Diagnostic Summary

1

De-prioritisation Rationale

Category	2023 HNB Spend	Lever	Prioritised?	Reason
MSS	34%	Caseload	Yes	Dominates rising HNB expenditure and are at capacity therefore driving INMSS caseload up
		Unit Cost	No	Around DBV average and has not grown historically (**Thurrock: £23,700, DBV: £23,100**)
INMSS	12%	Caseload	Yes	MSS at capacity so more children moving into INMSS hence large growth (**243% growth from 2023-2028**)
		Unit Cost	Yes	Unit costs are significantly higher than DBV average currently (**Thurrock £80,100, DBV: £59,600**)
Mainstream	20%	Caseload	Yes	Mainstream caseload is driving increased HNB expenditure (**101% growth from 2023-2028**)
		Unit Cost	No	Below DBV average and has not grown historically **(Thurrock: £7,500 , DBV: £7,700)**
RP	14%	Caseload	LA mitigation	RP capacity expansion is part of LA mitigations
		Unit Cost	No	Resource provisions in Thurrock are very small and support children with much more complex needs compared to the national picture. This is due to the lack of maintained special settings in Thurrock. Therefore, these are not so comparable to DBV or national averages for this provision
Post 16	4%	Caseload	No	Not increasing rapidly, or contributing to HNB spend significantly
		Unit Cost	No	Well below DBV average (**Thurrock: £6750, DBV: £8600**)
AP	8%	Caseload	No	Has remained constant for a number of years
		Unit Cost	No	Very low % of expenditure
Other	8%	Caseload	No	School transport and hospital placements have very little contribution to HNB expenditure, and are not growing rapidly.
		Unit Cost	No	

2

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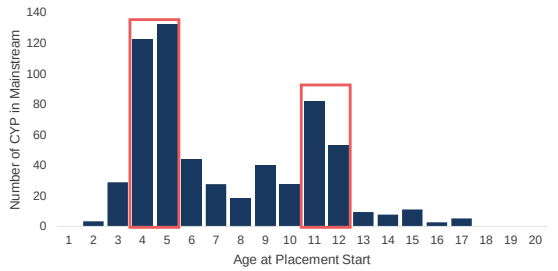
Mainstream caseload is rising primarily due to SLCN, ASD and SEMH

We know mainstream caseload is a driver for HNB expenditure therefore wanted to understand the primary need profile and when starts are most prominent

Mainstream

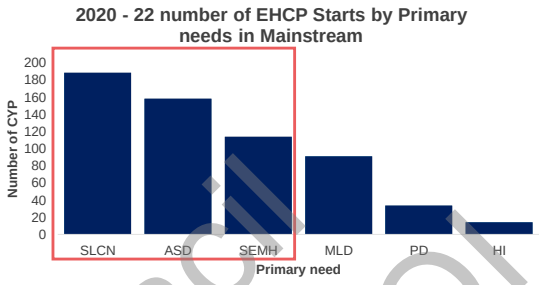
EHCP starts at primary transition are driven by SLCN/ASD cases, whereas increased starts at secondary transition are driven by MLD/SEMH cases



- The spike at the **primary transition** is driven by **SLCN/ASD** cases. In module 2, we should do further analysis to determine is CYP who receive SEN support early enough do not require an EHCP in the future.
- The spike at **secondary transition**, is driven by **MLD** and **SEMH** cases. Deep diving into these cases will highlight how we can improve mainstream support at secondary transition specifically, to reduce the number of EHCP requests

Mainstream

Transition year EHCP starts are driven by SLCN, ASD and SEMH which account for 77% of mainstream EHCP starts



- SLCN, ASD and SEMH make up 77% of total mainstream EHCP starts across 2020-2022. Our workstream relating to staff training to better accommodate children with SLCN and outreach offers relating to ASD and SEMH in particular tackle these key areas, with a focus around transitions

Mainstream EHCP starts are concentrated around transitions with SLCN, ASD and SEMH accounting for over three quarters of them

3

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Our first focus area is around improving the mainstream SEN support offering to support more children in mainstream settings without an EHCP

Focus 1: Supporting CYP on SEN Support Without a Need for an EHCP

Focus 2: Supporting CYP in Mainstream instead of Specialist Settings

Focus 3: Reducing INMSS Unit Cost

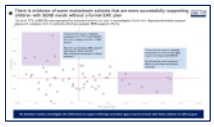
High impact analysis…

…showed the **majority of EHCPs** in mainstream **start at the transition years with majority of children with SLCN, ASD and SEMH**

Case reviews and surveys…

…showed us **63% of mainstream EHCPs could be supported differently** with an emphasis on **MH support and access to specialist services** as a drivers

Variational analysis…

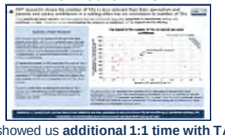


…showed us that there is a **variation in schools** providing more **SEN support vs EHCPs**. We want to learn **best practise from those with a larger SEN support**.

Education provider surveys…

…showed us **they have lower confidence in Mental Health services** than services such as Speech & Language Therapy, OT,PT. and is the least utilised.

EEF Research and findings from other LAs…



…showed us **additional 1:1 time with TAs is less impactful** for children than their **specialism**, and **parental confidence** is often **uncorrelated to number of TAs** per EHCP

Listening forum with SEND practitioners…

…showed us what would be required to **improve SEMH support**. Key **themes** included strengthening **family relationships** and nurturing **social interactions**

We must therefore focus on ASD support around secondary transition years. Our workstreams around SEMH and ASD mainstream outreach as well as specialist teacher training align with findings in this section.

