number per year group with year on year changes applied based on historical patterns of movement. (Information provided by Andy Evans, Headteacher). The top version has the number entering from mainstream school reducing in 2020 in recognition of increased numbers being captured through Springwell. The bottom version has the number entering from mainstream school in Year 7 remaining constant at 60% of intake.
4	Cedar - modelling based on current number per year group with population changes applied and increase in prevalence of 4.8% applied to primary age only
5	Forecast by age phase - figures from Proposed Forecast worksheet broken down by age phase
6	Forecast by need - 2022 predicted numbers have been taken from the Proposed Forecast worksheet and split according to current primary need within each school
7	Provision options - options have been proposed for how to manage increase in need as presented in Forecast by need worksheet - split SEMH and Complex needs

APPENDIX 5

PROPOSED FORECAST (using figures taken from Methodologies 1 & 2)

PROPOSED COMPLEX NEEDS PLACE FORECAST							
Type of school	2017	2018	2019	2020	2021	2022	
Springwell School	160	176	192	208	224	224	Forecast based on Springwell modelling
Great Oaks School	200	211	233	253	272	281	Forecast based on modelling of known Springwell cohort and predicted mainstream intake
The Cedar School	80	88	93	100	104	112	Forecast based on population change and increase in prevalence through primary phase and population increase in secondary phase
Rosewood	70	73	77	80	84	87	Forecast based on population change and increase in prevalence through primary phase and population increase in secondary phase
The Polygon School	60	65	67	70	73	76	Forecast based on population increase
Vermont School	32	41	43	45	47	49	Forecast based on current need and predicted increase due to increase in awareness (increase in prevalence unknown) of SEMH
Compass School	11						There are 11 children at the Compass with EHCPs for SEMH who are waiting for a place at Vermont or Polygon
Out of city schools	62	64	67	71	73	76	Forecast based on population change and increase in prevalence through primary phase and population increase in secondary phase
TOTAL	675	718	772	827	877	905	

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PROPOSED COMPLEX NEEDS PLACE FORECASTING BY AGE PHASE							
Age phase	2017	2018	2019	2020	2021	2022	Additional places needed by 2022 (905 - 602)
Primary	282	302	324	346	368	374	107
Secondary	314	326	347	367	390	404	103
Post 16	63	74	84	96	100	107	72
Post 19	16	16	17	18	19	20	9
TOTAL	675	718	772	827	877	905	291

+ 12 out of city places

Includes 50 children currently in out of city provision and 11 children currently at Compass

APPENDIX 5

Methodology 2 - FORECASTING BY POPULATION

COMPLEX NEEDS PLACE FORECASTING (uses APN as starting point with changes made annually in line with population and predicted changes in prevalence)							
School	2017	2018	2019	2020	2021	2022	
Springwell School	160	167	174	181	188	196	<i>Change in line with population decrease (-3% 2017-2022) and increase of 4.8%pa = average increase of 4.2%pa</i>
Great Oaks School	200	208	217	226	236	246	<i>Change in line with population increase(21% 2017-2022) = average increase of 4.2%pa</i>
The Cedar School	80	87	94	102	110	120	<i>Change in line with population increase(21-3=18% over 5 yrs)and increase of 4.8%pa = average increase of 8.4%pa</i>
Rosewood	70	73	77	80	84	87	<i>Primary age population changed by prevalence increase of 4.8% pa Secondary, Post 16 & Post 19 population changed in line with predicted population increase of 4.2%pa (21% over 5 years)</i>
The Polygon School	60	65	67	70	73	76	<i>Change in line with population increase (21% 2017-2022 = 13) plus(28) SEMH OOC</i>
Vermont School	32	41	43	45	47	49	<i>9 currently identified pupils added from Compass School to 2018. Increase of 2 pupils per year to acknowledge increase in awareness (increase in prevalence unknown) of SEMH</i>
Compass School	11						<i>Included in Vermont and Polygon forecasts (9 primary / 2 secondary)</i>
Out of city schools	62	64	67	71	73	76	<i>Primary age population changed by prevalence increase of 4.8% pa Secondary, Post 16 & Post 19 population changed in line with predicted population increase of 4.2%pa (21% over 5 years)</i>
TOTAL	675	705	739	775	811	850	

