

<b>Subject:</b>	<b>SEND Review</b>
	<b>Review of Provision and Services for: Special Educational Needs and Disabilities (SEND) including Behavioural, Emotional and Social Difficulties (BESD)</b>
<b>Date of Meeting:</b>	<b>3.2.15</b>
<b>Report of:</b>	<b>Pinaki Ghoshal, Executive Director, Children's Services</b>
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<b>Ward(s) affected:</b>	<b>All</b>

**FOR GENERAL RELEASE**

**1 PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to seek approval for the recommendations arising from the review of special educational needs and disability in the Children's Services Directorate of the council. This special educational needs and disability (SEND) review report now includes recommendations from the concurrent review of behaviour, emotional and social difficulties (BESD).
- 1.2 On 2 June and 10 June 2014 respectively the Children and Young People's Committee (the Committee), and the Health and Wellbeing Board (the Board) agreed to a review of Disability and SEN services, including related health services. It was further agreed that the review would report to a specially constituted Governance Board, consisting of high-level representation from Children's Services, Clinical Commissioning Group, schools, young people and parents.
- 1.3 Under the governance arrangements for the City Council the Health and Wellbeing Board is the primary accountable body for strategic decisions regarding services for the health and wellbeing of the children of the city. Concurrently general children's services functions are delegated to the Committee, but with agreement that the focus of the Committee will be on matters relating to education and youth services. For this reason the review report and recommendations arising from the review, are being considered both by the Board and the Committee.
- 1.4 While some of the recommendations are high level at this stage, taken together they represent an ambitious vision to transform provision for SEND and BESD in the City into a leading edge model based around a personalised approach to each child and family and fully integrated services across education, health and care.

- 1.5 In addition the aim of the recommendations is to move from the current position of broadly average outcomes achieved at higher than average cost to excellent outcomes within a context of child and family-centred best value streamlined provision

**2 RECOMMENDATIONS - In accordance with the governance arrangements for the span of the review and recommendations below –**

**The Children and Young People Committee is asked to agree the following recommendations:**

- 2.1 That the review of the services for children with special educational needs and disabilities (SEND) and behavioural, emotional and social difficulties (BESD) is noted;
- 2.1.1 That the recommendations to be considered by the Health and Wellbeing Board (the Board) in relation to the review are noted;
- 2.1.2 That in the future development of services for children with special educational needs and disabilities, and behavioural, emotional and social difficulties there shall be a commitment to integrated and inclusive service delivery across education, health and care/ disability services, with families at the heart of the service offer;
- 2.1.3 That proposals to integrate provision for children with disabilities in the Early Years by creating inclusive specialist nursery provision within one or more existing mainstream nurseries, with relevant health and care services be developed for further consideration by the Board and the Committee;
- 2.1.4 That proposals to integrate provision for children with disabilities and complex, severe and profound special educational needs of school or college age, by extending the remit of specialist and mainstream provision to include greater opportunities for inclusion, extended day/respite and potentially residential facilities with relevant health and care services co-located on site, be developed for further consideration by the Board and the Committee;
- 2.1.5 That proposals to integrate existing educational, health (including mental health) and care provision, for children and young people with behavioural, emotional and social difficulties, so as to provide extended day and potentially residential facilities, with a strong focus on further education and vocational routes, be developed for further consideration by the Board and the Committee;
- 2.1.6 That schools and colleges with lower than expected outcomes for children with SEND and wider achievement gaps receive challenge and support visits from expert advisers commissioned by the LA, with a view to raising standards and promoting vocational and further education opportunities for young people with SEND and BESD and especially in secondary and post 16 provision;
- 2.1.7 That the SEN education and learning support services in the city (Educational Psychology Service, Pre-school SEN Service, Behaviour and Inclusive Learning Team, Literacy Support Service, Speech and Language Service, Autistic

Spectrum Condition Support Service, Sensory Needs Service) are co-located and combine to form one 'communication and support service' with unified professional leadership and management;

- 2.1.8 That there is agreement to the co-location of relevant health professionals and particularly speech therapists and occupational therapists with the combined communication and support service, to enrich the integrated support on offer;
- 2.1.9 That the combined new communication and support service shall promote partnership working between families and schools by offering support to both as routine, enabling planning across home and school, and involving parents as well as school staff in training, support, advice and guidance; and
- 2.1.10 That a refreshed cohesive and well-publicised workforce development offer for mainstream and special schools and associated professionals across all relevant services is developed by the new communication and support service, and that this programme is open to parents as well as professional staff, and where appropriate is co-produced with parents and young people.

