

# Cabinet

## DOCUMENTS FOR THE MEMBERS ROOM

Tuesday, 14th March, 2023  
at 4.30 pm

MEMBERS ROOM DOCUMENTS ATTACHED TO THE  
LISTED REPORTS

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# MEMBERS ROOM DOCUMENTS

13 **SEND PROGRAMME** □ (Pages 1 - 62)

Monday, 6 March 2023

Director Legal Governance and HR



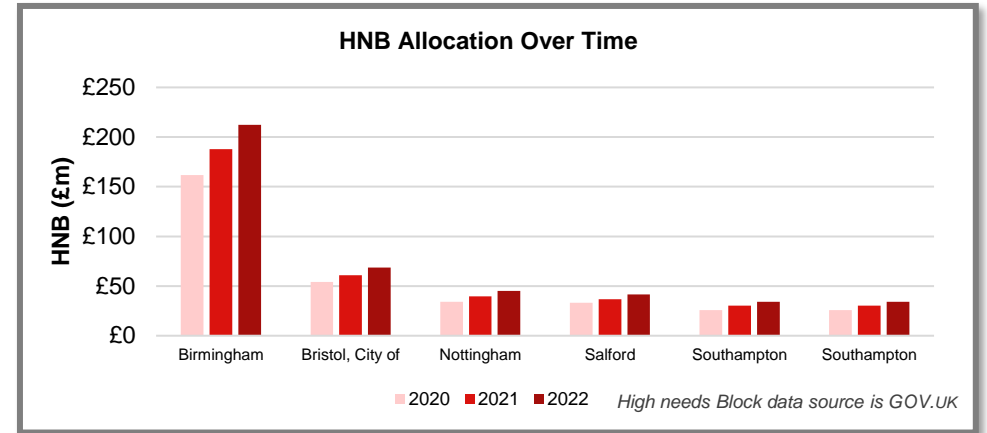
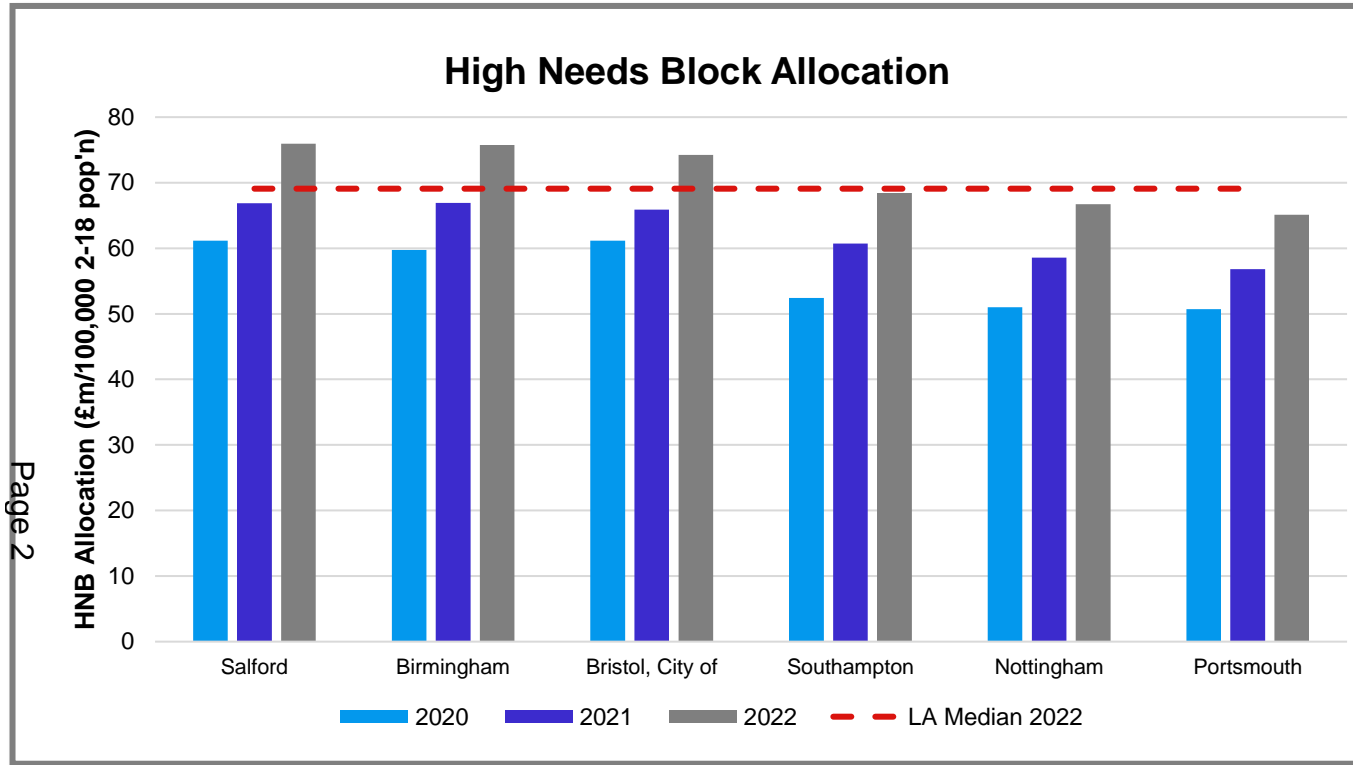
# DBV Diagnostic Module 2 Summary Southampton



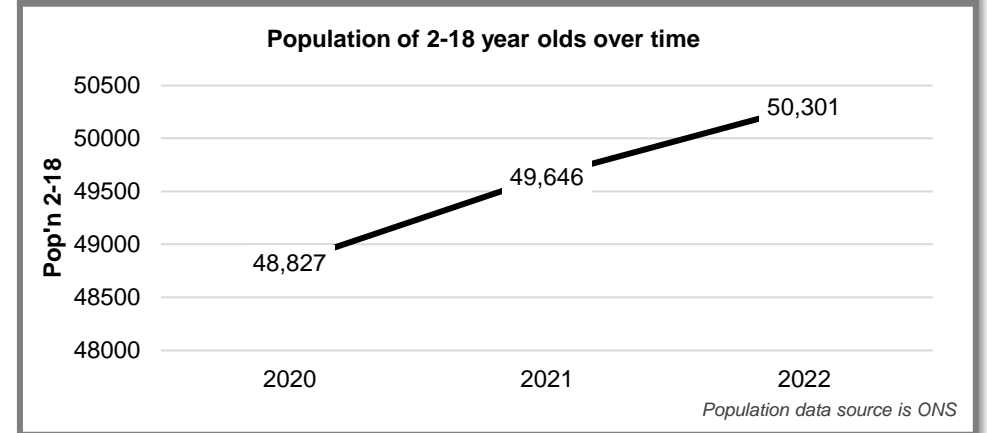
# Southampton's population and HNB allocation is increasing, and is consistent with the LA average



Page 2



There has been a 3.02% increase in 2-18 year olds over the past 3 years

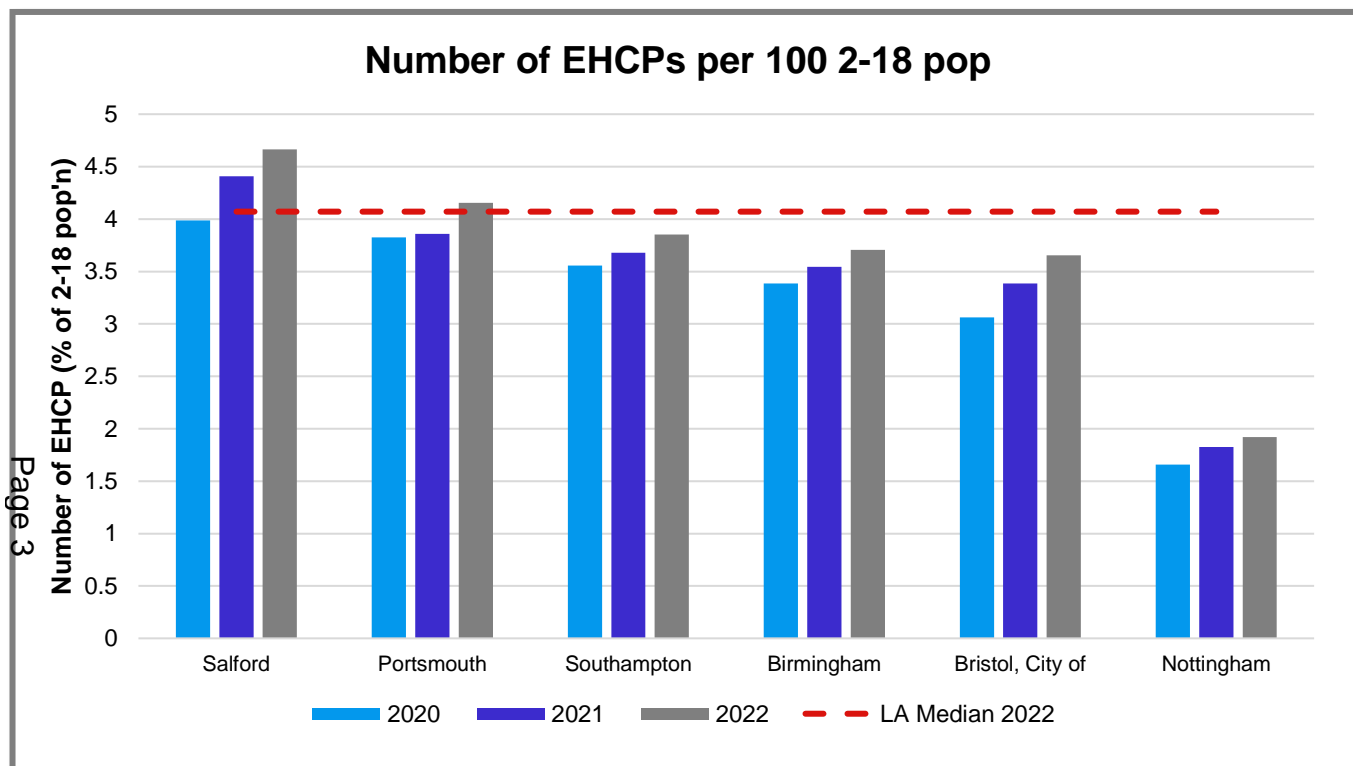


% growth from 2020 to 2022

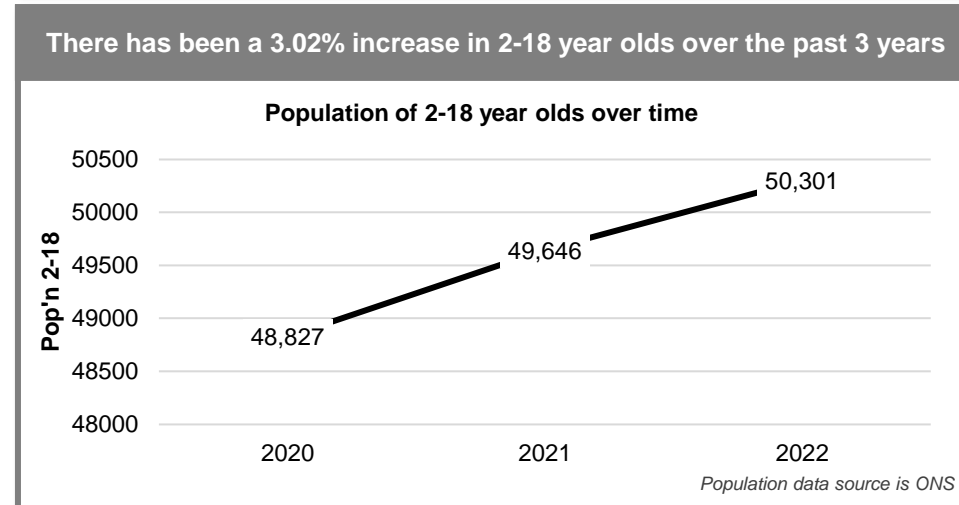
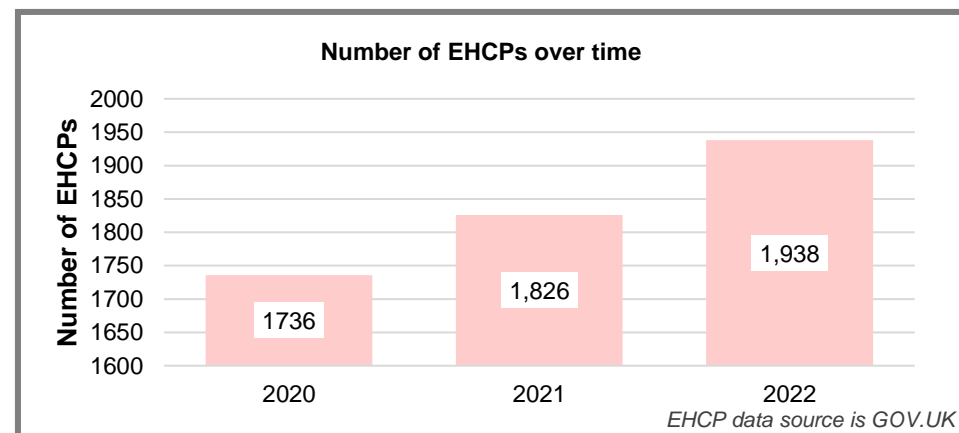
Nottingham	Southampton	Portsmouth	Birmingham	Salford	Bristol
30.9%	30.5%	28.4%	26.8%	24.2%	21.4%

**Southampton follows the national trend of increasing HNB allocation.**

# EHCPs per 100 have increased, but are below LA average



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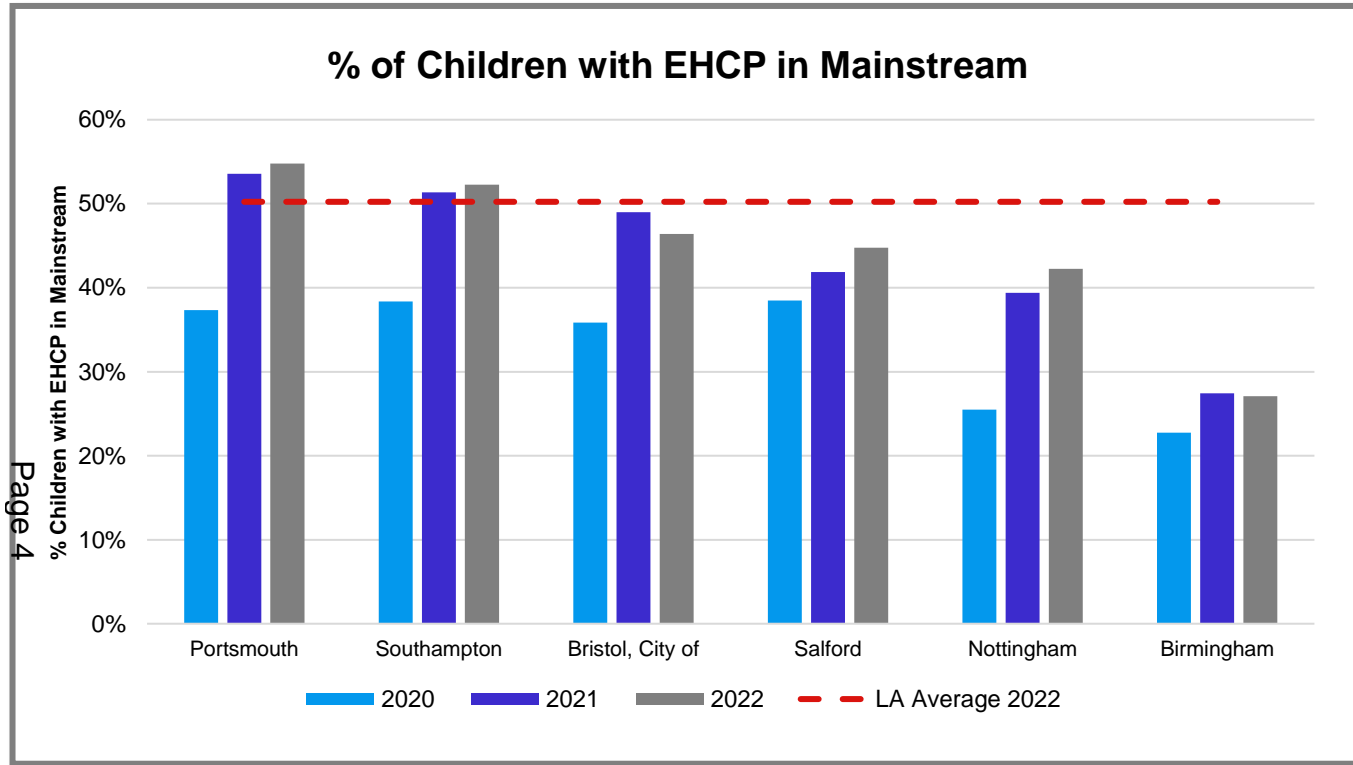


### % growth in proportion of children with EHCPs from 2020 to 2022

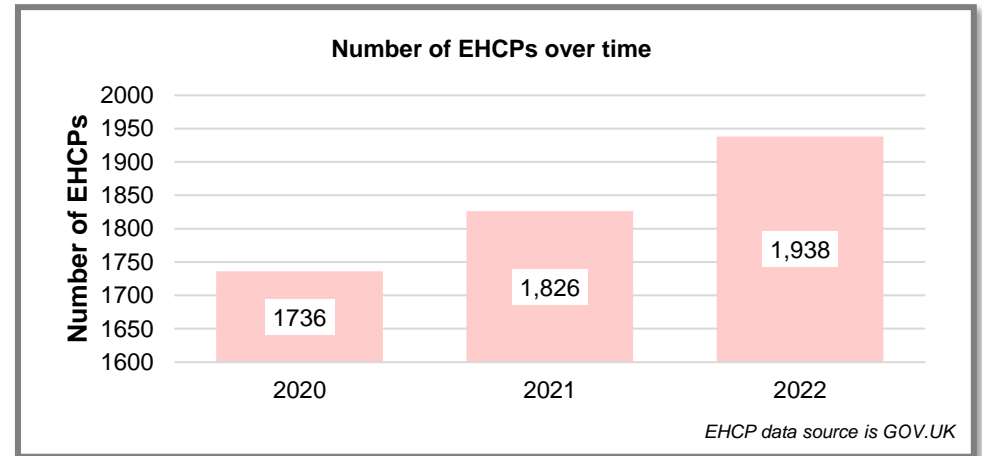
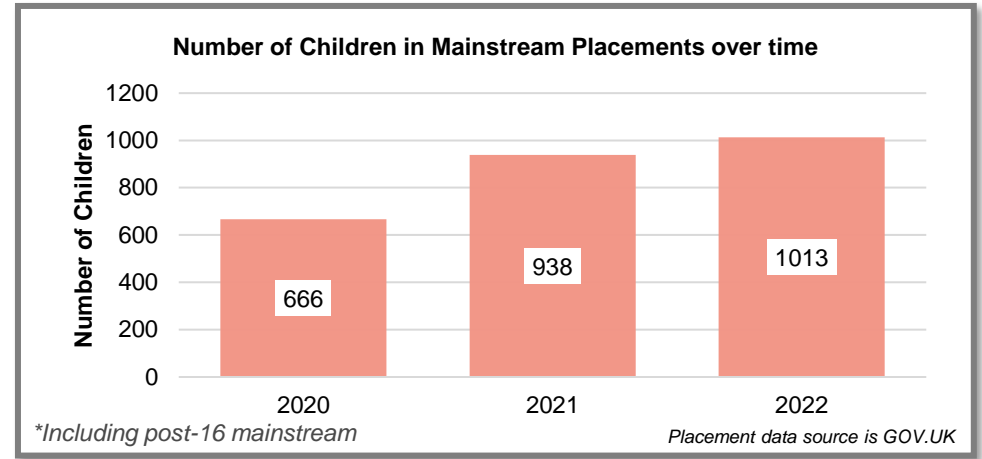
Local Authority	% Growth
Bristol	19.4%
Salford	17.0%
Nottingham	15.9%
Birmingham	9.5%
Portsmouth	8.6%
Southampton	8.4%

**EHCPs per 100 have increased by 8.4% compared to 2020. However, this growth rate is not as steep as other statistical neighbours.**

# % of children in mainstream placements



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### % growth in the proportion of children in mainstream from 2020-2022

Local Authority	% Growth
Nottingham	65.7%
Portsmouth	46.6%
Southampton	36.3%
Bristol	29.4%
Birmingham	19.3%
Salford	16.3%

**Southampton has a higher proportion of children with an EHCP in mainstream setting than most of its statistical neighbours. The increase from 2020-2021 was greater than the increase from 2021-2022.**

# Total Expenditure Forecast: Methodology used

Below are the steps used to produce the first version of the unmitigated forecast for Southampton:

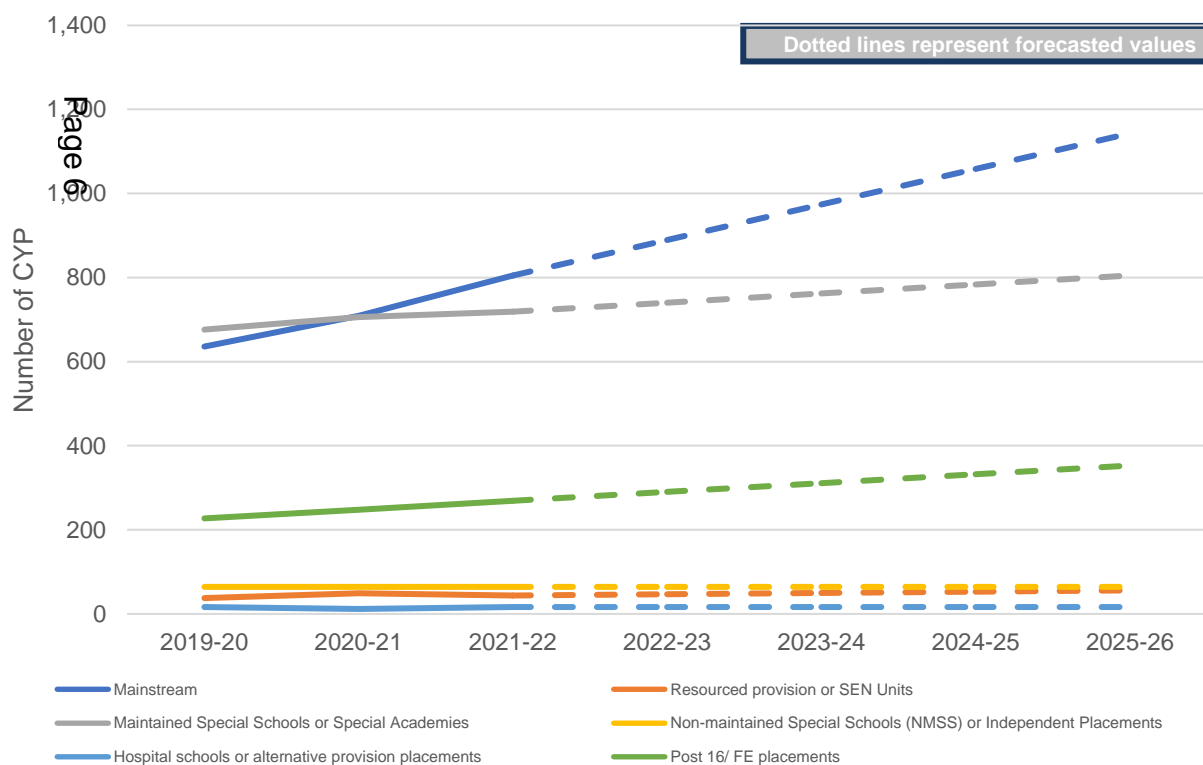
1. Forecast number of EHCP per provision & include capacity constraints in mainstream and maintained special schools
2. Calculate average cost per EHCP per provision type from actual data
3. Forecast average cost per EHCP per provision
4. Multiply average cost per EHCP per provision x number of EHCP per provision to get expenditure per year per provision
5. Aggregate all forecasted expenditure per year per provision to get overall expenditure per year
6. Forecast deficit position

