

# Hampshire Local Area Partnership Strategy, Action Plan and Self Evaluation 2024

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# Our Strategy and Action Plan

The Hampshire Local Area Partnership is made up of every organisation that works with children and young people with SEND in Hampshire. These organisations are represented on Hampshire's Local Area Partnership Board, which is made up of Local Councillors, Education Public Health and Social Care services across the Local Authority, Health, education settings, the Hampshire Parent and Carer Network, the SEND Information, Advice and Support Service (SENDIASS), DWP and the voluntary sector.

The Board ensures all these organisations work together to deliver high-quality, joined-up care, education and health services across the Local Area and that children and young people with SEND in the Local Area achieve the best outcomes. The Board plans, evaluates and develops services, holds everyone involved with children and young people with SEND accountable and drives continuous improvement in service delivery.

In 2024, the Local Area Partnership agreed a Strategy and Action Plan, focused on addressing the actions identified through our self-evaluation, which is summarised in this document.

## The Local Area Partnership Vision



## Our Action Plans

The Local Area Partnership Board has drawn together actions identified in this document into three action plans and will oversee the delivery of them.

- Improving educational engagement, support, and practice across education settings.
- Improving the lives and wellbeing of children, young people, and parents.
- Providing timely health diagnostics and services.

Everyone across the Local Area Partnership is committed to making sure that settings and services:

- Listen to children, young people, and their families.
- Focus on improving cross-system working.
- Recognise and share best practice.



## Our Approach

We will achieve our vision through strong multi agency and parental partnerships, having a shared understanding of challenges and working together on solutions.

We will measure progress by:

- Bringing together priority Health, Education and Social Care data into a dashboard.
- Tracking and reducing the gap between outcomes for children and young people with SEND and their peers.
- Annually canvassing parents about their confidence in the system.
- Annually canvassing professionals about system improvements.
- Listening to children and young people about what matters to them and acting on their views.

We will work together by:

- Collectively owning the issues.
- Securing cross-partnership agreement to progress all actions.
- Spreading the word, creating a system-wide understanding of our ambition.
- Routinely seeking the voice of all children and young people with SEND.
- Holding ourselves and each other to account on delivery of our action plan.
- Monitoring our progress through our Local Area Partnership board.
- Supporting and being honest with each other.
- Asking for help to solve systemic problems.
- Being critical friends for each other.
- Reducing inequalities.

Our Success Criteria:

We will know we have succeeded when....

- The views of children, young people and their families inform our work.
- Children, young people, and their families can access the information and services they need when they need it.

- Data is routinely shared, and we all work towards the same goals.
- Children and young people with SEND are happy and have positive social relationships.
- Young people with SEND increasingly live independently and gain meaningful employment.
- There is a culture of support to families and carers.
- Children and young people with SEND and their families can access services and support that meet their needs at the earliest point, without barriers.
- The mental and physical health of children and young people with SEND compares positively with their peers.
- Children and young people with SEND are engaged in their education within an inclusive environment.
- Everyone in the system, works together to improve educational engagement.
- A robust, resilient, and skilled education workforce can meet SEND needs.
- Children and young people with SEND (and their parents/carers) are appropriately prepared for adult life from a young age.
- There is sufficient provision to meet the needs of all Children and young people with SEND in Hampshire.

# Our Self Evaluation

## Local Population with SEND

The needs of children and young people with SEND

There has been an increase in the number of pupils receiving SEND support, particularly in secondary schools, though the proportion of children receiving SEND support in Hampshire remains below the national average.

There has been a significant rise in children with Education, Health, and Care Plans (EHCPs), with Social, Emotional, and Mental Health (SEMH), Autism Spectrum Condition (ASC), and Speech, Language, and Communication Needs (SLCN) being the most prevalent. The proportion of children and young people with an EHCP in Hampshire is above the national average.

There has also been a rise in permanent exclusions among SEND pupils, an increase in the use of alternative provision, and a decline in attendance rates. There are a growing number of electively home-educated children with SEND.

### Actions identified:

- Consider what more can be done across the local area to prevent escalation of needs in the most common need types.
- Support practitioners working with children and young people to have

a shared understanding of social, emotional, and mental health and to promote resilience and emotional wellbeing in their work.

- Make support available for children and young people with identified SEND who do not have a school place.
- Where families home educating their children would prefer their children and young people with an EHCP to be educated at school, work with them to reintegrate them back into a school setting.
- Work together across Education, Health, and Care to improve attendance and reduce the prevalence of part-time timetables for children and young people with SEND.

