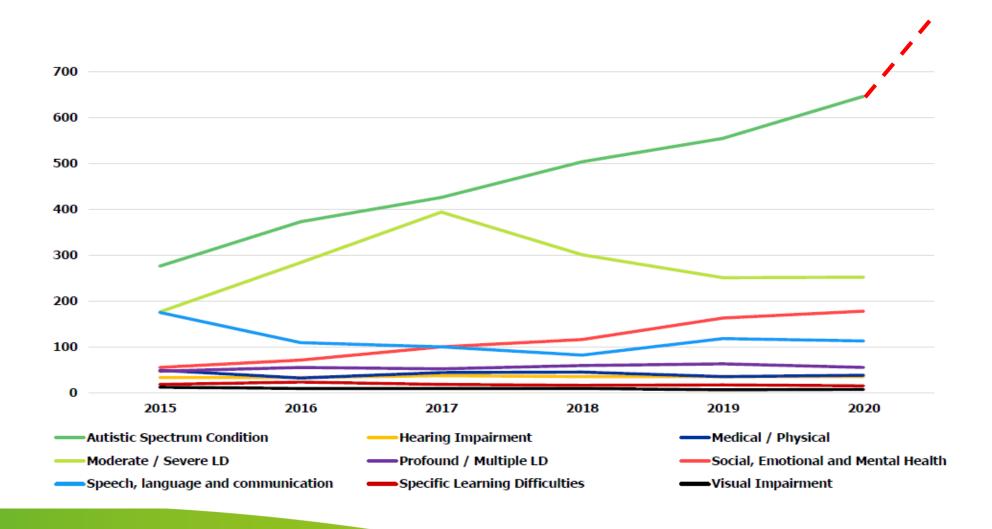


SEND Review

Candy Holder Head of Pupil Services

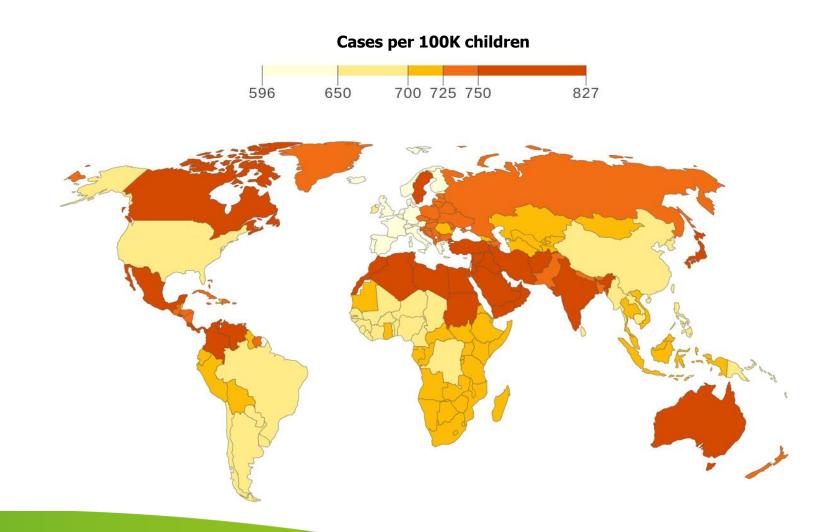
EHCPs – growth by area of need





Prevalence of Autism in children under five (2018)