**The Health and Wellbeing Board is asked to agree the following recommendations:**

- 2.2 That the Board notes the review of the services for children with special educational needs and disabilities (SEND) and behavioural, emotional and social difficulties (BESD), and agrees the response to the autism report contained therein.
  - 2.2.1 That the Board notes the recommendations to be considered by the Children's Committee (the Committee) in relation to the review.
  - 2.2.2 That the joint strategy for children's health and wellbeing services currently being developed by the LA and the CCG for consideration by the Board in 2015 will incorporate the provision of services for children with SEND and BESD, and transition services through to 25 years, informed by the review.
  - 2.2.3 That in the future development of services for children with special educational needs and disabilities and behavioural, emotional and social difficulties there shall be a commitment to integrated and inclusive service delivery across education, health and care/ disability services, with families at the heart of the service offer.
  - 2.2.4 That proposals to integrate provision for children with disabilities and complex, severe and profound special educational needs of school or college age, by extending the remit of specialist and mainstream provision to include greater opportunities for inclusion, extended day/respice and potentially residential facilities, with relevant health and care services co-located on site, be developed for further consideration by the Board and the Committee.
  - 2.2.5 That proposals to integrate existing educational, health (including mental health) and care provision, for children and young people with behavioural, emotional and social difficulties, so as to provide extended day and potentially residential

facilities with a strong focus on further education and vocational routes, be developed for further consideration by the Board and the Committee.

- 2.2.6 That an extended specialist family support service be developed from within existing services so that professionals will work alongside families to tackle in situ the challenges linked to significant special needs and associated challenging behaviour.
- 2.2.7 That the Director of Children's Services is delegated to publish a clear and transparent set of criteria for determining the basis on which families of disabled children receive respite and short break services, and other disability and care support, and that these criteria are fairly and consistently applied by means of a representative panel.
- 2.2.8 That the direct payment budget for families of children with disabilities is increased to include the budget for most respite and short break services provided by the council and the community and voluntary sector, such that real choice is extended and services can market themselves directly to eligible families.
- 2.2.9 That a joint agency policy on direct payments to families across education, disability, care and health services in both Children's and Adult Services is published, so that families and young adults can make more holistic choices about provision in all areas of their lives.
- 2.2.10 That the Children's Services Directorate of the City Council will work in partnership with the CCG to support the forthcoming Joint Strategic Needs Assessment in the area of emotional and mental health, and the forthcoming review by the CCG of emotional and mental health services for children and young people, including young adults, across the city.
- 2.2.11 That the Children's Services Directorate of the City Council will seek to address the serious concerns being raised by schools and families about resources for promoting emotional and mental health by strengthening the support via the Early Help Hub and from the council's community CAMHS team to further develop skills and expertise amongst school staff via training, support and guidance.

### **3 CONTEXT/ BACKGROUND INFORMATION**

- 3.1 All local authorities have a statutory responsibility to keep SEND provision under review in order to be able to respond to changes in need amongst the population of children and young people. The last major review of SEND provision in the city was in 2009 and of BESD was in 2011.
- 3.2 The 2013 Joint Strategic Needs Assessment of the health and well-being of the community has provided more recent data and has been used as part of the evidence base for the review.

3.3 This review commenced in June 2014 with a wide remit to consider all identification, assessment, services and provision for pupils with SEN and disabilities within the context of new legislation and the need for continuous improvement. This included consideration of related health services, including those supporting mental health. Simultaneously a related review of provision for pupils with behavioural needs, including social, emotional and mental health needs, across the city was initiated. As the two reviews have worked closely together and have reached similar conclusions about key principles underpinning future direction, and given the overlap, the findings and recommendations of both are contained in the attached report.

3.4 With the introduction of widespread SEND reforms from 1<sup>st</sup> September 2014 in the Children and Families Act and the current financial context for the council, the timing was right to take stock and review once more the direction of travel and the value for money being achieved for the very significant spend in this area.

3.5 The work of the review has been overseen throughout by a Governance Board consisting of parents/ carers, young people and senior officers from Children's Services, Adult Services, Public Health and the Clinical Commissioning Group (CCG) plus a representative headteacher.

### 3.6 **Scope of the Review**

3.6.1 The four areas covered by the scope and remit of the SEND review and the linked BESD review are listed below, with the needs and views of children, young people and families at the heart of each:

- SEND provision, including provision for BESD needs
- Integrated health, care and disability provision for children and families
- Introduction of the SEND reforms (new Children and Families Act 2014)
- Joint commissioning and delivery of services with Health partners

3.6.2 The review has also included further response to the recommendations of the council's Scrutiny Panel in Autistic Spectrum Condition (ASC) from April 2014.