# Total Expenditure Forecast: Methodology used - 1

Below are the steps used to produce the first version of the unmitigated forecast for Southampton:

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5. Aggregate all forecasted expenditure per year per provision to get overall expenditure per year
6. Forecast deficit position

Actual and Forecast Number of Funded EHCPs by Provision Type



Source: Education Statistics Service, 19/10/22

Number of EHCPs

Year	Mainstream	Resource or SEN Units	Maintained Special School	INMSS	Hospital Schools/ AP	Post 16/FE
19/20	636	38	676	64	16	227
20/21	709	49	706	64	12	248
21/22	805	44	719	64	16	269
Average Annual Increase (%)	10.50%	6.82%	2.99%	N/A	0.00%	7.81%
22/23	890	47	741	64	16	290
23/24	974	50	762	64	16	311
24/25	1,059	53	784	64	16	332
25/26	1,143	56	805	64	16	353

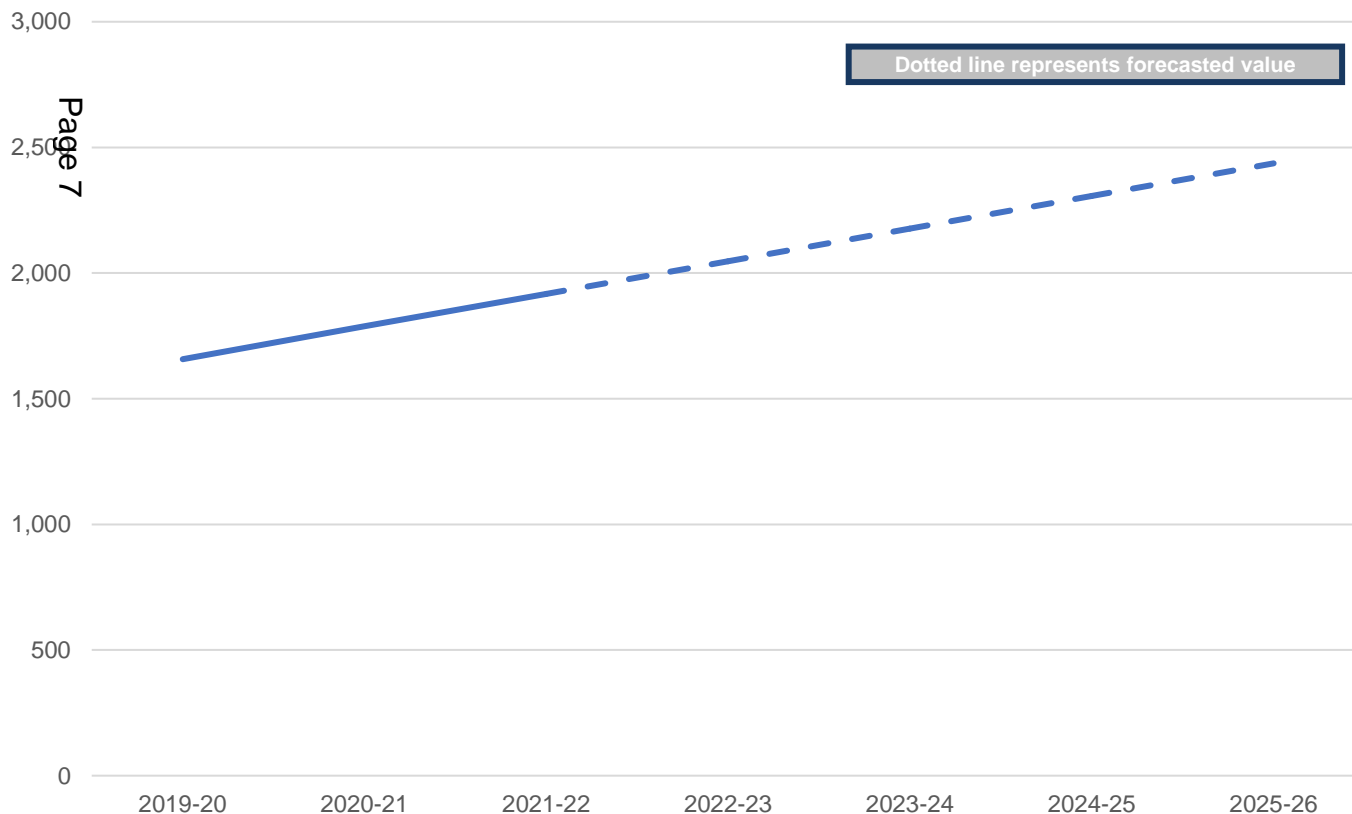


# Total Expenditure Forecast: Methodology used - 2

Below are the steps used to produce the first version of the unmitigated forecast for Southampton:

1. Forecast number of EHCP per provision
2. Calculate average cost per EHCP per provision type from actual data
3. Forecast average cost per EHCP per provision
4. Multiply average cost per EHCP per provision x number of EHCP per provision to get expenditure per year per provision
5. Aggregate all forecasted expenditure per year per provision to get overall expenditure per year
6. Forecast deficit position

Active Funded ECHPs in Southampton



## Assumptions

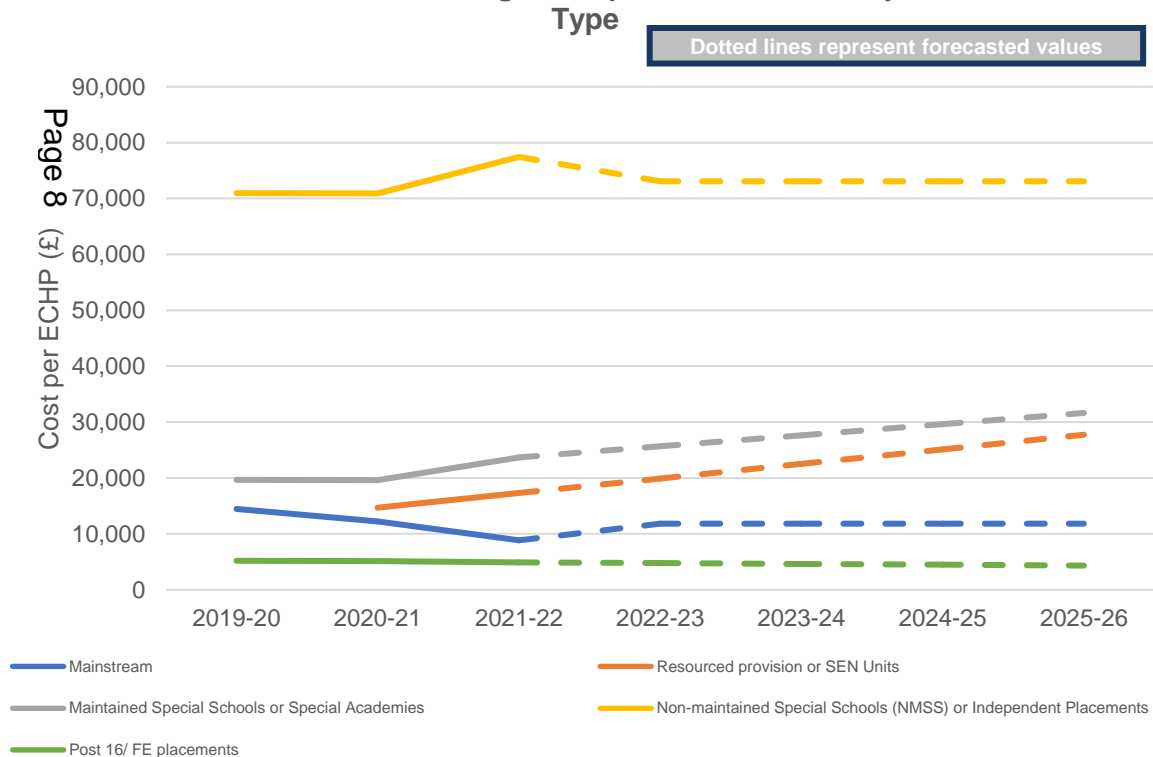
- The forecasted EHCP number was calculated by initially taking the actual average yearly difference in EHCP numbers per provision and applying that forward linearly to calculate the forecast.
- Aggregating those numbers allowed us to get the total forecasted number of EHCP.
- We used a consistent figure of 64 for INMSS.

# Total Expenditure Forecast: Methodology used - 3

Below are the steps used to produce the first version of the unmitigated forecast for Southampton:

1. Forecast number of EHCP per provision
2. Calculate average cost per EHCP per provision type from actual data
3. Forecast average cost per EHCP per provision
4. Multiply average cost per EHCP per provision x number of EHCP per provision to get expenditure per year per provision
5. Aggregate all forecasted expenditure per year per provision to get overall expenditure per year
6. Forecast deficit position

Actual and Forecast Average cost per Funded ECHP by Provision Type



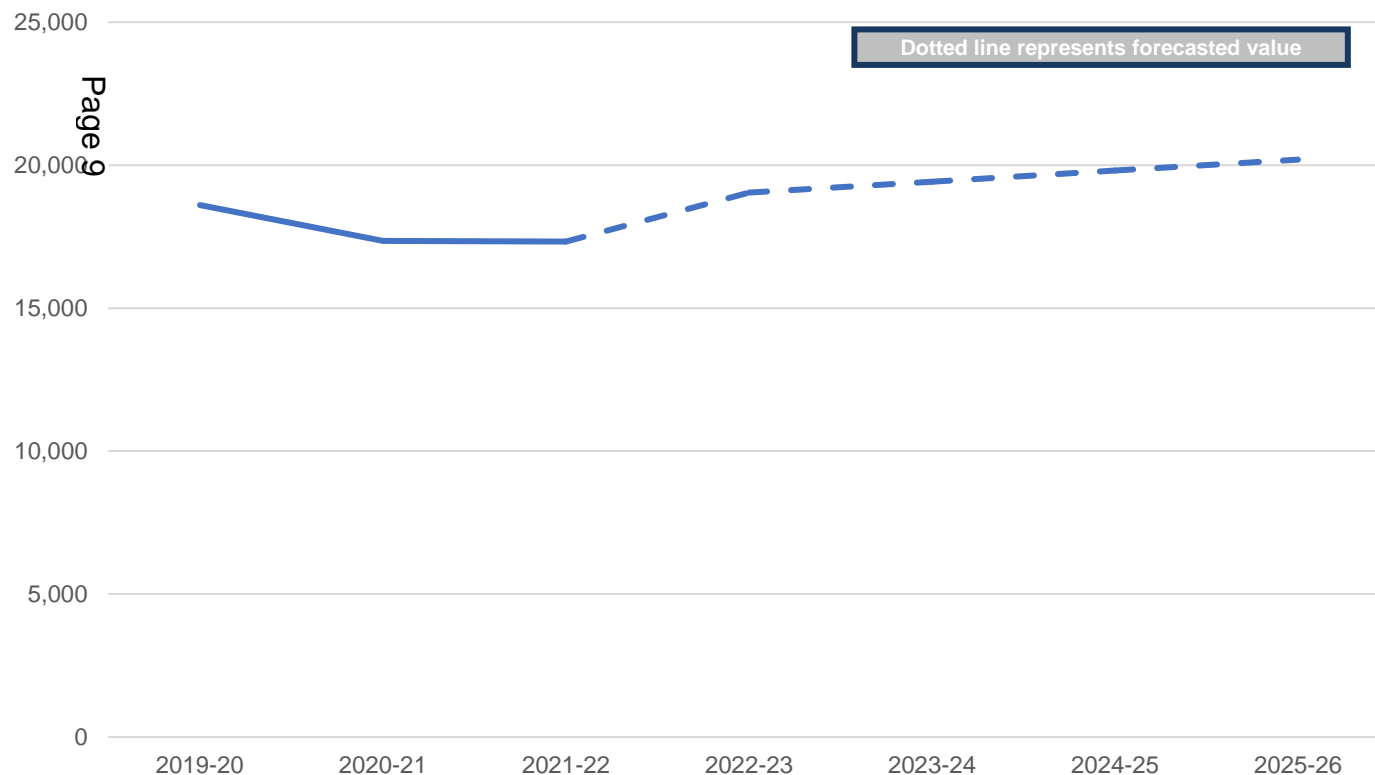
Average EHCP Cost (£)						
Year	Mainstream	Resource or SEN Units	Maintained Special School	INMSS	Hospital Schools/ AP	Post 16/FE
19/20	14,420	-	19,635	70,987	167,061	5,189
20/21	12,227	14,697	19,598	70,913	165,189	5,140
21/22	8,825	17,300	23,641	77,447	130,776	4,900
Average Annual Increase (%)	N/A	15.05%	8.47%	N/A	N/A	-2.96%
22/23	<b>11,824</b>	19,903	25,644	<b>73,115</b>	<b>154,342</b>	4,755
23/24	<b>11,824</b>	22,506	27,647	<b>73,115</b>	<b>154,342</b>	4,610
24/25	<b>11,824</b>	25,109	29,650	<b>73,115</b>	<b>154,342</b>	4,465
25/26	<b>11,824</b>	27,712	31,653	<b>73,115</b>	<b>154,342</b>	4,320

# Total Expenditure Forecast: Methodology used - 4

Below are the steps used to produce the first version of the unmitigated forecast for Southampton:

1. Forecast number of EHCP per provision
2. Calculate average cost per EHCP per provision type from actual data
3. Forecast average cost per EHCP per provision
4. Multiply average cost per EHCP per provision x number of EHCP per provision to get expenditure per year per provision
5. Aggregate all forecasted expenditure per year per provision to get overall expenditure per year
6. Forecast deficit position

Average Cost per Funded EHCP per Year in Southampton (actual and forecast)



## Assumptions

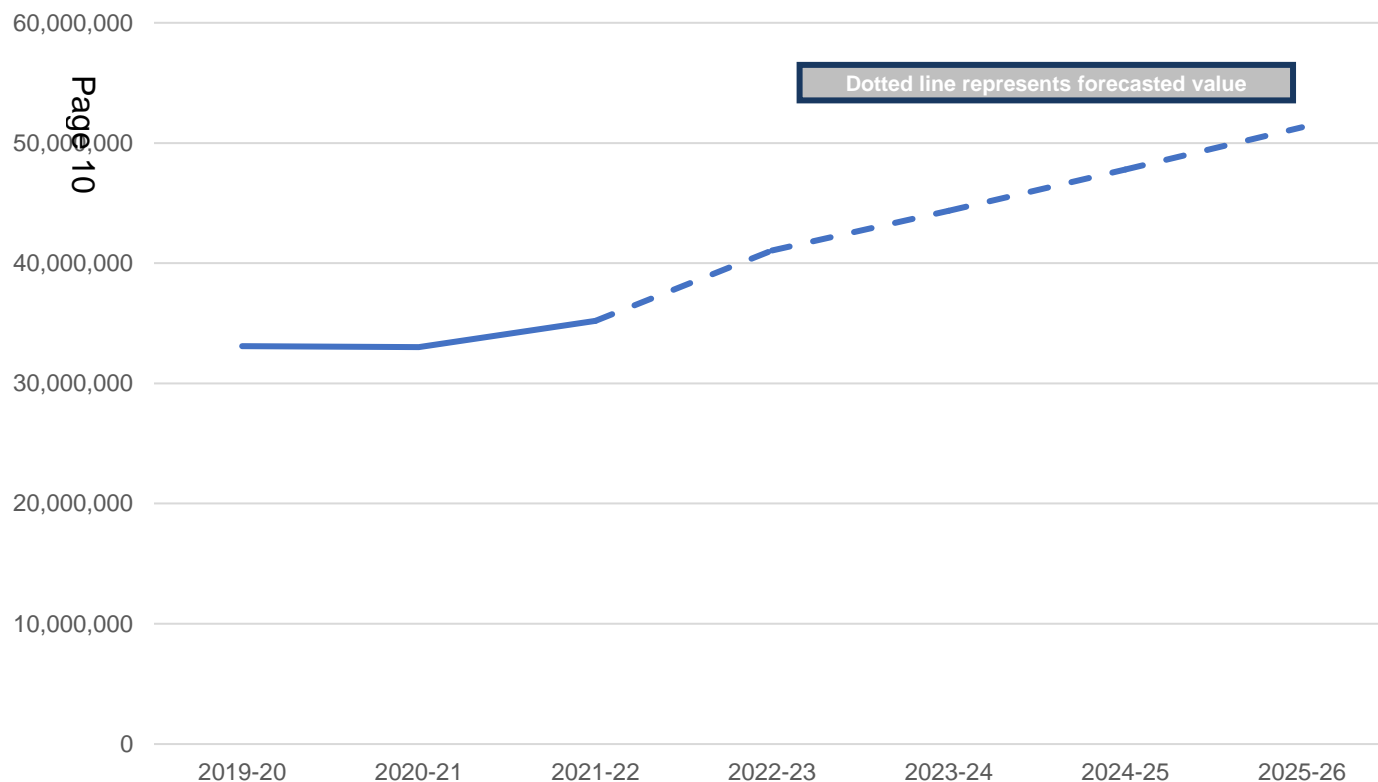
- The forecast £/EHCP was calculated by taking the average yearly difference in £/EHCP from the actual data points shared. It is a weighted average produced by individually forecasting the unit cost and number for each provision type.
- Hospital schools were excluded from the previous graph but included in calculations.
- For three types of provision, Mainstream, INMSS and Hospital Schools/AP, we kept a consistent average expenditure as the linear trends are unlikely to be continue. This is due to extrapolating over limited data points.

# Total Expenditure Forecast: Methodology used - 5

Below are the steps used to produce the first version of the unmitigated forecast for Southampton:

1. Forecast number of EHCP per provision
2. Calculate average cost per EHCP per provision type from actual data
3. Forecast average cost per EHCP per provision
4. Multiply average cost per EHCP per provision x number of EHCP per provision to get expenditure per year per provision
5. Aggregate all forecasted expenditure per year per provision to get overall expenditure per year
6. Forecast deficit position

**Total High Needs Block Expenditure (actual and forecast)**



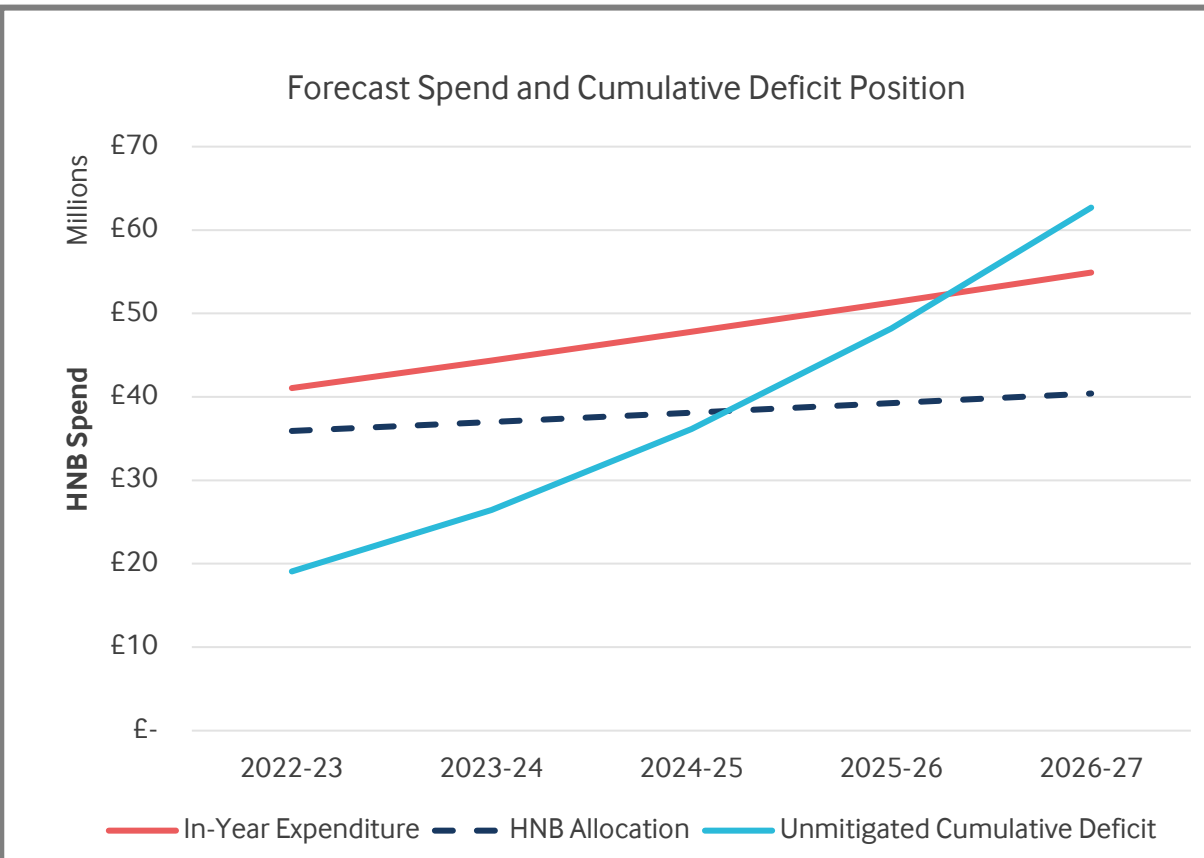
## Assumptions

- Actual spend was calculated by adding the expenditure per provision.
- A total £2.7m for 'Other' expenditure has been added (equal to the average spend of the last 3 years). This is spend associated with EHCPs that are not categorised in any specific provision type.

