# Strategic review of support, services and provision for children & young people with high needs in Poole

**Final report** 

**Isos Partnership** January 2018

PARTNERSHIP



### **Executive summary**

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Theme	Key Findings	Actions underway	Recommendations
Reducing the rise in EHCPs	<ul> <li>There has been a sharp rise in the number and percentage of EHCPs in Poole in the last 18 months</li> <li>The skills and experience of the EP team are highly valued, but team lacks capacity to support early intervention or annual reviews</li> <li>There is a perception that schools differ in their approach to the support they provide before applying for an EHCP and that decisions from the panel are too malleable</li> <li>Some teachers need greater skills to differentiate quality first teaching</li> <li>Some parents are being given unrealistic expectations re EHCPs</li> </ul>	<ul> <li>Implementing the new Graduated Response</li> <li>Developing new local SENCO and EP networks</li> <li>Planning to review the panel process</li> </ul>	<ul> <li>Identify and develop the additional support needed to implement the graduated response</li> <li>Consider how to use the best SENCOs on a system wide basis</li> <li>Consider developing a prepanel triage process</li> </ul>
Supporting SEND in mainstrea m schools	<ul> <li>The profile of provision in Poole is skewed towards specialist placements, both pre and post-16.</li> <li>SEMH at primary level and MLD at secondary level are the two areas of need where, nationally, a higher proportion of children and young people are educated in mainstream schools than in Poole.</li> <li>There is some very good practice in mainstream sector, but often this is not known about or shared widely</li> <li>SENCOs have drawn attention to the skills gaps for some mainstream teachers, and the variable levels of engagement and understanding of inclusion issues</li> </ul>	<ul> <li>Developing a local charter for inclusion to sit alongside the graduated response,</li> <li>Continuing to invest in outreach and monitor its impact</li> <li>Promoting the local teaching schools offer around SEND</li> </ul>	<ul> <li>Use local SENCO / EP networks to identify &amp; address development needs</li> <li>Strengthen the commissioning of outreach support, including a more intensive targeted offer</li> <li>Analyse potential for new forms of provision close to mainstream schools</li> </ul>
Reducing exclusions	<ul> <li>The rate of permanent exclusions in Poole is well above national average, and has risen significantly since 2015/16.</li> <li>The Quay school is now full, and reintegrating pupils into mainstream after a period of exclusion has proved very challenging</li> <li>There is a significant overlap between the cohort of young people being excluded and those on SEN support. Around 55% of PEX and FEX were for young people on SEN support.</li> <li>Schools feel that earlier identification of needs and the appropriate support would help prevent challenging behaviours from becoming entrenched.</li> </ul>	<ul> <li>Considering how to remove financial disincentives for schools that take pupils after a period of AP,</li> <li>Researching vocational models / 14-16 offer in colleges nationally</li> <li>Launched primary early intervention pilot</li> </ul>	<ul> <li>Establish a new strategic place planning and commissioning group for AP</li> <li>Explore potential to develop a more formal 14-16 programme with college</li> <li>Set up early intervention group at primary, drawing on local networks</li> </ul>

### **Executive summary**

Theme	Key Findings	Actions underway	Recommendations
Maximising capacity of special schools	<ul> <li>Special school provision in Poole is full and demands are currently set to increase.</li> <li>Our forecasting suggests that over the next 5 years Poole is likely to need around 35-40 more special school places. MLD, ASD and PD are the areas of need growing fastest.</li> <li>Feedback from parents on placements in current specialist provision was generally very positive.</li> <li>There is some overlap between pupils whose needs are catered for at different specialist settings. This creates challenges in terms of ensuring children can be taught alongside peers of similar ability.</li> </ul>	<ul> <li>Discussions with special schools on an individual pupil basis to secure places to meet needs</li> <li>Using the annual review process to consider pupils whose needs could be met in mainstream</li> </ul>	<ul> <li>Strengthen processes for reviewing placements and re- integration into mainstream</li> <li>Establish regular placement planning meeting with specialist providers</li> <li>Consider long term options to realign SEMH provision</li> </ul>
Reducing reliance on INMSS	<ul> <li>Around 15% of pre-16 pupils with EHCPs are in INMSS placements. This is well above average and not sustainable. Young people with ASD and SEMH account for nearly 60% of the annual spend on INMSS</li> <li>The lack of capacity in the maintained special sector to meet current needs is likely to lead to greater number of placements in INMSS</li> <li>There are a relatively high number of well-regarded INMSS schools established locally and a culture within parent representative groups within Poole to advocate strongly for INMSS placements.</li> <li>There has been relatively little strategic planning with INMSS settings to either negotiate reduced costs or temporary placements</li> </ul>	<ul> <li>Completed a review of the 10 highest cost placements and renegotiated</li> <li>New panel for allocating costs to Health/SC</li> <li>Tribunal officer appointed to work to avoid placement breakdown/contest decisions at panel</li> </ul>	<ul> <li>Carry out a child by child review of those currently placed in INMSS</li> <li>Review current contracts with existing INMSS providers and implement new commissioning process in future</li> <li>Identify specialist and mainstream provision needed to end placements</li> </ul>
Managing demand post-16	<ul> <li>Poole achieves good outcomes for the percentage of young people with SEND remaining EET post-16, but the challenge is to maintain this within budget.</li> <li>Successful pathways have been developed from Winchelsea special school into college. However, there are not currently equivalent routes for other young people in special schools. Consequently Poole is a relatively high user of special provision for post-16s.</li> <li>Parents and professionals reflected on the need to strengthen the transition process for preparing young people for adult life. This is a particular concern for young people with the most complex needs.</li> </ul>	<ul> <li>Developed a collaborative offer between Winchelsea and B&amp;P College which has been well received</li> <li>Developed supported internships offer</li> <li>Post-16 and post-19 transitions group established &amp; event planned</li> </ul>	<ul> <li>Continue to develop new models of collaborative post-16 provision</li> <li>Strengthen the transitions planning process, and start preparing for adulthood at an earlier age</li> <li>Work with parents to identify and promote new advice and guidance</li> </ul>

**Introduction** – Background and aims of the review

Part 1 – Strategic and financial context for high needs in Poole

Part 2 – Key findings and recommendations

**<u>Conclusion</u>** – taking forward the findings of this review



#### **Background**

The Councils of Poole and Bournemouth commissioned Isos Partnership to undertake parallel independent, strategic reviews of "high-needs" support, services and provision in each local area. By "high needs", we mean children and young people aged from birth to 25 with special educational needs and disability (SEND) or who require alternative provision (AP). The reviews were carried out at a time when a proposal for Local Government Reorganisation was being considered by the Government which if agreed would create a new authority covering the current areas of Bournemouth, Christchurch and Poole.

