

Who are we?

The Children & Young People Committee is responsible for education, early years and youth provision for children and young people and exercises the education functions of the Council.

The Health & Wellbeing Board is a joint committee of the Council and CCG members, with representatives of health and social care users, which provides the strategic leadership for health and social care in the City.

Where and when is the Joint meeting?

The meeting will be held in the Council Chamber of Hove Town Hall on Tuesday February 3rd 2015, starting at 4pm. It will be followed by an ordinary meeting of the Health & Wellbeing Board.

The Joint Meeting is open to the public.

What is being discussed?

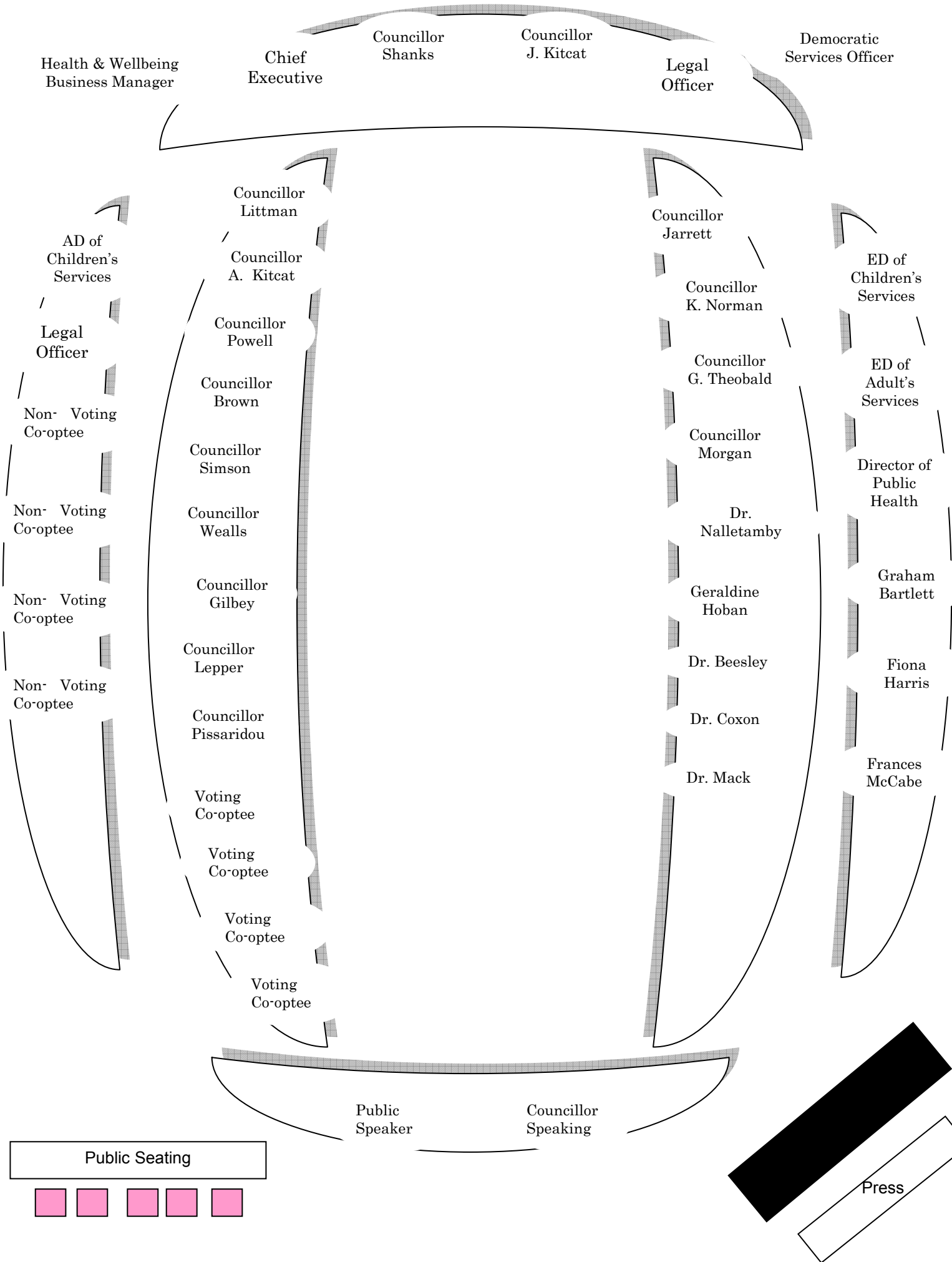
The joint meeting has been called specifically to consider a report on the **Special Educational Needs & Disability Review**

What decisions are being made?

The joint meeting of the Children & Young People Committee and the Health & Wellbeing Board will consider the outcome of a review of Special Educational Needs and Disability Service. The recommendations are set out in the public report attached to the agenda:

- The Children & Young People Committee will be asked to decide on recommendations 2.1 – 2.1.10;
- The Health & Wellbeing Board will be asked to decide on recommendations 2.2 – 2.2.11.

Joint Children & Young People Committee and Health & Wellbeing Board



**Joint Children & Young People and Health &
Wellbeing Board
3 February 2015
4.00pm
Council Chamber, Hove Town Hall**

Who is invited:

Children & Young People Committee Members:

Councillors Shanks (Chair), Littman (Deputy Chair), Wealls (Opposition Spokesperson), Pissaridou (Group Spokesperson), Brown, Gilbey, A Kitcat, Lepper, Powell and Simson.

Voting co-optees: Ann Holt (Diocese of Chichester), Martin Jones, Amanda Mortensen (Parent Governor Representative), Marie Ryan (Catholic Diocese Representative).

Non-voting co-optees: Eleanor Davies (Parent Forum), Ben Glazebrook (Community Voluntary Sector), Andrew Jeffrey (Parent Forum), Sue Sjuve (Sussex Community NHS Trust), Youth Council (Youth Council).

Health & Wellbeing Board Members:

Councillors J. Kitcat (Chair), K. Norman (Opposition Spokesperson), Jarrett, Morgan and G. Theobald, Christa Beesley, Dr Jonny Coxon, Geraldine Hoban, George Mack and Dr Xavier Nalletamby (Brighton and Hove Clinical Commissioning Group)

Non-voting co-optees: Graham Bartlett (Brighton & Hove Local Safeguarding Children's Board), Denise D'Souza (Statutory Director of Adult Services), Pinaki Ghoshal (Statutory Director of Children's Services), Fiona Harris (NHS England), Frances McCabe (Healthwatch) and Dr Tom Scanlon (Director of Public Health)

This Agenda and all accompanying reports are printed on recycled paper

Date of Publication Monday, 26 January 2015

Who is unable to attend:

Contact: Caroline De Marco
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AGENDA

Formal matters of procedure

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1 APPOINTMENT OF A CHAIR

The Secretary to the meeting will call for nominations for a Member of the Committee or Board to Chair the meeting.

2 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the joint meeting will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The joint meeting will then consider whether any of the discussions to be held need to be in private. Further details are set out in appendix 1 to the agenda.

3 CHAIR'S COMMUNICATIONS

The Chair will make any announcements in relation to the joint meeting.

4 PUBLIC INVOLVEMENT

This is the part of the meeting when members of the public can formally ask questions of the members of the Children & Young People Committee or the Health & Wellbeing Board or present a petition. These need to relate to the item on the agenda and be notified to the Secretary for the Joint Committee and Board in advance of the meeting.

Ring the Secretary, Caroline DeMarco on 01273 291063 or send an email to caroline.demarco@brighton-hove.gov.uk

5 REVIEW OF SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) INCLUDING BEHAVIOURAL EMOTIONAL AND SOCIAL DIFFICULTIES (BESD)

1 - 94

Report of the Executive Director for Children's Services (copy attached).

Contact: Ellen Mulvihill, Regan Delf *Tel:* 01273 293504

Ward Affected: All Wards

Note:

Following the consideration of the matter, there will be a need for the respective bodies to vote on the recommendations as listed in the report which relate to their roles and responsibilities as outlined below:

- (i) The Chair of the Children & Young People Committee will put the recommendations as listed in the report for decision by the Committee to the vote;
- (ii) The Chair of the Health & Wellbeing Board will put the recommendations as listed in the report for decision by the Board to the vote.

Webcasting Notice:

This meeting may be filmed for live or subsequent broadcast via the council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the council is a Data Controller under the Data Protection Act 1988. Data collected during the webcast will be retained in accordance with the council's published policy (Guidance for Employees' on the BHCC website).

For further details and general enquiries about this meeting contact Caroline De Marco, 01273 291063, email – caroline.demarco@brighton-hove.gov.uk, or email – democratic.services@brighton-hove.gov.uk

Further information about Public Involvement

The City Council and the Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.



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An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

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- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so.

1. Procedural Business

(a) Declaration of Substitutes: Where Members of the Committee or the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

- (a) Disclosable pecuniary interests;
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Committee and/or the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

(c) Exclusion of Press and Public: The Joint Meeting will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the items are under consideration.

NOTE: Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available from the Secretary to the Joint Meeting.

Subject:	SEND Review
	Review of Provision and Services for: Special Educational Needs and Disabilities (SEND) including Behavioural, Emotional and Social Difficulties (BESD)
Date of Meeting:	3.2.15
Report of:	Pinaki Ghoshal, Executive Director, Children's Services
Contact Officer:	Name: Regan Delf Tel: 293504
	Email: Regan.delf@brighton-hove.gcsx.gov.uk
Ward(s) affected:	All

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 1st 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
Brighton and Hove	£5,100	£332	£130	£5	£40	£36	£14
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

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

Summary budget breakdown of spend of SEND provision and services

Provision Includes:	Current Services:	Costs
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 £9,491,108
Alternative provision <i>DSG High Needs Block</i>	Connected Hub Pupil Referral Unit	£ 476,000 £ 977,000 £1,453,000
Mainstream schools delegated funding including ‘top up’ <i>DSG High Needs Block</i>		£1,400,000
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 £1,300,198
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 £3,157,920
Home to School SEN Transport Costs <i>General Fund</i>		£1,900,000
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 £ 320,309
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 £2,230,131
Agency Placements <i>General Fund</i> Agency placements <i>DSG High Needs Block</i>	Social care Education	£1,592,700 £3,525,590
Emotional health and wellbeing <i>General Fund</i>	Community CAMHS team	£315,000
Social Work <i>General Fund</i>	Disability Social Work Team Keyworking	£ 920,360 £ 90,560

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

Additional Budgets <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		
		Total	£189,946

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 £2,899,000
Mental health services	Tier 3 CAMHS Commissioned from the community and voluntary sector	£2,500,000 £287,667 £2,787,667

SEND Review Report

January 2015

(SEND – Special educational needs and disabilities, including BESD – behavioural, emotional and social difficulties)

Report for Joint Meeting of the Children & Young People Committee and the Health and Wellbeing Board on 3 February 2015



**Brighton and Hove
Clinical Commissioning Group**





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Executive Summary

Introduction

On 2 June and 10 June 2014 respectively the Children and Young People's Committee and the Health and Wellbeing Board agreed to a review of Disability and SEN services, including related health services. Adult Social Care has also begun a review of provision for adults with learning difficulties and disabilities. The two reviews are linking improve services for young people with disabilities over the transition to adult services.

While some of this review's recommendations are high level at this stage, taken together they represent an ambitious vision to transform provision for special educational needs and disabilities (SEND) and behavioural, emotional and social difficulties (BESD) in the City. The vision is of fully integrated provision and services across education, health and care and a personalised approach to each child and family.

In addition the aim of the recommendations is to move from the current position of broadly average outcomes for children and young people achieved at above average cost to excellent outcomes within a context of child and family-centred best value streamlined provision

Recommendations

Joint Commissioning

1. That a new Joint Commissioning Strategy is finalised between the council (Children's Services, Adult Services and Public Health) and the CCG, to cover all provision and services to be secured for children with SEND and BESD.

Integrated Service Delivery

2. That in parallel with integrated commissioning of provision and services for SEND and BESD, there should be a commitment to the development of integrated and inclusive service delivery across education, health and care/ disability services with families at the centre and specifically:

2a. **Early Years:** That proposals be developed to integrate provision for children with disabilities in the Early Years by creating inclusive specialist nursery provision within one or more existing mainstream nurseries and re-locating relevant health and care services to the new provision or provisions and brought back to the Board and Committee in the summer of 2015.

2b. **SEND Provision 5 – 19+:** That proposals be developed to integrate provision for children with disabilities and complex, severe and profound special educational needs of school or college age, extending the remit of specialist and mainstream provision to include greater opportunities for inclusion, extended day/respice and residential facilities with relevant health and care services co-located on site and brought back to the Board and Committee in the summer of 2015.

2c. **BESD:** That proposals be developed to integrate existing educational, health and care provision for children and young people with BESD, including mental health needs, to provide extended day and potentially residential facilities with a strong

focus on further education and vocational routes and brought back to the Board and Committee in the summer of 2015.

3. Support for Families with Disabled Children

3. 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.

3a. That a clear and transparent set of criteria is published for determining the basis on which families of disabled children receive respite and short break services, plus other disability and care support, and that these criteria are fairly and consistently applied by means of a representative panel.

3b. That the direct payment budget for families of children with disabilities is increased significantly 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.

3c. 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.

Learning and Achievement for Children with SEND

4. 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.

4a. That the SEN education and learning support services in the city (Educational Psychology Service, Pre-school SEN Service, Behaviour and Inclusion 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.

4b. That consideration be given to co-locating some relevant health professionals and particularly speech therapists and occupational therapists with the combined service to enrich the integrated support on offer

4c. That the combined new communication and support service promotes 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.

4d. That the combined service works with early years providers, schools and colleges to ensure reliable and consistent identification of SEND, including BESD.

4e. That specifically the support for families with autism is extended to provide more key working and expert advice and guidance to parents and young people at all stages of a young person's life as required and in line with the recommendations in the council's ASC Scrutiny Report of April 2014.

4f. That a refreshed cohesive and well-publicised workforce development offer for mainstream and special schools and associated professionals across all services is developed by the new integrated service offering high quality training, advice, consultation and guidance in all main areas of SEN based around a tiered model of 'universal' 'targeted' and 'specialist input' depending on need and circumstance – that this programme of support is open to parents as well as professional staff and where appropriate is co-produced with parents and young people.

Transition to adulthood

5. That a reorganisation of SEND service delivery across Children's and Adult Services in partnership with Health facilitates transition to 25 years for children and young people through to adulthood, acknowledging both the extended age range for Education, Health and Care Plans to 25 years and also the very real and significant concerns of families about transition to adulthood and adult services.

Emotional and mental health

6. That the Children's Services Department works 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.

6a. That Children's Services acknowledge 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.

Context

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.

The 2013 Joint Strategic Needs Assessment of the health and well-being of the community provides more recent data and has been used as part of the evidence base for the review.

With the introduction of widespread SEND reforms from 1st 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.

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.

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.

Scope of the Review

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

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

Vision

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.