### 3.7 **Vision**

3.7.1 Brighton and Hove is committed to ensuring that all our vulnerable children and young people have the very best start in life and the best possible outcomes as they move into adulthood. Our vision is to provide inclusive fully integrated disability, care, health and education services of high quality to children and young people with special educational needs and disabilities, including behavioural, emotional and mental health difficulties. Services will be personalised to each child and family. Families will have as much choice and control over services and provision as possible. Streamlined well-integrated systems and efficiencies will enable the vision to be achieved within the value for money framework which the council is required to operate.

### 3.8 **Principles**

- I. To engage parents and young people effectively at all levels of strategic and decision-making forums and to keep families at the heart of all we do;

- II. To ensure the best possible outcomes for children and young people with SEND and BESD as children and into adulthood;
- III. To promote inclusive fully integrated education, health, care and disability provision of high quality ranging from 0-25 years;
- IV. To ensure the most effective joint commissioning of services across education, health, care and disability services;
- V. To ensure excellent practice in identification and assessment of SEN and disability;
- VI. To deliver high quality provision and services within a value for money context, acknowledging need for on-going efficiencies in council spending;
- VII. To improve transition arrangements to adulthood and ensure extended assessment and provision from 19 to 25 years;
- VIII. To provide choice for families and facilitate best use of integrated personalised budgets and direct payments.

### 3.9 Value for Money

3.9.1 Many children with SEND and BESD will have very complex and challenging needs and there is a commitment to ensuring sufficient resource to meet those needs in all areas of their lives.

3.9.2 However there is a critical need to secure best value for money given the high levels of spending in this area and the council's need to operate within new budgetary restraints given reductions in central government funding now and into the future.

3.9.3 The attached finance table to this report shows that just over £21 million from the Dedicated Schools Grant High Needs Block is spent on educating children with SEND and BESD in addition to the £12.5 million of delegated funding from the Schools Block which is distributed to schools according to a formula to meet the needs of children with SEND at a preventative and school-based level.

3.9.4 From the council's general fund, just over £6.5 million is spent on care and disability services for children with disabilities plus home to school transport.

3.9.5 In addition, over £5.5 million is spent by the CCG on paediatric, therapy and mental health services.

3.9.6 In terms of numbers of children and young people with SEND overall, there are just under 8000 children and young people on school SEN registers (21.7% of pupils), of which 994 have Statements of SEN (now converting to Education, Health and Care Plans). There are 335 children and their families currently supported by the integrated children's disability service.

3.10 National benchmarking data across Local Authorities shows that Brighton and Hove spends more than the national, south east and statistical neighbour averages additional support for children with High Needs and on SEN support services (see table below). The funding for short breaks for disabled children overall is recorded as just below the national average. However short break funding for children who are recorded as 'looked after' is well above the national average and at the maximum for all Authorities.

	Total Schools Budget (before Academy recoupment)	High Needs Budget	Top up funding - maintained providers	Behaviour support services	SEN support services	Short breaks (respite) for 'looked after' disabled children*	Short breaks (respite) for disabled children
ENGLAND - Average (mean)	£4,996	£293	£130	£6	£34	£5	£17
ENGLAND - Average (median)	£4,918	£293	£123	£2	£31	£1	£17
Minimum	£4,445	£154	£64	£0	£14	£0	£7
Maximum	£5,563	£360	£140	£36	£46	£36	£32
<b>Brighton and Hove</b>	<b>£5,100</b>	<b>£332</b>	<b>£130</b>	<b>£5</b>	<b>£40</b>	<b>£36</b>	<b>£14</b>
Statistical Neighbours	£4,897	£263	£111	£10	£29	£8	£19
South East	£4,859	£296	£123	£8	£30	£8	£16

(Data extracted from Government Section 251 Local Authority Benchmarking)

3.11 Higher than average funding for children with SEND is not matched currently by higher than average outcomes educationally or through to adult life.

3.12 The review is seeking to improve provision and outcomes for children and young people, while also making savings by:

- I. Providing an alternative to expensive out of city education and care placements via integrated education, health and care provision in the city
- II. Reducing management costs by integrating and streamlining provision and services
- III. Introducing efficient and flexible financial arrangements by enhancing the pooling of budgets across education, care and health services and by increasing options for direct payments for parents and carers
- IV. Saving on transport costs by providing specialist inclusive provision for education, health and care needs that are locally based

### 3.13 Research

3.13.1 The review has taken account of a wide range of national and local policy and good practice guidance plus relevant information, research and data.