The reviews in Poole and Bournemouth were undertaken separately but in parallel, in order (a) to provide a set of conclusions specific to each local area's needs and context, but also (b) to be able to bring together the key themes and recommendations to consider opportunities for greater join-up across the two local areas. Each review had three aims.

- 1. To gather evidence about trends in current needs and future demand for high-needs services and provision.
- 2. To gather feedback on current services and provision what was working well and priorities for development.
- 3. To work collaboratively to shape options for arranging services and provision to meet current and future needs.

During the review, we set out to engage a broad range of partners and stakeholders in the local SEND system, including:

- Professionals visits / interviews with 3 primary schools, 5 secondary schools, 4 special schools, the AP school and the FE college), an online survey (32 responses), and workshops (attended by 6 mainstream schools, 5 special schools, and the college)
- LA leaders, officers & partners through a series of 1-to-1, small group and workshop discussions.
- Children and young people two focus groups with children and young people with SEND in mainstream schools
- Parents and carers two focus groups of parents and carers whose children are based in special schools

We were also able to draw on the findings of Poole's recent extensive engagement with children, young people and their families about improving outcomes for children and young people with SEND and their priorities for improvement. We have triangulated these findings with in-depth analysis of published and internal data to inform the findings and recommendations set out in this report. We are grateful to all colleagues who have contributed to this review.

#### Key contextual information on Poole

- **Population** the 2011 census estimated that Poole had a population of 147,600, of which 32,500 were aged 0-19. This means that, compared to the national average, Poole has a slightly lower proportion of citizens aged 0-19 (22% compared to 24% nationally).
- Demographic characteristics according to the 2015 Index of Multiple Deprivation, Poole is the 117th most deprived local area in England. In terms of its school-age pupils, Poole is the 107th highest for primary-age pupils eligible for free school meals (FSM) and 97<sup>th</sup> for those with English as an additional language (EAL), and 129th for secondary FSM and 101st for secondary EAL.
- Education in Poole Poole has a range of early years settings, 28 primary schools, 9 secondary schools and 3 special schools. 90% of schools in Poole are academies. In August 2017, 90% of providers in Poole were judged to be good or outstanding (above the figure for England, which is 89%) this had risen from 71% in August 2011 (when the national figure was 69%). Currently 100% of schools are judged good or outstanding.
- Levels of SEND the most recent published data show that 3.2% of children of statutory school age attending schools in Poole have a statement of SEN or an Education, Health & Care Plan (EHCP) based on the SEN 2 data collection. This has historically been below the national figure (3.3%) but internal data shows that the percentage in Poole has risen to over 3.5%. The data also show that 14.3% of pupils in Poole schools are supported at "SEN support" (or what was previously school action / plus). This is above the national figure (11.6%), and has historically been so, although both local and national percentages have been falling in recent years..

#### The continuum of local high-needs support, services and provision in Poole

We have set out below some information about the different forms of support, services and provision available in Poole. Please note that young people living in Poole also access provision in Bournemouth and beyond.

- Information & advice provided through the Local Offer (online) and UP (online and through youth centres/ town centre advice centre). Impartial information and advice is provided through SENDIASS (SEND information, advice & support service).
- <u>Parental involvement</u> The Poole Parent Carer Forum support and train parent carers to enable them to have input and be involved with shaping services alongside the professionals who provide health, education, adult and social services and can signpost to services.
- Mainstream education this is provided through a range of early years settings and 37 mainstream schools.
- <u>Targeted services</u> The local authority have a team of SEN assessment coordinators and an educational psychology service. Dorset Clinical Commissioning Group (CCG) commission targeted health services including speech & language therapy (SaLT) and child & adolescent mental health services (CAMHS). An outreach offer is provided by the 3 special schools and there has been an early intervention project at secondary level run by the AP Academy.
- <u>Specialist SEND provision</u> –There are 3 special schools in Poole Winchelsea, which caters for children aged 4-16 with a wide range of learning difficulties, Montacute for children and young people with complex learning difficulties and disabilities, and Longspee for primary aged children with SEMH needs. Poole pupils also attend special schools in Bournemouth and Dorset. Poole has 2 non-maintained special schools and makes use of local independent specialist provision.
- <u>Specialist AP</u> The Quay School, which operates on three sites, provides AP for pupils who are at risk of exclusion or who have been permanently-excluded, those who cannot attend school for medical reasons and those in Poole hospital.
- <u>Preparation for adulthood</u> young people from Poole attend Bournemouth & Poole College, Kingston Maurward Agricultural College, Brockenhurst College, and Weymouth College. Post-16 pathways are also provided through supported internships.

#### The SEND strategy

- Partners across Poole have agreed a strategy for children and young people with special educational needs and disabilities and co-produced an Improvement Plan
- The vision is to ensure all children and young people have the change to achieve their full potential, with a particular focus on improving outcomes for pupils with SEND; children and young people being prepared for adulthood and feeling part of their local community.
- The priorities for Improvement are:
  - 1. Improve educational and lifelong outcomes for children and young people with SEND
  - 2. Preparation for adulthood from the earliest years
  - 3. Involving, working and communicating in partnership with children, young people, parents and carers
  - 4. Appropriate, effective and timely identification and assessment of need in education, health and social care, that is personalized to the child or young person
  - 5. Working together across education, health and social care, to jointly commission outcome for children and young people
  - 6. Multi agency workforce development of meet out new approach

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There are many areas of current provision for SEND in Poole which are working well –

- the role of LA SEN assessment coordinators are valued by many schools and the skills of EPs are highly regarded.
- The **<u>SENCO network</u>** provides an increasingly valuable and vibrant forum for sharing information and priorities.
- **Provision in special schools and the AP provider is of high quality** and the **outreach offer** is welcomed by schools. Monitoring data suggests it is having a good impact on maintaining children that it supports in mainstream schools.
- There are **individual examples of excellent and innovative provision for SEND in mainstream schools** including collaboration with special schools, and sharing expertise and resources within MATs.
- Schools forum has identified the funding challenge and is beginning to take ownership of finding solutions; the recent work of the high needs block task and finish group has helped identify potential solutions and further engaged schools in this work.

