

Reducing distant SEND placements

Increasing regional sufficiency

A study commissioned by NHS England

Carried out in the East Midlands region

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- Participating strategic leaders in health and children’s services, plus the SEND heads of service
- The local mixed teams of colleagues who contributed so much through the area conversations
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Executive Summary

This study investigates how it might be possible to reduce and eventually eliminate the need to place young people with learning disabilities and/or autism in residential special schools that are far away from the family home. The assumption made in the study is that, in almost every case, it is better for child and family outcomes for placements to be close to their family home.

In the East Midlands region, as defined by the nine local authority areas, there are currently almost 200 children and young people placed in provision outside the region, many of these are over 50 miles from home and almost 30 are over 200 miles away.

There seems to be no single reason for this situation and its explanation is found in a range of policies and practice, sometimes historic. Apart from in a few cases of highly specialised need, most of these placements are made because of insufficient local, state-funded provision.

This study provides an analysis of the situation as it stands, along with a review of some of the existing practice and emerging developments that could inform strategies and action that might increase regional capacity in the future.

A series of investigatory questions was used throughout the study:

1. Can in-region placements be increased by admitting more pupils with complex SEND conditions to mainstream schools, thus freeing up more spaces in special schools?
2. Can in-region placements be increased by maximising the use of existing places available in state-funded special schools within the region?
3. Can in-region placements be increased through an increased confidence in a better-articulated health offer that supports local placements?
4. Can in-region placements be increased by developing a regional joint commissioning approach?
5. Are there some highly complex specialist needs or growing demands that are particularly hard to meet and it seems feasible to consider the development of new schools within the region?

These questions provided the framework for both the research and field work. The field work included extensive discussions with teams of senior strategic leaders in all nine of the local authority areas, regional groups of associated heads of service including health commissioners, special school headteachers and parent groups.

The conclusion of this study is that it is both feasible and achievable to reduce and eventually eliminate the need to place young people with complex SEND conditions in schools that are far away from the family home.

Across the East Midlands region there is a range of initiatives and developments underway that, if disseminated and then applied within a coherent strategy, could tackle some of the underlying issues and sufficiently increase local capacity.

This will take a concerted effort and determination by the system's leaders, to forge the partnerships required and to tackle some of the forces that seem to impede this aspiration.

One significant partnership that will be fundamental to any improvement in the medium term will be that between the local authorities and academies. As things stand, both partners have some

admissions responsibilities and the local authority also has over-arching statutory responsibility for vulnerable young people, including some key universal SEND duties. Across the rapidly changing school landscape there are already some instances where these partners are debating the exclusion of students with complex needs and anecdotally there are some alarming increases in exclusion from academies that would appear to fly in the face of student, family and community interest. Local authority colleagues do not seem, as yet, to have the necessary policies and procedures to exercise their statutory duty sufficiently within this partnership and this is becoming an area of growing concern.

The strongest voice within this study however is the plea from parents for change. The accounts of their resilience and determination in striving for better solutions for their children, sometimes battling against a system that can feel impenetrable, are a heartfelt reminder of our joint moral obligation to seek the very best outcomes for some of our most vulnerable young people.

“The experience of having to continually fight a system that doesn’t really know my child is draining and ends up damaging us as a family. Individually all the people we need to work with are very kind and want to help, but they work in a system that seems to sometimes actually work against my child’s interest. At times it gets so wearing that we just feel like giving up and taking the easiest option provided.” (Family of a child with complex needs)

A definition: For the sake of this study, the phrase ‘complex SEND’ is used interchangeably with terminology referring EHCP and Statements, i.e. those children and young people who have the most significant levels of special need and whose education, health and care is described, assessed and commissioned through a statutory process, previously described as statementing and more recently enshrined within Education, Health and Care Plans. Generally speaking this is usually 1.5% – 3% of the overall child population.

A limitation: This study has only looked at arrangement for children and young people of compulsory school ages 5-16, with just occasional references to post 16. However, it is acknowledged and recognised throughout this work, particularly the field visits, that another study is needed for post 16 and the transition into adulthood, which is potentially even more strategically important.

Actions resulting from this report

The East Midlands group of Directors of Children's Services (DCS) have received and welcomed this report. They are encouraged that NHS England is acknowledging the report in national dissemination and that the DfE is using it to inform planning for future SEND investment.

It is recognised that this topic is fundamentally defined by local histories of policy and funding decisions and that every local area therefore acts within a different context. It is unlikely therefore that there will be 'solutions' that are applicable across wide geographical areas. However, what this report does is to illuminate and analyse some of this prevailing context, to enable each local area to identify where best to place its focus. Following this report, the actions summarised below are underway in the East Midlands region.

SEND Placement Checklist

To support each local area to review its local context, Appendix A (p52) is supplied to highlight the breadth of issues that underpin SEND placement practice and sufficiency. Local Authorities in particular are encouraged to use this review tool to select where best to place local effort and resource.

SEND Peer Challenge

The East Midlands region has a strong tradition of using regional peer challenge to support local improvement. In order to strengthen practice across the region and to prepare for inspection, a programme of SEND Peer Challenge is being implemented. Commencing in autumn 2016 this scheme will involve colleagues from education, social care and health, along with representatives of Parent Carer Forums, working in mixed groups to review practice across the region.

EHCP Concordat

A regional concordat is being developed with the intention of embedding the specific recommendations relating to health (commissioner/provider) contributions within a more far-reaching agreement on EHCPs – e.g. attendance at and contribution to EHCP reviews.

SEND Transport

School travel sits at the heart of many SEND issues, both in terms of local expectations around placements as well as increasing cost pressures. The region's Local Authorities are consequently collaborating through a series of workshops and potential spin-off projects to address some of the priority transport themes.

SEND Placement Framework Contract

Independent non-maintained special schools remain an important part of the provision mapping for complex SEND. In order to exercise a suitable degree of oversight and management of price and quality, a business case is being developed for a regional SEND framework as an extension of existing purchasing arrangements for independent fostering and residential placements.

Introduction

SEND policy and practice is rightly highly personalised so that each case is decided upon the specific needs of the individual child or young person. The parents of children with complex SEND conditions consequently play a vital role to represent and champion their child's needs and interests and to navigate their way through the complexities of the education, health and sometimes social care systems. National policy recognises this role and has created a system where, at some key points, the voice of the parent can even have primacy.

As individual cases aggregate within a geographical area, the employees working at a system level seek to establish policies, procedure and practices that can operate effectively to meet the collective needs and maximise outcomes, while also seeking to balance equity, efficiency and ensuring legal compliance. However because the situation is needs-driven it is difficult to manage or contain by strict adherence to any particular policy or quota. As a consequence, what results is a system that tries to be ethically responsive to individual needs while also operating within equitable policy and a financial envelope.

Inevitably from time to time compromise is required and difficult decisions are made as the system can't always fully accommodate every individual need. This study is focussed upon this space, i.e. where compromise decisions have been required and young people are placed in settings that can't satisfy all factors, e.g. the preferred characteristics of the provision, the geographical location, the costs and the family context.

The way that these factors are balanced, plus the potential dominance of any single factor in the local decision making process, starts to shape the picture such that patterns start to emerge. Within any local authority area these patterns reflect the local demography, policy choices and the ethos of the school system. This study reflects some of this in-region variation.

When aggregated to a regional level, an even bigger picture emerges. This regional picture is not a consequence of a planned policy, as SEND is not managed at a regional level, but in a period of positive regional relationships, it can point to some potential collaboration that could enhance local SEND policy and provision.

Within the East Midlands region there are just over 102,000 children and young people identified by the education system as having significant special needs or disability. Of these, over 84,000 are judged to have a level of need that can be reasonably and feasibly met by their school setting, working in partnership with their local support services and utilising delegated funds, termed SEND Support.

Almost 18,000 children and young people are judged to have more complex needs that require a more robust assessment and plan to meet their significant education, care and health needs, and will require more specialist provision and additional finance, termed EHCP/Statement.

The school destinations of these 18,000 children are varied.

- In some areas over 75% attend local mainstream schools, while in others this is below 25%.
- In some areas almost 80% attend a special school, while in others 20% or less do so.
- In some areas, the local authority 'goes to the market' to purchase places in independent non-maintained special schools for 14%, while others do so for fewer than 4%.

It could be argued that none of this is necessarily 'right' or 'wrong', so long as needs are being met and equitable and affordable policies are maintained. However, when aggregated across the region, around 1,100 school places are being purchased in the independent sector of which 200 are outside the East Midlands region (which *could* still be nearby) but almost 100 children with the most complex needs are placed in settings that are a long distance from their family home and community. Example locations include Newcastle, Cumbria, Somerset, Bournemouth, Wales, Exeter, Kent, Lancashire, Yorkshire and Berkshire.

It is the commonly held view by all who have contributed to this study that any steps to improve this situation should and must be taken. While it might well be important to maintain the stability of young people in their existing placements, it is more important that capacity is created within the region to reduce and ideally eliminate the on-going need to place at distance in the future.

In purely statistical terms it can be argued that the region already has sufficient places in its special schools. Yet a situation has evolved over time that leads to over 1,000 additional places being purchased, and very rarely it seems on the basis of a specialist need.

To this end, this study investigates a series of questions that are built upon the following logic: If more children with complex SEND needs are educated in a mainstream school, ideally their local community school, then more places are available in special schools for those with more significant needs and fewer places are required in non-maintained schools and especially those far away.

While seemingly obvious and a little simplistic, this study investigates this logic to further unravel some of the reasons and forces at play that cause it not to work for so many children, families and budget holders.

"So often we are made to feel that 'we' are the problem"

"The message we hear so often is that this is all happening because of the failure of the parents in some way"

"What are we expected to do, what choices do we have, when my child says 'please don't make me go back into that classroom, I'd rather die'? We simply have to fight their corner."
(Contributors at a Parent Carer Forum)

Chapter 1: Can in-region placements be increased by admitting more pupils with complex SEND conditions to mainstream schools, thus freeing up more spaces in special schools?

The assumption behind this chapter's question is that there is the potential for mainstream schools to admit more pupils with complex SEND conditions or, as seems to be starting to occur, to exclude fewer. To explore this assumption and the question in sufficient detail it is first required to understand some of the background and contextual features.

At the most basic level the definitions and thresholds for SEND identification have a degree of local determination by schools, individually and collectively, sometimes bound by local authority policy agreements. Although there is a legal definition (i.e. the term 'special educational needs' refers to children who have learning difficulties or disabilities that make it harder for them to learn than most children of the same age), this is subject to a degree of local interpretation. Many children, maybe most, will have special needs of some kind at some time during their education.

Schools work with pupils identified with SEND (and their families) through a 'graduated approach' by which they should be able to access help through their school to meet their needs. In schools' data returns, two levels of SEND identification are reported

SEND Support

This stage is characterised by

- Substantial intervention which is required to enable the child or young person to be engaged in learning
- Significant amounts of resource from the educational setting
- Outcomes which have been agreed through a process of collaboration and discussion
- A personalised programme of support is devised and reviewed and adjusted frequently with close child and/or parental involvement.

EHCP, formerly known as an SEN Statement

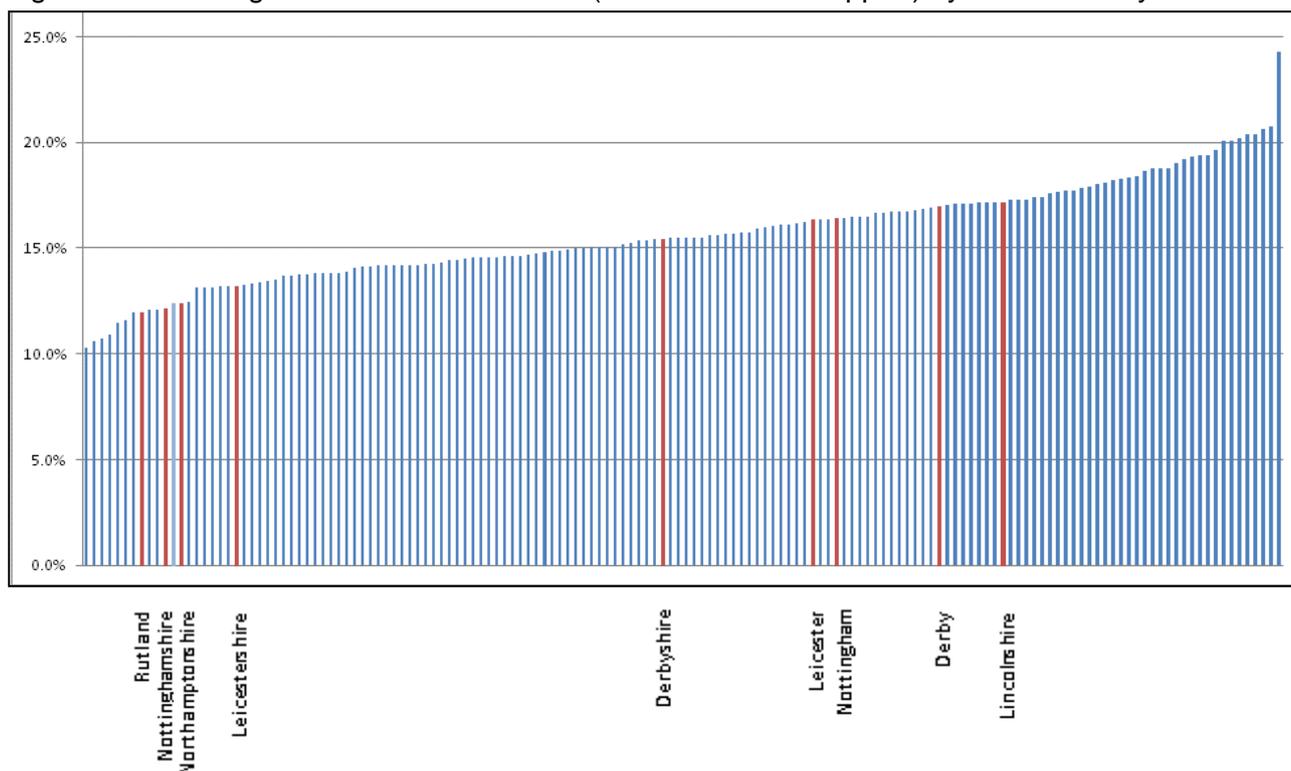
An Education, Health and Care Plan is developed for children and young people who need more support than is available through SEND Support (above) to meet their needs. The EHCP is a legal document that sets out the detail of a child or young person's needs, the support that they need to achieve specified outcomes and how health and social care services will work alongside schools in partnership with the parents and young person to support the delivery of the Plan. It must also include the views and aspirations of the child or young person and their parents.

The total number of children and young people overall categorised in these two levels of need, i.e. both SEND Support and EHCP, in the population of the East Midlands region is just over 102,000, an average of 14.7%. The variation in overall SEND levels between the schools in each of the nine local authority areas is 12 – 17%.

Nationally the range varies from 10% to over 20% with a national average of 15.7%

Each column in Figure 1 overleaf depicts one of the 152 local authority areas nationally. Highlighted in red are the nine areas of the East Midlands.

Figure 1. Percentage levels of overall SEND (EHCP & SEND Support) by local authority area



Why is there such variation?

The early stages of SEND identification are generally school-initiated. Although subject to policy guidelines and touched upon in inspection, levels of identification will always be subject to some variation. For example some schools, especially small schools of which there is a high percentage in the East Midlands, often take a highly personalised approach to provision planning for *all* pupils, so might not attribute SEND designation as often as it doesn't proffer any particular advantage.