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SPECIAL SCHOOL FORECASTING (Springwell modelling) (Used to forecast need for primary places to ensure the city reponds to a worse case scenario)							
School	2017	2018	2019	2020	2021	2022	
Springwell School	160	176	192	208	224	224	<i>Increase of 16 pa</i>
Great Oaks School	200	216	232	248	264	280	<i>Increase of 16 pa</i>
TOTAL	360	392	424	456	488	504	

APPENDIX 5

Methodology 1 - GREAT OAKS MODELLING

Great Oaks Place modelling 2017-2022 (with % from Springwell v mainstream changing in 2020)

Year group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Y 7	27	34	35	28	37	30	48	38	38	36
Y 8					31	38	32	49	39	39
Y 9					35	32	39	33	50	40
Y10					38	36	33	40	34	51
Y 11					28	38	37	34	41	35
Y12	Post 16	Post 16	Post 16	Post 16	11	14	19	18	17	21
Y 13	13	19	17	27	12	11	14	19	18	17
Y 14					8	12	11	14	19	18
Total	141	161	172	184	200	211	233	245	256	257

60% of intake is from Y6 mainstream schools until 2020 when it changes to 40% as number and complexity of Springwell leavers increases
 10% of intake is from Y7 - 11 mainstream schools which has been applied evenly across Yrs 8-11
 30% of intake is from Y6 Springwell school until 2020 when it changes to 50% as number and complexity of Springwell leavers increases
 It is predicted that 50% of Y11 will stay on into Y12 and progress through to Y14

Great Oaks Place modelling 2017-2022 (with number entering from mainstream schools in Y7 remaining constant)

Year group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Y 7	27	34	35	28	37	30	48	46	46	44
Y 8					31	38	32	49	47	47
Y 9					35	32	39	33	50	48
Y10					38	36	33	40	34	51
Y 11					28	38	37	34	41	35
Y12	Post 16	Post 16	Post 16	Post 16	11	14	19	18	17	21
Y 13	13	19	17	27	12	11	14	19	18	17
Y 14					8	12	11	14	19	18
Total	141	161	172	184	200	211	233	253	272	281

60% of intake is from Y6 mainstream schools and continues to be 60% of total intake through to 2022
 10% of intake is from Y7 - 11 mainstream schools which has been applied evenly across Yrs 8-11
 30% of intake is from Y6 Springwell school until 2020 when it changes to 50% as number and complexity of Springwell leavers increases
 It is predicted that 50% of Y11 will stay on into Y12 and progress through to Y14

Cedar School Place modelling 2017-2022

Year Group	2017	2018	Feb-19	2020	2021	2022								
N2	2	4	4	5	5	7								
YR	3	6	6	9	8	10								
Y1	3	4	6	6	9	8								
Y2	9	3	4	6	6	9								
Y3	6	10	3	4	6	6								
Y4	8	6	10	3	4	6								
Y5	4	8	6	10	3	4								
Y6	8	4	8	6	10	3								
Y7	11	11	5	9	9	13								
Y8	7	11	11	5	9	9								
Y9	7	7	11	11	5	9								
Y10	3	7	7	11	11	5								
Y11	9	3	7	7	11	11								
Y12		4	1	3	4	5								
Y13			4	1	3	4								
Y14				4	1	3								
TOTAL	80	88	93	100	104	112								

Uses 2017 class list as starting point with:

- primary phase decreasing in line with population (-3% over 5yr period 2017-22) and increasing by prevalence of 4.8% pa = combined average of 4.2%pa
- secondary phase increasing in line with population (21% over 5yr period 2017-22) = average of 4.2%pa
- 50% of Y11 pupils staying on into Y12 and progressing through to Y14