<u>Strategically, the recent self-assessment exercise involved gathering feedback from a broad range of partners, and led</u> to the development of a new strategy with clear principles for supporting inclusion at its heart. This should provide a good organising framework and platform for taking forward the recommendations of this review and other work that is already in train. As discussed later in this report, developing key aspects of this strategy, such as the graduated response, and communicating these broadly and pro-actively, translating the strategic principles into what they mean in concrete terms for providers and partners, and securing collective sign-up to them will be a vital first step in this process.

However, there remain very pressing and complex challenges that need to be addressed. To do this successfully will require schools and the LA together to develop greater shared ownership and collective responsibility for turning around escalating need and costs. That means strengthening relationships and taking collective action with schools to tackle the rising number of EHCPs, the top-heavy pattern of provision, and the pressures created by the expansion of responsibilities post-16.

The levels of statutory SEND in Poole are increasing rapidly. Historically, a lower proportion of pupils in Poole have received statements or EHCPs compared with the national average. However, recently that trend has begun to change. The chart on the right shows the increase in the number of EHCPs in Poole and nationally over the last 4 years, based on the SEN2 data collection. It is clear that the very sharp rise in the number and percentage of EHCPs in Poole in the last 18 months (an increase of around 32%) has outstripped the corresponding rise in the number of EHCPs nationally. In January 2017 the rate of EHCPs in Poole was only slightly lower than national (3.2% compared with 3.3%). It is possible that if the current rate of growth in the number of EHCPs continues then Poole may overtake the national average for the first time in January 2018.

Levels of non-statutory SEND (pupils on SEN support) have historically been higher in Poole than the national average. Overall, in the last five years the percentage of pupils on SEN support has reduced both locally and nationally. However, in Poole the decrease has been less pronounced than that seen nationally and the rate of children on SEN support now stands some 2 percentage points higher than the national average.



<u>Source</u>: DfE SFR22/2017 & SFR37/2017

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The profile of provision in Poole is skewed towards specialist placements. Looking at both the pre and post 16 cohorts of children and young people with SEND it is clear that, compared with national averages, Poole has a lower proportion in mainstream schools or close to mainstream schools (for example in resource bases) and a higher proportion in specialist provision, in particular non-maintained or independent special schools. In fact, Poole's use of independent and non-maintained provision is the 6<sup>th</sup> highest nationally. As the overall numbers and percentage of children with EHCPs has grown, the profile of provision has not shifted accordingly to ensure a balanced distribution of resources and support across children and young people in Poole and to support children and young people in their local communities.

The overall tendency towards higher-cost specialist provision is also seen in the placements for the most recent EHCPs. Compared with national averages, a lower proportion of children and young people whose EHCPs were issued in the 2016 calendar year are in mainstream or resource bases (60.3% vs 53.2%), a slightly higher proportion are in maintained special schools (23.4% vs 22.4%) and a much higher proportion are in INMSS (9.1% vs 3.2%). Post-16, 2.6% are in specialist institutions compared with 0.6% nationally.



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The high needs budget is under considerable pressure. The dramatic increase seen in the rate of EHCPs coupled with the top heavy pattern of provision for children and young people with SEND is making the current system in Poole unaffordable. Poole has historically been a relatively high-spending authority on high needs. According to the most recent S251 returns, Poole spends on average £348 per capita (0-19) on high needs, compared with £337 nationally and £318 among Poole's statistical neighbours.

To a large extent it is the **above average use of independent and non-maintained provision** which is driving these high costs. In Poole the average cost to the high needs budget of a young person with SEND placed in a mainstream school is around £6000, the average cost of a special school placement is around £22,000 pounds and the average cost of an INMSS placement is over £50,000. According to the 2017-18 S251 budget forecast, over 30% of Poole's high needs block was allocated to placements in INMSS schools (£4.8 million) compared with 18% nationally.

The steep rise in EHCPs has also contributed to the budget **pressure**. The cost to the high needs block of EHCPs issued since January 2017 is £2.4 million.

While our review has been underway, the LA and Schools Forum have been working on options to reduce a projected overspend on the 2018-19 budget of around £560K, including transferring money from the Schools Block (just under 1%)





#### Source: ESFA S251: 2017 to 2018

**Poole's outcomes for children and young people with SEND are quite mixed.** It is not the case that relatively more expensive provision, per capita is leading to significantly better outcomes in Poole than nationally or in similar areas. The charts below show that at KS2 a lower percentage of pupils with SEND (both those with EHCPs and on SEN support) are achieving the expected level in reading in Poole compared with the national average or statistical neighbours.

At KS4 the average attainment 8 score was higher for children on SEN support in Poole than for their peers nationally or in statistically similar areas, but was lower for children with EHCPs.

Post-16 Poole performs well compared with statistical neighbours but slightly below national averages – 29.6% of young people on SEN support achieved level 3 at age 19 compared with 31.2% nationally. 11.1% of those with EHCPs achieved level 3 at age 19, compared with 13.7% nationally. These results cover all state-funded schools.



High needs spend per capita (0-19) - Poole: £348; National: £337; Statistical Neighbours: £318

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Shifting the overall pattern of provision over time will require creating a more sustainable continuum of provision and support, which will enable children and young people with SEND to reach their potential and can be delivered within the overall high needs budget. The diagram below shows how current placements of children and young people in Poole compare with national averages. If Poole were to move closer to the national average it could potentially release savings of almost £2m per annum for the high needs block.

Achieving this rebalancing of the 'pyramid' would essentially mean enabling around 50 children and young people to be supported effectively and locally within their communities in maintained special schools instead of INMSS, and in mainstream schools or resource bases, instead of special schools.



