

June 2019

High Needs Block Paper Special Educational Needs and Disabilities SEND Population and Use of High Needs Block Budget Appendix A

Background information to demonstrate budget usage.

The high needs block budget has been used to provide additional funding for settings to meet needs, support children in education through advice support and training to settings via specialist staffing, and by purchasing specialist educational school places. The following report demonstrates how this budget has been utilised.

1. Inclusion Funding and Early Support Places

Haringey funds up to 54, 15 hour Early Support places for children with complex disabilities from the high needs block to the value of £366,282. All these places have been allocated over the year.

Haringey also funds an Early Years inclusion fund to the value of £264,000. The purpose of this fund is to support settings such as private and voluntary nurseries to working with children with special educational needs and disabilities. This both enables uptake of the 15-30 hour offer for children with SEND, and also ensures that needs are identified and managed early so that children have a well-planned transition to school. Some needs may be addressed before statutory school age. The uptake of inclusion fund has increased this year with 99 children funded through the inclusion top up. The impact of this has been earlier identification and meeting needs. Evidence from national reports shows that children who access 2 year and nursery places are likely to have better educational outcomes than those who start school and have not been to nursery. As can be seen in chart 1, there were 11 education health and care plans (EHC's) for children under 5 years in 2017, which has now increased to 36 children in 2018. This shows that the Inclusion Top up fund has been effective in identifying children who require an education health and care plan before starting school.

2. Population of children with Special Educational Needs and Disabilities

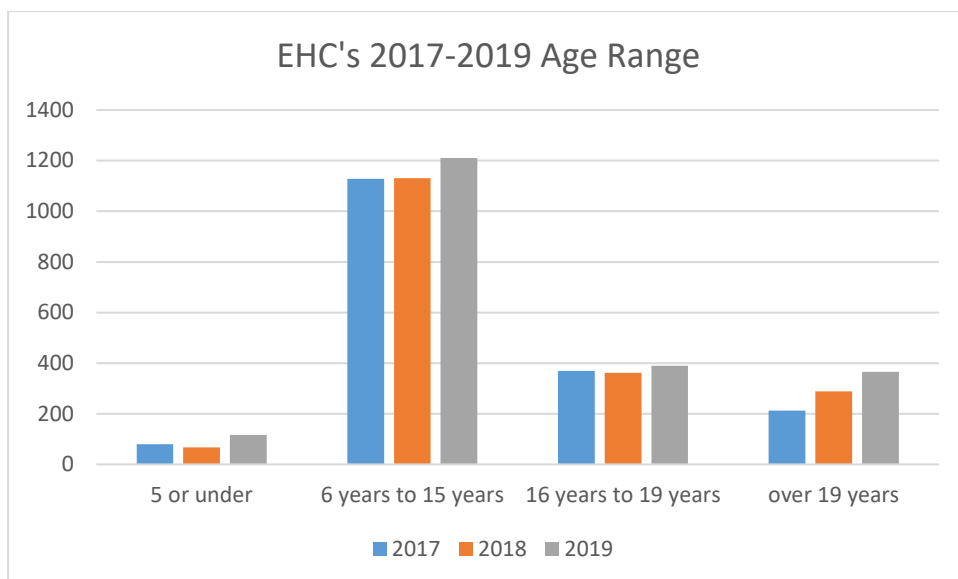
Haringey now has 2082 children and young people with Education Health and Care plans. There has been an increase in the population of children with EHC plans of 731 in the time between 2014 and 2019, and an increase of 235 in the last year. Boroughs are reporting an increase from 2.2% of children with EHC plans since the reforms to a level of 3%, and Haringey appears to be following this trend with the level being at 3%.

Chart 1 numbers of children with EHCP's or statements from 2013, pre SEND reforms to 2019, following conversion of all statements to Education Health and Care Plans.

