

Special Educational Needs and Disability Peer Challenge

Isle of Wight

1st October to 4th October 2024

Feedback Report



1. Executive summary

The Isle of Wight has 25,000 children and young people in education, including children in early years and post 16 provision, of which 24.8% receive free school meals, an indicator of deprivation and low-income levels. There has been a decline in the birth rate which is having an impact on children entering primary schools and over the next couple of years 540 fewer children will enter reception than in 2018.

The number of children and young people with Education, Health and Care plans living on the Isle of Wight has consistently risen over the last five years from 1056 in 2019 to 1662 in 2024, an increase of 63.5%. This equates to 6.5% of the Island's child population and above the England average of 4.3%. In addition to this, 3488 (15%) of children and young people receive early intervention special education support compared with an England average of 13%. There has also been a growth in pre-school children having identified needs resulting in an increase in assessments in early years.

There are placement sufficiency challenges for the Council in ensuring there are enough specialist school places to meet the level and complexity of need. It is estimated that an additional 201 special educational needs placements are required ranging from an expansion of places in mainstream schools with resource provision to special schools and alternative provision.

There are a high number of children and young people who are Electively Home Educated currently totalling 700 which is 3.1% of the population and 3 times the national average.

Most schools on the Isle of Wight (77%) are judged as good or outstanding by Ofsted with no inadequate schools however the educational outcomes for children and young people on the Island at each of the key stages is below the England average. Inclusion of children with special educational needs and disabilities in most mainstream schools was found by the peer team to be significantly underdeveloped with a weak graduated approach and a lack of evidenced early interventions. Peers concluded that children and young people with special educational needs and disabilities on the Island deserve better than what they are currently getting.

Peers were able to evidence significant amounts of energy, enthusiasm and commitment within the Council, schools and partners. This was combined with high levels of passion and determination to meet the special educational and disability needs of children and young people in the local area. People we spoke to are keen to work in partnership to improve the services for children, young people and their families and there were some strong examples of positive practice in the voluntary

sector.

The Council in collaboration with the Integrated Care Board are keen to engage with partners and families but the local area partnership is at a very early stage and the Island has an underdeveloped service offer for children, young people and families with special educational needs and disabilities.

There is low confidence and trust amongst parents and carers in the local area special educational needs and disability partnership and systems, and processes and pathways are unclear and inconsistent. This will need to be addressed.

The primary areas of risk include the ability of the Council and the Integrated Care Board to meet their statutory duties and consistently deliver early support and education, health and care needs assessments, plans and annual reviews which are of good quality, and can demonstrate multi agency engagement. There is a tendency for current plans to have an education focus, with inadequate contributions from partner services, other than when the child or young person has a profound and significant disability.

The culture of data driven decision making and quality assurance is at an early stage. Improving both pre-emptive service delivery and the content and quality of assessments and plans will be assisted by senior leaders and managers having systems in place that provide improved integrated performance data, and the use of live dashboards combined with the introduction of comprehensive quality assurance and audit processes. This will offer a greater level of understanding of areas where performance is a challenge and help staff to benchmark what “good” looks like and incrementally improve the content and quality of services and plans. It is essential that this happens at pace to ensure a greater level of consistency for children, young people and their families.

Whilst there is a clear commitment to work with children and young people and parents and carers, co-production is not embedded in individual education, health and care plans and strategic planning processes on the Isle of Wight, or in other systems and processes. There needs to be a stronger and shared understanding of more meaningful co-production.

Strategically the new partnership is making a good start with a dedicated focus on parent/carer and child and young people’s voice at every Partnership Board meeting, and a very important challenge for all stakeholders to avoid jargon and acronyms when talking and planning together emphasising plain language and shared understanding. Families have a lot to offer and want to take an active role in coproducing systems for the future.

The workforce across the system needs to have an increased level of focus, including where there are challenges in recruitment and retention. Staff across all partner agencies would benefit from a comprehensive training programme to understand more fully the SEND Code of Practice and other elements of what is expected of them and ways in which they need to contribute to supporting children and young people with special educational needs and disabilities earlier, as well as in the special education assessment and planning process. This includes staff in all educational settings.

There should be widespread recognition that earlier identification and support for children and young people with special educational needs and their families should prevent recourse to requests to assess and agreeing education, health and care plans and delivery at the more complex level which often requires more expensive specialist support and placements.

Senior leaders will need to assure themselves that there is sufficient funding to deliver the planned improvements. This combined with greater managerial oversight should result in improvements in financial management and additional investment to support transformation and greater sustainability.

There is a need for an enhancement in the range and breath of communication across the local area including with parents/carers and frontline staff in relation to the Islands vision, key expectations, and improvements to be made in special education provision. Communication of strategy, available services and individual casework communication require focussed work. Families need to have clear systems for steps they can take when things don't go as planned or when delays in processes happen. Clear and regular communication is essential for families.