Some types of variation are inevitable, and not necessarily undesirable. Schools and local authorities will approach their population of children in different ways responding to local needs and circumstances. Whilst local variation may sometimes be negatively characterised as a postcode lottery, it may equally be more positively described as responding to local circumstances. Local variation is clearly undesirable, however, if it reflects unmet need and inequities in access to, and level of, services.

Several of the nine local authorities in the region report that levels of identification have reduced by as much as 4% in recent years with the introduction of the graduated response and other local work. Northamptonshire specifically points to some policy work they have carried out over recent years to 'educate' schools about thresholds, identification and a graduated response that doesn't see headteachers and parents thinking that the only way to secure additional resources to support a child is by accelerating their case to 'higher' categories.

A few of the local authorities, with their Schools' Forums, have also introduced arrangements for High Level Need funding that enables schools to obtain extra resources to support the local development of their graduated response. This enhances the delegated funds that are already included as a nominal item in schools' budgets for their work at the SEND Support stage and is being found to enable more pupils with greater complexity to be supported in their mainstream settings. In particular, the greatest impact of this policy seems to be felt in areas where locality-

based groups of headteachers and school leaders play the decision making role around the distribution of these funds.

Nationally, there is a moderately significant correlation (0.5) between these levels of overall SEND and poverty/deprivation as recorded by the LA IDACI measure, so it is to be expected that the three city areas of Nottingham, Derby and Leicester might be average or above. Colleagues in these cities identify a strong link between SEND and demography/poverty and refute and resist strongly any suggestions that identification levels could be lower, citing the resultant risk of schools 'missing children'.

Another potential impact upon levels of SEND identification derives from recent trends in migration into the region. Areas where there has been a major influx of recent migrants from Eastern Europe are reporting that a far higher proportion of these new arrivals display significant SEND needs. This is not always immediately apparent due to language and acclimatisation issues, and may be attributable to poor access to schooling before migration, but nevertheless it is starting to make significant demands upon SEND resources.

Generally speaking however, the relativity in the definition of SEND (*'make it harder for them to learn than most children'*) means that schools will always tend to initially identify SEND with reference to their current cohort and their experience.

Significant differences in levels of SEND identification from two similar areas must therefore be attributable to contextual features of those schools and the system in which they operate. For example it can't be said that Lincolnshire is so different from Nottinghamshire (indeed they share a border and have very similar IDACI scores) that from a very similar size population Lincolnshire schools categorise 4,000 more pupils as overall SEND than Nottinghamshire.

The nuanced reasons for this are well beyond the scope of this study but probably need to be understood to explain something about the culture of educational leadership and the history of schools' provision planning for children. The type of influencing factors identified through this study include:

- a strong ethos of inclusion
- strong and effective multi-agency working
- commitment and strong leadership
- effective partnerships with all key stakeholders
- an adequate number of skilled staff at all levels.

This is potentially important as these contextual factors are likely to be ones that come into play and potentially affect the extent to which future local solutions might be found in trying to increase levels of complex SEND in mainstream schools.

This study is not suggesting or implying that levels are too high or too low in any particular area. Whether reduction is 'good' or 'bad' is a debatable point:

- a) If the % levels are very low, it could be an indicator that pupils needs are not being identified and addressed, or it might be that schools are taking such a personalised approach to all children that the 'label' is not used.
- b) If the % levels are very high, it could be an indicator of a system in which the currency of the identification holds particular utilitarian value, or it might be that schools hold a poor understanding of definitions and thresholds.

The point being made is that mainstream schools work within historically-established cultures and policy environments in which collective ways of working evolve over time. The extent to which they might be ready, willing and able to admit more pupils with complex SEND conditions will be, in part, a function of these cultures and any leaders of such changes will need to be cognisant of that context.

Levels of EHCP/Statements

As described, within the total SEND population a smaller group of children and young people have more complex needs and require an EHCP/Statement to describe, assess and monitor their needs and to outline the most suitable arrangements for education, health and care.

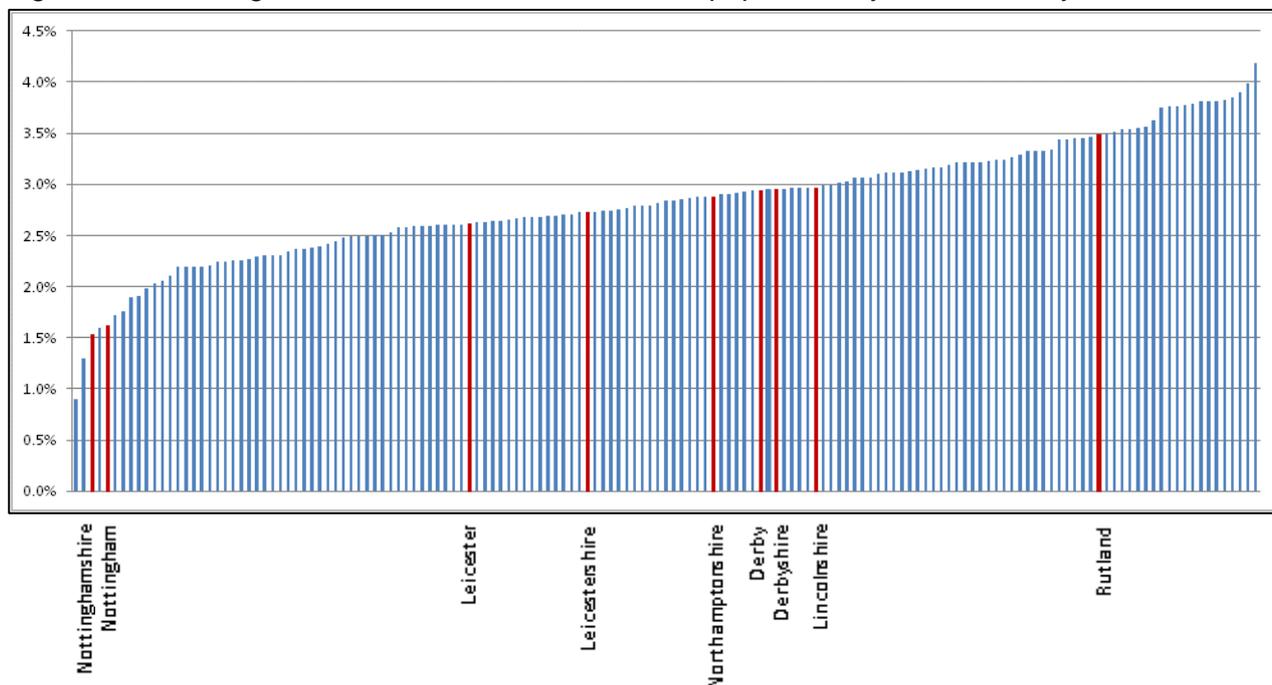
Whereas SEND Support categorisation can be subject to a degree of local determination within each school, the categorisation of EHCP is subject to a policy managed through the local authority. Although still subject to the ‘demand pressures’ that might come from families and schools, the level of ENCP is a much closer reflection of area-wide, strategic policy at work.

In the region the range of the rates of children with EHCP/Statements as a proportion of the total child population is 1.3% - 3.5%, with a regional average of 2.6%.

Nationally the range is from around 0.9% to 4.8%, with an average of 2.8%.

Each column in Figure 2 depicts one of the 152 local authority areas nationally. Highlighted in red are the nine areas of the East Midlands.

Figure 2. Percentage levels of EHCP in the total child population by local authority area



These data raise some interesting questions and comparisons. Three local authority areas in particular stand out, particularly in contrast with the charts in Figures 1 and 2.

- Rutland's relative position has shifted from being the 8th lowest area nationally in terms of SEND overall to featuring in the upper quartile when it comes to EHCP rates
- Nottingham City area's relative position has shifted from an above average position in terms of SEND overall to featuring in the lowest 5 areas nationally when it comes to EHCP rates
- Nottinghamshire area features in both charts in the lowest decile for both SEND overall and EHCP rates

Some contextual analysis of these data follows shortly, but it is first worth looking at the proportional levels of EHCP/Statements within the overall SEND population for each of the region's nine local authority areas.

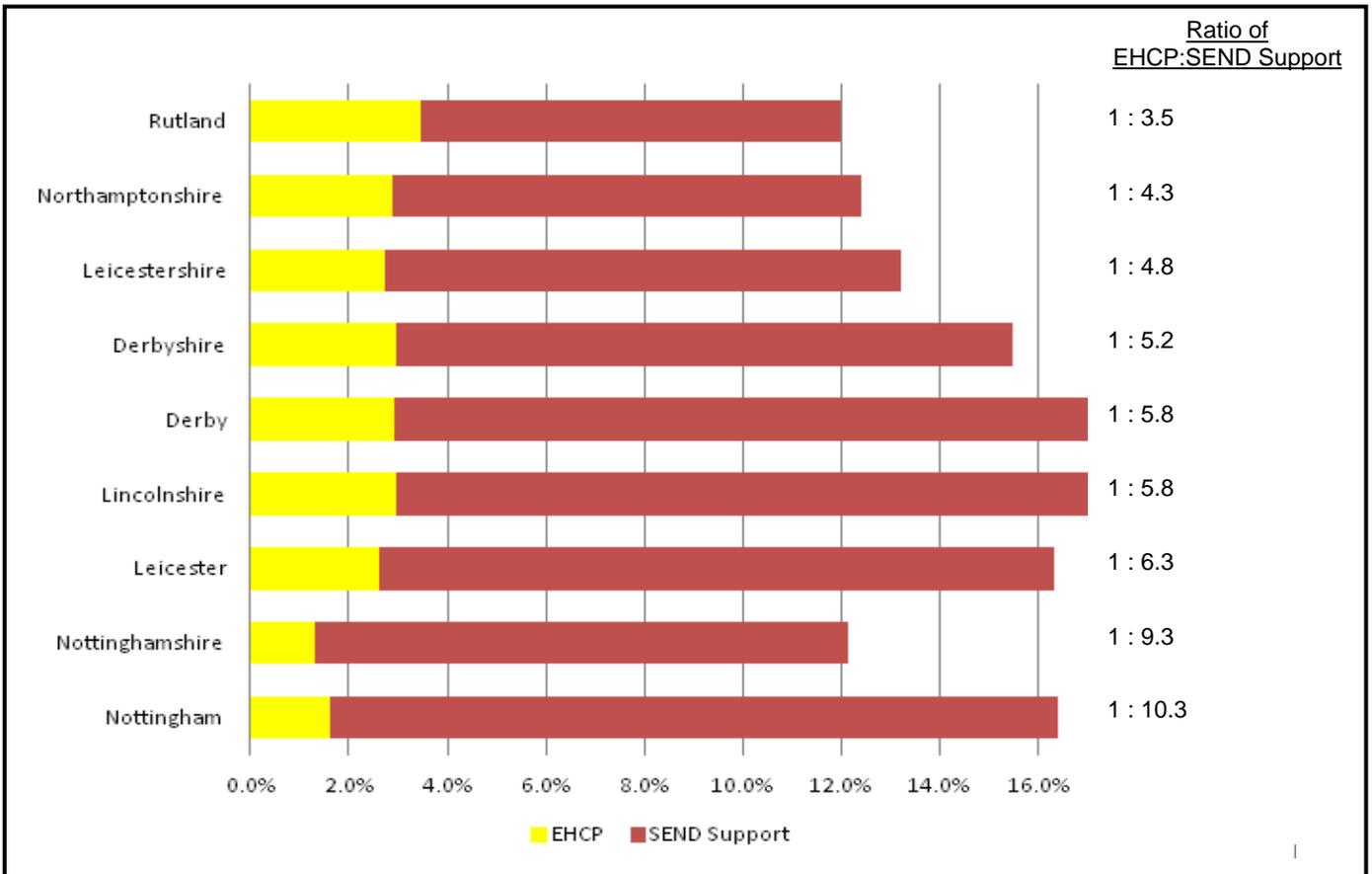


Figure 3. EHCP and SEND Support rates as proportions and ratios

Expressed in simple terms Figure 3 illustrates, for example

- That for every 1 pupil in Nottingham with an EHCP there will be 10 receiving SEND Support
- That for every 1 pupil in Leicestershire or Derbyshire with an EHCP there will be about 5 receiving SEND Support
- That for every 1 pupil in Rutland with an EHCP there will be 3-4 receiving SEND Support

Given that the levels of EHCP are a controllable variable, there is an argument that suggests that if fewer EHCPs were issued, then mainstream schools would continue to work with those pupils at the SEND Support stage and there would be less 'upward' demand in the system that leads to the special schools all being full and 1,100 pupils being placed in independent non maintained schools.

The effect of the seven local authority areas in the East Midlands that are not already in the lowest quartile reducing their EHCP levels by 1% would change numbers by around 800.

The effect of all local authority areas working to a 1 in 10 ratio would reduce EHCP numbers by more than 7,500.

Once again though, this study is not recommending this as a universal policy direction but, especially in areas with the higher rates of EHCP within their child SEND population it would seem to be an important factor to consider.

These differences in EHCP rates significantly affect the nature of schools, the pattern of placements and the options for change in each local authority area when considering the potential for mainstream schools to admit more pupils with complex SEND conditions.

Recent history of EHCP/Statements

Recent years have seen the introduction of new SEND Codes of Practice introducing the graduated response and EHCPs. Given these quite substantial policy changes, Figure 4 shows the 5-10 year trend of EHCP/Statement levels.

NB. Not featured in this chart is the most recent 2015/16 spike being reported across the region in the number of in EHCP referrals, variously between 10-20%. Although not yet necessarily coming through as approved EHCPs this is creating another upward pressure in the system. It is being attributed anecdotally to the greater complexity of the EU migrant population, parental awareness of the new EHCP policy, higher expectations of service within the community and just generally increasing levels of need and higher survival rates.

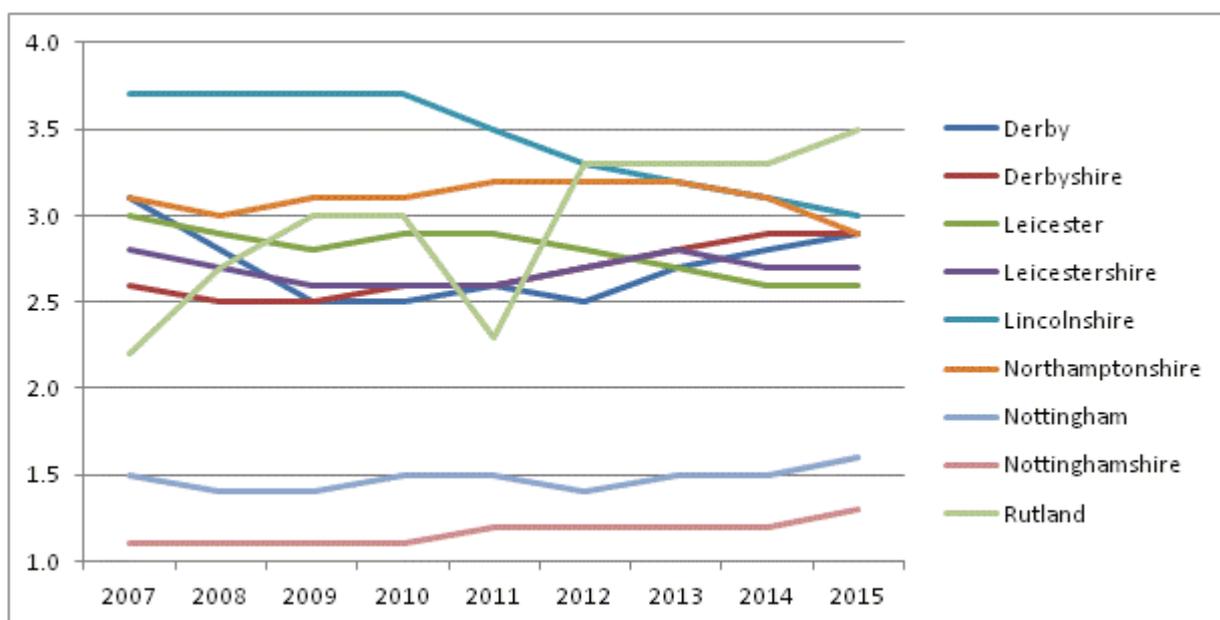


Figure 4: Recent trends in EHCP/Statements levels

Apart from the 'outliers' (Nottingham, Nottinghamshire and Rutland) Figure 4 shows a definite convergence of rates towards 2.5 – 3.0%, bringing these six areas very close to national trends.