	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017/201 8	2018/201 9
Pre-School/Nursery	14	4	8	19	11	36
Reception	54	61	63	61	56	80
Year 1	72	64	90	80	78	93
Year 2	75	86	76	112	88	99
Year 3	82	88	101	86	114	106
Year 4	104	92	93	111	96	133
Year 5	122	116	99	105	113	111
Year 6	130	121	126	106	114	128
Year 7	118	139	122	133	123	132
Year 8	117	117	138	128	138	130
Year 9	137	118	128	140	129	143
Year 10	125	138	115	127	138	136
Year 11	130	124	134	117	129	154
Year 12	41	37	120	132	111	130
Year 13	22	32	82	120	122	106
Year 14	8	8	69	79	104	114
Year 15			29	70	69	98
Year 15 plus			7	64	115	153
	1351	1345	1600	1790	1848	2082

3. The increase in children with an EHCP is as a result of the increased age range, now starting from 0 years and extending up to 25 years. The number of plans has increased in all age groups, however the greatest increase in the EHC plans has been in the 19+ age group which has increased to 365 children from 288 children last year. This shows both the rise in demand of children staying on in education but also the limited number of plans that are now being ceased.

Chart 2 Increased numbers of children aged 0 -19 years



Requests for Educational Health and Care Plans

4. Requests for Education Health and Care plans have increased this year, rising from 298 in 2017/2018 to 354 in 2018/2019. This has started to stabilise although demonstrates a significant increase.
5. The thresholds for EHC assessments were initially high in 2014, however as a result of discussions with the Independent Parental Special Educational Advisors (IPSEA), Haringey 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 Practise, 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.
6. 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.
7. Of the plans issued, the number issued in 20 weeks in 2018 remained at 28-30%, however this has increased significantly in 2019 to between 58-62%, and continues to improve. This is a significant increase in performance for this area. Factors contributing to this increase in performance include:
 - An increase in staffing available to carry out new assessments
 - A change in the arrangements for applications for EHC assessment, which reduced duplication of information
 - Increased staffing in the Educational Psychology Teams
 - Additional commissioning of Occupational Therapy staffing to support assessments and programme planning
 - Investment from the CCG from a senior clinician to function as clinical medical officer to plan and agree the EHC plans.

Ceasing of Educational Health and Care Plans

8. 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. Only 32 plans were ceased in 2019.
9. 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

10. The predominant need in the cohort of children with EHCP's remains Autism and MLD, with numbers continuing to rise for those with SEMH and also specific learning disabilities (SPLD).
11. Those with SEMH and SPLD include larger cohorts of Looked After children, of whom 88 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 in 2019

ASD	HI	MLD	MSI	PD	PMLD	SLD	SEMH	SpLD	SLCN	VI
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Pre-School/Nursery	20		2		2	3	4			5		36
Reception	49	4	8		3	3		1		12		80
Year 1	58	1	8		3	2	4	4		12	1	93
Year 2	52	6	7		10	2	2	7		13		99
Year 3	57	1	10		7	2		10		18	1	106
Year 4	60	5	22		3	2	1	14	1	25		133
Year 5	35	2	24		5	1		19	2	21	2	111
Year 6	40	2	34		8	1	3	17	1	21	1	128
Year 7	43	5	24	1	8	6	3	16	6	17	3	132
Year 8	52	2	14		5	2		22	4	27	2	130
Year 9	52	7	24		7	2	1	21	4	25		143
Year 10	61	2	22		7	1	2	18	3	19	1	136
Year 11	54	2	32		9	3	4	30	4	15	1	154
Year 12	58	1	28		3	4	2	17	4	13		130
Year 13	34	2	28		5	2	2	16	3	10	4	106
Year 14	37	6	26		6	3	3	16	2	14	1	114
Year 15	33	2	23		6	3	5	15	4	7		98
Year 15 plus	50	5	37		14	5	15	10	3	11	3	153
	845	55	373	1	111	47	51	253	41	285	20	<u>2082</u>
												2082

Key for less commonly known terms:

