

SECTION B
PROVISION

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B1 Summary sheet: SEN provision

- In considering SEN provision it is important to remember that it is the provision that is crucial, not the placement. The placement is the location/school/setting that the child attends . Provision is the learning support and expertise offered in the placement. The same provision can be delivered in different placements.
- It is more strategic to review the continuum of provision for each type of need (such as ASD) than it is to review ARMS or special school placements. Provision for example, for a deaf child can be made by a teacher of the deaf or by the facilities available in an ARMS.
- Appropriate provision may be available in more than one placement. Gateshead has a pattern of placement that embraces:
 - Special schools
 - Planned provision (ARMS)
 - Out of authority schools
 - Mainstream schools and academies.
- It is not always apparent that a clear link between needs and provision determines placement.
- The use of outcome measures is crucial in understanding what type of provision is most effective. It will help both in the strategic commissioning of provision and also to help inform parental choice.
- A significant variable in provision is the availability of skilled expertise in the appropriate areas of need. Sometimes the staff in a particular setting have an appropriate range of expertise in other cases the expertise rests with specialist support available to the setting.
- There is not a clear link between the growth in areas of need and demand for provision. This is demonstrated by the vacancies in ARMS provision.

Overarching recommendation: SEN provision

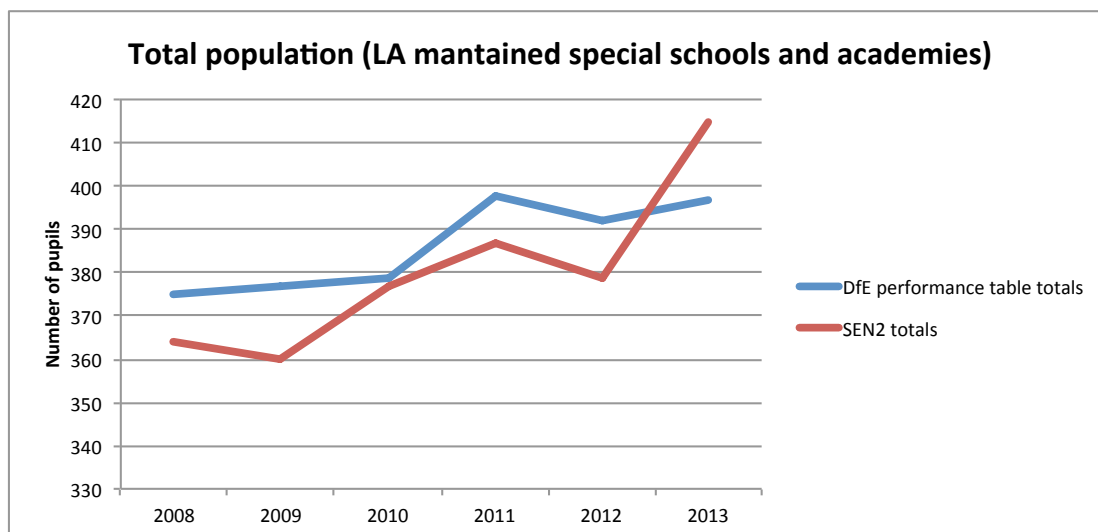
1. In order to ensure the appropriate provision profile is available to meet the needs of pupils with ASD, BESD and MLD, a strategic review of the continuum of provision and the best mix should be undertaken in partnership with special schools, ARMS, mainstream schools, specialist services and parents.

B2 The future capacity and nature of special schools

B2 i Recommendations concerning special schools

1. In order that the LA, parents and others can understand and appreciate the successes that pupils in special schools achieve, an agreed profile of outcome measures and post school destination should be prepared, systematically recorded and appropriately reported.
2. In order that a full continuum of provision for pupils with special educational needs is supported and maintained, the LA should consider utilising the knowledge and skills in special schools to provide support for mainstream schools. This is particularly important where there is not the equivalent expertise available from SENIT.
3. In order to minimise the risks of increased demand for special school places occurring, as a consequence of changes in the legislative and funding frameworks, the LA should develop and initiate a communication strategy that would ensure headteachers, SENCOs, SEN governors and parents knew what resources were available to them and what would be the reasonable expectations.
4. In order to maximise the potential of the Comparison and Analysis of Special Pupil Attainment (CASPA) profile data that the special schools utilise, the LA should explore with them how this could be developed, shared and used strategically.
5. In order to ensure that special schools are providing an appropriate provision for the most vulnerable children, consideration should be given to how best special schools could be developed as a targeted resource for pupils with ASD.
6. In order to ensure that the needs of more children can be effectively met within Authority maintained provision, the LA should review, in partnership with Health Service commissioners and special schools, the arrangements for access to appropriate therapies.
7. In order to address anomalies identified in respect of pupils with MLD, the LA should consider as part of a strategic review of the continuum of provision for these children and young people the role special schools should play in providing provision.

B2 ii Summary sheet: special schools



Key findings

- Special schools in Gateshead have a very positive profile of Ofsted judgements.
- Overall the number of pupils placed in special schools has consistently grown over the last five years.
- Some special schools express the view that they could better meet the needs of more pupils if they had better access to therapy provision.

B2 iii Special schools: the evidence

There are six special schools in Gateshead.

School	Type	Age range	No on roll Jan 2013	Most recent Ofsted
Dryden	Severe and Profound Learning Difficulties	KS 3 & 4 Age 11-19	54	Jan 2012 Good
Eslington	Behaviour, Emotional and Social Difficulties	KS 1 & 2 Age 4-11	33	Mar 2011 Good
Furrowfield	Behaviour, Emotional and Social Difficulties	KS 3 & 4 Age 11-16	69	Nov 2009 Good
Gibside	General Learning and Autistic Spectrum Disorders	KS 1 & 2 Age 4-11	83	Oct 2012 Outstanding
Hill Top	Moderate Learning Difficulties and Autistic Spectrum Disorders	KS 3 & 4 Age 11-16	79	Feb 2011 Outstanding
The Cedars	Physical Difficulties and / or Communication Difficulties	Reception to Year 11	74	Sep 2012 Good

Five of them are LA maintained, and one, The Cedars, is a special academy. All of them are rated Good or Outstanding by Ofsted.

Gateshead SEN profile by placement

	Primary	Secondary	Special	Total
2012	880	680	390	1,950
2011	835	705	400	1,940
2010	810	690	380	1,880
2009	780	760	370	1,910

Data sources:

- 2012 DfE Statistical First Release: Special Educational Needs in England, January 2012 (published 12 July 2012) - reference ID SFR14/2012
- 2011 DfE Statistical First Release: Special Educational Needs in England, January 2011 (published 30 June 2011) - reference ID SFR14/2011
- 2010 DfE Statistical First Release: Special Educational Needs in England, January 2010 (published 23 June 2010) - reference ID SFR19/2010
- 2009 DfE Statistical First Release: Special Educational Needs in England, January 2009 (published 30 June 2009) - reference ID SFR14/2009
- 2008 DfE Statistical First Release: Special Educational Needs in England, January 2008 (published 25 June 2008) - reference ID SFR15/2008

Notes:

- For 2012 and 2011, totals have been rounded to the nearest 5
- For 2010 and 2009, total have been rounded to the nearest 10

In 2012, special schools catered for 390 of the 1,950 pupils who had special needs (statement and School Action Plus). This represents 20%.

However when we look at the profile of placements of children and young people who just have a statement of special educational need, we see a significant shift towards a higher proportion of special school placements.

Placement of pupils with statements 2008-2013 (Gateshead SEN2 section 1.2)

	2008	2009	2010	2011	2012	2013
LA maintained schools and mainstream academies (d+k)	340	348	341	335	309	304
Units and resources provision in mainstream schools (b+c)	74	82	80	49	58	58
LA maintained special schools and special academies (e+l)	364	360	377	387	379	415
Total pupils with statements on roll	834	833	843	817	795	834

Percentage of pupils with statements by placement

	2008	2009	2010	2011	2012	2013
LA maintained schools and mainstream academies	40.8	41.8	40.5	41.0	38.9	34.4
Units and resourced provision in mainstream schools	8.9	9.8	9.5	6.0	7.3	6.6
LA maintained special schools and special academies	43.6	43.2	44.7	47.4	47.7	46.9

Maintained special schools consistently cater for a higher proportion of pupils with statements than do mainstream schools. This proportion will almost certainly increase following the implementation of the Children and Families Bill 2013 and the introduction of Education, Health and Care plans. The enhanced level of funding of mainstream schools will mean that fewer children will require an EHC plan as they will be able to have their needs met by the resources delegated to the school.

When we consider the profile of placements made in special schools, dependent upon categories of need, we see another shift in profile. The four largest areas of need are:

- Behavioural, emotional and social difficulties
- Moderate learning difficulties
- Specific learning difficulties
- Autistic spectrum disorder.

Whilst these represent the largest proportion of pupils in special schools there are still more pupils with these needs not placed in special schools.

Percentage of pupils by type of need by special school placement

	Gateshead	Sunderland	Sunderland / S Tyneside / Durham average	North East	England
SpLD	1.0	0.5	0.9	1.4	1.1
MLD	11.2	4.5	18.9	14.2	18.6
SLD	21.2	28.1	22.9	25.2	24.6
PMLD	4.8	3.6	6.1	6.7	9.0
BESD	25.0	30.7	25.7	22.8	14.1
SLCN	8.7	2.4	2.8	4.8	5.0
HI	0.8	-	0.5	0.7	1.6
VI	x	x	x	0.2	0.8
MSI	-	-	-	0.1	0.2
PD	3.3	1.4	3.1	3.2	3.8
ASD	21.4	28.1	18.1	19.7	20.4
Other	2.3	x	1.3	1.1	0.8
Total	100	100	100	100	100

Data source: DfE, Special Educational Needs in England, January 2012 (published 12 July 2012) - reference ID SFR14/2012

Note: x denotes 1 or 2 pupils, or a percentage based on 1 or 2 pupils

However special schools are more likely to cater for pupils with severe learning difficulties and profound and multiple learning difficulties.

B2 iv Special schools: discussion paper

The evidence suggests that the special schools in Gateshead provide good education and face growing demand.

Most LAs provide special schools as part of their continuum of provision and special schools provide parents with choice concerning provision.

*'Special schools, including maintained, non-maintained, and independent special school sectors, play a vital role in our school system, providing specialist expertise in educating children and young people who are disabled or who have SEN. Over 40 per cent of children and young people with statements of SEN attend special schools, independent schools and non-maintained special schools.¹⁰⁴ Special schools play an important role as a hub for wider services, for example offering after-school and family provision, including access to short breaks and particular therapies for disabled children and children with SEN and their families. Many special schools also offer specialist advice and services to mainstream schools. Flexible placements in more than one type of provision, over time or simultaneously, can be beneficial for children with SEN. It may be helpful for some children attending mainstream school, for example, to spend some time in a specialist setting for their learning needs to be thoroughly assessed, or for specialist support or to help them catch up. Strong links between schools improve support for the child and develop the skills of staff in both settings so that they are able to meet a broader range of needs.'*¹

There is an inevitable circularity, in that the profile of available placements will influence the destination of children. The commissioner has the power to shape the placement profile by changing the profile of placements provided.

Whilst most authorities make provision in special schools for pupils with severe and profound learning difficulties, not all of them do for the range of needs that Gateshead special schools cater for.

An analysis of the provision available in special schools in Gateshead's three nearest statistical neighbours shows that all of them have schools that cater for SLD, PMLD and BESD but not all of them have special schooling that caters for MLD or ASD.

There are three areas of need about which it can be challenged if there is a benefit in special schooling. These are:

- Moderate learning difficulties
- Autistic spectrum disorder
- Behaviour, emotional and social difficulties.

¹ DfE *Support and aspiration: a new approach to special educational needs and disability*
March 2011

These are all high incidence needs and all areas of need where the majority of pupils with the need are placed in mainstream school. The challenge questions are:

1. Does the availability of special schools for these groups of pupils inhibit the development of the necessary skills in mainstream schools to meet their needs?

or

2. Does the provision of additional expertise and specialist provision through the special schools enable the needs of children to be appropriately met?

The answer is unlikely to be simple, and in many respects both are true. Some authorities have successfully managed the full spectrum of special educational needs without special school provision for any of this group of children and without high dependency on the use of out of authority placements. Key factors in achieving this are:

1. The commitment of mainstream schools to embrace inclusion
2. The confidence of parents that appropriate provision is being made
3. The ability of the LA to support mainstream schools with the necessary resources and expertise.