2. Key recommendations

The following are the peer team's key recommendations to Isle of Wight Council and Hampshire and Isle of Wight Integrated Care Board and the local area partnership as a whole:

2.1. Recommendation 1: Develop a SEND strategy and delivery plan based on findings of this report with rigorous multi-agency governance and shared arrangements for understanding spend.

The special educational needs self-assessment is in the process of being reviewed and this combined with the findings of this peer challenge should inform a revised

SEND strategy and priorities. There is an opportunity to include this as part of the wider education strategy being planned for February 2025.

2.2. Recommendation 2: Coproduce and deliver a comprehensive, communication strategy setting out what happens when and what to do if delays occur.

It is crucial to ensure that all stakeholders are well informed and fully engaged in the delivery of the local area partnership strategic plans. The plans are ambitious and need to evidence coproduction with all partners to achieve successful delivery and outcomes.

Whilst leaders are clear on the steps required, wider stakeholders have less confidence. A visual plan of the steps being taken over the next year or two would help demonstrate intended activities and outcomes which would boost confidence and support improved collaboration. Easy read versions of documents should routinely be produced alongside main documents and be published on the local offer website.

2.3. Recommendation 3: Strategic school placement planning must be flexible and adaptable, designed to meet the needs of the children and young people rather than expecting them to conform to category focused provision.

When developing your school place plans it is crucial that the changing and evolving needs of children and young people are carefully considered. Quality data is an essential baseline for understanding children's needs but engagement with schools and communities is also crucial. An Island environment makes it even more important that there is sufficient local provision for children and young people as access to provision in neighbouring areas is far less accessible. A suite of flexible provision from outreach, resource bases, units, satellite classes and specialist schools should form a graduated range of provision with the aim and aspiration of most placements being to support the return to mainstream education wherever possible.

Understanding the impact and outcomes that provisions are designed to achieve is also very important as is a flexible on-going training offer to specialist staff to ensure that they can meet the needs of their children and young people. An on-going training offer will also enable settings to increase their range of expertise.

Early recognition of needs and appropriate support provided earlier on in the graduated approach, will ensure that those children and young people who have needs that exist in more than one category, can be more readily supported. Specialist settings should

also use the graduated approach (assess, plan, do, review) to ensure child and young people person-centred approaches are in place to meet needs.

2.4. Recommendation 4: Develop and deliver an effective identification and early intervention process and improve ordinarily available provision in mainstream schools as part of a graduated approach, with jointly commissioned investment available to children and young people without an Education, Health and Care plan, especially speech and language and other therapies.

Early identification is an essential first step in ensuring that children and young people's needs are understood. A difference to these children's lives can only be made if there is also intervention available to support the needs identified. It was clear from our assessment of services that the lack of early intervention is likely the main reason that parents and schools turn to Education, Health and Care plans to access services. The depth and breadth of services at all ages is extremely limited, especially therapy support. If the only way to access therapies, health services and social, emotional and mental health support is via an Education, Health and Care plan, then demand for these will be extremely high.

It would be helpful to understand whether there has been support provided, and if so what support, from where and for how long, prior to the request to assess for an Education, Health and Care plan. It would also be helpful to understand what support is being provided for those children and young people where the criteria to assess is not met and whether it has been impactful for some or most of the children and young people who go on to be re-referred for assessment for an Education, Health and Care plan.

2.5. Recommendation 5: Improve content and accessibility of a co-produced Local Special Educational Needs and Disability Offer.

The local special educational needs offer and children and young people with disabilities offer are not easily accessible to parents/carers and partners and needs further development, making use of the co-production described above. Services overlap and there is not a coherent understanding of who supports those beyond the range of remits. A strong voluntary sector is a clear strength however, the voluntary sector would benefit from a cohesive local offer to enable them to see where the support gaps are and work to develop services to bridge any gaps.

2.6. Recommendation 6: Develop comprehensive workforce and training strategy that enables families and voluntary organisations to participate, maximising impact of existing local services.

There is a lack of understanding of special educational needs and disabilities in the wider workforce. A training needs analysis and responsive training programme which includes training being delivered by a range of organisations (i.e. Parent Carers, Inclusion Matters, Youth Trust) needs to be developed by the partnership and rolled out on a recurring basis which will assist with embedding best practice.

2.7. Recommendation 7: Ensure the education, health and care plan annual review process is the single mechanism to monitor progress, inform decision making and determine resource allocation.

