

## Background information to demonstrate budget usage.

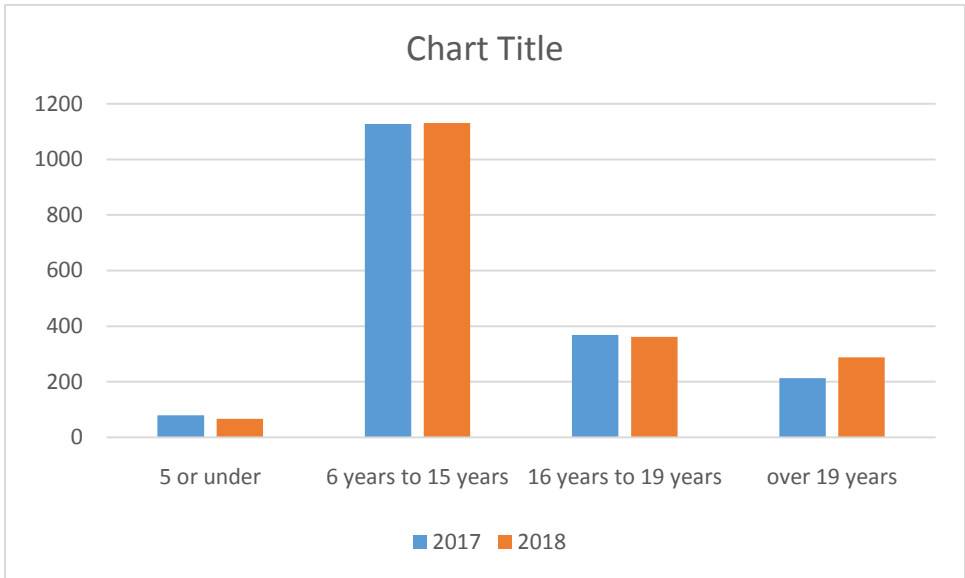
1. The population of children and young people with SEND in Haringey.
2. Haringey has 1848 children and young people with Education Health and Care plans. All statements of special educational need have now been converted to Education Health and Care plans. There has been an increase in the population of children with EHC plans of 503 in the time between 2014 and 2018.

**Chart 1 numbers of children with EHCP's or statements from 2010 to 2018.**

	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017- 2018
Pre-School/ Nursery	10	8	9	14	4	8	19	11
Reception	49	52	51	54	61	63	61	56
Year 1	66	57	62	72	64	90	80	78
Year 2	80	77	69	75	86	76	112	88
Year 3	83	95	92	82	88	101	86	114
Year 4	82	95	111	104	92	93	111	96
Year 5	84	93	112	122	116	99	105	113
Year 6	118	100	109	130	121	126	106	114
Year 7	115	129	114	118	139	122	133	123
Year 8	119	120	131	117	117	138	128	138
Year 9	125	123	118	137	118	128	140	129
Year 10	117	131	124	125	138	115	127	138
Year 11	98	116	130	130	124	134	117	129
Year 12	69	59	76	41	37	120	132	111
Year 13	55	54	46	22	32	82	120	122
Year 14	30	45	39	8	8	69	79	104
Year 15						29	70	69
Year 15 plus						7	64	115
	1300	1354	1393	1351	1345	1600	1790	1848

3. The increase in children with an EHCP is as a result of the increased age range, now starting from 0 and extending up to 25 years. There are 11 education health and care plans (EHC's) now in place for those children under 5 years, and the greatest increase being in the 19+ age group of 288 children.