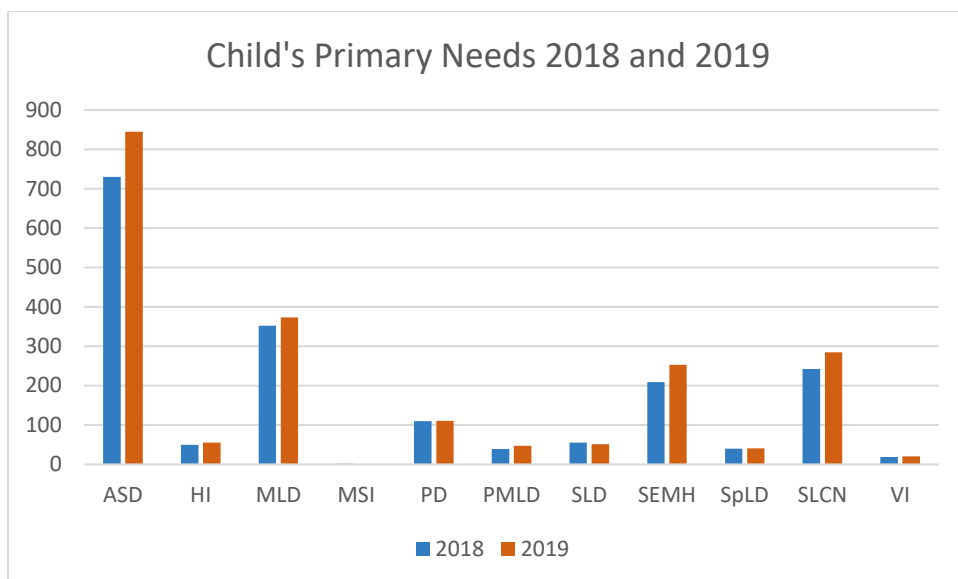
SPLD – specific learning disability

SLCN - speech language and communication needs

VI - visual impairment

SLD – severe learning disability

The table below shows the primary needs compared to the previous year



There has been a marked rise in education health and care plans for children with a primary need of Autism, and similarly a rise for those with SEMH and SLCN

Factors affecting Budget

12. 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

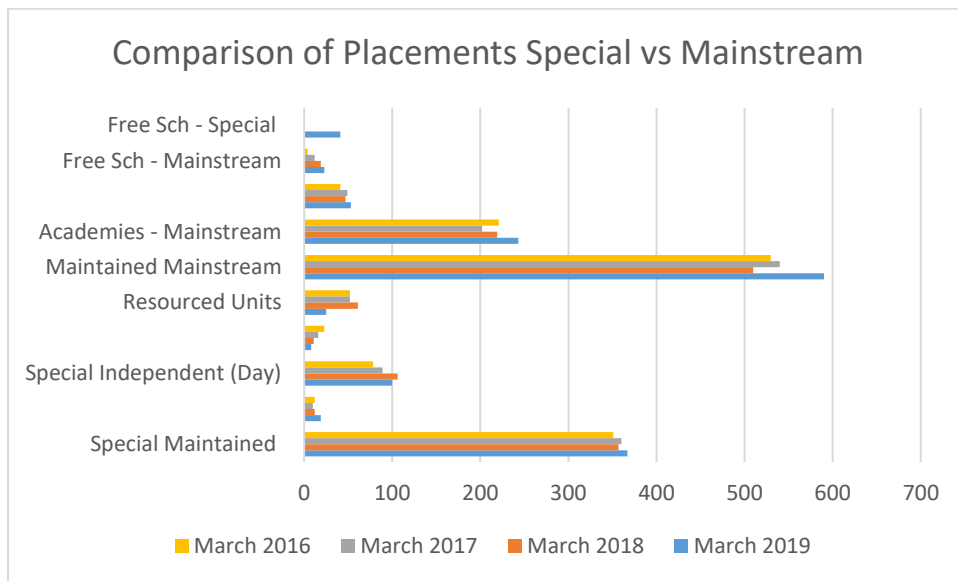
13. The Special Schools budget was increased by 1.1 million, compared to an increase of 598K last year, to help the schools meet the demands of children's additional complexity, fund additional school places and establish a more flexible special school offer e.g. outreach. Places cost are 10K per place and additional top up from 10K to 24K.
14. The local special schools have increased their places which has provided further support for the borough, although increased the costs. The places have increased as below:

School	Places 2018	Places 2019	Increased places Sept 2018 – Sept 2019
The Vale	99	105	6
The Brook	100	111	11
Riverside	125	140	15
The Grove	42	65	23
Total	366	421	55

15. Places at Blanche Nevile school were reduced in order to support the increased funding of the special school places at other schools.