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Achieving the strategic shift described in Part 1 can only be done by systematically addressing six key challenges. We have structured our findings and recommendations around these:





The recent rise in the numbers and rate of EHCPs is more complex than just a growing post-16 cohort. It is undoubtedly the case that the extension of LA responsibilities for young people with SEND up to age 25 has contributed significantly to the rise in EHCPs. There are two factors to bear in mind. First, the extension to 25 means that every year, for the next 3 years, a cohort of around 50 young people whose EHCPS / statements would previously have come to an end, will continue to be supported through the high needs budget. The second factor is that for the first time new applications for EHCPs for young people post-16 are being made as this allows FE colleges to access place funding. In 2016 and 2017, 23 new EHCPs were created for young people aged 16 or over, although in 13 of these cases there was no additional cost to the high needs budget.

However the chart below shows that it is not simply a post-16 issue - there has been incremental growth in EHCPs at all age ranges. For example, in 2015 there were 16 EHCPs issued for children aged 0-4. By 2017 this had grown to 26. Similarly in 2015, 33 EHCPs were issued for 5-10 year olds compared with 39 in 2017 (up to November 2017). Of the 97 EHCPs issued between January and November 2017, 67% were for children in primary school and a further 11% were for children in Y7.



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The factors contributing to the rise in EHCPs pre-16 include factors such as curriculum changes and financial pressures; the availability of support and advice; the efficient operation of the MAG panel process; and the skills and capacity of mainstream teachers

Many school leaders whom we met during the fieldwork were clear that the changes to the curriculum, particularly the loss of some vocational routes at secondary, were making it more challenging to successfully maintain young people with SEND in a mainstream environment without the additional support available through obtaining an EHCP. Schools also described how current financial pressures are making it more difficult to educate children and young people with SEND without additional funding, for example where TA posts have been reduced. There was also a sense that needs are becoming more complex and practice needs to continually evolve to meet these needs. These are factors which will be felt by schools across the country and may be contributing to the rise in EHCPs nationally.

However, it was also evident from the fieldwork that a number of Poole-specific factors were contributing to the rise in EHCPs. Although 65% of respondents to the survey (n=32) agreed that there was clear and accessible information about support, advice and provision only 37% agreed that current processes for accessing support were working well.



*"Having access to an allocated assessment coordinator and the opportunity to develop good channels of communication has been very helpful to us."* Primary SENCO

*"Information about how to refer to an Educational Psychologist and accessing their support is difficult."* Deputy Head, Infant School





School leaders and LA professionals identified the following factors which may be contributing to the rapid rise in EHCPS:

- 1. Access to EPs to support schools to deliver early intervention. The skills and experience of the Council EP team were valued highly by schools. However, a consistent message was that the difficulties in recruiting to the EP team and the amount of statutory work that had to be done in order to manage the increasing number of requests for EHCPs, meant that the capacity for EPs to support schools in the early identification of needs and developing strategies to support children and young people with SEN before challenging behaviours became entrenched, was not sufficient. Schools felt that with earlier support and advice they may be able to reduce the need later on for EHCPs. A key theme emerging from Poole's survey of parents were the delays experienced around identifying needs and receiving the support needed, and lack of communication at key points in the process. These frustrations applied to schools, the LA and other health and social care services.
- 2. <u>Annual review processes not rigorous enough.</u> Some headteachers and SENCOs also felt that the lack of capacity in the EP team meant that EPs were seldom able to attend the annual reviews for children and young people with EHCPs. This can be a key opportunity to step-down levels of support for a child or young person who no longer needs it, and potentially also a chance to discontinue an EHCP if it is no longer required. Of those children who had an EHCP in 2015/16, only 3 were discontinued in 2016/17. In addition around a third of parents surveyed said that they felt unable to contribute to their child's planning and reviews. In a number of cases, particularly in mainstream settings, parents felt that schools should be doing more to engage them in planning the support their child would require.
- 3. Inconsistent application of the threshold: There was a strong view that schools differed quite significantly in the level and amount of support they would provide before applying for an EHCP. There was also a perception among heads and SENCOs that the panel process for agreeing EHCPs was not sufficiently transparent and that decisions taken were too malleable in the face of parental or professional pressure. There were also frustrations around communication from the group.
- 4. Points of transition acting as flashpoints: Very frequently heads and SENCOs felt that the previous school in which the child had been placed had not done enough to identify and address underlying causes of SEND and had instead done just enough to maintain the child in a mainstream environment. At transition points, when the educational and social demands typically become greater, these children and young people struggled. The same perception was found at all levels in the system and suggests that more may need to be done to adequately prepare children with SEND for transitions. This is true of the EY to primary transition, as well as the primary to secondary transition.
- 5. <u>Pressure from partner agencies:</u> A number of schools reported that partner agencies, particularly health professionals, would recommend that a child be given an EHCP, even when a child's needs did not warrant this, unhelpfully raising parental expectations and fuelling ever greater demand for EHCPs.
- 6. <u>Skills and capacity of mainstream teachers:</u> SENCOs and outreach workers also felt that in some cases mainstream teachers did not have the skills needed to sufficiently differentiate quality first teaching in order to support children with SEND successfully. Parents were generally very positive about the quality of support in the early years, but professionals highlighted to difficulty in providing 1:1 support in an EY setting.



Maximising existing capacity and building on developments underway should contribute to stemming the rise in EHCPs

- Graduated response: Poole has engaged in a significant piece of work to set out the 'graduated response' which aims to ensure 1. that there is a consistent approach to graduated, early SEN support. This has been developed in partnership with SENCOs and the schools now trialling the model have reported very favourably on its impact.
- SENCO networks: Work in Poole is ongoing to develop new local networks of SENCOs which will be supported by EPs and 2. facilitate the transfer of skills, access to expert advice and joint working between schools.
- 3. **Outreach:** The outreach offer provided by the 3 special schools is generally valued highly by schools. Data suggests that support from the outreach team can have an impact on reducing the need for EHCPs. Of the 160 children who received outreach in 2016/17 whose SEN status could be matched, just under 60% remained on SEN support or with no SEN designation after receiving outreach. Just 46 children who received outreach in 2016/17 had an EHCP at the end of the period – this suggests that there are many children receiving EHCPs who did not benefit from prior support from the outreach team.