Principles

1. 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
2. To ensure the best possible outcomes for children and young people with SEND and BESD as children and into adulthood
3. To promote inclusive fully integrated education, health, care and disability provision of high quality ranging from 0-25 years
4. To ensure the most effective joint commissioning of services across education, health, care and disability services
5. To ensure excellent practice in identification and assessment of SEN and disability
6. To deliver high quality provision and services within a value for money context, acknowledging need for on-going efficiencies in council spending

7. To improve transition arrangements to adulthood and ensure extended assessment and provision from 19 to 25 years
8. To provide choice for families and facilitate best use of integrated personalised budgets and direct payments

Value for Money

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.

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.

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.

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.

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

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 364 children and their families currently supported by the integrated children's disability service.

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 levels of short break funding for children who are recorded as 'looked after' are 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
Brighton and Hove	£5,100	£332	£130	£5	£40	£38	£14
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)

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

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

- Providing an alternative to expensive out of city education and care placements via integrated education, health and care provision in the city
- Reducing management costs by integrating and streamlining provision and services
- 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
- Saving on transport costs by providing specialist inclusive provision for education, health and care needs that is locally based

Research

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

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

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

Consultation

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.

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

Key Findings from the Review

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)

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)'

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.

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.

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' (professional)

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.

Opportunities to create a flexible and responsive workforce are currently limited by the way services are separately led and managed in many areas

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.

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.

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.

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.

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.

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)

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.

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.

Learning and achievement: SEN support services 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)

Identification of SEND and BESD in the city needs to be more robust and consistent. Identification of SEND (which includes BESD) is and has been over recent years rather higher than the national figure at 21.7% (January 2014 census) where the national average is 17.9%. 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.

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.

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.

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.

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.

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.

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.

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.

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)

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+.

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.

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

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

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)

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.

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.

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.

Conclusion

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

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.

Timeline

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.

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:

- Detailed proposals to Children's Committee and Health and Wellbeing Boards in the summer term 2015
- Consultation on more detailed proposals in the autumn term 2015
- Implementation from September 2016

Section 1: Joint commissioning

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)

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)

Headline

This section considers the crucial role joint commissioning plays in getting services right for children and families and how to improve joint planning further.

What is meant by 'commissioning'?

'Commissioning' is the process of identifying the needs of a community and planning services to meet those identified needs. In some public bodies and particularly in the health sector, the process of 'commissioning' is separated out entirely from the actual delivery of services. For example in the health sector, speech and language therapy services are 'commissioned' by the Clinical Commissioning Group (CCG) but delivered under a contract by Sussex Community Trust (SCT). In other public bodies, and notably the council in Brighton and Hove, both the functions of 'commissioning' and 'service delivery' can be carried out within the one organisation. The council supplements its own services with a range of services commissioned from elsewhere, and primarily via contracts with the community and

voluntary sector.

'Joint commissioning' is where the assessment of need and planning of services are undertaken by two or more agencies working together, typically in health and local government, and sometimes from a pooled or aligned budget.

The purpose of joint commissioning is to ensure the best possible response to all of a child's needs, aligning and integrating strategic needs assessment, planning and delivery of services to achieve more via shared ambition and outcomes.

Context

The SEN Code of Practice (2014) states:

'Local Authorities, NHS England and their partner Clinical Commissioning groups (CCGs) must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities'

Under Section 25 of the Children and Families Act 2014, local authorities have a duty to ensure integration between educational provision and training provision, health and social care provision where this would promote wellbeing and improve the quality of provision for disabled children and young people and those with SEN. This requires close co-operation with education, health and social care partners to research, plan, and commission and review services.

The Care Act 2004 requires local authorities to ensure co-operation between children's and adult services to promote the integration of care and health services and therefore the transition between children's and adult social services.

The assessment of need must be achieved by a Joint Strategic Needs Assessment of the health and well-being of the community to promote a joined-up approach to prevention, identification, assessment and early intervention.

In addition, 'Working Together to Safeguard Children 2013' makes clear that agencies must work together to assess the care and support needs of children, to provide early help where needed, to promote the welfare of young people and ensure their safety.

The process of joint commissioning must be informed by the views of children, young people and their parents and carers at all stages.

Joint commissioning arrangements should enable partners to make best use of all the resources available to improve outcomes for children and young people in the most efficient and effective way. The aim is to provide personalised, integrated support that delivers positive outcomes, bringing together support across education, health and social care from early childhood through to adult life, and improves planning for transition points between early years, school and colleges, between children's and adult social care services,

At a strategic level, we have a duty to engage children and young people with SEN and disabilities and their parents in commissioning arrangements, because harnessing their views will mean that decisions on services for them are shaped by user experiences, ambitions and expectations, and will give useful insights into how to improve services and outcomes.

Joint commissioning arrangements must cover:

- The provision of assessment and advice to the local authority about the needs of children with Education, Health and Care Plans (EHC plans)
- The provision to be made as part of an EHC plan
- Any personal budget given to parents to secure support for their child as a consequence of an EHC plan
- Joint commissioning arrangements made locally must be included as part of the Local Offer for families setting out what is available to meet their child's needs.

The commitment to improving and enhancing joint commissioning between the council (Children's and Adult Services and Public Health) and the CCG is very strong and a range of strategic and operational work is being undertaken in this area.

The 'Section 75' agreement between the Clinical Commissioning Group (CCG) in Health and the council has in recent years provided the legal framework for joint commissioning between the CCG and the council in respect of SEND services. This was not renewed in 2014 but the cessation of the agreement went in parallel with a renewed commitment to improve joint commissioning by increasing its effectiveness through enhanced joint strategic planning and joint working between the agencies.

Case Study: Benefits of integrated working across Hillside School and Seaside View Child Development Centre

A monthly multi-professional meeting held at Seaside View Child Development Centre allows therapists working from Seaside View, outreach staff from Hillside School and an SEN Casework officer to monitor the various therapy needs of children in mainstream schools with physical and medical needs. A teacher from Hillside School said "This integrated working allows me to ensure that fewer things slip through the net".

Children's Health Strategy

In the autumn of 2014 a Strategic Commissioning Group was set up with representation at Director level from the CCG, Public Health, Adult Social Care and Children's Services. The key first task for this strategic group is to develop a Children's Health Strategy. Part of this strategy will involve the development of a new policy on joint commissioning arrangements for provision and services relating to SEND. The new joint commissioning strategy must be built on the establishment of effective partnerships which include parent groups, children and young people. Brighton and Hove's role as the lead LA in the south east 7 (SE7) group of local authorities' national champion Pathfinder Project means that there are regular useful opportunities to consider developing partnerships between council and health services.

Role of the Designated Medical Officer

Currently discussions are on-going between Children's Services of the council and the CCG about the commissioning of the role of Designated Medical Officer as set out in the new Code of Practice. The Designated Medical Officer (DMO) provides a crucial link and key point of contact for local authorities, schools and colleges seeking health advice on children and young people with SEND. The purpose of this role is not to carry out the assessments on children and young people but to ensure that an effective system for assessment, planning and health support is in place. To date this role has been carried out by a paediatrician from the Integrated Child Development and Disability Centre at Seaside View but given the new requirements to provide medical advice up to 25 years for young people with EHC plans, some re-consideration of the role and potential additional commissioning from health services to adults is needed.

Commissioning of Community and Voluntary Sector Services

Both the CCG and the council, including Public Health, commission a wide range of services from the community and voluntary sector. Increasingly Children's Services and the CCG are evaluating impact and re-commissioning these services together as part of an integrated approach.

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

'Lack of co-ordination between schools, parents, NHS, social services etc. – parents have to do all the running' (parent)

'Please can you invest in an overarching service that co-ordinates services rather than relying on parents to update different support services (parent)'

'The services don't communicate very well between themselves, there are too many hands-offs and it leads to a slow and inefficient process' (parent)

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.

Recommendations

- That a new Joint Commissioning Strategy is finalised between the council (Children's Services, Adult Services and Public Health) and the CCG, to cover all provision and services to be secured for children with SEND and BESD
- That the role of the Designated Medical Officer is re-commissioned by the CCG in partnership with the local authority in line with the new statutory framework
- That the CCG and council services, including Children's and Adult Services and Public Health, commission, review and evaluate contracts with the community and voluntary sector jointly where appropriate.

Section 2: Integrated Provision

Headline

This section sets out the rationale for re-organising provision for children with SEND and BESD on an integrated basis across education, health and care. The principle underpinning new proposed provision in the Early Years and at school/ college is that there will be extended educational provision, with integrated services co-located where possible, putting the holistic needs of children with SEND and BESD and their families at the centre at all time

Main findings of the review

The online consultation produced many pages of praise and appreciation from parents for a wide range of individual services and provision across health and council services and services provided by the Community and Voluntary Sector (CVS), such as AMAZE and Barnardos.

However there was a general feeling that more was needed in most areas. Given that spend on services is generally greater in Brighton and Hove than the national average and council budgets are shrinking, an overall increase in provision across services is not likely to be affordable. Nonetheless, it is possible to consider ways in which services can be organised to offer better value and increased impact for children and families, which has been central to the work of the review and its recommendations.

Central to the findings of the review were that the wide range of services provided across agencies in education, health and care can feel fragmented and difficult to access by families, schools and professionals alike. This is especially the case where children have more complex needs and there are multiple agencies and professionals involved. Families and professionals believe that joint working is essential to effective planning to meet a child's needs and to achieving the best outcomes for them.

The review found enormous willingness on the part of professionals to link and liaise but their capacity to do this is limited by other demands and the sheer complexity of structures and plethora of services.

Professionals also find difficulties with the different practices, professional cultures and 'language' of the different agencies across education, health and care services. Multiple lines of accountability and line management exacerbate a situation that has been a principle cause for concern nationally as well as locally over many years. This can diminish best value via unnecessary layers of management costs and overlapping or unaligned systems and services.

The concept of integrated delivery of services flows from effective joint commissioning and is signposted in the new SEN Code of Practice:

'Local Authorities must work to integrate educational and training provision with health and social care provision where they think this would promote the wellbeing of children and young people with SEN or disabilities, or improve the quality of special educational provision. Local partners must cooperate with the local authority to do this. The NHS Mandate, NHS Act 2006 and Health and Social Care Act 2012 make clear that NHS England, CCGs and Health and Wellbeing Boards must promote the integration of services'.

(SEN Code of Practice 2014 3.13)

Brighton and Hove has an 'Integrated Child Development and Disability Centre' and service at Seaside View bringing together professionals from social work and disability care services with paediatricians, speech therapists, occupational therapists, physiotherapists and audiology. While this innovative provision governed by a Section 75 provider agreement between the council and Sussex Community Trust signposts the way forward, education services are not included and this diminishes the impact considerably. The review has concluded that for maximum impact on outcomes for children and young people integration of provision and services must include education, health and care services.

The review has taken the concept of integrated services and applied this to three areas within its remit to consider:

2a: Provision for children and young people with disabilities and complex learning needs in school and college

2b: Provision for children and young people with disabilities and complex learning needs in the Early Years

2c: Provision for children and young people with behavioural, emotional and social needs, including mental health needs.

Section 2a: Integrated Provision: Disability in the Early Years

Headline

This section sets out the rationale for re-organising Early Years provision for children with disabilities and complex and severe special educational needs on an inclusive and integrated basis across education, health and care.

Context

The new Children and Families Act 2014 has extended the duty of Local Authorities to have arrangements in place to support children with SEN or disabilities from 2-19 years to 0-25 years.

Where complex developmental and/or sensory needs are identified at birth or in the very early years through regular health checks, the health service must inform the family and discuss it with them, and let them know about any voluntary organisations that are likely to be able to provide advice or assistance. This includes the educational advice, guidance and intervention to be put in place early and before the child starts school. The health service must also draw that child to the attention of the appropriate local authority, who must then consider whether the issue is sufficiently complex and long term that an EHC needs assessment is appropriate

From September 2014, two-year-olds with EHC plans or statements of SEN or who are eligible for Disability Living Allowance are entitled to 570 hours per year of funded early education. All three- and four-year-olds already have this entitlement.

For children with the most complex SEND, their needs are likely be apparent from birth or a very young age and a variety of professionals will be involved with them across care, health and education services in the early years.

It is the children with the most complex SEND that are the subject of this section on disability in the early years.

Seaside View Child Development Centre

Generally when children have severe and complex developmental difficulties in the Early Years, they will be referred for assessment and support at the Seaside View Child Development Centre. This centre is part of the Children and Families 'Integrated Children's Development and Disability Service'. This city-wide service comprises a range of disability and social care teams. The health services run by SCT and the disability and social care services run by the local authority are jointly managed on an integrated model under a Section 75 agreement. These teams work with children who have a range of developmental needs, offering diagnosis, investigation and treatment and early intervention based on a child and family's individual needs.

This model is innovative in terms of integrated working. However it has not included education to date within its integrated model although professionals do a considerable amount work in schools.

The Pre-School SEN Service (PRESENS)

The Pre School SEN Service (PRESENS) provides intervention, assessment, support and advice for children aged between 2 and 5 years and their families/carers. The Offsite team work directly with children identified as having additional needs in their preschool setting or their home. They also provide support, advice and training for practitioners working with children with SEN in nurseries or child minders in the maintained and private, voluntary and Independent sector.

PRESENS Nursery Provision

The Onsite service from PRESENS provides a specialist assessment and intervention nursery on two sites:

1. The Jeanne Saunders Centre, Hove (maximum 12 children for three terms for 2 x 5 hour sessions per week) located
2. Easthill Park, Portslade (maximum 6 children for three terms for 2 x 5 hour sessions per week).

Both nurseries provide transition support for children in their first term in Reception. This support begins in the Summer Term

The key purpose of the specialist nursery provision is to support the full assessment of a child's needs at school entry usually via the statutory assessment process. The statutory assessment process prior to this academic year had to be completed in 26 weeks; hence only one cohort of pupils could be placed for assessment in the year before school entry. However the new legislation has reduced the period of statutory assessment to a maximum of 20 weeks and thus there is a need to review the model.

Placements can currently be made at the Jeanne Saunders Centre where an assessment of a child's complex educational needs might be needed in the year prior to school entry. However, this building is not fully accessible for those with mobility difficulties, and a second satellite specialist nursery taking a maximum of 6 children at Easthill Park provides for those with greater mobility needs.

Both nurseries provide 2 sessions of 5 hours in length each per week. In the rest of the week most children have sessions in their local nursery where additional support is provided to meet their needs in a mainstream setting.

The PRESENS nurseries have contact with parents via a termly review meeting to look at progress, via occasional coffee mornings and phone call or extra meetings by arrangement. Jeanne Saunders has a specialist nurse whose role is to provide home support to families but the post holder is absent currently and there has been no provision to cover her post.

Access to both nurseries is by professional referral to a Panel which considers all cases and determines priority. There are regularly referred young children who do not get a place as demand exceeds supply. Those children will continue to be offered support in mainstream nursery provision.

A large majority of the children leaving the PRESENS nurseries will go on to special schools.

