

Focus on SEMH

- demand, challenges and proposed development of provisions to better meet need

Current Position and Challenges – CYP with EHCP

- Growth in EHC needs assessments for SEMH across primary and secondary phase, and we are an outlier at secondary compared to national.
- Insufficient SEMH special school places currently with demand projected to grow for the foreseeable future.
- Special independent school (The Sheilings) withdrawing offer for some CYP.
- The short-term response has included:
 - “holding places” at PLC for CYP who have been unable to place in special school
 - “holding places” at PLC for CYP who have left The Sheilings
 - some CYP placed in independent sector or supported as EOTAS at additional cost
 - some CYP held in mainstream with extra packages in addition to top-up
- Implications:
 - Additional pressure on finite capacity at PLC
 - Financial: +£1million on AP not included in Safety Valve assumptions
 - AP/PRU provision in South Glos now at 1% compared to 0.5% national

Current Position and Challenges – CYP at PLC

- Growth in number of CYP supported by PLC generally has increased in last 5 years as follows
 - Places from 82 places (18/19) to 170 places (22/23)
 - Expenditure from £2,976,594 (18/19) to £4,059,914 (22/23)
- Range of CYP supported in PLC “short stay” includes:
 - EHCP due to shortfall in specialist capacity/The Sheilings : 40 places
 - Response to permanent exclusions – day 6 provision : 30 places
 - Response to referrals for medical needs : 100 places
- Observations:
 - experiencing growth in all areas but high percentage of demand generated from relatively small number of schools
 - high level of demand for medical referrals and support from CAMHS - but inconsistency in case for support and no exit plan – some very long stay places.
 - LA has been absent from decision making on placements for medical referrals (only specialist placement where this is the case).
 - LA has been absent from review of places occupied and decisions on return to mainstream.
 - Unable to say how effective our arrangements are in supporting CYP to return to mainstream within a reasonable timescale

Plans/proposals to respond to challenges

1. Create more special SEMH school places: we intend to expand NHLC and have options being developed – aim to have some places available for Sept 2024 or Sept 2025
2. Commission more special SEMH school places: to keep up with demand linked to 1&2 reduce “holding places” at PLC to 0 in 2 years.
3. Capacity available at PLC to meet designation, and commission support for early intervention
4. Explore with clusters and mainstream schools, opportunity to create primary and secondary resource bases across the local area
5. Develop capacity in mainstream for more SEMH to be supported in mainstream through commissioning arrangements with local SEMH expert leaders
6. Establish LA led robust decision-making panel for medical referrals (in and out) including improved joined up work with health.
7. Establish LA/School transparent and fair decision-making arrangements for responding to day 6 provision post exclusion and timely return to mainstream school: **Inclusion Panel**
8. Linked to above introduce assessment places to enable “time out” & prevent exclusion

South Gloucestershire Inclusion Panel – A New Approach to Decisions for Day 6 Placements

Current Processes & Identified Concerns

- Termly Fair Access Meeting
- RAP (Referral & Admissions Panel) for placements at PLC
- No charges for placements at PLC or Permanent Exclusions
- Schools have ability to raise objections to Fair Access decisions
- High number of permanent exclusions for this academic year – 32 (Sept-Oct). Total last year was 53
- Overspend of High Needs Block – linked to Safety Valve Programme
- PLC near capacity and often operates a waiting list
- Delays in pupils returning to mainstream education due to FAP being termly
- Historic limited oversight of PLC admissions and returns by LA

Main proposed changes

- Fortnightly Inclusion Panel to include Fair Access referrals and Admission requests to PLC – potential to reduce PEX's by requesting 12-week placement and using suspension instead.
- School representative votes for pupils requiring a 12-week placement at PLC
- All Secondary Schools to be represented at Inclusion Panel for transparency and peer support/challenge
- £2.5K charge for 12-week assessment place at PLC
- Circa 10K recouping of funds for a Permanent Exclusion – Section 3 Localism Act 2011
- Removal of Fair Access Objection form
- Schools RAG rate year groups to provide transparency on challenging cohorts to aid decision making
- Suggested start for Inclusion Panel was January 2024.

Proposed Next Steps

- Working Group with Head Teachers to identify any concerns/barriers to implementation.
- Training for Panel Reps on panel processes and legal application of the School Admissions Code
- Schools to sign up to Inclusion Panel Terms of Reference
- Procurement of School voting system – votes to be confidential.
- Publication of Inclusion Panel dates – to be held virtually.
- To be reviewed regularly
- Standing item on Head Teacher Meetings to gain feedback

Current Position on Inclusion Panel

- Confirmation from Secondary Schools and PLC that they do not support introduction of Inclusion Panel at this time
- However, there is support for introduction of assessment places
- Changes are required to improve demand management; address identified issues; reduce risk of not meeting Safety Valve targets and create capacity/investment for early intervention/commissioned support.
- Consequently, cannot move forward with Inclusion Panel without support of schools.
- Therefore, will review timescale for introducing Inclusion Panel through discussion with Secondary Heads.

Proposed Next Steps

- Meet with Secondary Heads at next scheduled meeting to discuss how/when to introduce Inclusion Panel
- Introduce with immediate effect LA-led decision panel on all placements to PLC
 - following exclusion
 - following request for 12 week placement
 - following medical referral
- Introduce with immediate effect LA-led review panel of all placements at PLC to ensure working to earliest return to mainstream
- Work in partnership with health professionals to establish effective arrangements for meeting needs of medical needs including clear criteria for CYP requiring support at PLC.
- Use DfE Advisor capacity to explore ways to introduce best practice models for supporting and retaining CYP in mainstream.

Q&A

High Needs Working Group 29.11.23
South Gloucestershire Council