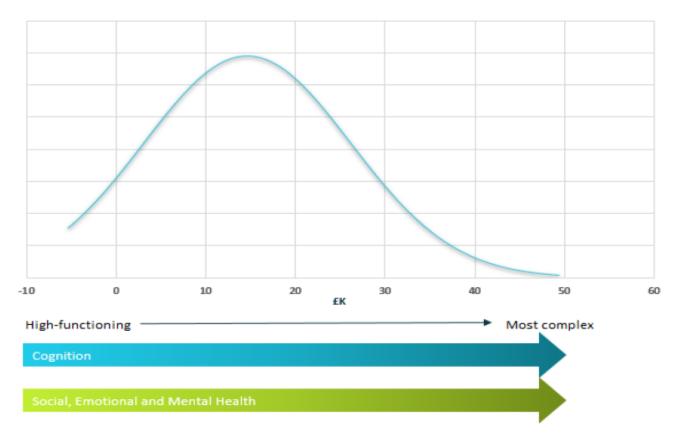




ASC by complexity

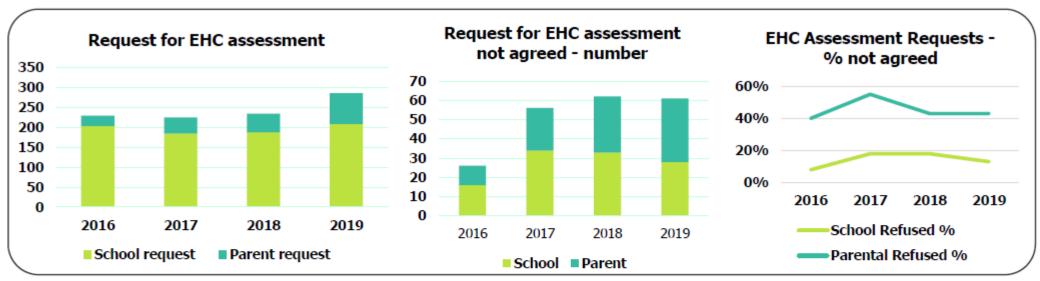


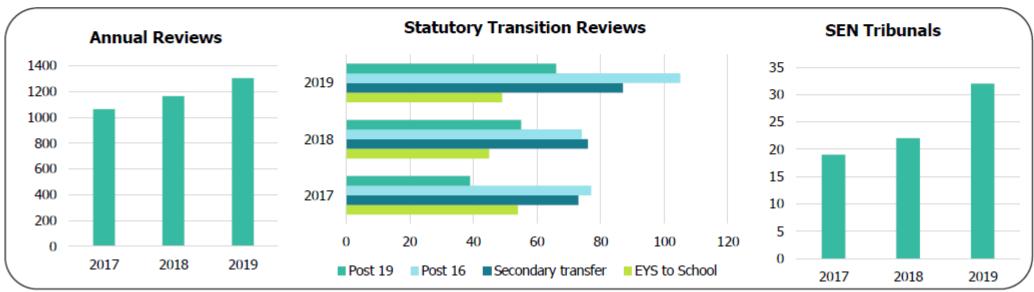
Autistic Spectrum Condition (ASC) profile by level of need