ICAN nursery

The ICAN specialist Early Years provision at Carden Primary school supports a group of twenty children from across the city who have been identified as having significant speech, language and communication needs. Children attend in the year before statutory school age. A main aim of the provision is to provide intensive, specialist early intervention with the aim of children transferring from the provision into their local mainstream school if appropriate. It is an inclusive nursery provision therefore children spend some of their time accessing the Early Years Foundation Stage curriculum within the main nursery setting and then follow a targeted personalised programme of support either within the main nursery or in the ICAN provision delivered jointly by specialist education staff and a speech and language therapist. A range of strategies are used to support the children's access to the Early Years Foundation Stage curriculum, including the use of the Makaton sign language programme.

Transport

There is a high need for safety with regard to transport for such young children around the City. Currently most children attending the specialist nursery provision at Jeanne Saunders, Easthill Park and the ICAN nursery at Carden School are offered taxi or minibus transport funded by the local authority with an escort. There have been difficulties with securing escorts prepared to work for short periods of the day on two days a week.

Support for inclusion in mainstream settings

Grant funding is provided to support settings with young children with SEND as part of the Early Years entitlement at 2 years (where eligible) and at 3 and 4 years. There is also additional funding to support children with SEND in the year prior to school entry where parents are funding the placement.

Costs of Disability Learning Support in the Early Years

Setting	Funding	Provision	Target Group	Location
Preschool SEN service PRESENS	£729,360	On-site assessment opportunities for 18 children with SEND all attending	12 children	Jeanne Saunders Centre
		2 days per week for one year prior to school entry	6 children,	Easthill Park
		An off-site team to give advice, support and training to early years settings to facilitate the inclusion of children with SEND	139 children across 147 settings	
ICAN specialist nursery	£85,000	Inclusive nursery provision for children with speech and language difficulties	for 30 children each attending 5 half days for one year prior to school entry	Carden Primary school

There is additional funding available for pre-school children with special educational needs and disabilities to enable them to access childcare early years settings:

Funding...	Available to young children with SEND...	To enable	Accessed by
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			(2013/4.)
£89,600	in the year before they enter school, and where the childcare is paid for by the parent	Inclusion in EY settings	76 children
£250,000	children attending provision through their early years entitlement at age 2 (where eligible) or at age 3 and 4	Inclusion in EY settings	86 children

Feedback from the consultation process

The PRESENS off-site service received many appreciative comments from parents in the online feedback. There was less comment about the specialist nurseries at Jeanne Saunders and Easthill Park from parents, but possibly reflecting the low numbers using this provision. However surveys by the provisions over time have shown high levels of parental satisfaction. A number of professionals wrote in to compliment the provision at Jeanne Saunders in particular, although also raising issues about lack of capacity there and building accessibility issues.

Again there were not many comments that specifically related to the ICAN nursery from parents, but a high volume of comments centred on the importance of support from all sources for children with speech, language and communication needs.

A small number of parental responses relating to Early Years raised:

- A perceived need for more learning support targeting the 0-2 years age range
- Regret at the loss of the Portage pre-school service
- A wish for better Early Years support and provision for children and young people with ASC.

Main findings from the review

Early Years nursery provision for disabled children is highly valued by professionals and parents and is of good and sometimes very good quality overall.

Feedback clearly indicates that mainstream settings value the support from the off-site PRESENS team.

On-site PRESENS provision (Jeanne Saunders and Easthill Park nursery classes) has developed over time not always in a planned way and thus however good the provision, the configuration may not offer best value for money. For example it is not advisable to site a part-time specialist nursery for disabled children in premises that are not accessible for physically disabled children as at Jeanne Saunders. This has necessitated opening a secondary part-time nursery class at Easthill Park and leaving much under-utilised space in both provisions across the week.

In terms of the specialist assessment nurseries, parents who are allocated specialist nursery provision provide very good feedback on the placements as a whole. However parents who do not obtain a place for their children and in some cases, parents who want a full time specialist placement are unhappy with the provision on offer and some feel they have to

seek placements themselves in specialist nursery provision in the independent and non-maintained sector, such as Chailey Heritage.

The principles underpinning this review cite the need to provide inclusive integrated opportunities within a value for money context. The off-site PRESENS model can more easily promote inclusion where this is appropriate as the service supports mainstream providers. However it is more difficult for the PRESENS specialist nurseries in this context as they are not themselves operating from inclusive settings.

While the specialist PRESENS nurseries do link with children's mainstream nurseries, contact is inevitably less frequent than if the provisions were co-located and there are some consequences which may not be helpful in terms of longer term outcomes, such as separate individual education plans in the specialist and mainstream nursery.

While the PRESENS nursery staff can provide each other with support, here is also an element of isolation for very small part-time nurseries with a consequent potential impact on staff development and stress levels. Sick leave and other forms of absence, especially when longer term, also have a greater impact in a small setting.

While there is some support for families from the PRESENS service, including the specialist nurseries, the expert practitioners across this service could usefully have a role working with other professionals to provide much higher levels of expert advice, guidance and support on the management of complex needs to families. This would facilitate early and preventative working to increase the skills and resilience of families and thus help avoid family breakdowns of the future. The principle of much higher levels of bespoke support to families from as early a stage as possible is central to the findings of the review.

The Effective Provision of Pre-school Education (EPPE) study finds that integrated centres and nursery school provision are more likely to be of higher quality and to have better child outcomes. (*Sylva et al, 2004*) Although EPPE did not set out to look at the impact of integrated services, there was strong evidence to suggest that high quality pre-school provision that integrates childcare and education brings benefits to cognitive and behavioural outcomes up to the age of 11. (*Sylva et al, 2008; cited in Siraj – Blatchford and Siraj – Blatchford 2009*).

There is limited data on longer term impact from spend on support for Early Years children with SEND. While there is a view across PRESENS and amongst other professionals, that the services promote higher levels of inclusion into mainstream schools, there is limited evidence in this respect and limited national benchmarking data available to compare with local statistics.

For children with more complex SEND where families choose mainstream education, there is currently a lack of research over time to evaluate the success of mainstream placements or the impact of outreach services from special schools over time.

The review has not been able to focus specifically on the ICAN nursery provision and its impact in this time frame but recommends that a specific evaluation of this model takes place before the end of the 15/16 academic year.

Further work is needed to compare the current model for provision of Early Years SEND support with other potential models and to learn more from provision in other Local Authorities where children with SEND achieve higher standards than here in Brighton and Hove.

While there are advantages to the current matrix of provision, co-locating specialist provision with one or more mainstream nursery providers would enable children to have their Early Years support in one setting and enable all those working with a young person to have daily contact and liaison with each other. There should also be greater flexibility within a larger inclusive setting for meeting the needs of more children over a longer period of time.

Working from the principle of integrated provision at all stages, it would be beneficial to include relevant Seaside View health and care services as part of an inclusive/ specialist PRESENS model.

Recommendations

1. That subject to agreement from the Children's Committee and Health and Wellbeing Board, a second stage of the review develops proposals for integrated provision for children with special educational needs and disabilities in the Early Years by creating inclusive specialist nursery provision within one or more existing mainstream nurseries, with relevant health and care services
2. These proposals, if agreed, would then be subject to a further period of consultation
3. That a specific review of the provision at the ICAN nursery take place prior to the end of the summer term 2015 with a view to making proposals for future direction of this provision

Section 2b. Integrated Provision: Disability and SEN 5-19+ years

Headline

This section sets out the rationale for re-organising provision for children with disabilities and complex and severe special education needs 5-19+ on an integrated basis across education, health and care. Proposals centre on creating extended special school provision offering respite and residential options for eligible young people with all relevant health and care services located where possible within the integrated school setting. Extended opportunities for inclusive learning would be provided by federation and close partnership with mainstream schools.

Context

The large majority of children with SEND in the City are in mainstream schools. There are just fewer than 8000 children on School SEN registers in the City, representing 21.7% of the school population against a national average of 19.7%. This percentage varies considerably from school to school with less than 4.5% on the SEN register of the lowest recording school to 75% in the highest. Social deprivation accounts for some degree of variance across schools but by no means all with differential practice being also a significant factor.

From within the 8000 pupils on SEN registers, 994 have a current Statement of SEN (soon to be converted to an Education, Health and Care plan). Of these, 430 are in our own special schools and a further 64 are in independent or non-maintained special school placements.

Support to mainstream schools

Around £12.5 million pounds is delegated across the 75 schools in the City (includes nursery schools, Academies and Free Schools) from the Schools Block to support children with SEND and a further £1,400,000 from the High Needs Block is provided to supplement funding in schools for children with Statements of SEN/ Education, Health and Care plans.

‘We need more connected, more ‘yes, than ‘not our bag’ (parent)

‘My priority is joined up integrated services that are able to intervene in a timely fashion, rather than being passed between agencies, thresholds, criteria and bouncing around the system until the situation deteriorated for the child and/or family and forces a response.’ (staff)

‘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)

In addition just over £3 million is spent on services to support schools in educating children with SEND (for example the Educational Psychology Service, the Sensory Needs Service, Preschool SEN service, Literacy Support Service, Speech and Language Service, Behaviour and Inclusive Learning Team, Autistic Spectrum Support Service)

Case Study: Henry Tyndale Special School, Hampshire

Rob Thompson, headteacher of Henry Tyndale School in Hampshire, identifies close working links with respite providers and health colleagues as a key element of his School’s outstanding provision. Ofsted identified “An extremely strong feature of the provision is the partnerships which have been established with other professionals, particularly those in social care and health sectors, which are especially effective in reducing pupils’ feelings of isolation and enhancing their self-esteem. The school’s excellent partnership with parents and carers ensures that they are fully involved in their children’s education.”

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Special Facilities

Special facilities in primary and secondary mainstream schools provide a useful specialist resource for children with more complex needs while enabling them to be on the roll of a mainstream school and access inclusive learning. They are well used in the City and popular with parents and pupils.

Special Schools

There are six special schools in the City catering for 430 pupils with an average roll of 71 pupils.

All six special schools are rated as at least 'good' in terms of overall effectiveness by Ofsted. Two, Hillside and Downs View Schools, are rated as 'outstanding'.

The percentage of pupils in special schools in the City is around the national average. Just over 10% of places are filled by pupils from neighbouring Local Authorities.

Examining national data as far as possible, indications are that there is more than the average number of schools for an LA of the size of Brighton and Hove. National data indicates that around two-thirds of special schools are larger than the average special school in the City.

With small special schools, funding tied to numbers of pupils on roll can make a school's finances precarious as small changes in numbers, such as two or three children leaving, can result in a large percentage claw back. Additionally special schools vary in their popularity with families. Parents will use their legal entitlement to gain a place in the school of their choice, whether mainstream or special, thereby leaving other schools short on numbers.

Most special schools have had problems with budget at some point but the situation has become increasingly serious for two schools in particular with falling rolls requiring substantial support from the LA via financial 'transitional protection'. The purpose of

'transitional protection' funding is to allow schools time to take steps to balance their budgets but this has proved extremely difficult as rolls have not increased and there is a limit to the extent to which a school can make savings and still offer a broad and balanced curriculum. With increasing pressures on the High Needs Block, the LA is unable to provide additional funding for special schools in financial difficulty without a sustainable budget position into the future.

The above is significant factor in needing to review and evaluate special provision.

Independent and non-maintained education sector

There are 64 pupils currently in the independent and maintained sector with Statements of SEND/ Education, Health and Care plans. Some of these pupils are joint-funded with social care and for some there is also a contribution from health partners in the CCG.

The total cost here is £3,525,590 with an average cost of just over £55,000 per place. This is more than double the cost of the City's most expensive maintained special school place. However a number of these young people are in residential provision and have very complex needs.

In addition a further £1,592,700 is spent on residential provision for 17 children with disabilities in the care of the Local Authority. Most of these children are in care because families are struggling to cope with the challenges that can arise from the complex needs of these young people, and particularly behavioural challenges as young people become older and less easy to manage.

The total cost of independent and non-maintained school and care placements for children with SEND exceeds £5 million. The findings of the review are that this cost is unnecessarily high. Integrated school, care and health provision including residential and extended day options plus more intensive home support from the Early Years could substantially reduce the need for this spend.

Tudor House Children's Home

Tudor House offers short breaks to families with children with severe learning disability and other complex needs. Premises are a spacious specially adapted house with a large garden in the centre of Brighton. It has been adapted with specialist equipment needed to cater for both ambulant and non-ambulant children and offers good quality accommodation with 5 spacious bedrooms, set out in the style of family home with additional sensory and other play space. The provision offers 1161 overnight stays per annum with an average of 3-4 per children staying per night. Tudor House continues to be rated outstanding following recent OFSTED inspection in December 2014.

Drove Road Children's Home

Drove Road is a children's home offering respite and full-time care in two flats for children with severe and complex needs including challenging behaviours. It is a large detached industrial-style property in Portslade with a ball pool, sensory room and an art and music

cabin in the spacious garden. Much of the accommodation is used for offices for professional and care/ outreach services. The Children’s Home is located on the first floor and is divided into 2 flats, one with 3 bedrooms offering full time placements and the other providing accommodation for up to 5 young people to have short breaks. There were 1200 respite overnight stays in 2013/14 in addition to the full-time placements.

Providing both respite and full-time care within one provision is not an ideal model of care as the needs for children who live at the home differ to those who receive short break support and there are complications for staff trying to meet the needs of both sets of young people. There are shortcomings in the building which requires high levels of ongoing maintenance and despite the efforts of staff to make it homely, there is a institutional feel to the building, which staff and parents alike find undesirable, especially for the young people who live there full-time.

Drove Road is rated as ‘good’ overall currently by Ofsted and has been previously rated ‘outstanding’.

Comparative data on funding

National benchmarking data across Local Authorities shows that Brighton and Hove spends more than the national, south east and statistical neighbour averages on the education of children with High Needs and on SEN/ Learning Support Services.

Although the funding for short breaks for disabled children not ‘looked after’ is recorded as just below the national average, short break funding for children who are looked after (defined as having more than 28 respite nights in a year) is recorded at well above the national average and at the maximum for all LAs.

	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
Brighton and Hove	£5,100	£332	£130	£5	£40	£38	£14
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 tables)

Higher than average funding for children with SEND is not matched currently by higher than average outcomes educationally or through to adult life and thus a value for money question is raised.