3.13.2 In addition, a range of visits to provision in the city and in other local authorities have taken place in the maintained, independent and non-maintained sectors and including health and care provision.

3.13.3 Close links have been maintained throughout with schools and with partner agencies in health, including mental health, at both commissioner and provider level.

### 3.14 Consultation

3.14.1 An extensive consultation process has taken place at all stages of the review so far. This has included an online survey for all stakeholders, including parents and young people. There have also been many consultation meetings and events with a wide range of stakeholders including families and professionals in the council, with schools and school governors, within health and with the community and voluntary sector.

3.14.2 The following are messages that have come through strongly from the consultation process from parents, young people and professionals:

- The need to improve the response to mental health needs and to have better guidance and 'signposting' to services when needed
- Better co-ordination of services needed to meet the wide range of children's behavioural, emotional, social and mental health needs and improved access at times of crisis
- Clearer arrangements required for joint commissioning health, education and care provision
- Greater opportunity and resourcing for children and young people to be successfully included in mainstream provision
- Improved assessment and support required at home and in school for young people with autistic spectrum condition
- Need for better integration and alignment of services and school provision, particularly special school provision, around the child/family
- The need for flexible, responsive and effective alternative provision for those children and young people who cannot be included in mainstream schools
- More extensive and bespoke support needed to manage the specialised needs of the most complex children and young people close to home
- Need to extend the range of short breaks/respice provision
- Need to improve information sharing and to find a solution to the complexity of IT systems used by different services and agencies
- Improved use of evidence-based practice required to underpin the services and support for schools, children and families
- Better training to increase skills in professionals and families to manage behaviours and improve outcomes for children
- Improved transition to adulthood and better options in post 16/19 provision

## 4 ANALYSIS AND CONSIDERATION OF ALTERNATIVE OPTIONS

### 4.1 Key Findings from the Review

#### 4.1.1 Joint commissioning

*'Different professionals and services are not very holistic. Many only see the area they are working with, overlooking other issues that children may have because they cannot understand their significance' (parent)*

*'We have to tell the same story over and over again many times sometimes in a big meeting where it can be intimidating - I think that it has become accepted by professionals that parents cry a lot and it shouldn't be the norm' (parent)*

#### 4.1.2 The law now requires joint commissioning:

*'Local Authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care for children with SEN or disabilities (S 33, SEN Code of practice, referring to section 26 of the Children and Families Act 2014)'*



- 4.1.3 Strategic capacity and oversight will need to be found well into the future from services across the council, including Public Health, health partners in the CCG and parent and young person representatives to meet the new legislative requirements for children with SEND. A new Children’s Strategy in development between the council and the Clinical Commissioning Group (CCG) needs to include a joint commissioning strategy for children and young adults with SEND to make a positive and significant difference to the commissioning of quality flexible and responsive integrated services from 0-25 years.
- 4.1.4 While the Community and Voluntary Sector (CVS) services commissioned by the council and the CCG make a very valuable contribution to meeting SEND, BESD and mental health needs, there is a need for better integration of their work with the work of council and health services, for clearer outcomes measures aligned to council and health sector priorities and for more strategic procurement of contracts. This includes a refreshed policy on re-tendering where contracts are long-standing and where there is a need to test whether best value continues to be obtained. Given there are several contracts with the CVS across the SEND and mental health areas, arrangements that enable contractual dealings with a lead contractor, coordinating the work of other contractors, can be more efficient and should be explored. Additionally CVS respite and short break services should be available in most instances for parents to purchase when they are eligible for direct payments.

**4.1.5 Integration of education, health and care support**

*‘Currently services are pushing us from pillar to post, not considering the effects on us as parents or our child’ (parent)*

*‘Why not locate key services with members of different teams in offices actually sitting next to each other – this increases the likelihood of us getting it right for families as a team around them’ (staff)*

- 4.1.6 While much provision across education, care, disability and health is of high quality, impact is still diluted by elements of fragmentation and ‘silo delivery’ of services across providers, teams and agencies. As a consequence there are unnecessarily high costs associated with duplication and unnecessary levels of management. It is the view of the review that better and more responsive services could be commissioned at a significantly reduced cost.
- 4.1.7 Opportunities to create a flexible and responsive workforce are currently limited by the way services are separately led and managed in many areas
- 4.1.8 Parents rightly feel that services are not as well aligned as they could be and require a great deal from parents in terms of re-telling their children’s life histories repeatedly to different professionals and making the connections themselves across professional groups to bridge communication gaps and support joint planning.
- 4.1.9 There is a strong desire to be inclusive in Brighton and Hove schools and there is recognition that children and young people with BESD achieve better outcomes when educated in their local mainstream schools, but schools report that behavioural difficulties are the greatest challenge they face in terms of

inclusion and particularly because the successful management of behaviour is essential to achieving academic standards for all.