EHCP Activity

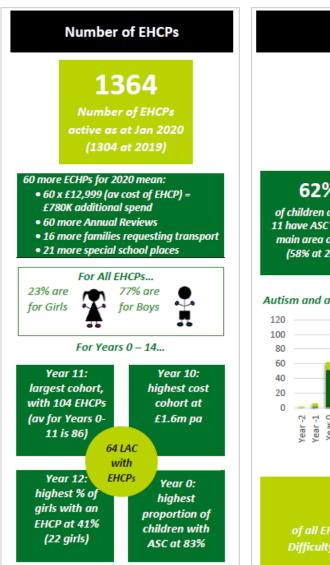


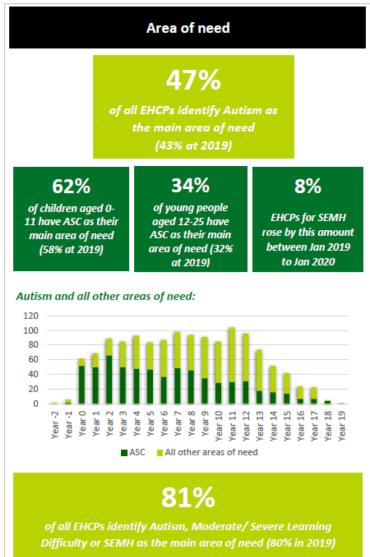




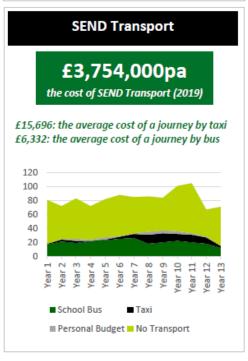
EHCPs - Overview





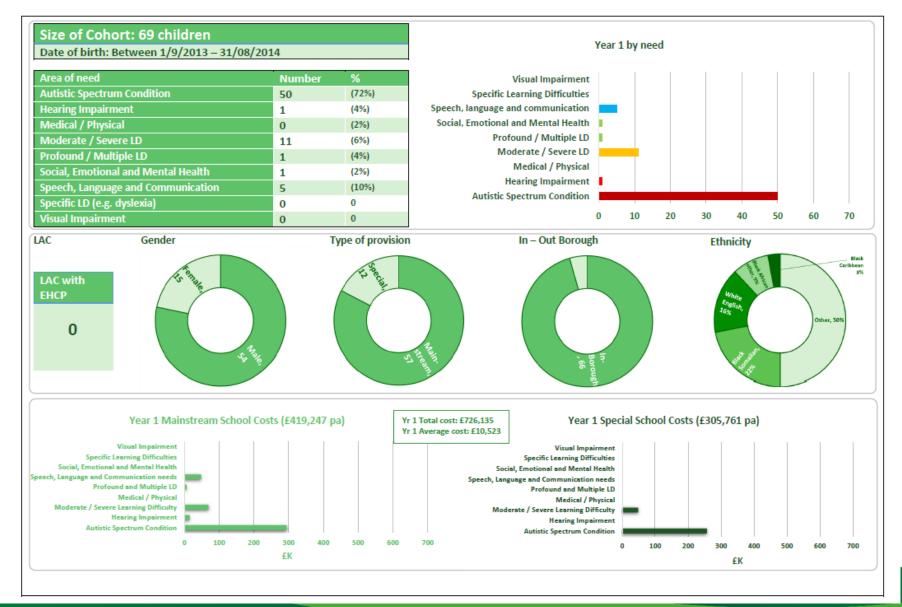






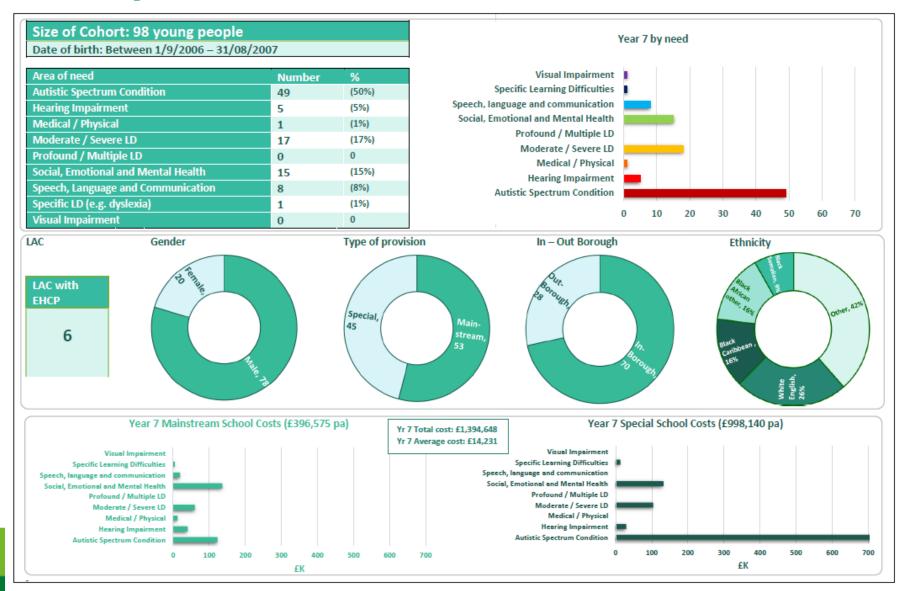
EHCPs – Year 1 profile





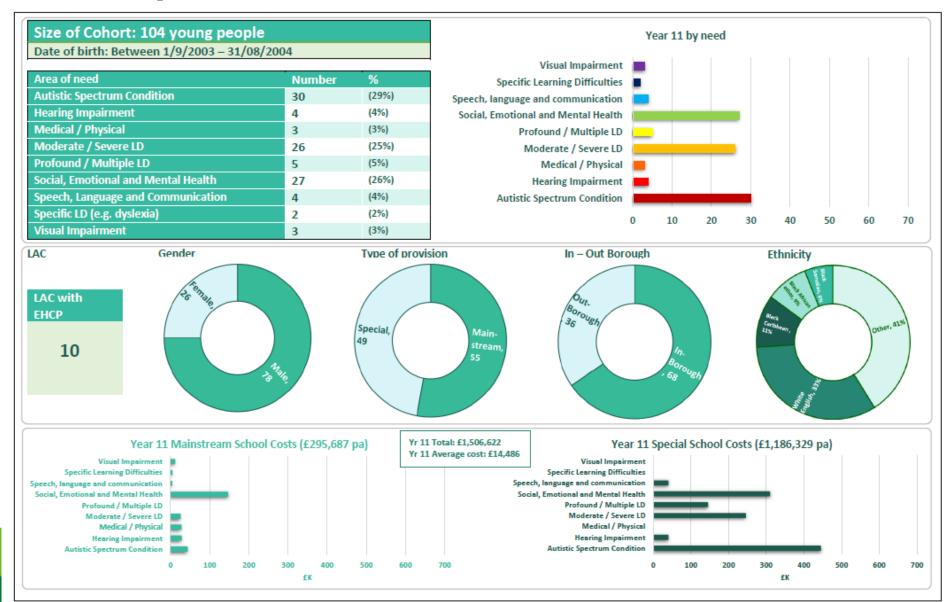
EHCPs – Year 7 profile





EHCPs – Year 11 profile





EHCP Projections 2021-23

	2016	2017	2018	2019	2020	Projected	2021	2022	2023
Yr-2	0	0	3	2	2	Average 2		2	2
Yr-1	4	4	7	13	6	Add 5		7	7
Yr 0	25	38	58	52	62	Add 50	56	57	57
Yr 1	49	51	59	81	69	22:/.	78	70	70
Yr 2	60	65	75	72	89	20%		93	84
Yr 3	64	63	71	83	85	11:2.		88	103
Yr 4	62	70	71	72	93	9:2		108	96
Yr 5	66	73	78	82	84	15:		107	124
Yr 6	71	73	76	87	87	8%	91	116	115
Total	401	437	498	544	577		611	647	658
						Total: £6,825,738 Av cost mst: £8,064 Av cost sp: £27,889	Increase Prima £285,816	ry £166,38 4	£313,35 4
Yr 7	79	70	82	85	98	10%		100	103
Yr 8	79	82	75	86	94	7%		102	107
Yr 9	78	87	88	84	91	7%		112	110
Yr 10	77	77	87	101	85	4:2		105	117
Yr 11	100 413	77	74	105	104	5%	106 502	93	110 546
Total	410	393	406	461	472	Total: €7,688,266 Av cost mst: £8,595	Increase Secor		
						Avicostisp: £26,201	£281,228	£93,949	£281,228
Yr 12	61	79	74	67	67			108	85
Yr 13	48	66	74	71	74			87	88
Yr 14	27	39	55	66	52	-26%		41	64
Yr 15	11	22	26	47	42	-27%		38	30
Yr 16	1	15	16	26	16	10%		42	42
Yr 17	6	7	12	15	20	-60%		18	17
Yr 18	1	4	4	4	5	-75%		2	5
Yr 19	0	0	0	3	1	Average 2		2	2
Total	155	232	261	299	277	Cost: £4,153,246	308 Increase FE	339	333
						Av cost mst: £8,242		_	l
						Avicostisp: £30,623	£210,486	£210,486	£265,812
Grand tota	969	1062	1165	1304	1364		1421	1498	1536
						Total increase	£777,530	£470,819	£860,394



Referrals for ASC diagnosis



Social Communication Team (Age 0-5)

Financial Year	Assessed	Diagnosed ASC	High need	Medium need	Low need
2016/17	130	100	55	3	42
2017/18	160	139	76	53	9
2018/19	161	136	84	48	4
2019/20	162	138	66	64	8

Neuro Developmental Pathway (Age 5-19)

Financial Year	2016/17	2017/18	2018/19	2019/20
ASC referrals	127	118	153	215
Total assessed	94	80	152	144

Please note: each area have additional significant waiting lists (SCT = 200+, NDP = 258)