**Chart 2 Increased numbers of children aged over 19 years**

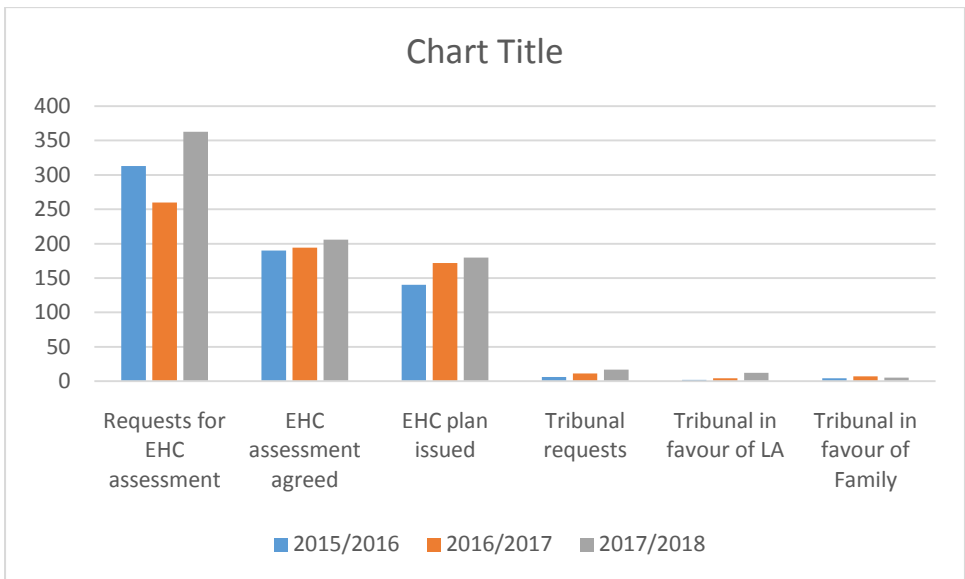


4. The children in the pre 5 and over 19 age ranges were not previously issued with an education health and care plan prior to the reforms in September 2014 which increased the age range, has contributed to the increase in the cohort of children with EHCP's.

### Requests for Educational Health and Care Plans

5. Requests for Education Health and Care plans have increased, and challenges to the plans have also increased, although the percentage of successful challenges to Education Health and Care Plans have not changed.

### Chart 3 to show requests and tribunal challenges



6. The thresholds for EHCP assessments were initially high, however as a result of discussions with the Independent Parental Special Educational Advisors (IPSEA),

Haringey has refreshed the eligibility criteria as part of a multi-agency working party to look at this high rate of refusal. The lowering of the threshold for EHC requests now meets the statutory guidance in the Code of Practice, whereby there is an expectation that not all assessments lead to an Education Health and Care Plan. Previously, of those EHC assessments carried out, 99% are agreed to issue as a plan.

7. The highest number of new requests for plans are for those children with Autism. There is an emerging trend for an increase in requests for children with mental health/challenging behaviour.
8. Of the plans issued, only 29% are issued within 20 weeks in 2017 - this is a sharp decline in performance for this area. Factors contributing to this decline in performance include the increased number of plans requested, and reduction in staffing available to carry out new assessments, due to both a vacancy, and also staff required to carry out conversion assessments when transferring statements to plans. There are detailed plans in place to improve this performance, however this increased rate of assessment will increase the need for SEN staff and Educational Psychology staff to carry out the assessments, if the 20 week deadline is to be met.

### **Ceasing of Educational Health and Care Plans**

9. Few Education Health and Care plans have ceased for children since the inception of the reforms in Sept 2014, which is a direct result of the increase in the age range. Do we need to check this based on data we looked at this morning?
10. Education Health and Care Plans can cease when:
  - Young people achieved their educational outcomes - This means in joint working with adult learning disabilities team and health colleagues. There needs to be common understanding of what is an educational outcome.
  - Young people move into employment – educational establishments and young people and their families need to know how to access and make use of career's advice to establish and maintain a young person in employment. There are local services emerging for careers advice.
  - Young people move into higher education – aspirations need to be high and young people and their families need to transition successfully onto the systems of support in university.

### **Patterns Of Need for Children with Education Health and Care Plans**

11. The predominant need in the cohort of children with EHCP's remains Autism and MLD, with numbers rising for those with SEMH and also specific learning disabilities (SPLD). Those with SEMH and SPLD include larger cohorts of Looked After children, of whom 80 have an educational health and care plan. More young people are emerging with SEND needs post adoption. These young people require therapeutic interventions, which cannot be secured at this stage without an EHC plan, as their education services are often provided by private and independent settings.