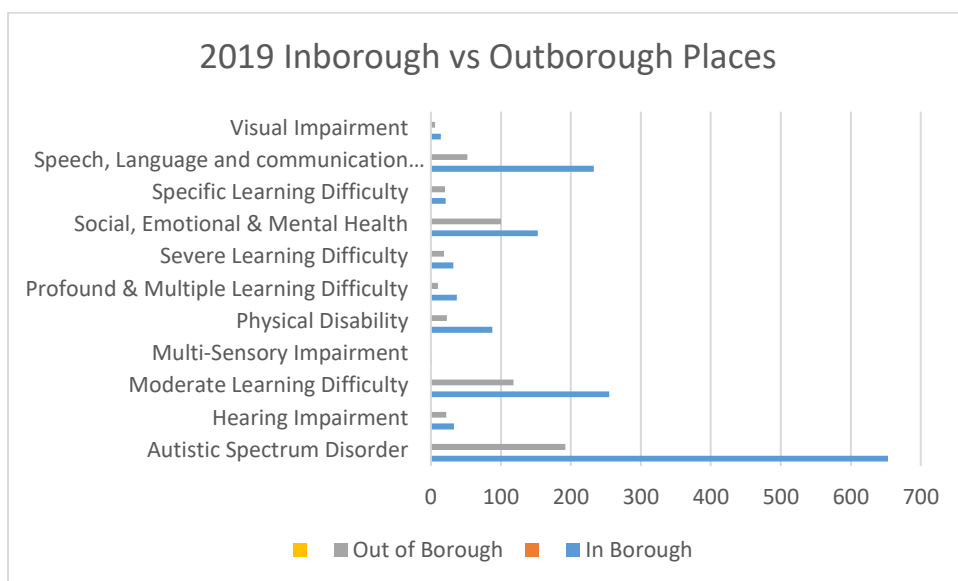
16. An emerging trend 2018 was the reduction in the number of children with education health and care plans in mainstream schools. This had decreased from 801 in 2016-2017 to 777 in 2017-2018. The types of school places commissioned showed an increasing trend towards special schools, however this year the trend has reversed with the number increasing again in mainstream settings, both academy and special school

Chart 5 to show changes in placement over the last four years



17. 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



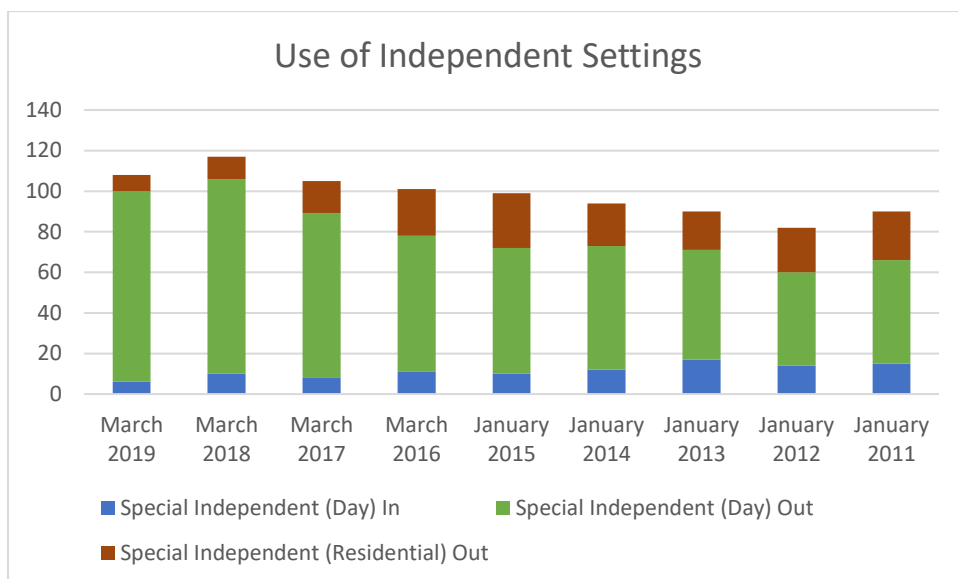
Proportions remain similar to last year.