APPENDIX 5		COMPLEX NEEDS PLACE MODELLING BY AGE PHASE						
	2017	2018	2019	2020	2021	2022	Additional places needed in Southampton	
Primary								
Springwell	160	176	192	208	224	224	64	Complex
Cedar Nursery - Y6	43	45	47	49	51	53	10	6 Complex / 4 Complex ⁺
Rosewood Nursery-Y6	32	34	35	37	39	40	8	Complex ⁺
Vermont	41	41	43	45	47	49	17	SEMH (2017 figs include 9 at Compass)
<i>Out of city school</i>	6	6	7	7	7	8	8	Complex
Sub-total	282	302	324	346	368	374	107	78 Complex / 12 Complex⁺ / 17 SEMH
Secondary								
Great Oaks Y7-11	169	174	189	202	218	225	56	Complex
Cedar Y7-11	37	39	41	43	45	47	10	6 Complex / 4 Complex ⁺
Rosewood Y7-11	23	24	25	26	27	28	5	Complex ⁺
Polygon	62	65	67	70	73	76	16	SEMH (2017 figs include 2 at Compass)
<i>Out of city school</i>	23	24	25	26	27	28	-12	16 SEMH/6 Complex 12 children likely to need OOC
Sub-total	314	326	347	367	390	404	392	103 68 Complex / 9 Complex⁺ / 26 SEMH
Post 16								
Great Oaks Y12-14	31	37	44	51	54	56	25	Complex
Cedar Y12-14	0	4	5	8	8	12	12	8 Complex / 4 Complex ⁺
Rosewood	4	4	5	5	5	5	1	Complex ⁺
<i>Out of city school</i>	28	29	30	32	33	34	34	20 SEMH / 14 Complex
Sub-total	63	74	84	96	100	107	72	47 Complex / 5 Complex⁺ / 20 SEMH
Post 19								
Rosewood	11	11	12	12	13	14	3	Complex ⁺
<i>Out of city school</i>	5	5	5	6	6	6	6	Complex ⁺
Sub-total	16	16	17	18	19	20	9	9 Complex⁺
TOTAL	675	718	772	827	877	905	291	+ 12 places needed OOC

As children placed in out of city schools do not currently have a place in a Southampton school they have all been added in to the column of additional places needed in Southampton except for 12 secondary aged children who are likely to need out of city provision

APPENDIX 5 FORECAST BASED ON PRIMARY NEED - 2022							
Primary need	Primary	Secondary	Post 16	Post 19	Total		
SLD	36	19	7		62		
SLD + ASD	161	43	29		233	+400C	
MLD	65	148	13		226		
PD	11	11	7		29		
PMLD	41	31	11	14	97		
SEMH	42	90	19		151	+800C	
SLCN	3	16			19		
ASD	12	24	18	3	57		
SpLD		9			9		
Other	3	1	3	3	10		
Total	374	392	107	20	893	+12 00C	
School	Age phase	Need	NOR	Primary	Secondary	Post 16	Post 19
Springwell	Primary		224	224			
		72% SLD / ASD	161	161			
		20% MLD	45	45			
		8% SLD	18	18			
Great Oaks	Secondary/Post 16		281		225	56	
		50% MLD	141		128	13	
		27% SLD / ASD	76		47	29	
		8% ASD	22		12	10	
		5% SLCN	14		14		
		3% SLD	8		6	2	
		3% SpLD	8		8		
		2% SEMH	6		6		
		1% PMLD	3		2	1	
		1% PD	3		2	1	
Cedar	All through		112	53	47	12	
		35% MLD	40	20	20		
		25% SLD	28	13	10	5	
		20% PD	22	11	9	2	
		9% PMLD	10	3	2	5	
		5% ASD	6	3	3		
		3% SLCN	3	1	2		
		1% SPLD	1		1		
		1% MSI / 1% VI	2	2			
		Rosewood	All through		87	40	28
97% PMLD	84			38	27	5	14
3% SLD	3			2	1		
Vermont	Primary		49	49			
		82% SEMH	41	41			
		7% SLD	3	3			
		7% ASD	3	3			
Polygon	Secondary		76		76		
		98% SEMH	74		74		
		2% SLD	2		2		
Out of city			76	8	28	34	6
		SEMH		1	18	20	
		ASD		6	9	8	3
		PD				3	1
		Other		1	1	3	2
TOTAL			905	374	404	107	20

Number of pupils with a primary need of moderate learning difficulty (MLD) = 226

APPENDIX 5 - SOUTHAMPTON SPECIAL SCHOOL PROVISION OPTIONS 2022

Forecast by need - 2022							
		Primary	Secondary	Post 16	Post 19	Total	
SLD		36	19	7		62	
SLD + ASD		161	43	29		233	
MLD		65	148	13		226	
PD		11	11	7		29	
PMLD		41	31	11	14	97	
SEMH		42	90	19		151	
SLCN		3	16			19	
ASD		12	24	18	3	57	
SpLD		0	9			9	
Other		3	1	3	3	10	
Total		374	392	107	20	893	+12 OOC