Annual reviews must be strengthened with a clear link to determining resources required to meet needs. The annual review should be the vehicle for all decision making for children and young people. This includes decisions about needs, outcomes, provision and resources. This is the place where decisions should be made about the next steps and ceasing plans where sufficient progress is being made. Increasing senior manager oversight of the annual review and related resource allocation will support financial recovery.

2.8. Recommendation 8: Undertake a strategic review of children who are Electively Home Educated to be undertaken.

The Island has a very high number of children who are being Electively Home Educated. Some families actively choose to do this for philosophical reasons but there also appears to be linked to the inability of many mainstream schools to offer inclusive education support to children and young people with special education needs and disabilities and behaviour that challenges.

2.9. Recommendation 9: Co-produce research and guidance to understand and strengthen areas of development for transitions for all ages and stages.

The local area partnership needs to understand what it is like for children, young people and their families to grow up and move on. This is the case at all major milestones such as moving into reception, into secondary school and into post 16 provision across all of education, health and care, including continuing healthcare. Coproduction and engagement with parents/carers and children and young people in the development of strategic planning, policy development and at an individual child level is underdeveloped and is required.

2.10. Recommendation 10: Develop a shared outcomes and impact framework with multi-agency oversight and performance monitoring.

The local area partnership needs to coproduce a shared outcomes framework with families and young people. This will include identifying priorities, key performance indicators, performance monitoring and quality assurance systems linked to improving sustainable outcomes for children and young people. The framework needs to be written in language all understand and be meaningful for families.

Providing regular oversight with reports to the Special Educational Needs and Disabilities Board and other governance Boards and meetings will offer greater focus and corporate accountability.

2.11. Recommendation 11: Investment is required to develop the skills and capacity to deliver further improvement in the Educational Psychology Service. There also needs to be further investment to create an Integrated 0-25 Commissioning team, Designated Social Care Officer and Participation and Co-production Officer posts.

The peer team identified an absence of key posts creating a lack of capacity at a strategic and operational level to ensure the local area partnership is able to meet its statutory duties and make the necessary improvements required.

2.12. Recommendation 12: Create a high needs sub-group of the Schools Forum to ensure that schools are at the heart of funding decisions, co-production and joint owners of the Designated Schools Grant recovery plan.

It is essential that the High Needs strategy is co-owned by all stakeholders, especially schools, the Council and health. Without the full commitment of each of these partners it will be extremely hard to deliver on the ambitions and statutory requirements. A Schools Forum sub-group that focuses on High Needs resources allocation and efficiency that has all these partners at the table and meets at least 4 times a year has been shown to work very effectively.

3. Summary of the peer challenge approach

3.1. The Peer Team

Peer challenges are delivered by experienced officer peers. The make-up of the peer team reflected the focus of the peer challenge and peers were selected based on their relevant expertise. The peers were:

- **Lead Peer-** Deborah Glassbrook, Special Educational Needs and Disability Improvement Advisor, Local Government Association Associate
- **Education Peer** - Dr Vikki Jervis, South-West Regional Special Educational Needs and Disability Coordinator and Principal Educational Psychologist
- **Local Authority Preparation for Adulthood Peer** – Andy Lawrence, Head of 0-25 Together Service, Designated Social Care Officer, Hertfordshire County Council
- **Finance Peer-** Michael Hallick, Director of Business and Resources Children's Services London Borough of Wandsworth
- **Health Peer** – Kate Freeman, Local Government Association Associate
- **Peer Challenge Manager-** Cliff James, Local Government Association Associate
- **Local Government Associate Case Review Peers** – Amanda Checkley and Tracey Newcomb, Local Government Association Associates

3.2. Scope and key lines of enquiry

The peer team considered the following key lines of enquiry which form the core components of all SEND Peer Challenges:

- Leadership and governance of Special Educational Needs and Disability across the local area.
- Mainstream inclusion (identification and support).
- Sufficiency of specialist provision.
- Finance and use of Designated Schools Grant.
- Statutory Education, Health and Care plan processes including identification, assessment and meeting needs.
- Preparation for adulthood.
- Access to health services.

3.3 The peer challenge process

Peer challenges are improvement focused; it is important to stress that this was not an inspection. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of SEND services to reflect on the information presented to them by people they met, things they saw and material that they read.

The peer team prepared by reviewing a range of documents and information to ensure they were familiar with the local area partnership and the challenges it is facing. The team then spent 4 days on site and five days virtually which included:

- Two off-site LGA Associates reviewed 16 children's EHC plans and assessments and associated documents remotely and provided a report.
- Gathered information and views from 50 meetings and visits to schools and other settings, in addition to further research and reading.
- Spoke to 146 people including children and young people, parents and carers, a range of Council leaders and staff and local area partners
- The peer team completed the equivalent of 37 days' work whilst on the Island.

This report provides a summary of the peer team's findings. In presenting feedback, they have done so as fellow local government and health officers.