4

4

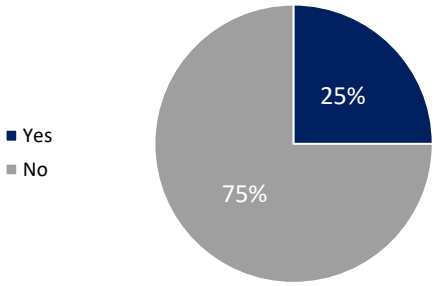
In mainstream, SEND professionals believe up to 63% of EHCPs could, in future, be supported without one

We know from module 1 that **caseload is driving mainstream HNB expenditure**, therefore wanted to **identify opportunity for this to come down**.

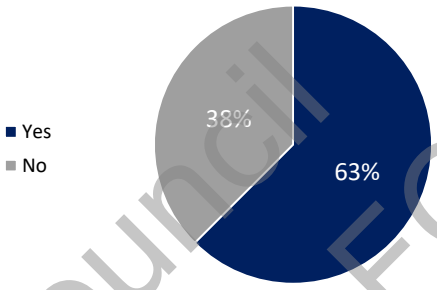
Across all provisions, the group of SEND professionals believed that 25% of CYP could have achieved an ideal outcome without an EHCP

In Mainstream, the group believed that 63% of CYP did **not** require an EHCP to achieve an ideal outcome

Therefore, could the needs of the child or young person have been met without an EHCP?



Within the Mainstream schools and academies, could the support required to meet the child's needs be accessed without an EHCP?



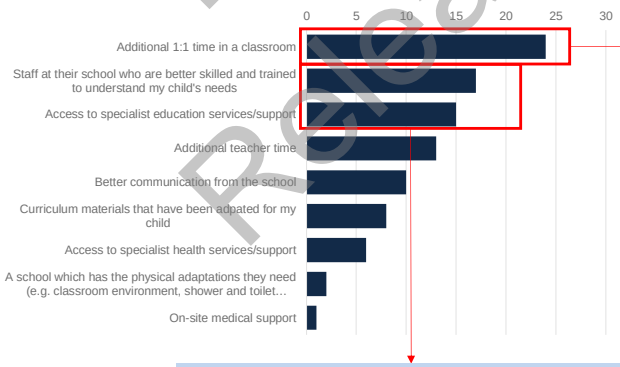
Our case reviews show an indicative finding that there is opportunity to decrease mainstream caseload given changes in the future. We must therefore understand what would need to change for this to be realised.

5

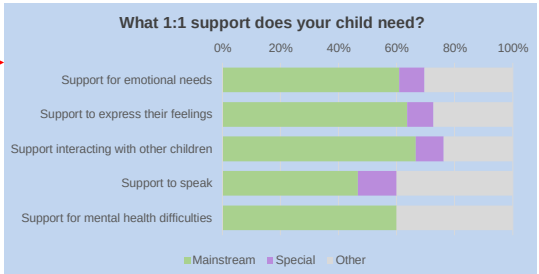
Requirement of additional SEMH support and better trained staff seem to be drivers for mainstream EHCPs

Parents and carers mentioned **1:1 support** being accessed through EHCPs, and when **asked to elaborate** on what support their children require, an **overwhelming number of responses** indicated **SEMH and integration support.**

What services or support do you feel your child or young person can now access to meet their needs and goals and aspirations with their EHCP? (Mainstream Schools)



What 1:1 support does your child need?



Parents believe that support for SEMH and improved inclusivity would help reduce the need for EHCPs. We should explore how these services can be included as part of Thurrock's SEN support offering

Increased and improved staff training in mainstream schools will also help reduce the requirement for an EHCP for a CYP to achieve an ideal outcome

As 1:1 time comes up here, research from the EEF shown on the next slide gives evidence that this isn't the most effective use of resources. Therefore, we need to investigate how we can improve the SEMH support offering in Thurrock.

6

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EEF research shows the number of TAs is less relevant than their specialism and parents and carers confidence in a setting often has no correlation to number of TAs

From **parent and carer surveys**, we know parents feel their child could have been **supported in mainstream** settings with **additional 1:1 time**. Therefore, we are **investigating the research on additional 1:1 TA support and its efficacy.**

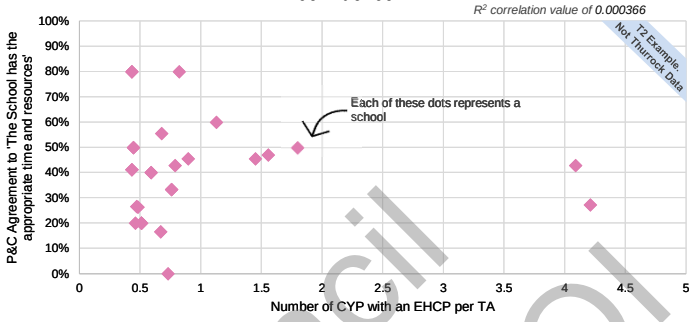
Summary of EEF Research

EEF research shows the **number of TAs has more than trebled since 2000**, and there are **currently more TAs than there are teachers** in schools across the UK. The **financial implications of this are not to be taken lightly** and the research calls out that **in the pursuit of more 1:1 time** with **"professionals"** the **amount of teacher time** received per student is **diminishing**.

An **agreement passed in 2003 expanded the roles of TAs** in the interest of aiding with teacher workload, and a big result of this is the **deployment of TAs in aiding children with SEND**. TAs exist to **add to teachers' delivery** of learning and **not substitute it**. The **specialism of that staff who spend time with children** is what is most **important** and with TAs this is missing.