SEMH		
Option 1	All through SEMH school Y5-Y14	151
	Alternative Provision	100
Option 2	Two all through SEMH schools Y5-Y14	75/76
	Alternative Provision	100
Option 3	Two all through SEMH schools Y5-Y14 combined with Alternative Provision including early intervention in situ for preschool-Y4 children with SEMH or at risk of exclusion / 'bubbling' and for Post 16	125/126

COMPLEX NEEDS		
Option 1	75% of MLD children supported in mainstream or SEN unit	170
	Primary complex needs school	226
	Secondary complex needs school	179
	All through PMLD school	97
	Post 16/19 provision	70
Option 2	75% of MLD children supported in mainstream or SEN unit	170
	Primary complex needs school	226
	Secondary complex needs school	136
	All through PMLD school	97
	Secondary ASD school for children with challenging behaviour	43
	Post 16/19 provision	70
Option 3	Primary complex needs school	291
	Secondary complex needs school	228
	All through PMLD school	97
	Secondary ASD school for children with challenging behaviour	43
	Post 16/19 provision	83

Appendix 5 - SOUTHAMPTON SPECIAL SCHOOL PROVISION OPTIONS 2022 cont.

Option 4	Primary complex needs school with smaller satellite provision for those with challenging behaviour Secondary complex needs school with smaller satellite provision for those with challenging behaviour All through PMLD school Post 16/19 provision	291 271 97 83
Option 5	Primary complex needs school Secondary complex needs school All through PMLD school All through complex needs school Post 16/19 provision	238 224 97 100 83

Appendix 6 - What makes good inclusion?

What have we learnt?

- Lack of definition and understanding of inclusion and ownership of inclusion
- Inclusion is about values and equity not about everyone having the same or achieving the same and yet we have set a standard that everyone has to achieve National Curriculum levels and rates of progress

Primary

- Generally support children with SEND well due to their nurturing environment and ability to flex according to need
- Provide structure and are 'forgiving' of individual differences

Secondary

- System that counts things, focuses on results and excludes children with disabilities. Schools say they are measured on their data. Ofsted takes this into consideration but parents influenced by league tables.
- Challenge of providing a curriculum in a secondary school for a diverse range of need
- Require pupils to conform to systems, rules, patterns of working, environment. Have little flexibility
- More challenging curriculum at primary and secondary level which has increased the gap between level to be attained and performance
- Linear syllabus introduced at expense of modular which are largely unobtainable
- Lack of flexibility to adapt to child - GCSE, AQA, functional skills

What are the recommendations?

- Need alternative entry level curriculum
- Functional skills pathways and AQA units

What do inclusive schools do?

- Inclusion is a feeling, not a place
- It's about being asked to dance, not just invited to the party
- They focus on the whole child, placing the child's social, emotional, therapeutic needs on an equal par with their academic needs
- They recognise the need to **address** the child's social, emotional, therapeutic needs first to enable the child to learn
- They value all children whatever their background or needs
- They 'bend' to meet the child and do not expect the child to 'bend' to the school
- They are flexible and adapt to meet the needs of the child at any one time
- They employ staff who sign up to the values of inclusion so that they have a whole team pulling in the same direction
- They are solution focused and look at what they can offer, not what they can't
- They are supportive to parents, treat them as equal partners in their child's care and listen to them. As a result they gain the trust of parents.

- They see behaviour as an communicative intent / expression of the child's communication not as 'bad behaviour' and respond accordingly
- They invest in additional staff and resources to ensure that staff feel competent and confident to meet each child's needs e.g. buying in extra SLT and EP time, appointing pastoral workers, a lead for autism, a lead for attendance and welfare
- They are good at early identification and intervene early to avoid problems escalating
- Their focus is on supporting each of their pupils to achieve their best rather than on the schools league table results
- They effectively differentiate the curriculum to meet a wide and level of need
- They can effectively accommodate up to 30% of children with SEN.
- They rarely exclude children

Appendix 7 - Details of financial modelling

Out of city costs

Age range of pupils in out of city placements as at December 2017

Age in years	Number of pupils per age group
20	2
19	2
18	8
17	10
16	9
15	8
14	7
13	6
12	3
11	1
10	1
9	2
8	3
Total	62

Potential costs to education of continuing current placements numbers with 50% of pupils staying out of city until 25yrs based on average cost of placement of £56,171 (range £30,000 - £105,000)