**Chart 4 to show patterns of needs**

	ASD	HI	MLD	MSI	PD	PMLD	SEMH	SLD	SLCN	SpLD	VI	
Pre-school	5	2	2		1		1					11
Reception	37	2	4		2	1	3	1		6		56
Year 1	46	4	6		7	1	2	4		8		78
Year 2	52	2	5		7	2		6		13	1	88
Year 3	56	5	19	1	4		2	10		17		114
Year 4	37	1	19		8	1	1	10	2	15	2	96
Year 5	37	1	33		8	1	4	8	1	19	1	113
Year 6	37	4	22	1	6	5	2	14	5	15	3	114
Year 7	46	2	15		5	2		21	4	26	2	123
Year 8	52	7	24		8	2	1	15	3	26		138
Year 9	56	2	23		6	1	2	16	4	18	1	129
Year 10	48	2	30		9	3	3	23	4	15	1	138
Year 11	54	1	27		3	4	3	18	4	15		129
Year 12	35	2	28		6	2	2	15	3	14	4	111
Year 13	38	6	27		8	4	2	18	3	15	1	122
Year 14	36	2	24		6	3	4	16	4	9		104
Year 15	25	2	8		7	2	6	8	2	7	2	69
Year 15 plus	33	3	36		9	5	17	6	1	4	1	115
	730	50	352	2	110	39	55	209	40	242	19	<u>1848</u>

Key for less commonly known terms:

SPLD – specific learning disability

SLCN - speech language and communication needs

VI - visual impairment

SLD – severe learning disability

Factors affecting Budget

- The ethos for Haringey has been strong in terms of high levels of inclusion. Haringey has always has proportionately larger numbers of children in mainstream schools than statistically similar boroughs according to national data.

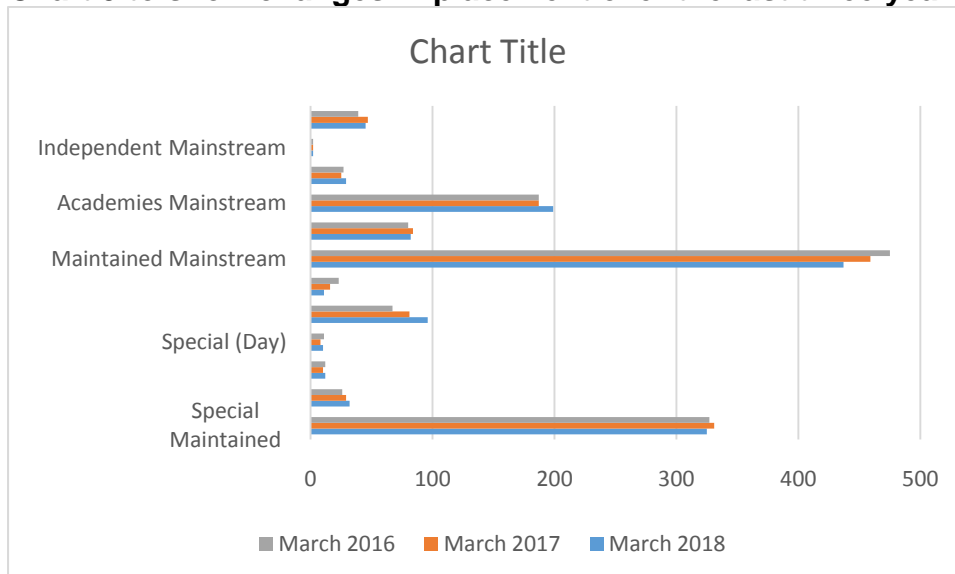
Special School Places for Children with EHC plan