Evidence from the qualitative element of this study, focus groups and interviews, suggested that:

- Some parents doubt the willingness of mainstream schools to embrace the needs of all children
- Some schools feel the profile of support available does not enable them to meet the needs of all children
- Both schools and parents feel that the legislative changes are likely to lead to an increased demand for special school places rather than a reduction.

There was no evidence that supported a view that increased inclusion was a viable option at this time.

The evidence, especially in relation to pupils with MLD and ASD (see Section A4 iv) is that there does not seem to be a clear placement rationale. A third of the ASD planned place provision is not taken up. The placement of ASD pupils is determined by secondary learning difficulties needs rather than primary needs.

Pupils with MLD can be placed at special school (Hill Top), ARMS, or mainstream. An analysis of the profile of secondary needs of those pupils did not show a clear pattern of placement. The cost of supporting MLD pupils at the ARMS or at a special school is £10,000 per planned placed but most of those in mainstream are resourced well below this level.

The situation with BESD is also confusing. BESD pupils can also be supported in special schools, ARMS, and mainstream schools. In addition the largest group of out of authority placements are for pupils with BESD. Not all pupils with BESD are supported through the special needs process. Some pupils are excluded and their needs met in PRUs. Some schools make their own arrangements for alternative provision. A pupil with a statement can be placed in the PRU. There is an extremely high level of exclusion of pupils with statements.

The impact of High Needs Block funding on mainstream schools is difficult to determine. The intention of the legislation is that if schools have delegated resources at a higher level they will not need to seek extra resourcing from the LA. There is however a risk that in moving away from targeting resources at individual need through a statement, it will lead to a lack of awareness of what resources schools have. If a school perceives it has not got sufficient resources, it will either seek additional resources, or declare it cannot meet the needs of the pupil and seek a special school placement.

It would be wise to assume that there may be increased demand and therefore to consider how schools can be supported so that the LA can manage the demand.

Strategies the LA could consider include:

1. Ensuring that key members of the school community (SENCO and special needs governor, for example) know and understand the level of resource made available to the school to enable them to meet pupils' needs.
2. Ensuring that there is a well developed continuum of provision for all areas of need that are agreed and understood within the learning community. There must be a clear rationale as to why one pattern of provision is better able to meet the particular learning needs of the pupil.
3. Ensuring that there is an agreed model of reasonable expectation of how mainstream schools are expected to meet a range of needs. Provision mapping should include quality standards as well as quantitative input.

A crucial focus for consideration is 'What do special schools offer?'

Special school placements should be made because they can offer the best provision to meet the special educational needs of the child. They should not be made because no-one else wants the child and there is nowhere else to go.

The positive features that special schools can offer include:

- Understanding
- Appropriate skills
- Appropriate environment

- Access to expertise.

They also have the cachet of a demonstrable success rate in meeting needs.

A full analysis for the provision available in each special school, including the skills and expertise of the staff, would help ensure that the positive provision they provide was recognised.

Ideally any discussion on the future of special schools would be informed by outcome data.

The special schools have a strong range of outcome data from CASPA reports to post school destination data. The data is most used at individual pupil level but could be analysed to produce outcome profiles for the schools.

Conclusion

In terms of the capacity and nature of special schools the evidence is considered against categories of need.

Severe Learning Difficulties (SLD) and Profound and Multiple Learning Difficulties (PMLD0)

The evidence suggests that there continues to be a need for provision of the sort provided through special schools for this group of children and that the current capacity is appropriate.

The only area for future consideration is whether they could have a role in ensuring the continuum of provision across all settings is developed as a coherent whole.

Behaviour, Emotional and Social Difficulties (BESD)

The evidence suggests that there continues to be a need for provision of the sort provided through special schools for this group of children and young people.

There is some evidence to suggest that there may be demand for more places but it is not unequivocal that there is a need for more places.

The factors that might lead to a demonstrable need for more places are:

1. Alterations to the profile of ARMS provision, either strategically determined, or by schools ceasing to desire to host them
2. A strategic desire to reduce out of authority placements for pupils with BESD
3. A change in the appetite of mainstream schools to support children and young people with BESD, perhaps as a tension arising from prioritisation of the achievement agenda.

Physical Difficulties (PD) and Speech Language and Communication Needs (SLCN)

The LA will continue to require specialist provision for children and young people with these needs. The challenges will be to ensure the school can develop and sustain the range of expertise and specialist skills to meet the wide age range and diversity of need.

Consideration could also be given to:

1. The potential for The Cedars to play a strategic role in co-ordinating the continuum of provision for pupils with PD, including that provided by Swalwell and the SENIT specialist teacher.
2. Enhancing the communication element to strengthen the focus on pupils with ASD.

Autistic Spectrum Disorder (ASD)

This is an area with a high and growing number of children and young people being identified. ASD is a continuum of need and some pupils with ASD will benefit from special school support. Although there is a paradox in that whilst the needs of children with severe ASD require access to the skills, facilities and understanding that can be provided through a special school, those same needs make it more challenging for the children and young people to interact positively with each other.

The need for increased capacity for this group will need to be considered within the context of a continuum of provision. At present the take up of ASD places in ARMS is significantly below capacity. However, it is not an improbable scenario to consider that lower level ASD needs can be supported in mainstream but that more challenging needs would require a more specialist setting.

This is an area where there could be increased demand and consideration could be given to rebalancing the profile of placements to ensure that capacity and expertise was available to meet the needs of these pupils.

Moderate Learning Difficulties (MLD)

Consideration of the capacity in special schools for pupils with MLD will ultimately depend on the strategy and practice agreed within the learning community in respect of children with MLD. Mainstream schools have the skills to meet the needs of pupils with MLD. Special school placements will therefore be dependent on secondary factors and therefore the secondary needs might better be seen as the primary need if it drives the provision and placement.

Low level needs

There are not sufficient pupils with low level needs such as HI and VI to consider identifying special school provision for this group as an alternative to out of authority placements.

Consideration however could be given to identifying one or more special schools that could be developed to host these needs in exceptional circumstances.

B2 v Special schools: options report

Option 1: closure

It is not a practical option to consider closing special schools.

1. The evidence suggests they are effective and in demand.
2. The school itself has the right to request to become a special academy.
3. Parents have the right to apply to establish a free school.

Option 2: increase the number of special schools

During the review, arguments were made to extend the range of BESD special schooling. There were two main drivers:

1. To reduce the number of out of authority placements
2. To more effectively target resources used for alternative provision.

Option 3: review the profile of needs catered for by special schools

There are some evidence and arguments that would support developing expertise in meeting the needs of ASD pupils in special schools and reduce the number of MLD placements.

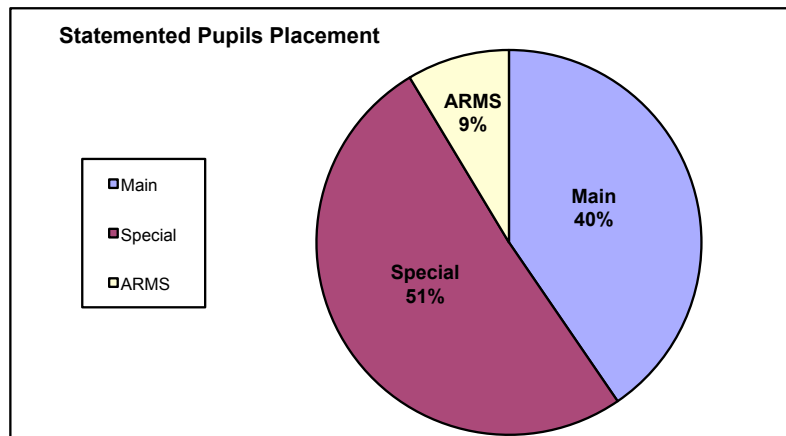
B3 The nature of planned places with specialist provision

B3 i Recommendations concerning planned places

1. In order to ensure that provision is driven by need rather than input the future of Additionally Resourced Mainstream School (ARMS) should be considered in the context of a continuum of provision relating to each area of need.
2. In order that any development progress, there needs to be clarity as to:
 - Whether they are specialist or generic provision
 - Whether the pupils are on the roll or not
 - Whether they only take pupils with specific needs or accommodate a range of needs.
3. In order that a strategic future of ARMS is progressed, the whole learning community, not just ARMS heads, needs to be actively engaged in the debate about their future.
4. In order that there is a shared and understood clarity of purpose, all ARMS provision should:
 - i. be formally commissioned setting out the requirements and expectations of the Local Authority, the resources and responsibilities of the Local Authority and those of the Governing Body
 - ii. a press and publicity campaign utilising the council website, electronic communication and paper documentation should set out clearly and plainly the purpose of ARMS, the route of access to them and the resource they provide.
5. In order to provide stability of provision all ARMS should have a fixed term contract with a set review date. (This would probably require the School Forum endorsement as it would be committing resources for the future financial years).
6. In order to ensure that the ARMS do provide specialist support, a resourced programme of training and development should be designed following a Training Needs Analysis, and enhanced access to specialist teachers and educational psychologists should be built into the model.
7. In order to ensure that the ARMS are effective, an outcomes based model of evaluation should be initiated at the start of the new phase of their development.

B3 ii Summary sheet: planned places

Placement of statemented pupils 2012



Key findings

- The lack of clarity of purpose for the ARMS is significant:
 - Are they for pupils with a statement or others?
 - Are they for one specific type of need or any need?
 - Are they short term placements supporting reintegration, or a permanent place?
- There are ARMS for four of the highest areas of need:
 - Autistic spectrum disorder
 - Behavioural, emotional and social difficulties
 - Speech, language and communication needs
 - Moderate learning difficulties.
- Yet there are 35 vacancies, representing 31.8% of the capacity in ARMS catering for the four highest areas of need.
- The overall level of vacancies, 48 out of 166 places, representing 28.8% of capacity, cost the Local Authority £480,000 in non-targeted expenditure.
- No evidence is collected, nor was found during the study, that a placement in the ARMS for the biggest areas of needs leads to demonstrated progress towards outcomes.
- Most of the ARMS cannot be considered as providing specialist support as they do not employ staff with specialist qualifications and their access to specialisms is limited.
- The dedication, enthusiasm and commitment of many of the staff in the ARMS, including their host leadership team, is a valuable asset.

B3 iii ARMS: the evidence

Introduction

Evidence is drawn from the following sources:

1. Needs analysis of the numbers of children and young people with special educational need and the projected growth trends
2. Evidence from the current profile of vacancies and projected entrants
3. Evidence relating to the ability of ARMS to demonstrate they can offer 'specialist provision'
4. Evidence drawn from the qualitative data acquired through interviews, surveys and focus groups.

Evidence from needs analysis

Needs alone does not determine placement. There is a significant element of parental choice. Although the parents spoken to did not have experience of ARMS, school staff indicated that many parents had reservations. The reservations were often based on a lack of understanding as to what is offered.

If we look at the current profile of placements for pupils whose primary need as identified on a statement could be supported in ARMS we see the following pattern.

It is not easy to establish a clear profile of pupils in ARMS. There is a strong, but not exact, relationship between the pupils the LA have allocated an ARMS provision to and those that the host school associate with the ARMS. Although timeliness always threatens complete agreement, as databases change with circumstances. It is also because schools use their resources flexibly to meet the needs of other children who have not been allocated an ARMS place and pupils who have been allocated an ARMS place are sometimes wholly integrated into mainstream provision. These are both a sensible creative maximisation of resources and sensitive responsiveness to pupils' progression and changing needs.

There is not an exact relationship between the records of pupils' needs. Not all pupils in the ARMS have a statement of SEN and are therefore not on the SEN database which holds a description of primary needs. The majority of pupils on the SEN data have a primary need that is different from the strategic focus of the ARMS. Only 25 of the 54 children in ARMS with a statement had a primary need that matched the focus of the ARMS. In some cases the ARMS understanding of the primary need is different from the LA.

This is not just a logistical problem. It is an accurate reflection of reality. Not all the pupils in the ARMS have a primary need that reflects the purpose of the ARMS.

If therefore the ARMS have more, or fewer, or different pupils than the LA commission them for, how can they be accountable for progress?

If ARMS have more pupils for different needs than the primary need they are supposed to accommodate, how can they be considered specialist strategic resources?

Because ARMS cater for pupils both with a statement and without, it is difficult to track their profile on information gathering forms like the SEN2 which would have allowed comparison with other authorities.

Based on SEN2 data, which only refers to children who have a statement of special educational need, the ARMS have never support 10% of the pupils with statements.