Supporting early intervention and inclusion in mainstream settings through ordinarily available provision

Outcomes across Hampshire would indicate that the quality of SEND support within settings is variable, with examples of strong practice. Quality is likely to be influenced by staff knowledge and training.

New initiatives have been developed to help Special Educational Needs Coordinators (SENCOs) identify and implement best practice, and various support services and resources have been introduced, including:

- comprehensive ordinarily available provision and SEND support guidance
- a SEND Support Toolkit which provides resources and signposting to services
- a SENCO Support line that provides advice and guidance to schools on support for children and young people with SEND
- an existing training offer which is being further developed
- SENCO Circles and networks

Several services are well established, including the Primary Behaviour Service (PBS), and Specialist Teachers Advisory Service (STAS). This additional support is part of a drive to improve the quality of provision at SEND support.

Mental Health Support Teams (MHSTs) are in place across 35% of Hampshire schools, with work underway to expand this to 50% by 2026.

Some challenges remain, including long waiting times for specialist services like Child and Adolescent Mental Health Services (CAMHS).

Multi-agency efforts to improve early intervention, inclusion, and educational engagement continue at pace through the work of the Local Area Partnership, aiming to create a more supportive educational environment for all pupils.

Hampshire SENDIASS run workshops and provide information to support parental expectations of ordinarily available provision.

#### Actions identified:

- Improve early identification of need and ensure children and young people receive the right help and support at the right time.
- Develop SENCOs ability to identify and embed best practice.
- Explore options to improve the consistency and quality of ordinarily available provision (OAP), including whether a quality standard is appropriate.
- Improve the quality, consistency, and knowledge of OAP/SEND support across all early years, schools and post 16 settings in

Hampshire, particularly for children with the most common need types. Distinguish between a learning gap and a learning need. Baseline SEND support in colleges.

## Effectiveness of SEND provision and support

There are many strengths in SEND provision and support in Hampshire, along with some areas that require further improvement.

There are around 670 Early Years Education (EYE) funded childminders and 630 EYE funded settings in Hampshire. In early years, the Improvement Support Programme is in place to improve Ofsted outcomes for childcare providers rated below 'good.' Since September 2023, twenty settings have been rated by Ofsted as either 'Requires Improvement' or 'Inadequate'. Of the eight settings that received 'Requires Improvement,' three have improved to 'Good', and five are awaiting re-inspection. Among the twelve settings rated 'Inadequate,' seven have improved to 'Good', four are awaiting re-inspection, and two have closed.

The Early Years SEN Hubs offer specialised nursery education and early intervention for children with significant SEN, aiming to facilitate a smooth transition to their next setting. Practical face-to-face support and theoretical information are highly valued.

In schools, practical advice and continuous professional development from Local Authority (LA) services, and e-learning modules to improve skills in supporting complex learners have boosted staff confidence and skills. This is evidenced in

feedback from settings that have used the services.

Work to spread this learning across all schools continues, along with awareness raising so that more schools access the support provided by the Local Authority. Schools have been engaged regarding additions to the offer to ensure it continues to address the needs of settings and that consistency of provision across the Local Area improves over time.

The Hampshire Parent Carer Network (HPCN) carried out a SEND survey of parents and practitioners in 2024, which found that parents believe earlier interventions could reduce the need for Education, Health and Care Plans (EHCPs). Respondents valued training, LA support, impartial SENDIASS services and outreach efforts.

The changing profile of needs, including an increase in Social, Emotional, and Mental Health (SEMH) needs and Autism Spectrum Condition (ASC), is being addressed by improvements to the offer that increase the availability and consistency of early support in these areas.

Parental choice in educational placements is influenced by availability and the ability to meet specific needs, leading some parents to choose Alternative Provision or home education. The primary reason for SEND appeals is placement disagreements, indicating a need for more specialist placements, alongside improvements in the consistency of support to improve confidence in mainstream settings. Despite successful Local Authority efforts to increase the number of specialist placements available, demand continues to outstrip supply.

Overall, strengths in practical support and training are evident, but challenges remain in meeting the growing demand for EHCPs and addressing specific needs like SEMH and ASC. Efforts are ongoing to improve support and expand early intervention services and are moving at pace.

## Effectiveness of local provision for children and young people with an EHCP

Hampshire has seen annual growth in the number of new requests for an Education Health and Care needs assessment (EHCNA). 2023 saw a 71% increase compared to 2019, higher than the national average. Parental requests have increased significantly and there is evidence that more can be done to improve understanding about what is included in ordinarily available provision.

The number of maintained Education, Health, and Care Plans (EHCPs) has grown from just over 9,000 in January 2020 to nearly 16,000 in January 2024, exceeding regional and national trends.

