

Question 3: What factors would enable local authorities to successfully commission provision for low-incidence high-cost need, and further education, across local authority boundaries?

CONTENTS

SNJ's response to Question 3	1
Responses from parents/SNJ readers.	3
	3
	4
	6
	6
	7
	7
	7
	7
	8
	8

SNJ's response to Question 3

1. The most obvious factor is the right amount of resources. The narrative is that "SEND costs too much money." But, for the reasons outlined previously, SEND costs a lot because it requires a lot of input from specialist staff, equipment and facilities. In other words, it is what it is. You can, of course, strive to ensure that these costs are not unjustly inflated and that the money is spent efficiently. However, once you have ascertained that, then you have a moral and legal duty to pay up.
2. If, as the DfE claims, the Green paper is not about saving money, then you have an opportunity to prove it by providing the financial support to

LAs to ensure they CAN commission the right support for low-incidence, high-cost children. As, by definition, there aren't many of them, this shouldn't be too difficult to ensure a specialist national fund after researching the current children and young people in the country who require this provision and the annual cost.

If this is funded nationally, then LAs would be able to apply to the DfE to fund a top-up when a financial threshold is passed, perhaps £35k per pupil, per year. This would ensure these children get the right support and LAs wouldn't have to meet it. To ensure this is done speedily, annual forecasting of how much an LA is likely to need for the next five years should be done. If an LA predicts, from current and upcoming pupils, that it will need more than this for the next year, it should then be able to apply in good time. This would take a lot of the conflict away between parents and LAs, as LAs then do not see the money needed coming from their own pocket. It is, in effect, ring-fenced money that will only be spent in this way, but that they cannot access until needed, preventing them from misusing it. The DfE has examples where it already does this.

3. Local authorities have for years been working on ways to ensure the efficient use of administrative resources. Has this been researched to provide best practice examples?
4. However, it is not efficient for every LA to commission every conceivable kind of provision when there may only be a small number of pupils that need it. One answer would be to develop a multi-condition specialist centre for children with similar needs within each LA, where all services work collaboratively, and can respond to changing requirements as pupil needs changes. This would require talented on-site OTs, SLTs, hydrotherapy resource, IT equipment, and accessible facilities, so that whatever a child's individual needs that form their particular condition, can be supported. There are several specialist FE colleges that manage something similar to this, such as National Star. Have you researched this?
5. Another answer would be to develop more narrowly specialised centres for specific types or groups of similar needs on a regional basis. These would need to have a residential facility. There are also a number of schools such as this - for example, More House School in Frensham educates boys with neurodivergent conditions from across the region - day boys travel from as far as Wimbledon, while others avoid daily travel by weekly or termly boarding. They do this for an incredibly good-value cost. You would do well to visit this school and find out about how they would like to replicate it for girls and in other locations. Nevertheless,

they battle every term with late payment from local authorities who commission their service for pupils, or who force families to tribunal before agreeing to find a place that they know they could not replicate anywhere else. This school has amazing results, turning around boys who cannot read or write in year 7, to end up with A* at GCSE and A-Level, heading for university. The expertise is out there, but LAs do not seem to manage to learn from others' good practice.

6. LAs, health bodies and other providers could create Multi-Agency Hubs for collaboration where information is freely shared (guarding against GDPR breaches), that share IT systems that talk to each other, and that are not overly protective of their own budgets. They would put the needs of the child first and take pride in seeing that child achieve as a result of imaginative and lawful commissioning.
7. Training in mainstream schools is also vital so that children whose parents want them to attend a mainstream school, can. This would be most children if the training is right. Deaf children, for example, could thrive in mainstream if they were provided with the equipment and the trained staff. Providing equipment and a BSL interpreter/trainer for that child in mainstream will have a certain amount of cost (and could be boosted by the above Government top-up), but if that specialist was also able to train other staff in the same school, their expertise would be shared. You would end up with a better trained and more fulfilled workforce, and a child who was able to live and thrive in their local community.

Responses from parents/SNJ readers.

NB: These views are those of parents for whom we have acted as a conduit for their response to the Green Paper. The views expressed from here on are not necessarily those held by Special Needs Jungle.



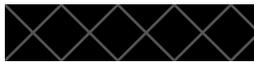
1. As far as possible, LAs should ensure that special needs units with high levels of provision are available and spread evenly over the space in their area.

2. Cooperative work with bordering LAs should enable families living close to the county borders to make use of the nearest provision irrespective of boundaries.
3. Provision could be located strategically in the school grounds of mainstream schools (although not necessarily) and equipped and staffed accordingly.
4. Government funding for such provisions should be made on the anticipated level of need at each school within the area. High levels of complex need are usually possible to predict since such levels of disability are likely to have been evident at birth or in the early stages of pre-school development.
5. LAs working together with health and social care workers could submit an anticipated forecast of provision necessary in the area for each academic year ahead at least two years ahead to maximise sensible adaptations and cooperative planning.
6. Long-term cooperative forward-planning between education, health and social care specialists involved with students' care can also be used to anticipate the needs of children with complex needs at the college stage. This would go a long way to anticipating what courses, equipment, expertise and resources would be needed where and how these could be most efficiently adapted and consolidated in different areas. A percentage of the workforce could be flexible and mobile. There's no reason why such planning should not take place a number of years ahead of college entry. In this way, colleges can be fully adapted and prepared to meet the need rather than students having to find a place that meets their needs at a considerable distance from their home. The provision will be felt to be inclusive as long as it is appropriate in being able to both meet the needs of the children concerned and provide them with the opportunities that they need to fulfil their own potential. This will not necessarily need to be (although may be) within the four walls of a mainstream school.