- The Special Schools budget was increased by £702,000 to help the school meet demand of additional complexity, schools places and a more flexible special school offer e.g. outreach. Places cost 10K per place and additional top up from 10K to 24K.
- The local special schools have increased their places which has provider further support for the borough, although increased the costs. The places have increased as below:

School	Increased places Sept 2017 – Sept 2018
The Vale	8
The Brook	8
Riverside	7
Total	23

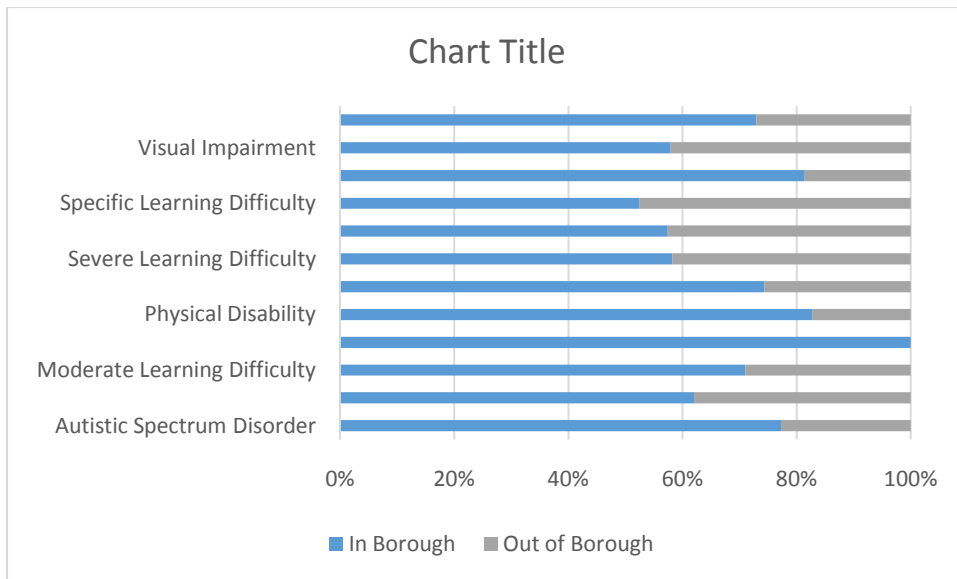
15. Places at Blanche Nevile school were reduced in order to support the increased funding of the special school places at other schools.
16. The average top up for a child at a maintained special school is £16,000, and place funding is £10,000 per place totalling £26,000 per child. £598,000 of this increased spend is attributable to the increased numbers of places.
17. An emerging trend is the reduction in the number of children with education health and care plans in mainstream schools. This has decreased over the last three years, from 801 to 777 in 2017-2018, with the types of school place used showing an increasing trend towards special schools

**Chart 5 to show changes in placement over the last three years**



18. The majority of these special schools are out borough, and are predominantly for those children with ASD and SEMH.

**Chart 6 to show where children are attending school, in borough or out borough, by need**



19. Whilst the numbers are small, the costs of individual out borough provisions are high. There are local gaps in services in terms of specialist provision. This includes Autism, and Social emotional and mental health and therapeutic places.