The capacity of statutory services has also increased, though it has not been possible to expand at the same pace as increases in demand.

There has been a shift in needs, with a decrease in Severe Learning Difficulties alongside a notable increase in Social, Emotional, and Mental Health needs and Autism Spectrum Condition.

Early Years SEND Hubs support children in early years with more complex needs.

There have been increases in the availability of in-county specialist provision and a major programme of work is in place to increase the number of specialist placements available across the county.

Support and services from the Local Authority are also available. For example, the Local Authority is developing a comprehensive needs-led training offer for settings, and in 2024 made available a modular training course focused on supporting the most complex learners.

A new Inclusion and Educational Engagement Board has been established under the governance of Transforming SEND, focusing on work to improve attendance and reduce suspensions, exclusions, and the use of part-time timetables.

Mainstream settings are increasingly well-equipped to meet diverse needs, but challenges remain, including the fact that the resources available to settings have not increased in line with the growth in need, leading to waiting lists for many services, including CAMHS and Local Authority services such as Portage and Therapies.

Transport needs for children with SEND vary, with some families finding the process to obtain school transport challenging, though the service is viewed positively once in place.

Overall, collaborative efforts and targeted interventions are positively impacting the provision for children and young people with EHCPs.

Transforming SEND Hampshire is accountable to the Local Area Partnership Board and works across the local area to ensure that:

- The right support is provided to children and young people with SEND at the right time.
- Education settings are inclusive.
- Education engagement is increased and supported.
- Children and young people with SEND achieve strong outcomes.
- Quality, timeliness, and confidence are improved.

#### Actions identified:

- Increase parental confidence in SEND Support.
- Ensure the Local Offer remains responsive to feedback, accessible and up to date.
- Use the Local Offer as a tool to gather feedback on services.
- Gather feedback more regularly across the partnership.

## Outcomes for children and young people with SEND, and those in alternative provision, and preparation for adulthood

Attainment outcomes for children and young people with an EHCP in Hampshire are consistently higher than the national average.

Year 1 phonics checks were 4.4% above national; 22.5% of those with an EHCP attained a Level 2 qualification, including English and Maths, compared to the national average of 18.6% and 16.3% of those with an EHCP attained a Level 3 qualification, compared to the national average of 13.4%.

There continue to be spikes in requests for an EHC needs assessment at key transition points, suggesting that more can be done to support effective transitions.

Feedback suggests that some parents feel secondary schools could do more to embed preparing for adulthood principles. An annual review checklist from Year 9 and person-centred annual review guidance have been provided to support improved transition planning in education.

Despite high transition rates in education to post-16 destinations, a skills' audit revealed that only 28% of professionals contributed to preparing for adulthood outcomes in EHCPs, with many citing a lack of training and knowledge. Efforts to improve this include transition information and workshops to inform expectations of families of children on SEND Support, multiple training sessions, the establishment of a 'Preparing for Adulthood Community of Practice' and the structure of the EHC hub, which enables outcomes within the four areas of learning to be linked to the pillars of Preparation for Adulthood.

Employability Hubs and Supported Internships are helping improve employment and independent living outcomes for young people with SEND in Hampshire. Of the one hundred students that left the Hubs by July 2023, 44% moved onto an 'alternative further education course' and 18% have progressed into 'paid employment' or an 'apprenticeship'.

While educational outcomes for those with an EHCP are above national averages, those on SEND support lag behind. For example, children on SEND support achieved 19.8% at the end of key stage 2, below the national average of 25.6% and post 16, 46.3% of those

receiving SEND support attained a Level 2 qualification, including English and Maths, 0.3% below the national average.

#### Actions identified:

- Improve cross-system working to support effective transitions across all ages that avoid an escalation of need.
- Ensure effective cross-system working to develop and implement strategies for preparation for adulthood (PfA) that meet the needs of children and young people with SEND in their area, place children and young people and their families at the centre of their planning and provide accurate information about the options available to young people with SEND when they complete their education.
- Embed preparation for adulthood goals in EHC plans and annual reviews, from year 9 at the latest.
- Improve knowledge of preparation for adulthood outcomes across professionals.
- Improve the process for identifying children and young people with an EHCP who are not making expected progress.
- Improve attainment for children and young people on SEND support.

## Improving family experiences

When HPCN surveyed parents in early years and primary age groups, a significant majority of parents (80%) felt that educational settings were meeting their child's needs. However,

only 61% felt that their child was happy in their placement.