2017	£3,482,598
2018	£3,482,598 + £56,171 x 1 = £3,538,769
2019	£3,538,769 + £56,171 x 1 = £3,594,940
2020	£3,594,940 + £56,171 x 4 = £3,819,624
2021	£3,819,624 + £56,171 x 5 = £4,100,479
2022	£4,100,479 + £56,171 x 4 = £4,325,163

(Presumes no increase in unit cost and numbers placed remains static)

Potential costs to social care of continuing current placements numbers with 50% of pupils staying out of city until 25yrs (based on average rounded cost of placement)

2017	£1,375,004
2022	£1,375,004 / 62 x 77 = £1,707,666

Potential costs to health of continuing current placements numbers with 50% of pupils staying out of city until 25yrs (based on average rounded cost of placement)

2017	£329,910
2022	£329,910 / 62 x 77 = £409,727

Potential costs of transport of continuing current placements numbers with 50% of pupils staying out of city until 25yrs (based on average rounded cost of placement)

2017	£270,542 + £98,800 = £369,342
2022	£369,342 / 62 x 77 = £458,699

Specialist provision

School	Forecast pupil numbers 2022	Approximate placement cost	Total cost 2022
Springwell	196	£21,000	£4,116,000
Great Oaks	257	£18,000	£4,626,000
Cedar	112	£22,000	£2,464,000
Rosewood	55	£27,000	£1,485,000
Vermont	49	£21,500	£1,053,500
Polygon	98	£20,000	£1,960,000
Total	767		£15,704,500

Post 16 costs

Potential costs of 120 more students with EHCPs needing funding through the high needs budget (based on average rounded cost of placement of £8418)

2017	£883,900
2022	£883,900 + £8,418 x 120 = £1,894,060

Potential year on year reduction in costs of reducing numbers of pupils out of city

Academic year	The number of pupils in OOC provision	Costs to education based on £56,171 per pupil
2017/18	62	£3,482,598
18/19	58	£3,257,918
19/20	49	£2,752,379
20/21	39	£2,190,669
21/22	30	£1,685,130
22/23	22	£1,235,762
23/24	17	£954,907
24/25	12	£674,052
25/26	10	£561,710

Residential provision

Purchase and equipping four x 5 bed unit = approx. £3M

Estimated annual running cost = approx. £85,000 pa per bed

(Costs based on figures used in PCC in development of residential provision for adults with learning disabilities)

Peripatetic Team

1 wte Teacher = £50,000

1 wte Speech & Language Therapist = £50,000

Sensory Integration Therapy

1 wte Occupational Therapist / Sensory Integration specialist = £50,000

Appendix 8

Summary of SEND data and changes 2012-2022

Data on pupils in Southampton Schools taken from Jan census (includes pupils from OLA)

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
Jan census	School population	29287	29976	30525	31203	32213	32872	33702	34449	35086	35523	36005
	% change in school population											
Jan census	No of pupils with statements / EHCPs	670	667	710	790	860	1011	1112	1137	1156	1172	1188
	% of pupils with statements / EHCP	2.30%	2.20%	2.30%	2.50%	2.70%	3.10%	3.30%	3.30%	3.30%	3.30%	3.30%

Projected figures based on SCAP 17 mainstream NCYR-11 forecast
Projected % increase based on SCAP 17 mainstream NCYR-11 forecast

Data on Southampton population of 0-19yr olds whether in school in Southampton or out of city in OLA, Independent Schools etc

HCS APR 2016	Southampton 0-19 population						55,107	55,263	55,618	56,094	56,698	57,290
	% change in Southampton 0-19 population											
	No of pupils with statements / EHCPs by age	< 5	43	45	79	74	69	72	75	79	83	87
		5 - 10	268	301	322	410	487	493	499	505	512	518
		11 - 15	314	317	324	379	400	417	435	453	472	492
		16 - 19	30	38	78	157	199	240	250	261	272	283
		20 - 25				1	26	36	40	46	40	40
SEN2	Total no of pupils with statements / EHCPs	Total	655	701	808	1021	1181	1258	1299	1343	1379	1420
	% of pupils with statements / EHCPs						2.1%	2.3%	2.3%	2.4%	2.4%	2.5%