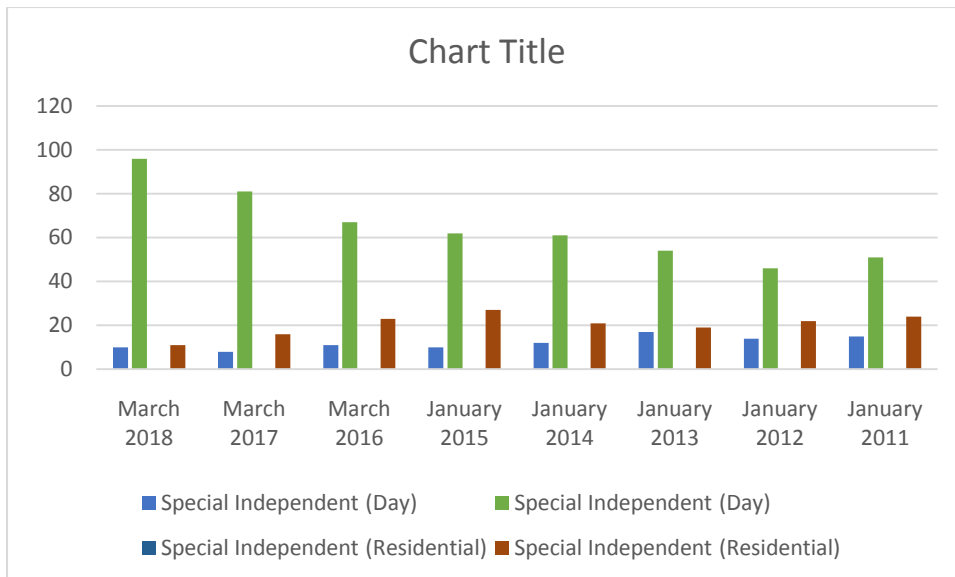
20. The requests for Special School places continues to outstrip demand, however, which means that there have been increased numbers of requests for independent school places.

### Use of out Borough Independent schools

21. The use of independent school places is showing a steady rise. For those young people under 16 years the independent special school places used were 79 in 2015-2016 and 89 in 2016-2017 and 103 in 2017-2018, with the majority of additional school places for those with SEMH. There is a natural synergy with transport costs as numbers of independent school place provision increases.

22. There was a decrease in number of residential special school places commissioned however from 16 in 2015-2016 to 12 in 2016 – 2017 and 11 in 2017-2018 however the use of these schools is showing a steady rise again. The decrease was in the SEMH places in residential, however of the 14 additional places in independent out borough schools, 7 were for children in care, all of whom had SEMH type needs.

### Chart 7 to show increasing use of independent school places

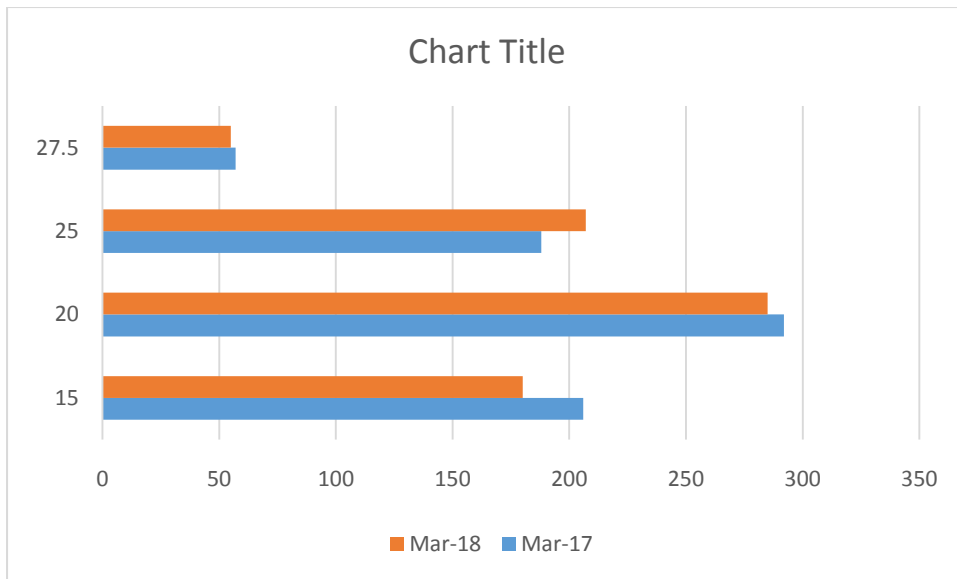


23. Whilst independent school places are being chosen that tend to be of lower cost, the places are still on average 60K per place, which is £840,000 before joint funding is received from partner agencies, health and placements.