There are potentially (2013) 160 ARMS places, of which 118 are full. This represents less than half of one percent (0.4%) of the school population.

The table below shows that they cater for less than 10% of the population of children with statements.

The SEN2 profile of pupils on roll by establishment:

	2008	2009	2010	2011	2012	2013
Resourced provision in mainstream	45	17	20	41	56	55
SEN units	29	65	60	8	2	3
Total	74	82	80	49	58	58
% of total statements	8.9%	9.8%	9.5%	6.0%	6.9%	7.0%

Distribution of ARMS provision

The current distribution of ARMS provision is shown in the following table.

School	Need	Age range	Places	Vacancies
Bill Quay	Complex communication needs (including Autism)	Key Stage 1	8	3
		Key Stage 2	8	1
Brandling	Speech and language	Key Stage 1	8	3
		Key Stage 2	8	0
High Spen	Hearing impairment	Key Stage 1&2	8	3
Roman Road	Complex learning needs	Key Stage 2	8	0
Rowlands Gill	Complex learning needs	Key Stage 2	8	0
St Wilfrids	Complex learning needs	Key Stage 1	8	6
Swalwell	Physical difficulties	Key Stage 1&2	8	4
Washingwell	Complex communication needs	Key Stage 1	8	0
		Key Stage 2	8	0

Bede	BESD	Key Stage 1	8	1
Eslington	BESD	Key Stage 2	8	2
Charles Thorpe	General	Key Stage 3&4	30	8
Thomas Hepburn	General	Key Stage 3&4	13	6
Whickham	Autism	Key Stage 3&4	19	11

In February 2013 48 out of 166 potential ARMS places were vacant. This represents 28.8% of the potential capacity. It also represents, as ARMS count as specialist SEN provision, that £10,000 per planned place, that is not targeted at individual children's needs amounting to £480,000. Such a level of non targeted resourcing is not sustainable. Even for the areas of greatest number of need the vacancies are high.

Specialist provision

An underpinning question in the enquiry was in what way are ARMS specialist. Whilst the additional resourcing does enable them to provide small group and individual support, it is not always clear what additional expertise they offer.

A request was sent to eight of the ARMS, asking them if 'any of the staff in your ARMS have a specialist qualification relating to the need the ARMS caters for'.

Responses were received from seven of the eight ARMS. These showed a wide range in the profile of qualified staff. Some of the ARMS reflected their staff were experienced rather than qualified, and some that they were trained rather than qualified. One ARMS had three staff with a professional qualification relating to their area of need.

This issue was raised in a number of the qualitative interviews. A compelling case was made by a head-teacher for the preference to have high quality teachers, who could acquire expertise, rather than specialist staff. This was on the grounds that if you were appointing specialist qualified staff you would be drawing from a small pool, whilst if you were selecting generally qualified staff you would be more likely to attract a wide range of teachers.

The whole issue of staff recruitment, training, retention and development was tied up in the uncertainty of the future of ARMS. There was a general endorsement from the focus groups and interviews that if there was stability in the future of the provision and the LA resourcing allowed it, then they would invest in training and development.

A related issue was concern about the time allocation model for educational psychologists. Although being an ARMS led to an enhanced allocation of educational psychologists' time, it was felt to be insufficient, and often absorbed with the requirements of the formal assessment process rather than

being available to increase staff understanding of how to respond to the groups of children the ARMS catered for.

It needs to be recognised that not all the ARMS are specialist provision. Most ARMS have children with primary needs that differ from their strategic function and some ARMS catering for complex needs are more generic than specialist.

Specialist ARMS like those for hearing impairment and speech and language do receive a significant amount of additional specialist input from Teachers of the Deaf and speech and language therapists.

The evidence does not suggest a clear pattern of consistency in the qualification and training of staff. As, in most cases, there is no systematically collected outcome data it is not possible to determine if lack of specialist qualification and training makes a difference.

Qualitative data on ARMS

Information from discussions with head-teachers who host mainstream schools ARMS, and with parents and other groups indicated:

- There is a widespread lack of clarity as to what ARMS do.
- There is concern, expressed by both parents and professionals, that the value they add is not clear. Many of them do not have specialist qualified staff.
- There is concern expressed by schools that host ARMS, that whilst the resourcing covers staffing costs it does not account for other expenses, such as additional training needs, equipment and staff time spent in meetings.
- There is concern, expressed by some head-teachers who host ARMS, that inappropriate pupils are sometimes placed there pragmatically by the Local Authority.
- There is no clear and consistent rationale as to:
 1. whether pupils are there for a short time to be reintegrated or a permanent placement
 2. what the progression route for pupils is at transition.

A recent Cabinet Report (22/1/2013) setting out the outcomes of a consultation process indicated that there is widespread support for the continuation of the Additionally Resourced Mainstream School model, but that implementation and effectiveness need to be tightly monitored. The following responses were received to the question, 'How effective do you think the current approach to ARMS is?'

	Number	%
Very effective	17	22.37
Partially effective	26	34.21
Not very effective	5	6.58
Not effective at all	4	5.26
Don't know	20	26.32
Total	72	94.74

B3 iv ARMS: discussion paper

The starting point for consideration of the strategic needs for ARMS is what outcome they are intended to achieve.

Local Authorities utilise the option of resourced specialist places in mainstream schools for a variety of reasons, including the following:

1. to achieve economies of scale by clustering children with similar needs together to enable access to appropriate expertise
2. to provide a flexible resource that can be accessed quickly without the formality of statutory processes
3. to support a commitment to inclusion by enabling more special educational needs to be met in mainstream schools
4. to provide short term intensive intervention to bring about change leading to full reintegration
5. to provide an assessment function to help inform options for future placements
6. to provide additional capacity for special educational needs if special schools are full.

Clearly the outcomes relevant for each of these reasons would be different. The profile of staffing and support would also be different.

The Local Authority position (see appendix ARMS 2) is that *'ARMS offer an alternative type of provision for those who may not need to be in a special school, but who require significant specialist intervention and would benefit from access to and learning experience in a mainstream school environment'*.

This suggests two elements:

- 'significant specialist intervention'
- 'benefit from learning experience in a mainstream environment'.

The level of 'specialist intervention' is not quantified or qualified.

In many of the ARMS the staff do not have specific professional qualifications that would justify calling them 'specialists', although many of them have experience, training and enthusiasm. If the staff in the ARMS are not specialists then the specialist intervention will come from without. Although there is an allocation of additional education psychologist time to ARMS this is reported to be insufficient and the SENIT team does not have specialists in all areas.

'Learning experience within the mainstream environment' is also variable and not quantified. The provision range from segregated units within the school to full integration with support being delivered alongside other children.

Another variable, that is significant, relates to the perceived purpose of the provision. For some, the perceived intention, and hence desirable outcome, is

a return to mainstream; others see themselves more as a permanent placement.

In 2011 The Green Paper Support and Aspiration (page 52 section 2.50) stated:

‘Over 15,000 children are taught in specially resourced provision in mainstream school, or in special units attached to mainstream schools. Where local authorities help to facilitate access to meet the needs of children and families as well as make cost effective use of resources, often saving on expensive individual placements in independent provision where therapy support is provided in house.’

Location

The present location of ARMS within Gateshead is pragmatic as well as strategic. A strategy can indicate that a particular number of places are needed for a particular purpose. However it is the pragmatic combination of a school that is willing to host an ARMS facility also having sufficient place that are the key determinants.

The geographic mapping exercise (see appendix ARMS 3) provides an indication of the ‘best fit’ locations for ARMS for pupils with ASD, BESD and MLD.

Location is a relevant factor because not only is there a significant transport cost implication for which location but there are social community issues for the children and young people being educated outside their neighbourhood and access challenges for their parents in engaging with the host school.

A new starting point

If we start from need not placement we may reach a different position.

The question ‘What profile of planned places is needed?’ ensures that the focus is on planned places.

If the question is ‘What continuum of provision is required to meet the special needs of these pupils?’ or ‘How best can we achieved the desired outcomes for this group of pupils’ needs?’, the process and the answer would be different.

ARMS have become perceived as a single entity with a similar model of a fixed number of places and a fixed model of resourcing. The new funding reforms ensure that they are resourced at the same level, £10,000 per place, as special schools. For most pupils in the provision that is more resourcing than they previously had allocated. The increased cost gives an opportunity to consider two options:

1. if they are over resourced, to cease the provision and redirect the resources
- or
2. to utilise the additional resourcing to secure more expertise through the purchase of therapies or specialists.

Conclusion

The evidence suggests that:

1. The number of planned places could be reduced
2. ARMS should be seen as part of a planned continuum of provision
3. The profile of required provision is not the same for all types of need
4. It is impossible to evaluate the effectiveness of ARMS without evidence as to the outcomes they achieve
5. There is a desire to retain ARMS and also a recognition that their role and function needs to be clarified.

B3 v Specialist provision: options report

Option 1 (preferred option)

Any radical change will need to be developed in partnership with the whole learning community. Changes in provision will have implications for all schools, both mainstream and special, as well as the schools that host ARMS.

Given the support indicated for the ARMS model soundings with key leaders in the educational field would need to be sought before embarking on change and development.

The evidence suggests that a different response is needed for each area of need.

HI

Work with the HI and the host school to agree a model that reduces the number of resourced places to six and allows staff from the schools to be 'integrated' within the HI team.

PD

Develop and sustain links and relationships between Swalwell, The Cedars and SENIT PD teacher so that there is a clear continuum of planned provision and support for all pupils with PD.

SLCN

Sustain the provision but review the profile and pattern of speech therapy support in partnership with Health Service commissioners.

ASD

Within the context of a continuum of provision for pupils, develop the ARMS as a specialist provision which only cater for children with ASD.

Complex learning needs

Explore with the learning community if there is a rationale for resourcing generic rather than specialist provision.

Option 2: No ARMS

The Local Authority might have no ARMS either as a strategic decision, or because no suitable schools were willing to tender for and host such facilities, or because no parents were willing to accept such placements. The implications would be that the Local Authority would need to secure a place for 118 pupils (based on figures in appendix ARMS 2).

These would be Primary aged pupils with:

- | | |
|--|----|
| - Autism | 28 |
| - Speech, Language & Communication Needs | 25 |

- Hearing Impairment	5
- Complex Needs	18
- BESD	15
- Physical Difficulties	4

And at Secondary level:

- General Needs	29
- Autism	8

The pupils concerned would be placed either in mainstream school, special schools or out of authority provision.

The £1,660,000 released would give scope to consider a range of options. Many of the pupils could probably be catered for in mainstream school at less cost than the £4,000 (AWPU equivalent) plus £6,000 individual needs component. The outcome would be at worst cost neutral but could release resources even if there were a few out of authority placements as a consequence.

Option 3: Retain and improve

This option assumes that there is no desire to radically amend the present profile of provision.

If this was the case the following actions would be appropriate:

1. Reduce the number of resourced places in:

Whickham	to 12
Charles Thorpe	to 24
St Wilfrids	to 4
High Spen	to 6
2. Introduce a contract to existing providers re-establishing resourcing and expectation
3. Clarify the routes to and from the ARMS provision
4. Agree with the ARMS a model for reporting and evaluation
5. Renewal of contract dependent upon outcomes delivered.

The only advantage of this model is that it will cause a minimum amount of disruption whilst achieving £170,000 savings.

The disadvantages are significant:

1. It fails to address known concerns relating to function and location of ARMS.

2. It does not demonstrate an evidence-based commissioning strategy based on a projected profile of need.
3. It avoids the challenge of quality assurance and outcome based evaluation.

Option 4: ARMS as satellite provision for special schools

If ARMS were satellite provision, or community bases for special schools the advantages would be:

- no tensions about attribution/accountability for reported performance on National Curriculum
- flexible inclusion opportunities for children attending the host school
- clear pathways for progression that could inform early planning.

The disadvantages would be:

- need for accountabilities with the host school, including remuneration for space and responsibilities for staff as well as children
- potential confusion in the mind of parents of the children attending the facility and in the community hosting the facility.

Option 5

There is a tension between evidence from the needs analysis and evidence of ARMS being able to offer specialist input. The table below shows that the highest incidence special need does not lead to either a take up of places or of the availability of expertise.

	ASD	MLD	SLCN	BESD
No of statements 2012				
% of placements	11.7%	17%	18.6%	21.7%
Potential no of ARMS places	35?	43	16	16
No vacant	15	14	3	3
% vacant	42.9%	32.6%	18.75%	18.75%

If a decision is made on current use of ARMS then the evidence would suggest that there is no need for a KSI Complex Need ARMS and that the capacity of the ARMS for the following could be reduced:

- Primary hearing impairment
- Primary physical / medical
- Secondary ASD.