It should be considered together with the case review overview report of Education, Health and Care plans which provides a more detailed analysis of the 16 cases reviewed by the two LGA associates during week commencing 9th September 2024 and the LGA report on the 'Proposals of the Isle of Wight Council for rationalising Primary schools to raise achievement for All' September 2024.

4. Feedback

4.1. Leadership and governance of special educational needs and disabilities across the local area including vision and strategy.

Senior leaders demonstrate ambition, energy and enthusiasm to improve Special Educational Needs and Disability services across the Island. There is evidence of a commitment to invest in developing Special Educational Needs and Disability services from a relatively low base. Partners are keen to engage in the change journey and there is a strong and committed workforce across the partnership.

There has been progress in identifying many of the challenges in the Special Educational Needs and Disability system over the last six months, and an understanding that a significant range of improvement work is necessary and will take time to deliver. There is a recognition that a special educational needs and disabilities strategy and implementation plan should be developed which is informed by the revised self-assessment and implementation plan.

The decoupling from Hampshire County Council and redevelopment of statutory functions on the Isle of Wight whilst creating opportunities also presents short term risks, including the Island's capacity to maintain and improve services. Some services are at a critical point, such as the Educational Psychology Service which is no longer

viable following the ending of the service level agreement with Hampshire.

The Head Teachers' Forum meets half termly with senior leaders at the Council and whilst this contact was highly valued by some head teachers, it is important to emphasise that schools and settings would welcome greater coproduction to develop future system and service design.

Parents and carers currently lack trust in how the local area partnership is meeting the needs of their children and young people. Communication and engagement with children, young people and their families, as well as all stakeholders, is not yet well-developed. Co-production is essential, as is the visibility of leaders.

Many early intervention support services have been withdrawn or reduced. There is a learned expectation of needing an Education, Health and Care plan to access support services for a child or young person rather than needs being met at an earlier level through an established ordinarily available provision offer and graduated approach.

The Special Educational Needs and Disabilities Offer, and Local Offer is difficult to understand and access and is underdeveloped as a means of communicating the range of services. The support available to children and families would benefit from being more consistently visible, with a higher profile and greater detail about what is available and what families are likely to be offered based on their circumstances and the needs of their child.

Service commissioning processes are underdeveloped with a lack of integrated strategic oversight of 0-25 commissioning of services, impact monitoring and quality assurance systems. There is also a limited understanding of the cost drivers within the system and how best to manage these at a practice and corporate level. Greater senior management oversight of decisions about high-cost placements and packages would help better manage costs.

Single and multi-agency audit and quality assurance processes for early intervention as well as education, health and care assessments and plans are underdeveloped across the partnership. The quality, consistency and contribution from partners is not always evident in the plans reviewed by peers and there is a lack of understanding of what a "good plan" should include and how it should be updated over time. By embedding a monthly audit programme of assessment information and plans involving practitioners and frontline managers which is moderated by more senior managers, combined with multi agency audits should identify areas for improvement and lead to an increase in the overall quality and consistency of plans. Staff need to be able to benchmark what good looks like and be required to consistently deliver this.

4.2. Mainstream inclusion (identification and support).

The development of effective inclusion requires a change in culture, policy, language and collaboration to achieve what is required. Peers were able to identify pockets of positive inclusive practice within schools and early years settings. One primary school has termly meetings with the Council to discuss children who are/previously known to have special educational support needs and another had a no exclusions policy. In some early years settings if the child is not reaching expected levels the family, nursery and early help services are invited in to review progress. One school has introduced transition partnership arrangements to better support children moving on with meetings involving the child and young person and their parents. During a peer interview with a young person one stated “my school is amazing, I’ve been here three years, and **they get me**”. Young people meeting peers in mainstream settings talked of their positive learning experiences and their aspirations for the future although very few accessed structured work experience.

Overall inclusion is however not well embedded in mainstream schools and needs much greater development. There appears to be a lack of understanding of what inclusion really means and what can be put in place to support children and young people at an early stage and maintain them in mainstream settings. Children identified as requiring additional support are not getting what they need at an early enough stage, leading to an increase in Education, Health and Care needs assessments/plans to access support services. There is a recognition in some schools that they are failing to meet the needs of some children with special educational needs and disabilities support as their limited capacity means they must prioritise those who get support and those who do not.

School short term and permanent exclusions of children and young people with Education, Health and Care plans and subject to special education support are above the national average for England. High levels of Elective Home Education appear to be linked to schools not being able to make reasonable adjustments to cater for their needs particularly in secondary schools on the Island. Peers did observe some creative use of community resources such as Vectis Radio which is providing structured opportunities for learning where young people are unable to access formal learning settings, and it is giving them opportunity and voice. There are elements of strength here that could usefully be built upon.