4.1.10 On-site BESD provision run by schools has been successful in retaining in mainstream a significant number of children and young people with BESD who might previously been excluded. Further investment from schools in this area is needed to ensure all young people can access in-school support at times of difficulty when they cannot manage full integration into mainstream classes.

4.1.11 School staff believe in early intervention but there is a perception of high thresholds for access to those services that support children with BESD which can militate against preventative working. Similarly, schools feel that cases can be closed by agencies when needs are still on-going and when school staff continue to need support.

4.1.12 There remains a need for flexible, responsive and effective off-site provision which caters for a range of age groups and needs and collaborates in an integrated way with support agencies.

#### 4.1.13 **Support for families of children with disabilities and complex needs**

*'I am so scared that she will really hurt herself or us and the only time anything will improve is if something serious happens' (parent)*

*'Direct Payments allow us to spend time with our other daughter and enables our daughter with additional needs to pursue leisure activities with the support she needs in a more independent and age appropriate way. The outcome of this provision is improved social and emotional resilience which enables our daughter to lead a more ordinary life' (parent)*

4.1.14 Where children have complex needs, including challenging behaviour, there is a need for improved access to bespoke support, including more intensive expert professional support at home and in the community, to manage behaviours that can cause family breakdown over time. This is particularly the case for families facing challenging behaviours that can arise as a consequence of autistic spectrum condition.

4.1.15 Further action is needed to empower parents via personal budgets and direct payments to buy services that meet their children's needs. Parents need real options to purchase services offering support and respite run by the council and the Community and Voluntary Sector (CVS) or to use the money elsewhere. Direct payments across SEN, disability and health need much greater coordination to allow parents to purchase holistic support across their child's life as needed.

#### 4.1.16 **Learning support for children with SEND and BESD**

*'I worry enormously about my son's education in the future – the difference between him and his peers is becoming more apparent. He has a one to one helper but he is often put with children who are disruptive – in other words his assistant is used to help his teacher as much as him' (parent)*

*'I think the support provided is fantastic. We have never had a problem with any of the service provided by our teacher of the deaf, our speech and language service or our family support worker'(parent)*

*'We want to work together as a cohesive group, as a learning community, to join up our expertise to offer schools the best service.'* (teacher from the learning support services)

- 4.1.17 Identification of SEND and BESD in the city needs to be more robust and consistent. Identification of SEND (which includes BESD) at 21.7% of all pupils is higher than the national figure at 19.7% (January 2014 census). However there is a very wide range of practice across schools even taking into account associated socio-economic factors. The range of identification of SEN across the city's schools is from 4.5% to 75%, raising some issues for further exploration at individual school and school cluster levels.
- 4.1.18 The educational achievement of children and young people with SEND continues to be a source of concern in the secondary and post 16 sectors particularly. The high levels of funding for SEND are not being sufficiently effective at improving outcomes and life chances into adulthood. While at the end of primary school, children with SEND in Brighton and Hove taking national tests do better overall than the national average for children with SEND, outcomes are still much lower than for all children and gaps in achievement are too wide. At the end of secondary school, achievement in the city is currently lower than the national average and young people with SEND have poorer further education and vocational outcomes than all children. Additionally gaps in achievement between those with and without SEND at the end of secondary school are wider in the city than nationally. There is a very serious need to address the issue of achievement gaps and secondary and post 16 outcomes for our young people with SEND via raising ambition and improving skills across all schools and learning support services.
- 4.1.19 SEN learning support services, while often of high quality individually, are currently too fragmented in their structure and management and can lack sufficiently robust focus on improving overall learning and achievement outcomes for children with SEN and disabilities. Opportunities for creating a flexible and responsive workforce to meet the widest range of needs can be lost as a consequence. Additionally there is a need for a focus for the learning support services to work with schools in addressing issues of reliable and consistent identification of SEND.
- 4.1.20 Specialist professional support, advice, guidance and training at all stages of a child's life should be equally available to families and schools. Families feel that sometimes schools have access to support from specialist services that excludes them. This is clearly unhelpful as planning to meet a child's needs will be most effective when crossing home and school. It is essential that families should be fully included in all developments and planning to meet the needs of their children.
- 4.1.21 There is some way to go as yet before parents are treated fully as partners in plans to meet their children's needs and they are not always as yet fully included in advice, guidance, training and planning between professionals in relation to

their children.