Number of new statements / EHCPs issued within the year taken from SEN2 data

SEN2	No of new statements / EHCPs	< 5	5 - 10	11 - 15	16 - 19	20 - 25	Total
		40	48	74	51	65	68
		30	35	39	99	113	109
		21	23	14	50	46	39
		0	1	0	4	12	8
		0	0	0	0	8	0
	Total	91	107	127	204	241	224

Number of discontinued statements / EHCPs within the year

SEN2	No of statements / EHCPs discontinued because transferred to another LA						
		22	11	15	14	8	64
	No of statements / EHCPs discontinued as needs met without a statement or EHCP	0	1	0	1	0	48
	Other	0	3	4	0	1	2
	No of statements / EHCPs discontinued due to pupil leaving school at the end of compulsory schooling or after	51	5	18	3	0	76
	Total	73	20	37	18	9	185

Difference between new statements/EHCPs and those ceased

		18	87	90	186	232	39
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Early Help overview report for Scrutiny Panel

Phil Bullingham, Service Lead

Sept 2018

The Early Help 0-19 offer

The 0-19 Early Help integrated service delivers an enhanced early intervention offer with cohesive, integrated and targeted multi service provision to support the universal health and additional social care needs of children and their families; early on and within their local communities .

The service uses its resources such as targeted family support and community health practitioners, with voluntary sector partners and works with schools and other agencies to strengthen our response to community safeguarding, health and wellbeing, inclusion and early help in localities. We will deliver flexible outreach services to meet needs and engage families an early stage.

This focussed preventative approach aims to reduce the number of children coming into statutory services with escalated needs and requiring the intervention of the Courts. The offer covers communities across the City based within East, Central and West hubs and where targeted activity takes place in high need areas.

Hubs are located within the current sure start and children's centre resource.

Role Descriptions and focus

People	Purpose	Process	Outcome
Universal Tier 1			
Family Support worker to co-ordinate volunteer activity.	Ensure there are suitable volunteers available for each locality to support delivery of parenting groups such as EPEC, NVR and child health clinics in Family Hubs.	Volunteers seconded to or directly provided, to work with Health Visiting teams and Tier 2 support staff to support provision of groups and clinic based delivery of the healthy child programme 0-19. Promote use of Family Information Service.	Building community capacity for positive impact on mental health, community engagement and increase employment opportunities. Increased workforce available to support delivery and engage target communities.
Specialist Community Public Health Nurse (HV or SN).	Leading on Healthy Child Programme pre-birth to 19, taking into account when planning, implementing and evaluating activities in each locality.	HV's lead on family based public health interventions. SN's lead on Health and Wellbeing Action Plans with senior schools and colleges and individual public health interventions with families.	To ensure inequalities addressed and community including school readiness and school needs are identified at the earliest point, with links to planning process to close any identified gaps or alert to trends emerging that may require resources or approaches to be diverted.
Family Support worker	To provide lead professional role for	Tier 1 family support	Improved (healthy) behaviours, relationships and lifestyles.

	families 0-19 - completing assessments with families to target/co-ordinate support/services for families to sustain improvements. Delivered through individual and group work.	Progress to be monitored utilising an impact assessment tool such as Star Outcome. Offer of up to 4-6 months input to address needs identified.	To reduce escalation to Tier 2.
Family Hubs staff host services such as Birth registrations and other community led services.	To ensure that every new parent comes through the door of Family Hubs providing early access to public and community based services and networks for all including those who are typically harder to reach.	Family Hub staff to provide a location for necessary parenting steps such as ante and post-natal support working in partnership with other agencies such as maternity.	A universal provision that will capture the hard to reach families and introduce new parents to the services that could support them at an early intervention.
Midwifery teams (hosted in Family Hubs) from booking by 12 weeks to 28 days maximum post-natal.	Safe delivery of healthy babies and mothers. Need to identify risk factors and share with 0-19 SPA.	Identification at earliest booking opportunity, self-referral or by GP.	Safe delivery of healthy babies and mothers. Window of opportunity to facilitate behaviour change around healthy lifestyles for intergenerational health improvements.
Community Health Nurses focused in localities and linked to GP practices.	Deliver 5 mandated contacts for those children and families not known to be at risk of poor outcomes.	Allocated by health visitor in antenatal period or at point of transfer in to the City. Supervision by Health Visitor. Delivered through digital technology, clinic and group based activities. For those parents not allocated to HV or FNP.	Evidence based contacts that deliver screening requirements and promotes healthy family relationships. Promotional activities in early childhood and positive parenting. Reinforcement were appropriate of self-management utilising restorative approaches.
Public Health nursing from current School Nursing (SN) establishment (includes Support workers).	Deliver Healthy Child Programme across 5-19 incorporating National Childhood Measurement Programme. Deliver immunisation programmes in schools. Text messaging	Allocated by school and college. Supervision by SN to ensure competencies are maintained for safe and effective delivery.	National requirements are met for NCMP and Immunisation coverage. Schools and colleges are able to keep young people who have long term conditions safe. Text messaging enables timely access to the appropriate practitioner.