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

- Providing an alternative to expensive out of city education and care placements via integrated education, health and care provision in the city
- Reducing management costs by integrating and streamlining provision and services

- 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
- Saving on transport costs by providing specialist inclusive provision for education, health and care needs that are locally based

Education provision with costs

Setting	Number on roll	Aged	Level of Need	Funding
Cedar Centre	70	11-16	Complex	£1,216,726
Downs Park	86 (+ 15 at West Blatchington)	4-16	Complex	£1,744,629
Downsview	117	4-19	Severe and multiple learning difficulties	£2,889,734
Hillside	70	4-16	Severe and multiple learning difficulties	£1,588,919
Homewood College	45	11-16	Social, emotional and mental health	£1,241,321
Patcham House	36	11-16	Complex	£809,779
Total				£9,491,734

Special Facilities

This provision	Offers specialist support and intervention for pupils with	at	and provides this number of places	at an additional cost of
Carden speech and language Centre	Speech, language and communication difficulties	Carden Primary	24	£240,950
West Blatchington SF	Autistic spectrum condition	West Blatchington primary school	15	£215,408 <i>*funded via Downs Park)</i>
Bevendean Hearing Support Facility	Hearing impairment	Bevendean school	12	£126,000
Phoenix Centre	Language and Communication difficulties, including autism	Hove Park school	13	£195,000
Longhill SF	Specific learning difficulties, including dyslexia	Longhill School	20	£280,000
Swan Centre	Language and communication difficulties, including autism	BACA	16	£242,840
TOTAL				1,300,198

Extended Day Provision

Service	Provision	Target Group	Funding	Managing Body
Cherish	Out of school activities	Complex disabilities	£78,560	LA Disability Service
Extratime/YMCA	Out of school activities	Complex disabilities	£239,095	Community & Voluntary sector
Brighton and Hove Inclusion project	Out of school activities	Complex needs	£11,683	Community & Voluntary sector
Crossroads	Breakfast clubs and sitting services	Complex disabilities	£26,767	Community & Voluntary sector
Outreach	Out of school activities	Complex disabilities	£236,160	LA Disability Service
Out of school childcare	Funded childcare		£15,000	LA officer

Overnight Residential and Respite Short Breaks

Setting	Provision	Capacity	Funding	Managing Body
Drove Road	Residential care and overnight respite	1200 overnight stays for 4 full-time placements and 520 overnight respite stays ^[1]	£1,049,260	LA Disability service
Tudor House	Residential overnight respite	1161 Respite overnights ^[2]	£584,370	LA Disability service
Barnardos Link Plus	Respite services	Overnight respite for children with complex needs	£315,452	Community and Voluntary sector
Barnardos carers	Respite services	Overnight respite for children with complex needs (contract carers)	£28,809	Community and Voluntary sector
Agency respite placements	Emergency short term overnight care	Overnight agency respite to children with complex needs	£46,500	CVS/Independent sector
Federation for the Disabled	Support to parents to manage direct payments and employ PAs		£12,608	Community and voluntary sector
Direct payments	Money to enable parents to purchase personalised respite services		£549,700	LA Disability Service

^[1] Figures for 2013/14

^[2] Figures for 2013/14

Out of Authority Independent, Non-Maintained & Private Placements Funding Totals

Provider	Level of Funding
Education	£3,890,030
Social care (disability)	£1,592,700

Closer working of social care, health and education needed so families can identify a pathway and feel that there is a team around the family (staff)

Use schools as mini community hubs – super extend them to base a range of professional there (staff)

Consultation and Feedback

As the variety of quotes from the consultation indicate families and professionals alike believe a more joined up support system for children with SEND and especially for those with the most complex needs would be of benefit.

Professionals raised concerns about different computer and file-based systems which they felt were obstacles in the way of joined-up working.

Families were supportive of the schools their children attend and there were positive comments about individual schools and school staff. The impact of effective special educational needs coordinators in schools was also viewed positively by parents.

However there were some worries expressed by some parents about mainstream inclusion and these centred on:

- The training of staff and their understanding of the challenges children face
- Planning and coordination of programmes of support
- Occasionally the attitude of adults and other children to their children's difficulties and especially where children have behavioural difficulties
- The awareness of the difficulties and challenges faced by children with autistic spectrum condition in a mainstream environment
- Concerns about the transition to Education, Health and Care plans and whether this would impact negatively on support for their child in the process

Families of disabled children appreciate respite and short break provision but generally they feel more is needed and the system is under pressure.

Those families in receipt of direct payments were mostly positive about the flexibility to purchase support as needed but there were concerns, notably:

- Whether the services are there to purchase, particularly in relation to suitably training and competent personal assistants (PAs)
- Having the capacity as parents to worry about sourcing and paying for support when they had many other calls on their time

In terms of health input, this is very important to parents and particularly in the areas of diagnosis and follow-up support. There were a number of appreciative comments about individual services. Many comments related to the need for more joined up working across health services and between health and education. Some refer to perceived long waits for services, difficulty in obtaining a 'diagnosis' of their child's difficulty and inadequate follow-up support, particularly in relation to ASC. Generally health services
Many parents feel there is 'a too little too late' feel about services such that there is no robust intervention until they reach crisis point and then there may be no way back.

A few parents and professionals expressed a view that resource allocation is not always fair with more assertive and able parents exerting undue influence on the system to the disadvantage of less advantaged families.

Provision Visited as Part of the Review

In the course of the review, a range of visits were made to good and outstanding provision in the south east with innovative practice in integrated working. Visits were also made to some to independent and non-maintained schools in the local area which have attracted pupils with disabilities from Brighton and Hove. These included:

- Chailey Heritage School, East Sussex.
- Cuckmere House School, East Sussex.
- College Central, Eastbourne.
- Henry Tyndale School, Hampshire.
- Hamilton Lodge School, Brighton.
- Oaklands Mead School, West Sussex.
- Portfield School and Autism Wessex, Dorset.
- Parkwood Hall School, Kent.
- St Johns School, Brighton.
- St Mary's School, East Sussex.
- Shepherd Down School, Hampshire.
- Stone Bay School, Kent.
- Swiss Cottage School, Camden.
- Walnuts School and Walnuts Care, Milton Keynes.

Research to support the review was undertaken with other local authorities – East Sussex, Hampshire, Kent, Wandsworth, West Sussex, and Southwark. The following schools and establishments were visited or contacted as part of the research:

Case Study: Swiss Cottage LA Maintained Special School, Camden

Swiss Cottage School, Camden, is an all-age (2 to 19) school. Created following the merger of two special schools, it meets the needs of 230 children. The School operates daily from 9.30 am and (for some pupils) until 5.00 pm. The School has a manager of extended services who organises after-school clubs and Saturday activities based at the School, as well as a range of support services to children and their families. An on-site three bedded flat is used to provide overnight respite opportunities as well as to teach older students basic independent living skills. A large team of health professionals, including CAMHS staff, are based at the School and are increasingly integrated into the wide range of services that the school provides. Swiss Cottage School was judged outstanding in all areas by Ofsted in January 2014 and inspectors remarked that "The highly effective support from other professionals as well as from its own team of highly experienced therapists support pupils' wide-ranging learning needs particularly well."

Main Findings of the Review

Provision was most successful on visits to other provision where children's needs were met without the need to cross professional boundaries of education, health and social care. A consistent approach to meeting a child's needs and the provision of a "one stop shop" for parents and families were also often cited as being highly valued. In the best provision, consideration had been given to providing a breadth of provision – care charged at an hourly rate outside the school day; support for families; residential respite care supported by staff who knew children well; extended day activities and continuing education and training provision for students when they leave school at the age of 19. Many providers spoke of budget pressures and an increasing need to focus on knowing and understanding the costs of services and an increasingly sharp focus on providing value-for-money. Where cutting edge practice was observed it was creative, innovative, responsive and cost-effective.

The review found that integrated provision can be extremely effective when centred on an extended school model. With the school at the heart of the provision, extended day, respite and short breaks, residential and overnight care, home support, outreach, health and therapy services can be combined as an a holistic offer to children and families in one place. This is similar to the provision some families seek in independent and non-maintained provision but there are savings to be made by using our local services on a more integrated and streamlined model. This is cost effective and promotes excellence.

The review of provision in the City found that while much provision 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.

Opportunities to create a flexible and responsive workforce are currently limited by the way services are separately led and managed in many areas

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.

In addition integrated education, health and care provision would facilitate development of related issues such as:

- Fairer overall allocation of resources between families
- Early intervention and preventive working with families
- Pooling of Direct Payments/ personal budgets across education, health and care
- Joint planning and support programmes across school, care, health and home
- Professional team working and shared expertise

Case Study: Chailey Heritage non-maintained special school, East Sussex

Chailey Heritage School, a non-maintained special school in East Sussex, caters for the needs of children with complex physical difficulties and associated health needs. Ofsted have recently inspected and praised the School - "Exceptionally precise planning of all learning activities means that very often a pupil's education, health and therapy needs can be met at the same time. Because therapists and

nurses work so closely with teachers, pupils very often remain in classroom for the necessary health and therapy routines, which means that learning is rarely interrupted". The School has the benefit of on-site therapy and medical provision as well as residential provision which provides flexible options ranging from overnight respite to full-time residential care.

Recommendations

- 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.

Section 2c: Integrated Provision: Behavioural, Emotional and Social Difficulties

Headline

This section sets out the rationale for a proposed re-organisation of provision for children with disabilities and complex and severe behavioural difficulties on an integrated basis across education, care and health, including mental health. Closely linked to a developing care strategy for troubled adolescents, proposals will involve extended day and potentially some residential provision plus therapeutic and other health and care support, including support for families, provided as part of the overall programme. Extended opportunities for inclusive learning and re-integration to mainstream schooling would be provided via close partnership with mainstream schools in the City.

Context

Case Study: The SABDEN Federation, East Sussex

The SABDEN Federation of three Ofsted 'outstanding' special schools for children with BESD, a secure children's unit and a large multi-site pupil referral unit provides specialised provision across the county of East Sussex for children with BESD and associated needs. There is one federated governing body. The provision includes a range of day and residential facilities as well as access to a wide range of alternative personalised foundation learning courses.

It is widely acknowledged that behaviour difficulties can be the manifestation of unmet needs. Behavioural Emotional and social difficulties present as a major barrier to learning both for the individuals concerned and for the schools, classes and groups to which they belong. It is a significant contributory factor to children and young people being taken into

care, and for exclusion from society. Students with BESD are also more likely to become NEET (not in education, employment or training) and to enter the criminal justice system. It is the single most important factor cited for staff leaving the teaching profession.

With these challenges in mind it is crucial that resources are targeted at where they can be most effective. Therefore, any developments arising from this review must place improving behavioural outcomes as centrally important to ensure that children and young people make progress and are safe, and succeed in adult life.

Range of Provision

The current allocation and resourcing for BESD in the city is allocated as follows:

There is one special school for BESD at Homewood College which caters for 45 Key Stage 3 and 4 children and young people. This provision costs £1.3 million. Each pupil placement costs £22,500.

There are two pupil referral units (PRU) in the city. The 'Brighton and Hove Pupil Referral Unit' (BHPRU) is based on two sites and provides education to those primary and secondary phase pupils who have been permanently excluded or at risk of permanent exclusion. There are 10 primary places and 36 secondary places. In addition, there are 8 places allocated to primary aged pupils with BESD. Each prevent exclusion placement costs £17,500 with statemented places at £22,500;

The second PRU is called 'The Connected Hub'. This offers 35 places to Year 11 students from across the city who have disengaged from mainstream education with a view to securing qualifications and a post 16 pathway for future employment and/or education. Each place costs £14,000;

There is a behaviour outreach service in the city called the Behaviour and Inclusive Learning Team (BILT). This service operates in the primary phase in a preventative capacity to reduce the need for both fixed term and permanent exclusion. This service works both directly with children and with school staff. There is also some transitional work from Years 6 to 7 and staff training which is being undertaken with secondary schools. The BILT is based at Middle Street primary school;

In addition, schools fund their own in house provision to support their children and young people to be included in mainstream education.

Current organisation of specialist provision

Homewood College and the two PRUs each have a separate DFE number. Homewood College has a separate governing body while the PRUS are more directly overseen by the local authority (LA) and each have managing committees.

The BILT is currently managed by the Head of Behaviour and Attendance although the service will be designated a 'buy back' service for the 2015/16 academic year.

The Special Educational Needs (SEN) Panel determines the allocations to Homewood College and to the statemented element of the BHPRU.

For primary and secondary phases there are Behaviour and Attendance Panels (BAPs) which determine the placements to the prevent exclusion places for the BHPRU. The secondary panel is composed of a senior member of staff from each of the 10 secondary schools in the city, alongside a range of professionals from the police and LA. The primary panel is composed of a number of Head Teachers and other professionals. Both panels also assume responsibility for the Fair Access panel which is a statutory requirement for each LA to try to ensure that behaviour problems are equitably distributed across the schools in the city

Main findings of the Review

The Behaviour and Attendance Partnerships at both primary and secondary are key to ensuring that access to resources at the PRUs are collaborative and transparent with clear ownership by schools.

The BILT is valued by schools and has made a positive difference to inclusive practice in the city.

Investment in in- school provisions like the short stay school at Hove Park and the Aspire to Achieve Centre at Varndean have had a significant impact on the schools' ability to retain students with BESD in mainstream school.

There is excellent inclusive practice evident in some primary schools where challenging children have been nurtured and developed with creative intervention and a strong commitment from the Head Teacher.

The BHPRU has reintegrated a significant number of children and young people back into mainstream schooling and avoided the need for permanent exclusion.

The number of permanent exclusions in the city is low and demonstrates effective partnership working between schools and the LA.

The Connected Hub provides an innovative programme to reengage disaffected adolescents into education and prevents them becoming NEET.

There is evidence of excellent practice where schools, parents, children and young people and outside agencies work in a 'joined up' manner to secure positive outcomes.

Where agencies have worked closely together in partnership there have been achievements and raised profile and priority around both the child sexual exploitation and radicalisation agenda. The number of placements at the PRUs is limited and ensuring that there are sufficient numbers and that there are appropriate referrals is an ongoing challenge.

The new categorisation within the SEN Code of Practice to Social, Emotional and Mental Health Needs (SEMH) presents a new challenge to determine whether current BESD provision can meet this need.

The focus on mental health is a challenge at a point where there is both dissatisfaction with and lack of clarity in the function and impact of CAMHs.

It appears that children and young people perform better when they are retained in mainstream education. The narrowing of the curriculum at secondary and the drive to improve standards and test results is believed by many to mitigate against inclusive practice for a small but challenging number of students. The inclusive practice is both resource and staff intensive which presents a significant challenge to schools in times of increasing financial pressures.

Low permanent exclusion can mask the extent of behavioural need in the city which is more accurately reflected in the high numbers of children taken into care.

High numbers of primary fixed term exclusion present an ongoing challenge. Debate needs to be had around the inability to engage challenging pupils and the relatively high gap in performance for vulnerable groups.

High numbers of children being taken into care requires a new strategic approach in the city and schools will need to be an integrated part of these developments.

Schools feel that agencies are detached and difficult to engage, with high thresholds and targets making referral difficult and mitigating against early intervention.

Domestic violence, trauma, child sexual exploitation and radicalisation are all 'live' issues in the city and have a profound impact on behaviour. These require co-ordinated interventions to secure that these children and young people achieve their potential.

The most significant group in terms of BESD and exclusion are white British free school meals boys. Addressing the needs of this group and instilling an aspirational attitude is a key challenge for the city moving forward.