4.1.22 Services for children with autistic spectrum condition need to increase further their responsiveness to families, as well as to schools and to offer bespoke support and guidance to families when they encounter the inevitable challenges associated with this developmental disorder.

4.1.23 Families of children with autism are particularly concerned that there is a better integration of support across school and home. It is often the case that children and young people with ASC may appear to be coping at school but are very stressed by the demands made on them, leaving families to cope with high levels of anxiety, distress and sometimes challenging behaviour at home.

4.1.24 Practitioners feel that successful inclusive practice is dependent on the expertise and resilience of the staff in schools and thus an investment in the systematic and comprehensive development of the school workforce is needed.

#### 4.1.25 **Transition to adulthood**

*'How frightening it is to move from child to adult services' (young person)*

*'Whilst we are continually dealing with each of the problems that come along, we also have real concerns about the our child's future - in terms of her managing as an adult - if she will be able to be independent - and where she will get support in the future?' (parent)*

4.1.26 New requirements to support children with complex SEND from 0-25 years need to be embraced fully by council services and by partners to overcome problems associated with multiple different threshold points for services at 16+, 18+, 19+.

4.1.27 Gains made by children and young people with SEND often do not translate into successful experiences in adult life, and thus there is a need to restructure the way services are planned across Children's and Adult Services to ensure a more successful and streamlined transition to adulthood.

4.1.28 There is a need to develop more options for education from 16-25 years to acknowledge the extended age range in the new legislation.

4.1.29 This is an area of great anxiety for families and this needs to be acknowledged and addressed as a priority.

#### 4.1.30 **Emotional health and wellbeing**

*'My son suffers from behavioural difficulties and we have virtually no help with this - we have no idea who we could ask and it has quite a profound effect on our lives and family' (parent)*

*'more training and support is needed for support and teaching staff to help children with emotional and mental health needs, including those relating to Autistic Spectrum Condition' (school)*

- 4.1.31 There is a widespread perception amongst children and young people, families and professionals that mental health services are not sufficient or sufficiently responsive to current levels of need and have not kept pace with the lives of our young people today. Services need to be more responsive to the dangers of internet use and the impact of social media and cyber bullying on self-esteem or the connection with the worrying rise in self-harm. Services need to increase the speed and manner of response to the changing world of social media, acknowledging the issues but also using new forms of e-communication in offering services (e.g. online counselling) that young people find easier.
- 4.1.32 Practitioners feel that successful inclusive practice is dependent on the expertise and resilience of the staff in schools and thus an investment in the systematic and comprehensive development of the school workforce is needed.
- 4.1.33 Mental health services for young people need to operate out of hours to be responsive to crises as in adult services. Young people at serious risk are vulnerable because services are not currently as available as they need to be outside of normal working hours.

## **5 COMMUNITY ENGAGEMENT AND CONSULTATION**

- 5.1 An extensive consultation process has taken place at all stages of the review so far. This has included an online survey for all stakeholders, including parents and young people. There have also been many consultation meetings and events with a wide range of stakeholders including families and professionals in the council, with schools and school governors; within health and with the community and voluntary sector.

## **6 CONCLUSION**

- 6.1 The SEND review, including a review of behavioural needs in the city, has focussed recommendations around:
- Empowering parents, children and young people by putting them at the heart of provision and increasing direct payments
  - Integrating provision from 0-25 years across agencies to improve the holistic service to children and young adults while reducing management and unit costs
  - Increasing the support to parents and families to manage more challenging and complex needs
  - Improving partnership and joint commissioning between agencies
- 6.2 The review seeks endorsement for the recommendations. In relation to those proposing integrated provision and services, a radical re-organisation is required to meet the vision here and to realise the savings.
- 6.3 A further period of time is required to produce proposals and budget plan for consultation. The review would aim to have a second stage report on this specific recommendation ready for the summer term 2015.
- 6.4 This second stage report will set out proposals for integrated delivery of services and provision and seek approval to consult on these proposals.

## 6.5 **Timeline:**

6.5.1 All recommendations, except those to be brought back in the summer term 2015, are for immediate implementation and should be in place by September 2015;

6.5.2 Those recommendations where it has been indicated that they require a second stage to draw up more detailed proposals would have the following timetable, subject to feasibility:

6.5.2.1 Detailed proposals to Children's Committee and Health and Wellbeing Boards in the summer term 2015;

6.5.2.2 Consultation on more detailed proposals in the autumn term 2015;

6.5.2.3 Implementation from September 2016.

## 7 **FINANCIAL AND OTHER IMPLICATIONS:**

### 7.1 Financial Implications

7.1.1 The recommendations included in this report are currently at a high level. As the review develops further it will be necessary to detail specific and costed proposals that achieve best value and are affordable within the financial constraints operating across all agencies. It will also be necessary to ensure that the proposals are compliant with the relevant funding regulations.