	service managed by qualified nurses.		
Front of house at Family Hubs	Providing a welcoming and accessible environment that supports those using the family hubs, signposting clients to appropriate community services.	Delivering what is needed by service users and agencies.	Well managed and fully utilised family hub facility for the community.
Universal Plus Tier 2			
Community Health Nurses (CHN), Associate Practitioners and Family Support Workers.	<p>Short term interventions after completion of an outcomes star on the following:</p> <p>Infant feeding/ breast feeding Sleep Behaviour Maternal Mental Health Attachment Developmental delay Toileting School Attendance issues Self esteem Supporting PHSE in schools Healthy lifestyles 0-19 Behaviour change Teenage sleep and behaviour issues</p> <p>Helping parents to parent more effectively utilising parenting approaches such as EPEC, Solihull NVR and Incredible Years.</p> <p>Support and containment until other agencies such as Emotional Health and Wellbeing service, CAMHS or other specialist teams are involved.</p>	<p>Community health nurses (CHN) will identify the need direct from delivery of the Healthy Child Programme. 2 home visits provided only with the rest by telephone, digital technology and in Family Hubs.</p> <p>CHN can be allocated brief interventions form the integrated service via a SPA.</p> <p>Family Support Workers can take requests for help from family or young person, GP, school or college.</p> <p>4-6 sessions as 1:1 or in groups, can be delivered in Family Hub or school or college. Reviews need to completed after 6 sessions</p> <p>Triage assessment by phone then plan to meet needs agreed.</p> <p>EHA to be completed with all.</p>	<p>Early help provided to children and young people 0-19.</p> <p>Families, young people and professionals know how to get help when it is needed quickly and efficiently.</p> <p>The help received is effective at meeting the needs without requiring Tier 3 help.</p> <p>There are fewer repeat requests for support for the same issue.</p> <p>The family or young person are empowered to know how to look after themselves if the problem or concern arises again.</p>
Universal Partnership Plus Tier 3			

<p>Midwifery NEST Team, identified at booking by 12 weeks.</p>	<p>Provide 1:1 care through antenatal period and labour.</p>	<p>Case loaded when risk factors identified as soon after or at booking.</p> <p>EHA to be completed on all.</p>	<p>Targeted input to improve outcomes to children and families and reducing escalation to Tier 4.</p>
<p>Health Visitors (ECHO) focused on those most at risk of poor outcomes through identification of risk factors from assessment by Midwife, GP, HV or 0-19 integrated team.</p> <p>Caseload maximum of 50 Maximum of 25 visits pre-birth -3 years.</p> <p>Includes Specialist HV team who work with children with disabilities in each locality.</p>	<p>Deliver targeted healthy child programme with focus on improving outcomes across a range of parent, child and public health outcomes.</p> <p>25 visits pre-birth – 3 years.</p> <p>To support children with disabilities and their families.</p>	<p>Identified by NEST midwifery team, GP, HV team, 0-19 workforce members.</p> <p>EHA to be completed on all.</p> <p>Delivered through home visiting, in clinic settings and groups.</p> <p>Where Parent does not meet FNP criteria due to age or multiparous pregnancies.</p>	<p>Targeted input to improve outcomes to children and families and reducing escalation to Tier 4.</p>
<p>Public Health Nurses 5-19</p>	<p>Focus on complex health needs which need co-ordination across agencies such as GP practices and multi-agency team.</p> <p>Supporting schools with care plans for long term conditions.</p> <p>Delivery of the public health aspects into special schools.</p> <p>Leadership of the 5-19 healthy child programme and health teams.</p>	<p>Initially from Early help Hub transitioning to SPA.</p>	<p>Focus qualified nurse resource at population and targeted level with supervision of tier 2 young person activity and tier 3.</p>
<p>Family Navigator 5-19 (Subcontracted to No Limits) and Inclusion Family Engagement Workers.</p>	<p>Supporting families to navigate health and support services whose children have a problem with school attendance and attainment.</p>	<p>Delivering aspects of the Healthy Child Programme under the supervision of the Specialist Community Public Health Nurses.</p> <p>Short Intervention – GP Referral only.</p>	<p>Targeted input to improve outcomes to children and families by improving sustained school attendance and reducing escalation to Tier 4.</p>
<p>Emotional health and wellbeing worker 11-19 (Subcontracted to No-</p>	<p>Provide emotional health and well-being support to 11-19 year olds in the senior</p>	<p>Delivering aspects of the Healthy Child Programme under the supervision of</p>	<p>Targeted input to improve outcome to family and child Prevention and early intervention to reduce escalation to Tier 4.</p>