In primary education, the Hampshire Health in Education Survey (completed in year 5) found that children receiving extra help in lessons reported lower scores on various indicators compared to their peers without additional support, such as confidence, enjoyment of school, and health-related behaviours.

In secondary education, the HPCN survey found that satisfaction with educational settings fell, especially in mainstream schools, where only 46% of parents felt their child's needs were being met.

The local #BeeWell survey highlighted that children with SEND in secondary schools reported lower life satisfaction, poorer physical health, and higher levels of worry compared to their peers. In specialist provision and post-16 settings, while there was higher satisfaction with the educational settings, children with SEND still faced challenges, particularly in terms of mental health and overall well-being.

Parents and carers responding to the HPCN survey expressed a need for more support, including respite, whole family support, and more streamlined processes for EHCPs. Data held on complaints about the statutory process shows a reduction over time as statutory performance improved.

Awareness of available services through the local offer varied, with reports from the Delivering Better Value diagnostic (a Department for Education initiative) in 2022/3 indicating that the offer could be easier to understand and navigate.

NHS Hampshire and Isle of Wight commission support services for families on

neurodiversity waiting lists, including parenting courses, wellbeing support, and "Future in Mind" sessions. These sessions provide advice from professionals and help reduce isolation by sharing experiences. They also organise 'Parent Engagement' sessions to foster resilience and gather feedback from parents. Surveys are conducted to improve specific health services and physical waiting room experiences, with plans to enhance these areas based on the feedback received.

**The SEND Youth Forum involves young people with SEND in the Local Area decision making, empowering young people to voice their experiences and shape our services.**

These initiatives reflect a broader commitment across the partnership to improving family experiences by addressing their concerns and involving them more actively in the support and decision-making processes.

Overall, these initiatives aim to support families, reduce isolation, and improve service delivery by incorporating feedback from children, young people, their parents, and carers.

#### **Actions identified:**

- Provide children and families with opportunities to make friends, build supportive relationships and live happy and enjoyable lives.
- Ensure that joint commissioning arrangements support the best use of resources to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way.
- Ensure information and guidance is accessible for parents/carers to access a range of opportunities to

have a break from their caring responsibilities.

- Ensure that children and families can access wraparound care appropriate for the needs of their child.
- Increase participation opportunities for children and young people to have a say in the service and support made available to them.
- Improve co-production at a strategic level and throughout the system to practitioner level and ensure that evidence of co-production is held by the Local Area Partnership.

## Commissioned SEND and AP provision and services

### Timeliness of EHC needs assessments

The timeliness of issuing Education, Health, and Care (EHC) plans within 20 weeks has fluctuated significantly in Hampshire. In January 2022, the percentage of EHCPs issued on time was 45.7%, this rose to 75.4% by Jan 2023 following targeted work to improve performance. Ongoing challenges remain, including increased demand, recruitment and retention issues, and a national shortage of educational psychologists. This has led to a decline over the last months.

Continued efforts to improve and stabilise performance include enhancing workforce permanency, better communication between services, and early intervention programs to manage demand more effectively.

### Timeliness of Annual Reviews

23.5% of annual reviews completed in 2023 were processed within statutory timescales, rising by 6.4% in 2024 to 29.9%. Efforts to further improve this are a priority for the SEND Service. Feedback indicates that while settings complete reviews on time, processing delays within the Local Authority are common. The Local Authority is addressing this through better training, improved data recording, and regular meetings with schools to ensure timely and accurate reviews. Satisfaction with the process varies, with higher satisfaction reported among post-16 respondents.

#### Actions identified:

- Ensure records kept about children and young people are up to date and accurate.
- Improve the timeliness of Educational Psychologist advice, and overall EHCPlan timeliness.
- Improve annual review processing timeliness.
- Ensure that EHCPs are person-centred, and outcomes focused (both at assessment and review stages) and ensure wider health and social care outcomes are included.

### Tribunals

The tribunal appeal rate in Hampshire increased from 2.6% in 2018 to 3.3% in 2023, driven by issues such as insufficient specialist provision in the county and a growing reliance on the independent sector.

The Local Authority continues to expand specialist provision and enhance mainstream school capacity. It has created 154 additional Specialist School Places across five Special Schools and five Resourced Provisions, made available in September 2024, and is working with eighteen settings on new or expanded provision for September 2025.

The Local Authority is fostering better communication with local settings and seeking greater resolution through mediation. These measures aim to reduce appeals by ensuring appropriate placements and increasing parental confidence in local provision.

## Early Years

The percentage of children receiving SEND Support and with an EHCP in Early Years varies from year to year, but the general trend is that numbers are rising. EHCPs rose from 0.7% in 2019 to 1.2% in 2023 for children accessing 15-hour funding and from 0.1% to 0.4% for those accessing 30-hour funding.