*Finance Officer Consulted: Steve Williams      Date:07/01/2015*

### 7.2 Legal Implications

7.2.1 Part 3 of the Children and Families Act 2014, introduces a new, single, system from birth to 25 for all children and young people with SEN and their families. Section 26 of the Act requires local authorities and local CCG's to work in partnership and make arrangements for commissioning special educational provision, healthcare provision and social care provision for children and young people with SEN for whom the Authority is responsible. It does not specify the form which the arrangements should take as this should be agreed locally.

7.2.2 Local authorities have a statutory duty to keep their arrangements for special educational provision under review pursuant to S27 of the Children and Families Act 2014, which requires the Authority to consult with a defined list of parties, including children and young people with SEN and disabilities and their parents, academies, early years providers, children's centres and Youth Offending Teams. Local Authorities are also under a new duty to have regard to the relevant Joint Strategic Needs Assessment and Health and Wellbeing Strategy when carrying out reviews under this section.

7.2.3 The proposals will assist in implementing key elements introduced by the 2014 Act including:

- The introduction of Education, Health and Care Plans (EHCPs) to replace Statements of SEN, to be co-constructed between families and the Local Authority;
- The extension of the remit for EHCPs from 0-25 years (currently 0-19 years) and the extension of the statutory nature of Plans into all forms of further education, training and apprenticeships;
- The introduction of 'personalised budgets' to be available to families where children have EHCPs attracting 'top-up' funding (i.e. above the level of delegated funding for SEN normally provided by schools);
- The requirement to publish a 'local offer' of services and provision available for SEND;
- New requirement to commission education, health and social care services and provision jointly with Health (CCG, Public Health and NHS England Area Team as appropriate).

7.2.4 Decision making on further proposals will need to be informed by an appropriate consultation process and equalities impact assessment. The specifics of the required decision making process will be the subject of bespoke legal advice, dependant on the nature of the proposal.

*Lawyer consulted: Natasha Watson*

*Date: 16/1/2015*

### 7.3 Equalities Implications

7.3.1 An equalities impact assessment has been completed. At the stage that further recommendations are referred to the Committee and the Board these will be accompanied by a further evaluation of the equalities implications. There is an on-going commitment to consultation with partners at all stages.

### 7.4 Crime and Disorder Implications

7.4.1 The review of behavioural needs as part of the developing strategy for adolescents in the city will aim to tackle crime and disorder issues and particularly the very current concerns around radicalisation of our young people and child sexual exploitation.

### 7.5 Risk and Opportunity Management Implications

7.5.1 The main area of risk of the current proposals centres on the re-organisation and integration of provision for children and young people with SEND, including behavioural needs. These risks are related to the significant change in service, provision and culture that would be required to meet the vision of the review. A further period of time will be needed to explore this.

### 7.6 Public Health Implications

7.6.1 This review has been conducted in partnership with Public Health, who have been represented on the governance board for the review throughout. The aims are to improve health and well-being of children and young people and their families through greater integration of services and provision, alongside more resources to provide home support to families to manage complex needs and behaviour. This should improve mental and physical health and well-being of

families as a whole.

## 7.7 Corporate/ Citywide Implications

7.7.1 The key area of challenge here is to provide for children and young people with SEND from 0-25 years. Few would dispute the need for the extended age range in improving life chances for young people with SEND. However the change requires many existing boundaries between Children's and Adult Services in the council and in health to be crossed in a way that aids transition rather than provides obstacles. Alongside LAs across the country, the city will need to make a structural response.

### **SUPPORTING DOCUMENTATION**

- A Definition of special educational needs (SEN)
- B Summary of acronyms used in report
- C Summary budget breakdown of spend of SEND provision and services
- D. Draft SEND and BESD Review Report



## **1. Definition of Special Educational Needs (SEN)**

*'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 xv. For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.*
- A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph xiv. above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).*
- Post-16 institutions often use the term learning difficulties and disabilities (LDD). The term SEN is used here across the 0-25 age range but includes LDD.'*

*(SEN Code of Practice 2014)*

## **2. Definition of 'Disability' in Children and Young People**

- 'Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is*
  - '...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.*
- This definition provides a relatively low threshold and includes more children than many realise: 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.'*