# Cumulative deficit position

To build a forecast deficit position if we do nothing (the unmitigated forecast) we need to look at the underlying drivers behind historical spend by provision – the number of EHCPs and the average annual cost per child broken down by provision type

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Year	In Year Expenditure (unmitigated)	Unmitigated Cumulative Deficit	Allocation
2022-23	£41.0m	£19.1m	£35.9m
2023-24	£44.4m	£26.4m	£37.0m
2024-25	£47.8m	£31.1m	£38.1m
2025-26	£51.3m	£48.2m	£39.2m
2026-27	£54.9m	£62.7m	£40.4m

If historical trends hold and growth is as forecast, **cumulative** HNB deficit could be around £74m in 2027.

Later on in the deck, we'll discuss mitigated figures based on agreed and proposed work.

**Assumptions**

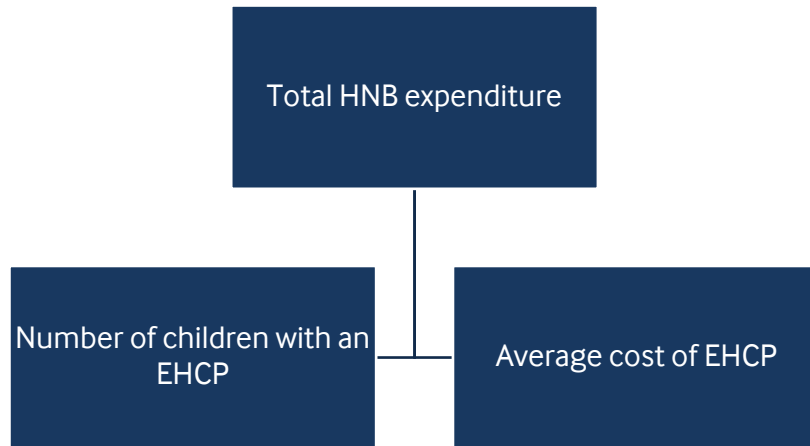
- HNB Allocation increases in line with DfE guidance (pre the Autumn statement), 5% next year and then 3% yearly afterwards
- Please note is that this is the unmitigated deficit for the HNB excluding all other DSG blocks.

# Southampton's HNB Spend has grown by 11% annually over the past 3 years



## Our methodology

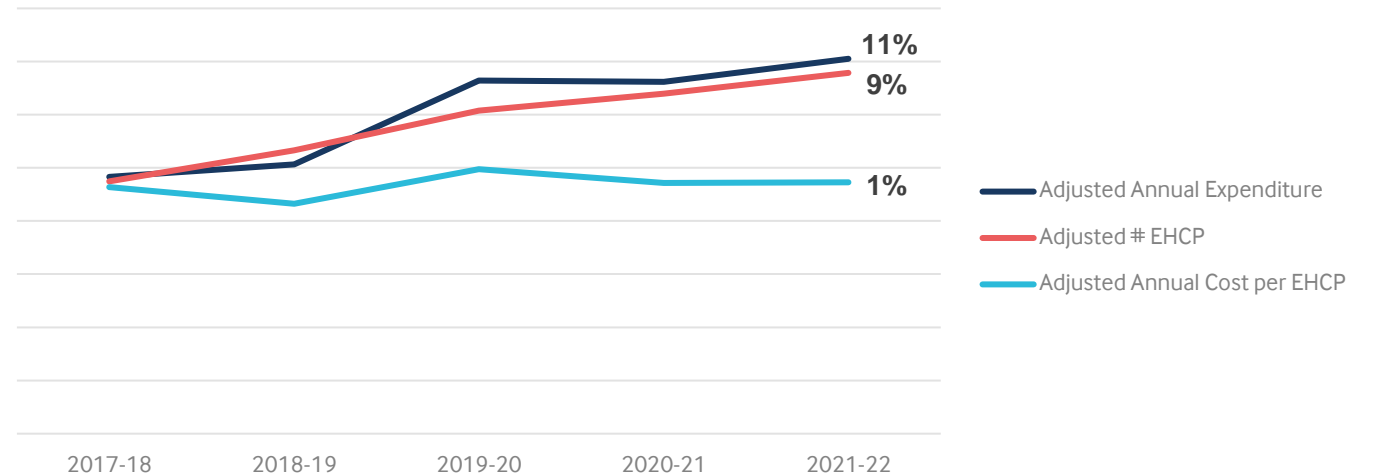
We want to understand the high level trends for the High Needs Block, before narrowing down our focus on particular drivers and levers



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## Data trend

Overall HNB Trends



This overall trend has been driven by an increasing number of EHCPs (9% annual growth), whereas the average cost per EHCP has been relatively stable (1% annual growth)

### Assumptions & Data Source

- Expenditure data source: 852 220921 Data Entry

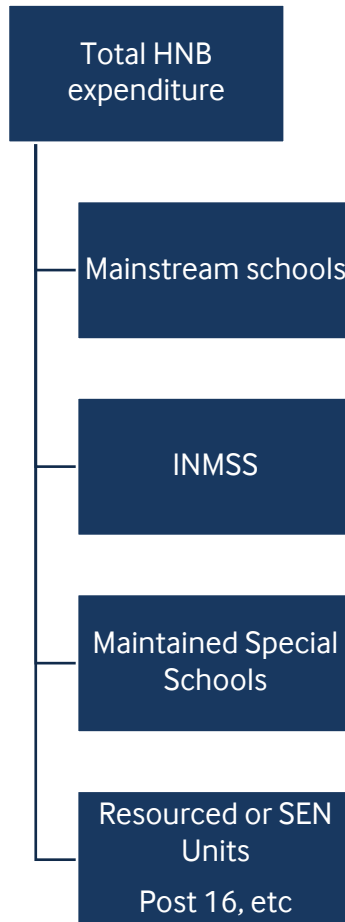
# The increased expenditure has been seen across all provisions but particularly in maintained special schools



Page 13

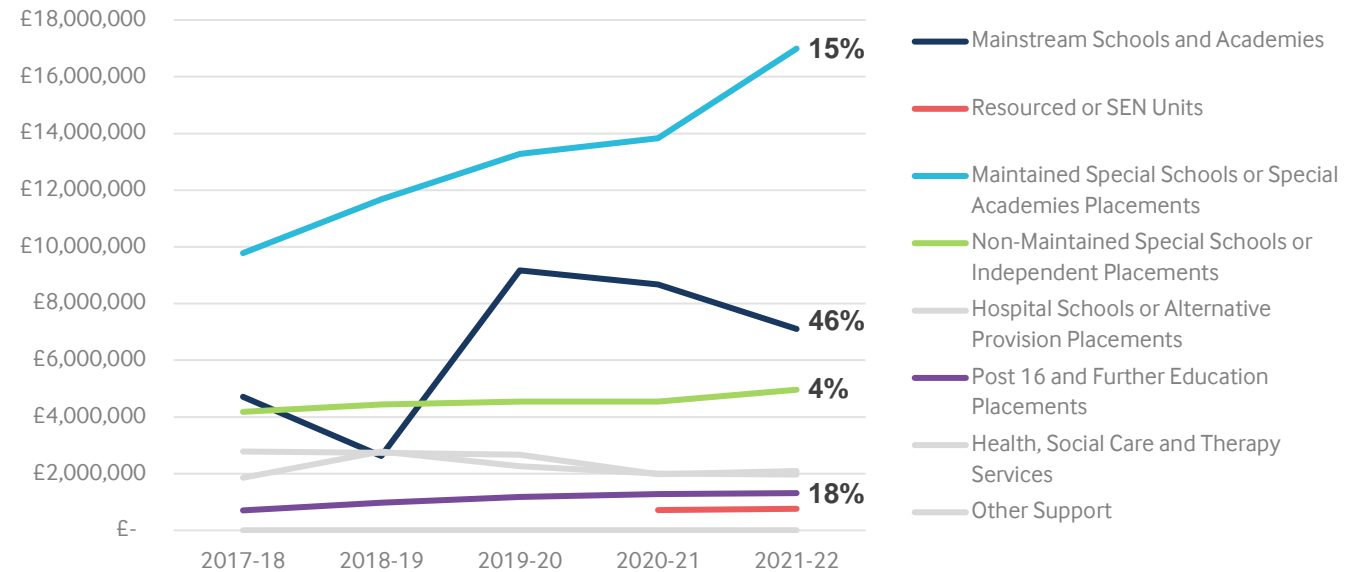
## Our methodology

We want to understand if there are particular provisions where we want to focus on for Module 2:



## Data trend

Annual Expenditure by Provision



**Maintained make up the highest proportion of spend (43%) so we want to focus on phase transfers from mainstream to maintained**

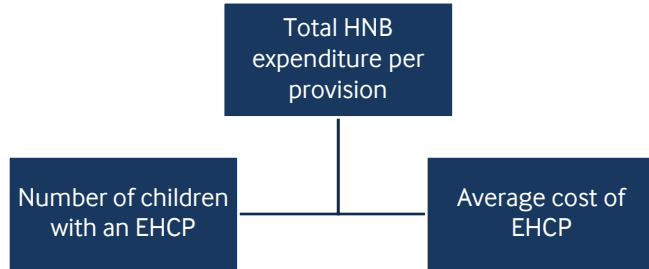
### Assumptions & Data Source

- Expenditure data source: 852 220921 Data Entry

# For our focus provisions, we need to identify the drivers for each of their increasing spends

## Our methodology

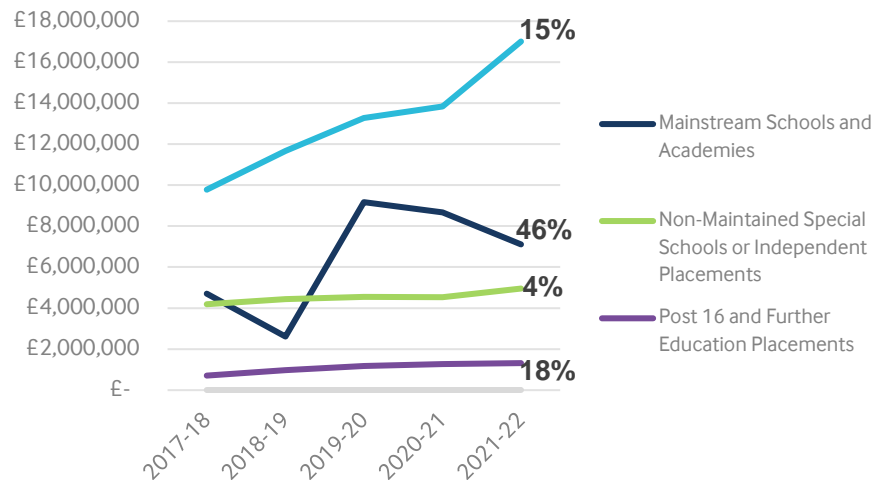
We want to continue to get dive into high impact areas until we have clarity on a particular area that we will then focus on during Module 2.



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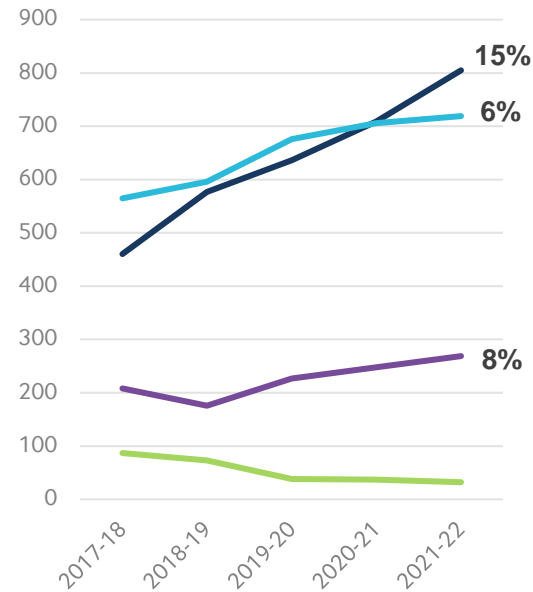
## Previous graph

Annual Expenditure by Provision

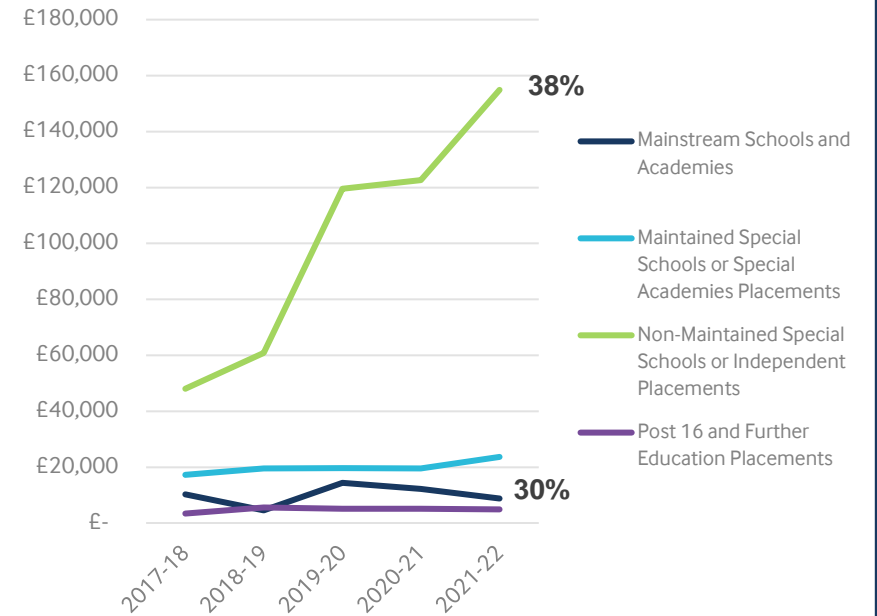


## Data trend

EHCP Caseload by Provision



Annual Average Cost per EHCP by Provision



**Mainstream is driven by increasing caseload – and there's an unexpected dip in expenditure in 2018-19**  
**Maintained and Post-16 are both driven by increasing caseload**  
**INMSS doesn't see increasing expenditure, but has a rapidly increasing average cost**

### Assumptions & Data Source

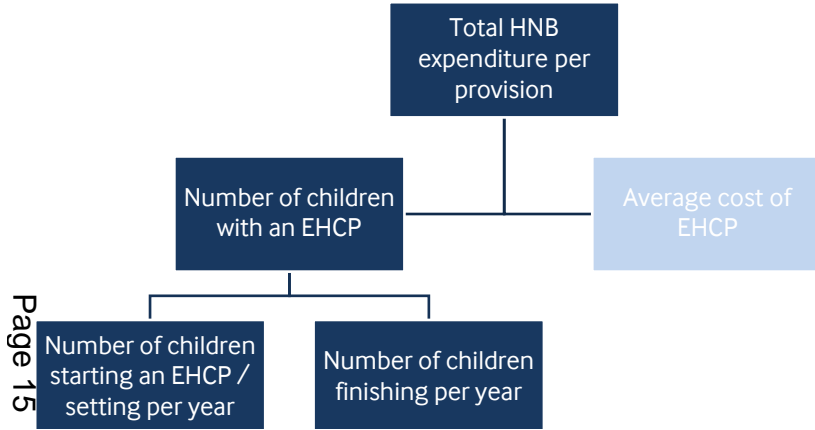
- Expenditure data source: 852 220921 Data Entry



# Our next step would be to look at the drivers for EHCP caseload – starts and ends

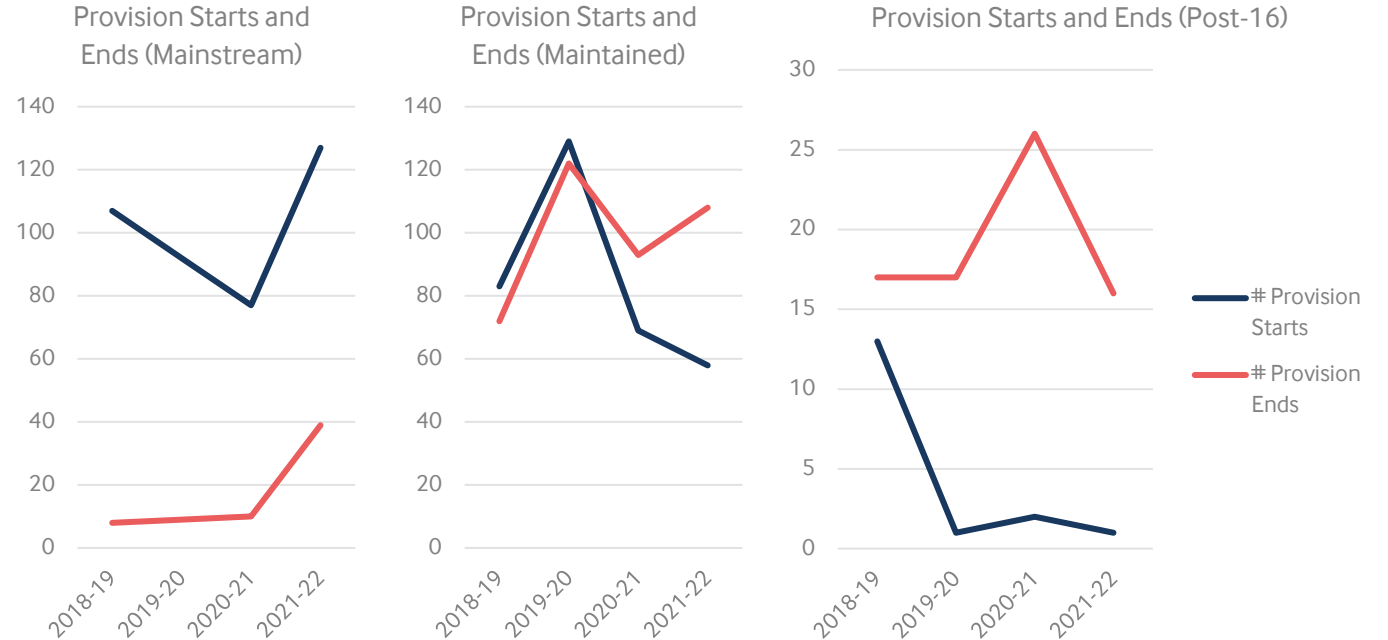
## Our methodology

We want to continue to get dive into high impact areas until we have clarity on a particular area that we will then focus on during Module 2.