Therefore, **rather than increasing the number of TAs** in schools, their **specialism is a more relevant challenge** to **tackle** when it comes to **delivering the best support for children with SEND**

The impact of the number of TAs on parent and carer confidence



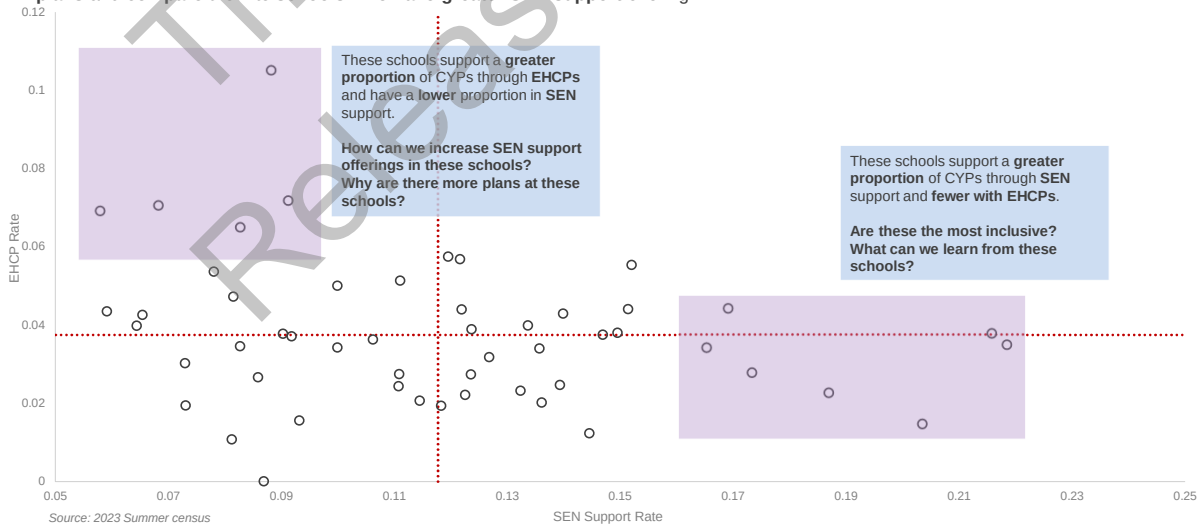
The above graph is an **example from another LA** and **replicated in several DBV local authorities**. It shows, where **one would expect a correlation** between the **number of TAs per child with an EHCP** and **parental confidence**, there is **none**. It has also been **previously shown** that **children and parents views on additional 1:1 time are misaligned** as **children** are **more concerned** with **integration** amongst peers.

Additional 1:1 support from TAs has been proven ineffective and their specialism is what will improve the service offering in mainstream settings. Our workstreams should therefore have a focus around specialist SEND training for staff.

7

There is evidence of some mainstream schools that are more successfully supporting children with SEND needs without a formal EHC plan

We know **77% of EHCPs are requested by schools** therefore we want to **investigate** schools who **disproportionately request plans** and **compare** them to **schools who have greater SEN support** offering



We therefore need to investigate the drivers for children applying for EHCPs in mainstream settings to understand where opportunities for improvement lie

8

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Education providers surveys highlight a lack of faith in CAMHS and suggests a gap in the service they provide

"I believe this support is useful in supporting children with SEND"	CAMHS	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Educational Psychology
Strongly Agree	28%	19%	20%	42%	45%
Agree	30%	47%	52%	38%	36%
Neither agree nor disagree	21%	30%	27%	13%	16%
Disagree	14%	5%	0%	7%	2%
Strongly Disagree	7%	0%	0%	0%	0%

21% of education providers disagree with the statement **that CAMHS can assist** in the support of a CYP. Their **awareness was also investigated** in the surveys. Interestingly, **the most EPs had not heard of CAMHS compared to other support** and **over a third don't recommend it** even if they do know of it. This **implies that there is a gap in the service** they are offering. **We know** a **large proportion** of children requesting **EHCPs have SEMH** needs and would **therefore expect a larger demand** placed on **CAMHS** which we aren't seeing.

	CAMHS	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Educational Psychology
I sometimes recommend this	34%	41%	41%	19%	28%
I often recommend this	32%	13%	28%	57%	48%
I know it exists but don't actively offer it	28%	46%	28%	21%	22%
Never heard of it	6%	0%	2%	2%	2%

Education providers are unsure about the support CAMHS can provide and are not actively offering it. Therefore, we want to look into how we can improve SEMH support to reduce the request for additional 1:1 support from parents.

9

4 key themes came out of the listening forum with SEN practitioners about improving SEMH support in mainstream schools

Aiding an increase in social interaction for children with SEMH

Introducing anxious children to social interaction slowly.

Intrinsic reward of doing things at school- activities, roles etc.

Lunchtime activities, working with mentors.

Challenges: Getting CYP engagement and maintaining the right balance of intensity

Separate quiet spaces in schools, accessible all day

Children with SEMH often triggered by large gatherings of people.

Support during breaktimes/ lunchtime etc.

Breaks from intense activities throughout the day.

Challenges: Uses up space and teacher time however as 1:1 time would be ideal

Nurturing healthier relationships with family

Earlier family support over a longer period of time.

Sharing good practise around schools.

Lots of complex placements driven by complex home backgrounds.

Challenges: Lack of support from social care to aid in this.

Diversifying specialist outreach offering

There is a passion for improving SEN support across mainstream schools.

Outreach programmes have been successful so far and schools have responded positively to them.