Changes in legislation mean that there needs to be far greater investment in and ownership of young people beyond the statutory age of 16. The emotional and social cost of young people becoming NEET, in terms of increased incidence of substance misuse, suicide, criminality etc., means that this requires radical thinking to address the issues.

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.

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.

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 mitigate 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.

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

Case Study: Cuckmere House School (BESD), East Sussex

Cuckmere House is an LA maintained day and residential school that caters for children with BESD of primary and secondary age. The school has been judged as offering 'outstanding' provision by Ofsted over many years.

Pupils from Year 6 upwards are offered an extended day to 6.30pm at the residential facility at Tower House. Older secondary pupils can also access the residential boarding facility for one or two evenings per week.

In the school's last inspection in November 2012, the Ofsted report states: 'Cuckmere House provides an exceptionally safe place for pupils to learn Parents and carers say that their children are 'much happier and different people' after coming to this school'.

A core principle of the overarching SEND review is that children and young people and their families are placed firmly at the heart of the integration of services, crucially including schools. The new legislation requiring schools and LAs to have responsibility for young people beyond 18 is a significant driver in looking afresh at the current configuration of resourcing.

It is clear that what is required is strong holistic and strongly allied provision for children and young people and their families, which prepares them for constructively engaged adulthood as positive members of their communities.

On the basis of the feedback received it is possible to make certain recommendations:

Training

It is widely accepted that staff access to high quality training improves behaviour outcomes. It would seem that providing an extensive, systematic and tiered programme of training for all staff specifically directed at expanding knowledge, understanding and expertise around behaviour management would be a positive outcome of the review.

It is clear that the provisions developed by mainstream schools have a positive impact on inclusion across the city. The short stay school at Hove Park, the Aspire to Achieve Centre at Varndean and The Pier at Blatchington Mill are good examples of this. Disseminating this good practice to ensure consistency of practice and investment would be a constructive intervention.

As a key next stage it would then be a question of how to develop models in primary provision to enhance inclusion across the city, again learning and expanding upon current good practice.

It is obvious that children and young people are best supported when there is clear and transparent communication between schools, parents and outside agencies. Identifying models of best practice and applying these consistently across the city must be a priority moving forward.

Integration of Services

It is accepted that intervention makes a difference to children and young people and their families when it is accessed early to provide holistic and joined up support which engages young people and their families to achieve the best outcomes.

The challenge of access to Child and Adolescents' Mental Health Services is a recurring theme from all parties and is acknowledged as an issue by CAMHs staff. Clearly a major piece of work moving forward will be to work to address this issue particularly given the focus on mental health through the new SEN designation.

A key priority may be to create a cohesive map of all provision, showing how it links together. Also to set targets for all agencies and then monitor their standards to hold services to account for their contribution to outcomes related to social, emotional, behavioural and mental health.

Education needs to be at the heart of strategic developments, such as the proposed new Adolescence Strategy.

Review of the Configuration of BESD Provision

While there is not necessarily consensus on how this might look, it is generally agreed that it is a timely point to review the configuration of provision. The challenge is to address how we can increase employability, reduce the NEETs and improve life chances for those young people with challenging behaviour and mental health needs.

It is widely felt that children have the best future life chances if problems are addressed early and they can be retained in mainstream education. It might be worth considering the question of whether as inclusion works in mainstream schools for ASD and speech and language difficulties with provisions like the Swan Centre, can this model be duplicated or adapted for BESD needs if adequately resourced.

Consideration must also be given to the nature of special and PRU provision for the future to consider how it is aligned with other support agencies and mainstream schools. The development of a city wide Adolescents' Strategy and Team is a prime example of where an opportunity exists for integrating services around the education of the child or young person to provide maximum support to staff and parents in maximising positive outcomes. There are also questions to be asked about commissioning arrangements and provision for young people post 16 presenting with challenging behaviour, social emotional or mental health needs. We may need to ask whether opportunities for respite and boarding places can be explored and offered.

Recommendations

That proposals be developed to integrate existing educational, health and care provision for children and young people with BESD, including mental health needs, to provide extended day and potentially residential facilities with a strong focus on further education and vocational routes and brought back to the Board and Committee in the summer of 2015. Proposals should be linked securely to the developing social care strategy for adolescents in the City.

Section 3: Transition to Adulthood

Headline

This section covers transition to adulthood. Proposals are to increase the range of options available to young people when they leave school and up to the age of 25. The Review also seeks to ensure that education, health and social care services for children and adults work more closely together to reduce the anxiety around transition experienced by parents, children and young people.

‘How frightening it is to move from child to adult services....’ (young person)

‘Often SEN students are made to repeat Level 1 qualifications as there are not enough options post 16’ (young person)

‘We 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)

‘Once a person with a disability becomes an adult suddenly they are deemed to be recovered if they are not severely disabled and services just seem to stop’ (parent)

Full-time is not every day, so the afternoons and one full day at home-difficult to provide care while working. Also these

Context

Local Authorities have traditionally maintained statements of SEN for most young people in mainstream schools to the age of 16 for children leaving to enter further education or to 19 for young people remaining in special school provision. Occasionally students with statements continue into school sixth forms until the age of 18. However, until the arrival of the Children and Families Act 2014 statements lapsed at the point young people left school for further education or training and were replaced by a ‘Moving on Plan’ over the transitional period.

In Brighton and Hove, the Local Authority re-organised special school provision for students with severe and profound and multiple learning difficulties in 2005/6 to create Downs View Link College in a new building, co-located on the Varndean College campus. This provision, judged to be outstanding by Ofsted, continues to meet the learning needs of students aged 16 to 19. Most of those students come from Hillside and Downs View schools but some come from mainstream or other special schools within and beyond the City.

Students leaving other special schools and those with Special Educational Needs or Disabilities from mainstream schools have usually accessed courses at City College or one of a number of other educational providers.

Recent changes to education legislation have significantly changed the post 16 landscape and have raised the expectations of young people and their families. The Raising of the Participation Age (RPA) introduced at the end of the summer term 2013 will result in all young people remaining

in education or training until the age of 18. Alongside this development in September 2014 the new legislation introduced Educational, Health and Care Plans to replace Statements of Special Educational Needs but significantly extends their coverage to include young people and adults up to the age of 25.

Currently Brighton and Hove provides education to 294 young people with learning difficulties between the ages of 16 and 25, of whom 66 are over 19. However, this is set to rise with the increase in demand due to extended entitlement, and there is a real desire to ensure that we do what we can to limit any increase in the 397 young people who are NEET (not in education, employment or training), of whom 53% have SEND.

Children and young people receiving support from social care services remain the responsibility of Children's Services until their 18th birthday when this responsibility transfers to Adult Social Care. Similarly, the responsibility for their health care and any ongoing intervention switches to adult based health services at the same point.

As a result of the varying responsibilities of different agencies, children, young people (and their families) can experience a range of different transition points which can feel confusing and disjointed, leading to a fear that essential services will be lost.

Brighton and Hove maintains a small transitions team who offer bespoke support to those young people with severe and complex needs to aid their transition into adult services across all agencies.

Consultation and Feedback

Parents can be anxious about the transition to further education provision for young people, as this is often part-time and when young people cannot look after themselves independently, it can affect their ability to work to support their family.

Young people want to be able to access appropriate courses at college, but report the range of options available to them is limited and doesn't always offer progression towards better outcomes.

Some young people with SEND report that they have not always received a positive welcome from local post 16 education provision, and this has undermined their confidence (and that of their parents) that their needs will be met.

Many parents are aware that the statistics for those who are NEET (not in education, employment or training) are poor for those with special needs and disabilities and worried about the prospects for their children's employment and independent living.

Young people and their families want to be confident that they can get all the right advice, information and guidance to be able to access appropriate help re housing, financial and independent living.

A small number of students responded to the Review and told us that they wanted clearer vocational opportunities and routes, rather than repeating College courses in which they had little interest. Some young people have expressed a preference for moving into school sixth forms alongside their friends, but where appropriate courses have not traditionally been provided.

Main Findings

Whilst the new legislation extends the entitlements of young people up to the age of 25 and this is welcomed, Local Authorities have not been given commensurate additional funding as yet to meet new expectations. This is putting pressures on the High Needs Block that supports the education of children with SEND.

The percentage of young people becoming NEET who have SEN and particularly BESD by the age of 19 is a major source of concern.

The review was concerned about the cost of independent and non-maintained young people beyond school age and particularly post 19. Overall, costs are very considerably higher amongst local independent providers than for equivalent maintained provision for the same students up to the age of 19. Local equivalent provision at Downs View Link College is of outstanding quality. For post 19 provision to be affordable within the context of increased demand and the need for increased availability, there is a need to develop quality flexible maintained provision locally with good progression, strong support for independent living skills and where appropriate, good links to vocational opportunities.

There is a need therefore to:

- Extend the range and appropriateness of courses for young people with all types of SEND, including BESD in high quality maintained provision and where appropriate independent providers operating within a clear best value context
- Promote better access to mainstream sixth form and further education provision as well as in special schools or colleges
- Ensure the programme of training/ education in further education is appropriate for the needs of young people, that it offers true progression and that particularly for less independent young people, that it does not leave large parts of unfilled time in the day
- Work with training providers and employers to extend opportunities for supported internships and apprenticeships
- Improve systems for tracking the progress of young people into adulthood and to intervene to avoid them becoming NEET
- To ensure that young people with SEND have good access to careers advice via their schools and to independent information, advice and guidance

The review recognises the concerns of families about multiple transition points and different access criteria in education, health and social care as young people move towards adulthood. Changes are needed how organisations are structured within and across agencies so that they are centred on the needs of young people and recognise new legislative duties.

Any proposals for change to take forward the 16-25 agenda will need to be developed in tandem with adult social care, linked to their review of services for adults with learning disabilities.

Recommendations

That a reorganisation of SEND service delivery across Children's and Adult Services in partnership with Health facilitates transition to 25 years for children and young people through to adulthood, acknowledging both the extended age range for Education, Health and

Care Plans to 25 years and also the very real and significant concerns of families about transition to adulthood and adult services.

That provision for post 19 students is made extending the age range of provision currently made at Downs View Link College. This should be linked with a mainstream further education provider to ensure the broadest range curriculum opportunities and access to inclusive opportunities.

Section 4: Home support for children and young people and their families

Headline

This section covers support for young people and their families. Proposals are to provide integrated support to families including direct support within the home setting. An improved system for allocating resources fairly and transparently is also proposed alongside a greater use of Personal Budgets and Direct Payments to provide increased control and choice to parents and young people.

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

'Direct payments have given us the freedom to carrying out more family activities'

'Juggling multiple services was exceptionally difficult. Having a keyworker has significantly eased this pressure'

'Stop parents from having to re-tell their story- it's still happening'

'Sometimes it is difficult to find people with the expertise to manage my son'

Context

All Local Authorities have a legal duty to assess the needs of disabled children. The Health and Care Act 2012 places a statutory responsibility on Local Authorities to publish their offer to families of respite and short break services, giving clear eligibility criteria. The Carers and Disabled Children Act 2000 enshrined the need to also consider the needs of carers of disabled children and this also includes the needs of young carers.

Research indicates that short breaks can prevent families needing more costly interventions such as full time care.

The council provides an outreach service operating from Drove Road Children's Home which takes children out for activities and a youth club for disabled young people (Cherish). Additionally short breaks are commissioned from a range of community and voluntary sector services for extended school day and weekend activities (see table below).

All Local Authorities have a statutory duty to maintain a register of disabled children in their area. Brighton and Hove took the decision some years ago to commission Amaze to provide this register with an attached Compass card as an incentive. The Compass Card entitles families to a range of discounted leisure opportunities. Families registering for a Compass Card provide a range of information relating to their disabled child and also the composition

of their family. There are over 1,600 families registered on the Compass, representing a much higher percentage than many other local authorities.

The council also provides social care direct payments to eligible families of disabled children to purchase short break and respite support themselves. Currently in excess of 100 families receive Direct Payments. Direct Payments represent the most frequent request from families presented to the monthly Resource Panel within the Disabilities Social Work Team.

New legislation has also brought in personal budgets/ direct payments to deliver elements of educational provision set out in an Education and Health Care Plan. Personal budgets will also soon be available for eligible families in Health. The new Code of Practice places a duty on Local Authorities to provide information on Personal Budgets as part of the Local Offer and provides a good challenge to Local Authorities to support families to make best use of personal budgets and direct payments across education, health and care to meet all of child's needs in the best and most cost effective way.

Families report that finding Personal Assistants with the skills to undertake the work with their children can prove difficult and challenging.

Costs – respite and short break non-residential services

Service	Provision	Target Group	Funding	Managing Body
Cherish	2 term-time youth clubs for those 12-18, as well as holiday play schemes	Children and young people with complex disabilities	£78,560	LA Disability Service
Extratime/YMCA	Out of school activities for children 5-12	Children and young people with complex disabilities	£239,095	Community and Voluntary sector
Brighton and Hove Inclusion project	Weekend club	Children and young people with complex needs	£11,683	Community and Voluntary sector
Crossroads	Home sitting services	Children and young people with complex disabilities	£26,767	Community and Voluntary sector
Outreach	Out of school activities	Children and young people with complex disabilities	£236,160	LA Disability Service
Out of school childcare	Funded childcare	Children and young people with complex disabilities	£15,000	LA officer
Compass card activities	Range of social activity opportunities	All children registered with the Compass disability register		

Consultation and Feedback

Parents acknowledge that the Local Authority has improved the way it works with parents and involves them at a strategic level.

Parents very much appreciate the support and advice they get from Amaze, a service commissioned by the Local Authority from the community and voluntary sector.

Some parents have welcomed opportunities to extend their skills and knowledge from parent workshops run by professionals, attending courses like Triple P, and develop their resilience through Insider's Guide training as this can help them manage the often complex, stressful, albeit also rewarding, challenge of having a child with special needs or a disability in their family.

However some parents find a perceived focus on their parenting skills rather than the specific needs of their child to be unhelpful, insufficiently personalised and frustrating.

The small number of parents who received practical support from professionals familiar with their child in the home via the SEN Pathfinder project have been extremely positive about the benefits and impact. Feedback gave particular praise to school staff for their professional input and expertise in managing behaviours that occur at home.

Parents are keen to emphasise though that access to courses and professional support does not negate the need for respite.

There is a feeling reported by some parents and some professionals that too many people are 'playing the system' and parents want to be confident that all parents get the support they need, not just the most articulate, those who shout loudest or those who are 'in the know'.

Parents appreciate the expertise of professionals who go into schools, but feel they don't always get access to this expertise themselves and want to be more involved.

Young people want to attend mainstream activities with others their own age, and be more independent. Many children and young people want to access social activities in their local community rather than activities specifically for those with SEND.

Parents value the option of direct payments to enable them to adapt respite arrangements to more closely match their individual need but find it difficult to find suitably experienced people they can trust to look after their child. They want more support to be able to understand what they are entitled to and how to manage them effectively.

