

APPENDIX A High Needs Block Investment

1 Background and introduction

1.1 While the number and percentage of pupils whose parents live in the LA area is broadly normal, compared with other English and statistical neighbor LAs, there are significant challenges in specific educational needs, and behaviours. This has resulted in a significant increase in the number of children in special schools – both maintained and independent – and, in secondary, the number of young people placed in the Academy of Central Bedfordshire.

1.2 As a result, the HNB has faced significant pressure and has been overspent over the last 2 years, with initial projections for 2018/19 showing this will continue unless mitigating and innovative action is taken. It is generally agreed by school leaders and local authority officers that earlier support and intervention is required.

1.3 It is in this context that schools forum agreed – subject to LA officers bringing forward appropriate investment proposals – a transfer of 0.5 per cent of the schools block into the high needs block (HNB) in the financial year 2018/19. This transfer will generate £800,000 for investment.

1.4 This report sets out:

- The specific challenges in Central Bedfordshire;
- The outcomes required from the investment;
- Initial proposals for funding; and
- An outline schedule of work

2 The challenges in Central Bedfordshire

2.1 The initial analysis of ‘high level’ needs is attached to this report as annex 2. There are some challenges evident from this analysis:

- First, the increase in the number and percentage of pupils who have an EHCP – a 20 per cent increase in three years cannot be explained by an increase in the number and percentage of children who have high levels of need;
- Second, the increase in the number and percentage of children diagnosed with autistic spectrum condition (ASC) over the same period, and the projected increase between 2018 and 2023 if the trend continues (265 to 407 – a 54 per cent increase);
- Third, the implication for the need for extra special school places if the increase in the number of children diagnosed with ASC continues – an extra 85, a 53 per cent increase; and
- Fourth, pupils with social, emotional and health (SEMH) difficulties, and specifically the increase in years 10 and 11.

3 Outcomes required

- a reduction in the number of children whose needs escalate resulting in them going on to require a statutory education, health and care plan;
 - a reduction in the number of children who transfer from mainstream to special school by supporting mainstream schools better;
 - a reduction in the total additional costs of specialist provision and wrap around support;
 - an increased number of jointly funded arrangements with the CCG;
 - a reduction in the number of fixed term and permanent exclusions and associated costs; and
 - a reduction in the number of out of area independent placements
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4 Principles guiding programme expenditure

4.1 The initial suggested 'guiding principles' are that the investment should:

- help to build resilience in and across schools;
- provide training for SENDCOs, teachers and support staff;
- support the development of early intervention in and outside schools (through, for example, family support) to support children with high levels of need in maintained settings; and
- enable good practice elsewhere to be examined, and appropriate research to be undertaken.

5 Developing options for investment: initial views from the consultative group

5.1 A small focus group of head teachers was convened on 21 February 2018 to discuss the specific challenges in our area, and group members' views on areas for investment that should be considered. The ideas that emerged were:

- more specialist teachers, who would focus on training SENDCOs teachers in mainstream schools – with a focus on adherence to the graduated approach as set out in the Children and Families Act, 2014, and ensuring all SENDCOs have appropriate support;
- the rolling-out of restorative / relational practice in schools;
- increased ASC support for schools, pupils and their parents – with a focus on supporting early diagnosis and intervention;
- support for pupils with SEMH needs;
- additional EP support, including the appointment of assistant EPs, to support teachers in the management of individual and classroom behaviour;
- the development of improved behaviour support, following research-based work on what has worked in CB and elsewhere, and should include cluster-based work that supports pupils who cannot at a specific time remain in mainstream education;
- putting resources into family support workers, who would offer support and challenge to parents in cases where it is evident or appears to be the case that family circumstances might be a key or major factor in presenting behavioural or learning difficulties; and
- team-teach training for lower and primary teachers.

6 An approach to project design

6.1 While the £800,000 resource available is large, it will only allow for focused work – perhaps in one or more clusters – in many areas. The first decision must be which, if any, or the above options should be available to all schools.

6.2 There is evidence to support the need for a **comprehensive SENCO training and recruitment programme** that is available to all schools, including career development opportunities for teachers who want to progress their career in Central Bedfordshire through the SENCO route in their own or another school. A successful programme would all the desired outcomes set out in section 3 above.

6.3 The **embedding of restorative /relational practice** was supported by many of the head teachers who attended the focus group. Therefore there might be further discussion of training in the practice for all schools who express an interest in implementing it.

6.4 Given the increase in the number and percentage of **children on the ASC spectrum**, it is imperative to use de-delegated funding to increase and improve early intervention support in all lower and primary schools. The focus should be on early intervention, in the early years, reception and key stage 1.

6.5 **Secondary pupils with emerging SEMH** has been identified as a significant issue. Increasing support for early intervention at tier 1 (through training for classroom teachers) and tier 2 (through increasing the number of Eps, for example) might be supported.

6.6 The last four bulleted points refer to potential projects that, taken together, have the potential to address an **emerging pattern of challenging behaviour in primary schools**, including early years. One possible approach to funding work across as much of Central Bedfordshire is to ask cluster groups if they wish to progress early years behaviour support work through matched-funding.

7 Progressing the project work

7.1 I suggest the following process:

- sharing the initial, outline, process with the deputy director (27 February 2018);
- amend the proposal in line with the outcome of the discussion with relevant CBC officials (28 February 2018);
- presentation of the outcomes, principles and options to the head teacher group (1 March 2018);
- presentation of the outcomes, principles and options to schools forum (12 March 2018)
- refinement of the options and full option appraisal (?), and the development of a full work programme;
- launch of the work beginning 1 April 2018.

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27 February 2018

Annex 1 – issues raised by those present at the focus group meeting

Parental expectation – educating parents from pre-school. School Nurses working with them on readiness

Lion school in Braintree – innovative ideas

Bring things together across schools

Rigours of pressure for Uppers to deliver academic curriculum where they cant cope

Level of flexibility on funding – so can we use EHCP funding more flexibly to support wider number of children

On site provision for break out spaces so children can stay on site

Cultural change in schools – particularly behaviour – restorative

Stop sending them into lessons they cant cope in at KS3

Culture and understanding of forms and how justify spend, need to change this– provision not just one to one, reasonable adjustments etc

Longitudinal studies on impact for children on what works??