Challenges: Engaging more schools. Expensive to provide across LA

Key takeaways:
To improve SEMH support in mainstream placements and improve inclusivity:

1. **Increase the amount of structured social interaction for anxious children through clubs/ activities or time with mentors.**
2. **Provide quiet "havens" in schools to provide children, who may be uncomfortable during busy breaktimes, the supervised space they need.**
3. **Help parents understand their children's struggles and provide them the support they need earlier on in order to nurture a more supportive home environment.**
4. **Work with independent schools and foundations across the borough to help all schools provide as inclusive an environment as possible for children.**

10

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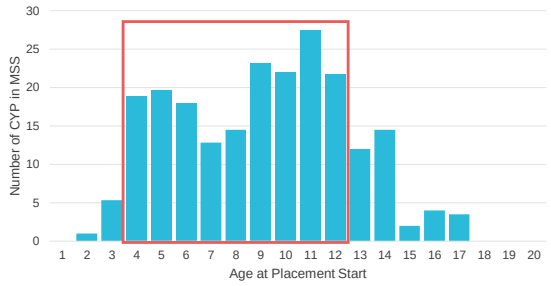
MSS and INMSS starts are more consistent between the ages of 4-12

We know from our high impact analysis that MSS is our highest spend provision with INMSS spend rising rapidly. Both of these are caseload driven therefore we want to understand when the most children start in these provisions

MSS

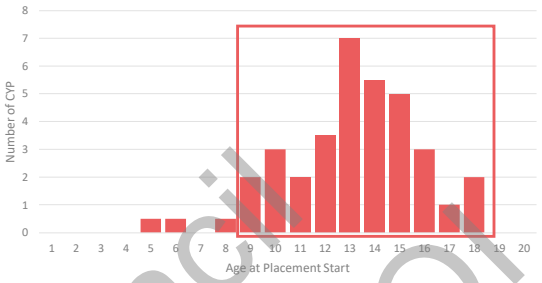
Although small spikes at primary and secondary transition years, starts are consistently high between the ages of 4-12



- **ASD** and **MLD** drive the increased starts throughout all ages from **4-12**.
- **SLCN** also contributes to a substantial number of starts at **secondary transition**.
- In Thurrock, we don't see distinctive spikes at transition ages. This could imply that we are implementing an effective graduated response, or that mainstream schools are unable to support CYP sufficiently. In module 2, we will further explore the root cause of this trend.

INMSS

INMSS starts show no real patterns with ages with a consistent spread across ages 9-18 and a small peak at year 8.



- SEMH cases drive the starts in INMSS settings which are spread across the ages of 9-18. There don't appear to be spikes around transition years therefore our focus is across the mainstream sector
- Appears as though MSS spaces fill up with primary year cohort, leaving INMSS for secondary school cohort further emphasizing the importance of secondary school support offering

We must therefore investigate the primary needs driving caseload in these 2 provisions, and dive deeper into the drivers of such provision moves.

11

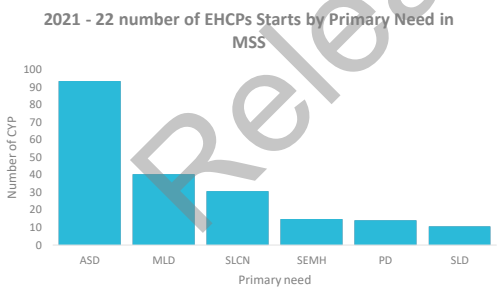
Thurrock Council Released Under FOI

MSS and INMSS starts are dominated by ASD and SEMH cases

ASD drives MSS starts, while SEMH drives INMSS starts in Thurrock. This finding will help target our deep dive

MSS

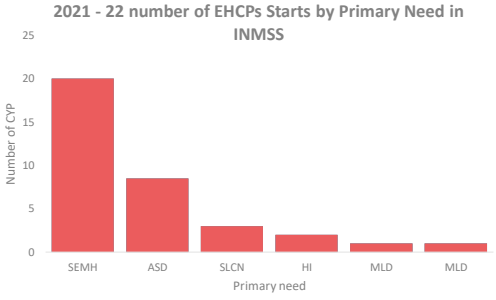
Although small spikes at primary and secondary transition years, starts are consistently high between the ages of 4-12



- **ASD** drives the number of specialist starts across the ages, therefore there is a focus on this in our outreach offer workstream. We must delve deeper to understand where potential lies to decrease this caseload, supporting CYPs differently in future

INMSS

INMSS starts show no real patterns with ages with a consistent spread across ages 9-18 and a small peak at year 8.



- SEMH cases drive the starts in INMSS settings, and our SEMH outreach offer tackles this. Investigation into the opportunity which lies in supporting these children differently is investigated in the next section

We must therefore investigate how much opportunity there is for the reduction of specialist starts in future. Our focus area is therefore around specialist provision moves

12

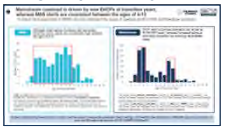
Our second focus area involves understanding how we can support more children in mainstream as opposed to specialist settings

Focus 1: Supporting CYP on SEN Support Without a Need for an EHCP

Focus 2: Supporting CYP in Mainstream instead of Specialist Settings

Focus 3: Reducing INMSS Unit Cost

High Impact Analysis…



…identifies MSS caseload is putting pressure on HNB expenditure

Case Reviews…

…show us some CYP who are currently in specialist settings could be supported in mainstream

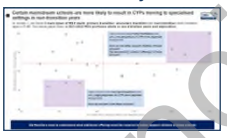
Case reviews and surveys…

…show us a gap in service offering was the most common theme from case reviews. Parents perception is this is driven by 1-2-1 and specialist support availability

Variation analysis…

…show us that there is variation between mainstream schools in the proportion of CYP moving to MSS at secondary transition

Variation analysis…



…show us that there are some mainstream schools are more equipped to support CYP with SEND throughout primary

Listening forums…

…showed us that mainstream schools should adapt support for different SEN needs and improve communication with secondary schools

We must therefore focus on ASD support around secondary transition years. Workstreams around SEMH and ASD mainstream outreach as well as specialist teacher training align with findings in this section.