1. It's good that the Green Paper recognises that the needs of every child and young person can't always be met by provision in their immediate local area – and for some young people this is particularly relevant as they get older.

2. My specific experience is that complex needs (in our case Autism, Severe Dyslexia and Anxiety) are not catered for locally. Our daughter is bright and intelligent but the autism-positive education offered locally is for young people who are not looking to reach a GCSE level of education and beyond. We managed at primary school until around year 4 and by year 5 we had to go out-of-borough to attend a specialist dyslexia school (Fairley House in Westminster).
3. Fairley House then proved to be unable to look after our daughter's autism needs (particularly regards her social anxiety and her demand avoidant profile) and our daughter reached burnout and a total shutdown after explosive suicidal meltdowns triggered by being forced into the wrong educational environment.
4. We eventually found a school that might have worked for us in Kent (West Heath) but by then our daughter was too unwell to make that move. With guidance from a paediatric psychiatrist who specialises in education, we realised our best option was to provide the calm and nurturing environment required for her to recover at home. We are currently on an EOTAS package and tutors come to the house. This is working well for us.
5. However, our ideal would have been an appropriate school locally. I believe our daughter would not have reached shutdown and suicidal ideation if an appropriate school had been available to us. The type of school we needed is a therapeutic school which offers a kind, child-centred, calm, autism-positive, strength-based, non-hierarchical way of collaborating with the children.
6. It is crucial that these types of therapeutic schools are established throughout the country so that we are all able to access this type of school locally. Yes of course we can travel to a neighbouring borough, but ideally, we should not have to move a long way away.
7. Currently there is an added layer of difficulty in that it is really difficult to even find out about these schools. There is no "directory of specialist schools" and no one-stop-shop to help with finding an appropriate placement. I hired an "SEN School Finder" who struggled to find appropriate options as our case is complex". We live in East London and ended up viewing schools as far away as Kent and Derbyshire.
8. It is crucial that LAs grasp regional commissioning for specialist college places for young people with the most complex needs. The specialist college sector is on the brink of crisis, with too few places for the young people who need them. This is not right and our children are suffering.



1. The growing area of need in our local authority is specialist places for autistic children, especially those with PDA, who are bright and capable of accessing a mainstream education but who cannot cope in a mainstream school, even in a resourced provision, due to the way learning is structured and the sensory trauma created by the environment around them. The specialist schools locally only really serve those with learning disabilities, and the ESBD schools would also be too sensory-traumatising to be able to accommodate these children productively.
2. These children, like my son, end up in independent specialist provision out of county or in home education, a few have EOTAS. When it is known that this is a growing cohort, and while local authorities are planning school places for the future, they are not using data of local trends and forecasting ahead to even begin thinking about the very clear and evident need for dedicated PDA/sensory-safe provision IN COUNTY.
3. School buildings are being decommissioned rather than re-purposed, and the local authority is so behind in dealing with EHC assessments and fielding very, very justifiable complaints from parents/carers that they do not have the time or space to think and plan ahead. Children are just allocated to get them placed, and then they move on to the next one. This means that thinking is very in-the-moment. A lot of work needs to go into upskilling local authorities on strategic thinking, development and collaboration for children's needs, but also we would not be in the position if there was sufficient resource in the SEND system to start with. Chronic under-funding and failure of local authorities to operate within the law has created the crisis in the system, not our children.



1. The needs of every disabled child and young person can't always be met by SEND provision locally, this means local authorities need to work together collaboratively to commission specialist provision that is closer to home.



1. There should be a monetary sum per child/young person regionally depending on complexity.



1. There is a need to look at Post-16 funding for this group of children. Enable LA's to come together to commission bespoke colleges to serve the region for particular needs.
2. In areas with a rising young population or increase in the numbers of children with Send to also be able to commission & develop new provision without the need for a trust or free school to request a new school build for under 16's too.
3. Increase training Ed Psychs, OTs, specialist teachers etc to build a workforce to work within the schools.
4. Accountability for quality & delivery of EHC plans. Delivery of Preparing for Adulthood program within mainstream schools. You have to be doing both to be successful.



1. Certainly using cross-county provision, maybe creating specialist hubs or making more use of specialist schools that know how to manage SEN children and encouraging them to expand and reduce costs.



1. National standards should include effective monitoring and reporting of SEN within regions from 0-25 to allow for future planning of resources and provision based on need. I am surprised at how many local authorities do not have this data to hand immediately.
2. Authorities need to have effective short term medium term and long-term planning for placement provision. Online schooling may play a role in children with complex needs being able to learn at home. Personal budgets and allowing parents to choose the support would also

lead to more efficient use of resources and as usual, comes down to trusting parents to know what is best. Regional commissioning and joint commissioning of places should also be used here.



1. there need to be specialist teachers in all LAs and schools to have access to their expertise eg. Teachers of the deaf/ visually impaired/ medical conditions/ autism
2. special schools can have a role in training mainstream schools
3. there needs to be more awareness of the school system for medical and social care staff



1. Local authorities should be able to work together at subregional level to set up, fund and maintain specialist provision that all children within the subregion can access if their needs require it. There is currently no suitable provision in our LA area for our child's needs, and we have had to ask them to consult with a provision in a neighbouring area in the hope that this can meet our child's needs. There are too few specialist college providers to meet need and this contributes to SEN children and young people failing to achieve a good standard of education.