Speech and language therapy health services are unavailable after 5 years old without an Education, Health and Care plan. The Council funded speech and language therapy

service for those students over 5 years and with an Education, Health and Care plan, is highly valued by schools and parents and where it is in place results in clear signs of impact and improvement for children. It would be beneficial for a comprehensive review of speech and language provision to be undertaken to help determine what services should be in place and who should be providing it.

In addition, recognising what evidenced early interventions can be made available in schools and early years settings would be helpful. Possible appropriate interventions include [Speech & Language Link](#) packages, the [Talk Boost series](#) of products and [WellComm](#). Earlier interventions delivered in schools and settings will enable specialist resources of speech and language therapists to be available for those children who have more severe and complex needs, as well as enabling support to be available for the largest number of children and young people.

There are some early interventions and training available through Family Hubs and voluntary organisations but overall, there is a workforce skills and knowledge deficit to help support effective inclusion. Family Hubs are incorrectly perceived as offering support to children aged only 0 to 5 and primary schools would benefit from having closer working arrangements with them.

Health visitors do not appear to be routinely reporting early health needs likely to impact on a child's education to the local authority. In addition, there is an opportunity to develop greater communication between health visitors and early years settings to ensure that all children have an integrated two year review.

Work is underway to develop additional specialist capacity to support schools such as the local authority wellbeing service to create a multi-disciplinary rapid response team.

The lack of early identification and support is understood by the peer team to be the largest contributor to the high numbers of Education, Health and Care plan needs assessments which can be distressing for families and is costly for the Council and Integrated Care Board.

Lack of a robust annual review mechanism which reflects on the appropriacy of placements (as well as the poorly developed graduated approach) is sometimes keeping children and young people in more expensive, more specialist placements which are unnecessary. In addition, undue consideration given at annual review, or emergency annual reviews, to minor funding adjustments were heard by the peer team to lead to tribunal and significantly greater expense of (often off-Island) specialist placements.

A local area partnership focus on early intervention, coproduction, relationships, combined with developing a shared vision is essential. The use of evidence informed

practice to create high quality delivery of the essentials and a well organised, informed and supported workforce will improve outcomes for children, young people and their families.

The local area partnership would benefit from a co-produced clear articulation of what should be ordinarily available in all mainstream classrooms for all children and young people. This could include specific work on reasonable adjustments and how cost-free minor adjustments can make a significant difference to experiences for young people and their families. This work will need to be undertaken with educational settings as well as other partners.

4.3. Sufficiency of Specialist provision.

Specialist schools and settings are well regarded by many children, young people and their families. Young people commented on how they felt cared for and understood by staff at their special school on the Island. Leaders in special schools and specialist provision feel well supported by the Council. The peer team saw evidence that some resource provision and special schools are exceeding their planned capacity and there was some evidence that children are not always being placed in the right provision for the right reason at the right time.

There is an over reliance on having to place children and young people in specialist placements to have their needs met, with too many children being placed off the Island in out of area placements away from their families and local services.

There are children in special schools who could have their needs met in a mainstream provision if mainstream inclusive practice was better. The peer team are aware of evidence that life outcomes for children and young people are better from high quality mainstream provision than they are from special schools.

Plans are in place to expand a mixed model of specialist educational provision on the Island to help addresses this. This needs to align with sufficiency planning for children who also require accommodation based support due to wider family support needs

There are some strong leaders and expertise within specialist schools and provision which could help in an outreach capacity to strengthen greater inclusion in mainstream schools. With the right support, a much higher proportion of children and young people could have their needs met within mainstream schools.

Once a child is placed in a specialist provision, they tend to remain in that provision with no consideration given to reintegration into, or partnership with, mainstream

schools. Only one child has been reintegrated back to their mainstream school from the Island Learning Centre in the last year.

There is a range of valuable short break provision and a residential resource for children with complex disabilities which is highly valued by the families which use it.

There is insufficient, visible data and analysis to support senior leaders (Council and Integrated Care Board) to determine impact of investment and to plan. The Special Educational Needs Sufficiency Strategy would benefit from being better informed by having a comprehensive range of data analysis.

There has been a reduction of primary school age children on the Island linked to a reduction in the birth rate leading to some schools no longer being viable and the Council is currently in a formal consultation process regarding the closure of six primary schools. Whilst this will result in a rationalisation of primary school placements it offers opportunities to use some school buildings to offer additional specialist placements on the Island.

Consideration should be given to how best use of additional placements can be made that reflect the range of special educational needs and disabilities and recognise that children and young people may have needs in more than one of the four areas identified in the SEN Code of Practice.