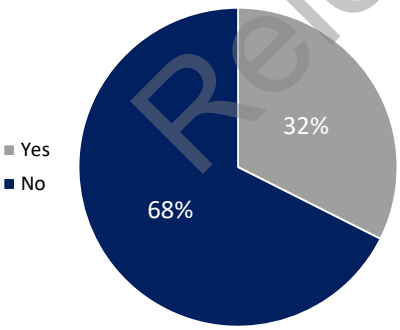
13

13

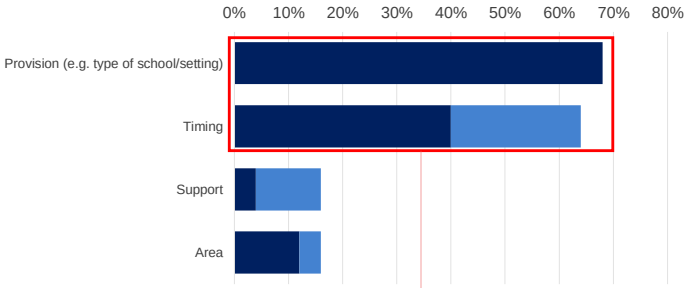
Case reviews highlighted that 68% of CYPs could, in future, be supported differently with 68% possibly in different settings

MSS and INMSS are predicted to have the highest expenditure by 2028. Therefore, from **case reviews**, we want to understand how commonly a **child is placed in a setting where, in future, their needs could be met in a different provision**

Did we achieve the ideal outcome for the CYP and enable them to achieve their goals and aspirations?



Where the CYP could be supported differently in future, what were the barriers to this?



68% of such outcomes could in future be supported in different provision type. Over half on these cases were also influenced by the timing of intervention being too late.

We therefore want to investigate what provision type they could be supported if their current type could look different in future

14

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Case reviews identified future opportunities to meet CYPs needs in less specialised settings

Further investigation shows what **SEND professionals** believe **future CYPs starting with similar needs' provisions would be**

Provision (e.g. type of school/setting)	Cases	Ideal future provision: Mainstream schools and academies	Ideal future provision: Resourced Provisions or SEN Units	Ideal future provision: LA maintained special schools	Ideal future provision: Others / Unspecified
LA maintained special schools	13	23% (1)	23% (2)	0%	23%
Mainstream schools and academies	8	0%	13%	0%	13%
Independent or non-maintained special schools	8	63% (3)	0%	0%	0%
Alternate Provision	3	33%	33%	33%	0%
Resourced Provisions or SEN Units	3	67% (4)	0%	0%	0%

Practitioners generally agree to 4 major opportunities in providing support with a different provision

1. Supporting the goals and aspirations of the child in **Mainstream rather than MSS**
2. Supporting the goals and aspirations of the child in **RP rather than in MSS**
3. Supporting the goals and aspirations of the child in **Mainstream rather than INMSS**
4. Supporting the goals and aspirations of the child in **Mainstream rather than RP**

Case reviews show opportunity for supporting more children in mainstream/ RP as opposed to specialist provisions. We want to look into the drivers for current provision choices so we can dive into how we can improve them.

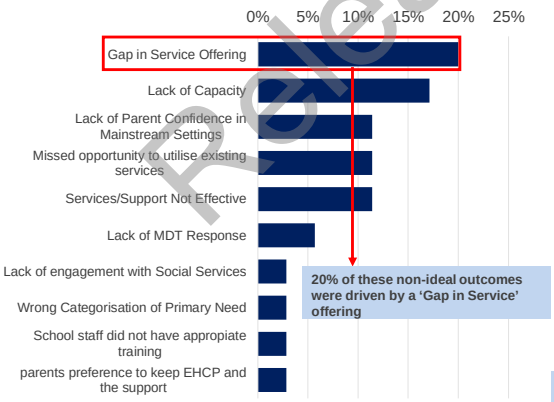
15

Thurrock Council Released Under FOI

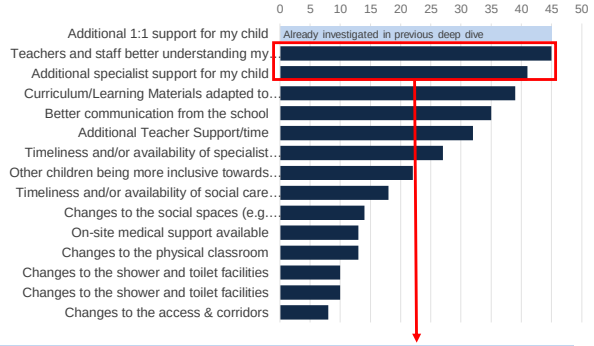
Case reviews identified a gap in service offering in mainstream schools as a driver for specialist starts

Further investigation into **parent and carer surveys** show **parents believe** this gap is due to a **lack of 1:1 time**, staff **training** and **specialist support.**

Given that the outcome could be different in future, what were barriers to this?



Which of the following would need to have changed in your child's previous mainstream school for them to have been able to support your child successfully?

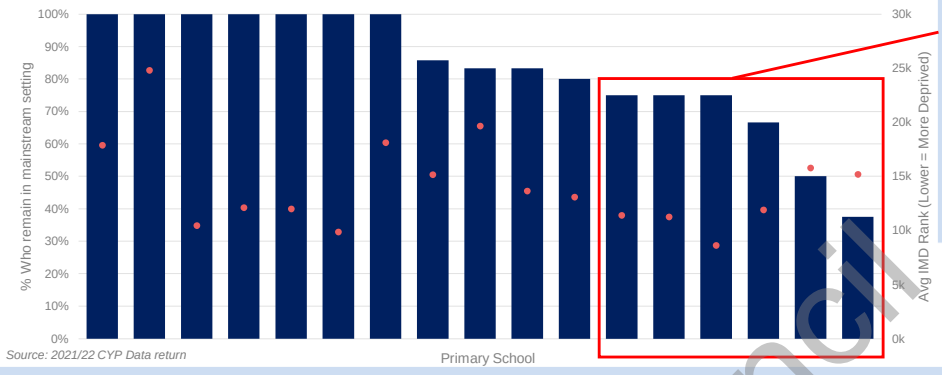


We therefore want to investigate how mainstream inclusivity varies between schools in Thurrock, and how we can specifically improve specialist support

16

Certain mainstream schools are more likely to result in CYPs moving to specialised settings at the primary and secondary transition

In module 1, we found **3 main types of MSS starts**: **primary transition**, **secondary transition** and **non-transition** starts between ages of **7-10**. The below graph looks at the number **of CYPs remaining in mainstream settings around transitions**.