Tier 4 (specialised day and inpatient units) / secure hospital admission and discharge:

- Substantial increase in admissions from late 2018 to July 2020: up 25% each year
- 12 admissions over the last 12 months; numbers now between 12-20 at any one time either in-patient or recently discharged
- High number of ASD cases with SEMH typically adolescent, female, aged 16-18.
- Islington have the highest numbers across North Central London (NCL)
- Increase in eating disorder referrals (400% increase in last 6 months) across NCL

Immediate challenges, risks and options (Education)



Our immediate challenge is one of capacity: We are therefore undertaking review to evaluate the following (and other) options:

Mainstream Schools: build capacity; strengthen the local offer

- We can support this through the following options:
 - SEND capital funding to match-fund the development of e.g. sensory rooms across the school estate
 - SEND cluster funding targeted to innovative practice in meeting the needs of children with ASC (linked to above)
 - Review and recommission SEND Support Services (including Outreach) to strengthen the local support offer for ASC (e.g. develop an Islington Schools Autism Quality Offer)
 - Opening mainstream specialist hub at Beacon High for higher functioning ASC at secondary age
 - Consider the possibility of developing Specialist Resourced Provisions in primary schools for those who need a level of specialist teaching not usually available, even with access to High Needs funding

Specialist: create new places

- The Bridge plan to open 24 additional primary places for September 2021 by relocating their Teaching School. We are supporting this with dedicated SEND Capital Funding
- The Courtyard plan to increase by 12 places
- We will still have a shortfall in specialist places however; at current rates this could be for an additional 12-20 places per year, plus additional capacity in older age groups... options include:
 - o Consider the role and resourcing of Samuel Rhodes... many of the current intake have a dual diagnosis...
 - Further expansion of The Bridge Satellites

Immediate challenges for Health and Social Care....