4.4. Finance and use of Designated School Grant.

The new investment in services on the Island should improve outcomes and lead to long-term financial benefits. Investing in the short term will be a prerequisite to achieving the outcomes and financial aims of the ambitious transformation programme the Island is undertaking. There will be significant longer-term savings achieved across the system by ensuring that this transformation program is delivered successfully.

The Dedicated Schools Grant deficit is a threat to the overall financial stability of the Council, particularly considering the risk of the statutory override of the Designated Schools Grant not being extended. The deficit in the Dedicated Schools Grant exceeds core Council reserves. This is currently a cashflow pressure but if the Government decides to remove the statutory override and the Dedicated Schools Grant deficit has to be held on the Council's balance sheet, the Council's sustainability would be at jeopardy.

Education, Health and Care plans have grown by 23% increase in 2 years in an environment of rapidly falling rolls. Requests for Education, Health and Care assessments are up over 100% in the last 5 years. The level of refusals to assess is close to the national average at 24% however it is 24% of an exceptionally high level of requests. This fact alone illustrates an extremely dysfunctional system. The acute lack of support services for children and families without an Education, Health and Care plan, especially therapies, is contributing materially to the hugely increasing costs particularly within the Dedicated Schools Grant but also the Council's own funds. The lack of graduated approach is creating a 0 to 100 effect, going straight from assessment to EHCP with nothing in between. This is an extremely expensive model.

The lack of Integrated Care Board contributions to therapies, particularly speech and language therapy, for children post 5 years old, has meant that the council is using its own funding to provide support. This is not nearly sufficient to make impact, and most of the support is currently provided to children with Education, Health and Care plans. The pre-5-year-old speech and language therapy offer exists but is likely not sufficient to make the impact that is required. Until there is a comprehensive speech and language therapy offer from 0 to 18, parents and schools will have no choice but to apply for Education, Health and Care plans to access this provision. As speech and language needs are some of the highest needs within the system, the demand for plans will be extremely high until this provision is enhanced sufficiently.

The lack of re-integration at the pupil referral unit is resulting in capacity constraints and the provision acting more like a special school than a short term form of intervention aimed at returning the child back to their previous or an alternative mainstream school. Block funding the Pupil Referral Unit, rather than using the traditional place and top up funding model, could be used to incentivise re-integration back to mainstream so that losing a child does not result in a loss of funding.

Strategic commissioning for 0-25 services is underdeveloped and not co-produced. This is leading to provision gaps, siloed working and duplication of services and costs. Joint funding with health is inadequately established, pressuring council finances. A dedicated joint children's commissioning team with health may offer benefits to the Council and Integrated Care Board.

The renewed focus on place planning and placement sufficiency should materially support finances; particularly the ability for schools to support Special Educational Needs and Disability and the Council's ability to control average cost per placement. It is crucial that local children are supported in local provision. This is best for children and the most effective use of funding as these places are far better value for money.

There is an opportunity to use the space created by falling rolls in schools to help support children and young people with Special Educational Needs and Disabilities and more effectively allocate financial and local resources. The rates provided to local schools to support children with Special Educational Needs and Disabilities are considerably better value than independent provision. By creating more local special needs provision, including resources bases and even special schools and pupil referral units, it will ensure that the cost per placement is managed at a far lower level than if these children moved into independent or off-Island provision.

The lack of quality integrated monthly finance and performance data (a monthly key performance indicator pack) limits understanding of cost drivers (demand, price, impact) and hampers management decision making. A bigger focus on trend analysis rather than point in time reporting would better inform performance understanding. For example, requests for Education, Health and Care assessments as a percentage of pupil population in a 12-month trailing report covering at least 2 years. The same for refusals to assess as a percentage of requests on a 12-month trailing basis covering at least 2 years. Benchmarking versus national is already done but can be further incorporated on a trend basis.

Data is the foundation of decision making and it is going to be crucial that the impact of interventions can be modelled in terms of both financial and qualitative impact. Having quality monthly reporting that integrates both finance and performance data where appropriate will support this understanding. Demand and volume can be tracked easily alongside the cost changes (especially focused on trends not just point in time and against benchmarks but most importantly against the Island's own performance).

There is some evidence of work being undertaken to manage home to school travel costs for children and young people with special educational needs and disabilities. The work being done at post-16 seems to be focused on ensuring only those children that really require support receive it. The minimum charge of £500 to parents ensures that parents value the service. Post-16 transport is not statutory and therefore councils should ensure that funding allocated in this area is used effectively to support children that need it the most. The impact of this policy change is clear in a nearly 40% reduction in post-16 travel assistance being provided. More work is required to ensure that the bus and taxi offers are value for money and that the provision is run as cost effectively as possible. We would suggest benchmarking on a cost per mile basis for both the bus and taxi service against neighbouring council data. Managing demand for Education, Health and Care plans and more local provision will also help reduce demand for Education, Health and Care plans and

therefore travel assistance costs in the future. Creating reporting on numbers of requests for travel assistance versus the decision outcomes of refused or accepted requests would enable management to understand decision making and demand trends.