Source: 2021/22 CYP Data return

Upon further investigation, schools which appear to send more children to specialist settings have a **greater proportion of complex cases**, and **secondary inclusivity seems to be a driver** for fewer mainstream transitions.

We will investigate this more in our listening forum.

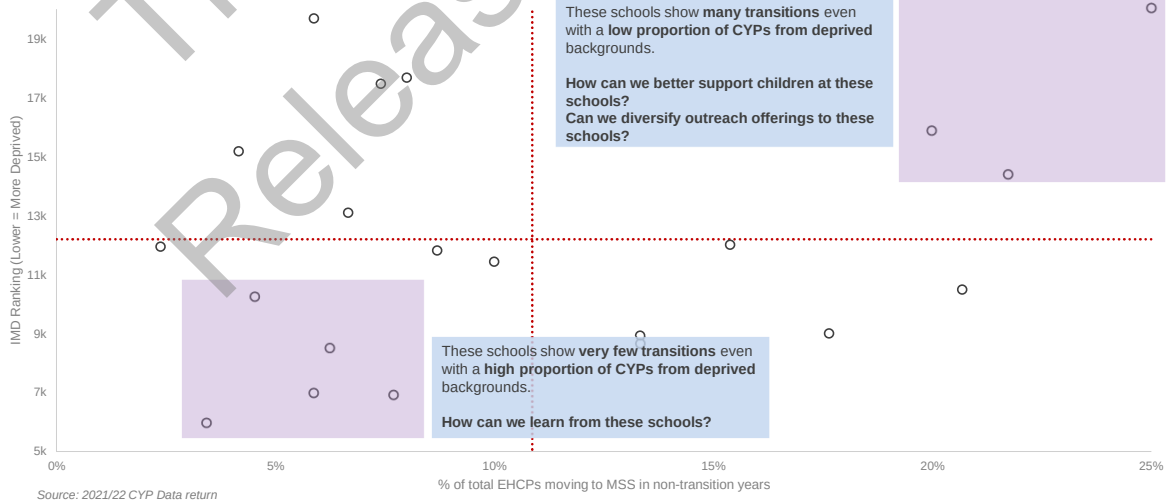
Discrepancy in number of CYPs **moving to specialised** settings across schools is **supporting evidence** from case review findings that many **CYPs in MSS settings can be supported in mainstream** settings. **However,** a **lack of correlation to deprivation** implies **involvement of other factors** not considered here, like **secondary school inclusivity.**

We therefore need to investigate what support would be necessary to promote mainstream to mainstream secondary transitions

17

Certain mainstream schools are more likely to result in CYPs moving to specialised settings in non-transition years

In module 1, we found **3 main types of MSS starts**: **primary transition**, **secondary transition** and **non-transition** starts between ages of **7-10**. The below graph looks at **2021-2022 MSS provision starts in non-transition years and deprivation.**



These schools show **many transitions** even with a **low proportion of CYPs from deprived** backgrounds.

How can we better support children at these schools?
Can we diversify outreach offerings to these schools?

These schools show **very few transitions** even with a **high proportion of CYPs from deprived** backgrounds.

How can we learn from these schools?

Source: 2021/22 CYP Data return

There is quite a large spread here, with no conclusive correlation with deprivation. We therefore need to understand what additional offering would be required to better support children at all of these schools

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We must ensure secondary schools tailor their support for CYP with SEND, and that CYP are prepared for the change in environment

Analysis shows that ensuring CYP are successfully supported at secondary transition is essential to alleviating pressure on MSS

Improving Secondary school's ability to support CYP with SEND

- Secondary schools do not tailor approach for difference children
  - CYP with different SEND requires alternative ways to regulate emotional reactions
  - Currently it's a 'once size fits all approach'
  - Secondary schools require all CYP to follow the same policy
  - Lack of specialist training emphasises this deficit
  - "Every school will tell you that they are inclusive"
- Secondary school often states that it cannot meet CYPs needs when they have been supported in mainstream throughout their primary school journey
  - Currently some secondary schools use a grade prediction metric to determine if they can support CYP with SEND

Improve transition specific support for CYP with SEND

- Secondary school transition results in a sudden change of environment and ways or working, which is hard to adjust to. Improved transition support would help to mitigate this change:
  - Secondary school visit afternoon in year 6, similar to a school trip
  - Slowly withdraw "primary practice" from year 5 e.g. reduce consistency of 1:1 support time
  - Summer clubs – these cannot be funded by the LA and rely on the private sector
- Communication between primary and secondary school on CYPs specific needs is integral to a successful transition journey
- Some of the group of SEND professionals were unaware of all the available transition services

Improving Primary school's ability to support CYP with SEND

- Primary schools should better identify and understand CYP with SEND, to prevent needs from progressing to the point they require specialist support at secondary transition.
  - **Enablers**:
    - Specialist training for school staff
    - Leverage LSAs (Learning Support Assistants)
    - Availability of outreach service
  - **Challenges:**
    - Capacity of LSA and outreach service
- Primary schools currently advise CYP to go to specialist secondary schools after attending mainstream primary
  - We need to improve mainstream primary's perception of mainstream secondary schools
  - Improving secondary school support is integral to achieving this

We must therefore focus on a needs based SEN support offering in mainstream schools. Transitions are called out as a challenge in mainstream settings and aligns with high impact findings