Percentages of children receiving SEND Support in 2023 were the same (15 hours) or 0.5% higher than national (30 hours) and EHCPs were the same (15 hours) or 0.2% lower (30 hours) than national.

Changes within 'Services for Young Children' processes and support have seen positive developments in early identification,

intervention and coordination of health, education, and social care services, such as:

- A decrease in the average age of referral to the Service for Young Children Portage Inclusion Team.
- The use of integrated 2-year-old checks.
- The healthy child programme.

Parents and early years education providers are empowered through various support mechanisms, including dedicated advisors for speech, language, and communication needs, and the availability of nationally recognised training for practitioners. Specific multi-agency interventions like Tots Talking and First Words Together are part of efforts to support families and practitioners.

There are several key challenges, including the increased caseload capacity and waiting lists for Portage support (which rose from 425 in 2017 to 750 in 2024). This has led to strategic adjustments to manage and reduce the backlog during 2024. There is a significant rise in referrals for Social Communication Needs (SCN) and Autism Spectrum Condition (ASC), and a need for more detailed data collection on secondary areas of need.

A review of the specialist provision in Hampshire for Early Years was undertaken in 2024. Whilst identifying many strengths, this also identified several issues with consistency and equitability of access to early years specialist provision. An action plan has been developed and is being implemented to address these issues and efforts are being made to improve inclusivity, consistency, and support for early years settings.

Future requirements include the need for additional support to meet a wider range of needs, improving transition to Year R support, and ensuring equity of access to

early years specialist provision. Training for professionals on recognising early signs of SEND and publishing guidance documents for Early Years staff are also highlighted and are being addressed through the Early Years action plan.

#### Actions Identified:

- Reduce waiting times for portage and therapy education services that support children and young people with SEND and help to meet need effectively.
- Improve cross-system working to support effective transitions to school that avoid an escalation of need.

## Mainstream Primaries

In Hampshire's mainstream primary schools, there has been an increase in SEND support from 11.4% to 12.5%, and a rise in EHCPs from 1.6% to 3.3% between 2018/9 and 2022/3. The percentage of children in Hampshire receiving SEND Support is 1% lower than national and those with an EHCP are 0.8% higher than national.

Positive interventions include the success of the transition to school pilot, which has improved engagement and readiness for children with SEND and is being expanded in 2025.

Attainment for children on SEND support remains below the national average, and there has been a surge in parental requests for EHC needs assessments. More children are starting primary education with SEND and there has also been an ongoing rise in children with Social, Emotional, and Mental Health (SEMH) needs.

There is variation in practice between schools, with many demonstrating strong inclusive practices. Efforts are focused on providing training and support to develop this expertise further and improve consistency across the county. Key drivers for EHCPs include transitions, SLCN and SEMH needs, financial constraints in small schools, and parental pressure for EHCPs against school advice.

The HPCN survey revealed high percentages of primary school age respondents with Autism Spectrum Condition, Attention Deficit Disorder (ADD), SEMH, and other needs.

A wide range of resources are available to schools to enhance SEND support and meet the needs of children with EHCPs.

Support available to mainstream primary schools includes a variety of guides, toolkits, and training modules. These resources aim to support complex learners and establish person-centred planning. Specialist support services, outreach offers, and multidisciplinary programs are also available. Mental health support teams (MHSTs), emotional literacy support assistants (ELSAs), and therapeutic active listening assistants (TALAs) are established across many schools. Inclusion initiatives like the Partnership for Inclusion of Neurodiverse Students (PINS) and bespoke district provisions are in place to support SENCOs and improve teaching and learning for pupils with SEND.

School funding pressures, inconsistent access to training, and the need for strategic roles for SENCOs are key barriers. Prioritising SEND and SEMH training, developing in-school experts, and fostering a culture of

confidence in schools to meet local children's needs are essential.

Additional support is being made available to develop an inclusive culture across schools, develop bespoke packages for SENCOs, and support parents of pupils with SEND.

Regarding transport provision, the cohort using school transport is smaller, as most children attend a school close to home. While there are currently sufficient vehicles to meet the need, the market is stretched, leading to a lack of competition and higher prices.

### Actions identified:

- Create an inclusive environment for consistent effective practice and multi-agency working to flourish.
- Create a needs-led SEND and inclusion continuing professional development offer for all education settings.
- Introduce 'self-assessments' for schools, to identify training needs, spaces and building changes required.
- Work with settings to upskill early career teachers in SEND.
- Strengthen mainstream ability to meet the needs of complex learners.