Many parents feel frustrated by the process for diagnosing developmental disorders in their children and particularly getting a diagnosis of autistic spectrum condition. They feel the process takes too long. They are frustrated by a perceived lack of support following diagnosis and also if no diagnosis is made, the problems remain but children often are not then eligible for specialist services. Parents want reassurance that provision will be made to match a child's needs, even if there is no formal diagnosis.

Parents don't like the long waiting lists to access overnight provision at Tudor House and Drove Road and want access to services to be more responsive, so that things don't have to reach crisis point before it becomes an option.

Main Findings: Expert advice and support to Parents and Families

The provision of a service that support families to manage challenging and complex behaviours at home and in the community in a bespoke and personalised way is a key recommendation of the Review. Timely, responsive and expert intervention is crucial to preventing family breakdown and has the clear potential to reduce costly residential and respite placements if parents and families are better able to cope

Main Findings: Personal Budgets and Direct Payments

The Review is keen to further develop the use of Direct Payments to promote increased parental control and to develop a greater choice of options, particularly for respite and outreach support.

Colleagues in Social Care have recently undertaken a pilot of Personal Budgets. The clear feedback from families is that they wish the Local Authority to further develop this work and

extend the range of services available for purchase by Direct Payments. Further work will be required in order to reconfigure budgets to enable genuine choice through integrated funding streams.

Main Findings: Resource Allocation System

The introduction of Education, Health and Care Plans for children and young people aged 0 to 25 provides an opportunity to look again at resource allocation systems across care, health and education and to ensure consistency and transparency. The feedback from the consultation exercise is that there is an urgent need to develop an integrated resource allocation system with clear information on the budget allocation and maximum flexibility to create choice.

Main Findings: Availability of Personal Assistants

Parents with Direct Payment budgets have funds available to employ Personal Assistants but too often report difficulty in securing appropriately skilled and experienced personnel. The Review is keen to further develop work in this area to ensure an effective supply of suitable Personal Assistants to work with children and young people across the City and support their needs of parents and families.

Recommendations

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.

That a clear and transparent set of criteria is published for determining the basis on which families of disabled children receive respite and short break services, plus other disability and care support, and that these criteria are fairly and consistently applied by means of a representative panel.

That the direct payment budget for families of children with disabilities is increased significantly 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.

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.

Section 5: Learning and Achievement – Role of the SEN Learning Support Services

Headline

This section focusses on the need to use resources effectively to improve the achievement of children with SEND. It covers the need for further work with schools to close achievement gaps. It also covers the SEND learning support services and proposes to bring them together, so that they can maximise their impact and provide more focussed support to nurseries and schools and to families.

Context

‘We have never had a problem with any of the services provided by our teacher of the deaf, our speech and language therapist or our family support worker’ (parent)

‘All these services are invaluable to us’ (SENCO)

‘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)

‘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 service)

Identification of SEND across the City is higher than the national average (21.9% of all children compared to 19.7% nationally) and there is a wide variation between schools as the percentage of children identified with SEND from 4.5% to 75%.

Despite a higher than average spend on High Needs from the Dedicated Schools Grant, the achievement of pupils with SEND in the City is just above the average at the end of the primary phase and below the national average at the end of the secondary phase. There achievement of children with Statements of SEN (now EHCPs) is an area for improvement. Children with SEND are over-represented in the NEET (not in employment, education or training) figures post 16. Additionally gaps in achievement between those with and without SEND remain far too wide, especially in the secondary phase.

Brighton and Hove has a range of SEN learning support services offering support, advice and individual teaching to pre-school providers and schools and to children of pre-school and school age with SEND.

These services offer a wide range of expertise, and have provided a valuable resource for schools. Most teachers in the support services have specialist qualifications and expertise and there is a mandatory requirement for qualifications in the Sensory Needs Service.

Services vary in size. They are based at different venues across the city and have different management arrangements. The age range they cover is locally determined and their priorities are largely self-directed. Whilst 2 services operate under a ‘traded’ arrangement whereby schools buy their time, most services are

available at no additional cost to schools.

Some special schools also provide outreach to mainstream schools, but this provision is funded via a different route and is not always well-aligned to the way other support services work.

Costs

Service	Sector	Funding	Funding Route	Location	Managing Body
Preschool SEN Service (PRESENS)	Pre school	£729,360	DSG HNB	Jeanne Saunders Centre/Easthill Park	Headteacher special school
Literacy Support Service (LSS)	Primary	£308,000	DSG HNB, part traded	Goldstone Primary school	Headteacher mainstream school
Speech and Language Support Service (SLSS) (incl ICAN)	Primary	£333,840	DSG HNB	Carden Primary school	LA officer
Sensory Needs Service (SNS)	Primary, secondary, special	£526,720	DSG HNB	Heversham House	LA officer
Behaviour and Inclusive Learning Team (BILT)	Primary	£197,980	DSG, with de-delegation	Middle St school	LA officer
Autistic Spectrum Condition Support Services (ASCSS)	Primary and secondary	£150,000	DSG HNB	Downs Park school	Special school headteacher
Educational Psychology Service (EPS)	Primary, secondary special	£912,000	General Fund and DSG	Kings House	LA officer

Consultation and feedback

The feedback gathered from the consultation was generally very positive about individual services, although greater clarity about entitlement and access arrangements, and better coherence to the way they worked were suggestions for improvements.

Schools appreciate the breadth of input they get from dedicated, committed specialist staff. Similarly parents and SENCOS value the support services highly, and they rely on their specialist expertise to help them make the right provision for children.

Parents would like access to the expertise that SEND learning support service staff have and those who took part in joint training with schools which was trialled as part of the Pathfinder project, valued that opportunity and would like joint training between parents and staff across all disciplines to be established practice.

Staff from SEND learning support services report that sometimes schools don't make best use of them, particularly when these are provided at no cost to schools

Services themselves see the different management arrangements as an inefficient use of resources. Staff want to work more closely together and use consistent systems, and despite their efforts, working in lots of different services and in different locations makes this more problematic

Some schools report puzzling overlap between services, and admit to deploying 'a spray and pray' approach when seeking help, particularly when a number of professionals are involved. However, they acknowledge that better coordination would have been more effective for both them and the child.

Schools query the effectiveness of the current investment only in individual support for children and their families with mental health needs and would like access to advice, support and training in emotional and mental health issues, so that they can better support their students with these needs.

Professionals and parents alike find the lack of consistency in the current age cut off of individual services perplexing, and those working in and receiving post 16 provision would like to be able to access the expertise they know is available to younger young people.

Where services have extended their support to families, albeit in a limited way within existing resources (for example for families with children with autism or sensory needs) this has been valued.

Main findings

Standards for children with SEND need to rise further, particularly in the secondary phase and beyond. Similarly achievement gaps between those with and without SEND need to close. This is rightly a key priority for the LA and further expert challenge and support needs to be provided to schools where data indicates pupils are making good progress even allowing for the context of their particular needs.

Brighton and Hove retains a significant budget for SEN learning support services. At over £3 million for the key services, spend is above the national average (Section 251 LA benchmarking data). These services need to be able to demonstrate sustainable impact on achievement across the City at all ages to provide evidence of best value.

SEN learning support services differ significantly in size. Their capacity to extend their remit into the city's sixth forms is in some cases limited and there needs to be a resolution as to how support can be made available to colleges now the SEND age range has extended into further education.

The management arrangements vary between services. Some are led by headteachers, whose schools are additionally funded for this. Although there are services led by headteachers and based in schools, most staff are centrally employed. Some services are also linked to special facilities in schools. These different arrangements cause confusion and greater alignment and a single focus on improving learning and achievement would be beneficial and cost effective.

Services are based at different locations across the city, and this can be an inefficient use of accommodation costs, particularly when many staff are out in schools during the day.

When services work more closely with parents, this is beneficial to supporting the child within the context of its family and is much valued. However some parents feel they often are not given access to the same degree of high quality advice available to school staff and are left out of key sessions offering guidance, training, planning advice and strategies. This is particularly a concern for parents of children with autism who rightly say that strategies for supporting young people work best when they are applied consistently across home and school. The review found that there should be a better balance in the offer of school and home support from SEN learning support services and more emphasis of offering training that is accessible to parents and co-produced with parents where appropriate.

Working together across the age range as an integrated service with a core focus on speech, language and social communication skills, SEN learning support services should be able to deploy services more flexibly and avoid overlaps and duplications. In addition an integrated service should be able to offer a greater consistency in the way decisions are made about what provision is made available to schools to provide a more equitable service, and ensure that the LA is secure in its statutory responsibilities towards those children and young people with an Education, Health and Care Plan

There is also the potential to streamline leadership and management in a cost effective way. As a consequence, the services should have more impact on raising standards for children with SEND.

The provision of outreach from special schools has historically sat separately from the support services, but there is much to be gained by closer liaison, in order to secure the coherence of provision made to schools and families. The commissioning arrangements for outreach from special schools need to be clear, and there is a need to align their focus to current priorities.

Recommendations

That schools and colleges with lower than expected outcomes for children with SEND and wide 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.

That the SEN education and learning support services in the city (Educational Psychology Service, Pre-school SEN Service, Behaviour and Inclusion 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.

That consideration be given to co-locating some relevant health professionals and particularly speech therapists and occupational therapists with the combined service to enrich the integrated support on offer.

That the combined new communication and support service promotes 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.

That the combined service works with early years providers, schools and colleges to ensure reliable and consistent identification of SEND, including BESD.

That specifically the support for families with autism is extended to provide more key working and expert advice and guidance to parents and young people at all stages of a young person's life as required and in line with the recommendations in the council's ASC Scrutiny Report of April 2014.

That a refreshed cohesive and well-publicised workforce development offer for mainstream and special schools and associated professionals across all services is developed by the new integrated service offering high quality training, advice, consultation and guidance in all main areas of SEN based around a tiered model of 'universal' 'targeted' and 'specialist input' depending on need and circumstance – that this programme of support is open to parents as well as professional staff and where appropriate is co-produced with parents and young people.

Section 6: Emotional and Mental Health

Headline

This section focusses on the need for effective joint planning, commissioning and delivery of services for children and young people with emotional and mental health difficulties and affirms the commitment of the Local Authority to work with the CCG to review and improve the offer to children and families in this area. Recommendations are for greater resource for early prevention and increasing skills and resilience within a school context.

'Finally we were discharged (after some testing and a report) but felt we had no better grasp of the situation. (parent)

They really don't understand autism and what has to be put in place to support an autistic child, suggesting parenting courses instead, as if it's bad parenting rather than a recognised impairment. (parent)

Show me how all the services for teenagers with emotional problems fit together. And how my son can access them (parent)

It is hugely frustrating when a child clearly needs intervention but mental health services won't engage because the child or family are reluctant to or, if the family have missed a couple of appointments. Perseverance for our most vulnerable children and families should be key (SENCO)

Context

Improving children and young people's mental health and wellbeing is one of this Government's key priorities as part of the drive to put mental health on an equal footing with physical health. The newly created national Children and Young people's Mental Health and Wellbeing Taskforce which met for the first time in September 2014 is due to report later in 2015, with the intention of identifying innovative and effective solutions to deliver improvements in outcomes for children. Brighton and Hove's own Mental Health and Wellbeing strategy aims to take a preventative approach, as well as ensuring that we have responsive and high quality specialist services.

Attendance of young people under 18 at the local Accident and Emergency Department for mental health related issues has risen by 35% from 2012/3 to 2013/4, and there are significantly higher rates of hospital admissions for self-harm for young people (281 young people under 24 in 2012/3). There has also been a 7.5% rise in referrals to Tier 3 CAMHS over the past year.

The recent Healthwatch report 'Putting the Pieces Together- an overview of people's experiences of CAMHS services in Brighton and Hove' reported similar

concerns about the ability of existing services to meet need to those from the Amaze report Talk Health (2102) and the 2014 PACConnect report on the same issue.

In response, the Clinical Commissioning Group (CCG) in Health is undertaking a wide ranging review of mental health services in 2015, and this will take into account the need also identified in this review to achieve a shift in the balance of spend (see the table below) from reactive and crisis-led services, towards prevention, promoting positively mental health and wellbeing and early intervention.

Given the CCG's wider ranging review, it will be important to review the way that the council currently spends on emotional and mental health services both from the community CAMHS team (315K) and from the community and voluntary sector (251K). This will mean the council (Children's Services and Public Health) linking together with the CCG to review use and impact of spend to ensure resources are targeted to best effect.

Current spend on mental health services

Organisation	Provision		Service Offer	Funding
BHCC*	A Community CAMHS* team		Range of intervention for individual young people, with mental health difficulties, (known as Tier 2 provision)	£315,000
			TOTAL CORE SERVICE	315,000
In addition,	commissions this provision	Provider	which offers	and costs
BHCC	Counselling	IMPACT	Counselling for socially excluded and vulnerable young people	21,000
BHCC	Counselling	YMCA	Counselling for young people with mental health difficulties	46,000
BHCC	Family Support Worker	Safetynet	Staffing to work within the council's Community CAMHS team to offer support and intervention to young people in the context of their family.	44,000
BHCC	Advocacy	MIND	Advocacy for young people with mental health difficulties	30,662
BHCC	2 part-time family support workers	SCYMCA	Staffing to work within the council's Community CAMHS team to offer support and intervention to young people in the context of their family.	55,000
BHCC	Additional support for Children who are looked after	Sussex Partnership Foundation Trust (SPFT)	Additional service tailored to the needs of particularly vulnerable young people in care.	55,000
			TOTAL COMMISSIONED	251,662

NB *BHCC – Brighton and Hove City Council: CAMHS – Child and Adolescent Mental Health Service

Consultation and feedback

Mental health services were the focus of much comment during the consultation. Parents and professionals were generally concerned about sufficiency and confused about what is available, the role of the different services, and how they link together.

Lack of a clear pathway for mental health services for children with SEND means that time is wasted trying to access inappropriate services and this results in delays in getting needs met.

Young people and parents feel strongly that services need to offer greater flexibility about where and how services are delivered, so that there is more likelihood of effective engagement.

Some young people appreciate access to the use of alternative methods of communication, for example online support, as they feel more comfortable with these methods and they avoid a perception of stigma and embarrassment.

Parents feel that waiting times for CAMHS are far too long and this means that things escalate into crisis unnecessarily.

Parents are particularly unhappy about the lack of service for those whose mental health needs are linked to their disability, particularly autism, and want professionals to have greater understanding about disability and an awareness of the link between disability and emotional and mental health. They express concern that a diagnosis of autism can be made that requires intervention and family support, but without a commensurate service to fulfil that need

Parents want support before things escalate into crisis, and want to know that they are being listened to, so that they are not made to feel that the situation is as a result of poor parenting.

Parents identify the need for the emotional and mental health needs of the whole family to be considered together and find the divide between adult and children's services unhelpful in achieving this.

Whilst schools appreciate the support that their individual pupils receive from CAMHS, they say that they need more training to give them the skills to meet lower level needs and to help them support those with more complex emotional and mental health needs more effectively, so that they can offer early help and prevent crises from occurring. Schools are particularly concerned about a rise in problems that are escalating via new social media, such as issues about body image, cyber bullying and self-harm. Traditional services have not always kept up with these new issues affecting emotional and mental health or the speed of their development.