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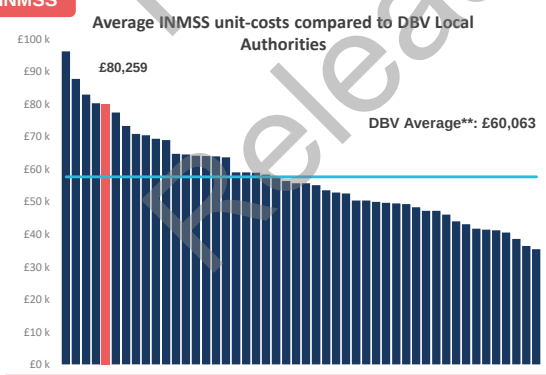
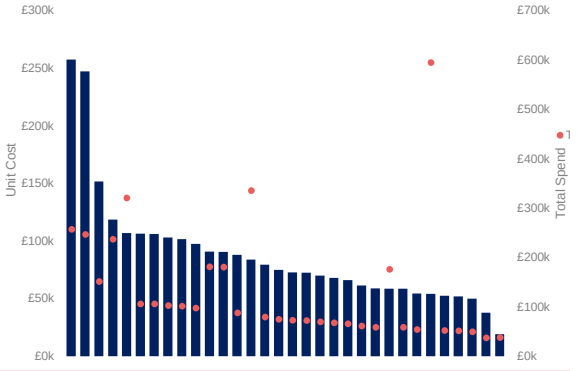
INMSS unit cost is 32% higher than DBV average and is driven by a small number of extremely high-cost placements

The high unit-cost of INMSS placements in Thurrock will create greater financial pressure as caseload increases due to MSS and RP capacity constraints

INMSS





- Although INMSS unit cost has decreased in recent years, it is still **32% higher** than the DBV average.
- Due **to growing caseload and predicted increased expenditure** in this provision, we should investigate the root cause of why this unit cost is so high
- This high-unit cost is driven by a **small number of very high-cost placements**, as shown on the right-hand side

We must therefore identify if there is opportunity to bring this down, given the small number of cases, and how this opportunity can be realised best.

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Our third focus area explores INMSS unit cost and how we can start to drive it down

Focus 1: Supporting CYP in Mainstream instead of Specialist Settings

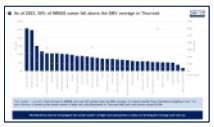
Focus 2: Supporting CYP on SEN Support Without a Need for an EHCP

Focus 3: Reducing INMSS Unit Cost

High impact analysis…

…showed Thurrock has an **INMSS unit cost 50% greater than the DBV average** and considerably higher than stat. neighbours

Unit cost deep dive…

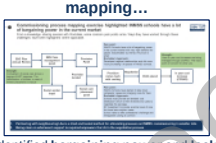


…showed Thurrock's INMSS unit cost is **driven up by a small number of high-cost placements**

Unit cost deep dive…

…**benchmarking top 18% of cases against stat. neighbour LAs**, these high cost placements are **disproportionately high**

Commissioning process mapping…



…identified **bargaining power** and **lack of selectivity** as key challenges. These have been **addressed in a knowledge sharing session with Rochdale**.

INMSS commissioning comes up as a driver for this inflated unit cost, and our commissioning process workstream aligns with the findings of this deep dive

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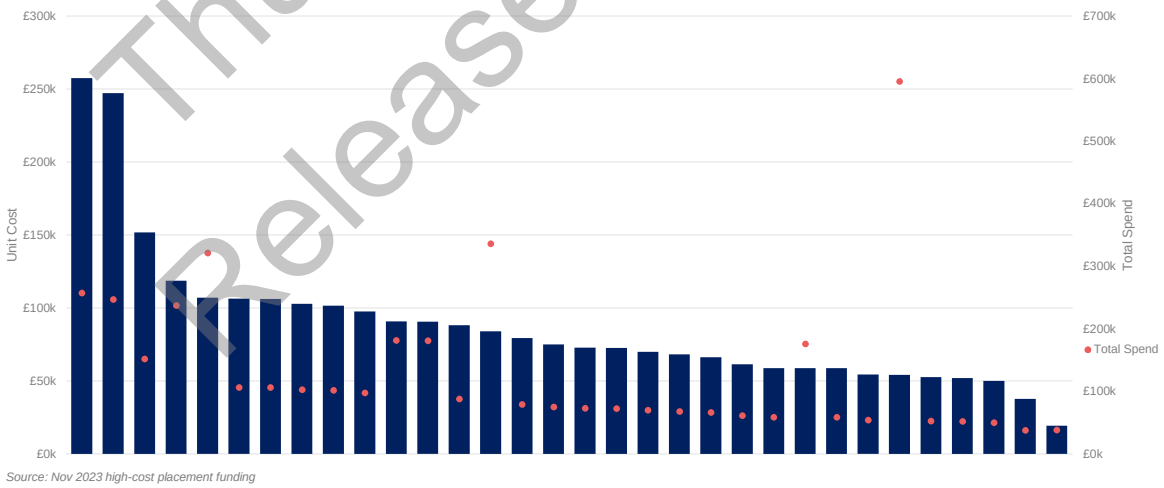
As of 2023, 58% of INMSS cases fall above the DBV average in Thurrock



Source: Nov 2023 high-cost placement funding

From module 1, we found **Thurrock has an INMSS unit cost 32% greater than the DBV average**, and **almost double that of statistical neighbour LAs**. This stark difference is **driven by the small number of high unit cost placements in Thurrock with unit costs above around £100k**

We therefore need to investigate the small number of high cost placements as they are driving the average unit cost up.