Option 6: retain a generic provision

There is not a statutory requirement to designate an ARMS as catering for a specific type of need.

An analysis of the primary needs of pupils placed in ARMS suggests that to some extent all the ARMS currently take pupils with a different range of needs.

This would be an expensive option as planned places have a £10,000 premium under Funding Reforms.

B4 Services to be commissioned centrally

B4 i Recommendations concerning centrally commissioned services

SENIT

1. In order to meet the needs of children with special educational needs the LA needs to retain a core of specialist staff who can provide expertise to support schools and parents.
2. In order to make the most effective use of resources, specialist teams should be seen as part of an integrated and co-ordinated continuum of provision working to support each area of need.
3. In order that the service operates strategically and fulfils the requirements of the Local Authority; there should be a written commissioning contract which specifies what outcomes are expected in each area of need. This will be more effective if it is developed together.
4. In order to ensure that best practice in commission is followed; the Quality Standards set by the DCSF (2008) should be used to inform the commissioning of SENIT.
5. In order to ensure that the intervention is effective, the LA needs to work with the specialist services to develop an appropriate range of outcome measures that are collected systematically and reported on regularly.
6. In order to ensure that as many children and young people as possible are educated within their community; amongst the outcome measures will be expectations relating to out of authority placements.
7. In order to ensure that support is focussed for the optimal time; exit criteria for all needs should be developed reflecting a reduction and cessation of support when appropriate educational outcomes are achieved.
8. In order to include perception measure in the evaluation of effective services; SENIT should further develop, consistently implement, analyse and report on service user satisfaction measures.
9. In order to ensure the services coordinate effectively with others providing support to the same groups of children; a pattern of coordinating meetings needs to be agreed and implemented.
10. In order to ensure that the SENIT teams retain the necessary level of training and expertise to deliver effective interventions, a staff training

and development strategy should be developed, implemented and resourced.

11. In order to ensure schools continue to understand and value the contribution the services make, agreement should be sought with the schools forum to present an annual report focused on the outcomes the services achieve.

Hearing impairment

20. In order to address a possible over identification of children and young people with hearing impairment:
 - i. eligibility criteria should be revised to focus on better educational and language outcomes
 - ii. clear exit criteria, stating when intervention should cease or be reduced should be developed
 - iii. the caseload should be rigorously reviewed, and independently monitored, against the strengthened criteria and if appropriate the establishment reduced
 - iv. the LA should undertake a benchmarking exercise with its three nearest statistical neighbours to ascertain the size and range of their HI services.
21. In order to ensure that a seamless, coordinated service for Hearing Impairment is delivered within the Authority; consideration should be given to further integrating the ARMS provision at High Spenningswood with SENIT.
22. In order to ensure that the effectiveness of the service can be evaluated: outcome based evaluation criteria needs to be developed.
23. In order to ensure that children and young people with Hearing Impairment have their needs met within the Authority where appropriate; a support strategy that provides for exceptional intervention should be developed with SENS.

Visual impairment

16. In order to ensure that the VI services are effective, an appropriate range of outcome measures, including educational attainment, should be developed, systematically collected, and reported.
17. In order to ensure that the VI services are focused on children with the greatest need, the eligibility and exit criteria should be amended to embrace educational progression data and demonstrate a clear process of systematically tailing off intervention when appropriate.

Portage / early intervention

18. In order to ensure that support for very young children is effectively co-ordinated all the relevant services, working with Early Years settings and other providers, should together develop a strategy for intervention and for the co-ordination of services.
19. In order to ensure that intervention is effective, the same group should agree on an appropriate range of outcome measures for early intervention.

Autistic spectrum disorder

20. In order to ensure that an effective service is provided by children and young people with ASD; the Local Authority should:
 - i. consider establishing a coordinated framework of support for ASD children embracing SENIT staff, EPS, ARMS and special schools
 - ii. ensure that specialist staff delivering services to ASD are supported by appropriate training to acquire qualifications to support their expertise.

Speech, language and communication

21. In order to ensure services for children are effective, they should be delivered within a clear strategic framework setting out a continuum of provision and the co-ordination of services.
22. In order to ensure that the effectiveness for children and young people with SLCN is evaluated consistently, an agreed set of outcome measures, including both standardised academic and language measures and qualitative measures, should be developed, systematically collected, and reported.

Physical difficulties

20. In order to ensure a coordinated service supporting children and young people with Physical Difficulties consideration should be given to a closer integration of the SENIT functions with the ARMS facility and the Cedars School. It would be appropriate to consider the assessment, outreach and support functions being delivered on behalf of the Local Authority by the ARMS or special school.

B4 ii SENIT: the evidence

SENIT is a team of specialist teachers.

The areas of specialism are divided into Low Incidence and High Incidence.

Low Incidence:

- Hearing impairment
- Visual impairment
- Portage.

High Incidence:

- Autistic spectrum disorder
- Speech, language and communication needs
- Specific learning difficulties
- Learning difficulties
- Physical disabilities.

The specialists offer both assessment and delivery.

In terms of low incidence needs both the assessment and delivery/intervention functions are (2012-13) commissioned by the Local Authority.

In respect of high incidence needs the Local Authority commissions the assessment function but the delivery support function is a traded service, which schools can buy back.

Evidence from SENIT as to their caseload and referral rates is summarised in the table below.

SENIT Caseload

	07/08	08/09	July 09	July 10	July 11	July 12
	(SENS)					
ASD	100	148	130	151	164	270
EY	48	77	69	111	93	101
HI	150	159	164	169	175	165
PD	44	41	45	61	70	76
SLCN	136	153	131	105	138	166
SPLD	119	150	150	108	162	133
VI	58	64	66	79	99	104
	655	792	755	864	901	1015

SENIT Referrals

	7/8	8/9	9/10	10/11	11/12
ASD	17	27	39	29	42
EY	44	82	80	72	77
HI	12	19	20	30	17
PD	14	3	7	7	3
SLCN	N/A	42	79	44	33
SPLD	69	78	49	43	32
VI	9	9	24	17	13
	108	260	298	242	217

Differentiation of high and low areas of need

Although the areas of need are differentiated as high and low this is not reflected in referrals and caseload.

Whilst the referral rate confirms ASD, SLCN and SpLD as consistently being high and VI as being low, Early Years, which is classed as low has the highest referral rate of all and Physical Difficulties which is classed as high is the lowest of all.

Hearing Impairment has a consistent referral rate and maintains the third highest caseload.

School Finance (England) Regulations 2008, defined 'low incidence' needs as severe multi sensory impairments, severe visual impairments, severe/profound hearing impairments, and profound and multiple learning difficulties.

In reviewing the SENIT caseload and referral rate against the 2012 DfE Statistical Release, showing the number and percentage of pupils with statements or at School Action Plus by type of need (Appendix SENIT 8) some of the differences become more apparent.

Specific learning difficulties, autistic spectrum disorders, speech, language and communication needs are all high areas of need. Physical disability is a low area of need.

Visual and hearing impairment are both low areas of need, with hearing difficulties being twice the level of visual difficulties. However the incidence rate of children with hearing impairment is higher in Gateshead than the national average and the caseload and referral rate is out of proportion when compared with national figures. It is important to remember that the national comparator figures include both children with statements and at School Action Plus so any anomaly of under identification of the statements population is eliminated.

Qualitative data

A number of individual interviews with staff in SENIT were undertaken as part of the assessment.

Evidence from these interviews indicated:

- Some individual staff collect educational outcome measures for individual children and qualitative measures from service users providing valuation judgements. However this information is not consistently collected in the same format nor is it analysed and reported on.
- Some specialist staff indicate a strong loyalty to professional bodies and regard their standards as prime drivers for service delivery. Some were unwilling to consider professional bodies might be partisan.
- Most staff expressed a degree of detachment from the SEN team.
- The focus of intervention seems to be more child centred than school focused. There was not a clear route for raising concerns about schools' effectiveness, nor was there evidence of an awareness that this could/should be a function of the service.
- The cumulative effect of changes and cuts in the specialist services has left staff feeling threatened by further change and isolated from colleagues based in the Civic Centre.
- There was a strong concern that the effectiveness of the service was underestimated and that they were being 'blamed' for historical data. This was especially true in respect of out authority placements. Both the Visual Impairment and Hearing Impairment services indicated that the current profile of placements was historical and that their intervention was preventing placements.
- There was a strong sense of services feeling misunderstood and undervalued.

Staffing for SENIT

The table overleaf shows the current SENIT staffing.

Need	No FTE Equivalent	No FTE other staff
ASC	2.4 teachers	3.9
EYIT	1.6 (portage)	
HI	3.1 teachers	5.6
PD	1 teacher	
SLCN	2.5 teachers	3.5
SpLD	2.3 teachers	2.4
VI	2 teachers	3.9
MLD	0.9 teacher	1.3

The size of the HI team seems to be disproportionately large for a low incidence need and this in itself may be driving up the caseload.

The SENIT teams are able to produce a good range of data relating to their caseloads and referrals. They were also able to produce a detailed profile of their staff qualifications and training.

Whilst there was evidence of individual good practice in recording progress and securing qualitative evaluation from service users there was no evidence of the systematic collection, analysis and reporting of outcome measures.

A recent Cabinet Report (22/1/2013) reported on outcomes of a consultation process. One of the questions related to specialist support services: 'Do you agree that the council should retain responsibility for provision of the following specialist support services?' The responses were as follows.

	Yes	No	Don't know
Autism	72.73%	4.55%	30.30%
Visual impairment	74.24%	6.06%	27.27%
Hearing impairment	74.24%	6.06%	27.27%
Other	45.45%	6.06%	56.06%

B4 iii Specialist services: discussion paper

One of the challenges facing Local Authority in managing specialist services is that their specialism is sometimes impenetrable to the commissioner and their allegiance can be to professional bodies rather than the Local Authority. This challenge is compounded when the service has the right and responsibility to determine who they see and for how long. This potential barrier can only be broken down through dialogue by which each party understands each other's needs and priorities.

A related challenge is around the threshold of engagement. Each Local Authority determines its own eligibility criteria and manages them. Whilst there are considerable similarities between authorities there are also variations. Whilst the debate is around Special Educational Need a crucial factor to consider is the impact of any difficulty or disability on learning. Although the consideration for an Education Health and Care Plan (EHC Plan) is broader than that the education element remains the responsibility of the Local Authority. It is easy to slip into acquiescence to specialist advice and therefore all eligibility criteria must require a spectrum of evidence that can be independently verified.

The balance between a service being a 'problem finder' and a 'problem solver' is also crucial. If a service feels threatened then they are likely to stack up the number of 'problems' to demonstrate need rather than to demonstrate the number of solutions.

The size of service is a variable that itself will contribute to a profile of need. If the service is too large then it may over identify need to justify its existence; if the service is too small then real need may go undetected.

There is a statutory requirement for the Local Authority to be able to access and utilise teachers of the deaf and blind who have mandatory qualifications. Having available appropriately qualified, experienced effective staff is a potential asset for the Authority. It provides confidence to parents and schools that the needs of children and young people will be appropriately met and can be part of the evidence base to defend the Local Authority in SEN Tribunals when faced with the demand for out of authority placements or other high tariff resources.

In considering the commissioning of services the first issue to address is what outcomes you want to achieve. The size and composition of the service should reflect the task required.

The tasks required might be categorised:

1. to identify children and young people who have a significant area of need that will require support and intervention
2. to deliver the support and intervention required to meet those needs
3. to ensure that sufficient support expertise and support is available to deliver effective education within the Authority

4. to demonstrate that the interventions made are positively impacting upon desired outcomes for the children and young people.

In 2008 the DCSF published *Quality Standards for Special Educational Needs (SEN) Support and Outreach Services* (Appendix SENIT 9). Much of what was reported then remains relevant now. It suggests support for standards may fall into one of two broad categories.

1. Performance measures (numerical indicators of the child's progress).
2. Perception measures (value judgement indicators from service users (including children and young people), schools and partners).

Where a support outreach service has i) interviewed directly or indirectly ii) identified and set targets, and iii) implemented or advised on a strategy to attain these targets, evidence of progress towards those targets can be attributed, at least in part of the work of the service.

The document (Appendix SENIT 9) pages 9-10 set out standards relating to 'outcomes' and 'service management and delivery'.