The data represented in Figures 2, 3 and 4 present an important perspective on the policy backdrop to the situation that ultimately leads to distant SEND placements. In this type of exercise there is often a tendency to ignore or discard the outliers and assert that 'normal' is what the majority are doing. However, in the context of this study there are some key points to understand and potentially learn from the outliers.

Nottingham and Nottinghamshire attribute the marked difference in their levels of EHCPs to the long-term arrangements they have developed over 20 years with their schools. They also point to sustained strong political leadership and consistency of policy teams as important underpinning factors. In their policies, started before local government re-organisation when they were a combined authority, significant areas of SEND responsibility, decision-making and resources were delegated out to local families of schools.

This has developed a way of working where schools look to develop local solutions and innovations, e.g. Family of Schools Panels and Family SENCo. This leads to groups of schools working together and being able to act quickly, intervene early and just get on with securing the services they require. Unlike most other areas, their schools see less need for high levels of identification or assessment as a required step to access services as they can just do this anyway through their 20 year tradition of a graduated response. Where a Family of Schools can't meet needs from these delegated arrangements, they can then bid to a High Level Needs fund, held centrally for schools, still pre-EHCP. These delegated arrangements have been especially effective for primary schools, slightly less so for secondary.

As a result, colleagues in Nottingham and Nottinghamshire assert that their mainstream schools are routinely managing greater complexity already. The low levels of EHCPs are not because the central teams have maintained a quota or held to a high threshold, it is rather that their schools refer fewer children for the statutory stage as they are accustomed and equipped to meet quite complex needs themselves. This then has a knock-on effect for the work of special schools.

"I was pleased that my child was given a place in our local mainstream primary school. It made good sense to be with her local friends. It started okay in the infant classes and she made some good progress but as she went through the juniors things gradually went from bad to worse. Because it was clear to them that she probably wasn't going to achieve much in her SATs they seemed to stop bothering with her learning and the progress just stopped. She got the same grade in Yr 5 as she did in Yr 2. The worst was Yr 6 when they started sending her out of the class for long periods, sometimes as much as half the week, or sending her to be with the 'little ones' in Reception. We decided to send her to special school and now we wish this had happened years before. They really care about her development as a person and she has come to life again. Although we believe in inclusion, it's not always the right thing to do.
(Parent)

As the general school system shifts nationally to more of a school-led system and environment, school leaders, individually and in groups, will have greater responsibility and freedom 'at the front line' for significant policy and resource decisions. This Nottingham and Nottinghamshire approach has built a capacity for the local leadership of SEND that should serve their schools well as the system changes. It is of note that some other local authority areas are currently looking to transfer elements of this approach to their locality groups of schools.

By way of contrast over recent years Rutland has some highly contrasting data. On the one hand Rutland's 12.0% of overall SEND is almost the lowest % in the country, while on the other they have provided EHCPs for a high proportion of pupils, indeed their proportion of EHCP:SEND Support (almost 29% or 1 in 3) is the highest in the entire country. While percentage-based comparisons are dangerous for small areas like Rutland, the numbers of pupils are nevertheless in the hundreds and hold some statistical relevance.

While colleagues in Rutland question whether these features are indeed a symptom of size, it nevertheless leads to questions about:

- The culture of identifying and meeting needs in schools that can lead to such varied rates
- The anecdotal accounts that there is increasing high number of articulate parents who drive the system to get what they want for their child, including privately purchased health assessments
- A lack of challenge to schools that is only ever supportive of schools' efforts and their requests for assessments. A view was expressed that given that the schools have gone to all the work of completing the assessment processes and forms, then there is a tendency to just support them, rather than applying and holding to a consistent threshold based on needs criteria.

These questions have relevance for services across the region.

"I've had to change my whole life to support the needs of my child with a complex condition. Even when they're in school I do not get the same respite as other parents as I'm frequently called in to deal with tiny issues that other parents simply aren't contacted about. It's almost because of the school's nervousness around my child's needs that I am further discriminated against." (Parent)

Destinations of pupils with EHCP/Statements

As a result of the variety of approaches and school/SEND systems around the region, there are consequently almost 18,000 children and young people with an EHCP/Statement.

Where do they go to school?

	State-funded Mainstream	Enhanced Mainstream	State-funded Special	Independent NM Special	Not in school or waiting
Derby	19.4	16.5	51.2	12.2	0.7
Derbyshire	58.1	7.6	28.2	3.4	2.7
Leicester	32.5	4.8	55.4	5.9	1.4
Leicestershire	42.4	10.5	37.9	8.3	0.9
Lincolnshire	43.7	0	51	4.3	1
Northamptonshire	50.7	7	35.7	5.2	1.4
Nottingham	22.8	0	69.4	4.0	3.8
Nottinghamshire	26.7	0	58	12.1	3.2
Rutland	63.7	9.5	11.9	13.7	1.2

Table 1 The educational destinations of pupils with EHCPs

This is displayed graphically in Figure 5

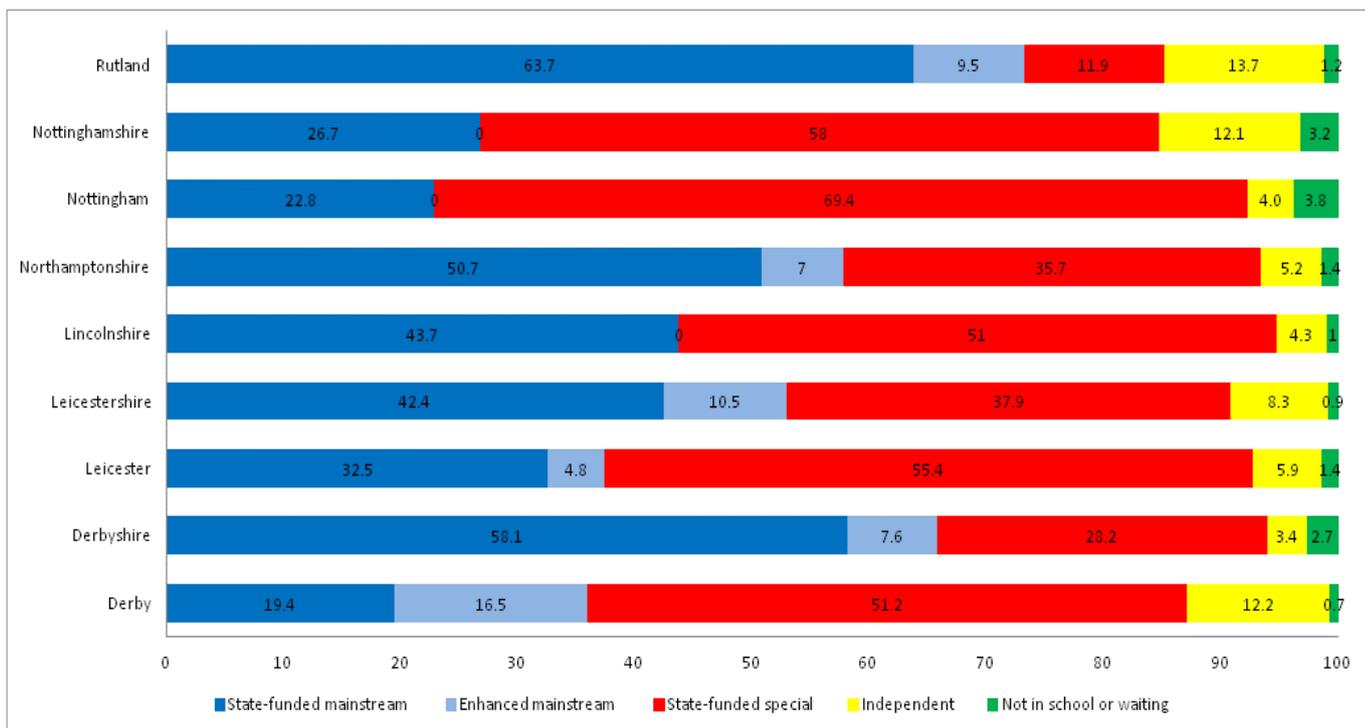


Figure 5: The school destinations of children and young people with an EHCP/Statement

Definitions of school destinations as displayed in Figure 5:

State-funded mainstream: This includes all academies and LA-maintained mainstream primary and secondary schools, except those in the ‘enhanced’ definition below. These are mostly community schools that operate an open admission to the majority of their local children, with just a small proportion operating selective admission. Although the academy vs maintained context might be relevant to some aspects of this study, this is such a rapidly changing situation that this is impossible to analyse. There are around 1,850 state-funded mainstream schools and academies in the East Midlands region.

Enhanced mainstream: This includes all mainstream primary and secondary schools that are designated and funded to provide some form of specialist SEND service. This is often through a specialist unit on site or by the use of additional resources in some other way. Once again, this data combines both maintained and academy schools as things stand. This data will be harder to analyse in the future as it transpires that the government data returns for academies do not distinguish and report this enhanced characteristic. There are currently 80 of these ‘enhanced’ mainstream schools in the East Midlands region.

“I believe that getting a place in a school with enhanced provision is the best thing that ever happened for my son. He gets fantastic support and care for his special needs. He’s deaf, and the staff in the unit have the skills to know how to work with him but he can also do lessons and work with all other children. He needs this for his social development. It’s also good for the other children and staff as they have all learnt to sign and now they know a bit more about hearing difficulty. He’s seven now and this week we had the most fantastic breakthrough ... he actually spoke his first words ever, “Mummy”. (Parent)

State-funded special schools: This includes all academy and maintained special schools of all age ranges and all SEND types. These schools are designated to provide an education specifically for

pupils with complex SEND conditions. Many special schools support an extended age range (e.g. 2-19). For the sake of this report, this category also includes the small number of hospital schools that exist in the region. There are 79 of these special schools in total in the East Midlands region.

Independent non-maintained special schools: These are independent schools providing special education, some owned by local charitable specialist causes, others parts of large business chains with distant headquarters. For several years these schools have been an important part of the provision map for SEND and as at December 2015 over 1,100 East Midlands' children and young people are placed with them, though not always located within the region. These 1,100 placements were purchased from around 120 independent schools, of which over half are located outside the region.

Not in school or waiting: At any one time there is always a small number of children and young people who are not in the school system. These may be awaiting admission or going through an assessment process, they may be educated at home or in some other alternative provision, or may be just missing education for exceptional reasons.

More complex SEND placements in mainstream schools

As shown in Figure 5 the proportion of children and young people with EHCPs in the East Midlands region that are placed in mainstream settings, including schools with some form of enhanced provision ranges from 22.8% - 73.2%. While at first appearances this seems very varied, once again, there are points to be learned from the outliers.

In Nottingham just 22.8% of children with an EHCP are in mainstream settings and this is linked with the policy described previously (p12). Because their mainstream schools are already handling greater levels of complexity within delegated responsibilities and resources there are simply fewer children with EHCPs in Nottingham's system. Of these then 70% are placed in special schools and only 4% go out to independent non-maintained schools, which is almost the lowest level in the region.

Given this situation then there would seem little reason for a major push in Nottingham for their mainstream schools to pick up more complex placements from special schools. As things stand, Nottingham only needs about 30 more places in their entire state-funded system for them to be able to eliminate the need for purchases from the independent sector. Of these 30 current placements, just 6 are outside the region of which 4 are at long distance.

For Nottinghamshire, who operate a similar policy, there is a slightly more significant gap in provision as they have over 160 pupils placed in independent settings. This is leading to discussions there about a development in the role that their special schools play and investigating other ways of increasing the state-funded estate.

For these two 'outliers' that place less than 30% of their children with EHCPs in mainstream schools, this seems sustainable so long as mainstream schools continue to handle a high proportion of complexity within SEND Support.

Colleagues in Nottingham however remain cautious, as things are not in 'steady state' at the moment. Population changes due to migration are starting to affect levels of demand/need and, more significantly, like in several other local authority areas, they are starting to see an increasing

trend of exclusions of pupils with SEND from some of their significant academy chains. This has been a recurring theme and a major concern throughout this study.

“The message I got from the exclusion meeting at the academy was simple: They don’t want my child. I’m hearing from other parents that I’m not alone and others have been excluded too because the school won’t make a reasonable effort to work with children who find it difficult to work to their narrow approach. I’ve met other parents who are saying that since converting to academy status their schools have changed their attitude towards their children and just not making the same effort. These academies seem to be more bothered about pleasing a committee of business people in suits than they are their local families and communities. Who will stand up to these academies?” (Parent)

At the other end of the range, Rutland places 73.2% of children and young people with EHCPs in mainstream schools. Having just one special school that only offers a few primary places, the much smaller community of schools in Rutland seems to have historically developed processes to support more complex needs in their mainstream schools.

Because Rutland has no state-funded secondary special school provision almost all of their purchases from the independent sector are in this phase. Until recently Rutland’s state-funded secondary schools operated similarly to manage the more complex and challenging needs so far as possible between themselves and keep students within their community schools, but this is now being affected by changes deriving from the shift of admissions control to academies.

Of the larger authorities where the numbers of schools and students support greater analysis, Derbyshire is maybe of interest. They place 65.75% of their children and young people with EHCPs in mainstream settings, which is very high nationally. Of these 65% around 7.5% are in mainstream settings with enhanced provision or resources, which is in line with general average levels. One consequence is that Derbyshire purchase the lowest proportion of places, just 3.7% from the independent non-maintained sector. Being surprised and pleased to find that their data are well within the upper quartile, Derbyshire colleagues have not yet undertaken a detailed analysis of these circumstances, but they point to the following contributory factors:

- A highly inclusive leadership culture that has been specifically promoted and developed with schools
- A strong associative identity between schools and the communities they serve, especially in their rural communities
- High levels of school confidence in the availability and quality of centrally-organised advice and support services, albeit this is starting to feel more at risk than before
- Specific initiatives that give schools tools and support to maintain a recommended standard, e.g. the Derbyshire Autism-Friendly School File
- The development of specialist hubs within state-funded secondary schools to meet the needs of some complex conditions, e.g. autism spectrum disorders (ASD)
- The co-location of some social care facilities with school sites to facilitate better joint provision planning between social workers and special school placement teams
- A strongly collaborative approach being developed between their state-funded special schools, e.g. they are looking to form a Teaching School Alliance

The challenge from Derbyshire’s data is the suggestion that it is not an unreasonable expectation to place up to 60% of pupils with EHCPs or even more in mainstream settings. However, the

response to this challenge and the answers to this chapter's question need to be developed within the particular policy environment and policy context in which schools are operating.