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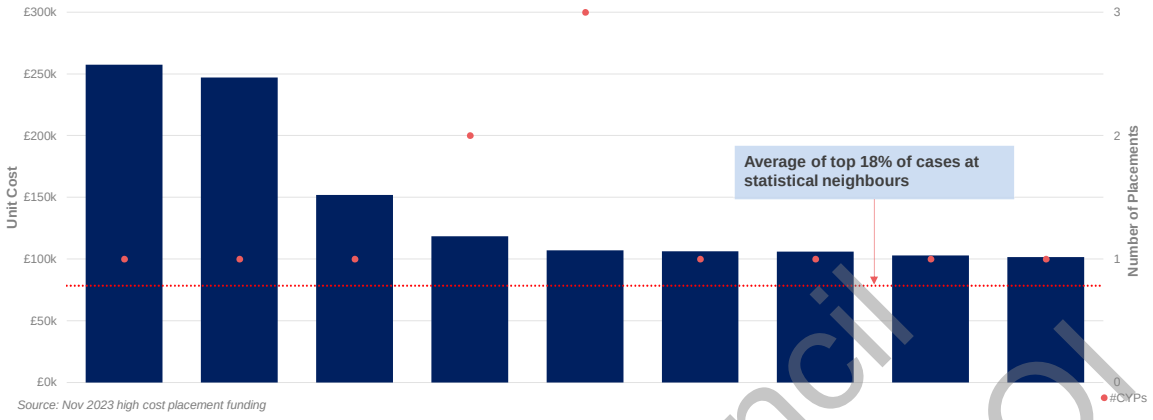
12 placements account for 38% of INMSS spend in Thurrock, a statistic which is much greater than statistical neighbours



Source: Nov 2023 high cost placement funding

The cases picked out above are **those responsible for a unit cost greater than the DBV average**. They **represent 18% of cases** and when **compared to the average cost of the top 18% of cases at statistical neighbour LAs**, our placements are all greater in cost. While Thurrock may **have a greater number of children** who require such **complex care**, the **most expensive placements** are still **higher in cost than statistical neighbours**. This implies that **there is opportunity here**.

We therefore need to investigate the commissioning process to understand where changes can be made to bring these costs down.

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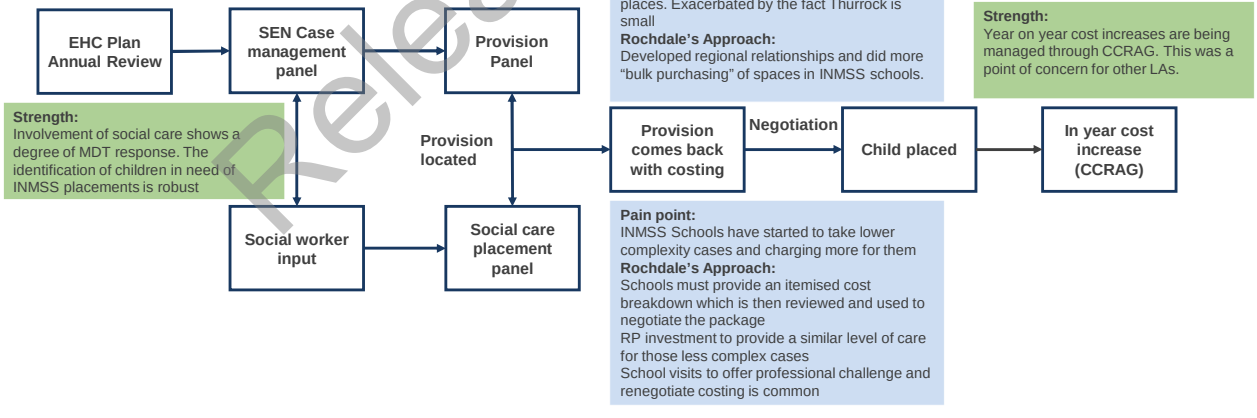
Commissioning process mapping exercise highlighted INMSS schools have a lot of bargaining power in the current market

From a knowledge sharing session with Rochdale, some common pain points arise. Ways they have worked through these challenges have been highlighted where applicable.



Pain point:
INMSS Schools have a lot of bargaining power in the current market with very high demand for places. Exacerbated by the fact Thurrock is small
Rochdale's Approach:
Developed regional relationships and did more "bulk purchasing" of spaces in INMSS schools.

Strength:
Year on year cost increases are being managed through CCRAG. This was a point of concern for other LAs.

Strength:
Involvement of social care shows a degree of MDT response. The identification of children in need of INMSS placements is robust

Pain point:
INMSS Schools have started to take lower complexity cases and charging more for them
Rochdale's Approach:
Schools must provide an itemised cost breakdown which is then reviewed and used to negotiate the package
RP investment to provide a similar level of care for those less complex cases
School visits to offer professional challenge and renegotiate costing is common

1. **Partnering with neighbouring LAs is a tried and tested method for alleviating pressure on INMSS commissioning in smaller LAs**
2. **Being clear on what exact support is required and challenging independent schools empowers the LA in the negotiation process**

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Summary of our workstreams and how they address key findings

	Growing mainstream caseload. ASD, SLCN and SEMH	Growing specialist provision starts. SEMH and ASD.	High INMSS Unit cost. Few high-cost placements
Workstream 1: ASD and SEMH outreach offering	Helping build capacity in mainstream settings and diversify the specialist support offering available	Directly targeting the key cohorts who are moving to special schools. This workstream should improve the specialist services required for CYPs to remain in mainstream settings	
Workstream 2: Continued professional development and training	This is all about building teacher confidence and parent confidence in mainstream settings by improving inclusivity and teachers' knowledge of how to support CYPs with SEND.	Better trained staff should help nurture an environment which supports more children with SEND in mainstream settings than in specialist provisions	
Workstream 3: INMSS Commissioning process			Commissioning process is a key lever in INMSS costing and is currently underdeveloped in Thurrock. This workstream is around collaboration with another LA and development of more robust challenge practise

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