Source: Isos survey of providers & Poole outreach data



Supporting SEND in mainstream

Reducing exclusions Increasing capacity of special schools Reducing reliance on INMSS Managing demand post-16

The following recommendations build on the developments already being planned, and aim to maximise the existing capacity in the system in order to stem the rapid year-on-year rise in EHCPS:

#### Implement new graduated response

The new approach should help schools to identify needs earlier and more accurately and set clear expectations on schools about their responsibilities for providing support to meet those needs

#### Build EP and SENCO capacity to support pre-statutory advice and support

Develop new local networks which bring EPs and SENCOs together to discuss casework and share effective professional practice. Continue using EP locums to free up other EPs to support this new approach and to build up local capacity

#### Strengthen panel process for statutory assessments

Review the panel process to increase transparency and ensure consistency – set clear criteria linked to graduated response offer and consider developing a pre-panel triage process. Commit to clear timescales for decisions and communications to schools

#### What are you doing already?

- Launching graduated response process to support schools in identifying needs
- New local EP and SENCO networks provide an opportunity to identify needs
- Using outreach offer to discuss needs and put in place support
- Developing new local networks of EPs/SENCOs to focus on
- Continue using EP locums to free up EP resource to support earlier work on identification with schools – new EP offer will be launched in January 2018
- Planning to review panel process, linked much more explicitly to the graduated response criteria
- This should provide clearer criteria for turning down applications that haven't met graduated response process

#### What else should you consider?

- Identify additional support needed to implement graduated response
- Work with schools to develop additional support for SENCOs through MATs, TSAs & SENCO network
- Ensure outreach support on identification is being accessed/targeted at right schools
- Monitor the impact & effectiveness of the new local networks
- Track number of EHCP applications and target local networks showing increases
- Review with EPs capacity of local networks and strengthen them
- Consider how to use the best SENCOs on a system wide basis
- Ensure schools are engaged in redesign of panel process & identify HT champions
- Consider developing a pre-panel triage process that asks the new local networks to provide peer moderation before EHCP submitted



# In order to address the top-heavy pattern of provision, Poole mainstream schools will need to maintain a higher proportion of children with EHCPs either in mainstream or close to mainstream

Our data analysis suggests that if around 50 children and young people, currently educated in either maintained special schools or INMSS, could be successfully placed in a mainstream, or close to mainstream, environment this would have a significant impact on making the current high-needs system in Poole more sustainable.

Looking at the profile of needs of children with EHCPs it appears that SEMH at primary level and MLD at secondary level are the two areas of need where, nationally, a higher proportion of children and young people are educated in mainstream schools than in Poole. The chart below shows that nationally, 24% of children and young people with SEMH educated in the maintained sector are in mainstream primary schools. In Poole it is just 8%. Similarly, nationally, 24% of children and young people with MLD are educated in mainstream secondary schools compared to 13% in Poole. The data also shows that there are around 50 children at bands 2 or 3 in special schools whose needs are predominantly MLD, LD and SLCN.



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	Reducing the rise in EHCPs	Supporting SEND in mainstream	Reducing exclusions	Increasing capacity of special schools	Reducing reliance on INMSS	Managing demand post-16	╞
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Achieving the ambition to support a higher proportion of children with EHCPs successfully in mainstream will require a focused and collaborative effort from all partners in the system in order to overcome some key challenges:

- Being a selective authority, at secondary, and having smaller secondary phase schools, means that children and young people with EHCPs are disproportionately concentrated in a small number of schools. For example, of the 81 children with EHCPs educated in mainstream Poole secondary schools over 60% are in three secondary schools.
- Not having resource bases, or SEND units, limits the options for keeping children with higher needs close to mainstream and may also reduce the opportunities for skills transfer.
- There are national drivers, not least the way the accountability regime works, which create pressure on schools to not be as inclusive as they may otherwise wish to be. 38% of secondary schools and 12% of primary schools in Poole have recently been in an Ofsted category and for these schools a need to improve results, or sustain recent improvements, is particularly intense.
- Schools report that access to specialist services, such as SaLT or CAMHS is very limited and that thresholds for accessing the support are very high. This was echoed by a number of responses to Poole's parents' consultation. Some parents reported paying for private assessments. Parents were additionally concerned about the poor join-up between health services for children with multiple needs and for children in the early years.
- Maintaining high percentages of children on SEND support uses up the capacity of SENCOs in the system.
- SENCOs have drawn attention to the skills gaps for some mainstream teachers, and the variable levels of engagement and understanding of inclusion issues among some school leaders.

Trying to access support and specialist advice is very difficult, especially for students with mental health needs or who are not attending school for these reasons.

[There is] not enough capacity to support children in mainstream schools ...no assessment services for lower level needs such as dyslexia; long wait lists for SALT and most of the time outcome is a plan sent to school for untrained adults to carry out.

When you do meet with professionals from the LA they are informative and child centred and help school to make good provision.



# If Poole is to succeed in overcoming these challenges, it will need to systematise and spread good practice and capacity currently in the system

Through our visits and fieldwork we heard of a range of ways in which children with complex needs were being supported successfully in a mainstream environment, with some very impressive individual case studies including joint working between special and mainstream schools. The challenge is that these are not always known and systems for sharing expertise are just developing.

We also heard about the investment that had been made in additional support and advice for children with SEND in some of the MATs – with specialist staff working across multiple schools in a Trust. The SENCO networks are taking shape, and there is a very clear appetite among SENCOs to engage in a deeper learning and joint practice development going forward.

However of the 44 parents with children in mainstream schools that responded to Poole's survey, only 21 were satisfied that they were receiving the right support and only 20 were satisfied that the support received was enabling their child to progress in learning. They were concerned about the lack of flexibility and personalisation in some schools and the challenges in accessing specialist support. While the providers who responded to our survey were generally confident about the effectiveness of the universal offer, they were less confident that the right targeted support was available.

The LA and schools in Poole are to be commended for maintaining investment in the outreach service despite a challenging financial environment. Evidence on the impact of outreach shows that nearly 90% of those supported in 2016/17 remained in mainstream provision. However, tracking data shows that the distribution of schools requesting outreach is quite variable, and that there are differences in effectiveness depending on the needs of the child and the type of support on offer. This suggests that in order to gain maximum value from this critical resource a more strategic commissioning role may be needed.





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it is effectively targeted Review the way outreach support is commissioned and monitored; follow up apparent differences in effectiveness. Consider targeting more resources at schools with high exclusions, rising EHCPs; ensure the support is embedded to build capacity

Consider trialling new models of enhanced support for mainstream schools To support more students to stay in or return to mainstream may need new types of enhanced support/provision. Further analysis is needed to establish the potential for this. Data suggests focus could be on SEMH/SLCN at primary & SEMH/MLD at secondary.