Independent travel training can have significant longer-term benefits for children and families and produce significant long-term savings, even though to adult social care. If 10 children are trained a year this can save in the region of £150,000 per year, reduce the numbers of pupils needing travel assistant by 10 and over a 10-year period possibly save children's and adults services £1.5m per yearly cohort. In that same period there would be 100 less children on travel assistance support than would otherwise have been.

Financial decision making within the Council's special educational needs and disability service does not appear to be consistent nor robust enough and decisions are not delegated to a high enough management level to provide strong scrutiny and allow flexibility and support when needed. It is crucial that resources are allocated as efficiently and effectively as possible. Providing so much flexibility and financial support to children out of school or home schooled but being so rigid with regards to local school funding can be counter-productive and lead to unintended consequences and higher costs and more placements in independent provisions. The special educational needs panel decision making process may benefit from being reviewed.

Finance teams are integrated into senior leadership meetings and strategic planning and finance data are of higher quality than most other areas across the system. We heard that benefits could be gained if finance teams provided more sophisticated insights and analysis to support service development and decision making. Finance teams that work effectively with services are co-producers of solutions and providers of management information rather than gathers and presenters of financial data. Finance can be a very helpful and effective service partner if the right approach is taken. The true business partner model sees finance at the heart of services delivery and impact monitoring. Most often, if financial information and knowledge informs decision making and tracks effectiveness of provisions this can be an extremely powerful partnership to ensure that services are effective from both impact and financial sustainability perspective.

The focus on the entire system that the Safety Valve programme brings, will help support and develop impetus and oversight at all levels of management within all statutory partners in the Special Needs and Disabilities system. This is an important element of ensuring momentum is maintained and change is delivered. The council

will not be able to solve the problems in the system nor recover the High Needs deficit trying to drive system change alone.

4.5. Statutory Education Health and Care plan processes including identification, assessment and meeting needs.

A lack of reasonable adjustments, graduated approach, a clear articulation of what is ordinarily available provision in mainstream schools and appropriate action is leading to an increase in requests for Education, Health and Care needs assessments and overall pressure on the statutory process.

The significant growth in the number of Education, Health and Care assessments, plans and annual reviews over the last 5 years has led to the statutory Special Education Needs and Disability team being strengthened in number. Staff in the service are dedicated to driving continuous improvement and there is a commitment to further development of the processes, knowledge and skills in the team to help maximise impact and outcomes for children and young people. Caseworkers are allocated to specific schools and the Isle of Wight College which allows them to build relationships with Special Educational Needs Coordinators in schools. They have relatively high caseloads and effective response to requests for assessments, production of plans and managing annual reviews is a significant pressure on the service. The capacity of the service to maintain the current and likely future workload would benefit from a detailed review.

The report prepared by the two off site LGA associates following the review of 16 children and young people with Education, Health and Care plans provides additional analysis regarding practice on the Isle of Wight regarding this area with its own set of recommendations.

There is a lack of an integrated quality assurance framework for education, health and care assessments and plans. The introduction of such a multiagency framework would help improve the timeliness and quality of assessments and plan and ensure they were more comprehensive rather than having mainly an education focus. Strengthening the use of evidence informed practice is likely to help with the development of plans.

Special educational needs and disability panels are well attended with school and partner representation. However, inconsistency and lack of robust decision making at the panel has been identified as an issue to be further investigated.

The ending the service level agreement for educational psychology service with Hampshire County Council is driving reduced performance in service delivery, with a lack of educational psychology support to any new assessments going forward. This presents a significant and urgent risk for the Council in delivering this statutory service.

A range of settings use person centred approaches to include children and young people in planning and annual reviews of Education, Health and Care plans. Education, Health and Care annual reviews are not as effective as they could be and don't always include relevant partners.

Some parents and carers reported their engagement in the statutory process traumatic which has led to them having a challenging and adversarial relationship with the local authority as they navigate their way through various processes. The Parent Carer Forum in place attempts to engage with and support parents and an alternative group the Isle of Wight Special Educational Needs and Disabilities Parent/Carer Support Group has developed and is offering an alternative approach.

The Council's sub-optimal response to communication, co-production and early intervention is leading to large numbers of tribunals and significant costs. In addition, teaching staff have stated that they feel unsupported and not prepared in advance when attending Tribunals, risking significantly impacting their wellbeing and potentially impacting on retention of staff. Families also report that having to go to tribunals impacts on their well-being.