Schools identify other groups, such as those pupils with attachment issues, for whom they also need advice and training, since such issues create barriers to learning which need to be overcome for individual pupils.

A number of respondents suggested that the increased availability of social and other positive activities where young people could talk about their feelings, link with peers for support and keep them actively engaged might help develop greater resilience and avoid the need for more substantial professional intervention later on.

Main findings

While there is undoubtedly a general feeling that that mental health services are inadequate to meet the needs of this vulnerable group of children and young people with SEND, council and CCG colleagues have developed positive relationships and a shared commitment to work together to assess and plan more effective services for children and young people with emotional and mental health needs.

The wider CAMHS service is the focus of some criticism in consultation feedback. However referrers and families are not always aware of the rise in referral rate and the struggle that places on the capacity of services to respond. Additionally anxiety about the adequacy of

children's mental health issues is a national issue attracting government attention at the current time.

Professionals have found the weekly 'triage' meeting as a single point of access to CAMHS helpful, but the way that cases are allocated is not always clear to referrers. Unusually the council provides the community CAMHS element of the wider CAMHS service directly. Links between the community CAMHS team and the health service tier 3 CAMHS service are very good but the community CAMHS team is taking on too high a percentage of referrals for individual work at the expense of capacity to build skills and resilience in schools at the earliest and most preventative stage. Focussing more on early prevention should reduce the need for referrals and help break the cycle of demand increasingly outstripping supply in the area.

Organisations in the Community and Voluntary sector are commissioned to deliver some mental health services, but it is not clear how what they are commissioned to do fits with current priorities. This needs to be addressed in the new arrangements for joint commissioning, so that the mental health landscape as a whole is more coherent. Additionally there are several small contracts which are not necessarily well-aligned. Commissioning into the future should explore one contract for mental health services where needed that seeks a lead contractor to manage smaller contracts and ensure an integrated best value approach.

Recommendations

That the Children's Services Department works 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 mental health services for children and young people, including young adults, across the city.

That the work of the council's community CAMHS team is re-focussed to provide more of a school based consultation and support service, aiming to build resilience and skills in schools and colleges and thus increasing the confidence in schools, colleges and families to tackle issues themselves.

That contracts with the community and voluntary sector are reviewed in accordance with the council's procurement procedures in order to achieve improved outcomes for children and young people and secure optimum value for money.

Services for children with autistic spectrum condition (ASC)

The SEND review has further considered and updated the LA's response to the recommendations from the council's Scrutiny Committee report on provision for ASC dated April 2014.

The consultation process in the SEND review collated very many concerns from families of children with ASC, reiterating anxieties and frustrations that were aired with the Scrutiny Committee and notably reports of:

- A lengthy and difficult diagnostic process
- Lack of follow-up support for families following diagnosis
- Insufficient coordination of services when they are involved
- Lack of specialist understanding of ASC in schools, in mental health services and across agencies

- Inadequate response from agencies to the often severe social, emotional and behavioural challenges that young people with ASC and their families face
- Lack of support for socially isolated young people, especially in the teenage years

Similar concerns are also aired by parents of children with disabilities and other developmental disorders. However the particular acute social and communication problems associated with autistic spectrum condition can bring families to breaking point and a major factor in disabled young people needing respite care or even coming into care full time. For families of more able children with ASC, there are less suitable respite services available and families can face real struggles to cope.

Since the Scrutiny Committee report, progress has been made however in addressing the recommendations although capacity and resource are limiting factors. The progress is summarised in the updated response to the Scrutiny report recommendations in the appendix.

In addition, the key recommendations from the review will tackle the concerns of families in providing:

- Better integration of services across education, health and care
- Dedicated expert home support that is personalised to the needs of young people
- Improving learning support services, including additional resourcing for the Autistic Spectrum Condition Support Service (ASCSS) which will enable the service to provide support directly to families
- A new 'tiered' training offer open to parents as well as school staff
- A stronger response to emotional and mental health needs, with a focus on preventative working

The ASC working group with significant parental representation is overseeing developments in the provision for ASC and has the responsibility for ensuring improvements increase the confidence of families and young people and produce better outcomes across children's lives and into adulthood.

The updated response to the Scrutiny recommendations is attached.

Appendix 1: Recommendations from the 2014 Scrutiny Panel Report: Services for Children with Autism

COMMITTEE Health and Wellbeing Board 3rd February 2015	Agenda Item No Draft 2 Brighton & Hove City Council
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No	Recommendation	Response
	Support and assessment	
1	The Panel recommends that both Seaside View and CAMHS should have a nominated Keyworker specifically to help parents and carers of children and young people with autism. This named person would be the first – and final – point of contact for people using the services of either Seaside View or CAMHS. (p16)	Actioned within current limits: Resource limitations mean that it is not possible to enable the automatic allocation of a keyworker to help all parents and carers of children with autism. However, alternative options have been identified: <ul style="list-style-type: none"> • The keyworking service has extended its eligibility criteria to encompass a wider range of families who need support to coordinate interdisciplinary input • 15 individuals have volunteered to take on a keyworking role and will undergo training to enable them to fulfil this, in order to enhance our capacity to provide keyworking to more families, some of which may have children with autism • Following an ASC diagnosis, where there are mental health or emotional/behavioural difficulties, CAMHS (LD team, tier 2 or tier 3) will allocate a case coordinator who would be a point of contact.
2	A clear pathway needs to be created for children and young people who have autism but neither learning disabilities nor mental health issues. If there is no clear support in place, children and young people run the risk of returning to CAHMS and other services in crisis. (p17)	To be actioned Creating a clear and coherent pathway can be achieved as a result of the revised joint commissioning arrangements that are a proposed recommendation in the SEND review
3	The Panel recognises that a key gap in services provided is in the area of home support. The Panel strongly recommends that funding is reconfigured to include home support packages. Parents should be consulted over what they feel would be most beneficial and initiatives put in place to help parents access support at home. (p21)	To be actioned The need to develop opportunities for home support is a strong message that has emerged from the SEND review and the recommendations cover an extended service for home support. The views of parents have been central to the first stage of the consultation process. How we offer

		increased access to home support will form part of the next stage of consultation with parents and professionals on the review's proposals
4	Current service providers such as Seaside View and CAHMS need to examine the strategies they have in place to ensure parents are at the centre of their services. This should include looking at new ways of getting feedback from service users – particularly parents of children with autism – and reflecting this in their services. This feedback should be open and transparent and externally monitored. (p22)	<p>Actioned: With effect from January 2015, all parents experiencing the diagnostic process for autism with their children will be given the chance to give feedback via a survey on their experience. Analysis of responses will be discussed by the members of the ASC working group and will inform future improvements to service design and delivery.</p> <p>New joint commissioning arrangements being planned as part of the DSEN review proposals will ensure all services and provision commissioned and delivered for children with mental health, health and care needs associated with autism are subject to effective monitoring and evaluation systems informed by feedback from all stakeholders.</p>
5	Monitoring is crucial. CAMHS and Seaside View must have robust and publicly available monitoring procedures. Working with parents and children, CAMHS and Seaside View need to review their monitoring procedures and put in place a transparent, comprehensive feedback system for parents of children with autism. (p24)	<p>Actioned: At service level, CAMHS have put in place the CHI Experience of Service questionnaire (September 2014) and the Friends and Family Test (December 2014). The feedback gathered will be shared with Commissioners and provided on information boards in waiting areas.</p>
6	The Panel recommends that there is a clear and unambiguous statement of where the responsibility lies for the performance of all tiers of CAMHS and the systems in place for addressing any problem areas. In addition, the Director of Children's Services, after consultation with the CCG who are ultimately accountable for Tier 3 CAMHS, must work to ensure that an Annual Report is produced detailing performance against a clear and relevant set of indicators. Parents and young people should be actively involved in determining key performance indicators and contributing to the assessment and monitoring against them. (p24)	<p>To be actioned as part of a review of emotional and mental health services by the CCG</p> <p>There is internal clarity about the responsibility for the tiers of CAMHS but this should be more clearly articulated and disseminated to all stakeholders as part of a wider and more cohesive 'Local Offer' in relation to mental health services. The CCG will also include this as part of their communications plan around mental health and emotional wellbeing in 2015.</p> <p>The DCS and the Chief Operating Officer for the CCG, who co-chair the Strategic Commissioning group for Children's Services, report directly to the Health and Wellbeing Board on performance across all children's services, including those for children with autism.</p>

		<p>A widely representative Child and Adolescent Mental Health and Wellbeing Partnership Board, which includes parent representatives is now meeting to consider all aspects of mental health provision and progress in relation to services for young people with autism will be on the Board's agenda until the recommendations from the Scrutiny report are embedded.</p> <p>Future commissioning arrangements referred to in section 4 will require regular reporting from CAMHS and improvements to the transparency of reporting requirements are under discussion.</p>
7	The Panel recommends that any assessment of a child's needs must not be purely clinic-based but also include assessments in the home and social environments. (p25)	<p>Actioned:</p> <p>The current practice of seeking information from parents (about the home situation) and schools (about that socially demanding environment) is NICE compliant. However, where there is uncertainty, it has been agreed that a home or school visit can be arranged.</p>
8	The Panel believe that, where appropriate, private Educational Psychologists reports should be accepted by CAMHS as a valuable source of information, particularly if services are stretched. (p25)	<p>Actioned:</p> <p>The contribution of external reports is accepted</p>
9	The Panel recommends that consideration is given to allow for the council's Standards and Complaints team to act as a mediator between service providers such as Seaside View and CAMHS and complainants if appropriate, or refer complainants on to Brighton & Hove Healthwatch who have a statutory role as advocates for those going through the health system. (p26)	<p>Actioned:</p> <p>The LA now has revised arrangements in place for dispute resolution and mediation in order to fulfil its duties under the SEND reforms. Parents are routinely informed about their entitlement to access these as part of the statutory process.</p> <p>Whilst the Council's Standards and Complaints team are able to arrange mediation where needed to resolve complaints about council services, it is not appropriate for them to intervene in complaints about the NHS, which has separate procedures. Where the issue is related to a health service provider, this will be forwarded to the appropriate complaints department and the complainant informed.</p>
10	The Panel recommends that the CCG, Public Health and Children's Services work together to put a strategy in place to ensure there are strong and coherent links between Health Visitors and GPs across the city. (p27)	<p>Partially Actioned:</p> <p>All GP services have an identified link health visitor</p>
	Education	
11	It is imperative that all schools in the city	Actioned:

	are fully signed up to being 'autism-aware'. The Panel recommends that steps are taken to ensure that schools are encouraged to take up training, and to make publicly available a list of what training has been undertaken, by whom and how often it is refreshed. This will also aid parents in choosing schools for their children. (p35)	<p>An extended 'tiered training offer' has been produced for schools and for parents. This has been published on the council website as part of our 'Local Offer' and has been offered from September 2014. All schools are being encouraged to undertake 'autism-aware' training.</p> <p>This is the first time that parents have had a tiered training offer in parallel to that offered to schools. There are also in-built opportunities for joint school staff and parent/ carer training and also for parents and professionals to co-train where appropriate in the future.</p>
12	All Governing Bodies of Schools must undergo SEN training - which should include autism awareness training - to ensure they are able to fulfil their role in providing effective challenge to the Headteacher and the Senior Leadership Team and be confident that provision is available for all children, including those with SEN, to learn successfully. In addition, the local authority should use its role in approving local authority governors to monitor what training these governors have undertaken. (p38)	<p>Actioned: Although governor training is not mandatory, take up of training is monitored and this information is used in decision making about the reappointment of LA governors.</p> <p>General training about SEND forms part of the core training offer for all governors. However, additional training specifically re ASC has been arranged for February 2015</p>
13	The Panel recommends that the Director of Children's Services ensures that this report is drawn to the attention of all Governing Bodies of schools in the city. (p38)	<p>Actioned: Sent to all governing bodies in July 2014</p>
14	The Panel recommends that the Director of Children's Services considers increasing the funding of the ASC Support Service. (p40)	<p>Actioned: £70K has been additionally allocated.</p>
15	The Panel recommends regular monitoring reports are produced detailing progress on the Transitions Strategy, the Adult ASC Strategy, the Children with Autism Plan, and the work on the Education, Care and Health Plans to ensure there is no duplication or gaps. The committee with responsibility for children's care and health in the city should take an active role in reviewing these reports. (p44)	<p>Partially actioned :</p> <p>Children's and Adult Services are working closely together in relation to strategies for young people particularly around transitions post 16, Proposals resulting from the SEND review seek to smooth the transition by addressing gaps and improving coordination between services and provision.</p>
	Linking strategies	
16	The Panel recommends an Autism Champion is appointed for the city. This named individual will be tasked with monitoring the agreed recommendations and actions from the Panel's report and the action plan resulting from the draft Children with Autism Strategy.	<p>Actioned: It is felt that the Executive Director of Children's Services is the 'champion' in effect for all vulnerable children within the City and therefore the champion for children with autism.</p>

	In addition, as there are a number of relevant strategies and documents already in place, (e.g. draft Children with Autism Plan, Adults with Autism Strategy, Early Start, B&H SEN Partnership Strategy) it is imperative that there are clear links between them. The 'Autism Champion' can ensure a coherent approach is taken with strategies dovetailing and not duplicating. (p47)	
17	The Panel recommends that the ASC Working Group takes a proactive role in monitoring the implementation of the recommendations in this report. This would feed into the standard monitoring report to the Overview and Scrutiny Committee (OSC) in 12 months' time. (p47)	Actioned: Progress towards addressing the Scrutiny panel's recommendations is actively being monitored by the ASC working group. The SEND Review also seeks to achieve positive changes, and proposals to achieve these form part of the review's recommendations.
18	In order to fully reflect the needs of children with autism in the city, the Panel recommends that the Joint Strategic Needs Assessment (JSNA) is updated to include a section on what services are currently available for children with autism, where the gaps are, and how they can be filled. (p48)	Actioned: The JSNA has been updated. The LA will be cooperating fully with the CCG in 2015 to achieve a JSNA related to the emotional health and mental wellbeing of children and young people, which will inform the commissioning of services, including those for children with autism
	Other issues	
19	The Panel recommends that the Director of Children's Services draws this report to the attention of the head of the Family Law Courts in the city. (p49)	Actioned: Sent.
20	The Panel recommends that the Youth Service and/or Youth Collective considers whether it there is enough demand to merit the creation of a youth club aimed at young people with autism, and if so, which organisation may provide this. (p50)	As part of the second stage of the SEND review, the demand for such a provision will be considered and whether this is the best way forward. In the meantime, outline discussions have been held with Autism Sussex to consider possible venues and funding sources.

Appendix 2: Definitions

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.
- 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 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 in the Code of Practice across the 0-25 age range but includes LDD.

Disabled 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.