Limits).	school environment under the supervision of the Specialist Public Health Nurses.	the Specialist Public Health Nurses.	
Family Nurse Partnership	<p>Deliver intensive healthy child programme with focus on improving outcomes across a range of parent, child and public health outcomes.</p> <p>Incorporating latest evidence from ADAPT programme including eligibility and programme offer.</p>	<p>Identified by NEST midwifery team, GP, HV team, 0-19 integrated team members. EHA completed on all.</p> <p>Home visiting.</p>	Targeted input to improve outcomes to child and family. Prevention and early intervention to reduce escalation to Tier 4.
Family Support worker	To provide lead professional role for families 0-19 - completing assessments with families to target/co-ordinate support/services for families to sustain improvements.	<p>Tier 3 family support need identified by MASH/ Resources Panel for follow up.</p> <p>EHA and plan to be produced and progress measured.</p> <p>Offer of up to 4-6 months input to address needs identified.</p>	Improved (healthy) behaviours, relationships and lifestyles To reduce escalation to Tier 4.
Senior Family Support workers	<p>As above – but leading with a thematic approach including Domestic Abuse, SEND, Child Exploitation and Substance Misuse, Employability providing a lead professional role for families 0-19 and providing a Team around the Worker model support for other staff.</p> <p>Delivered through individual and group work.</p>	<p>Tier 3 family support need identified by MASH, Step Down, EHA and a intervention plan completed on all.</p> <p>Progress to be monitored utilising an impact assessment tool such as Star Outcome.</p> <p>Offer of up to 4-6 months input to address needs identified.</p>	Improved (healthy) behaviours, relationships and lifestyles To reduce escalation to Tier 4.

Outcomes and service development areas:

- The service is delivering a wide universal offer and provides easy access for families within localities - this will continue.
- The targeted offer supporting additional needs currently engages 980 children, some where the length of support has been extended due to ongoing need or where a disability or illness is related.
- The service supports families who are isolated and need help to connect with their communities, the hubs have become vibrant meeting spaces.
- Cases that are not accepted into the MASH as referrals are regularly signposted to the 0-19 service.
- The offer will become more targeted and will focus on more complex families as we develop a more specialised offer – including mental health support, responding to domestic abuse etc.
- The service Dataset overseeing performance across the integrated workforce has been newly developed and will be available to scrutiny going forward.

Key Service Pressures:

1.	Additional significant financial savings required by SCC. This pressure is likely to have an impact on play services in children's centres and where some roles will be merged/changed. This service has a £10m budget and is required to reduce to £9m with additional savings targets likely. The service is further challenged as it relies on unsustainable funding sources such as the Trouble Families grant (600k per year) and public health funding – both of which are reducing over the next 2 years.
2.	Locality Managers roles and potential vacancies. This is being addressed – the role are difficult to recruit to due to the cross service knowledge required.
3.	Development of the targeted offer through ECHO and Senior Family Support Worker role adjustments. The aim is to deliver more targeted and specialist services to prevent families breaking down, children coming into care and children requiring the intervention of formal safeguarding services.

Service Delivery Highlights:

1.	EPEC has been recruited to and will commence delivery in all localities in September, official launch also in September
2.	Re modelling of Senior Family Support Worker role is underway. This will create a simpler and clearer early help pathway for families
3.	Public Health Nursing NCMP and Immunisations uptake rates are increasing

Phil Bullingham – Service Lead

Mia Wren – Service Manager 0-19