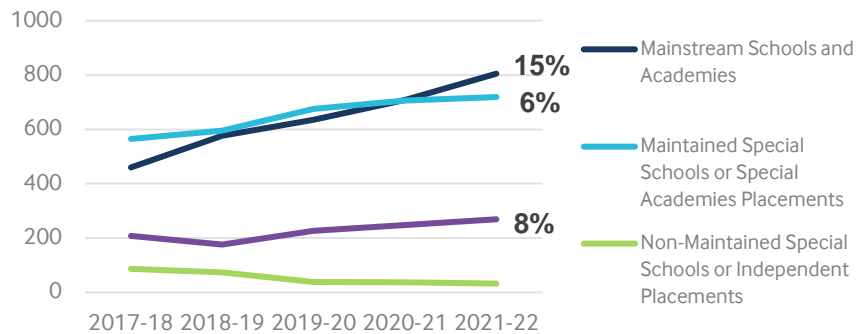
Page 15

## Data trend



## Previous graph

EHCP Caseload by Provision

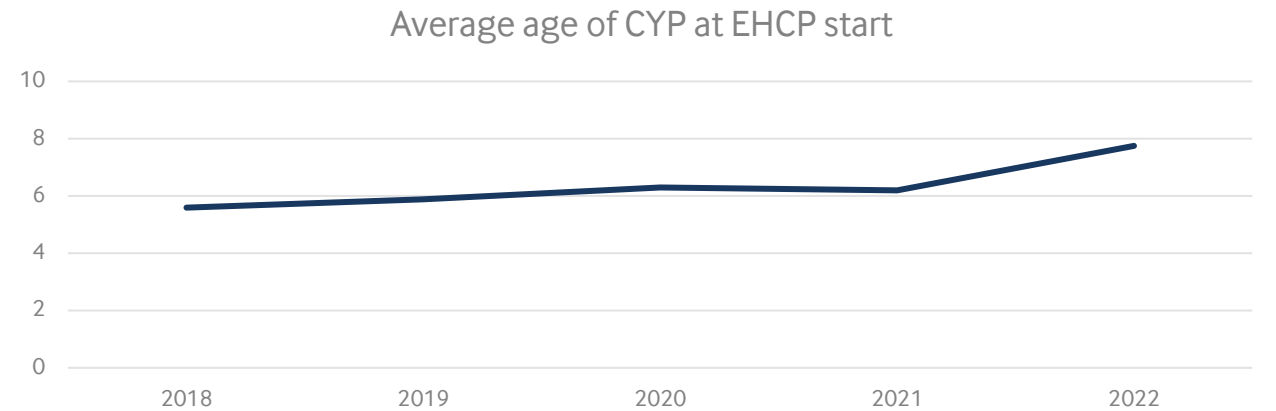
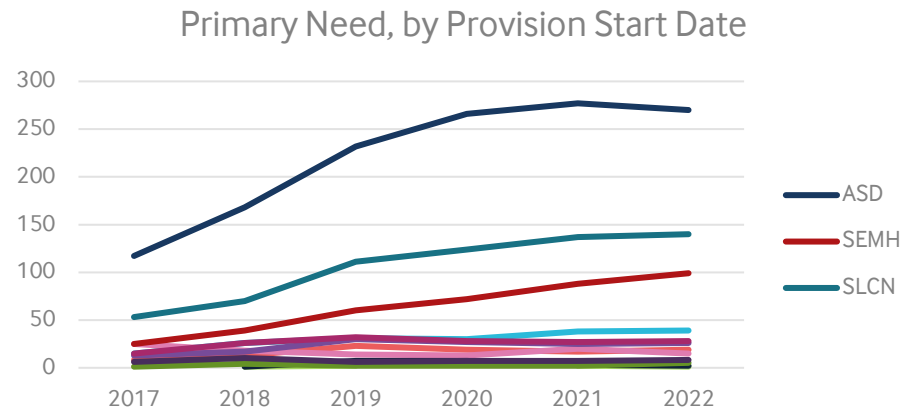
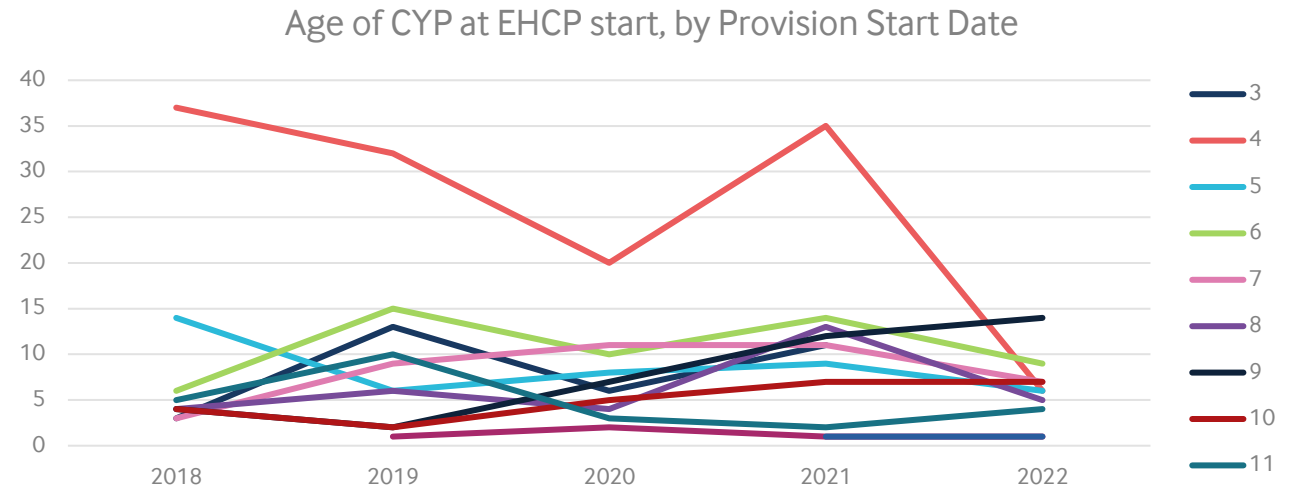
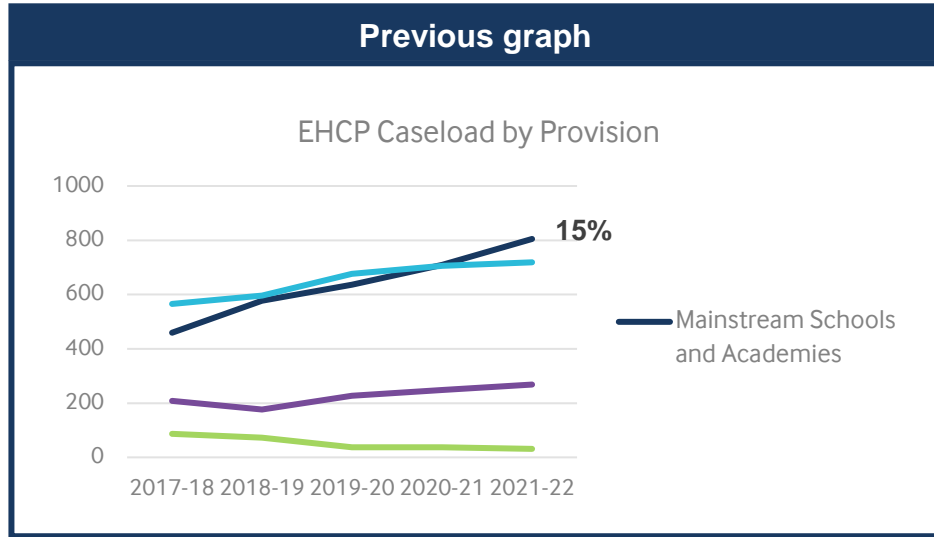


The provision starts vs ends trends aren't showing what we'd expect for Maintained, given the top-down caseload trends, so we need to clarify the CYP data

### Assumptions & Data Source

- Expenditure data source: 852 220921 Data Entry
- **May need to revisit classification of provisions if these trends are surprising**
- **Need EHCP finishes data to fully consider finishes**

# Of those in Mainstream settings, what do we know about them?



**ASD, SEMH and SLCN are the most common primary needs**

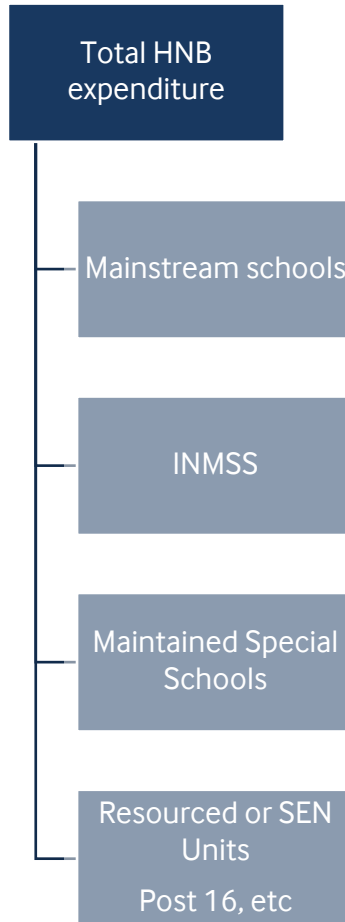
**Most of them started on EHCPs aged 4, but the average age increased in 2022**

# With no action, the unmitigated forecast shows Southampton will have a cumulative deficit of over £60m by 2027



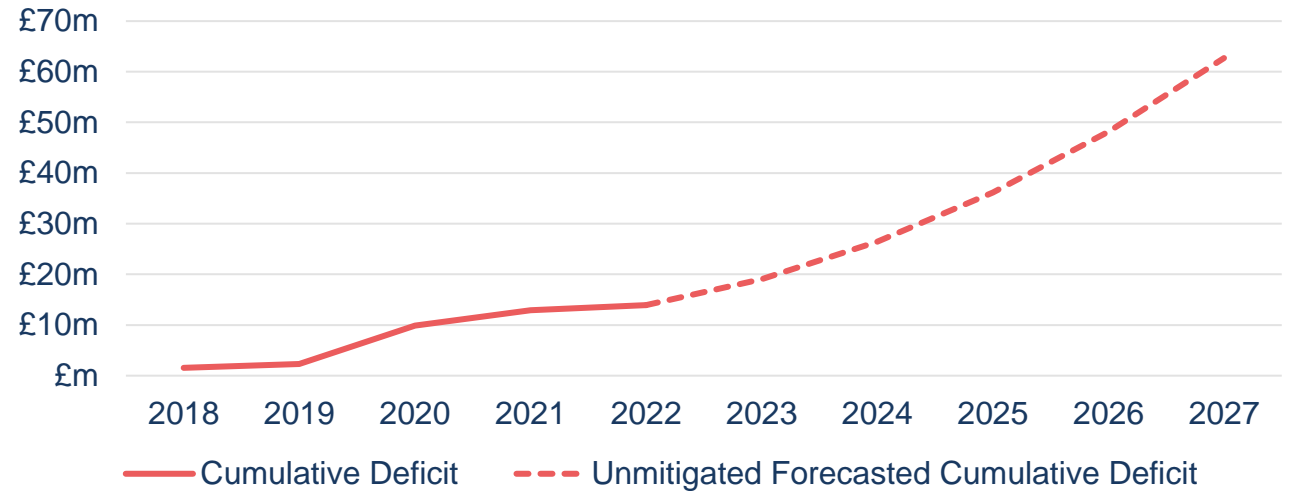
## Data trend

The higher expenditure is leading to an increasing deficit in Southampton:



## Data trend

### Unmitigated Forecasted Cumulative Deficit



This overall trend has been driven by an increasing number of EHCPs (9% annual growth), whereas the average cost per EHCP has been relatively stable (1% annual growth)

#### Assumptions & Data Source

- Expenditure data source: 852 220921 Data Entry

# Introduction to Case Reviews & Output Summary



# What are the Aims of the Case Review Workshops?

The Case Review is part of a wider evidence gathering process, that will allow us to identify and quantify the highest impact changes to improve our SEND system, and ensure we are consistently achieving excellent outcomes for our children and young people on the most sustainable way.

We have already started working with practitioners and staff to begin gaining an understanding of areas of the strength and challenge in the SEND system. **Case Review Workshops will help us to further define these areas of opportunity for improvement, and begin to understand their size and impact.**



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## Case Review Aim:

The aim of workshops is to **understand the ideal settings/support to achieve long term outcomes for real life cases of children and young people**, and to **understand areas we have been doing this well, and the root causes where there is an opportunity to do something differently**. Each workshop may focus on a slightly different cohort of children and young people.

UNDERSTAND

CASE REVIEW  
WORKSHOPS

FURTHER  
INVESTIGATION

COMBINE AND  
SHARE

Final weeks will involve building detail on the opportunities which we will share at the end.

## What happens next?

- The outputs case reviews directly inform future direction of the Delivering Better Value Programme.
- In the coming weeks, we will deep dive into key areas identified.



## Findings from Module 1

- Module 1 found that the increase in HNB Spend is down to a **rise in EHCP caseload**
- Much of this increased spend was projected in **Maintained Special** schools
- **Next Step:** Case Reviews allow for the real-life experience of our children and young people to be at the forefront of this conversation. We focussed on phase transfers and new EHCPs in particular



## Case Review - Key Findings

- **26** cases reviewed
- Representatives from Schools, Southampton Council, Social Care, Medical Professionals and more
- **A third** of CYPs in mainstream schools reviewed would not have needed an EHCP to meet their goals
- **27%** of CYPs in maintained special schools reviewed **could have been supported in a mainstream setting**



## Next Steps – Deep-dives

- Case reviews highlighted **mainstream inclusivity and the perception of it**
- **Offering Review:** Is our outreach service effective? Do we have any gaps?
- **Capability Review:** Do we have the capability to maximise the capacity increase from the new investment?
- **Consistency in Support:** Are we consistently supporting similar needs across Southampton?

## There Are Many Dimensions to Defining an Ideal Outcome

An ideal outcome is **difficult to define**. Before case reviews, we encouraged everyone's input to show **how many factors need to be considered** to know if an outcome can be considered 'ideal', and to agree on some **key themes** that can help define this.

There were three main themes discussed as ideal outcomes:

- 1) Appropriate care:** the aim of the EHCP should be to have *achievable* goals, to help CYPs reach their potential
- 2) Independent:** EHCPs should strive to encourage *independent* living through *bespoke* goals
- 3) Happy:** EHCPs should strive to prioritise the *happiness* of the CYP and their family, encouraging a *child-centred* approach to progress



Source: Word Cloud created in Southampton Case Review 18/01/23

# When including both mainstream and maintained children, 50% of them could have had a more ideal outcome



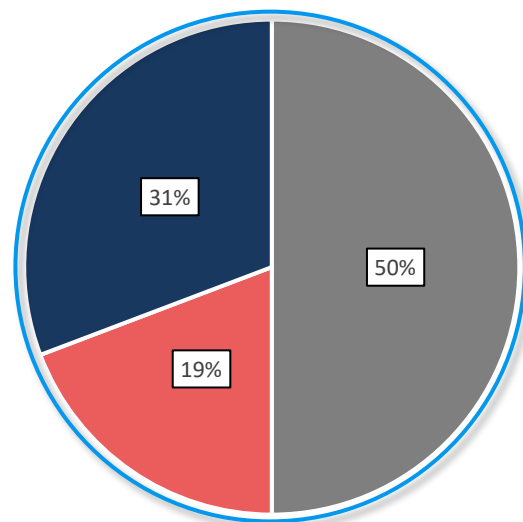
The case reviews were held on 18/01/23 and 23/01/23 with **17 participants** across a range of disciplines (healthcare, social care, LA, schools), reviewing **26 cases** to understand whether we delivered an **ideal outcome** to a CYP with SEND.

We specifically wanted to identify the underlying reasons for any differences between ideal outcomes, and the actual outcomes achieved.

## *Did the children reviewed receive the ideal outcome according to their needs?*

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- EHCP required and ideal outcome
- EHCP may not have been required
- EHCP required but non-ideal outcome



- 26 cases
- 15 Children in Mainstream Schools
- 11 Children in Maintained Special Schools
- Participants from Healthcare, Schools, Social Care, and LA Representatives

19% of all cases reviewed could have had their needs met without an EHCP and 31% needed an EHCP yet still had a non-ideal outcome



# When you zoom in on mainstream cases, 33% of children, with the right support, could have avoided needing an EHCP

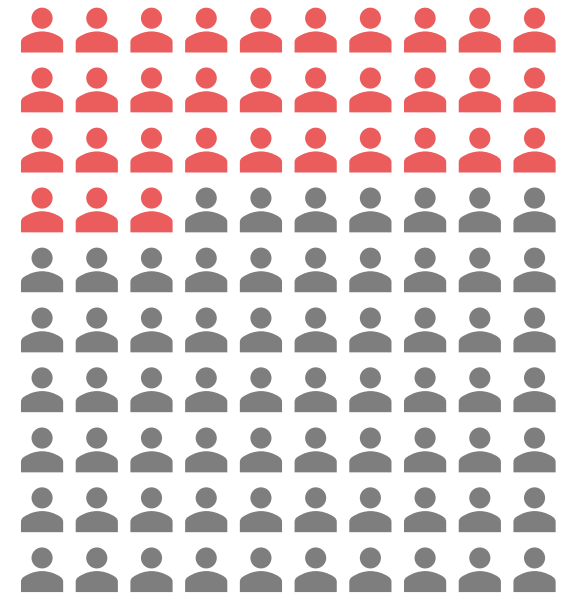
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*Could your child's goals and aspirations be supported without the need for an EHCP? (mainstream only)*

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■ No  
■ Yes



*Here are some examples of what the groups felt was needed to support the child or young person without an EHCP:*



A good understanding of what is on offer in secondary schools without an EHCP



Specific interventions in the classroom to offer extra support



Earlier intervention (capacity in services currently on offer)



Better (and earlier) wholistic communication with social care to adapt to trauma

**33% of the 15 children in mainstream schools reviewed could have been supported without the need an EHCP**

**Next Steps: As this applied to 5 out of 15 children, surveys across hundreds of cases will allow us to corroborate findings**

## Mainstream schools can be inclusive and support transition from primary

“

One child was referred for an EHC needs assessment by her primary school to support her transition into secondary school. Her needs meant that she was working at a level below her peers and would need extra support in secondary.

An EHCP was issued and, on moving to secondary school, she was placed in an extra-support class. This class is accessible to all and consists of a smaller group size and extra support for numeracy and literacy skills.

In her recent review, she had made brilliant progress in her numeracy and writing skills, meeting and exceeding the outcomes written in her EHCP. The school runs the class using the notional SEN funding and it has had brilliant outcomes for her, and many others. It was decided that an EHCP was no longer required, as she was making great progress in the school and is able to thrive without additional support.

”



# When including both mainstream and maintained children, 50% of them could have had a more ideal outcome

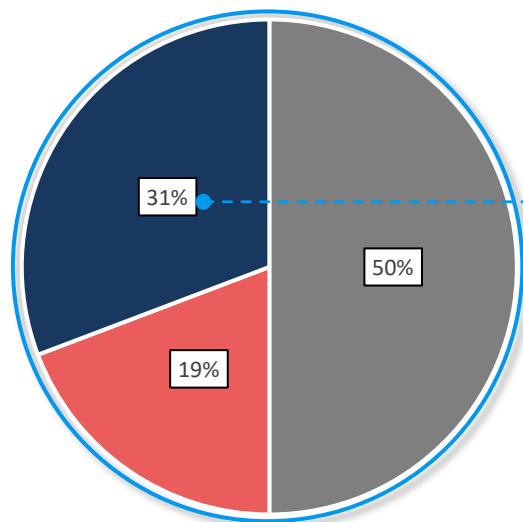
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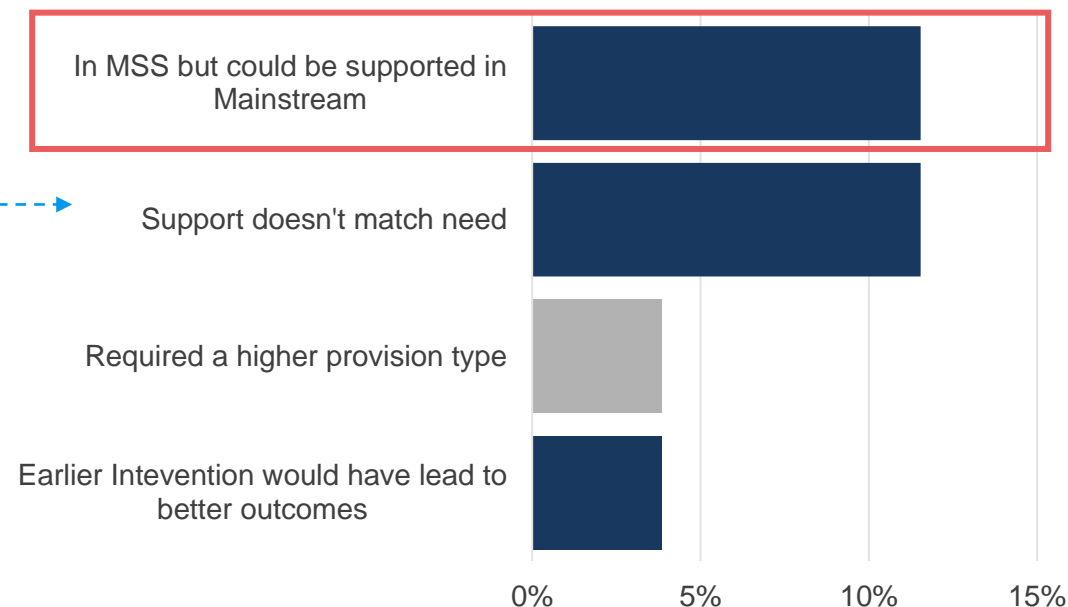
## Did the children reviewed receive the ideal outcome according to their needs?

Page 25

- EHCP required and ideal outcome
- EHCP may not have been required
- EHCP required but non-ideal outcome



## What was behind the non-ideal outcome?



19% of all cases reviewed could have had their needs met without an EHCP and 31% needed an EHCP yet still had a non-ideal outcome

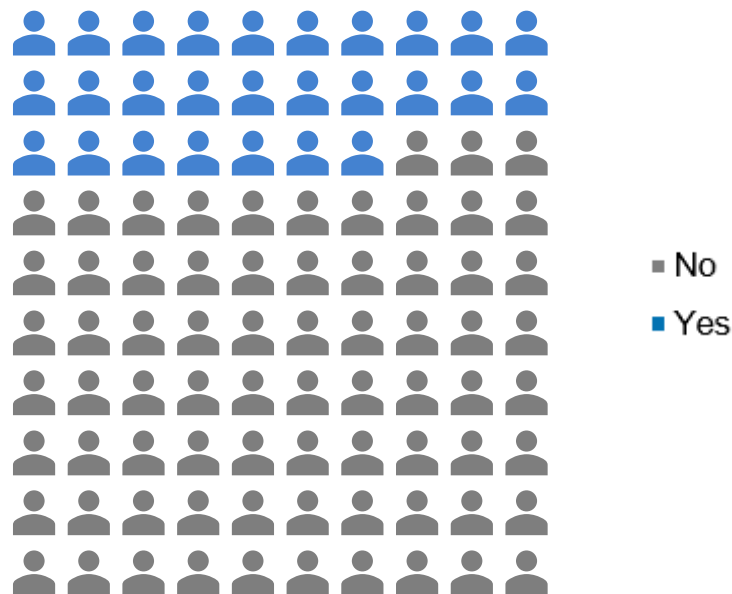
# When you just take the maintained special cohort reviewed, 27% of children could have been supported in mainstream schools



The case reviews were held on 18/01/23 and 23/01/23 with **17 participants** across a range of disciplines (healthcare, social care, LA, schools), reviewing **26 cases** to understand whether we delivered an **ideal outcome** to a CYP with SEND.

We specifically wanted to identify the underlying reasons for any differences between ideal outcomes, and the actual outcomes achieved.

*For children attending maintained special school, could their needs have been met in a mainstream school?*



**What support could have been put in place to support these children's aspirations in a mainstream school?**



Nurture groups in mainstream schools- need space and capacity for this



Earlier intervention (of services currently on offer)

**27% of children in maintained special schools reviewed could have been supported in a mainstream setting**

**Next Steps: As this applied to 3 out of 11 children's cases, surveys across hundreds of cases will allow us to corroborate findings**



## Southampton has many services on offer to support children before an EHCP is required

“

One child was known to the SEN team for 5 years through school and utilised services such as CAMHS, Yellow Door and the Tavistock Clinic.

They required support for their mental and physical health, and the EHC assessment team could see that many options already available had been exhausted. The team waited to assess the child, prioritising their recovery and tailoring the EHCP carefully to support integration back into a maintained school.

This is a really good example of firstly using what is on offer before exploring an EHCP, and secondly of how personal and flexible the process should be, always putting the wellbeing of the child first, and recognising times of crisis.

”

**This shows that in some examples, many services are exhausted before turning to an EHCP. However, 19% of case reviews saw missed opportunity to utilise services.**

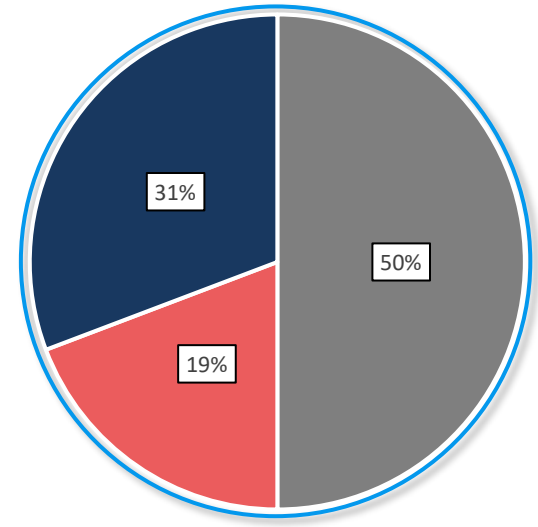


# Reasons behind non-ideal outcomes focus on gaps in support, lack of confidence or inclusive practice in mainstream and capacity

The case reviews were held on 18/01/23 and 23/01/23 with **17 participants** across a range of disciplines (healthcare, social care, LA, schools), reviewing **26 cases** to understand whether we delivered an **ideal outcome** to a CYP with SEND.