## Mainstream Secondary

There has been an increase in the percentage of children in mainstream secondary school receiving SEND support, from 10.0% to 12.6% between 2018/9 and 2023/4. There has also been a rise in EHCPs from 1.5% to 3.8% over the same period. The percentage of children and young people receiving SEND Support is 0.3% lower than national and the percentage with an EHCP is 1.1% higher than

national. Attainment for students with an EHCP in Hampshire is above the national average.

Secondary schools report increased Social, Emotional, and Mental Health (SEMH) needs and there has been a rise in EHC needs assessment applications during transitions. Unidentified needs in Year 7/8 lead to more EHCP requests, particularly for Autism Spectrum Condition and SEMH. Feedback from the Hampshire Autism Board highlights the need for schools to support students with autistic traits without waiting for a formal diagnosis.

EHCP increases are driven by several factors, including greater identification of need, escalation of need following a transition, inconsistent practice, and the quality of interventions at SEND support. Effective teaching can meet many students' needs without an EHCP. However, funding pressures remain a barrier to early intervention.

There is an increase in suspensions due to challenging behaviours. Exclusions and the use of alternative provision are often driven by underdeveloped transition protocols, and inconsistency in the quality of adaptive teaching.

There remains variation in practice across secondary schools, but they are increasingly focused on accountability for the progress of students with SEND. Schools have access to comprehensive resources to enhance their understanding and skills in supporting students with SEND. Support includes professional development for SENCOs and quality assurance visits.

[The Transforming SEND Hampshire programme offers additional resources, training, and \(pilot\) projects to improve mainstream schools'](#)

capacity to support children and young people with SEND.

Support includes outreach work, transition support, and various SENCO and specialist services. Fully funded e-learning, subject-specific learning, and sector-led projects are being provided along with advice and guidance through the SENCO support line and toolkit.

Approximately 9,500 children use mainstream transport to secondary school, including those with EHCPs. The market is stretched because of driver shortages and rising fuel costs, leading to higher costs.

There is a focus across the local area on improving attendance, literacy, and the effectiveness of transitions. Ongoing professional development to strengthen practice at SEND support and improve SENCO capacity are priority areas, as well as mental health provision and the availability of specialist placements. Improving the way that parents are engaged and supported and balanced advocacy are also key areas of focus. There are some barriers that are more challenging to resolve, including staffing shortages and funding constraints.

#### Actions identified:

- Make training more visibly available and spread best practice use of person-centred planning.
- Evidence more positive outcomes for children and young people with Social Emotional and Mental Health needs.
- Publish guidance covering the purpose of alternative provision, when to use it, who to consult before commissioning, how to use it effectively in a time limited way, potential indicators of success,

monitoring of outcomes and oversight responsibilities for unregistered alternative provision.

- Make reintegration support available for children and young people with an EHCP who are out of school for a long time.

## SEND units and resourced provision

Hampshire County Council supports the resource provision model, aiming to integrate pupils into mainstream classes.

The number of children in resourced provisions has increased from 550 in 2018/19 to 640 in 2022/3 and there is a significant forecasted need for additional specialist placements by 2030. This need is driven by the growing number of pupils requiring specialist support which exceeds the available capacity and funding to create new places.

Plans are in place to develop new resourced provisions and expand existing resourced provisions. Five new resource provisions were created and in place in September 2024 and the LA is working with a further eighteen settings on new or expanded provisions for September 2025. With the growth in Autism Spectrum Condition and SEMH needs, more provision needs to be developed with staff skilled to support these needs.

The identification and creation of specialist placements is overseen by the Transforming SEND board, with workstreams addressing early years, specialist provision for primary and secondary age pupils, post-16, and where needed, the use of independent non-maintained special schools

(INMSS). This work is being progressed alongside longer-term mainstream cultural change.

There are challenges in providing adequate transport for pupils with SEND to specialist provision, including a shortage of passenger assistants and vehicles. This impacts the ability to meet the transport needs of pupils requiring specialised support.

There is a need for greater flexibility in placements, recognising that some pupils in mainstream settings may benefit from resourced provision or special school placements, and vice versa. This requires ongoing assessment and support from local authority professionals.

## State funded special schools

The percentage of pupils with an EHCP that attend special schools in Hampshire has fallen from 10.3% in 2018/9 to 9.4% in 2022/3. This is largely due to the limited number of places available, which has not kept pace with need. Hampshire has twenty-seven special schools with a total of 3,434 places available as of September 2024. There are plans to develop an additional 450 special school places by 2028/29 and 154 additional specialist places were created across five special schools in September 2024.