For local authority areas that haven't introduced a significantly distinctive delegation policy like Nottingham and Nottinghamshire, key questions posed by this chapter's focus are:

- *If we want to reduce the number of placements made with the independent non-maintained sector (6-14% of our children with EHCPs), especially those placed at distance, how best can we create the capacity within local state-funded settings?*
- *Can we create arrangements that lead to mainstream schools taking 6-14% more and so free up spaces in our special schools?*
- *Or can we grow additional special school capacity by this 6-14%?*

Is this predominantly a secondary school issue?

Almost all of the distant SEND placements made from the local authorities in the East Midlands and most of the EHCP placements purchased from the independent non-maintained sector are for secondary aged students. More generally, the size of the Y7 cohort (12 year olds) in all special schools combined is approximately double the size of the cohorts of younger children. This leads to the initial hypothesis that the inclusion of young people with EHCPs in mainstream settings is potentially a symptom of the characteristics of secondary schools and their pupils.

Enquiries within this study have surfaced the following factors:

- The challenge to include a teenage pupil within a mainstream setting is sometimes described as more difficult because of the physical size of the young person, their greater level of personal need and the widening gap between them and their cohort.
- The organisational features of most secondary schools, with frequent regular movement around the site and a highly structured timetable can make it quite difficult for many young people with complex SEND conditions.
- In a secondary school, pupils might meet 10-20 different teachers within a week and it seems far more difficult to maintain consistent, appropriate provision than in a primary school where the pupil is more likely to remain with 1 or 2 teachers all week, often within the same space/environment.
- Many primary schools are described as more nurturing environments, characterised by high levels of communication, strong partnerships with families, consistent enduring relationships, smaller organisational units and the flexibility and readiness to adjust most aspects of school life to accommodate to individual need.

Although these points might contribute to the greater confidence of families and the schools themselves to admit a pupil with an EHCP within the primary age range than in secondary, they do not seem sufficient by themselves to justify an over-simplistic placement distinction.

It is not uncommon for a pupil with an EHCP to transfer to a mainstream secondary school at the end of Y6 and for that placement to then break down after a few terms. Parents interviewed within this study identify two main causes for this, one from each side of transition:

- Secondary schools reportedly commit variable amounts of effort and resource to maintain the placement. Parents report that some schools seem to 'wash their hands' quite quickly saying they simply can't cope, while other schools are highly commended for their substantial efforts to provide the necessary level of support.

- Primary schools make very varied efforts to support the transition process. Parents report that some primary schools do a 'fantastic job' to ensure that every moment of their child's time in primary school is as positive as possible and make significant adjustments and deploy significant staff support right up to the final day in school. However they also report that little is then done to prepare either the young person or the admitting secondary school for the requirements, adjustments and expectations for success in the secondary school. Anecdotally there are very few accounts of tapered support, preparation for greater independence or meaningful visits that prepare all partners for the reality of secondary school life.

This study has also identified a related growing pressure in primary schools deriving from the earlier diagnosis of ASD. It is not clear at this stage whether this pressure is a result of just increasing incidence of the condition or whether creating the diagnosis and label increases the expectations and assumption of parents and schools that a 'better' placement should be available.

Another major and increasing pressure in the system across the region relates to young people with the condition described as high-functioning ASD. With this condition, as with a few other attachment disorders, the young person's cognitive development and academic capabilities are not significantly different to age-related expectations. However, their emotional and mental health support needs are massively at variance from their peers and the characteristics of most mainstream school settings are simply not suitable. This leads to a high level of challenge being posed by the pupil's behaviour and their inability to comply with the organisational requirements of the mainstream makes it very difficult for the placement to be maintained. This tension of academic provision vs support needs is most acute in the secondary phase.

Overall the greater pressures around EHCP inclusion are undoubtedly expressed more strongly in the secondary phase, however there are also a number of mainstream secondary schools that 'blaze an inclusive trail' that satisfy the needs of young people and their families and provide a challenge to other schools. It is also interesting to note that many post 16 colleges also have good reputations for their inclusive policies and practice which further challenge some of the presented arguments. Given that FE colleges can now deliver a KS4 offer, this may in time provide an improved opportunity for SEND pupils.

What are the barriers to mainstream schools taking more pupils with an EHCP?

The cited barriers to mainstream inclusion are fairly well researched and recorded elsewhere and it is has not been a major focus of this study to undertake further research. However, the discussions with all contributors to this study through the field work, consultation and questionnaires have provided illustrations, rationale and local evidence for some of these barriers, as follows:

a) External pressures around the standards agenda

All mainstream schools are under significant pressure to develop and maintain high academic standards. Publicity through the inspection regime and results performance tables put considerable pressure upon school leaders and when this pressure becomes extreme, there is a potential risk that pupils who won't ever make a positive contribution to the schools results can become seen as a 'problem'. Even though a principle held dear by most school leaders is to run inclusive schools, the culture of expectation and the performance regime imposed upon their schools can lead them to betray that very principle. Even though pupils with complex SEND conditions can often be well-served and have most of their needs met by the school, the

decisions seem sometimes not to hinge upon that at all, but be based upon the school's institutional needs instead.

“It’s like trying to get a rocket into space. All of the energy and effort is deployed in the early stages to get the rocket off the ground and into the air. Once it gets going it becomes easier and eventually it flies at tremendous speed with almost no effort. It’s like this with mainstream inclusion. The initial effort of the early interventions and adjustments that a school makes for a child with complex needs can seem massive to them, but once they get into their stride and make inclusion the norm, then it becomes second nature.” (Parent Carer Forum contributor)

b) The nature of the curriculum

Linked to the external pressures in point a) above, the qualities of a school are judged in large part by the nature of their curriculum provision. The need to ensure that the curriculum supports high academic achievement in core subjects and, in secondary schools especially, that as many pupils as possible make progress across a wide range of subjects, can work against the needs of some SEND pupils. While in theory the better mainstream schools have autonomy and flexibility to shape a curriculum that best suits their pupils, in practice things can often reduce to a ‘one size fits all’ approach. This leads to a perception that is articulated very strongly by parents of children with EHCPs, that they are not welcome because the school’s curriculum approach *doesn’t* fit their child. This lack of flexibility to modify needs to be challenged.

c) Confidence in providing the right environment, including the physical environment

Mainstream schools report significant concerns that they might not be able to provide a suitable environment for pupils with complex SEND conditions. These environmental concerns can be about their provision, the support needs of the pupil or the physical conditions. Headteachers also report major concerns about the quality, consistency and availability of a reliable support service. Schools are less willing to admit a pupil with an EHCP if they feel they have nobody to turn to at their point of need.

d) Lack of understanding and awareness

Mainstream schools are often seen by themselves and others to lack the necessary skills and understanding to cope with certain conditions. This can be further confounded as they fail to find suitable specialist training and professional development to increase staff understanding and awareness.

The combination of points c) and d) means that schools sometimes feel that they simply can’t meet complex (especially multi-sensory) needs so they move quite quickly to a perception that they ‘can’t cope’. By way of contrast however, the leaders in the more inclusive mainstream schools are seen to respond by working out what they need to do, in partnership with others to meet the presented needs.

e) More exposure of senior leadership teams to matters of complex SEND

In the larger schools, complex SEND matters might never reach higher in the senior leadership structure than the school’s SENCo, who is usually a middle leader. Both parental and local authority contributors to this study have raised this point, i.e. that the ultimate strategic leaders in many large schools do not seem to demonstrate a detailed understanding of, or empathy with the needs of pupils and families with complex SEND conditions in their policy decisions.

- f) Variable quality in local authority services
Some local authorities describe that the lack of efficiency and rigour in their own services over recent years may have contributed to lower levels of mainstream inclusion of EHCP pupils. Sometimes their assessment processes are too slow or cumbersome and, maybe more significantly, there can be a low level of challenge to schools. In some areas there is almost a perception that schools will almost always get 'what they want', leading to either more funding or pupils moving on. This lack of challenge to schools in some areas can mean that the notional SEND element in school budgets to meet needs locally might not be understood or utilised well.
- g) The readiness of the 'system' to find other options
Partly linked to the point about lack of challenge in f) above, mainstream school leaders observe practice over several years where the system has readily found other places for the pupils that they either don't admit or exclude. Even when a local authority hasn't got enough state-funded special school places, rather than there being increased pressure put back upon the mainstream schools, places have simply been purchased from the independent non-maintained sector instead (£62m of them!). A senior officer from Adult Services makes the recommendation that the region's SEND system needs to do what was done when Day Centres were closed to tackle a culture of just routinely placing adults in them. If the region simply removed options that have been perpetuated historically but just aren't good for children, then other solutions would be found.
- h) Funding
This point wasn't well developed within the study but relates to the perception of mainstream schools of a funding inequity. Their reported perception is that they are never likely to be funded to anything like the levels of state-funded special schools or especially independent non-maintained schools to make provision for pupils with the most complex conditions. There are also 'funding lags' that seem particularly difficult for schools to manage.
- i) Parental confidence
This is probably the biggest factor. For a combination of all of the above reasons in this list, once a parent feels that a placement for their child in a mainstream school is just too difficult, they are inclined to set aside their preference for a local community school to seek one that can provide a better compromise and meet an acceptable balance of needs.

Pointers to success

At the time of this study, no local authority area seems as yet to have taken a system-wide strategic approach to address all of the themes of this section. However there is a range of practice developing across the region that offer some inroads and insights. These include:

- Inclusion partnerships
In the same spirit as the policy developed years ago in Nottingham and Nottinghamshire, several areas are starting to commission their mainstream and special schools to develop their own solutions. Around the region these school partnerships are starting to pick up the lead responsibility from the local authority for aspects of behaviour and special needs outreach and support services (and inclusion more generally) in return for the resource that was previously spent 'at the centre'. An associated cultural change seen in the schools involved in these partnerships is their growing collective responsibility for all the children in the area, rather than 'just their own'.

- Dual placements
Illustrated in more detail in the following chapter, these placements are being developed between mainstream and special schools to develop a local solution for pupils and their families.
- Special schools as support hubs
Linked to the trend for schools to be commissioned to provide wider services (as above) there are increasingly examples of special schools sharing their specialist knowledge and skills with others. The next chapter features some examples where this is happening to the extent that it is contributing significantly to mainstream schools' confidence to admit pupils with EHCPs.
- Location of health services
Part of the mainstream school's concern about supporting complex SEND comes from their access to health services. Chapter 4 provides an example of partnership work that is locating a health service closer to schools, with significant impact.
- Chains of schools employing specialist staff
The new autonomy and funding opportunities provided to academy chains are starting to lead to new roles within their school groups. Although riddled with issues of professional supervision and governance, there are instances of academies starting to employ school nurses, family support workers and even educational psychologists.

These kinds of developments, individually and collectively, have the potential to lead mainstream schools to admit more pupils with EHCPs. However, the balance of argument in this study suggests that the overwhelming barrier to be tackled is a national matter, namely the pressure for educational standards that completely dominates mainstream school ethos above all else. This is well beyond the role and capabilities of any local or regional body, but there is a compelling argument to campaign for a prestigious inclusive measure to sit alongside the conventional attainment and progress measures that reports and celebrates the outcomes achieved by SEND pupils.

“The almost insurmountable cultural leadership problem for better mainstream integration is the standards agenda, be it GCSEs or Progress8. We don't want SEND pupils to be excluded from the expectations and aspirations that this brings to mainstream school, but we need a parallel system that creates suitable accountability for SEND outcomes alongside 'mainstream' achievement without making it second class.” (Special School Headteacher)

Potential regional agreements

Most of the field study meetings within this study have been quite animated, quite understandably given the massive passion for, and commitment to the needs of the pupils in focus. Throughout these discussions a number of recurring suggestions have been made for things to which the key partners in the region might commit. These include:

1. All MLD in mainstream schools

MLD is the code used in SEND work for pupils with moderate learning difficulties. There are almost 120 pupils in the region with an EHCP in which the primary identified need is MLD who are placed in special schools. Given that this category of special need is usually the least specialist level of need, then the question is posed whether the default assumption should be

that all pupils with an MLD EHCP, in the absence of additional significant need, are placed in mainstream schools.

2. All visually and hearing impaired pupils without cognitive impairment in mainstream schools. This is already fairly well-established as a principle around the region but there are still occasions where special school places are being taken by VI and HI pupils with no learning difficulties.
3. More ASD in mainstream
The growth in the diagnosis and/or incidence of autism creates one of the major pressures across the school system. Many pupils on the ASD spectrum have cognitive and academic capabilities not dissimilar to their peer group, but their behaviour and support needs often present a significant challenge to the setting where they are placed. There is an increase in ASD support services and specialist 'embedded' ASD units that are helping mainstream schools to include more pupils with EHCPs for their ASD. Over time it is suggested that this knowledge and expertise could and should be expanded so that more mainstream schools look to include a larger proportion of ASD pupils than at present.
4. Special schools as providers of support services
This has already been introduced as a theme and the next chapter points to emerging practice that seems to be making a very positive contribution to mainstream inclusion. It is suggested that this might become a regional standard and expectation in the future.
5. All new schools to include some special provision
With population growth and the government's new school agenda, there are occasionally new schools being created and built across the region, some of these are special schools. However, it is suggested that all new *mainstream* schools that are created should be designed to include space and facilities that can be used to serve the education and support needs of complex SEND conditions. This would enable these new mainstream schools to operate inclusive policies and be better placed to serve all children from their local community.
6. Holding excluding mainstream academies to account
As already mentioned, there is evidence around the region of an emerging trend for secondary academies to exclude more pupils with complex conditions and behaviour. Because current legislation places the statutory responsibility for vulnerable children with the local authority, then the LA ends up picking up the bill for that child, yet the funding for that pupil has already been removed from LA budgets and placed with the academy. Several contributors expressed a strong sense of injustice on this issue and called for pressure to be created for change. It was further suggested by some that, once an academy excludes a SEND pupil unreasonably, then they should be required to fund that child's continuing education for the entire age-range of academy's provision, wherever they go.

The most inclusive mainstream schools are to be commended. Field visits have highlighted some fantastic schools and leaders that make tremendous efforts to give pupils with complex SEND conditions a good deal. A few even go further to the point of making their inclusion a well-publicised characteristic of their school in their vision and values, specifically attracting more pupils with complex needs to their school. These schools tend to be extremely highly valued by their communities.

"With the right funding and support I feel there is potential for more mainstream schools to maintain placements for students with EHCP's - some schools just seem to see an EHCP as a passport out of their school." (Special School Headteacher)

Chapter 2: Can in-region placements be increased by maximising the use of existing places available in state-funded special schools within the region?

In the East Midlands region there are 79 state-funded special schools offering almost 8,000 places.

	Number of special schools	Number of places	Average places per school	Ratio of places:child population	Number of places as % of EHCPs
Derby	6	565	94	1 : 75	45%
Derbyshire	10	865	87	1 : 129	26%
Leicester	8	975	122	1 : 55	69%
Leicestershire	6	1020	170	1 : 99	37%
Lincolnshire	20	1675	84	1 : 64	53%
Northamptonshire	12	1425	119	1 : 82	42%
Nottingham	5	465	93	1 : 98	64%
Nottinghamshire	11	925	84	1 : 128	60%
Rutland	1	10	10	1 : 766	4%

Table 2 State-funded special schools in the East Midlands

As explained in Chapter 1, on any one day it is difficult to describe the numbers of special schools that are academies or LA-maintained. This will continue to change over the coming years as education legislation is implemented so, for the sake of this study, has not been specifically analysed. However it should not be overlooked that there are significant differences between an academy special school and an LA-maintained special school and some of these differences are germane to this study.