The six outcome standards remain particularly relevant:

- Standard 1: progress towards outcomes is systematically recorded and monitored
- Standard 2: the service promotes the use of intervention
- Standard 3: parents should always be consulted and, where appropriate, involved in supporting the learning and development of their child as part of any intervention
- Standard 4: clear outcomes are agreed by the service user and steps taken to avoid the development of a dependency culture
- Standard 5: services have a clear purpose which takes into account Local Authority policies
- Standard 6: the service regularly collects feedback about its interventions and uses it to improve the quality of service.

In 2010 the commissioning support programme published guidelines on how commissioning can deliver better outcomes for disabled children (Appendix SENIT 10). These recognised the need to collect both 'hard'/quantitative data and 'soft'/qualitative data to inform commissioning and to think governance to commissioning.

Overall the most important issue to remember is that the services are commissioned. The commissioner therefore has the responsibility and right to say what outcomes need to be achieved and what level of service, operating to what standard, and delivery of which priorities, will achieve this. However good practice suggests that this will be most effective if it is done with, rather than to, people.

B4 iv Specialist services: options report

Option 1: (preferred) strengthen and strategically refocus

The service could be strengthened by ensuring:

- It was an integrated partner in a shared strategy of developing and delivering a co-ordinated continuum of support for each area of need
- Intervention was only made for those whose needs significantly impacted upon their learning
- That outcome measures were developed, monitored and reported on
- That specifications relating to the service are set out in a formal commissioning contract.

Option 2: outsource

Although there is a legal requirement to ensure children have access to teachers with mandatory requirements in some areas of need (HI and VI), this does not have to be provided in house. Some authorities have explored the options of delivering shared services for low incidence needs. There is however a strategic benefit in being able to manage services locally and flexibly.

Option 3: commission from school bases

Some authorities have integrated specialists into special schools, who then manage the outreach on behalf of the Authority. Whilst this ensures a fully co-ordinated continuum of provision, it can lead to conflicts of interest. In Gateshead there is not a matching pattern of special schools to which all the specialists could obviously be associated.

Option 4: fully traded service model

Some authorities have sought to delegate resources and encouraged schools to ensure into service level agreements. However, if schools do not buy back, the Authority is still left with a statutory duty to provide the expertise. The recent survey suggests schools continue to accept the need for specialist services.

B5 Behaviour Support Services

B5 i Recommendations regarding Behaviour Support Services

1. In order that the effectiveness of behaviour support can be appreciated and evaluated, all those involved in this area (Behaviour Support Services, special schools, educational psychologists, SEN service) should work together to develop and agree an appropriate range of outcome measures that can be collected systematically, analysed and reported on.
2. In order to ensure consistency is maintained across the full continuum of behaviour support, consideration should be given to the Behaviour Support Service having a more overt role in linking with special schools and SEN behavioural decisions including out of authority placements.
3. In order to ensure the quality of alternative provision is at an appropriate level, the developmental work within the Authority on Quality Standards should be completed and implemented.

B5 ii Summary sheet: behaviour support services

- Behaviour support is made in a number of settings by a number of different providers.
- The services provided by the Gateshead Behaviour Support Service embrace home and hospital tuition, pupil referral and school support which is offered as a traded service.
- Behaviour support is also provided through statements, special school placements, out of authority placements and educational psychologists.
- All elements of behaviour support need to be effectively co-ordinated through a clear continuum of provision and support that is understood by all partners and schools.
- An appropriate range of outcome measures should be collaboratively developed to enable the effectiveness of support provided to be evaluated. The same outcome measures should be used across all services and settings.

B5 iii Behaviour support services

Behaviour Support Service

Gateshead has a Behaviour Support Service, with the following Mission Statement.

'To enable all pupils to access appropriate full-time education.

The service aims to:

- *Take a pro-active approach to working with schools to promote positive behaviour through INSET and inter-agency collaboration;*
- *Provide specialist advice to both parents and schools;*
- *Support parents and children in accessing provision;*
- *Raise pupils' expectations and attainment;*
- *Implement the Code of Practice by giving advice and support to schools at Schools Action and School Action Plus.*

The Service provides this support through the following different areas across the key stages:

- *In-School Support;*
- *Hospital and Home Tuition;*
- *Key Stage 4 Alternative Education;*
- *Provision based at the Millway Centre for Key Stages 2/3;*
- *Provision based at the Shipcote Centre for Key Stage 3;*
- *Provision based at Bleach Green Centre for Key Stages 2/3 statemented pupils;*
- *Provision for pupils who have been excluded for more than 15 days in any one exclusion.'*

Behaviour and Attendance Partnership

The Behaviour Support Service works in the context of the Behaviour and Attendance Partnership.

'b) The aims of the Behaviour and Attendance Partnership:

In an attempt to address issues of behaviour and attendance across the Secondary sector, the Behaviour and Attendance Partnership was formed (October 2007).

The aims of the partnership are to:

- i. ensure that all students in Gateshead's schools and the PRU are treated as the collective responsibility of all the schools in the Partnership*
- ii. establish the conditions for sustainable continuous improvement in student behaviour and attendance in Gateshead's schools*

- iii. *develop teaching, learning and assessment processes that will support excellent student achievement, enjoyment and engagement as a foundation for improvements in behaviour and attendance*
- iv. *ensure an equitable distribution of relevant resources, expertise, strengths and difficulties as far as is possible with regard to support for behaviour and attendance*
- v. *provide a mutually supportive environment for all students and staff*
- vi. *ensure that staff are able to develop and share good practice and resources across schools within the Partnership*
- vii. *work hard to fulfil parental and governor expectations for students and schools*
- viii. *provide leadership of the highest quality to support and inspire all students and staff in the Partnership, and*
- ix. *make the best possible organisational arrangements for all forms of support for behaviour and attendance in the schools in the Partnership, including school and alternative provision, therapeutic and other interventions, and all forms of relevant advice and support.*

c) *The objectives are:*

To encourage engagement in learning by:

- *Developing and delivering one effective strategy for re-engagement*
- *Ensuring that personalised programmes are delivered*
- *Supporting the reduction of exclusions and the enhancement of Day 6 Provision*
- *Developing and delivering strategies to better manage behaviour and reducing the incidents of bullying*
- *Developing and delivery of strategies to improve attendance*
- *Delivering and sustaining the Fair Access Protocols*

d) *The outcomes are:*

- *Improved opportunities for students whose behaviour is challenging*
- *Significantly reduced exclusions in schools*
- *Reduced persistent absence and improved attendance*
- *Significantly improved climate for teaching and learning*
- *Provision based on success and good practice is developed*
- *Education is delivered to excluded students from day 6*
- *Reduced low-level classroom disruption*
- *Significantly improved Ofsted judgements on behavior*
- *A platform and a model for the continuous improvement of wider service delivery.'*

The following is taken from the Behaviour and Attendance Report for Gateshead Schools 2011-2013.

'a) Specialist Provision

Behaviour Support Service (BSS) 2012/2013

The Behaviour Support Service works in partnership with schools, parents/carers and pupils.

The service aim is to return excluded pupils to appropriate school placements and support pupils in school and by referral to reduce exclusion.

The Behaviour Support Service is a multi provision central service which includes:

- The Millway and Shipcote Centres for pupils who are permanently excluded, or have been referred for intervention work to avoid permanent exclusion.*
- Some KS4 pupils from these centres are placed with alternative providers or on work related learning.*
- In School Support Team working across all Key stages in mainstream schools.*
- Hospital and Home Tuition Service (HHTS) who work with pupils who have medical issues which prevent them from attending mainstream schools and with young mothers.*

The BSS currently operates from 3 locations; Millway Centre, Shipcote Centre and Heworth Hall.

The service delivers a curriculum which prioritises communication, reading, writing and mathematics as well as personal and social development. This core curriculum is augmented by a themed learning approach as well as a strong emphasis on physical learning and creativity.

The BSS fulfils the statutory duty of the Local Authority to provide education for permanently excluded pupils. It also provides placements for those pupils referred through the Pupil Placement Panel.

In addition the BSS gives support to schools in relation to the behaviour management of pupils through advice and training of staff. The BSS offers a service to all the mainstream schools in Gateshead.

The key agendas affecting the BSS for 2012/13 are shaped by:

- 1. The Behaviour and Attendance Partnership and the Education Improvement Partnership (EIP)*
- 2. The implementation of a service review and staffing restructure*
- 3. Upgrading of a single site and a relocation of some core services into an improved building*
- 4. Fair Access Protocols/Pupil Placement Panel*
- 5. New funding arrangements arising from the academies movement and national funding reforms'*

Table 1. Current placements at the end of year 2011/12

Current Placement	No.	By Year Group	Average Length Placement (Days)	% Statemented	% needing SEN Placement	% needing Mainstream
HHTS	128	1 x Yr 13 1 x Yr 12 35 x Yr 11 46 x Yr 10 20 x Yr 9 12 x Yr 8 11 x Yr 7 1 x Yr 6 1 x Yr 5	20	9.1%	9.1%	62.5%
Shipcote	44	2 x Yr 9 25 x Yr 10 17 x Yr 11	27	2.3%	0	11.4%
Vocational	08	6 x Yr 10 2 x Yr 11	30	0	0	0
Millway	33	4 x Yr 7 6 x Yr 8 23 x Yr 9	22	15%	0	21%

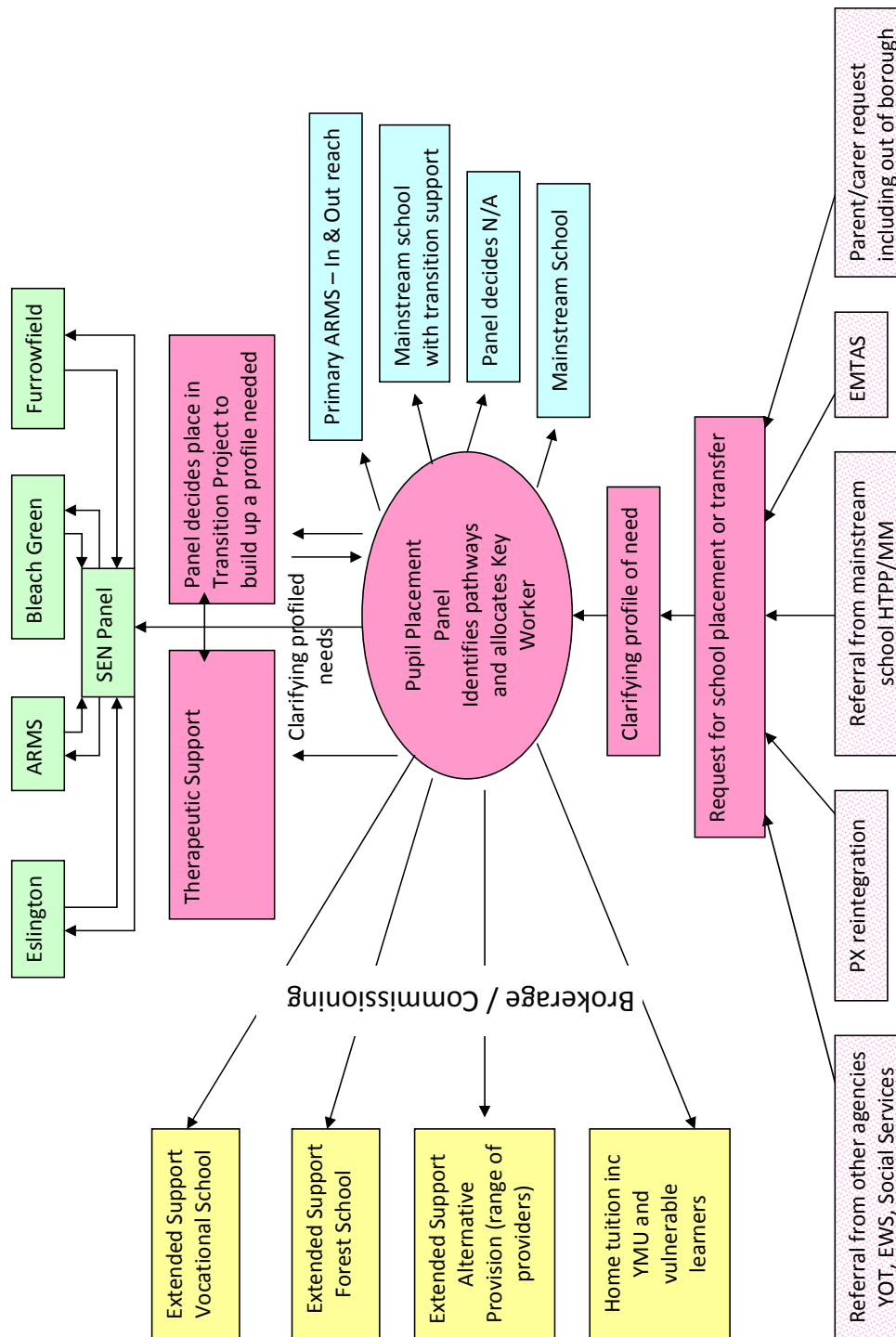
In 2011 a model to support Behaviour and Learning (Appendix BSS 2) was agreed by Cabinet, consulted on, adopted and implemented.