Some special schools focus on specific SEND categories like severe learning difficulties (SLD) or social, emotional, and mental health (SEMH) needs, while others cater to a broader range of needs, including moderate learning difficulties (MLD) and Autism Spectrum Condition (ASC).

Approximately 290 children from Hampshire are educated in special schools or academies in other local authorities. Similarly, around

290 children from other local authorities are educated in Hampshire's special schools.

A review of special school funding led to a new framework implemented in April 2024, with top-up funding ranging from £2,242 to £41,968.

Special Schools provide support to mainstream schools through an Outreach Framework. Implemented in September 2023, this framework aims to build capacity and support placements for pupils with SEND in mainstream schools. It includes clear objectives and key performance indicators and is free at the point of access, funded through the high needs block.

Management of placement need is carried out by the SEND Service, with a focus on the reasonable adjustments that can be made in mainstream schools before considering a special school placement. Plans to support ongoing sufficiency include developing new special schools and additional spaces through extensions by 2028/29. New special school and resourced provision places are focused on meeting forecast needs, particularly for SEMH and ASC.

There remain transport challenges, with issues including cost, journey length, and provision of passenger assistants. Some special schools offer travel training.

### Actions identified:

- Continue efforts to create in county specialist placements where they are most needed.
- Create resource provisions that promote inclusion in mainstream classrooms.

## Independent and non-maintained special schools (INMSS)

Hampshire's use of INMSS has grown significantly and is expected to nearly double over the next four years. By November 2024, 801 children from Hampshire were educated in INMSS within the Local Authority area and 695 children were educated in INMSS outside the Local Authority area. Of these, 174 were children and young people in independent mainstream schools, mostly within Hampshire. The percentage of children with an EHCP in Hampshire who are educated in INMSS is higher than the national average. Ninety-two percent of pupils in independent placements are day pupils, with a small percentage being weekly, termly, or annual boarders.

INMSS can meet all SEND designations, with a growing need for ASC and SEMH placements. The average annual fee for INMSS is £78k, which includes education, health, and social care costs. Independent mainstream school placements cost around £28k annually for day pupils.

Many children in INMSS could have been placed in local specialist places if there were sufficient of these. Hampshire is focused on increasing local specialist placements to meet future needs and has developed a strategy to manage INMSS placements, aiming to increase short-term capacity and eventually reduce reliance on INMSS as maintained

sector capacity grows. A market position statement has been created to guide the development of INMSS provisions in areas of need.

Transport for INMSS pupils is challenging due to the distance from homes, often leading to higher costs and longer journey times.

## Post-16, further education, and training

There has been a national decrease in the percentage of students with SEND and learning difficulties and disabilities (LDD) continuing into education, an apprenticeship, or employment from 2018/19 to 2021/22. Hampshire performs above the regional average for both groups and above the national average for LDD, but below the national average for SEND.<sup>1</sup>

Hampshire is performing better than national and regional averages for the percentage of students with SEND sustaining at least 6 months of education, apprenticeship, or employment activity in their third year after finishing key stage 4.

The September Guarantee supports all young people to have a confirmed offer of a place in formal education and training post-16. Current provision of places for learners with an EHCP in post-16 includes over 1,300 mainstream and approximately 660 specialist education places (including resourced provisions and special school places).

Hampshire has a variety of existing post-16 options, including twelve further education colleges, seven mainstream sixth forms, and

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<sup>1</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/16-18-destination-measures>

eleven special schools with 16-19 offers. There are also independent training providers and foundation offers focused on Preparing for Adulthood (PfA).

With regard to sufficiency, current Further Education (FE) and skills provision is struggling to meet the volume of the cohort, with an increasing reliance on 'out of area' and INMSS placements. The key needs profiles for learners with EHCPs in post-16 are MLD (771), SEMH (639) and ASC (361). Forecasts indicate a need for additional provision by 2030 and post-16 sufficiency planning is underway to engage with specialist and mainstream FE and skills provision to meet the need.

Work with FE providers has taken place to develop offers for higher needs learners, including Independence Hubs and Employability Hubs. Regular skills audits and training for staff are in place to support delivery.

A number of approaches are being considered to support sufficiency, including a joint Post-16 Working Group to promote sharing information and best practices among FE and skills providers, an outreach offer to encourage collaboration between special schools and mainstream environments, a 'Move on P16' Approach to build confidence in mainstream provision for meeting SEND needs and the potential development of new satellite or specialist provisions.