#### Tracking outcomes from outreach support & monitoring progress

- Collecting data on potential indicators of need e.g. rising EHCPs applications (successful and unsuccessful), exclusions
- Early intervention funding supported • development of new models e.g. nurture bases
- Some innovative examples from individual schools of enhanced support offer or different types of provision

#### What else should you consider?

- Identify headteacher champions to
- Make clearer how the expectations on graduated response document will be supported by CPD and access to EPs
- identify other key development needs
- Develop new and additional CPD offer with TSAs and MATS possibly through a
- Follow up on apparent differences in effectiveness of outreach support
- Strengthen commissioning of outreach - who do they report to?
- Target more intensive outreach support at specific schools with identified needs and track impact
- Identify and promote effective inclusive practice and models across schools
- Analyse the potential for alternative models that would enable more young people with SEND to be retained/reintegrated within mainstream



#### Poole has a relatively high rate of exclusions compared with national averages, and this has proved challenging to address

The rate of permanent exclusions in Poole peaked in 2014/15 at which point it was more than double the national average. Following the introduction of the Early Intervention Project delivered by the Quay school the rate of permanent exclusions dropped in 2015/16, but has risen again this year. Although the Early Intervention Project at secondary had a measurable impact in reducing exclusions it has not been sustained and the funding for this has come to an end. At primary there were very few permanent exclusions (as is the case nationally) but fixed term exclusions are comparatively high. The primary early intervention project, delivered by Longspee, has just come on stream and a clear outcome from this should be not just reducing primary fixed term exclusions, but also having an impact on secondary exclusions further down the line.

The Quay school is now full. The age profile of young people placed at Quay school has got younger which means fewer places are becoming available at the end of each academic year to free up for the next cohort. It has proved challenging to reintegrate children into mainstream provision after a period at the Quay school. Partly this is because schools have feared the impact of having to re-exclude. Partly it is due to the high quality of their experience at Quay.

The net result of high exclusions and low reintegration in mainstream is that Poole spends a high proportion of its high needs budget on AP – 12% compared with 7% nationally. Per capita 0-19 spend on AP is £24 per head compared with £10 nationally. In Poole 42% of those excluded in 2013/14 were in sustained education, employment or training in 2014/15 compared with 57% nationally.





Source: DfE SFR35/2017 & ESFA S251 2017-2018

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#### Part 2: Key findings and recommendations **Supporting SEND Reducing the rise** Reducing Increasing capacity **Reducing reliance Managing demand** in EHCPs in mainstream exclusions of special schools on INMSS post-16 To reverse the trend in rising exclusions will require earlier support and 25 1000 intervention, better strategic planning, and greater collaboration. Responses to 900 20 our survey showed that 47% disagreed or strongly disagreed with the proposition 800 that the right offer of alternative provision is in place, compared with only 16% 700 15 600 who agreed (the rest could not say). This is not a reflection of the quality of 10 500 provision in the Quay School, which is very highly regarded by both schools and 400 pupils, but stems from a sense of frustration in schools that they feel they have 300 young people in their classes whose behavioural needs they cannot address and 200 for whom the right support and provision is not available.

It is not completely clear why exclusions are higher than average in Poole. In terms of the demographic context there are some very challenging areas but Poole is not unique in this respect. Some of the contributing factors may be:



Permanent Exclusions

SEN support

■ EHCP

No SEN

100

Source: DfE SFR 35/2017

Fixed term exclusions

No SEN SEN SUPPORT HERCP

- Schools report that many exclusions are a result of families in crisis and feel that there is insufficient wrap-around multi agency support for such families
- There is a significant overlap between the cohort of young people being excluded and those on SEN support. Around 55% of • permanent and fixed term exclusions were for young people on SEN support. The rate of permanent exclusions (0.45 compared to 0.32) and fixed-period exclusions (17.25 compared to 13.72) for pupils on SEN support is higher in Poole than is the case nationally. This suggests that many of the same challenges identified in successfully meeting the needs of young people with SEND in mainstream schools might also apply to preventing exclusions.
- Schools strongly feel that earlier identification of needs and the appropriate support would help prevent challenging • behaviours from becoming entrenched. This requires clear identification of underlying need not manifesting behaviour.



support is being used effectively; primary schools asked to

discuss potential exclusions through local networks first

and bring at-risk cases to this group



effectiveness of support this year

 El group to review any exclusions where this process was not followed and consider transition support for primary pupils with a history of exclusion moving into secondary



MLD, ASD and PD are the areas of need growing fastest. **Poole performs well compared with neighbouring authorities on transferring pupils from specialist settings to mainstream** – 24 children with EHCPs moved from special to mainstream provision in 2016. However, this has not been sufficient to compensate for the rise in new requests for special placements. The implications are that unless more capacity can be freed up greater use will be made of costly INMSS

add around £900K to the high needs budget which is not affordable.

There is currently a degree of overlap between pupils whose needs are catered for at different specialist settings. This creates challenges in terms of ensuring children can be taught alongside peers of similar ability.

placements as an alternative.



projections

Right offer of specialist provision.'



SEMH needs in the borough



The most significant financial challenge for Poole is the high reliance on placements in INMSS. There will always be the need to commission some places in INMSS provision for children and young people with more complex requirements or where good value provision complements the maintained offer, but current levels of dependence on INMSS is not sustainable. Placing children and young people in out of area INMSS placements can isolate them from their peer groups and make preparing for independence more challenging. Some of the factors which may be influencing high levels of INMSS placements are:

- The lack of capacity in the maintained special sector to meet current needs is likely to lead to greater number of placements in the independent / non-maintained sector.
- There are a **relatively high number of well-regarded INMSS schools established locally**, which makes them an attractive option for parents.
- Some providers report that there is a <u>culture within parent representative groups</u> within Poole to advocate strongly for children and young people to be placed in INMSS settings. This may suggest a lack of confidence in the local continuum.
- There has been relatively little strategic planning with INMSS settings to either negotiate reduced costs or temporary placements with a fixed end-point.
- The <u>lack of resourced provision</u> may make it harder to meet some categories of need closer to mainstream.
- **Placement breakdowns** may not be spotted early enough and prevented, possibly as a consequence of reduced support through the EP team and at annual reviews.
- Partner agencies, and occasionally also schools, <u>recommending INMSS placements inappropriately</u> and raising expectations.