The number of special schools that is appropriate for any local authority area will, broadly speaking, be a function of the size of the overall child population and the number of pupils with EHCPs who aren't placed in mainstream school settings. Table 2 above provides a brief summary of the special school estate around the region, suggesting that:

- Rutland has an extremely limited number of special school places, albeit they also have a much smaller total population
- Nottinghamshire and Derbyshire have significantly fewer special schools per child population than most other local authorities.
 - In Derbyshire they also have a very low proportion of special school places for the number of pupils they have with EHCPs, just 26%. This requires the continuing success of their existing practice, described in Chapter 1 whereby over 60% EHCP pupils are placed in mainstream settings.
 - In Nottinghamshire, because they provide EHCPs for a significantly lower proportion of pupils (for reasons outlined in Chapter 1) then they have special school places for a quite high percentage of them, 60%.
- Leicester has the most special schools in the region as both a ratio of their total child population and as a proportion of EHCPs.
- Lincolnshire has the most special schools in numerical terms, although on average they tend to be smaller schools

- Leicestershire has relatively few special schools and has recently been making significant capital investment to develop them as district hubs that will provide a support function for SEND across the county.

Traditionally, special schools have tended to have specialisms in different categories of SEND. This has however evolved over time and such distinctions have become increasingly blurred, save for PD, VI and schools for the deaf, where there are significant requirements for the school's physical environment and facilities. Because of the traditional allocation of school places according to these SEND category distinctions, many pupils travel long distances to attend their special schools. For the rural shires in particular this creates a major school transport expense. In recent times there has been increasing talk of 'all-need' special schools with an associated concept of catchment area.

These SEND categories are used to describe the primary need of all pupils at the SEND Support and EHCP stages. Many pupils have multiple needs and single coding does not sufficiently describe the complexity of their needs. However, the % pupils in the overall SEND population that generally receive an EHCP, or previously a statement, varies as follows:

Category of SEND	Code	% of this SEND category that generally receives a statement
Specific Learning Difficulty	SPLD	26%
Moderate Learning Difficulty	MLD	41%
Severe Learning Difficulty	SLD	97%
Profound & Multiple Learning Difficulty	PMLD	96%
Social, Emotional and Mental Health	SEMH	37%
Speech, Language Communication	SLCN	37%
Hearing Impairment	HI	53%
Visual Impairment	VI	56%
Multi-Sensory Impairment	MSI	75%
Physical Disability	PD	69%
Autistic Spectrum Disorder	ASD	79%
Other Difficulty/ Disability	Other	28%

Table 3 The proportion of cases nationally where a pupil at the SEND Support stages progresses to an EHCP

By and large, these category codes are supplied by the schools at the SEND Support stage or during the referral and assessment process for an EHCP. There is a significant warning to be made about placing too much emphasis on deeper analysis based upon these categories because:

- Schools sometimes apply these codes based upon the pupil's presented behaviours prior to a full diagnosis. Behaviours resulting from some attachment disorders and ASD for example can lead schools selecting any of 2 or 3 codes.
- There is a general suspicion that occasionally family pressure and the disposition of some community paediatricians can lead to the over-use of some categories. Most recently ASD is sometimes seen in this way.
- There are also anecdotes of schools using policy anomalies to get children through thresholds to secure placements. In these cases there is a sense that schools are

expressing SEND needs in terms that match the provision and placements available, rather than the most accurate description of need.

Have we got the 'right' children in our special schools?

Pupils are placed in special schools at the point of need and each case is measured on its merits. Because the maintenance of placement stability in an educational setting is particularly important with vulnerable pupils, at no stage is a system-wide review carried out to ensure the optimum use of placements and to ask whether a more appropriate placement exists.

Each special school therefore takes it as its duty to provide the very best education for the pupils that are placed with them. Evidence from Ofsted shows that over 90% of the region's state-funded special schools are judged to be good or outstanding, suggesting that these schools are highly successful in their work. This case is further supported by recent pupil progress analyses in Derbyshire and Leicester that suggest that EHCP pupils placed in special schools make very good progress, in many cases better progress than pupils identified for SEND Support in mainstream schools.

It is therefore generally not in the interests of either the individual pupils or the special schools to ask the question 'Are the right pupils in our special schools?' In almost every field visit the response to this question was 'yes', usually followed by 'but we don't really ask that question'.

In one city area however, which may or may not be very representative of the region, a few special school headteachers have looked further into this matter. Their conclusion was that an important mapping is needed of which pupils are actually in special schools. They see that placements have happened over the years through the disconnected decision making of placement officers without regard to a strategy based on need. Some of them estimate that as many as 1/3 of the pupils currently in some special schools could actually be supported to do well in a mainstream setting.

"There are students who take places at our special school that, with the correct provision should do well in mainstream. The admissions process would need improvement as often these children are given places as a result of timing and not necessarily because they have the highest level of need. Saying that, the issue is more complex as it is not just about the child being in the same mainstream building as their mainstream peers. Children with SEND in mainstream are often isolated and receive a large proportion of their education away from their peers. Those children who sit in the 'cross over' between special school and mainstream need a different approach that gives them access to the same opportunities that they would receive in special. This is needed particularly if parents are going to express a preference for mainstream." (Special School Headteacher)

These special school heads would prefer to be engaged much earlier in the process to map placements strategically and not just be on the receiving end of completed decisions. They also recognise however that there is still some 'cultural' work to do with some heads about their expectations of who needs to be in a special school. Generally speaking however, this study found that special school heads are clearly up for the challenge of 'what is the best placement?' and then to be asked to work as a community of schools to support this.

How full are the region's special schools?

Generally speaking, they're full. A comparison of schools census data returns against the physical capacity of the region's special schools shows an almost 100% occupancy rate. There are some examples of over-occupancy where special school facilities are being stretched almost beyond reasonable limits to accommodate as many pupils as possible in state-funded settings.

In the few instances where empty places do exist, the numbers are small and often simply due to the natural turnover and turbulence of pupil admissions. Just one or two cases were reported, from a total of almost 80 schools, of a special school having spare capacity that was due to under-occupancy.

There was an initial suggestion in the design of this study that the East Midlands region might benefit from a placement protocol to maximise the use of the total places available in state-funded special schools. This idea quickly became an irrelevance as there is no spare capacity to consider within such a protocol. In the future however it may become necessary to re-visit the idea of a protocol to consider any or all of the following issues:

- There are plans in several parts of the region for new capacity to come on-stream within the state-funded special school sector
- There are business management pressures upon schools to maximise occupancy. This means that it is difficult to hold or retain any future capacity in the system.
- There are a lot of inter-LA placements where one local authority places a pupil in a neighbouring LA special school. These are increasingly becoming subject to funding variations.
- The problem of 'distant placements' is not unique to the East Midlands so our special schools also regularly receive requests from areas beyond the region to admit their pupils.

This study also came across some anomalies within special school placement practice that were either unusual or inconsistent. Enquiries into these areas within this study did not reach a sufficient understanding to provide substantial detail, explanation or recommendation here. However, they are:

- There are almost 200 places taken in the region's state-funded special schools by pupils at the SEND Support stage. This needs further investigation.
- There are just a few special school places in the region that are left unoccupied because of historic agreements to create capacity/contingency for 'assessment places'. Given that the rest of the system operates without these and the places in question are sometimes unoccupied, this practice seems to warrant further attention.
- There is significant variation in giving places in special schools to Y14 (19 year old) students. In three of the local authority areas this is not done at all, with one of these LAs reporting this as a fairly recent change that caused significant unrest but has now freed significant extra capacity for younger pupils. Two further LA areas are investigating this as an area for potential future change, with the remaining LA areas continuing to use some of the state-funded special school places for Y14 without concern or question. In the short time that was paid to this topic, a mixture of opinions became apparent.
 - a) *Why wouldn't you admit Y14 if the student will benefit significantly from an extended placement? After all, SEND provision is becoming increasingly continuous onto adulthood.*
 - b) *Why should you? There are so many younger pupils needing places and delaying the 'cliff face' by one more year is not helpful.*

Underpinning this topic seems to be a wider debate about the transition in adult life of those young people with complex SEND conditions. Anecdotally a wide range of practice is reported, both good as well as less effective, of special schools supporting families to give them greater

confidence to think about an employment pathway post 16. In some areas this is starting to be actively developed as a policy area and feature in the LA local offer to ensure that families are better informed of their options. In other areas the practice seems to be restricted to quite narrow thinking about just a college/education placement as an option and they keep the young person in the system for 'too long'. However, as mentioned in the opening paragraphs of this study, a more substantial study is required to investigate post 16 complex SEND provision.

Do we need more special school places in the region?

This is a live debate across the region.

On the one hand the answer seems to be yes as there is significant pressure in the system and over 1,000 places are being purchased from the independent sector. However, some other contributors suggest that we don't, as the policies that could release places within the system (as illustrated in this study) aren't yet being fully implemented. If they were, then there might be sufficient capacity. There is also considerable nervousness about the potential escalation of 'demand' if more places were created, with frequent references to the appearance of extra traffic whenever a new road is built.

One of the challenges is population growth. At the time of this study some local authorities in the region are experiencing rapid population growth with as many as 250 new school age children per month arriving into their area and requiring mainstream school places. Reports further suggest that these newly arriving communities are presenting with a more challenging profile of special needs. Even if they weren't, and only 10% of these new children were in need of SEND Support and then only 10% of these required an EHCP, then just this increased demand from population growth alone leads to increased regional demand for over 200 new places for complex SEND in a year.

Putting aside these population changes and other growth pressures deriving from medical and social reasons, what level of special school provision would seem suitable or sufficient for the region?

In crude mathematical terms, if there are roughly 18,000 children with EHCPs in the region and there are (over-simplistically) two types of placement policies at work, i.e.

- a) Authorities with EHCP levels at around 2.5% who then place 50-60% in mainstream settings
- b) Authorities with EHCP levels at around 1.5% placing < 30% in mainstream settings

... then the region needs approximately 8,000 special school places, which is what exists.

The most significant variables in this formulation however are the levels of SEND identification and EHCP and the levels of mainstream inclusion

1) The levels of SEND identification and EHCP

The difference created between the extremes in the regional is significant.

	Current number in the region	Potential numbers if all areas were operating at the same level as the highest	Potential numbers if all areas were operating at the same level as the lowest
SEND Support	84,650	104,350	60,000
EHCP	17,775	24,675	9,165

Table 4 Modelling to show potential levels of EHCP and SEND Support

If levels are low in an area because mainstream schools are already handling greater complexity and referring fewer pupils for EHCPs, then this would seem to have its merits. If however, levels are low because of compliance to an arbitrary threshold and subsequently there are unmet needs, then this becomes an area of concern.

2) Levels of mainstream inclusion

These levels vary due to reasons illustrated in Chapter 1. However, the basic mathematics of the situation can be reduced to the following:

- If every mainstream secondary school in the region admitted one more pupil with an EHCP, this is equivalent to the number of pupils being placed *outside the region* with independent non-maintained schools.
- If every mainstream secondary school in the region admitted five more pupils with EHCPs, this is equivalent to the *total* number of pupils from the region being placed with independent non-maintained schools (costing £62m)

While it might be argued mathematically that the region has enough special school places, this is clearly not working in practice as over 1,100 special school places are being purchased from the independent non-maintained sector. The main reasons for this highlighted through this study are:

- There are not yet enough pupils with complex SEND conditions within mainstream schools.
- Any available places in special schools are not in the right location

While it might be assumed that the incidence of complex SEND does not have a geographical basis, it actually transpires that across large shire areas the spread of complex SEND is not even, with understandable concentrations in densely populated areas and spikes in key communities seemingly linked to deprivation. The locations of the region's special schools are not based upon a map of need, they are often in the 'wrong' places and consequently school transport costs are a significant challenge.

- The available places in special schools are not in the right age group

Although special schools operate much more flexibly than mainstream schools in their organisation of the curriculum and pupil groupings, plus they often accommodate the full 2-19 age range, there are still restrictions upon the numbers of pupils of a particular age they can take at any one time.

- The available places in special schools cannot meet the specific needs of the pupil

Sometimes there are specialist learning, health or social care aspects to a pupil's individual needs and different schools have different expertise and facilities to meet these

Capital development of special school sites

As a result of the situation outlined above, almost all local authorities are presently seeking to increase the capacity of their state-funded special schools. In most areas plans are either underway or in discussion to maximise the capacity of special schools including

- Making increased use of existing space
- By building extra classrooms and spaces on existing sites
- Commissioning redundant school buildings as additional sites for existing special schools
- Establishing partnerships with nearby secondary schools to occupy any spare spaces on their sites.

It is not yet clear however and it seems unlikely, whether the sum total of all this expansion will do more than accommodate existing growth pressures and probably won't make inroads into the use of distant independent placements.

There remains an argument therefore, particularly in some areas, that the region still needs more new special schools. Given the operation of policy that typically leads to 2.5% of the child population having an EHCP, then the local authority areas where the rationale is strongest for new special schools appear to be Rutland, Derbyshire, Leicestershire, Northamptonshire and Derby. It is significant for the region that two of these areas are proactively pursue this very theme, see Chapter 5.

With the development of any new school it is important to reiterate a real risk that the benefits of the new places created may not always be realised. As the new schools open their headteachers need to balance their books and there is currently no mechanism or incentive for a new school with places *not* to simply fill them as soon as possible. The impact of this is that inter-LA transfers, including from outside the region can simply consume any spare places and East Midlands pupils might never take those places.

There seems to be a need to create a funding mechanism to help schools protect the new places that might be created through capital and new build programmes for the needs of the local area and region.

How special schools are developing their role

One of the unanticipated dimensions of this study that makes a significant contribution to the topic is found in the emerging practice of the region's special schools. A number of local developments and innovations have been shared through this study that, if adopted more widely and scaled up, offer the potential to make a significant impact upon state-funded maintained and special schools.

a) Special schools as support hubs for their area

Special schools understandably contain staffing, practice, expertise and resources that have been developed over many years to meet specific needs. As reported earlier in this study, one of the main barriers mainstream schools face in considering placements for pupils with complex SEND conditions is their lack of confidence and ability to meet the specific nature of those needs.

For several years many special schools have provided an outreach role whenever requested to support mainstream schools. What has emerged through this study is that some of these special schools are starting to develop, or be commissioned to develop this function on a far more organised basis.

In one of the region's market towns the special school has formally extended its support across all mainstream schools in the town. Their support, training and elements of their staffing are becoming embedded in all other local schools in the area. Anecdotally this policy is helping parents to have greater confidence in the mainstream schools to educate and support their children and the mainstream schools to better understand and meet their needs. This is contributing to the mind-shift in mainstream school leaders from 'can't cope so place elsewhere' to 'where can we obtain the support we need to meet these needs?' The local authority concerned is looking to extend this approach across all of its special schools and develop this concept further, possibly de-branding special schools (removing the word special)

and establishing them fundamentally as support hubs within their local mainstream school groups.

In some other local authority areas, partnership groups of schools are being formally commissioned to provide a specialist service across wide areas. Within the region there are a number of behaviour partnerships where schools, including special schools to deliver a service and support schools. Although schools' most significant behaviour issues are not exclusively linked to special needs and the initial rationale for most of these partnerships was to improve PRU provision, these services are starting to evolve and morph. In some areas these behaviour partnerships are starting to consider and encompass all behaviour concerns, including those deriving from SEMH and ASD conditions.

In another area a consortium of three special schools is being commissioned to provide a county-wide autism outreach service. This school-led service is already securing far greater confidence and buy-in from mainstream schools with the numbers of pupils receiving support through the service doubling since transfer from a central LA-managed service.

b) Dual placements

During the study a visit was made to a special school in a market town where only just over half of the stated number of pupils on roll are actually on the school site. Almost 50 pupils were in local primary schools for most or all of the teaching week and another 40 more were in local mainstream secondary schools and academies. But all are registered on the roll of the special school.

These pupils in other mainstream settings receive support, access mainstream lessons to an agreed, personalised pattern and also come back to the special school for some sessions. This arrangement is especially useful for some students to enable them to cope and build their resilience. Almost all of these pupils have needs categorised as ASD, SEMH and MLD.

At KS3 the students follow a vocationally-based enterprise curriculum and at KS4 they access a selection of GCSEs, achieve qualifications and follow well-matched vocational pathways. At KS5 the special school's students are almost entirely 'out' in supported internships. Two major employers in the town are well engaged and take interns. The special school supports them, but they spend very little or no time at the school. Some of these interns have been retained in jobs by the employers, others move on elsewhere.

In another of the region's cities there is an initiative known as the Family Leadership Programme which is a strong collaboration between a special school and mainstream school that is leading to placement creativity between these settings. This work is being found to shift the expectations of both the school staff and the students' families, leading to more creative approaches that consider new models and pathways. Here the priority has been to identify the quality of adult life we are preparing the young person for and then mapping suitable pathways through their educational provision to prepare them.

Given that the most challenging barrier to more mainstream inclusion seems to be the pressure upon academic performance and school results, then these kind of dual placements seem to be worthy of consideration and further development. While there might be a principled argument that it shouldn't be necessary to 'play the system' in this way, there is clearly evidence in these cases that pupils' outcomes are enhanced considerably and they receive an appropriate education in their local community.

c) Specialist hubs and facilities with mainstream schools

While this is, to a large extent, already fairly well-established practice in the arrangements for enhanced provision, there are new examples emerging of mainstream secondary schools developing new facilities to meet the most significant areas of need.

Within the region one of the most pressing demands is to better meet the needs of pupils with autism who are academically high-functioning. Some secondary schools are starting to develop specialist hubs to provide an education for these students that is as integrated as possible within the mainstream school. Where these students have significant support needs these units are starting to use technology, e.g. Skype to enable students to access quality-first teaching and make suitable arrangements for them to access the school's specialist facilities.

d) Placing greater responsibility for special school admissions upon headteachers

This is a logical extension of some of the roles described in a) above. In some areas the local authorities are taking positive steps to build strategies with mainstream and special schools and academies to put schools in the 'driving seat' of the placement process and to shape and 'own' the system. As a result in one city area there is a massive reduction in the number of tribunals and formal complaints and only one case in the past year of a school trying to refuse to take a child, whereas this has been almost 20 per year previously.

e) Special school teaching partnerships

Some of the region's special schools have ensured that their outreach, support and training offer is becoming well-established within the emerging Teaching School Alliances (TSA). These TSAs offer systems, resources and facilities to provide school-to-school support, train new teachers and provide professional and leadership development. In Leicester one of the special academies is developing its status within a TSA to contribute to outstanding Initial Teacher Training. In Derbyshire almost the entire community of special school are looking to become a TSA which, if successful will provide a powerful 'engine room' and professional network for SEND across the local authority area.

f) Local partnership delivery with health

Against a backdrop of many special schools becoming increasingly unsatisfied by the working arrangements with health service providers, there are a few examples of good partnerships where local service delivery is making a positive impact. For example the location of a specialist nurse service by a CCG in one special school has led to a dramatic increase in the confidence of the school to manage risk and provide care for the pupils, and reduced the number of ambulance call outs, hospital admissions and serious illness.

g) Family support

Some schools run parental information clinics on a range of topics and this seems to be making a worthwhile contribution to the support role that special schools can play. This can, of course, sometimes be difficult as families can live many miles from the school site and only visit infrequently.

Taking a strategic approach to develop system-wide change

An important piece of work is underway in Lincolnshire that could be of significance to others. The strategic leaders have brought the entire community of special school headteachers together to ask the question,

“Is it possible for us to work together in a concerted way over the next few years so that every Lincolnshire child with an EHCP can receive state-funded education within 20 miles of their family home?”

(NB 20 miles is a significant issue in a large county that is about 100 miles from north to south and 50 miles from east to west)

As described in previous sections, Lincolnshire is not ‘out of the ordinary’ in any significant way with regard to SEND. Their schools categorise an above average proportion of pupils for SEND Support but levels of EHCPs are closer to average levels, as are the destinations of these pupils with 50% going into mainstream schools. They have slightly more state-funded special schools to similar sized LA areas, but because these tend to be slightly smaller schools than average, then the overall quantity of places available is similar to others. Lincolnshire purchases a relatively low proportion of places from the independent non-maintained sector, albeit this remains expensive and affects many families.

The first response to the visionary question posed above has been generally positive. The factors under consideration to fulfil the vision are:

- The grouping of the county’s special schools into 4 geographical clusters to establish viable ‘business units’ to fulfil the new roles and expectations being placed on them
- As far as possible start to see all special schools as ‘all needs’ and see them as serving a loosely defined catchment area
- Commission special schools to provide networks of support and specialism so that all local mainstream schools have high levels of confidence in the quality and availability of that support
- Being prepared to expand or reduce the size of special schools to better match the geographical mapping of need in their district
- The capital development of the special school buildings so that they have the space and the facilities to meet the changing school population
- Reinvesting the year-on-year saving from the school transport bill back into the school system, estimated at over £3m annually.
- Strengthen the strategic partnership with the health services so that better alignment of services and support can match this evolving school landscape.

At the conclusion of this chapter there is growing sense that the compilation of ideas and emerging practice around the region can provide confidence of improved provision in the future. The aggregation of ideas offers many possibilities to increase the availability and quality of placements in local schools for pupils with complex SEND conditions. The key to success however lies in the strategic leadership of the school system as solutions are more likely to emerge through a coherent approach when all partners are working to a common vision.

Chapter 3: Can in-region placements be increased by developing a regional joint commissioning approach?

The language of commissioning across public service can be confusing. In its purest form commissioning describes a full cycle of need identification, service specification, procurement, delivery and review, but more often it is used as shorthand simply for the purchasing element.

In the arena of complex special needs, at an individual level the EHCP is designed to serve the full commissioning process including the placement decision-making stage. It also provides a vehicle for the review of placements although anecdotally this is used less well.

Joint commissioning describes the process by which two or more organisations commission together. Most commonly joint commissioning is taken to refer to health and local authority services commissioning together. As quite a significant proportion of children with complex SEND conditions are also 'in care' (looked after by the social work of the LA) as well as having significant medical needs, quite a number of EHCP cases are jointly-funded (thus also commissioned) through bi- and tri-partite arrangements. However this is not the definition of joint commissioning being investigated in this study as, by and large, these joint arrangements between local authorities and health CCGs are well established.

The interpretation of joint commissioning in this chapter refers to partners, usually local authorities across the region working through a sub regional or regional approach. At the moment the responsibilities and practice of placing pupils operate to local authority boundaries, reflecting the statutory duties placed upon the LA. However, while the stage of needs identification understandably needs to start very locally with a focus on the individual pupil, when it comes to the purchase of placements, especially from the independent non-maintained sector, there is little to prevent partners working together across a larger geographical footprint to act as a single purchaser. There seems to be little or none of this happening at present.

The potential benefits of joint purchasing hinge upon the economy of scale through:

- volume discounts from bulk purchasing
- shared provision for low incidence highly complex specialist needs
- greater efficiencies in the quality assurance and review of placements and services
- reduced costs through shared office functions

The consideration of joint commissioning is therefore an important dimension in this study, not least because of the increasing pressure upon public finance and the need for all services to operate in a most efficient manner. There is also a strong perception in almost every contribution to this study that the balance of power in recent years has shifted from commissioner to supplier, i.e. as parts of the independent sector recognise the essential demand for their places, so they might not always have provided the best possible value for money.

While the commissioning cycle also pertains to placements made with of state-funded schools, the historical, complex relationship between school and the local authority make this difficult. In addition the rapidly changing school landscape and the maturity of the school system to understand their dual role both as commissioned and commissioners for different roles and services, mean that clarity of thinking in the state sector is particularly difficult at the current time.

However, the commissioning cycle as it relates to placements purchased from the independent sector has far greater simplicity in its purchaser-provider relationship.

What placements are being purchased already?

As at December 2015 the combined regional data for the placement of pupils with complex SEND conditions from the independent non-maintained sector, placed both within and out of region, came to a total annual spend almost £62m on 1092 placements. The distribution and comparative cost of these places, as organised by SEND category is as follows:

	Number	£ Total	£ Average
SPLD	48	£2,367,125	£49,315
MLD	20	£509,967	£25,498
SLD	21	£1,582,685	£75,366
PMLD	6	£410,968	£68,495
SEMH	354	£18,792,678	£53,087
SLCN	19	£550,541	£28,976
HI	99	£2,775,514	£28,035
VI	8	£500,099	£62,512
MSI	1	£226,905	£226,905
PD	9	£191,371	£21,263
ASD	361	£23,146,614	£64,118
Other	19	£1,745,346	£91,860

Table 5 Total placements made with independent non-maintained special schools (2015)

NB Data supplied above is for 8/9 local authority areas as the breakdown by SEND category was not supplied by one local authority

It is of significance that 75% of these placements and almost 80% of the expenditure are for pupils with conditions categorised primarily as ASD and SEMH. This matches the reported increases in demand across the study. It also supports the view that, in almost all of these cases, purchases are being made with the independent sector purely due to insufficiency of supply in state-funded schools.

It is of interest that over 10% of these placements are for hearing impaired pupils. Almost all of these placements are made with schools for deaf children and young people in Derby and Worcester, with costs towards the lower end of the range.

Given the proposition that the region might consider holding to a more consistent policy expectation that pupils whose primary category of need within their EHCP is MLD (moderate learning difficulty) should be placed in mainstream settings, it is of interest that 20 such placements are currently purchased from independent non-maintained special schools.

Further analysis of these placements was made in terms of distance from home. For the sake of this study it is suggested that a placement over 50 miles from the child's family makes daily travel far too onerous and that a residential placement can start to have a detrimental impact on child and

family life. It is of note that several areas apply a stricter threshold for this definition at 20 miles and that Ofsted takes interest in those over 25 miles away.

As the regional placement data were released confidentially with pupil identification protected, it is not possible to analyse exact distances by postcode. A couple of proxy measures and assumptions were therefore made to enable further investigation.

- a) Placements made within the region are quite likely to be within 50 miles from the family home, although potentially not all.
- b) That a distinction should be made in the analysis of out-of-region placements to separate those that are in areas adjacent to the region and potentially still close to the family home and those that are more than 50 miles away.
- c) Distances were calculated on the distance from the headquarters of the commissioning LA to the school site. As this is quite a crude approximation it was decided not to labour or over-emphasise the analysis.

Of the 1,100 placements made with the independent non-maintained sector the following are made outside the region as defined by the nine local authority areas of the East Midlands. The total annual spend is £12.5m on 194 placements.*

	Number	£ Total	£ Average
SPLD	17	£699,266	£41,133
MLD	5	£57,000	£11,400
SLD	7	£227,085	£32,441
PMLD	3	£277,696	£92,565
SEMH	46	£2,631,696	£57,211
SLCN	6	£156,595	£26,099
HI	16	£799,281	£49,955
VI	7	£380,714	£54,388
MSI	0	£0	£0
PD	4	£94,596	£23,649
ASD	36	£2,519,390	£69,983
Other	12	£1,153,179	£96,098

Table 6 Placements made with independent non-maintained special schools outside the east Midlands region (2015)

* NB Data supplied above is for 8/9 local authority areas as the breakdown by SEND category was not supplied by one local authority

The dominant categories of need in these out-or-region placements remain SEMH and ASD (51%) although constituting a slightly lower proportion of placements purchased than the proportion spent on these categories with the overall independent sector as in Table 5.

111 of these placements are purchased in locations outside the region but within 50 miles of the headquarters of the LA making the placement. The remaining 86 placements are further than 50 miles away, with 20 of them more than 200 miles away. The average distance for these

placements is 120 miles with example locations in Newcastle, Cumbria, Somerset, Bournemouth, Wales, Exeter, Kent, Lancashire, Yorkshire and Berkshire.

The total purchases of placements from independent non-maintained special schools as at December 2015 by each of the local authorities in the East Midlands region was as follows.

	Total number of placements purchased	Number within LA area	Average cost within LA are	Number of providers used within LA area	Number purchase d outside LA area	Average cost outside LA area	Number of providers used outside LA area	Total spend (rounded)
Derby	134	65	£26,585	2	69	£72,041	11	£6.7m
Derbyshire	89	17	£60,371	5	72	£38,179	25	£3.8m
Leicester	77	17	£45,000	1	60	£77,798	22	£5.4m
Leicestershire	304	166	£57,839	9	138	£60,720	25	£18.0m
Lincolnshire	140	38	£80,903	10	102	£64,667	46	£9.7m
Northamptonshire	126	62	£40,661	5	64	£101,193	37	£9.0m
Nottingham	30	9	£30,163	2	21	£104,131	16	£2.5m
Nottinghamshire	165	79	£28,063	7	86	£36,578	16	£5.4m
Rutland	27	16	£51,727	3	11	£51,878	5	£1.4m
	1092	469	£46,812	44	623	£67,465	123*	£61.8m

Table 7 Data for placements purchased from independent non-maintained schools

* This cell is the total number of unique providers used by the region, i.e. it is not a simple addition of the column above as several providers are used by more than one local authority

Comparison of the figures above gives an indication of how different local authorities have been using the independent non-maintained special school market over recent years. Some LAs have specifically stimulated this market to boost the number of available local providers.

It is a significant point to note that some of these figures reflect practice from several years ago and might not adequately reflect current placement practice or recent changes to the provider-market. For example, Lincolnshire used to have very little local HI provision and historically needed to purchase these and these placements will still feature in the data until those students leave education.

Leicestershire's situation seems significant and supports the suggestion in the previous chapter that there are strong arguments to consider the development of additional special schools there.

Derby's situation is skewed a little by the existence of the Royal School for the Deaf in the city. This has led to a significant number of families with deaf children settling in the city.

Fuller analysis is clearly required to ensure like-with-like comparisons are made, but at first inspection there seems to be quite significant price variation within this market.

Contributions to this study from independent non-maintained special school providers indicate that this market is currently subject to significant change. Anecdotally a number of small independent settings are going out of business and/or being bought out by bigger providers. Somewhat

worryingly there are reports of land management companies purchasing some sites with the intention of seeking planning conversion to adult care settings in the future. This will lead to reduced competition.

The details of those purchases made outside the East Midlands region, a subset of the details in Table 7 above, are as follows.

	Overall number	Primary	Secondary	In an adjacent LA	At greater distance	Number of INM providers	Total spend
Derby	14	2	12	10	4	4	£589,976
Derbyshire	36	6	30	30	6	16	£1,527,886
Leicester	2	1	4	3	2	4	£467,321
Leicestershire	29	5	24	13	16	15	£1,332,274
Lincolnshire	59	7	52	26	33	35	£3,973,947
Northamptonshire	38	6	32	21	17	26	£3,361,961
Nottingham	6	0	6	2	4	6	£730,695
Nottinghamshire	6	0	6	3	3	4	£292,196
Rutland	4	1	3	3	1	3	£224,487
	194	28	169	111	86	82*	£12.5m

Table 8 Data for placements purchased from independent non-maintained schools outside the East Midlands region

* This cell is the total number of unique providers used by the region, i.e. it is not a simple addition of the column above as several providers are used by more than one local authority

As can be seen the distribution of out-of-region placements is not an even one across the local authorities, e.g. fewer than half of the LAs (4/5 of the big county shire areas) make almost 85% of the out-of-region placements.

Reasons for purchasing placements from the independent sector

Contributors to this study have highlighted a number of reasons for the use of the independent sector for placements for pupils with complex SEND conditions.

a) Insufficient capacity in the state-funded sector

This is the overwhelming reason provided and seems to account for most placements. Local authority colleagues report that almost all placements with the independent sector are not needs driven, with a tendency for local placements more likely to be simple sufficiency, and distant placements more likely to have a specialist social care or health dimension.

b) Parental preference, sometimes exercised through the tribunal process

The parents of children with complex SEND conditions rarely receive an offer of an 'ideal' place for their child that meets all requirements. Parents consequently look to achieve an optimum balance in their required and preferred factors that creates a 'best fit' placement for their child. This inevitably requires a degree of compromise in nearly every case.

Just occasionally parents feel that not enough of their essential or preferred criteria for a placement are being met and they go to tribunal to settle the placement decision. In recent years the tribunal process has tended to favour parental preference. In some areas of the region there is also an

increasing incidence of parents commissioning their own health and educational psychology assessments so they can strengthen their case at tribunals to obtain their preferred outcome. In the following chapter reference is also made to the part that glossy marketing brochures sometimes seems to play in the tribunal process.

For high-functioning ASD conditions there also seems to be a Catch 22 situation that sometimes features in tribunals. In these cases, placing the child in mainstream would meet cognitive needs but not personal support needs, but placing the same child in a special school would meet personal support needs but not their cognitive needs. Because the region does not have specialist provision for this type of need the tribunal and parental preference opt for placement in the independent sector.

c) Specialist social care needs

Some of these SEND placements are for pupils who are also in the care of the local authority. Sometimes placement decisions are led by the social care process when the paramount need is to obtain a suitable living arrangement for the child. Especially in moments of high crisis the social care needs are understandably dominant and the special educational needs of the child secondary. Often this leads to special school placement with an independent provider near to the new home and sometimes these placements are less than ideal. Because social care practice is so strongly evaluated by the stability of placements for these vulnerable children, there is a reluctance to then make any further changes unless absolutely necessary.

d) Specialist health needs

Some of the complex SEND conditions that are hardest to place within state-funded schools are ones that present highly specialist and profound needs. These conditions often have a medical basis, e.g. sensory and multi-sensory impairment and profound complex conditions. There is understandably a low level of supply of these most specialist places within any local area and an increased likelihood of placement at distance. These placements are therefore often made with the independent sector.

e) Political preference

Although not reported in the contributions to this study, there is always a possibility that political belief and preference for a mixed market model can underpin placement decisions.

“The nice brochure that promised all kinds of support and therapy just didn’t happen. We were told there was on-site therapy but this just meant that somebody dropped in for a session once every now and again, just like they had in her old school. We feel betrayed because we went to tribunal mostly because of this and she’s really no better off and is now so much further away.”
(Parent)

There seem very few cases, if any, where the decision to place in an independent non-maintained school is made purely on the grounds of just the quality of provision. The decisions are generally a balance of issues that create the optimum conditions from the options available and compromises required.

Headteachers of state-funded special schools who have worked at or visited independent non-maintained schools further confirm the view that there is rarely a higher quality of provision in the independent sector. Responses from heads within this study assert that independent schools are doing nothing that they don’t already do or can’t provide within the state sector. Furthermore there

are frequent criticisms that the service delivery offered in the brochures of the independent sector's glossy marketing brochures is not always evident in practice.

Although it is not possible to make simple cash comparisons, it does appear that state-funded schools provide education at cheaper cost than the independent sector. Several local authorities strengthen this position by their observation that the average cost of an EHCP placement in the independent sector has increased by 30-40% recently. Many state-funded special school headteachers say they are fully ready and willing to help create the solutions that could lead to distant SEND placements and many high cost placements in the independent sector being brought to an end.

This enthusiasm of the leading headteachers in the special school sector is something that needs to be harnessed. For the next few years in particular, the incoming government policy means that leading schools hold many of the cards required to create new solutions. While not all headteachers will have a full overview of the whole system in the way that local authorities have become accustomed to, the sector is increasingly being formed as a school-led environment. Many of the solutions to increase provision in the region will therefore require a strong partnership between schools and local authorities. For their part, local authorities can assume an objective position to act in the balanced interest of whole communities. They are well-placed to effectively play the role of independent broker, both on an individual basis to champion the most suitable decision for families and schools, but also in the strategic sense to help the more autonomous schools do what is best for the wider area.

Joint commissioning possibilities

In seeking to answer this chapter's question, there seem to be two main possible areas to focus upon:

- a) For the times when local authorities *do* need to use the independent non-maintained sector, could better prices be achieved by some or all of the commissioning local authorities acting collaboratively, either through bulk/block purchasing or by managing the market with a purchasing framework contract?
 - b) Could the region's local authorities collaborate to stimulate the supply side of provision, either by growing state-funded provision or incentivising or commissioning the local, best value providers to expand their in-region provision?
-
- a) All nine local authorities of the East Midlands region have a well-established track record of collaborating on purchasing framework contracts in social care. A framework contract for the supply of independent fostering and residential children's home care has existed for several years and brought a degree of management to the market and maintained zero price inflation. It has also introduced a level of efficiency through back office and some quality monitoring functions. Because some of the providers on this IFA/Residential framework also provide special education, they are already used to working with the region's local authorities through this approach.

The field visits within this study revealed a general enthusiasm from local authority staff to see a purchasing framework contract for independent special schools developed quickly. Most see it as essential to bring a degree of controlled price management to a market in which they feel that the

cards have recently been very much in the hands of the supplier. Just one LA raised a degree of doubt or concern that a framework contract might not be worthwhile. They cited the simplification underway in the independent market to a reduced number of big providers as their reason for thinking that a framework contract might not deliver any competitive pressures to reduce prices. However, they did recognise the potential value of a framework contract to manage quality effectively.

Some LA colleagues also suggested that a framework should also consider the inclusion of inter-LA placements as this can sometimes also be an erratic market.

b) The possible growth of additional new special school provision is the topic of Chapter 5

Chapter 4: Can in-region placements be increased through an increased confidence in a better-articulated health offer that supports local placements?

This chapter has been included in the study because the nature of relationships between health partners (providers and commissioners) and local authorities is increasingly complex and subject to substantial recent change. The re-organisation of the local health service in Clinical Commissioning Groups (CCGs) has introduced a major challenge in recent years as these are almost never co-terminus with local authority boundaries. The number of CCGs that a single local authority has to deal in the region with ranges from 1 to 7.

This is of major significance to this study on account of:

- The bi- and tri-partite nature of many EHCPs (between health and LA departments).
- The health services that so many pupils need at SEND Support and EHCP stages, usually of a therapeutic nature.

Even if the service organisations were in a steady state there would always be a degree of risk to be managed within the complex partnerships required to deliver an effective health offer to children with SEND conditions. However, 'steady state' is probably the last phrase that can be used to describe any sector in public service in recent years, especially the health service!

The initial suggestion for the inclusion of this theme in the study derived from a perception that the preferred placement choice of the local authority is often being over-looked in SEND tribunals because the parents and the tribunal itself is often persuaded by the coherent and confident offer of integrated health provision in the glossy brochures of the independent sector. While this topic has indeed featured within this study, a number of other significant dimensions of the partnership between health, local authorities and schools have been identified as relevant to the question posed.

At the outset it feels appropriate and necessary to make a point about inter-agency understanding. Some of the frustrations that are expressed by all partners (schools, parents, local authorities and health services) seem to derive from an expectation that other organisations should be unfettered to act in the way they recommend. This sometimes seems a little naive and doesn't respect the fact that every sector operates within its own regulations, guidelines, constraints and culture. This theme is especially true in some of the recommendations made about the health service as other partners often simply expect health to fit in with their models/policies.

1. Engagement in strategic planning and leadership

Given recent re-organisation changes it has become a significant challenge to develop and maintain an appropriate level of strategic partnerships between health and other partners. In relation to this study, the following examples have been provided to indicate positive steps that are being taken to improve strategic partnerships:

- In Lincolnshire an AD leadership role in children's services jointly funded on a 50:50 basis by health and the local authority,
- In Nottinghamshire and Northamptonshire senior colleagues from children's services sit on the Continuing Care boards to extend the strong LA and Health partnerships that operate in adult services across transition.

- In anticipation of increasing alignment with the Continuing Care agenda, Nottinghamshire is looking to align the 11 categories of health need used within Continuing Care with the criteria used in the arrangements for EHCPs and special school budgets. This will start to standardise language, understanding and expectations. Success in this area in the future is seen to hinge partly upon the management of expectations of schools.
- Nottinghamshire is also trying to get leverage for children’s SEND issues within Continuing Care arrangements, where partners are already well accustomed to balancing social care and health issues within adult cases, but they are not yet very familiar with the SEND dimension. The transition of young people with complex conditions into young adulthood provides this opportunity and most local authorities have raised the issue of seeking an earlier contribution from health through Continuing Care.
- In Lincolnshire, where the local authority needs to manage partnerships with four CCGs, agreement has been reached for the Executive Nurses of each CCG to work together and with the LA in a better partnership.
- Some areas have moved, or are looking to move towards pooled budgets between some aspects of health and local authority funding.
- Several local authorities are trying to ensure that the EHCP becomes a robust commissioning tool with all partners.

“We never get to see the bosses. Parent participation only goes so far. We’re welcome at some meetings and the local authority always seems to want one a few of our voices to be heard, so long as we’re not too noisy. But we only ever get to meet those with limited power and influence. We never get access to the real decision makers, those who can really create change in the system.” (Contribution from a Parent Carer Forum)

2. The complications of multiple CCGs

One of the most significant recent challenges to an effective health partnership in many areas, particularly in the county shires, is the multiplicity of CCGs. In many areas at present these arrangements are still under-developed and can create additional complications in matters of complex SEND.

One such example is provided where a local authority has a particular problem in the inequity of services between their different CCGs, e.g. one won’t provide therapeutic support for ASD, but another will. The lack of service on one area limits the ability of the schools to meet the needs of those pupils and reduces their ability to cope.

In another example, arrangements that used to operate very well on a loose reciprocal arrangement based on quid pro quo are now breaking down because of the need to quantify and manage services more precisely across complex partnerships. These smarter accounting processes have very quickly led to price variations in the charges of different CCGs and additional work is required to establish consistent and equitable pricing agreements.

Northamptonshire, which has just two CCGs has overcome such problems through an agreement that one of the CCGs will provide the children’s health services both. This has effectively made the CCG co-terminus with the LA and simplified arrangements.

At the most complex end of the range, Nottinghamshire local authority is required to work with seven CCGs. To handle this complexity they have created an Integrated CYP Commissioning Hub that is being developed to co-ordinate and deliver up to 16 distinct health support services within one organisation. This ICCYPH is being integrated across all CCGs, who contribute resources to a pooled arrangement for the necessary infrastructure and co-ordination. Nottinghamshire is also working with CCGs through the CCG Toolkit and RAG rating their statutory SEND duties. It is expected that schools will gain confidence in the improved and more coherent health offer that the ICCYPH delivers. Nottinghamshire is also placing its EHCP work within an integrated children's disability unit.

“Services need to be more joined up and for each service to take responsibility for the student rather than passing them from one service to another whilst families lapse in to crisis.”
(Special school headteacher)

In a less positive vein, one LA reports a recent situation where their health partner agreed to 3-way funding for a specialist placement that was made out of the region. Health's contribution was provided for the mental health basis of the challenging behaviour of the child. The placement went well and after a while the presented behaviours became much improved due to the settled situation. At this point health then re-assessed their contribution and decided to withdraw their funding. Because the placement setting was named in the EHCP then the local authority has a statutory obligation and has ended up paying the full bill. This type of issue needs addressing.

A significant enduring challenge remains in that no LA or CCG seems yet able to evidence effective better co-commissioning of support prior to escalation. While the CCG and LA partnerships operate fairly effectively to make joint arrangements once significant levels of need have been established, the relationships don't yet seem to support collaborative early intervention.

3. Attendance at panel and decision making meetings

This topic has been one of the simplest, yet most significant frustrations experienced by many partners in most areas. The attendance of health colleagues at panels and decision making meetings for children with complex SEND conditions is very patchy and is seen to impede effective service planning and delivery. In some areas, getting even a health contribution to the annual reviews of EHCPs is difficult.

This issue seems linked to both of the previous two items above as better attendance is reported in areas where there is a co-terminus CCG and/or there are good strategic leadership partnerships.

4. The quality and delivery of therapy services

Therapy services seem to work well in the early years when health services are clinic-based. As arrangements change to community-based services during school years the reported quality and satisfaction becomes more varied.

- In several areas schools and local authorities report difficulty in accessing therapy services
- Once therapy services are arranged, then most feedback reports satisfaction and good quality of service. This seems to be more likely if things are 'cut and dried' and a medical diagnosis (i.e. not SEMH, anxiety or behaviour) and a simple treatment pathway is being followed.

- In some rural areas there are particular problems because some services e.g. Speech and Language Therapy (SALT) are city- based and many families can't or won't make the journey for sessions.

As alluded to previously in this report, Nottingham has a positive health case study to share on this topic. Since their CCG started to commission a nurse service within one of their special schools rather than at a clinic or surgery, they have seen significantly reduced numbers of ambulance call outs, hospital admissions and significant illness. They also report far greater confidence in the staff at the school to assess, manage risk and provide care across a range of conditions far more widely than the areas of expertise provided by the nurse.

5. The inflexibility of therapist work

All contributions to this topic from special school headteachers made a consistent point, namely that most therapy services operate along very rigid guidelines and they would prefer to see far more flexibility (speech bubbles below). Some headteachers go even further to suggest that the commissioning and management of therapy services should be passed out to special schools to be arranged in a manner similar to some other specialist outreach and support services.

On the other hand, some parents value the specialism and consistency of the therapist's role and would prefer not to see therapy services embedded across the routine life of the school.

"Therapists don't understand outcomes! There is an important piece of work to do with NHS community services. They still want to come into a clinic or school and provide a service to a child, full stop. Also, their contributions to annual reviews are often just to specify their own service. We need therapists to start thinking in terms of outcomes. Many special schools now have sufficiently skilled assistants in sufficient volume to provide the on-going therapeutic support, so what we need therapists to do is to come in to work with, train and moderate the work of the school staff. These are new ways of working for some therapy staff, but could be far more enriching and professionally valuable"
(Special school headteacher)

"School Nursing has gone. We can't get health to contribute to EHCP planning processes. Many of the therapists just want to come in and work in the same old way to see 'their' child and then go again, whereas we need them to develop our staff to embed the practice. We end up having to buy therapy services." (Special school headteacher)

6. Community paediatricians

At their best, the arrangements and work of community paediatricians makes an invaluable contribution to the policy and practice with children with complex SEND conditions. In some areas, the regular attendance of the community paediatrician at every week's panel meetings and their contribution to robust review processes are significant. In other areas however, the poor attendance is problematic. This can then be further exacerbated by the alleged tendency of community paediatricians to over-diagnose ASD and suggest and recommend placements or provision that boosts parental expectations unreasonably.