18. Whilst the numbers are small, the costs of individual out borough provisions are high, and as a result of local gaps in services in terms of specialist provision. This includes Autism, and Social emotional and mental health and therapeutic places.
19. The requests for Special School places has started to match demand, however, although there continues to be some need for independent school places, due to lack of local capacity for children with SEMH.

Use of out Borough Independent schools

20. The use of independent school places is starting to decrease. For those young people under 16 years the majority of independent special school places is for those children with SEMH. There will be a natural synergy with transport costs as numbers of independent school place provision decreases.
21. 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 and now down to 8 places, all for SEMH needs.

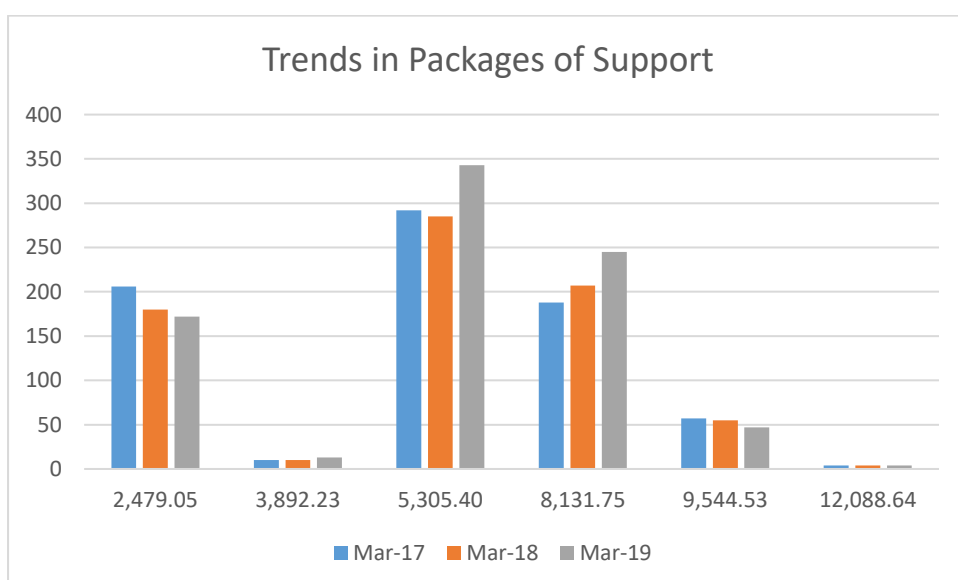
Chart 7 to show decreasing use of independent school places



Patterns of Support for children in Mainstream schools

- 22. The most commonly occurring levels of support requested or provided by SEN panel are £5,305.40 and £8,131.75, with a reduction in plans allocated £2,479.05**

The chart 8 below shows changing patterns of support packages allocated.



- 23. 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 support packages at lunch and breaktimes

SMSA Support

	Mar-17	Mar-18	Mar-19
£769.10	1	1	1
£922.92	2	2	2
£1,230.56	1		
£1,538.20	246	287	353
£2,153.48	1		
£2,307.30	4	5	6
Grand Total	255	295	362

24. 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 £1,538.20.

Post 16

25. Haringey now has 365 young people over the age of 19 years who have remained in education. This is a high number compared to statistical neighbours. 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.
26. Of this age group, the post 16 cohort are most likely to be attending an independent setting.
27. **The chart 10 below shows the increase in out borough 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 2019	103		60	150	27	11		4	16	41	103		515
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

28. 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.

29. There is a rising number of young people with Education health and care plans who are NEET, indicating work needs to be done on appropriate careers advice and guidance at an earlier stage for this cohort of young people to ensure that they are aware of, and are accessing the right courses for their interests and development.

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9th June 2019