The model sets out routes to provision (see overleaf).

The model indicates a link to the SEN panel. Although the Behaviour Support Service indicates that the model informs their work with schools the link to SEN and Psychological Services was not evidenced in the project.

It is the total co-ordination of all services providing a continuum of provision and clear routes that appears to need further development.

Routes to Provision - Managing the Process



Model for Behaviour and Learning
Primary and Secondary

B5 iv Alternative provision

Alternative provision is defined in the statutory guidance (Appendix BSS 1) as follows:

‘education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour.

This applies to all children of compulsory school age resident in the Local Authority area, whether or not they are on the roll of a school, and whatever type of school they attend. Full-time education for excluded pupils must begin no later than the sixth day of the exclusion.’

The DfE provides the following guidance on commissioning good quality alternative provision:

‘34. Responsibility for the alternative provision used rests with the commissioner. The nature of the intervention, its objectives and the timeline to achieve these objectives should be agreed and clearly defined. Progress against these objectives should be frequently monitored, appropriate reviews should be built in and continuity into the next stage in the child’s life should be considered. Where reintegration to the school is an objective, there should be agreement on how to assess when the pupil is ready to return and the school should provide an appropriate package of support to assist their reintegration. These objectives and plans should be agreed with providers, set out in writing and regularly monitored, including through frequent visits to the provider.

35. All relevant information should be shared with providers and other parties involved. This should be jargon free and include any information on special educational needs, literacy, safeguarding or other issues, as well as any information requested by the provider as appropriate. Information must be provided in accordance with data protection principles but this should not discourage schools from providing information where they can do so.

36. Commissioners should maintain on-going contact with the provider and pupil, with clear procedures in place to exchange information, monitor progress and provide pastoral support. If a pupil is on the roll of their previous or current school they should remain so and encouraged to feel part of the school. Records should be kept on a pupil’s progress in the provision, appropriate staff liaison arrangements should be in place, and appropriate mechanisms of challenge should be agreed.

37. Commissioners need the right information to be able to decide which provision is most appropriate for a pupil. Some local authorities or partnerships of schools have developed a local directory of ‘approved’ provision, which meets clearly defined standards (including registration where necessary, safeguarding, health and safety, quality of accommodation, quality

of education etc.). These lists, where they exist, can provide a helpful starting point. However, prior to placement, commissioners should still assess whether the provision offers high quality education and is suitable for the pupil's individual needs.

38. Alternative provision should be good quality, registered where appropriate, and delivered by high quality staff with suitable training, experience and safeguarding checks. It should have clearly defined objectives relating to personal and academic attainment. Where an intervention is part-time or temporary, to help minimise disruption to a pupil's education, it should complement and keep up with the pupil's current curriculum, timetable and qualification route. If a pupil is referred to off-site provision on a part-time basis, they should attend school as usual on the days on which they are not in the alternative provision.

9. Provision should:

- have a clear purpose with a focus on education and achievement as well as meeting the pupil's needs and rigorous assessment of progress;
- offer appropriate and challenging teaching in English, mathematics and science (including IT) on par with mainstream education – unless this is being provided elsewhere within a package of provision;
- be suited to the pupil's capabilities, give pupils the opportunity to take appropriate qualifications and involve suitably qualified staff who can help pupils make excellent progress; and
- have good arrangements for working with other relevant services such as social care, educational psychology, child and adolescent mental Health Services, youth offending teams and drug support services etc.'

Pupil referral units

Pupil referral units (PRUs) are units established and maintained by the Local Authority to enable the Local Authority to fulfil its statutory duty to provide full time education. PRUs have governing bodies and delegated budgets, and are inspected by Ofsted.

Alternative Provision Census

The Alternative Provision Census is a statutory annual collection of individual pupil level data on pupils from local authorities, and takes place in January.

The census covers all pupils who:

1. Are attending a school not maintained by a Local Authority for whom the Authority is paying full tuition fees
- or
2. Are educated under arrangements made (and funded) by the Authority but not in a school or a PRU.

(There is a separate PRU Census.)

For the purpose of the Census, 'alternative provision' includes:

- a. Independent school
- b. Hospital
- c. Non maintained special school
- d. Academy
- e. Not at school (which includes pupils being educated otherwise than at school or a hospital where education is provided on site).

It would also include pupils educated at home if they were in receipt of LA funding.

The Alternative Provision Census was reviewed for the last four years: see below.

	HSP Hospital	IND Independent school	NMS Non maintained special school	NOT Not at school	AC Academy	Total
2013	0	27	28	5	0	60
2012	0	22	26	1	0	49
2011	0	16	21	0	0	36
2010	0	23	20	2	0	45

The return suggests that the majority of young people covered by the census are in non-maintained special schools or at independent school and that very few children are not in school.

B6 Other areas of provision

B6 i Recommendations regarding other areas of provision

Independent special schools

1. In order to have a better understanding of why special school placements come about the LA should undertake an exercise in 'reverse engineering' the case files of the children currently placed to identify the factors that led to the placement and how they could be avoided.
2. If the reverse engineering review confirms the perception that some placements have come about because of a lack of available therapies the Commissioner should review the arrangements for commissioning these services. This would not necessarily require the commissioning of additional therapy time it might be that the existing services that are currently commissioned would be redirected to fulfill a required role or it might be that joint commissioning dialogue with Health Service commissioners could lead to a reconfiguration as to how they provide services.
3. In order to progress to a shared strategy on the use of independent schools; the commissioners should convene groups of relevant specialist teachers, educational psychologists and special school staff to consider what action can be taken to work together to ensure that the needs of more children are met within the Authority.
4. In order to reduce the need for an external placement, by ensuring that appropriate provision is available within the Authority the Authority should consider the pattern of provision that is available for children with autism or BESD.
5. In order to enable the LA to make appropriate provision to reduce the need for out of authority placements a system of early identification should be introduced. Specialist teachers, educational psychologists and others should be required to notify the SEN commissioning team if the possibility of a residential placement is being considered so that they can consider commissioning additional internal provision if required.
6. In order to limit the placement of children out of authority with hearing and vision needs the commissioning of these services should contain the specific requirement to minimize the number of places and to report on the profile of placements on an annual basis.
7. In order to ensure that the needs of children are being met an extended review of out of county placements should take place prior to each transition point. If the evidence suggests that the pupil is not making

satisfactory progress towards achieving the stated outcomes then consideration for a change of placement should take place.

8. In order to ensure that the effectiveness of independent school placements are monitored they should be required to produce outcome data on pupils, including national curriculum performance and rates of progress. The destiny of such pupils post 16 should be monitored and reported on as an indicator of effective outcomes.
9. In order to strengthen the Authorities position when faced with a request for an out of authority placement (and to help inform parental choice) the LA should build up a profile of the successful delivery of outcomes in its own schools. Outcome measures should include National Curriculum performance, success in meeting outcome criteria identified in statements/EHC Plans and post school destinations, including NEET.
10. In order to strengthen the authorities position if facing a request to extend an out of authority placement beyond 16 or 18 the statement/EHC Plan should have clear outcome specifications for the pupil. This would enable the Authority to legitimately challenge any new outcomes that were added to extend provision.
11. In order to draw upon best practice liaise with your nearest statistical neighbor (Sunderland) to see how they have sustained a consistent downward trend in their use of such placements.

Jewish schools

12. A memorandum of understanding should be drawn up between the Local Authority and the Jewish Community setting out a shared understanding as to respective responsibilities.

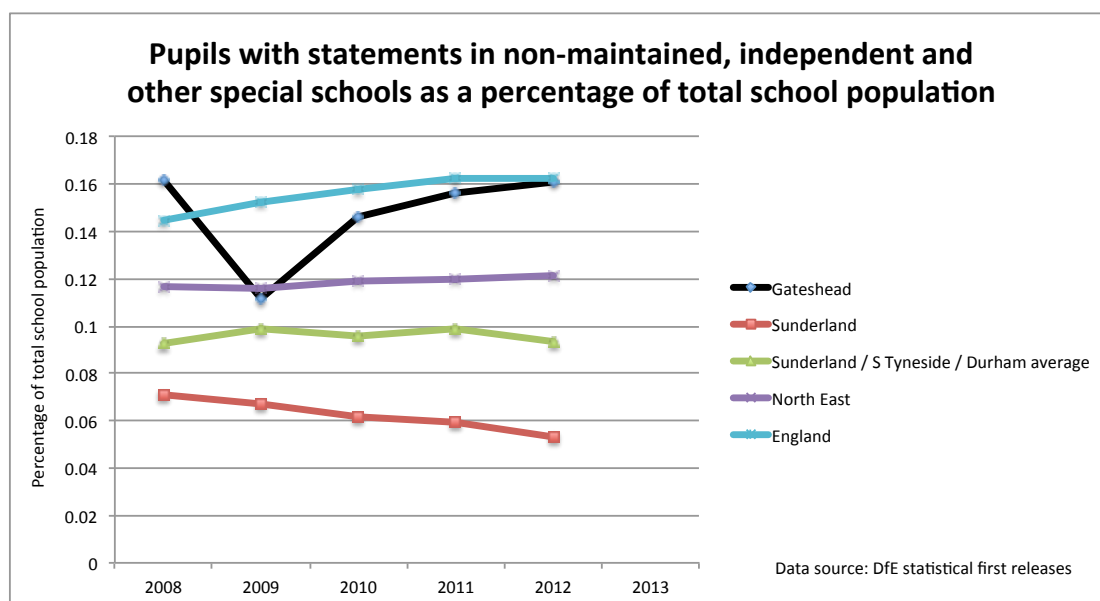
Educational Psychologists

13. In order to address the anomaly of funding of educational psychologist service, the commissioner should either:
 - i. transfer the resources to the 'other educational and community block'or
 - ii. develop in discussion with the service what outcomes SENS want from the EPS for the equivalent of 2 FTE staff.

Speech and Language Therapists

14. In order to ensure that therapeutic specialists are used appropriately and appropriately resourced, a joint commissioning strategy should be developed with Health Service colleagues that specifies:
 - i. the level of therapeutic services
 - ii. the resourcing of therapeutic services
 - iii. the priority activities of therapeutic services
 - iv. the agreed outcomes that will be reported on.

B6 ii Independent special schools summary sheet



Key findings

- The number of out of authority placements in Gateshead is rising and is at or above the level of other authorities.
- Gateshead currently spends in the region of £1,500,000 on out of authority placements.
- There are a number of drivers that indicate there could be increased pressure to seek residential placements
 - i. the increase in demand for specialised provision to meet the needs of pupils with ASD
 - ii. the extension of the remit of responsibility for young people up to 25
 - iii. the emphasis in the new Code of practice of a requirement to meet the needs of children and young people who have been involved in offending
 - iv. the explicit right for parents to name an independent school as their preferred choice in the new code of practice.
- The most frequent needs featured in out of authority placements are behavioural, emotional and social difficulties.
- Autism is the second highest type of need that has required an out of authority placement. It is also the area of highest growth.
- Anecdotal evidence, from three different sources in focus groups and interviews, suggest that lack of therapy provision within the Authority led to a number of placements.

Independent special schools

Definition of an independent school

An independent school is defined² as any school that provides full-time education for five or more pupils of compulsory school age or one or more pupils with a statement of SEN or who is in public care (within the meaning of Section 22 of the Children's Act 1989) and is not maintained by a Local Authority (LA) or a non-maintained special school.