Supporting Document
Appendix 3

Summary budget breakdown of spend of SEND provision and services

Provision Includes:	Current Services:	Costs
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 £9,491,108
Alternative provision <i>DSG High Needs Block</i>	Connected Hub Pupil Referral Unit	£ 476,000 £ 977,000 £1,453,000
Mainstream schools delegated funding including 'top up' <i>DSG High Needs Block</i>		£1,400,000
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 £1,300,198
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 £3,157,920
Home to School SEN Transport Costs <i>General Fund</i>		£1,900,000
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 £ 320,309
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 £2,230,131
Agency Placements <i>General Fund</i> Agency placements <i>DSG High Needs Block</i>	Social care Education	£1,592,700 £3,525,590
Emotional health and wellbeing <i>General Fund</i>	Community CAMHS team	£315,000
Social Work <i>General Fund</i>	Disability Social Work Team Keyworking Transitions team	£ 920,360 £ 90,560 £ 64,000 £1,074,920
Direct Payments <i>General Fund</i>		£534,500

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

Additional Budgets <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		
		Total	£189,946

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 £2,899,000
Mental health services	Tier 3 CAMHS Commissioned from the community and voluntary sector	£2,500,000 £287,667 £2,787,667

Appendix 4: Pupil Level Data

How many CYP live in our city?

0-19 Population (2001 Census)	52576
Total School Population (including Independent Schools)	34760
B&H Maintained Population (PLASC returns 2014)	31388

How many CYP in Brighton and Hove schools have special educational needs?

As at	School Action	School Action Plus	Non Statemented %	Statemented Pupils in B&H Mainstream Schools	B&H Maintained School Population
Jan 2014	3639	2792	20.4	494	31388

How does this compare with elsewhere?

PUPILS WITH STATEMENTS OF SPECIAL EDUCATIONAL NEEDS			
As at January each year: 2009-2013			
	2009	2013	2014
England	2.8%	2.8%	2.8%
Stat Neighbours	2.7%	2.7%	2.8%
Brighton & Hove	3.5%	3.0%	2.9%

Where are these CYP with statements educated?

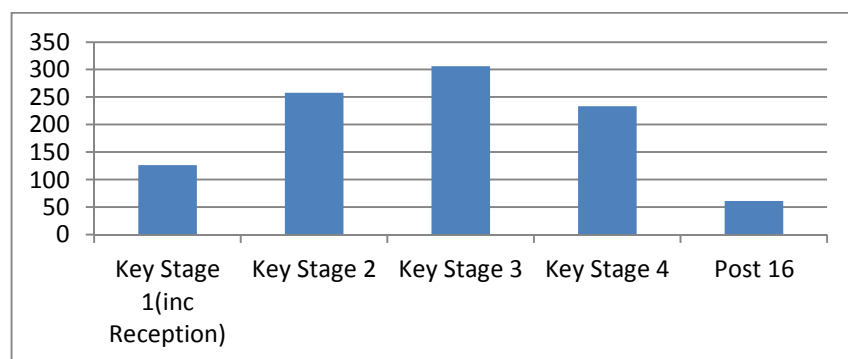
(SEN2 January 2014 Census) Please note this only includes those statements that Brighton & Hove have to maintain.

School Type	2014
Mainstream and maintained by B & H	488 (50%)
Maintained Special	407 (41%)
Early Years setting	1 (0%)
Out of City Placements	75 (8%)
Alternative Arrangements	13 (1%)
Total	984

What patterns can be seen?

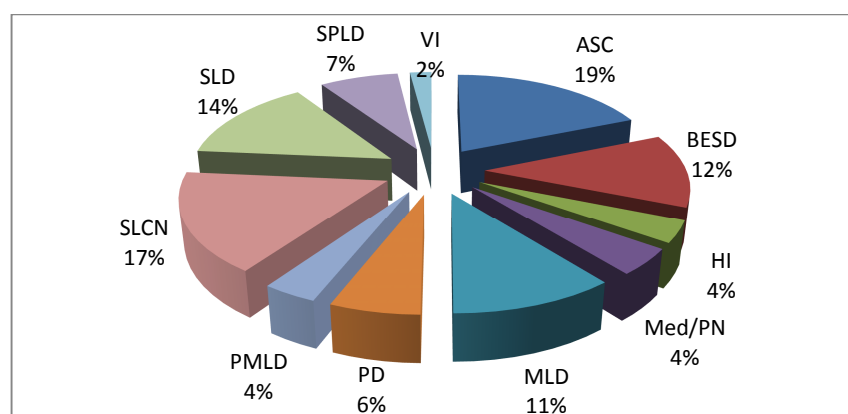
Data in the following table shows that almost two thirds of pupils with Statements of SEN are in the **secondary phase**.

Table 1: Number of Pupils - SEN2 January 2014



Data in the table below shows that the most frequently identified primary SEN for pupils in 2014 was ASC with SLCN and SLD second and third respectively.

Table 2: SEN2 January 2014 Category of Need



SEN Category of Need	% of Pupils in receipt of FSM
Autistic Spectrum Condition (ASC)	22%
Behaviour, Emotional and Social Difficulties (BESD)	51%
Hearing Impaired (HI)	47%
Medical (Med)	8%
Moderate Learning Difficulties (MLD)	45%
Physical Difficulties (PD)	33%
Profound and Multiple Learning Difficulties (PMLD)	22%
Speech, Language and Communication (SLSN)	34%
Severe Learning Difficulties (SLD)	31%
Specific Learning Difficulties (SPLD)	36%
Visually Impaired (VI)	25%

How many disabled children do we have?

1634	registered on the Compass database
335	on the Disability Social Care team caseload
Of whom ...	
26	are Looked After
203	are Children in Need
16	are under Child Protection procedures
21	receive overnight respite from BHCC's services

Fixed-term exclusions 2013/14

A total of this number of pupils	Of whom this number have an SEN statement	In	Had this number of exclusions
149	21	Primary	357
259	18	Secondary	464
72	38	Special	191

Permanent exclusions 2013/14

There were three permanent exclusions, one in primary and two in secondary, none of whom had an SEN statement.

How well do our CYP with SEND achieve?

KS2 RWM L4+	2011	2012	2013	2014
B&H SEN	25%	33%	40%	42%
B&H Non SEN	80%	90%	93%	94%
B&H SEN Gap	54%	57%	53%	52%
B&H Gap	54%	57%	53%	52%
Statistical Neighbours Gap			54%	53%
England Gap		55%	54%	51%

Key Stage 2 2014 Reading, Writing and Mathematics % L4+ RWM	No SEN	School Action	School Action Plus	Statement	All SEN	SEN no Statement
ENGLAND (state-funded schools)	90	47	36	15	39	42
South East	91	46	34	14	37	41
East Sussex	89	48	33	10	35	42
West Sussex	89	38	28	9	31	34
Brighton and Hove	94	53	39	12	42	47
Leeds	87	35	36	7	33	36
Sheffield	89	57	35	14	40	44
York	89	33	23	x	N/A	30
Southend-on-Sea	92	49	18	11	31	35
Bromley	94	57	48	28	48	53
Portsmouth	87	39	34	20	35	37
Reading	89	45	26	15	33	37
Bath/North East Somerset	93	58	47	5	46	54
Bournemouth	93	48	27	15	37	40
Bristol, City of	87	41	31	17	34	38
Statistical Neighbour Average	90	46	33	15	37	40

KS4 GCSE Results	2011	2012	2013	2014
B&H SEN	22%	19%	26%	21%
B&H Non SEN	66%	69%	75%	65%
B&H SEN cohort	690	585	608	TBA
B&H Non SEN cohort	1632	1628	1686	TBA
B&H SEN Gap	44	51	50	44
Statistical Neighbours SEN Gap	50	50	49	TBA
England Gap	48	47	47	44

Appendix 5: Consultation and the development of an evidence base

Consulting stakeholders:

A summary document was prepared to set out the purpose and context of both the SEND review and that for behaviour. This was made available on the consultation portal, via the education bulletin and at events. A summary PowerPoint presentation was created and used at larger review events.

Publicity:

The consultation was also initially widely promoted to young people, parent/carers, education colleagues across all sectors and within council services, social care and health professionals, adult services, parent groups and the community and voluntary sector. This was achieved via bulletins across agencies, newsletters, in-house online communications and posters in Children's Centres.

Face to face

We made more than 15 presentations at events already in the diary for headteachers and senior education leaders' governors, SENCOs, parent/carers, education cluster groups, individual service level meetings of health, social care and education colleagues and trades unions.

We also attended or arranged more than 25 events about the review for young people, parent/carers, council and health staff working in Children's services, school SEN colleagues and the community and voluntary sector services.

Children and Young People

SENCOs agreed to manage the consultation with children and young people in their schools and colleges, as this was felt to be the best way to encourage and enable them to contribute their views. A simplified survey was designed with the help of AHA group members, alongside one using sign and symbol, so that the consultation could reach children and young people with a range of needs. Some schools, who regularly ask their pupils for feedback about the provision made for them, submitted those responses, as these views were relevant to our review.

Visits

Site visits were made to a range of local provision, to inform the review, enhancing our familiarity with the services we currently have, and giving us the opportunity to consider the match with current need.

5 visits were made to other Local Authorities to explore and learn from provision which addressed some of the issues which had arisen from our review i.e. integrated education and social care schools/centres.

Online consultation

A consultation survey was designed to ask people about their views on current provision in Brighton and Hove and how we might improve it. This was available electronically and in hard copy.

We asked:

- what currently works well,
- what causes them difficulty or challenge,
- where there are gaps or duplications, and
- what the priorities for change should be.

This survey went live on the council's consultation portal on 25th August and it remained open for 9 weeks until 30th October.

Responses and respondents' profile

We received survey responses from a wide range of people. However, although 534 survey responses were received, this constitutes the views of significantly more people, as a number were responses from a group of people i.e. a governing body, a school or service staff.

162	responded via the online survey
308	responded to the survey at specially convened events
10	completed paper or email surveys
44	children and young people completed the survey designed for them.
10	completed surveys a whole school/service

Over 300 people attended consultation events and shared their views on the survey questions there.

In addition to the completed surveys received from children and young , the views of 39 further pupils were submitted using alternative proforma to give us their views of their current provision.

Some online respondents did not identify the capacity in which they were responding, but from those that did:

2	were young people
86	were parent/carers
63	were from education
2	were from health
5	were from social care
1	was from the community and voluntary sector

Appendix 6: Reference documents forming part of the review's evidence base

- The Children and Family Act 2014
- Statistical First Release – Special Educational Needs in England: January 2014
- Support and Aspiration: A new approach to special educational needs and disability (Green paper)
- Health and Care Act 2012
- NHS Act 2006
- Children Act 2004
- Chronically Sick and Disabled Persons Act 1970
- *JSNA 2009*
 - with 2013 update: 7.2.9 disabilities and complex needs
 - with 2014 update: 5.1 autistic spectrum conditions
- *Brighton and Hove Council:*
 - The Way Ahead BHCC Corporate plan 2015-2019
 - Brighton & Hove City Snapshot (stats summary)
 - 2024 Annual report of Public Health
 - Happiness: Brighton and Hove Mental Health and Wellbeing Strategy 2014-2017
 - Brighton and Hove SEN Partnership Strategy 2013-2017
 - SEN annual report 2013/14
 - BHCC SAWSS 2013 report
 - Early help (BHCC)
 - Seaside View LDD Counselling Service report 2013
 - ASC Scrutiny Panel report April 2014 and response July 2014
 - BILT yearly report
 - EY Inclusion funding report
 - PRESENS consultation paper 2012
 - Annual reports of individual Learning Support Services
 - Schools Customer Survey results (Snell)
 - Virtual school annual report 2013/4
- *Amaze*
 - PACC parent carer questionnaire 2013
 - Mental Health and Wellbeing report
 - Talk Health report
 - Integrated Care report
 - What works for us?
 - Compass applications feedback
 - Parent and Carer Council:
 - PACConnect Mental health
 - PACConnect EPS
 - PACConnect Social Care
 - PACConnect therapy services
 - PACConnect SEN
 - PACConnect Wheelchairs and equipment

- PACC Charter mark reports on the council and health services:
 - Quality Standards for services providing impartial information, advice and support, *NPPN supported by DFE 2014*
 - AHA group report on short breaks/leisure services
 - Healthwatch CAMHS report 2014
 - *The Health Council* - Implementing the SEND reforms: Joint commissioning for children and young people with speech, language and communication needs
 - *JB Eventus Nov 2014*: Opening Up our World through the Compass Card gateway
 - *The Challenging Behaviour Foundation 2014*: Early Intervention for children with learning disabilities whose behaviours challenge
 - *DfE : Education Standards Analysis and Research Division (2012)*: Pupil behaviour in schools in England
 - *Department of Economics and CMPO, University of Bristol - Britton, J; Gregg, P; Macmillan, L and Mitchell, S (2011)*: The Early Bird... Preventing Young People from becoming a NEET statistic
 - *Children's Workforce Development Council 2010*: Integrated Working – A review of the evidence
 - *Educational Research Vol. 48 Barmby, P (2006)*: Improving teacher recruitment and retention: the importance of workload and pupil behaviour
 - *DfE Research Report DfE-RR177 (2011)*: Me and My School: Findings from the National Evaluation of Targeted Mental Health in Schools 2008-2011
 - *British Journal of Special Education, Vol. 28 (2001)*: The effectiveness of nurture groups: Preliminary research findings
 - *Department for Children, Schools and Families (2010)*: Identifying Components of Attainment Gaps
 - *Department for Education (2010a)*: The Importance of Teaching: The Schools White Paper
 - Department for Education (2012a), Behaviour and discipline in schools: A guide for head teachers and school staff
 - *Department for Education (2012b)*, A profile of pupil exclusions in England
 - *Department for Education (2012c)*, Screening, searching and confiscation: Advice for head teachers, staff and governing bodies

Appendix 7

Summary of acronyms used in the report

A & E	Accident and Emergency department
ASC	Autistic Spectrum Condition
BAP	Behaviour and Attendance Panel
BESD	Behaviour, Emotional and Social Difficulties
BHPRU	Brighton and Hove Pupil Referral Unit
BILT	Behaviour and Inclusive Learning Team
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CVS	Community and Voluntary Sector
CYP	Children and Young People
DSG	Dedicated Schools Grant (DfE grant to provide funding for schools)
DVLC	Downs View Link College
EHC Plan	Education, Health and Care Plan
EIA	Equality Impact Assessment
FE	Further Education
HNB	High Needs Block (LA funding for pupils with 'high needs')
LA	Local Authority
JSNA	Joint Strategic Needs Assessment
NEET	Not in education, employment or training
NHS	National Health Service
OT	Occupational Therapy
PA	Personal Assistant
PRESENS	Preschool Special Educational Needs Service
PRU	Pupil Referral Unit
RPA	Raising of the Participation Age
SALT	Speech and Language Therapy

SCT	Sussex Community Trust
SEN	Special Educational Needs
SE7	South East 7
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities