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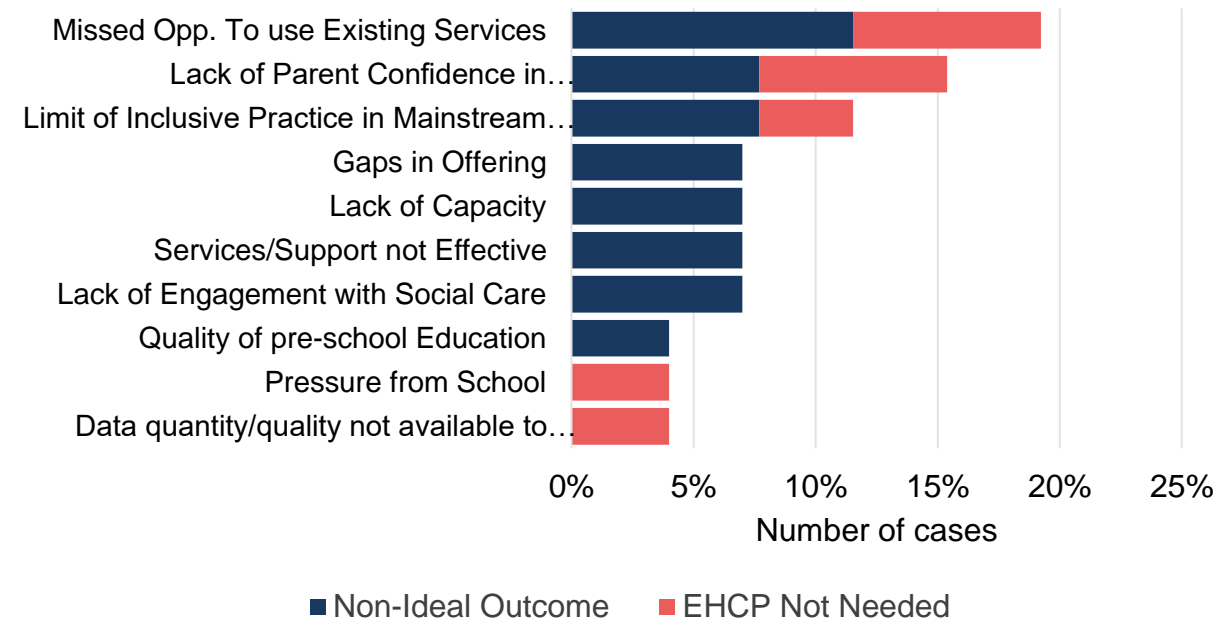
*Did the children reviewed receive the ideal outcome according to their needs?*



Page 28

- EHCP required and ideal outcome
- EHCP may not have been required
- EHCP required but non-ideal outcome

*What are the more specific themes behind the non-ideal outcomes and EHCPs not being required?*



**50% of children reviewed could have had improved outcomes**

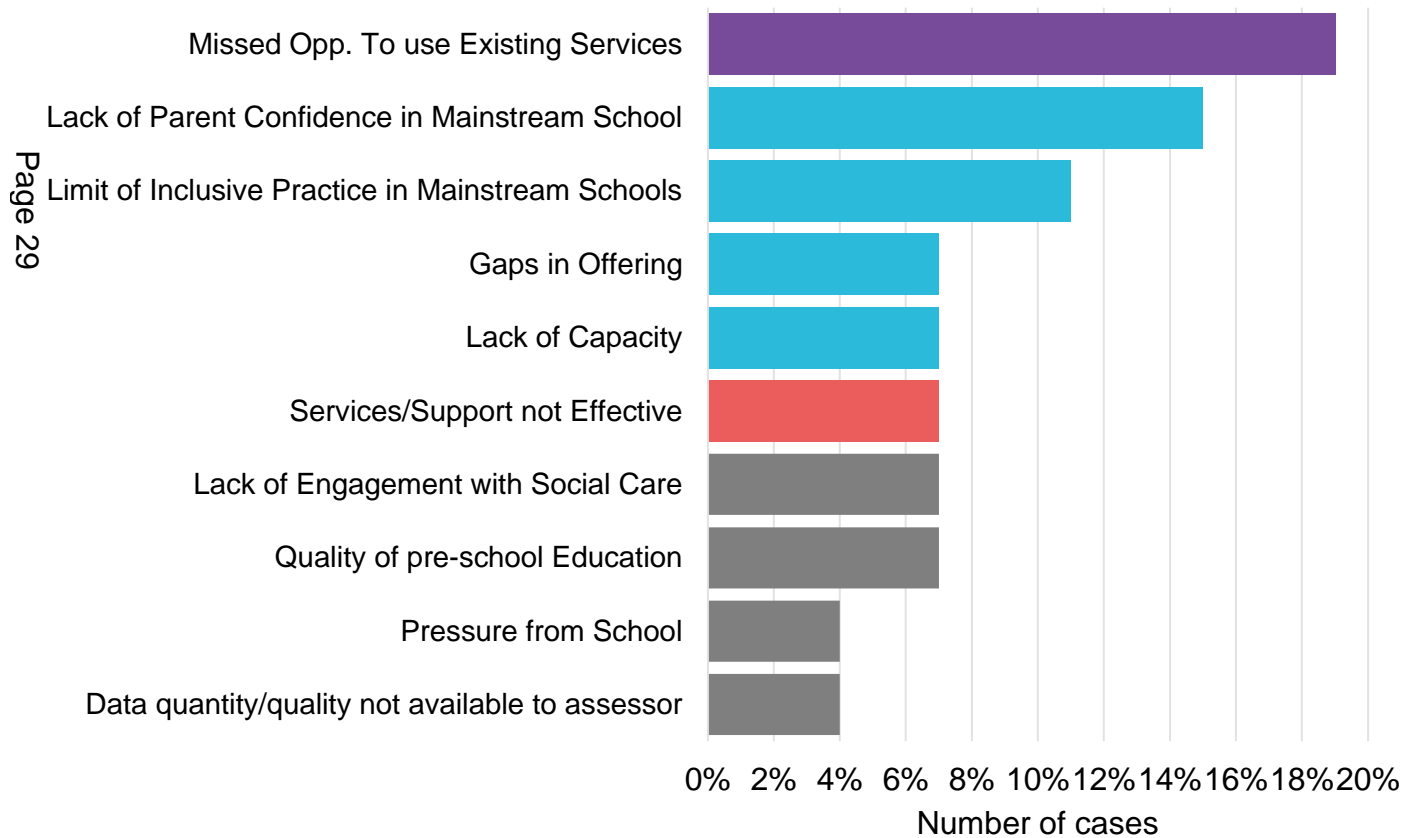
*\*Each case could be labelled with up to 2 reasons.*

# What will our deep-dives investigate?



The case reviews were held on 18/01/23 and 23/01/23 with **17 participants** across a range of disciplines (healthcare, social care, LA, schools), reviewing **26 cases** to understand whether we delivered an **ideal outcome** to a CYP with SEND. We specifically wanted to identify the underlying reasons for any differences between ideal outcomes, and the actual outcomes achieved.

## What are the themes behind the non-ideal outcomes?



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## Outreach Effectiveness Analysis



## Surveys (perception and inclusivity of parents and education providers)



## Both outreach effectiveness and survey results

# What will our deep-dives investigate?



The case reviews were held on 18/01/23 and 23/01/23 with **17 participants** across a range of disciplines (healthcare, social care, LA, schools), reviewing **26 cases** to understand whether we delivered an **ideal outcome** to a CYP with SEND.

We specifically wanted to identify the underlying reasons for any differences between ideal outcomes, and the actual outcomes achieved.



## Outreach Effectiveness Analysis

Analysis into the effectiveness and use of current outreach services to support children with or without an EHCP



## Inclusivity Surveys (perception of parents/carers)

Surveys to analyse parent's and carer's perceptions of the inclusivity of schools in Southampton and how the schools could better support their child



## Inclusivity Surveys (perception of schools)

Surveys to analyse school's own perceptions of their inclusivity, constraints and access to services and how they lead to effective outcomes



# Inclusion Deep Dives

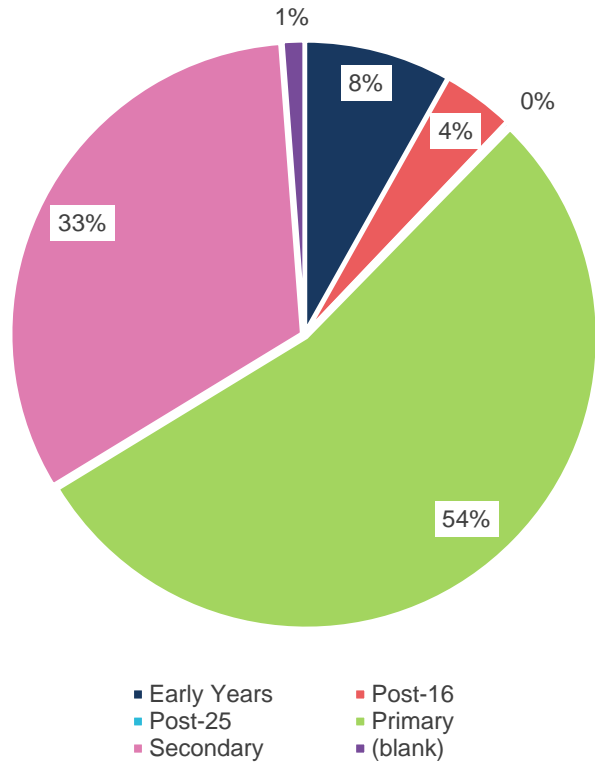


# Over 370 parents and carers in Southampton were surveyed to understand their views on how their child with SEN is supported

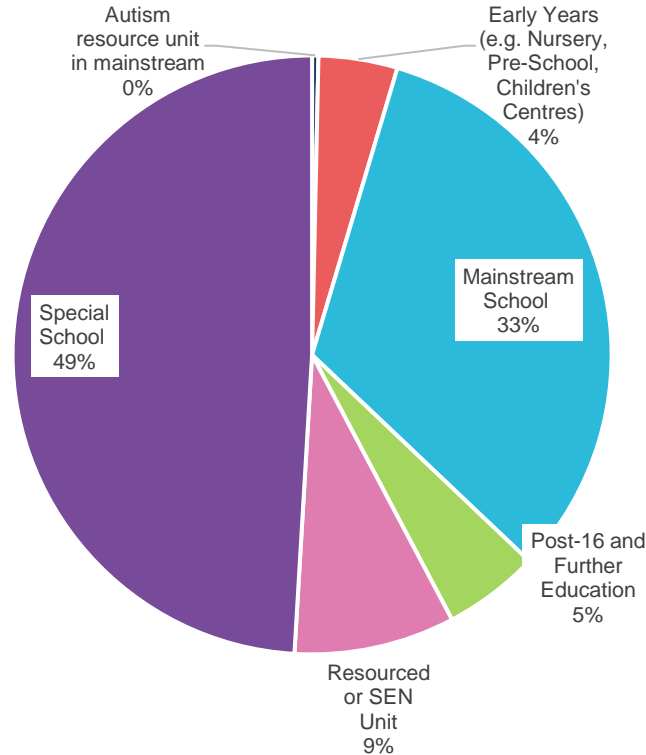


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### Stage of Responder Child



### Educational Setting of Survey Responder Child



**370+**  
responses

**11,000+**  
data points

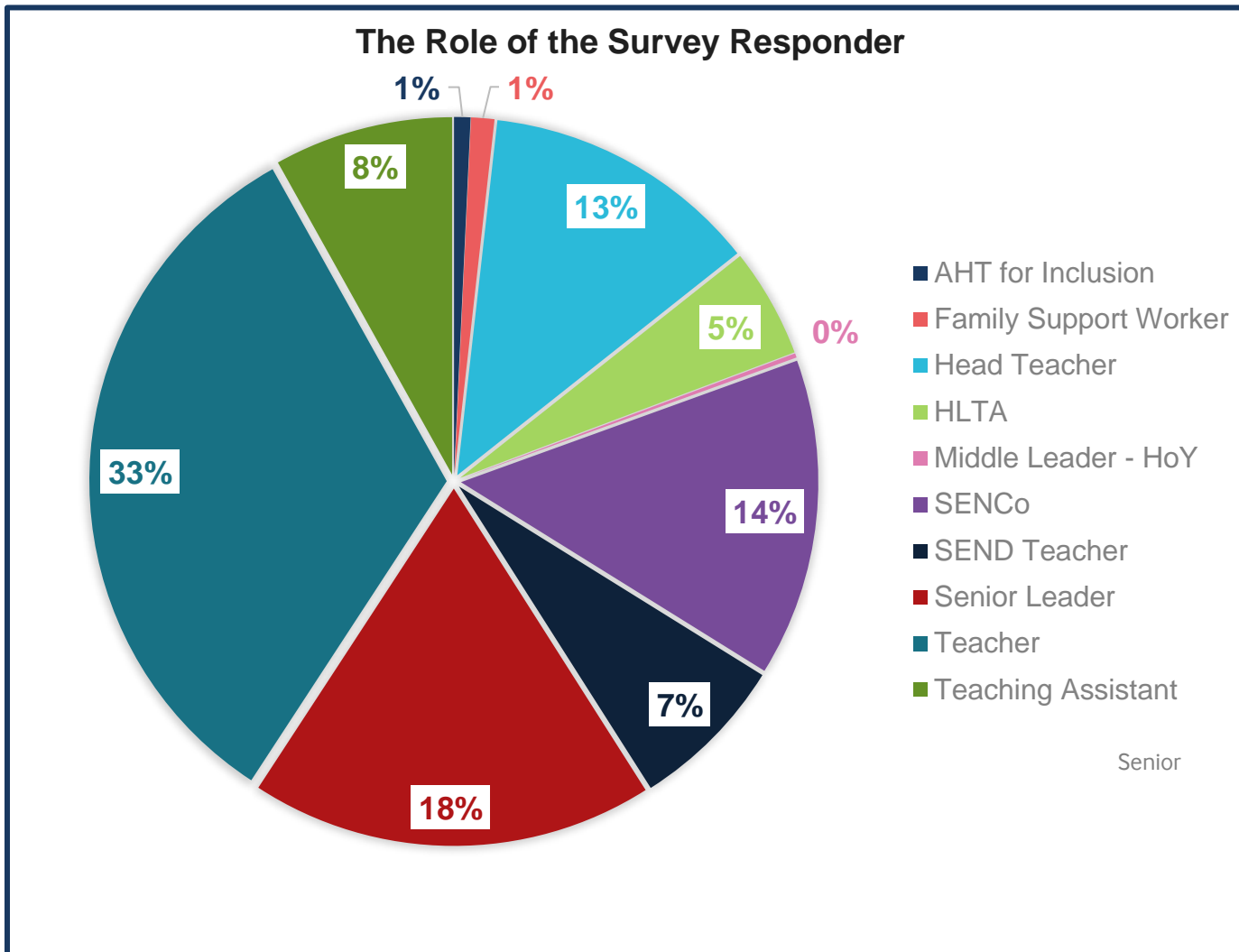
Parents and carers of children with SEN were surveyed over the course of a week in January 2023.

The survey was responded to by over **370** parents and carers in Southampton. These responses were **representative of geographical area** and also included parents and carers of children and young people from **across a representative range of schools and educational settings.**

# 72 school staff members were surveyed to understand their awareness of, access to, and perceived value of Education, Health and Care services in Southampton



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**72**  
responses

**3,000+**  
data points

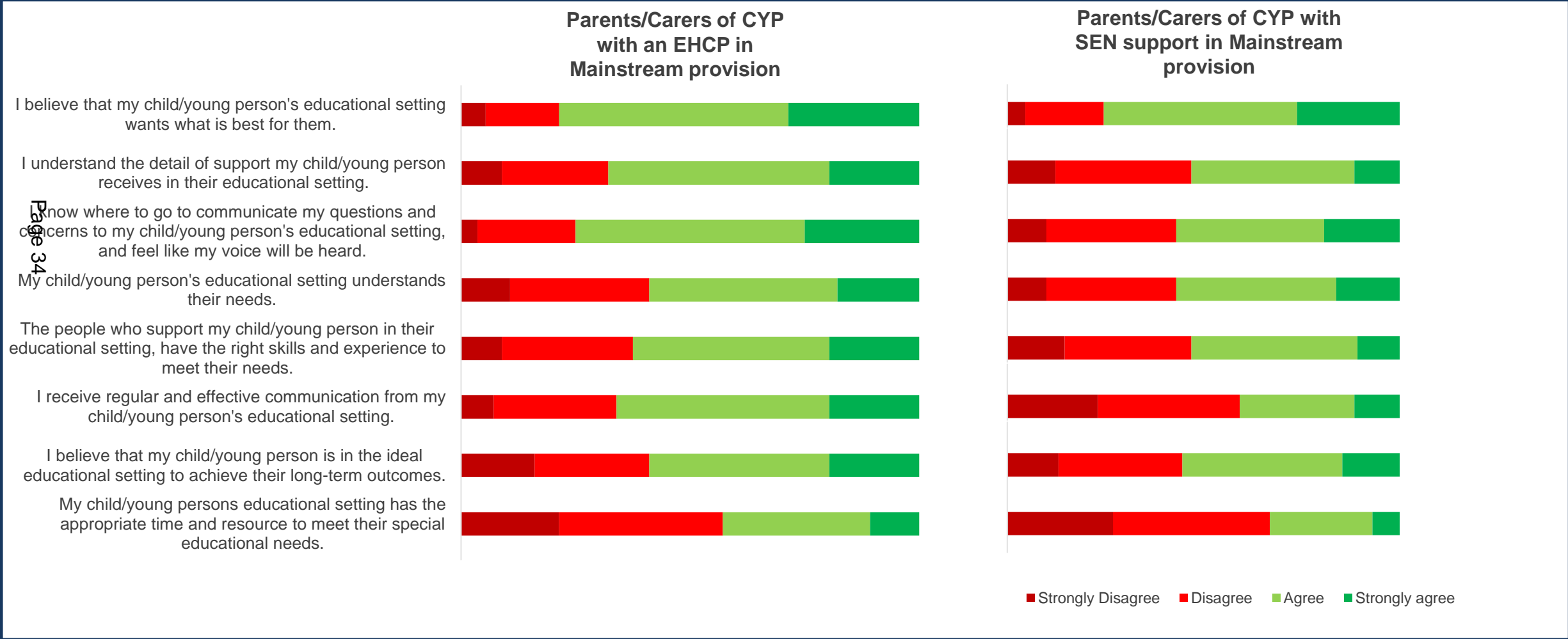
Schools and Settings were surveyed over the course of a week in December 2022.

The survey was responded to by **72** school staff members in Southampton, across the 76 schools. These responses were **representative of the range and type of schools in the local area.**

# Parent's Confidence in Mainstream schools for children with EHCPs vs SEN Support



Case reviews saw gaps in parental confidence as a big theme behind non-ideal outcomes (15%), and the survey shows that many other factors feed into this. It is also clear from surveys that children on SEN Support without EHCPs feel less supported.



# Parent's Confidence in Mainstream schools for children with EHCPs vs SEN Support



Case reviews saw gaps in parental confidence as a big theme behind non-ideal outcomes (15%), and the survey shows that many other factors feed into this. It is also clear from surveys that children on SEN Support without EHCPs feel less supported.

## Parents/Carers of children with SEN feel the need to push for an EHCP so they can receive the support they feel like their child needs

- I believe that my child/young person's educational setting wants what is best for them.
- I understand the detail of support my child/young person receives in their educational setting.
- I know where to go to communicate my questions and concerns to my child/young person's educational setting and feel like my voice will be heard.
- My child/young person's educational setting understands their needs.
- The people who support my child/young person in their educational setting, have the right skills and experience to meet their needs.
- I receive regular and effective communication from my child/young person's educational setting.
- I believe that my child/young person is in the right educational setting to achieve their long-term outcomes.
- My child/young person's educational setting has the appropriate time and resource to meet their special educational needs.
- Southampton understands the needs of my child/young person.

*"I waited 3 years to get an EHCP for my child, because he needs 1:1 support in his lessons"*

*"My child doesn't get much help from the service. He has Asperger's but no EHCP, so we get limited support"*

*"It seems that the child's mother pushed to get them an ECHP because they were let down by the support in a mainstream school for a sibling, when actually, all she needs is quality teaching"*

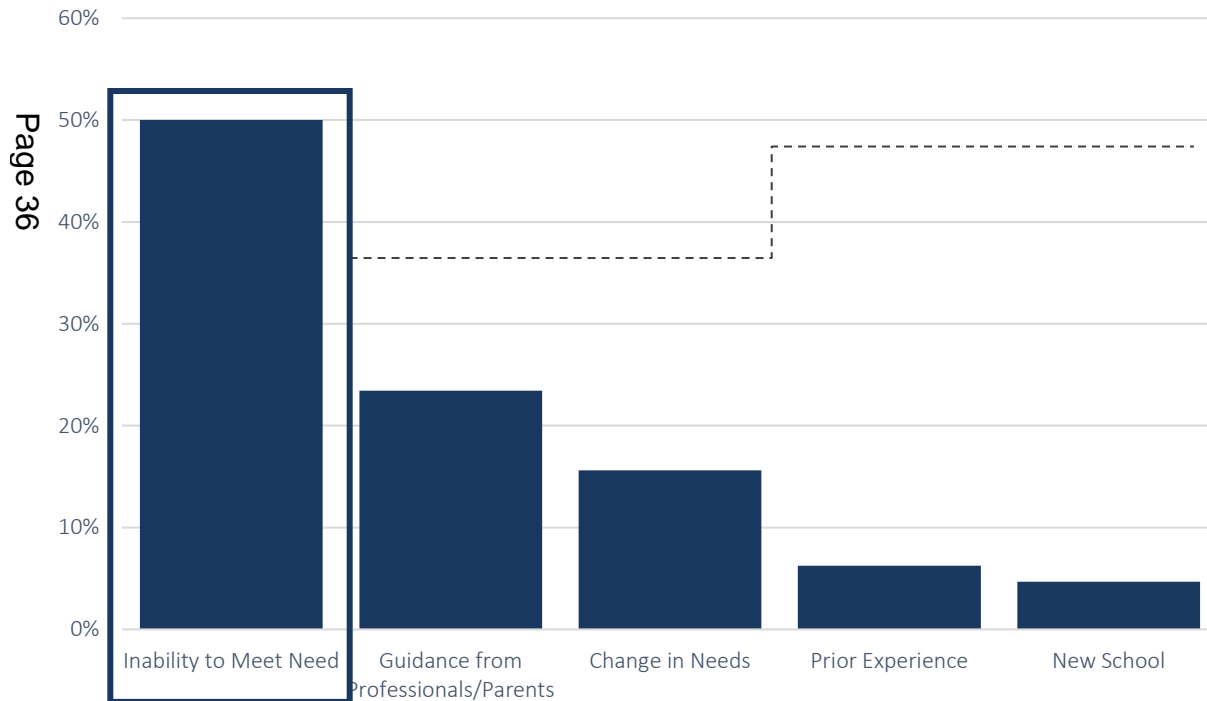
*"SEND seems to only works with the most disabled students not all those that need it"*

Strongly Disagree Disagree Agree Strongly agree

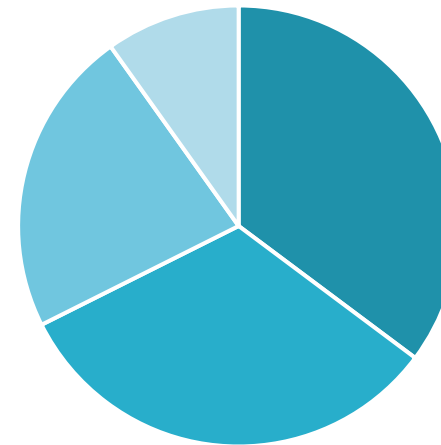
# Surveys show that children have moved from mainstream to special due to a perceived inability to meet need

50% of parents whose child or young person moved from mainstream to a special school identified that a **mainstream school's inability to meet need** as a primary reason for their child moving school

### Why did your child/young person move from mainstream to a special school?



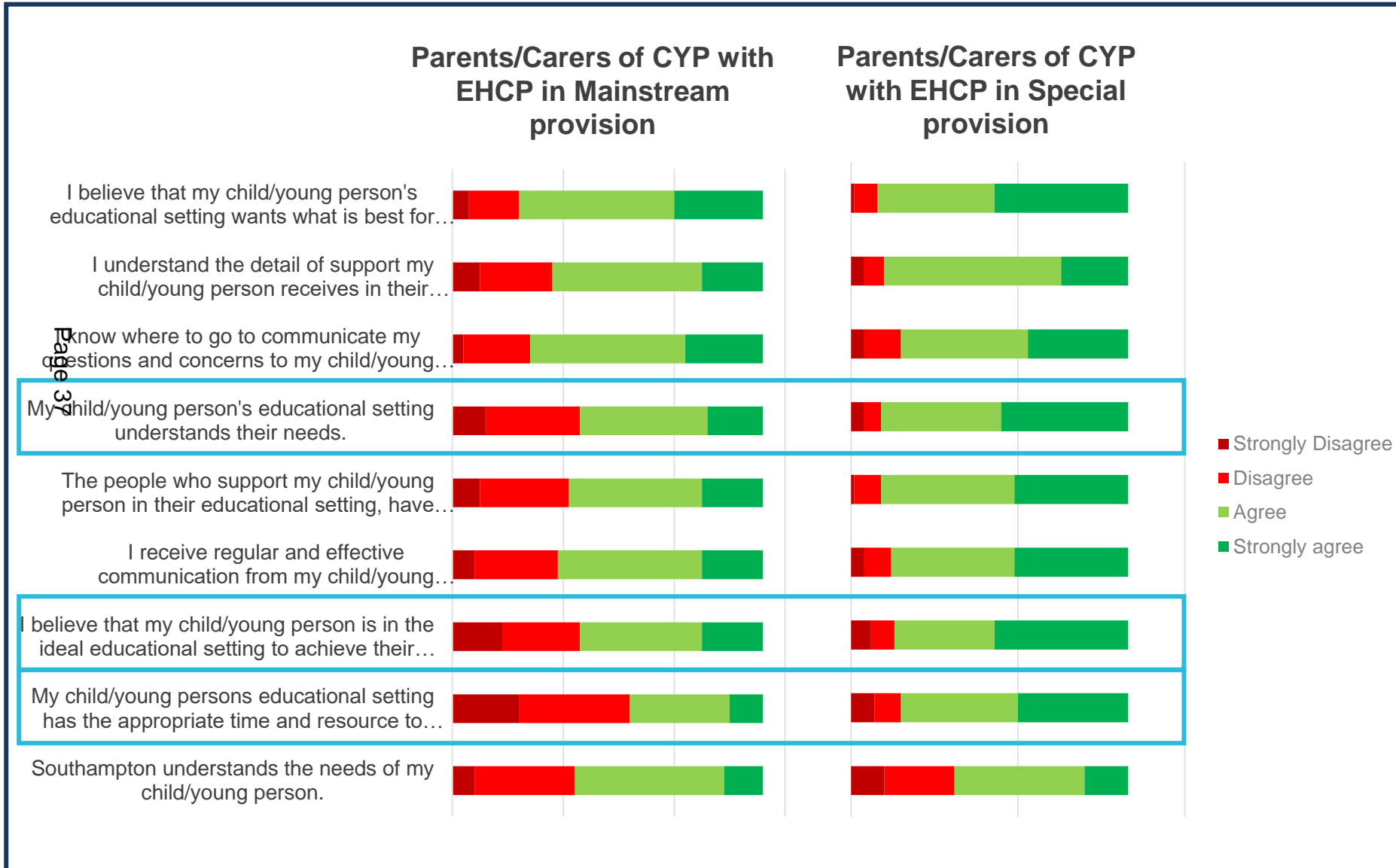
### Inability to meet need



- The mainstream school did not fully understand my child or young person's needs
- The professionals in the mainstream school did not have the capability to meet my child or young person's needs
- Time or resource constraints in the mainstream school to meet my child/young person's special educational needs
- The building (physical layout) of the school was unable to meet the needs of my child or young person

Within this theme, responses focused on mainstream schools **not understanding**, having **capability or capacity** to meet CYP needs

# Surveys reveal parents and carers still feel that understanding, capacity and capability are blockers to mainstream inclusivity



Across the board, parents and carers feel more confidence in special schools to understand their child's needs and have the capacity and capability to carry out that support.

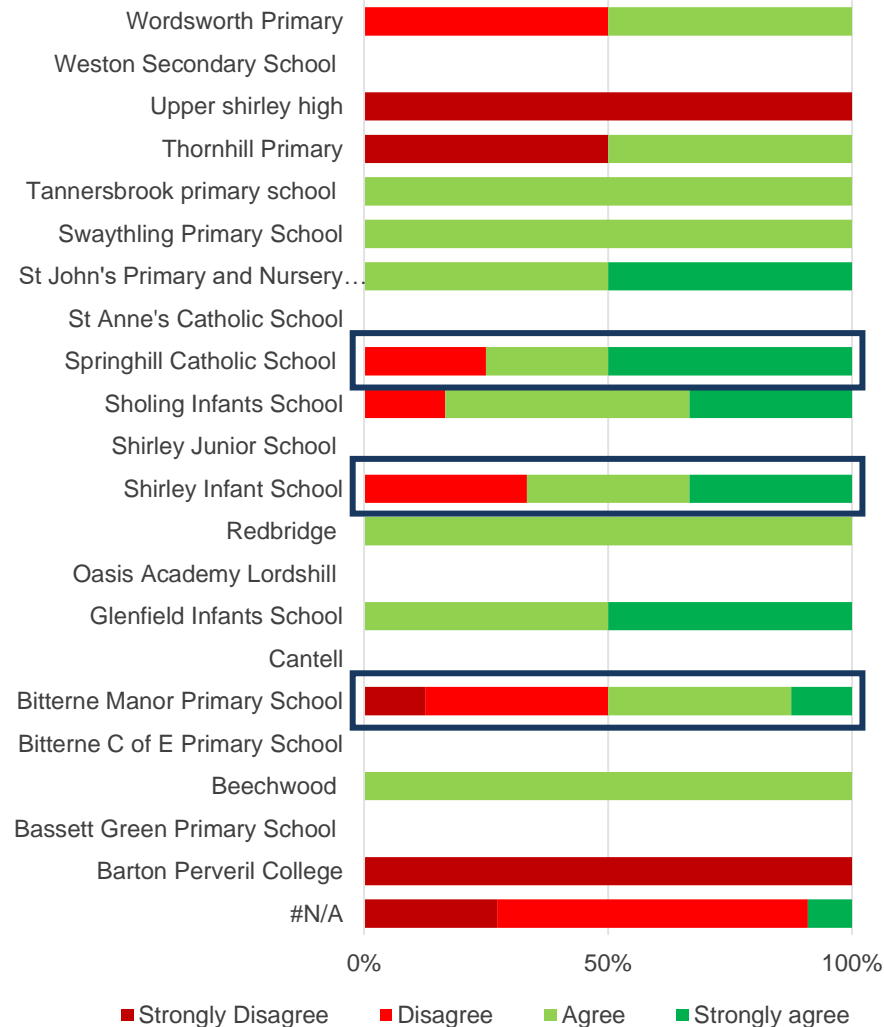
Particular differences can be seen in **understanding need**, feeling that the children are in the **right provision** and the provision's **capacity** (time and resource).

In case reviews, 15% of all cases saw non-ideal outcomes, at least partly due to parental confidence, yet we can see capacity and other factors influence this.

# There is strong variation in parental views of inclusivity, even within schools



## I believe my child is in the ideal setting to achieve their long-term goals (mainstream, with EHCP only)



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## Variation in Inclusivity

Schools such as those highlighted on the left show extreme variation of parental views on inclusivity, with some strongly believing it is an inclusive school and others strongly disagreeing.

## Even within one school, we see significant variation

“The school have **gone above and beyond** for my sons needs. (...) we had been told previously that he would not be able to manage in a mainstream setting again (...) he just needed the correct support in place for his secondary school years and for people to **understand him and his triggers**. They have built up **positive relationships** not just with him but us as a family and always on hand when any issues do occur or if he or us have any worries to work together to come up with solutions. I could not be more **proud** of him or more **grateful** to the school” - **Parent of child with EHCP in Mainstream**

“All school settings in my experience need more support. I feel the failures are not down to the individual school's and lack of care but, of the **red tape and financial support** they lack from the local authority. It also takes a **long time** for outside agencies to interact with the school's to get provision and resources in place.” - **Parent of child with EHCP in Mainstream**



# In-school variation can be seen between parents of children with EHCPs and those without



I believe my child is in the ideal setting to achieve their long-term goals (mainstream only)



**Variation in Inclusivity**

- We can compare parent perspective on mainstream school inclusivity for children **with or without EHCPs** (ie. Parents feel Redbridge is less inclusive to those without EHCPs).

# In some cases, parent's perception of inclusivity correlates with school absence and exclusion data



		Beechwood	Bitterne C of E Primary	Bitterne Manor Primary	Cantell	Glenfield Infants	Oasis Academy Lordshill	Redbridge	Shirley Infant	Shirley Junior	Sholing Infants	Springhill Catholic	St John's Primary and Nursery	Swaythling Primary	Tannersbrook Primary	Thornhill Primary	Upper shirley high	Weston Secondary	Wordsworth Primary	
School Data	EHCP/SEN Rate	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Absence Rate SEN / All	Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Suspension Rate SEN / All	Light Blue	Dark Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue

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		Beechwood	Bitterne C of E Primary	Bitterne Manor Primary	Cantell	Glenfield Infants	Oasis Academy Lordshill	Redbridge	Shirley Infant	Shirley Junior	Sholing Infants	Springhill Catholic	St John's Primary and Nursery	Swaythling Primary	Tannersbrook Primary	Thornhill Primary	Upper shirley high	Weston Secondary	Wordsworth Primary	
Parent Opinion	EHCP	Light Blue	NA	Light Blue	NA	Light Blue	NA	Light Blue	Light Blue	NA	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	NA	Light Blue
	No EHCP	Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Dark Blue	Dark Blue	Light Blue	Light Blue	Dark Blue

IDACI	Score	Beechwood	Bitterne C of E Primary	Bitterne Manor Primary	Cantell	Glenfield Infants	Oasis Academy Lordshill	Redbridge	Shirley Infant	Shirley Junior	Sholing Infants	Springhill Catholic	St John's Primary and Nursery	Swaythling Primary	Tannersbrook Primary	Thornhill Primary	Upper shirley high	Weston Secondary	Wordsworth Primary	
		Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Dark Blue

Higher rates from school data and more disagreed in survey

Lower rates from school data and more agreed in parent' survey

At Bitterne Manor Primary School, SEN students are 6x more likely to be suspended and 24% more likely to be absent from school.

SEN students at Cantell are almost 2x as likely to absent

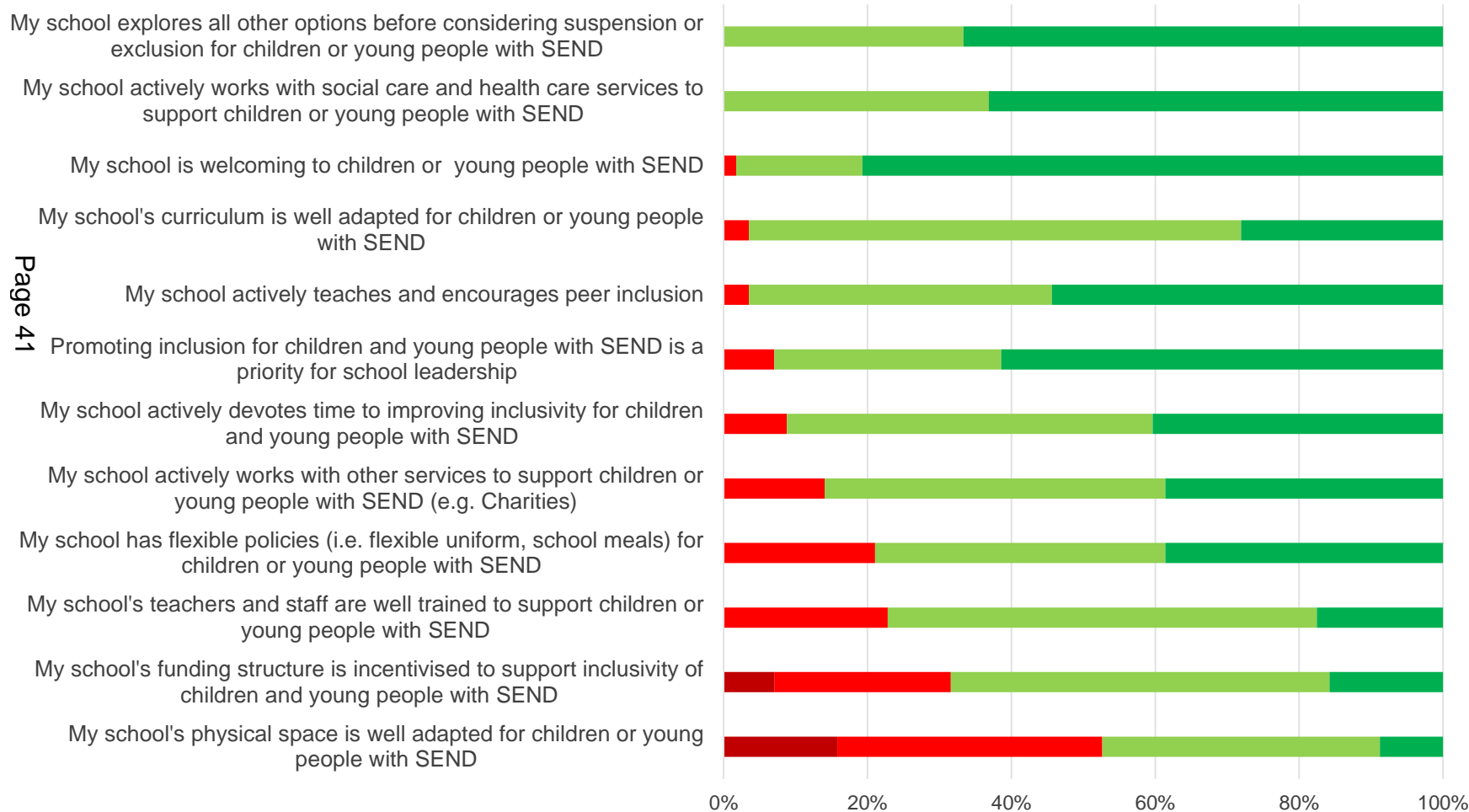
Springhill performs well in the school data and according to parents of children without EHCPs, yet got mixed reviews from parents of children with EHCPs

Upper Shirley High and Wordsworth Primary show consistency across parental views on inclusivity and school statistics

# Education providers pinpoint space, funding and lack of training as drivers for non-inclusivity of mainstream schools



## Educational Providers in Mainstream provision



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Across the board, educational providers see special schools as more inclusive.

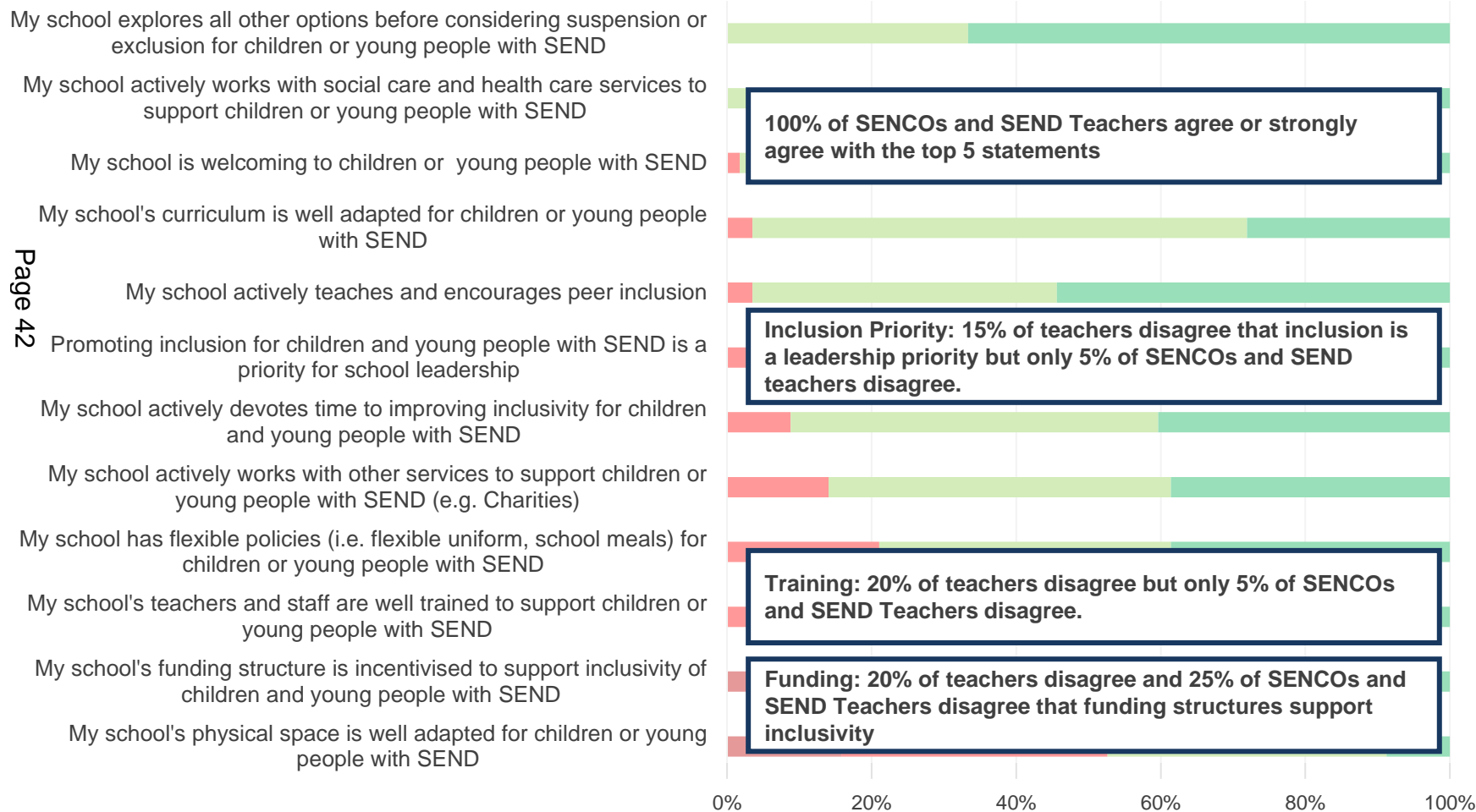
Particular problems in mainstream schools can be seen in space adaptations, funding structure and training. With tight budgets, these are not surprising.

In case reviews, 11% of all cases saw lack of mainstream inclusivity as a theme behind their non-ideal outcomes.

# Education providers pinpoint space, funding and lack of training as drivers for non-inclusivity of mainstream schools



## Educational Providers in Mainstream provision



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**100% of SENCOs and SEND Teachers agree or strongly agree with the top 5 statements**

**Inclusion Priority: 15% of teachers disagree that inclusion is a leadership priority but only 5% of SENCOs and SEND teachers disagree.**

**Training: 20% of teachers disagree but only 5% of SENCOs and SEND Teachers disagree.**

**Funding: 20% of teachers disagree and 25% of SENCOs and SEND Teachers disagree that funding structures support inclusivity**

Across the board, educational providers see special schools as more inclusive.

Particular problems in mainstream schools can be seen in space adaptations, funding structure and training. With tight budgets, these are not surprising.

In case reviews, 11% of all cases saw lack of mainstream inclusivity as a theme behind their non-ideal outcomes.

# Mainstream schools have a responsibility to make changes to include children with SEN



Case reviews and parent/carer surveys saw many children missing out on the ideal support or provision due to the lack of inclusive practice in schools. If mainstream schools fail to be inclusive enough, children will be placed in a higher provision for extra support later on.

We have seen that capacity is a problem but there are many other concerns highlighted by educational professionals:



## Budget Limitations

“**Budget constraints** (in relation to staffing, resources and environment) are significantly impacting our ability to provide children with what they need. As a result, **staff regularly get hurt** and the environment/resources are frequently damaged. This then leads to high staff turnover and ultimately, the **children suffer**”



## Staff to Student Ratios

“We know that smaller class sizes benefit children with SEND and yet due to school budget constraints we are **forced to have classes of over 30, even 35+** in some KS2 year groups. TA support has dwindled significantly as schools cannot afford to replace those who leave. The school **building is inaccessible** for physical disabilities and there is **no budget to install a stair lift**. EHCPs come with insufficient hours to cover the level of support children need”



## Waiting Lists

“We have an excellent reputation for inclusion at our school, but the **lack of funding** for SEND children, coupled with the **lack of full coverage of funding and time** it takes to get an ECHP can put enormous pressures on the school. Furthermore, the **ridiculously long waiting lists at CAHMS** causes major delays when immediate support is required.”



## Parental Expectations

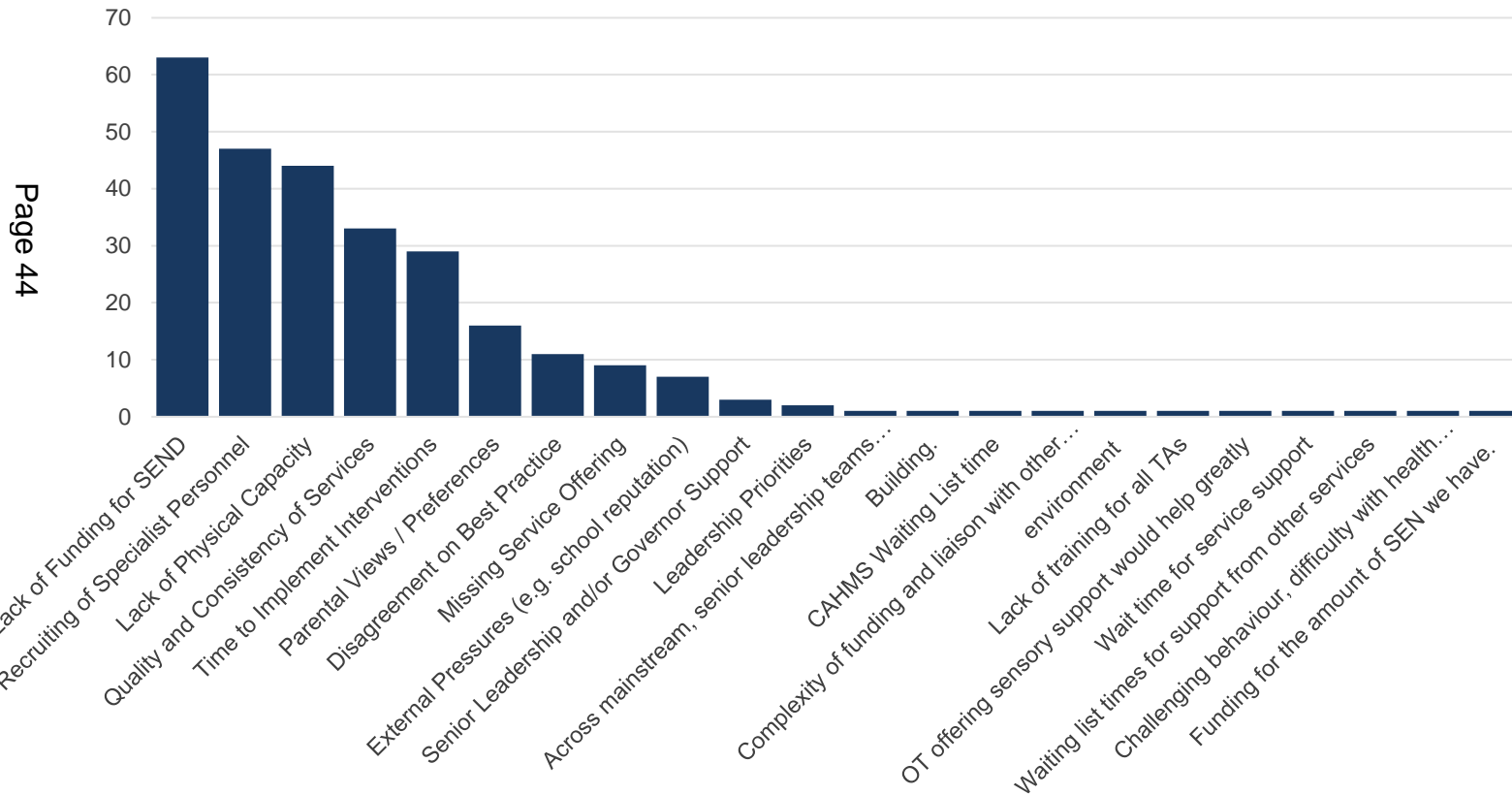
“When children are awarded hours on EHCPs, **parents expect those to be provided 1:1**, but with the sheer number of EHCPs and budget constraints we cannot provide it. LA advice is to be 'creative' with use of adults, but **parents understand EHCPs in the context of hours** their child should be getting.”

# How do we support schools to access the right services, skills and time to support children?



Case reviews saw many children missed out on the ideal support or provision due to the lack of inclusive practice in schools. Similarly to gaps in offering, If children can't receive the necessary support, they cannot progress to their full potential, and they are more likely to need an EHCP or be placed in a higher provision for extra support later on. However, as these exist, we need to focus on capacity and correct identification of need

What are the Key Barriers to Inclusion you Face?



These are consistent across SENCOs, Head Teachers, and Senior Leaders

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This breakdown allows us to pinpoint areas in need of improvement to action

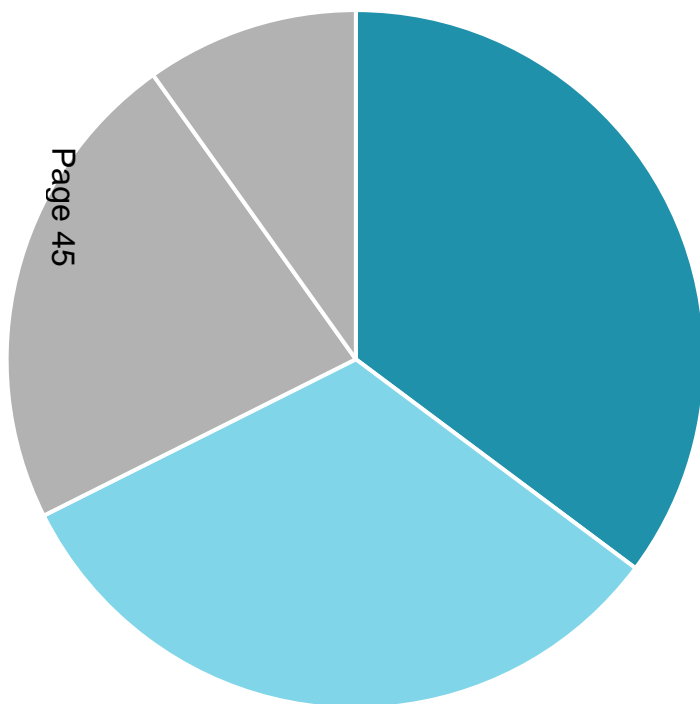
Ultimately, the evidence from surveys and outreach analysis point to how do we support schools to **access the right services**, then have the **skills and time** to use them and support children and **communicate effectively with parents** to build confidence in them that their children can be in a **mainstream setting with or without an EHCP**

# Capability: Lack of understanding of needs and capability gaps were highlighted as issues in both surveys and case reviews



Parents and carers highlighted understanding of children and effectiveness of support and services as a driver of their lack of confidence. If children can't receive the necessary support, they cannot progress to their full potential, and they are more likely to need an EHCP or be placed in a special school for extra support later on

## Inability to meet need



- The mainstream school did not fully understand my child or young person's needs
- The professionals in the mainstream school did not have the capability to meet my child or young person's needs
- Time or resource constraints in the mainstream school to meet my child/young person's special educational needs
- The building (physical layout) of the school was unable to meet the needs of my child or young person

## Parent's/Carers: What could a Mainstream Setting have offered to help support your child there?

- An experienced team of people **trained in supporting ASD pupils** would be needed to retain our son at the mainstream school
- More staff and **more educated** about children's disabilities
- Specialist TA understanding** disability/condition of my child

- I don't know if they could have stayed due to the size and **high pupil-adult ratio** but if something could have been done differently it would have been **earlier intervention**
- Didn't have the **medical staff** available
- More effective and regular **SALT provision**

## Schools: What would you like to offer to be more inclusive to children and young people with SEN?

- There is **also a huge gap** in Year R for Summer born children with SEND or complex needs. After children leave pre-school they are no longer able to access the **Early Years teams**, however the school agencies will not see a child until they turn 5.
- Makaton training** has proved impossible to source without paying more than the budget allows, and the same for **attention autism training**.
- Knowledge** of what services are available in the city and the waiting lists to use.

- We are seeing a rapid increase in the number of children experiencing SEMH complexities and a gap in specialist services means neither they, their families or schools receive timely enough support. We are often having to fund private **psychologist and therapist support**, which is not financially sustainable.
- Lack of specialism in **behaviour support**. Long wait - summer term for EP support, **no sensory support from OT**
- More **funding to train** to help teachers understand the varied needs of SEN children.



# Capacity: parents and school staff highlighted capacity as a driver behind not giving the right support

Case reviews saw many children missing out on existing services, and that leading to non-ideal outcomes. Similarly to gaps in offering, If children can't receive the necessary support, they cannot progress to their full potential, and they are more likely to need an EHCP or be placed in a special school for extra support later on. However, as these exist, we need to focus on capacity and correct identification of need

## Inability to meet need- Capacity

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“It is **difficult to recruit enough adequate support staff** as they are **not paid enough** and the job is extremely challenging. Staff that are recruited often have little-no experience or training, which impacts the quality of the students education and care. Staff who do stay are **often overwhelmed** as there aren't enough people to do the job and become unwell with stress, spiralling the issue.”

“The different charities and external providers we work with (eg CAMHS) are **massively overstretched** and **waiting times are too long** to often help while the child is at school with us.”

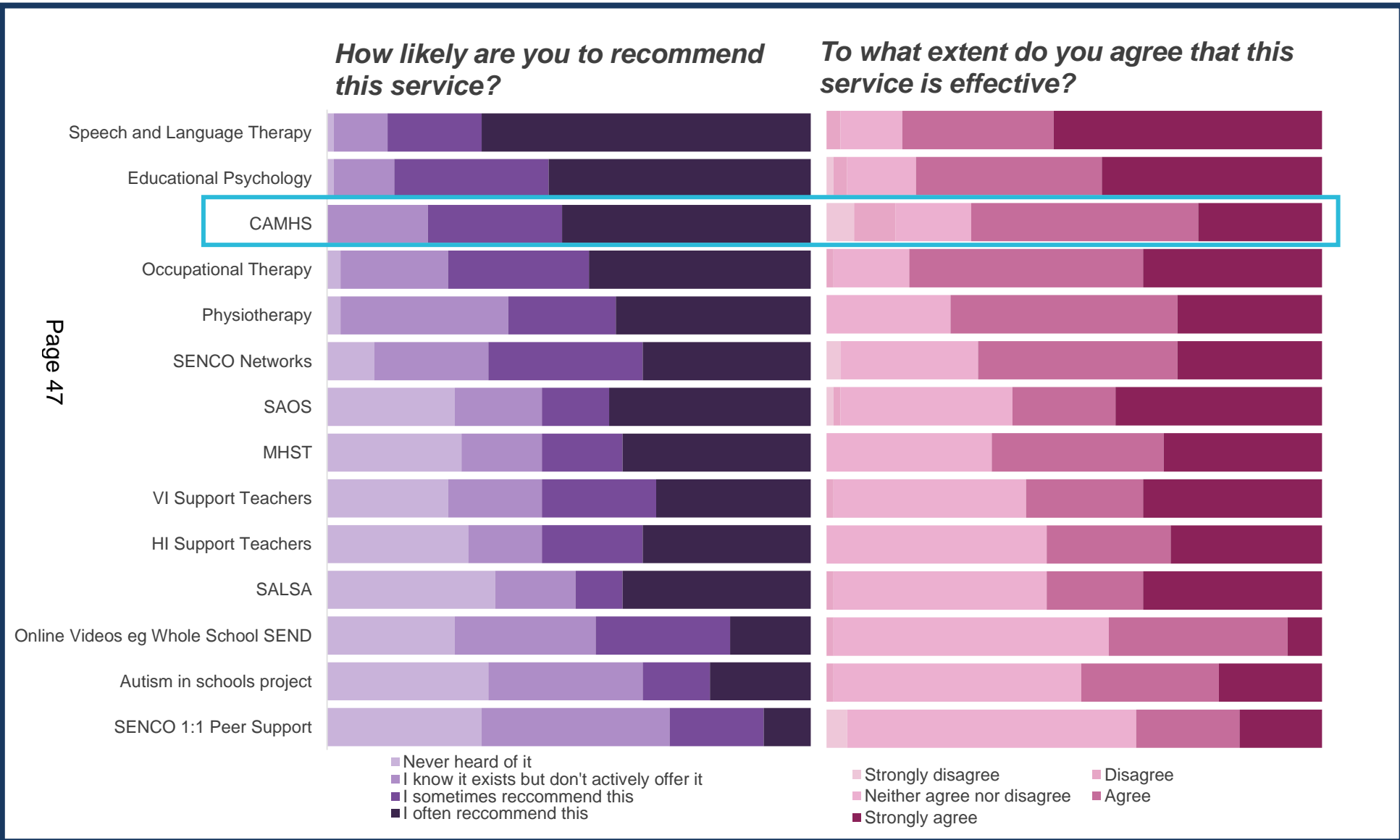
“Our school is incredibly inclusive, as it should be, however staff are left feeling **upset and overwhelmed** by the huge range of needs we encounter and **lack of resources and space** to support them whilst managing targets, timetables etc for the rest of the class”

“Mainstream schools are damaging our children's future because they cannot meet needs/will not act on advice and there **are no spaces in the schools** that can/will. Specialist secondary schools are having to pick up the pieces.”

“Having been identified at Reception age as on a pathway to an autism/ADHD diagnosis it then took **three years to obtain the necessary EHCP** to move him to a specialist placement. Despite the full support of his mainstream school and CAHMS team. He has effectively **missed 3 years of early years education** completely due to **assessment delays**”

“At present, it feels as if **schools are the only service that are actively supporting children** with SEND needs. There are very **long waiting list times** which means children are having to wait for specialist services such as CAMHS and SLT”

# Education Providers: To increase capacity, we need to utilise all services - how often do you recommend specific services vs how effective are they?



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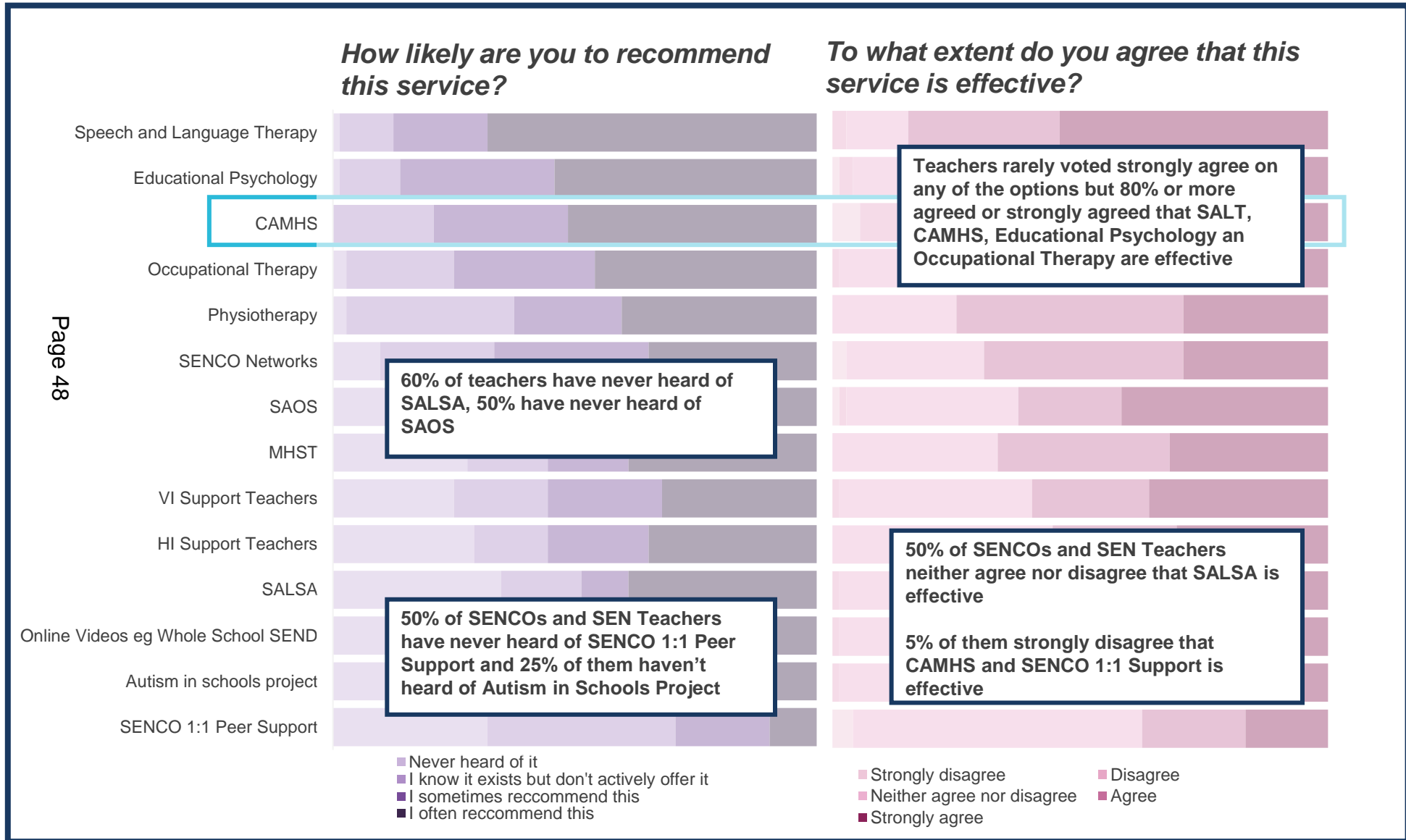
The survey compares education providers views on which services they often recommend against which they see as effective.

**Insight 1:** Many hadn't heard of the services on offer

**Insight 2:** some services, e.g. CAMHS are often recommended but rarely effective- this could be down to many reasons such as capacity and uptake.

It is important to have many effective services on offer but also to advertise them

# Education Providers: To increase capacity, we need to utilise all services - how often do you recommend specific services vs how effective are they?



Page 48

The survey compares education providers views on which services they often recommend against which they see as effective.

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**Insight 2:** some services, e.g. CAMHS are often recommended but rarely effective- this could be down to many reasons such as capacity and uptake.

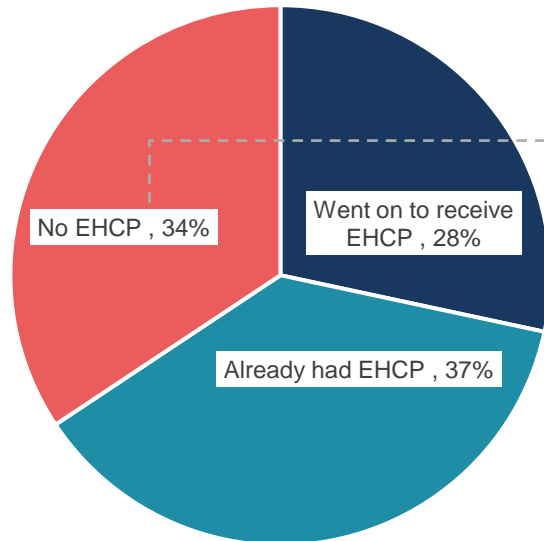
It is important to have many effective services on offer but also to advertise them

# Early access to outreach services can help children receive the right support without the need for an EHCP

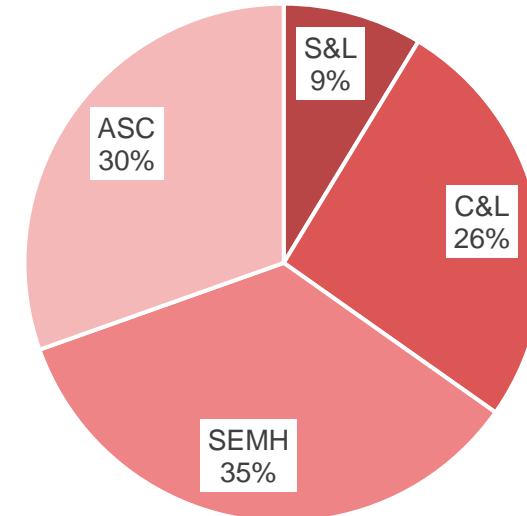


As time was highlighted as a theme for non-ideal cases, we have taken a particular look at early interventions such as outreach services. Of all children in Reception, Y1 and Y2, who used SAOS in the academic year of 2020-2021 (67 children), only 66% now have an EHCP.

Percentage of KS1 students using outreach in academic year 20-21, who don't have an EHCP in Jan '23



Primary needs of children who haven't yet gone on to receive an EHCP



Most children using outreach services in Southampton don't already have an EHCP, so we need to **communicate** that you **don't need one** to access this service

Children with **ASD, Speech, Communication and Language Needs** and **SEMh** are among those for whom **early intervention** through SAOS allowed their needs to be supported **without an EHCP**

# Better Outcomes Leading to Financial Value

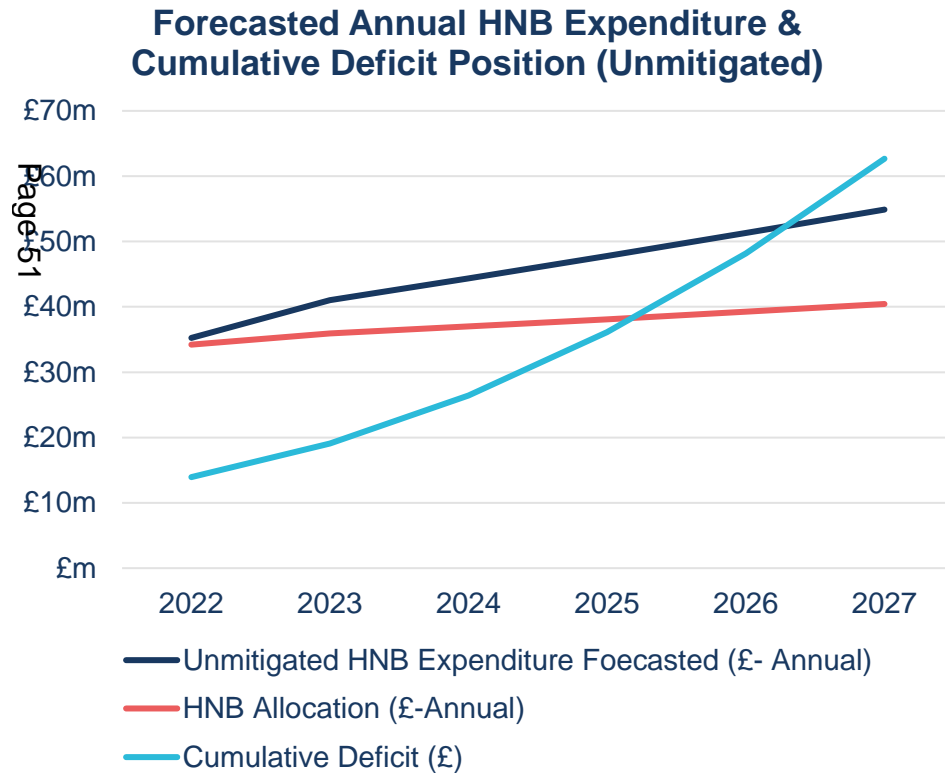


# Making these changes to impact the outcomes of children also has financial benefit



All changes suggested are intended to improve outcomes for children. By ensuring children have the appropriate support for their needs it will also impact the increasing deficit

## Current and forecasted spend positions



## Financial Impact of Changes

- Without action, Southampton's deficit is due to increase year on year
- Adjusting the process to increase the proportion of children to be supported without an EHCPs and ensuring children end up in the right provision, dependent on their needs, will help Southampton to spend in a smarter way
- Most changes will not be seen immediately, as we will aim to affect new cohorts through better decision making processes so we have laid out a 5 year benefits profile for each opportunity

# Financial benefit is found through the changes we are making



A key output of Module 2 will be how we can impact CYP given the themes and question of Module 2 and what the financial impact of any changes might be. The financial impacts will be summarised in an opportunity matrix.

## Questions for Module 2

- 1 Are we exhausted other services **before providing EHCPs**? Why are we seeing a **growth in number** of mainstream EHCPs?
- 2 Are we offering **the right provision to children with EHCPs**? We see a high proportion in maintained special schools, could they be supported in mainstream settings?

## Module 2 deep dive activities



Parent and carer survey



Education Provider Survey



Outreach Analysis



School Data Analysis

## Financial opportunity



Volume

Supporting the goals and aspirations of the child to be achieved **without the need for an EHCP** and therefore reducing the volume of EHCPs



Cost

Ensuring children are supported in the right level of provision, according to their needs ie. Mainstream instead of maintained special



# Mitigated Forecast: Methodology used



Below are the steps used to produce the first version of the mitigated forecast for Southampton:

1. Understand the areas for opportunity within the local authority
2. Calculate the size of these opportunities
  1. Calculate the fixed values from data analysis
  2. Establish the impact of the change and triangulate using data from case reviews, benchmarking and subject matter experience and knowledge
  3. Ensure the opportunity is applied to the specific cohort being impacted
3. Use confidence weightings to establish a target and stretch for each opportunity based on previous implementation experience. These will be updated in Module 3 based on what can be achieved given the current capability and capacity of Southampton
4. Build a benefits profile across 5 years for each opportunity
  1. Understand what dependencies exist for each opportunity
  2. Translate this into a start date for the academic year where full run rate will be reached for the opportunity
5. Apply the cumulative 5-year benefit to the unmitigated forecast

# Children's goals are supported without the need for an EHCP



Opportunity from supporting more children with services you can access in the notional budget, without an EHCP

Yearly average of 2022-2027 from forecasts.  
(Difference in EHCP number + Proportion of Placements for Mainstream)

**123**  
Number of New EHCPs in Mainstream Schools and Academies

×

**33%**  
Proportion of CYPs that could be supported without an EHCP

×

**10**  
Average Duration of Placement in Mainstream Schools and Academies (Years)

×

**£11,824**  
Average Cost of Mainstream Placement

**= £4.8m**  
Cost avoidance (not 5 Year Profile)

Yearly average from forecasts in Module 1 work

Proportion of addressable cohort, resulting from case reviews across the service.

Durations found using average age of EHCP starts (7.94 years old) and removing that from school leaver age.

**Benchmarking:** A few of Southampton's statistical neighbours have lower numbers of EHCPs per capita



Data Analysis



Practitioner Workshops

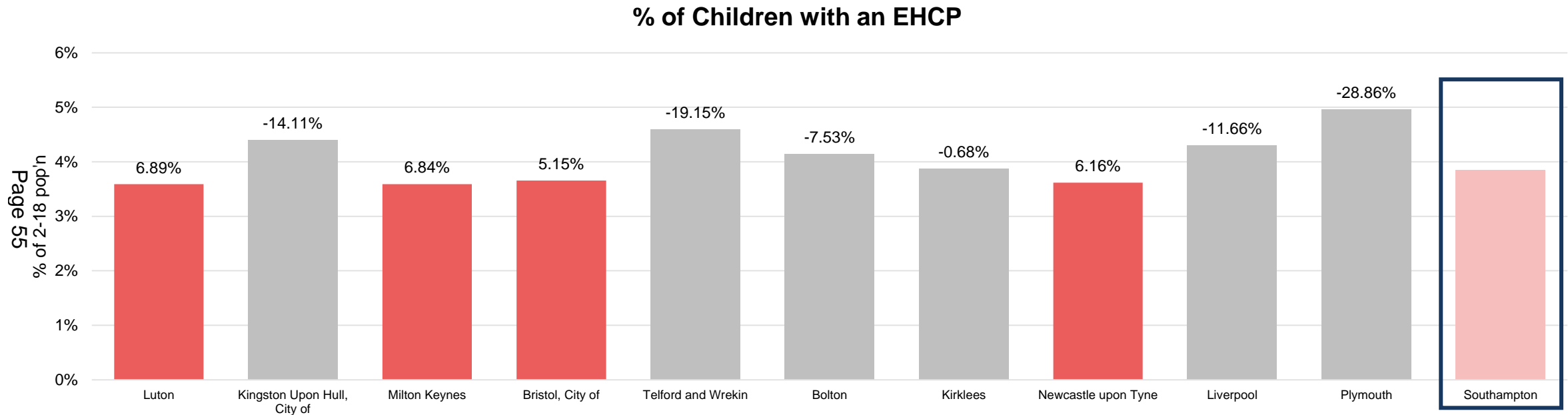


Financial Forecasting

\*Number of EHCPs in Mainstream Schools rounded up to nearest whole number

# Benchmarking:

We can compare the percentage of EHCPs per capita across Southampton's statistical neighbours to sense check that a reduction is possible



## Benchmarking:

- Southampton's statistical neighbours generally see a similar trend in proportion of EHCPs per capita
- There are cases, such as Luton, Milton Keynes and Bristol, that see a lower percentage, so going after a reduction of new starts is reasonable

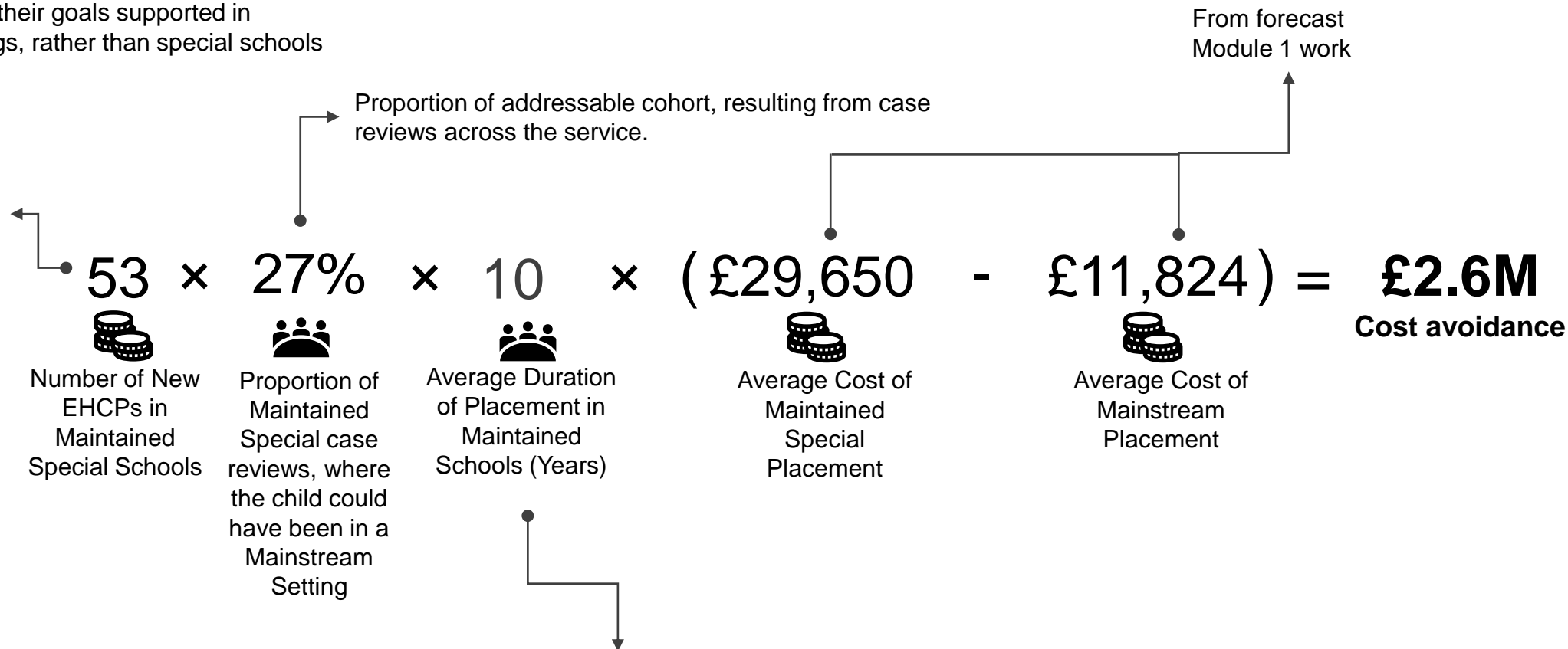
# Children's goals are supported in the ideal setting for their needs



Opportunity from ensuring that a higher proportion of children can have their goals supported in mainstream settings, rather than special schools

Yearly average of 2022-2027 from forecasts.  
(Difference in EHCP number + Proportion of Ceases for Maintained)

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Durations found using average age of EHCP starts (7.94 years old) and removing that from school leaver age.



Data Analysis



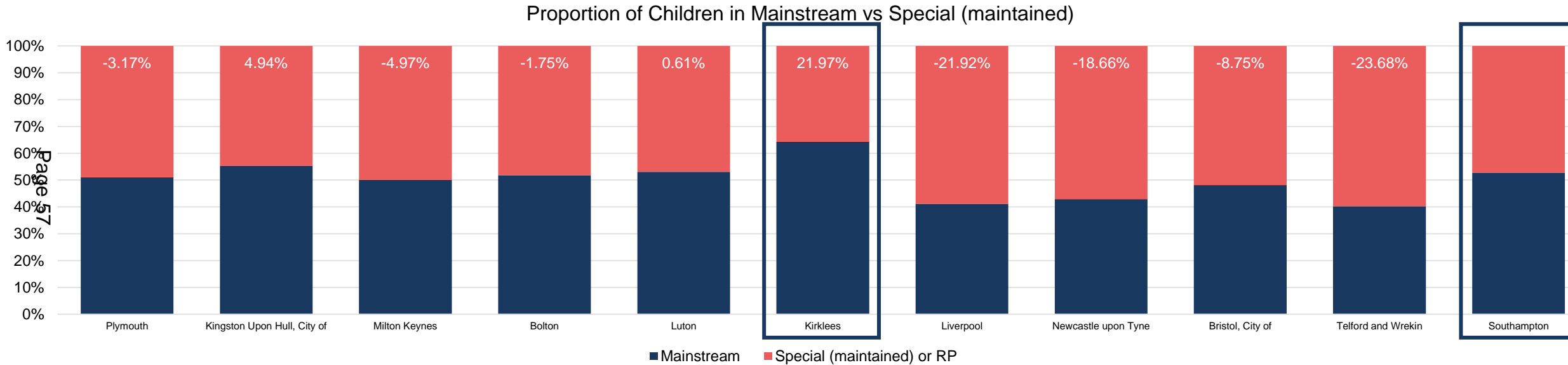
Practitioner Workshops



Financial Forecasting

\*Number of EHCPs in Mainstream Schools rounded up to nearest whole number

## We can compare the average proportion of children across Mainstream Settings vs Maintained Special School Settings in statistical neighbours



### Benchmarking:

- Southampton's statistical neighbours generally see a similar trend in proportion of children across mainstream and maintained special
- There are cases, such as Kirklees, that see 22% more in mainstream, so going after 27% of new maintained places is reasonable

# Financial Impact of Opportunities



Setting	Opportunity	Full Benefit Opportunity			5 year cumulative benefit 22-27		
		Potential	LB Confidence Weight	UB Confidence weight	Potential	LB Confidence Weight	UB Confidence weight
Mainstream	Supporting the goals and aspirations of the child can be achieved without the need for an EHCP	£4.8M	£1.9M (40%)	£2.6M (54%)			
Special	Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS	£2.6M	£0.8M (33%)	£1.9M (73%)			
<b>Total</b>		<b>£7.4M</b>	<b>£2.8M</b>	<b>£4.5M</b>			

# Target confidence weighting results in £1m benefit in 5 years



## Benefits Profile High-level Assumptions

- The benefits profile is built with an increasing baseline of forecasted starts and costs year on year using the agreed module 1 output
- We have assumed that the financial benefit run rate is 0% until the point in time we are confident that it is 100%
- We have assumed that 100% run rate can only be achieved in the September of 2024 of each year (pushing to the right where we expect this to occur beforehand based off assumptions)

Opportunity	Full Run Rate achieved	Assumptions
Supporting the goals and aspirations of the child can be achieved without the need for an EHCP	September 2023	<b>Opportunity 1</b> has no structural or technological dependencies. It requires a process change therefore we expect to hit full run rate in <b>September 2023</b> as the LA is confident that they can start implementing the process changes in early 2023.
Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS	September 2023	<b>Opportunity 2</b> has no structural or technological dependencies. It requires a process change therefore we expect to hit full run rate in <b>September 2023</b> as the LA is confident that they can start implementing the process changes in early 2023.

# Financial Impact of Opportunities



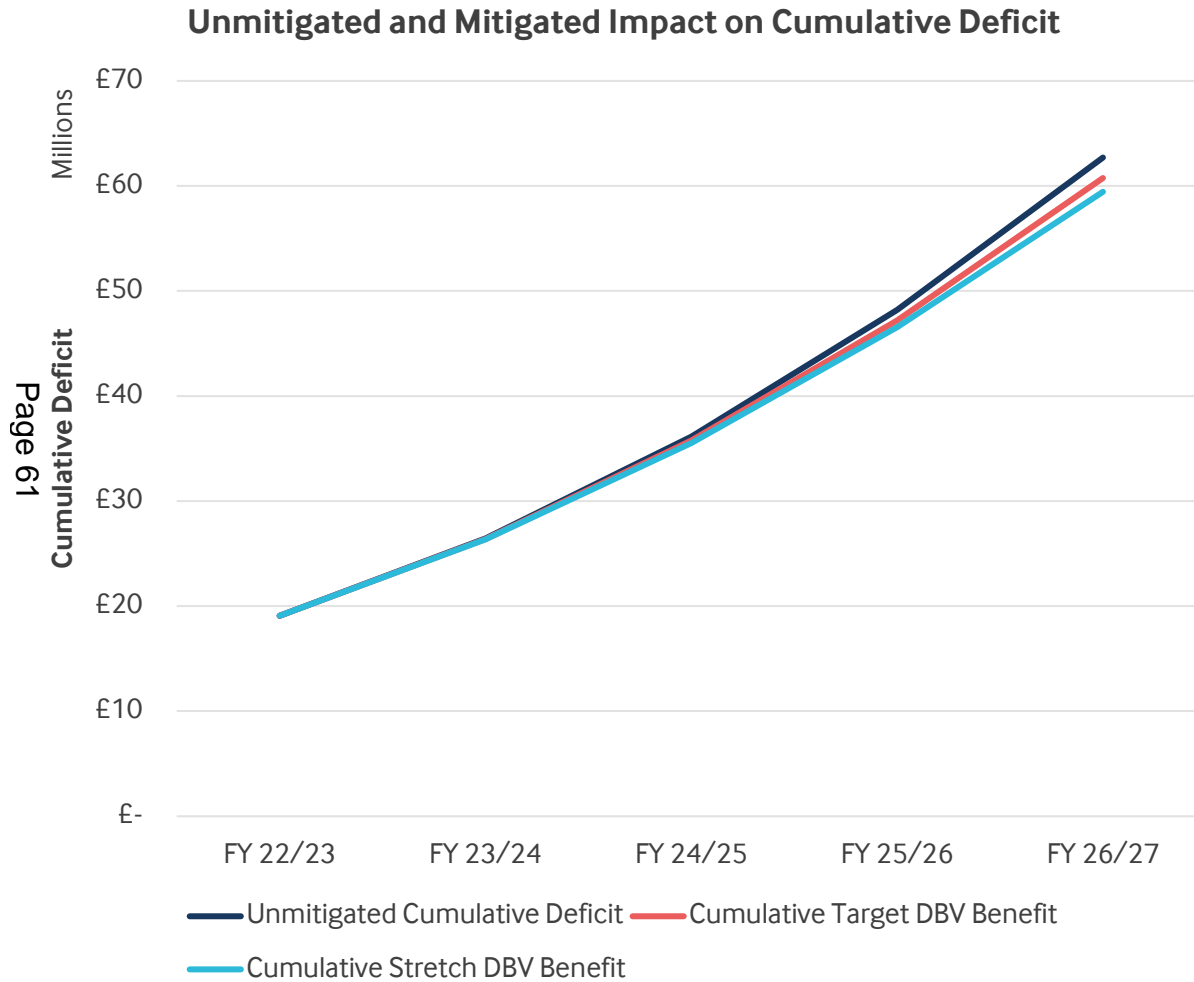
Setting	Opportunity	Full Benefit Opportunity			5 year cumulative benefit 22-27		
		Potential	LB Confidence Weight	UB Confidence weight	Potential	LB Confidence Weight	UB Confidence weight
Mainstream	Supporting the goals and aspirations of the child can be achieved without the need for an EHCP	£4.8M	£1.9M (40%)	£2.6M (54%)	£3.1m	£1.2m	£1.7m
Maintained Special Schools	Supporting the goals and aspirations of the child in a Mainstream setting rather than MSS	£2.6M	£0.8M (33%)	£1.9M (73%)	£2.1m	£696k	£1.5m
<b>Total</b>		<b>£7.4M</b>	<b>£2.8M</b>	<b>£4.5M</b>	<b>£5.2m</b>	<b>£1.9m</b>	<b>£3.2m</b>

## Reasons for decrease from full benefit to 5 year cumulative benefit:

- 1) We don't begin to realise our opportunities until 2023
- 2) We see longer durations in than other areas as we can't split them by provision, so the full benefit will be seen later



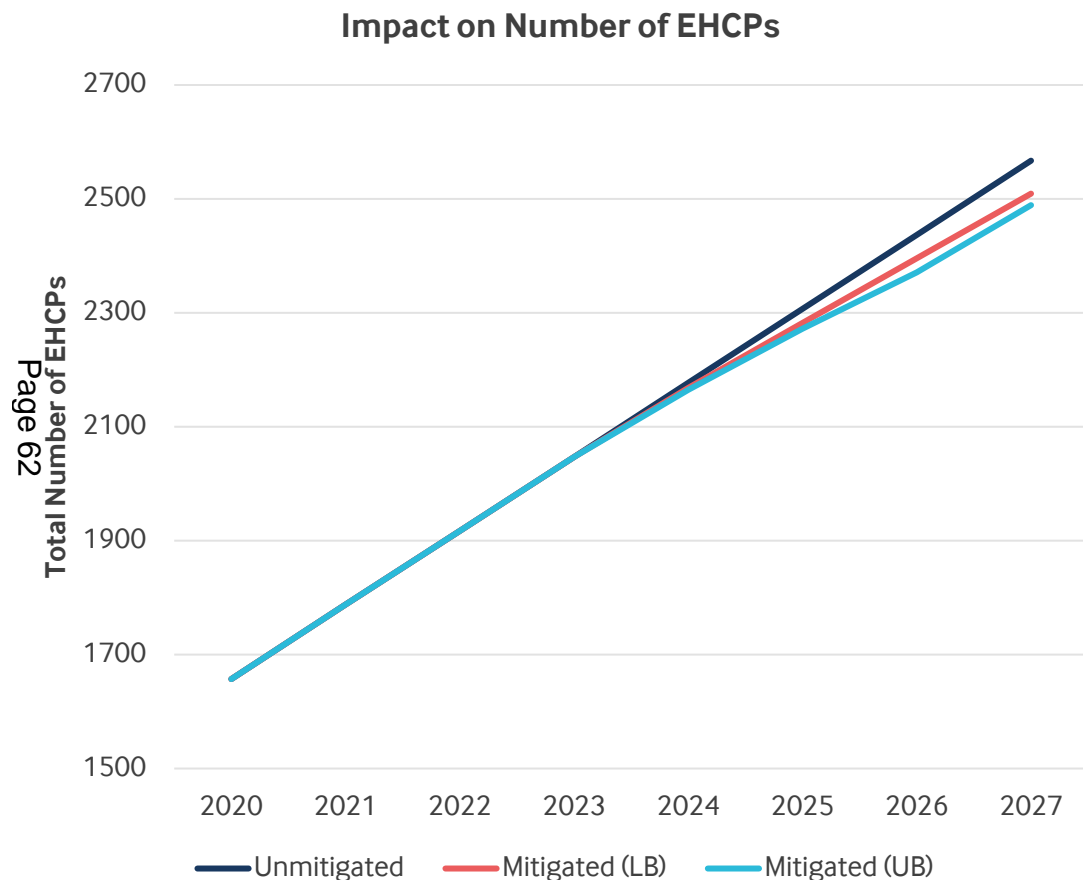
# Benefits Profiling



FY Year Ending	Unmitigated Cumulative Deficit	Cumulative Target DBV Benefit	Cumulative Stretch DBV Benefit
2023	£19.1m	£19.1m	£19.1m
2024	£26.4m	£26.4m	£26.4m
2025	£36.1m	£35.8m	£35.5m
2026	£48.2m	£47.2m	£46.6m
2027	£62.7m	£60.7m	£59.4m

The Local Authority has a number of pilots and plans underway (notably already the Autism in Schools training and the Neurodiversity training), but had no savings linked to these plans as part of their DSG management plan. Therefore no current mitigation plans have been assured but the workstreams have been valued and included within the values above.

# The potential Mitigated number of EHCPs



Year	Unmitigated	Mitigated (LB)	Mitigated (UB)
2020	1657	1657	1657
2021	1788	1788	1788
2022	1917	1917	1917
2023	2047	2047	2047
2024	2177	2168	2165
2025	2307	2282	2272
2026	2437	2396	2371
2027	2567	2509	2489