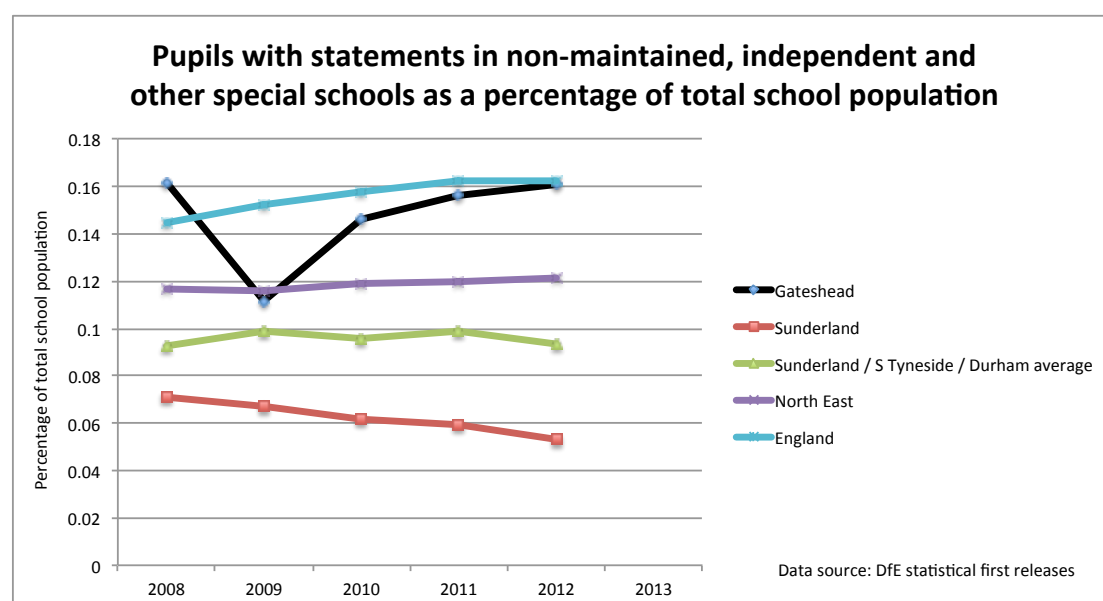
The majority of independent schools are not specially organised to make provision for students with SEN. These schools may have pupils that have SEN, either with or without a statement, but do not cater specifically for any particular SEN type.

Some independent schools are specially organised to make provision for pupils with SEN and most of the pupils placed in these schools have a statement of SEN and are placed by LAs. However, a school can accept a pupil without a statement if it wishes to do so.

Use of independent special schools

Local Authorities use independent special schools if there is not appropriate provision to meet the child's needs within the authorities own maintained provision. Many independent special schools are residential which adds to the additional costs through the requirement to pay for boarding provision.

Comparative data



² Department for Education website (February 2013)

Although the level of placements is not far from the national average for Local Authorities it is significantly higher than the use of statistical neighbours and within the North East.

Stability of data

Over the last six years the number of placements in independent special schools, non-maintained special schools and other independent schools made by Gateshead ranged between 33 and 55 (average 45.33). The numbers rose in each of the last four years.

Table: Number of pupils for whom the LA maintains a placement

	Non maintained special schools	Independent special schools	Other independent schools	Total
2008	0	46	2	48
2009	19	13	1	33
2010	21	11	11	43
2011	20	14	12	46
2012	25	11	11	47
2013	28	11	16	55
Av.2009-13	22.6	12	10.2	44.8

Source: Gateshead SEN2

The variation between 2008 and 2009 can probably be attributed in part to data entry differences. The profile of placement in independent special schools is relatively stable whilst the other two domains show growth. The number of pupils in other independent schools reflects the specific demographic issue of a significant Jewish population who are educated outside the mainstream system. Although this is a local circumstance it would not be appropriate to eliminate them from the analysis as their needs are such that they would require additional resourcing had they been in mainstream schooling and the resource comes from the SEN budget.

Variation in need

The profile of placements can be considered in a number of different ways. Categories of special educational need can provide a useful data set. However the nature of need that requires such a placement is likely to be individual and complex and a single denominator would often fail to do justice to the rationale for the placement.

The largest group of children placed out of authority are children with behavioural, emotional and social difficulties. There are (March 2013) 18 such pupils placed in seven different schools. The majority of these pupils are placed in Talbot House. Talbot House is a charitable trust providing education

up to National Curriculum, skills training and residential care for up to 60 boys and girls aged 7 to 18 years who display emotional, social and behavioural difficulties. As a charitable trust it is a not for profit organisation. The annual fee is £37,378 per pupil (March 2013).

The second largest group placed out of authority are children with ASD. There are 7 such children who are placed in two different schools. The majority are placed in Thornhill Park, whose fees range between £21,299 and £30,538. The other placement is at Underley Gardens and costs £63,897 per annum. This is currently the most expensive placement the LA makes. In 2008-9 there were just 2 pupils with ASD as their primary need placed out of authority

The schools that are most frequently used for out of authority placements are Northern Counties and Percy Hedley School. These are part of the same organisation. The 23 pupils placed there have different primary needs:

- Specific learning difficulty (2)
- Autistic spectrum disorder (3)
- Physical difficulties (5)
- Hearing impairment (4)
- Speech, language and communication needs (4)
- Visual impairment (1).

Variation in cost

Out of authority placements can be essential for an Authority to fulfill their statutory obligations to provide suitable educational provision. They can also be an expensive option.

Data provided by Gateshead indicates expenditure committed to independent and non-maintained special school placements to be in the region of £1,500,000. The most costly placement is for a pupil at Underley Garden School. The annual cost is £63,895. The pupil concerned was placed in Year 4, if they remain until the end of Key Stage 4 (Year 11), the total cost of the individual placement will be in the region of £500,000. There have been placements in the last five years that cost in excess of this. A placement at Wings in 2008-9 had an annual cost of £96,951.

In considering the cost of out of Authority placements additional costs, such as taxi/travel costs and the additional costs of attending and preparing for reviews should be taken into account.

Discussion

All LAs are required to make appropriate provision for a child's needs. If that provision is not available through the schools maintained by the Authority then an out of authority placement is required. The driver is provision. However another factor, in a few cases, is the need for a learning environment that can

meet the needs of a child or young person on a twenty four hour basis. For some children the residential element is more of an accidental requirement to access the provision, that is not available in the Authority, rather than an explicit identified need.

Professional experience suggests that two secondary factors can impinge upon out of authority placements. Professional ignorance of the cost implications of an out of authority placement combined with a lack of awareness of what might be possible to do to enhance local provision can sometimes lead to ill-informed recommendations. Parental networking can lead some parents to want a placement for their child whose needs may not be the same as another child.

This is an area which a commissioner can strategically influence through the development of enhanced provision within the Authority.

Key findings

- The number of out of authority placements in Gateshead is rising and is at or above the level of other authorities.
- Gateshead currently spends in the region of £1,500,000 on out of authority placements.
- There are a number of drivers that indicate there could be increased pressure to seek residential placements
 - v. the increase in demand for specialised provision to meet the needs of pupils with ASD
 - vi. the extension of the remit of responsibility for young people up to 25
 - vii. the emphasis in the new Code of practice of a requirement to meet the needs of children and young people who have been involved in offending
 - viii. the explicit right for parents to name an independent school as their preferred choice in the new code of practice.
- The most frequent needs featured in out of authority placements are behavioural, emotional and social difficulties.
- Autism is the second highest type of need that has required an out of authority placement. It is also the area of highest growth.
- Anecdotal evidence, from three different sources in focus groups and interviews, suggest that lack of therapy provision within the Authority led to a number of placements.

Recommendations: independent special schools

1. In order to have a better understanding of why special school placements come about the LA should undertake an exercise in 'reverse engineering' the case files of the children currently placed to identify the factors that led to the placement and how they could be avoided.
2. If the reverse engineering review confirms the perception that some placements have come about because of a lack of available therapies the Commissioner should review the arrangements for commissioning these services. This would not necessarily require the commissioning of additional therapy time it might be that the existing services that are currently commissioned would be redirected to fulfill a required role or it might be that joint commissioning dialogue with Health Service commissioners could lead to a reconfiguration as to how they provide services.
3. In order to progress to a shared strategy on the use of independent schools; the commissioners should convene groups of relevant specialist teachers, educational psychologists and special school staff to consider what action can be taken to work together to ensure that the needs of more children are met within the Authority.
4. In order to reduce the need for an external placement, by ensuring that appropriate provision is available within the Authority the Authority should consider the pattern of provision that is available for children with autism or BESD.
5. In order to enable the LA to make appropriate provision to reduce the need for out of authority placements a system of early identification should be introduced. Specialist teachers, educational psychologists and others should be required to notify the SEN commissioning team if the possibility of a residential placement is being considered so that they can consider commissioning additional provision if required.
6. In order to limit the placement of children out of authority with hearing and vision needs the commissioning of these services should contain the specific requirement to minimize the number of places and to report on the profile of placements on an annual basis.
7. In order to ensure that the needs of children are being met an extended review of out of county placements should take place prior to each transition point. If the evidence suggests that the pupil is not making satisfactory progress towards achieving the stated outcomes then consideration for a change of placement should take place.
8. In order to ensure that the effectiveness of independent school placements are monitored they should be required to produce outcome data on pupils, including national curriculum performance and rates of

progress. The destiny of such pupils post 16 should be monitored and reported on as an indicator of effective outcomes.

9. In order to strengthen the Authorities position when faced with a request for an out of authority placement (and to help inform parental choice) the LA should build up a profile of the successful delivery of outcomes in its own schools. Outcome measures should include National Curriculum performance, success in meeting outcome criteria identified in statements/EHC Plans and post school destinations, including NEET.
10. In order to strengthen the authorities position if facing a request to extend an out of authority placement beyond 16 or 18 the statement/EHC Plan should have clear outcome specifications for the pupil. This would enable the Authority to legitimately challenge any new outcomes that were added to extend provision.
11. In order to draw upon best practice liaise with your nearest statistical neighbor (Sunderland) to see how they have sustained a consistent downward trend in their use of such placements.

B6 iii Jewish schools

In the last 10 years, in Gateshead, the Jewish population has nearly doubled and they represent, after Christian (67.0%) and no religion (23.9%), the next largest religious group. The 2001 census figure for Jewish religion was 1,564 which was 0.8% of the population. The 2011 census data³ indicates that there are 3,004 people in Gateshead who indicated that they were Jewish, representing 1.5% of the population. As Jewish families from this community traditionally have very large families this is almost certainly an underestimation of the proportion of the child population. The overall percentage of Jewish people for England and Wales is 0.5%.

The Jewish community is largely a Haredi Jewish community which is an orthodox conservative strand of Judaism.

The community has a strong educational tradition and there are a number of independent Jewish schools. The DfE website identifies the following schools and pupil numbers.

- Gateshead Jewish Nursery School (240 pupils)
- Gateshead Jewish Primary School (479 pupils)
- Gateshead Jewish Boys Boarding School (144 pupils)
- Gateshead Jewish Girls Academy (137 pupils)
- Ateres Girls High School (no numbers given)

Rabbi Sugarman provided evidence that this underestimates both the number of schools and the number of pupils (see table below for pupils).

Class	Boys	Girls	Total	
Playgroup	40	33	73	(not all children started yet)
Middle	51	60	111	
Top	52	62	114	
1	50	49	99	
2	52	46	98	
3	35	52	87	
4	40	43	83	
5	41	41	82	
6	37	44	81	
7	26	48	74	
8	38	39	77	
9	33	32	65	
10	39	24	63	
11	34	23	57	

³ Available at www.neighbourhood.statistics.gov.uk

The LA data indicates that currently (March 2013) 10 pupils in the independent Jewish schools hold statements of special educational needs (SEN) as follows:

- Primary for girls – 2
- Primary for boys – 3
- High School for Girls – 3
- Boarding School for Boys – 2.

In addition to this there are two Jewish pupils in Hill Top Special School and two placed outside the Authority.

The DfE figures indicate that there are over 1,000 pupils in Jewish Schools. Rabbi Sugarman's figures suggest that it is nearer 1,200.

Gateshead had a child population of 45,229 (aged 0-19) in the 2011 Census and has a school population of 27,000. Jewish children therefore represent between 2.2 and 4.4% of the population.

In Gateshead, in January 2013 there were 846 children with statements of Special Educational Need.

If there are sixteen pupils from Jewish Schools with statements of special educational need this represents 1.89% of statemented pupils. This is lower than the projected percentage.

The evidence does not indicate that Jewish pupils are over represented within the population of children who require a statement of special educational need.

Arrangements for resourcing Special Education are set out in the School Funding Reforms.

It is made clear that it is proposed to implement a different basis for calculating resourcing for the Schools Block and the High Needs Block. The Schools Block is funded on the basis of the number of pupils whilst the High Needs Block is intended to be funded on the basis of the whole child population, *'because local authorities are responsible for all the young people with High Needs who live in the local area'*. However, for the current financial year, the basis of funding is not clear.