Special Educational Needs and Disability Co-ordinators in educational settings have experienced a reduction in support services available to them. Without outside agency support and advice, educational settings lack the confidence and expertise to support their pupils and families.

The Youth Offending Service has taken creative steps to identify the learning needs of children and young people they are working with whose special educational needs have not previously been identified. This initiative has been recognised by the service receiving an award from an external body.

4.6. Preparation for Adulthood.

High quality learning is available to young people in well regarded specialist schools and settings. Alternative provisions are broadening curriculum and building life skills.

Young people are aspirational and speak positively about their learning and career pathways. Young people with special educational needs can access careers advice and are encouraged to be aspirational although too many Learners do not access work experience on the Island.

The Isle of Wight College's Special Educational Needs and Disabilities Offer is viewed positively. It offers a range of learning and employment pathways for Learners with special educational needs and disabilities. These provisions appear to be working well, boosting participation and outcomes. There is however more to do to maximise sufficiency and employment focussed outcomes.

Information transfer from school to college is inconsistent and Education, Health and Care plans at the point of transition are not being updated and are therefore not reflective of current needs. This means that provision planning is more complex, and parental expectation is difficult to manage as the parent expects levels of provision designed for their younger children within the EHCP to still be offered at College (such as levels of Speech and language therapy that may no longer be needed)

Families report positive experience of social care transitions to adult services for young people with significant disabilities, with dedicated teams in respective services working well together. Employment of adults on the Island with a learning disability is strong. Young people not known to the disabled children's team are less effectively supported when they reach 18 years old and so further development work must take place between children and adult services on the Island to make sure that pathways for children in care and those with transitional safeguarding needs get the right help at the right time. Importantly this will better support financial planning for both housing and support across the local area.

The Isle of Wight is not fully engaging employer potential to increase internships and apprenticeships. Consideration could be given to the use of the employer apprenticeship levy to create opportunities. The National Health Service is creating jobs to support the growth of internships and apprenticeships for some young adults with special educational needs which is welcomed but generally there are not enough

employers offering jobs. A wider focus on how small employers can be engaged and supported would be advantageous with support of wider local area business leaders.

Performance and outcome measures for preparation for adulthood are not collectively analysed and would benefit from being developed and put in place.

4.7. Access to health services.

The Island has higher than national average 2 years old health checks taking place, with these mainly provided in family homes. This supports early identification of likely special educational needs. However, there is an opportunity to better triangulate this information with that gathered through early years settings as described above.

Child and Adolescent Mental Health Services are reported to respond within nationally recognised timescales to requests for assessment and treatment.

The Hampshire and Isle of Wight Integrated Care Board is making a greater range of investments in health leadership and services on the Island. There is a willingness to review current pathways and processes and a greater focus on developing services on the Island than previously has been the case. The new neuro-diversity pathway is a good example of this and can be shared more widely with partners on the Island.

Working relationships between statutory partners is, however, underdeveloped and immature. There is a positive opportunity to better develop these relationships to ensure agreement regarding responsibility for service delivery, sharing of information, collection and understanding of data and to achieve joint commissioning.

Integrated Care Board commissioning has been based on poor analysis of data and there is a lack of joint commissioning including all therapies. There is a lack of speech and language therapy available to children and young people once they have reached 5 years old unless they have an Education, Health and Care plan in place. These specifically state that speech and language therapy need to be provided by the health service.

A positive development is that continuing care reviews have been aligned to take place at the same time as annual reviews of Education, Health and Care Plans. The availability of and access to continuing health care funding is, however, inconsistent.

There are challenges of recruitment and retention of key roles such as school nurses in specialist schools and speech and language therapy support. There are long waiting times for autism assessment / support and occupational therapy which need to be addressed.

Health transitions at all stages and particularly to adult health services are not clear and too often families and young people are left feeling unsupported when they turn 18. This is particularly the case for mental health services. It is unclear if the ICB or NHS Providers supporting Island residents have clear protocols that helps prepare young people for a Healthy Adulthood or whether [National Institute for Clinical Excellence Guidance](#) is being successfully practised.

5. Next steps

It is recognised that senior political and managerial leadership will want to consider, discuss and reflect on these findings. The council and local area partnership will take responsibility for feeding back the outcome to those who have contributed to the peer challenge. Both the peer team and LGA are keen to build on the relationships formed through the peer challenge and the LGAs children's improvement adviser for SEND Deborah Glassbrook will discuss any further support that can be offered to assist the implementation of the recommendations in this report.

In the meantime, Will Brooks, principal advisor for the south east (william.brooks@local.gov.uk) and Deborah Glassbrook, SEND advisor (Deborah@optimisingpotential.co.uk) are the main contact between your authority and the Local Government Association.