*(SEN Code of Practice 2014)*

**Summary of acronyms used in the report**

<b>ASC</b>	Autistic Spectrum Condition
<b>BESD</b>	Behaviour, Emotional and Social Difficulties
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CCG</b>	Clinical Commissioning Group
<b>CVS</b>	Community and Voluntary Sector
<b>DSG</b>	Dedicated Schools Grant (DfE grant to provide funding for schools)
<b>EHC Plan</b>	Education, Health and Care Plan
<b>EIA</b>	Equality Impact Assessment
<b>HNB</b>	High Needs Block (LA funding for pupils with 'high needs')
<b>LA</b>	Local Authority
<b>JSNA</b>	Joint Strategic Needs Analysis
<b>SEN</b>	Special Educational Needs
<b>SEND</b>	Special Educational Needs and Disabilities

**Summary budget breakdown of spend of SEND provision and services**

<b>Provision Includes:</b>	<b>Current Services:</b>	<b>Costs</b>
Education – Special schools <i>DSG High Needs Block</i> <i>Downs View includes post 16 funding from EFA</i>	Cedar Centre Downs View School Downs Park School Hillside School Patcham House School Homewood College	£1,216,726 £2,889,734 £1,744,629 £1,588,919 £ 809,779 £1,241,321 <b>£9,491,108</b>
Alternative provision <i>DSG High Needs Block</i>	Connected Hub Pupil Referral Unit	£ 476,000 £ 977,000 <b>£1,453,000</b>
Mainstream schools delegated funding including ‘top up’ <i>DSG High Needs Block</i>		<b>£1,400,000</b>
Special facilities <i>DSG High Needs Block</i>	Carden Hove Park Longhill Swan Centre Bevendean West Blatchington (included in Downs Park above)	£240,950 £195,000 £280,000 £242,840 £126,000 £215,408 <b>£1,300,198</b>
Support services <i>Mainly DSG High Needs Block ,some General Fund</i>	Behaviour and Inclusive Learning team Speech & Language Service (incl ICAN) Autistic Spectrum Condition Support Service (included in Downs Park above) Literacy Support Service Sensory Needs Service Educational Psychology Service Preschool SEN Service	£198,000 £333,840 £150,000  £308,000 £526,720 £912,000 £729,360 <b>£3,157,920</b>
Home to School SEN Transport Costs <i>General Fund</i>		<b>£1,900,000</b>
Extended Day Provision Pre-School / Breakfast Club Options After School Clubs <i>General Fund</i>	Brighton and Hove Inclusion Project Crossroads Cherish Extratime/YMCA Extratime Carers Grant	£ 11,507 £ 26,707 £ 41,000 £ 183,513 £ 57,582 <b>£ 320,309</b>
Residential – Full-Time and Respite Options <i>General Fund</i>	Drove Road Tudor House Barnardos Link Plus Barnardos Carers Agency temporary respite placements Outreach Service	£1,049,260 £ 584,370 £ 315,452 £ 28,809 £ 46,500 £ 205,740 <b>£2,230,131</b>
Agency Placements <i>General Fund</i> Agency placements <i>DSG High Needs Block</i>	Social care Education	<b>£1,592,700</b> <b>£3,525,590</b>
Emotional health and wellbeing <i>General Fund</i>	Community CAMHS team	<b>£315,000</b>
Social Work <i>General Fund</i>	Disability Social Work Team Keyworking	£ 920,360 £ 90,560

	Transitions team	£ 64,000
		<b>£1,074,920</b>
Direct Payments <i>General Fund</i>		<b>£534,500</b>
SEN & Youth Employability Service <i>General Fund and DSG High Needs Block</i>		<b>£985,000</b>
Early Years Additional Support <i>DSG High Needs Block</i>	Inclusion and sensory needs support	<b>£285,520</b>
Parent support ( <i>DSG</i> ) and the disability register Compass card <i>(General Fund)</i>	Amaze: Core contract: Additionally funded:	<b>£177,000</b> <b>£85,788</b>

<b>Additional Budgets</b> <i>All General Fund</i>			
Out of School Childcare	£ 15,000	Preventative Payments	£61,400
Individual Budgets	£ 15,200	Young Carers	£18,146
Adaptations	£ 80,200		
		<b>Total</b>	<b>£189,946</b>

### Relevant health services commissioned by the CCG

Therapy and health services	Specialist disability nursing Speech and Language therapy Physiotherapy Occupational therapy Audiology Paediatricians	£ 336,000 £1,002,000 £ 196,000 £ 298,000 £ 251,000 £ 816,000 <b>£2,899,000</b>
Mental health services	Tier 3 CAMHS Commissioned from the community and voluntary sector	£2,500,000 £287,667 <b>£2,787,667</b>