If the proposed change in funding arrangements are implemented there would be justification in the perception that the Local Authority would be responsible for meeting the needs of all children with High Needs who require an Education Health Care Plan. It however does not address the issue of the resourcing of the special educational needs provision for pupils in Jewish Schools with a lower level special educational need. Maintained mainstream schools are responsible for the first £6,000 of special educational provision. Children who fall within this category are not considered to have high needs.

Education within the Jewish tradition is an important component within the community. This means that there is a parental preference for all children and young people to attend Jewish Schools. However, if the needs of the children are not able to be met in local Jewish Schools, with additional support, then the Local Authority has to ensure that appropriate provision to meet the child's needs is made. In some cases this means that specialist provision, in Gateshead, or out of the Authority has had to be considered. However when such placements have been required they are the least expensive of all the out of authority placements made.

The Jewish Community is developing Special Educational Provision in Gateshead that is in the process of being registered through Ofsted as an Independent Special School. The community hope that this will enable them to meet the needs of children within the range of Jewish School provision within the Authority. They wish to work with the Local Authority to ensure that this is recognised as suitable and effective provision.

Key issues

- Securing a shared understanding between the Jewish Community and the Local Authority as to who is responsible for providing what provision. In particular:
 1. the level of intervention reasonably expected from Jewish Schools before requesting support from the Local Authority
 2. the role and responsibility of the Local Authority in commissioning support for pupils from Jewish Schools from the High Needs Block.

Recommendation: Jewish schools

1. A memorandum of understanding should be drawn up between the Local Authority and the Jewish Community setting out a shared understanding as to respective responsibilities.

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Physiotherapy

The NHS Choices website describes the role of physiotherapists as follows:

'Physiotherapists are trained healthcare professionals. They work in specialist areas that include:

- *intensive care*
- *mental health*
- *neurology (including stroke)*
- *long-term conditions*
- *men's and women's health (including incontinence)*
- *recovery after major surgery*
- *orthopaedics and trauma*
- *sports*
- *workplace health*
- *paediatrics (children)*
- *care of the elderly*
- *education and health promotion*

Many physiotherapists work as part of a multidisciplinary team. They can work from NHS hospitals, community-based organisations, private hospitals and clinics, sports clubs, charities and workplaces.

Physiotherapists help treat physical problems linked to a number of the body's systems, including:

- **musculoskeletal** – bones, joints and soft tissues
- **neuromuscular** – the brain and nervous system
- **cardiovascular** – heart and blood circulation
- **respiratory** – the organs that help you breathe, such as the windpipe (trachea), voicebox (larynx) and lungs

What do physiotherapists do?

Examples of approaches used in physiotherapy include:

- **movement and exercise** – taking into account a person's current level of health and their specific requirements
- **manual therapy techniques** – where the physiotherapist aids recovery by using their hands to relieve muscle pain and stiffness, and encourage blood flow to an injured part of the body
- **aquatic therapy** – a form of physiotherapy carried out in water
- **other techniques** – such as heat, cold and acupuncture to ease pain.'

The Chartered Society of Physiotherapy has a similar indication of their role:

'Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability.

Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.

They maintain health for people of all ages, helping patients to manage pain and prevent disease.

The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them to remain independent for as long as possible.

What physiotherapists do

Physiotherapy is a science-based profession and takes a 'whole person' approach to health and wellbeing, which includes the patient's general lifestyle.

At the core is the patient's involvement in their own care, through education, awareness, empowerment and participation in their treatment.

You can benefit from physiotherapy at any time in your life. Physiotherapy helps with back pain or sudden injury, managing long-term medical condition such as asthma, and in preparing for childbirth or a sporting event.

Why physiotherapy?

Physiotherapy is a degree-based healthcare profession. Physios use their knowledge and skills to improve a range of conditions associated with different systems of the body, such as:

- *Neurological (stroke, multiple sclerosis, Parkinson's)*
- *Neuromusculoskeletal (back pain, whiplash associated disorder, sports injuries, arthritis)*
- *Cardiovascular (chronic heart disease, rehabilitation after heart attack)*
- *Respiratory (asthma, chronic obstructive pulmonary disease, cystic fibrosis).*

Physiotherapists work in a variety of specialisms in health and social care. Additionally, some physiotherapists are involved in education, research and service management.'

Physiotherapy is most likely to be needed with pupils who have:

- Physical disabilities
- Profound and multiple learning difficulties.

It is however clear that it is a Health Service professional responding to a medical need or disability and therefore difficult to understand the rationale for the education service being charged for their needs.

Occupational therapy

The NHS Choices website describes occupational therapy as follows:

'Occupational therapy aims to promote people's health and wellbeing through everyday activities.

An occupational therapist can identify problem areas you may have in everyday life, such as dressing or getting to the shops, and will help you work out practical solutions.

By using different techniques, changing your environment and using new equipment, an occupational therapist can help you regain or improve your independence.

Who can benefit from occupational therapy?

Occupational therapy is used when someone is having difficulty with everyday tasks. This could be because of a:

- medical condition – for example, rheumatoid arthritis*
- learning disability – for example, someone with an autistic spectrum disorder (ASD)*
- mental health condition – for example, bipolar disorder*

Occupational therapists work with people of all ages and can look at all aspects of daily life, from the home to the school or workplace.

Occupational therapy techniques

Occupational therapists identify activities which are causing difficulties. They then help by doing one of the following:

- teaching a different way to complete the activity*
- recommending changes that will make the activity easier*
- providing devices that make activities easier.'*

The British Association of Occupational Therapists (BAOT) explains the role of the occupation therapist as follows:

'Occupational therapists are health and social care professionals who are specifically and uniquely trained to address the relationship between occupation, physical and mental wellbeing. They help children and young people aged from 0 to 18 years of age to access education and engage in activities at home and in school. Occupational therapists are one of the few professionals to work with children across all settings - in the home, at school, and in the community - enabling children to develop their skills and increase their independence. Working with children, occupational therapists set goals to enable them to participate in activities they need or want to do, to help children get the most from life.

Occupational therapists will work with children who have additional or special education needs, co-ordination disorders, physical disabilities and autistic spectrum disorder. They are experts in understanding a child's underlying skills, the nature of the task, and the effect the environment has on a child's ability to carry out the activities they need to do. Occupational therapists are also specialists in altering and modifying tasks - and the environment if needed - to help children to be as independent as possible.

Participation plays a key role in the development of children and youth; through participation, children acquire skills and competencies, achieve

physical and mental health, and develop a sense of meaning and purpose in life. There is evidence that participation in activities that one enjoys and that promote skill development, protect at-risk children and youth from developing mental health, academic and social problems (Law 2011).'

Appendix Th 1 sets out the expectation of the College of Occupational Therapists on their potential to work with children and young people with special educational needs.

Occupational therapists present a case for their involvement in many different areas of need. They are most often involved with children with:

- Physical disabilities
- Profound and multiple learning difficulties
- Dyspraxia / development co-ordination disorder
- Autism
- Dyslexia.

Speech therapy

The current (about to be replaced) Code of Practice sets out in sections 8:49 - 53 the responsibility for speech therapy.

'Speech and language therapy

8:49 Case law has established that speech and language therapy can be regarded as either educational or non-educational provision, or both, depending upon the health or developmental history of each child. It could therefore appear in either Part 3 or Part 6 of the statement or in both. However, since communication is so fundamental in learning and progression, addressing speech and language impairment should normally be recorded as educational provision unless there are exceptional reasons for not doing so.59

8:50 Prime responsibility for the provision of speech and language therapy services to children rests with the NHS. This applies generally and also to any specification of such services in a statement of special educational needs, whether in Part 3 as educational provision or in Part 6 as non-educational provision, or in both parts. Health authorities are responsible for purchasing therapy services through the contracts they make with providers of health care (NHS Trusts). The NHS provides a professionally managed speech and language therapy service covering pre-school, school-age and adult age groups, which has close links with the other child Health Services.

8:51 Where the NHS does not provide speech and language therapy for a child whose statement specifies such therapy as educational provision, ultimate responsibility for ensuring that the provision is made rests with the LEA, unless the child's parents have made appropriate alternative arrangements. Schools, LEAs and the NHS should cooperate closely in meeting the needs of children with communication difficulties.

8:52 It is important that the nature and extent of provision required for individual children should be examined very carefully and that full consideration is given as to how such provision can best be delivered. In some cases, for example, children may need regular and continuing help from a speech therapist, either individually or in a group. In other cases, it may be appropriate for staff at the child's school to deliver a regular and discrete programme of intervention under the guidance and supervision of a speech and language therapist.

8:53 For some children a language programme that is an integral part of the whole school day is more appropriate. Such language programmes will be delivered by school staff but may require regular monitoring and evaluation by a speech and language therapist. It is good practice for education professionals who have received sufficient and appropriate professional development in the field of speech and language difficulties to support and assist the work of speech and language therapists in educational settings. Collaborative practice is essential for successful intervention with children and young people with speech and language difficulties. The operational flexibilities introduced under the Health Act 1999 for Health Services and local authorities will help to promote greater collaboration.'

The Indicative Draft: The (0-25) Special Educational Needs Code of Practice does not appear to directly address the issue of Speech and Language Therapy. Section 6.8 indicates that *'children and young people remain entitled to services to meet their reasonable health and care needs under legislation including section 3 of the NHS Act 2006 which places CCG's under a statutory duty to provide the Health Services to meet the reasonable needs of a child with a complex health need.'*

However the matter was covered in the Green Paper *Support and Inclusion: A new approach to meeting Special educational needs and disability*. The sections, 5.40-5.43, are reproduced in Appendix Th 4.

The Indicative Draft appears to hope that robust joint commissioning requirements which underpin the local offer will ensure that agreement is reached by commissioners as to who is responsible for what. The Children and Families Bill Part 3 Section 26 identifies requirements concerning joint commissioning arrangements. Section 26 3c indicates that joint commissioning arrangements must include arrangements for considering and agreeing by whom education, health and provision is to be served. Section 42 indicates the Local Authority responsibility to secure the special educational provision specified in the plan.

Commissioning therapies

Ideally all medical services should be jointly commissioned with Health Service commissioners within a shared, agreed and clear understanding of what needs and provision are the responsibility of which services.

The Royal College of Speech and Language Therapists provide some useful guidance on commissioning (Appendix Th 5) that has points relevant for all the therapies:

1. The guidance recognises that the intervention can vary between:
 - Specific therapeutic intervention
 - Working with support staff / parents who can deliver the programme
2. The commissioner sets out the requirement in a full service specification and service level agreement which forms the basis of a contract with a regular review process
3. It is a reasonable expectation to include outcomes required and access control arrangements.

In the new Financial Funding Arrangements it would not be unreasonable to consider if the additional resources made available to special schools and ARMS were sufficient to have a reasonable expectation that they should commission therapies rather than the LA in some instances. If this was to be the case the LA might wish to draw up some supportive guidance.

B6 v Educational psychology

Two educational psychologists posts are commissioned through the High Needs Block. These are the posts that were previously funded through the Dedicated Schools Grant (DSG). The DSG was a ring fenced grant that was introduced in 2006/2007 as a resource separate from the Revenue Support Grant Settlement. It was a conditioned grant that could only be used to support the Schools Budget for the year which it relates to.

In 2012-13 a new funding regime was introduced through the school funding reform regulation. Under these arrangements the DSG was separated into three national un-ring fenced blocks.

'Educational Psychology Service' is budget line 2.0.1 in the 'Other Education and Community Block'. The High Needs Block is a subset of the 'Schools Budget' block.

The psychological service currently has an establishment of 6.7 FTE. 4.2 of these posts are funded by the Local Authority from the outside the High Needs Block and 2.0 FTE from the High Needs Block. 0.5 FTE is funded through the SLA with schools. In the financial year 20011/12 the service was reduced by 3 FTE.

The 6.7 posts operated as a fully integrated service with no distinction in activity identified to the two posts by the High Needs Block.

The draft regulations and indicative Code of Practice associated with the Children and Families Act suggest a continued statutory role for educational psychologist. Chapter 5 of the Green Paper, *Support and Inclusion: a new approach to special educational needs and disability* has a section on educational psychologists (Appendix EP 1) which indicates a desire to encourage there being commissioned to work in a more flexible manner responsive to the needs of the local community.

Qualitative evidence, from meetings and focus groups, did not present a universal picture. On one side their skill set, versatility and professionalism was valued; on the other there was a perception that they had undue power and influence. The later perception was not shared within the service.