- Implications for the Neuro-developmental Pathway health team (responsible for assessment and diagnosis for children age 5-19) as a result of demand for autism assessment almost doubling from 2016-2020 is as follows:
 - o A 12 month **wait-time** for an assessment is now an 18 month wait; even priority cases can wait up to a year
 - Cases for intervention will wait 9-12 months
 - Post-diagnosis group and workshop waits are 'highly variable'
 - 250-270 children are currently waiting for core team assessment or individual intervention; 10 for psychiatry (waits are
 1-4 months), with 160 parents waiting for group programmes and 50 waiting for workshops
- Managing the 'backlog' means all available clinical time is booked, reducing capacity to respond to crises; this puts further
 pressure on partner agencies. Long waits for assessment impact on delivery of post diagnostic support, yet diagnosis
 makes most difference when followed by meaningful intervention...
- A current review of community **therapy services** will inevitably confirm insufficient capacity to meet need...
- The **Disabled Children's Team** have seen a significant increase in number and complexity of allocated cases; more families are being assessed as in need / entitled to **short break provision**.
- There is a need to address all of the above holistically, and to expand capacity for consultation, joint assessment and intervention through fully multi disciplinary teams that better reflect the essential role that education plays in the lives of these children and young people.

SEND Review 2020



+ Early Years **SEND Support** Joint **Progression to** Business Adulthood Commissioning **Process and** Outreach Infrastructure **Board and Action** Cluster funding / • EHCP process Plan exceptional · EPS funding needs model Developing a Local Offer, Continuum of Tier 4 and Finance and **Provision** family-centred Information complex needs Data NRC (CSC) • High Needs Suband system Mental Health Group • Task and Finish Joint assessment Communication support · Service design Group Consultation Beacon High? Comms SRPs SEND Capital • ECCB

Additional Inclusion Funding (AIF)



Funding available (2020-2021: £300,000; 2021-22: £600,000 (fixed envelope) across 3 networks

Criteria:

- SEND Support only (route for children with EHCPs is via EP) [What about under EHC assessment?]
- Islington Mainstream Schools only
- Quality graduated support (as per SEND Support in Islington Handbooks) is in place
- School context (including WISS matrix) will be taken into account
- Where for an individual, they are not already receiving additional support (e.g. managed move, LAC funding)
- Alternative options to additional funding will always be considered and may be recommended
- Parents/Carers cannot make an application (although they should be involved in the process...)
- An allocation of AIF can only be used for the purpose granted
- Priority given to:
 - o Innovative practice that is transferable / will meet the need of more than one child
 - Key Stage 1 / ASC
 - Emergency funding for individuals for unplanned circumstances [If for an individual child, they must live in Islington]
- Where a pupil receiving AIF moves school, the school must notify the LA (as administrator) immediately and the funding allocation will need to be transferred to the child's next placement, if appropriate
- For each Network to determine ratio of spend e.g. 50% innovation / 50% challenging circumstances???

Additional Inclusion Funding (AIF)



Requests for 'challenging circumstances':

- What needs are you seeking to address (including any evidence base e.g. from outside professionals / research)?
- What have you done already (interventions / graduated approach please refer to <u>SEND Support in Islington Handbooks</u>)?
- What provision will you put in place, how long for (maximum 2 terms?) and cost?
- What are the expected outcomes for the child / school?

Establishing clusters / networks (Stage 2)

- Consultation was divided 50/50 towards existing networks / needs-led
- Recommended that the two models are therefore combined by distributing via existing networks, but funding distributed
 according to need (each school weighted H/M/L according to census data x pupil numbers)
- [Once networks are established, schools may present requests verbally to the network to enable professional dialogue???)

Role of Local Authority (LA)

- The LA will continue to play a role as it is accountable for the high need funding block from which AIF will be allocated
 - Manage / release payments to schools as authorised by networks
 - o Maintain central record / collate & analyse evaluations to inform networks, commissioning and identify training needs
 - Support consistency of approach across networks
 - Provide data to inform networks and demonstrate equitable resource distribution across / between the networs
 - The LA may also need to follow up on schools making frequent and/or poor applications.

ADDITIONAL INCLUSION FUNDING via CLUSTERS (School Networks?) – ITERIM ARRANGEMENTS (Proposed Pilot)