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# Achieving a meaningful reduction in the use of INMSS placements is likely to require minimising the number of new placements and reintegrating some young people currently based in INMSS back into maintained provision.

Achieving this may require the development of new forms of support and provision, and very close and collaborative working with families. Local areas which have done this successfully have carried out a forensic analysis of their children placed in INMSS and have worked particularly with those approaching points of transition.

The age profile of children and young people in INMSS in Poole presents an opportunity and a challenge. As can be seen from the chart below, 65% are young people aged 13 - 21. Many of these young people are approaching key transition points of 16 and 19, which may provide opportunities to work with families and local providers to offer pathways to adulthood and independence which are not reliant on high-cost independent residential provision. The challenge is that at this stage in their education families may be unwilling to try a different type of placement if they are hoping to secure residential provision on a long-term basis for their child.



Analysis of the age profile of INMSS also shows a marked increase for children aged 11, compared with primary aged children. This suggests that primary to secondary transition may be a key point at which families lose confidence in the local continuum of provision or where the needs of these young people becoming harder to meet in a mainstream environment

Source: Poole EHCP data



#### Reducing reliance on INMSS placements also requires a clear understanding of the needs that are currently not being met locally.

The chart below shows how the annual spend on INMSS placements is broken down by need. It is very apparent that together young people with ASD and SEMH accounts for nearly 60% of the annual spend on INMSS placements. Not only are there high numbers of young people with ASD and SEMH in this type of provision (40 in total) these are also relatively high cost placements within the INMSS sector – at an average of £58K and £65K per place respectively. One of the themes emerging from Poole's parent survey was difficulty around the diagnosis and support available for children with ASD, ADHD, mental health issues and anxiety.



It is also striking that eight of the ten highest cost INMSS placements (which range from £82K pa to £153K pa) are for young people with SEMH and ASD. This suggests strongly that if Poole were to consider developing new forms of provision within borough or regionally within the maintained sector to meet more of these needs, ASD and SEMH may be the areas of need to target. The new ASD special free school for Poole, Bournemouth and Dorset that is to open in September will have an important role to play.

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The following recommendations aim to radically reduce reliance on INMSS placements over time through careful child-level planning:

Carry out a child by child review of those currently placed in INMSS with the aim of identifying those students who with the right support could be placed in Special Schools or Mainstream Schools in Poole. Focus in particular on 13-15 yr olds

Review current contracts with existing INMSS providers to review provision and cost Identify which provision you want to maintain as part of the local offer e.g. lower-cost and complements existing offer and which provision you want to stop/reduce the cost

# Implement new commissioning process for any future placements in INMSS

Consider setting a 2-3 year time limit on any new placement. Set clear objective that reintegration into mainstream or maintained special school is the desired outcome

# Identify specialist and mainstream provision needed to bring to an end placements

Given numbers currently placed in INMSS with ASD and SEMH identify where this need could be met within Poole or in provision like the new Free School planned in Dorset

#### What are you doing already?

- Completed a review of the 10 highest cost placements and followed up with individual providers to renegotiate contracts and set clearer expectations and outcomes within IPAs
- As part of the review of current placements, renegotiated contracts with current providers to push costs down and set clear outcomes
- Establishing a preferred provider list
   New panel starting in January for INMSS allocating costs to Health/Social Care
   Tribunal officer aiming to identify potential INMSS placements earlier and work to avoid/contest decisions at panel
- Know already that highest volume and cost placements are ASD and SEMH
- Identified how much of this provision could be met by new free school, and supported the case for it

#### What else should you consider?

- Focus next on all 13-15 year old placements urgently with the aim of bringing some back into Poole at 16
- Might also focus on smaller numbers approaching primary-secondary transition and those approaching 19
- Likely to require additional resource
- Join up this conversation with Bournemouth and other councils urgently as in many cases you are negotiating with the same providers and likely to get a better deal
- As part of establishing a preferred provider list identify which providers you want to maintain as part of the core local offer and which you will only use in emergency cases
- Consider setting time limits on all INMSS placements of 2-3 years
- What other provision might be needed to bring back some of these placements?
- Pilot new models/types of provision



**Responsibilities for young people aged 19-25 are the big area of unfunded growth in the system.** Unless this pressure can be managed sustainably and proportionately it will present enormous challenges for funding pre-16 provision. Our projections suggest the cohort of young people with EHCPs post-16 is likely to grow by around 100 young people over the next 5 years.

**Poole currently achieves very good outcomes** compared with national averages **for the percentage of young people with SEN staying in education, employment or training post-16.** The issue will be maintaining this within budget.

During the fieldwork we heard about some very successful pathways that have been developed from Winchelsea special school into college. However, there are not currently equivalent routes for other young people in special schools. **Consequently Poole is a relatively high user of special provision for post-16s.** As the chart shows, some of this is caused by a legacy of specialist placements made some years ago.

A number of parents and professionals reflected on <u>the need to strengthen</u> <u>the transition process into adult social care and preparing young people</u> <u>for adult life</u>. This is a particular concern for young people with the most complex needs. There is currently a perception that there are few options in between a mainstream college placement with minimal at-home support or a full-time residential placement. The LA and special schools both have a role in elucidating a broader range of opportunities, and more bespoke models of provision, for parents and young people. Only 18% of parents surveyed by Poole felt their child was being well prepared for adulthood.





Source: Poole EHCP data & Isos

RD CIRCULATION projections



Concerns about the range of provision available post-16 and the strength of current processes for preparing young people with SEN for adulthood came through clearly in the survey. 53% of respondents disagreed or strongly disagreed with the proposition that there is the right current offer in terms of preparation for adulthood, and only 19% agreed.

Professionals also questioned, through the workshops, how well the voices of young people were being heard in planning for their futures. Some (but not all) of the young people to whom we spoke in the focus groups echoed the view that more could be done to support them to realise their long-term aspirations.



<u>Source</u>: Isos provider survey



The following recommendations build on the innovative pathways created post-16 to extend high-quality locally provision to more young people with SEND, particularly those with more complex needs:

# Continue to develop and expand new models of collaborative post-16 provision

Post-16 transition group should continue to identify future cohorts provision needs and plan a flexible post-16 offer that can meet their needs. Should also be asked to look at current post-16 INMSS placements and see what could be offered to them.