7. CAMHS

Child and Adolescent Mental Health Services (CAHMS) attracted a lot of focus in this study. Generally speaking the limitations and quality of their services were frequently described as a weakness in the health offer. In one area however CAMHS colleagues are contributing to a CCG risk register of young people at risk of escalation to Tier 4 and this is reported as a strengthening partnership. In another area discussions are underway about trying to embed more CAMHS provision within SEMH special schools. In two geographical areas the quality of CAMHS provision was rated highly but most other contributions to this study were critical.

The most substantial, recurring themes in discussions were:

- CAMHS colleagues contribute to ASD/SEMH diagnoses and make educational/placement recommendations but don't seem to be able to offer any appropriate psychiatric support.
- There is simply not enough psychiatric therapy and if it is provided it is provided in very few centres that can be inaccessible for families in need or in crisis.
- CAMHS colleagues sometimes refuse to work with a young person or family at times of crisis, stating a need for stability, despite the judgement of most/all other partners that that is the time of greatest need for support. By the time they are settled, the need is reduced.
- CAMHS colleagues tend to advocate a less personalised approach than is helpful.
- Their opinions (not advice) are given in de-contextualised clinic sessions that don't consider the child in home and school settings and certainly don't connect the two.

“Mental health provision is very limited and the impact on students in special schools is very significant, many might not need to be in special schools if better care was available earlier.”
(Special school headteacher)

8. Schools starting to fund health staff

A combination of increasing school autonomy with delegated funds and a growing sense of frustration about the availability and sometimes the quality of health services is leading to some schools starting to buy or employ their own health services. Access to speech and language (SALT), occupational and mental health therapies are most frequently reported as the areas of frustration. Examples of such school developments include:

- One group of special schools has started to employ their own on-site clinical nurses as they have been unable to obtain funding from their CCG.
- In another special school the CCG and the school pay 50:50 for a nurse who then works with two healthcare workers who are 100% employed by the school.
- To improve support for mental health one school buys in an educational psychologist periodically to provide training and development for staff.
- One academy chain employs an educational psychologist and is considering more specialist staff to work across their group of schools.

Although these steps are understandable, they beg questions about the nature and quality of the clinical supervision and governance that will support, challenge and protect these staff.

This chapter was introduced to this study due to a perception that the independent sector's glossy brochures sell an integrated health offer that can't be matched. However, despite the critical nature of many of the contributions to this topic, in all areas there is still a strong belief in the general quality of the services provided through their health partnerships. In addition, the suspicion of many colleagues, borne out by the testimony of several contributing families, is that in reality the

integrated health offer described in the brochures is often not provided by the independent sector or is but a pale imitation. Consequently one area in the region has decided to produce its own 'glossy brochure' to describe this quality of their state-funded health services to families and tribunals. To the extent that parental preference and tribunals can be influenced by the confidence of a glossy brochure, then it seems good sense for LA-health partnerships to do more to showcase the quality of their provision.

More fundamentally however, the more urgent need is the continuing strengthening of strategic partnership work between health and local authorities. The areas that have several CCGs seem to be several steps behind those where a co-terminus CCG is contributing to strong leadership and coherent services are evident. Innovation in other areas however is still about trying to create the required strategic partnership and in the meantime schools and families are seeking other solutions to their dissatisfaction.

Chapter 5: Are there some highly complex specialist needs or growing demands that are particularly hard to meet and it seems feasible to consider the development of new schools within the region?

On balance, the conclusion of this study is that the creation of some additional special school places in the region, preferably state-funded, is pragmatic and probably necessary. However a note of caution is added to not to simply see this as a capital building campaign to respond this study's theme, as this will ignore the greater benefit that can accrue from improved practice on other fronts.

As this final chapter's title indicates, there are two significant demand pressures in the region that leads to extensive purchase of places from the independent sector, sometimes at distance.

- a) Demands that are hard to meet because of low incidence and high complexity
- b) Demands that are hard to meet because of growth in demand

a) Low incidence and high complexity

As yet there does not appear to be a joint strategy to tackle the shortage of provision for low incidence, highly complex needs. No single LA area experiences sufficient demand on their own to warrant investment in new provision and nine separate customers therefore continue to go to market rather than creating their own.

The data analysis and contributions to this study have however highlighted a few conditions for which new specialist provision in the region would be good for families. Furthermore an opportunity seems to be presented within the government's Free School agenda to build more special schools, and this is timely. The SEND conditions most frequently identified as needing more highly specialist provision that is probably best delivered on a (sub) regional partnership basis include

- Deaf and hearing impaired
- Visual impairment with cognitive learning difficulties
- High-functioning ASD
- High anxiety
- Physical disability
- Mental health with violence

Linked to these suggestions for new provision are further suggestions for the regional commissioning of highly specialist outreach services for some complex conditions. The recommended model for consideration is an expansion of the concept of commissioning specialist support and outreach services from our special schools, maybe on a sub-regional basis.

b) Growth in demand

Population growth alone is also leading to increased demand and the general long term improvements in medical care and the life chances of children with complex conditions introduces another cohort into our education system that weren't previously surviving to reach school age.

This basic growth in demand for extra special school places alone is already leading to expansion and capital development around the region. As reported, in almost every LA area there are school extensions and additional classrooms being added to special school sites, plus some surplus buildings are being re-commissioned as additional special school sites.

As reflected in the data and commentary throughout this study, the dominant categories of need for which more capacity is required are ASD and SEMH. It is of interest and potential significance that in several areas some substantial work is underway to develop specialist provision within mainstream secondary schools that will cater for the needs of some ASD pupils who can be supported effectively to access the mainstream provision. These initiatives are borne from a preference for inclusive support units in mainstream wherever possible and an underpinning belief that, in the same way that it has become 'custom and practice' for mainstream schools to embed provision that meets dyslexia needs, so we must similarly move the thinking on in mainstream schools to support many more pupils with ASD as the norm.

However these planned expansions of existing schools and the development of specialist units in mainstream schools will go some way to meeting increasing demand but will not satisfy it. Furthermore, in the absence of visionary strategic leadership that can work with whole communities of mainstream and special schools to sufficiently drive inclusive steps that lead to hundreds more children with complex SEND conditions being placed in mainstream settings, then the region needs a few more special schools.

In some areas (especially where local and national policies align) this decision has already been, or is currently being made to stimulate the growth of new special academies through the Free School agenda. Within this policy the local authority can't simply request or obtain funding themselves but is able to work with other partners who become the lead applicant/sponsor for these new schools. Most commonly the inspirational leaders of existing special schools that have converted to academy status, however in one area it is of interest that a group of parents is developing its role and interest in the establishment of a new school. The local authorities involved are generally taking a very supportive role to make capital resources and potential sites available to help with the development of these schools.

As a result it looks likely that over the next few years there should be at least 5 or 6 new special free schools created in the region, almost all of which are planned to accommodate ASD and SEMH needs. In addition there are some new mainstream Free Schools in which an insistence upon specialist provision for ASD should meet some demand.

"I think the development of any new SEND provision needs to be done within the context of the whole provision both current and planned. The development of free special schools should be part of a planned for framework of provision."
(Special school headteacher)

There is a risk with these new special academies as they will have significant control over pupil admissions. In the developments already underway or in discussion, this factor is being addressed through agreements that will ensure that the needs of local children take priority and that admission will be limited to pupils with an EHCP. While the local authority retains its role as the guardian of the EHCP system, so it will be able to exercise watch-care over the provision in these new schools.

Conclusion

This study was carried out to investigate the key issues that underpin the extensive use of the independent non-maintained special school market that leads to almost 100 pupils with complex needs being placed at long distances from home.

These placements are but the headline-grabbing tip of an iceberg that exist because of prevailing conditions and practice across the education system. It is not a simple case of changing these 100 purchasing decisions. This report has tried to focus upon the extent of the iceberg that sits beneath the water-line that should demand even greater attention.

The issue is more about the capacity of the entire school system to provide good quality education for pupils with complex SEND conditions than it is about this relatively small number of purchases. There is no single 'magic bullet' that can be used and sustainable solutions will only come about through strong leadership across partnerships that take a determined, long-term approach on a number of fronts.

This report has illustrated a wide range of practice and policy across the region. It has also identified some interesting and innovative practice that offers significant learning and promises potential impact. It is suggested that, taken collectively and blended within a coherent approach that is attentive to local circumstance, the solutions already exist or are underway that can contribute to sustainable improvement.

The East Midlands region has benefitted in a number of ways over the years from a collective approach and this can underpin progress in this area. At the very least there is an opportunity to share the wealth of practice, initiatives and substantial learning and knowledge that exists within the partner organisations. This will help each local area craft the solutions that best suit their learners and context. Going further, there are opportunities for collaborative development that could create significant service improvements or increase the specialist capacity of the region to meet the most complex needs.

- Hopefully this report serves to illuminate some of the issues and context that require attention in any efforts to create sustainable improvements for these most vulnerable children and young people.
- Hopefully it also shares some of the interesting, sometimes innovative work that is being developed around the region that shines a light to help others see the paths that they might take.

Peter Chilvers
April 2016

Angela sits calmly to share her story, full of dignity and humility. Her eyes light up with pride as she talks about Toby her precious son, gentle words of love and utter devotion. Yet their story is so laced with sadness and riddled with injustice that it could be a tale of anger.

- The school that could see errant behaviour but not hear desperate cries
- The organisations who could manage thresholds but not provide a service
- The impenetrable system more concerned with compliance than compassion
- A society that expects Angela to put her whole life on hold, give up her career and commit almost every drop of effort and resource for Toby.

But a mother's unconditional love is one of the world's greatest powers and Toby has been blessed. The unquenchable resolve of this quiet remarkable lady looks beyond the austerity of the institutions to seek and search for their beating heart.

- The resolute family worker, fired in equal measure by compassion and injustice, who simply won't concede
- The ambulance driver, rich in empathy, who saw the real emergency behind the call
- The bold headteacher who managed and moulded the regulations to provide welcome and sanctuary
- The CAMHS consultant who exerted their influence to open strongly-blocked channels

All inspiring individuals who stood defiantly, shoulder to shoulder with Angela and Toby, refusing to accept that this child doesn't matter.

But why does it require exceptions to the rule for the system to show it can care? Why is it so often the exception and not the rule to walk a few steps in Angela's shoes, to dwell a while in Toby's world and to see the depth of this mother's love? Why, time after time is it only when the persevering parent eventually finds someone who will set aside their processes and see the person, that compassion is released?

Appendix: SEND Placement Checklist

This checklist is derived from the key themes within this study report. It enables Local Authorities to reflect upon and review a wide range of influencing factors that contribute to SEND placement practice and might help to:

- increase the sufficiency of SEND provision
- reduce the incidence of distant placements

Theme 1: Inclusion of complex SEND conditions within mainstream settings

To what extent have you:			
Developed performance indicators for SEND progress and/or an inclusion indicator to promote good practice in mainstream schools			
Introduced resources or toolkits to support the effective inclusion of complex SEND conditions in mainstream schools, e.g. Autism Friendly Schools			
Expanded some mainstream school sites to specifically increase capacity for complex SEND placements			
Encouraged the creative use of dual placements and substantial in-reach and out-reach arrangements to enable more pupils with complex SEND conditions to receive more of their education in mainstream settings			
Introduced measures that hold schools and academies to account for exclusions that seem associated to SEND conditions			
Addressed primary-secondary transition for SEND pupils in both primary and secondary schools to introduce effective practice			
Introduced effective practice that promotes independence and tapers any dependency on support as pupils with complex SEND conditions approach secondary transfer			
Established culture of expectation in the mainstream school leadership community that most/all EHCP placements for MLD, VI/HI without cognitive impairment, plus increasing proportion of ASD are routinely made in mainstream settings			

Theme 2: Enhanced provision

To what extent have you:			
Sustained and/or increased enhanced provision in mainstream schools within specialist units or through additional resources			
Created new specialist 'hubs' in the development of new or existing mainstream school sites			
Made creative use of enhanced provision arrangements to enable more pupils with complex SEND conditions to receive more of their education in mainstream settings			

Theme 3: Development of existing and new special schools

To what extent have you:			
Ensured that review meetings of pupils placed in special schools routinely consider the most appropriate school setting			
Special schools being developed, or developing themselves, as providers of specialist support services for mainstream schools			
Commissioned special schools (individually or in groups) to provide area-wide specialist outreach/support services, e.g. Autism Outreach			
Reviewed any prolonged placement of Y14 students in special schools			
Undertaken sufficiency audit to establish whether additional special schools are required for population growth and/or more appropriate placement settings			
Developed plans with the community of special school leaders to consider/make strategic applications for new Free Special Schools			
Considered the de-specialisation of special schools to move towards 'all needs' schools serving more defined catchment areas			
Developed, or encouraged the development of the role of special schools within the emerging school-led system, e.g. within Teaching School Alliances			
Ensured special schools are engaged fully in initial teacher training, both contributing to provision and offering placements			
Considered the co-location of special schools and social care facilities, e.g. children's homes, to increase local solutions for children in care with SEND			

Theme 4: System-wide leadership and the role of school leaders within local SEND policies and decision-making

To what extent have you:			
Developed a collective approach with all special schools in the area to create a coherent strategy of provision/placements			
Representative headteachers from special and mainstream schools fully involved in high needs funding policy and complex SEND placement decisions			
Established a well-understood local policy that every effort will be made by all partners/colleagues to place children in local settings			
Commissioned school system leaders (or simply placed the challenge with them) to develop inclusion strategies that keep all/most children with complex SEND conditions local			

Theme 5: Use of the independent non-maintained sector

To what extent have you:			
Undertaken a detailed case-by-case examination of every child placed in independent non-maintained settings, especially those at distance, to identify what it would take to find a local solution and 'bring them back'			
Introduced market and price management mechanisms, e.g. procurement framework or block purchasing, to introduce price constraints			
Worked with the independent non-maintained sector to develop or commission provision matched to priority needs			

Theme 6: Partnerships with health services

To what extent have you:			
Created joint-funding arrangements for key strategic leadership that connects health and local authority domains			
Fully engaged senior health leaders in strategic decision making relating to complex SEND placements			
Established secure arrangements to ensure good health representation at placement decision-making meetings and annual reviews			
Established effective arrangements with adult and health services, e.g. Continuing Care, to ensure seamless transition from school-based placements into young adulthood			
Where a local authority works with multiple or non-coterminous CCGs, well-co-ordinated or integrated arrangements have been developed			
Established a coherent 'offer' of health services, including therapies, that provides schools and families with confidence to accept more complex SEND placements locally			
Considered the location of health services and/or staff within education settings			
Supported chains and groups of schools to employ or host dedicated health staff			
Developed consistency of approach between local authority and significant health professionals, e.g. CAMHS, community paediatricians			

Theme 7: Collaborating with other LAs in planning and creating shared specialist provision

To what extent have you:			
Developed shared arrangements with other local authorities to collaborate on placements for specific low incidence, highly specialist SEND conditions			
Developed shared arrangements with other local authorities to collaborate on additional (new) school provision to accommodate increasing demand, e.g. population growth			