### Patterns of Support for children in Mainstream schools

24. The mainstream schools budget was increased by £408,000 at the start of 2017, and now shows a small underspend. This is not anticipated to continue however, due to factors below.
25. For children attending mainstream schools, there has also been an increase in request for higher numbers of hours, and additional types of specialist support e.g. specialist teaching and support services.

The chart 8 below shows changing patterns of teaching assistant hours.



26. As can be seen, the number of hours at 15 and 20 hours requested is decreasing, and the number of requests for 25 hours is increasing. The additional support that has changed is the support for lunch and break times, which have increased over the last two years, as can be seen below:

**Chart 9 to show use of SMSA hours**

SMSA Hours

	Mar-17	Mar-18
2.5	1	1
3	2	2
4	1	
5	246	287
7	1	
7.5	4	5
Grand Total	255	295

27. Habitually the SMSA time ceased when children transferred to secondary school, however increasingly schools are requesting this remains in place. There is also an increasing number of new plans issued where SMSA time is requested. This has increased the average value of each child’s plan by £2,750.

**Post 16**

28. Haringey has 288 young people over the age of 19 years who have remained in education. This is a high number compared to statistical neighbours. Of these young people 31 have complex learning disabilities. Nationally there are discussions about how stated outcomes are potentially best achieved, e.g. either through a social care package or through an educational package.

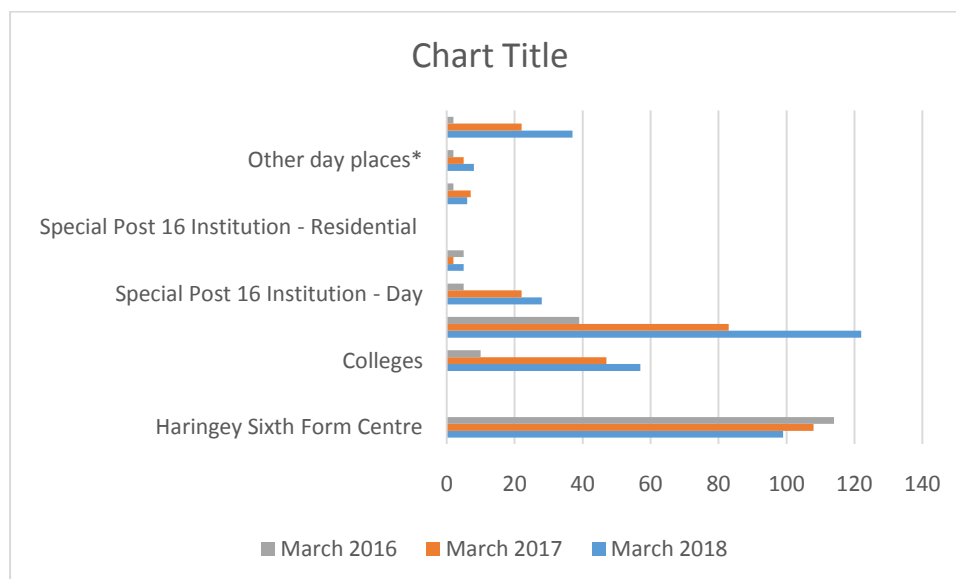
29. Of this age group, the post 16 cohort are most likely to be attending an independent setting.



30. The chart 10 below shows the increase in outborough specialist college places for the post 16 cohort, and reducing use of in borough provision. This is linked in part to lack of specialist courses offered to those with more complex learning disabilities.

	Haringey Sixth Form Centre		Colleges		Special Post 16 Institution - Day		Special Post 16 Institution - Residential		Other day places*		NEET		
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
March 2018	99		57	122	28	5		6	8	37	75		437
March 2017	108		47	83	22	2		7	5	22	89		385
March 2016	114		10	39	5	5		2	2	2	46		225

Chart 10 to show changing destinations of young people post 16



31. As a result of this usage of out borough places, Haringey have commissioned an increased number of places in local colleges to try and meet needs more locally.

Vikki Monk-Meyer  
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 25<sup>th</sup> June 2018