#### Strengthen the transition-planning process

Focusing not only on the children's-adult services transition, but the wider preparation for adulthood for children with EHCPs and on SEND support – clear processes, responsibilities, collection of information to inform planning.

Promote personal pathways and preparation for adulthood offer from an earlier age

Start the conversation with students and parents at an earlier age about transition and future options (potentially in partnership with parents group). Promote alternatives to residential care post-16 to parents to show what is available

#### What are you doing already?

- Developed a collaborative offer between Winchelsea and Bournemouth and Poole College which has been well received
- Developed supported internships offer
- Transition group established to look at post-16 and post-19 transitions

 College and Special Schools working together to promote post-16 pathways

#### What else should you consider?

- Explore what additional provision might be needed with Special Schools and College to meet the needs of those approaching transition to post-16 and those currently placed in INMSS post-16
- Ensure transition group has a clear process for identifying individuals at an early enough stage to start planning for their future provision and engage young people and parents in this planning
- Explore with parents groups what additional advice and guidance they might want about transitions
- Consider whether parent groups could help to develop and deliver these messages
- Work with adult services to develop a specific 'offer' that sets out what could be available as an alternative to residential care if placed locally

### **Introduction** – Background and aims of the review

Part 1 – Key findings

Part 2 – Options and recommendations

**<u>Conclusion</u>** – taking forward the findings of this review



Achieving the ambitious agenda set out in the preceding slides will require a strong coordinated and collaborative approach between all partners, united under clear strategic leadership and tight governance:

Ensure strong strategic leadership of SEND strategy and engagement from all schools Use the launch of the new graduated response strategy to be clear about expectations with schools. Find strong headteacher voices to advocate for the SEND strategy and take forward recommendations. High Needs block task and finish group to oversee implementation

<u>Clarify governance arrangements for taking forward SEND strategy</u> Ensure respective roles of SEND Strategic Partnership Group, SEND Schools Partnership Group, Schools Forum and Standards Board are clear and generating strong engagement & ownership from mainstream heads.

Explore how to strengthen relationships with parents groups further

Consider how parents groups could be engaged further in key elements of taking forward the SEND strategy. Find opportunities to work with parents on shared agendas to co-design new aspects of the system, for example post-16 pathways and transition processes.

#### Strengthen join-up with health

Identify core priorities where greater join-up would have greatest impact (strategic messages, joint commissioning, complex needs funding, contribution to EHCPs). Use the opportunity for working across Poole, Bournemouth and East Dorset to engage collectively and differently with the CCG.



Given the number of recommendations we have prioritised what we see as the most important short term quick wins to be undertaken in the next 3 months and the most important medium term actions to be completed by September 2018 and beyond.

#### In the next 3 months the most important quick wins/immediate actions to take are:

- Launch new graduated response offer and get local networks up and running to try and reduce ECHP applications immediately track ECHP applications by local networks on a weekly basis and target further support/intervention from EPs/outreach as needed to reduce further
- Identify immediate support needs of mainstream and work with TSAs, MATs and outreach to ensure offer is being targeted effectively and develop SSIF bid to enhance support available to mainstream teaching staff on SEND
- Develop & pilot the new 'targeted' outreach offer to 2/3 schools with high numbers of EHCP applications and review impact of targeted support
- Free up at least 5-10 AP places by identifying candidates to place back in mainstream and additional support needed
- Identify potential to free up places within Special Schools by supporting move back into mainstream
- Implement INMSS placement review for top 20 high costs placements/placements identified as having most potential to bring back into Poole

#### In the medium term by September 2018 you should also have done the following:

- Launch the new panel and assessment process including development of triage approach through local networks
- Develop the new enhanced outreach offer and resource base offer and trial or pilot with a number of mainstream and special schools
- Implement new FE offer for 14-16 year olds with Bournemouth and Poole College
- Complete review of SEMH provision across Bournemouth and Poole and implement recommendations
- Use the Annual Review process to bring back at least 5 placements in INMSS back into maintained Special or Mainstream schools
- Work with parents group to launch new guidance and information about post-16 options and adult destinations

Taking forward the recommendations – areas of potential joint work with Bournemouth to be explored further

**1.** Core processes, frameworks – identification, assessment, banding

2. Recruitment and deployment of specialist staff – especially EPs

3. Specialist SEND provision offer – planning, commissioning, admissions processes

4. Strategic commissioning and working with the INMSS sector

5. Developing pre-statutory SEN support – outreach and targeted services

6. Strategic relationships and commissioning with local health services – Dorset CCG

7. Developing a strategic role for parents and carers – refreshed role for a joint PCF

8. Continuing to develop preparation for adulthood pathways across the local area



### **Conclusion – looking ahead**

This review has focused to a large extent on the strategy and actions required to meet the *current* special education needs of children and young people in Poole within the *existing* high needs budget. However, an important aspect of this strategy is also to prepare adequately for future needs:



Our initial forecasting, based on local and national trends suggests that if current patterns of growth continue, taking into account underlying population growth there are likely to be another 100+ EHCPs in the system in the next 5 years. A lot of this is based on year on year growth in the post-16 cohort. This level of growth, given what we know if happening to the rate of increase in EHCPs in Poole in recent months, is relatively conservative. It serves to further illustrate the need to rebalance the pattern of provision to accommodate future needs.

The current average cost of a child or young person to the High Needs budget in Poole is £13,700. Obviously 100 more EHCPs at similar average cost would lead to a further £1.4 million demands on the high needs budget over a 5 year period.

### 1000

#### **Conclusion – looking ahead**





#### Projected growth in needs in special schools

Based on the underlying growth in EHCPs, along with trends in the usage of different types of placement, initial projections suggest that Poole may need in the region of 35 to 40 more special school placements over the next 5 years. This is an increase of around 10% on current levels of special school placements.

Again, based on historic trends, we can project that the primary needs in the special sector that are likely to be subject to the most rapid levels of growth are ASD, PD and MLD. The projected growth in PD and ASD are significant as these are currently two relatively large areas of spend in the INMSS sector.

As schools and the LA work together to reshape provision to better meet current needs and reduce overall levels of spend, it will be necessary to take into account future growth trends in order to meet needs strategically and in a planned way rather than reactively.