Provision of transport for post-16 students where appropriate can be challenging due to longer distances and fewer opportunities to share transport. Other barriers include provision of therapies, funding for support staff, and appropriate physical spaces.

## Alternative Provision

The need for alternative provision (AP) is rising, with five registered APs (Pupil Referral Units), 1 AP Academy, and 1 AP Free School operating in Hampshire. Additionally, there are fifty-five unregistered AP providers.

Registered APs are coordinated by the Inclusion Support Service for permanent exclusions, while local leads manage other cases. Unregistered APs are commissioned for children between school placements or who are awaiting specialist provision.

Two authority-run interventions, the Primary Behaviour Service (PBS) and 'Future You' are early intervention services, in place to prevent escalation and a need for higher-tier placements.

The Local Authority also commissions unregistered APs to support children awaiting placements or needing additional support to maintain their school place. The SEND Open Framework launched in September 2021 with fifty-five approved providers. The framework includes tutoring, specialist teaching, and other educational services. An Improvement and Advisory Team conduct initial visits and regular evaluation of providers. The SEND team uses a "Supplier Tool" to identify suitable providers to meet the needs identified within EHCPs. The framework is used to support the need for placements. Estimated spend on AP for 2024/25 is £2.36 million.

AP in Hampshire has been mapped to a three-tier model. Pupils needing AP due to exclusion or ill health are coordinated by the Local Authority and headteachers, with unregistered AP used only when other

placements are unavailable. Strong gatekeeping structures ensure appropriate use of registered AP, with reintegration as the primary goal. Monitoring of unregistered AP is delegated to schools where they directly commission AP.

There is no current data capture for the tiered approach, but a new comprehensive AP action plan is in place, focused on better data, oversight and coordination. Placement and specialist services, including Mental Health Support Teams, are used to support children with health needs. Price caps per hour for various services range from £50 to £120, depending on the type of service.

A new AP lead is in place to deliver the AP action plan. The post holder provides comprehensive oversight of all commissioned AP, ensuring robust safeguarding, appropriate commissioning, regular monitoring, and governance is in place. The lead will also support schools in their duties and develop resources for quality provision.

Feedback from SENDIASS identified a knowledge gap among families in relation to AP which is being addressed through provision of specific information and training. Parental feedback from the HPCN survey indicated that 57% of respondents used AP because previous placements could not meet needs and 53% wanted their child to return to traditional school-based education.

The transport challenges for this cohort are similar to those for Special Schools, with additional needs for passenger assistants. Transport provision varies based on who commissions the AP.

### Actions identified:

- Improve the commissioning of AP and consider broadening the scope of the AP framework.
- Ensure that a three-tiered model for AP is in place in Hampshire, map existing AP against it and ensure that children and young people can access appropriate AP when they need it.
- Improve the oversight of LA commissioned alternative provision for all children and young people who attend, not only those with SEND. Improve data collection to understand more about children accessing AP.
- Ensure that roles and responsibilities for education, health and social care partners related to the use of alternative provision are clearly defined.

## Health provision

Acute hospital services are provided by several NHS trusts, including Hampshire Hospitals NHS Foundation Trust and University Hospital Southampton NHS Foundation Trust, with emergency departments located in various hospitals. Mental health support is integrated into emergency care through Paediatric Psychiatric Liaison services and specialist youth workers.

Public health nursing for children aged 0-19 is commissioned by HCC Public Health and provided by Hampshire and Isle of Wight Healthcare Foundation Trust, while special school nursing and children's community nursing services are commissioned by NHS

Hampshire and IOW and NHS Frimley, with services provided by various NHS trusts. Provision of speech and language therapy, occupational therapy, and physiotherapy services, are all commissioned by NHS Hampshire and IOW and NHS Frimley and provided by Hampshire and Isle of Wight Healthcare Foundation Trust.

Mental health services for children and young people include community counselling, digital mental health platforms, and mental health safe havens, with services commissioned by NHS Frimley and NHS Hampshire and IOW. Specialist CAMHS services are provided by Surrey and Borders NHS Partnership Trust (NE Hants only) and Hampshire and Isle of Wight Healthcare Foundation Trust, with inpatient care managed through provider collaborative arrangements.

The emphasis is on early intervention and prevention, reducing waiting times for specialist services, and increasing access to mental health support.

The NHS Hampshire and IOW Joint Forward Plan focuses on addressing health inequalities using the Core20PLUS5 approach, targeting the most deprived 20% of the population. Priorities include improving social, emotional, and mental health for children and young people through prevention and early intervention. The plan also aims to reduce waiting times for specialist CAMHS services and increase access to mental health services.

Autism Spectrum Condition assessment services face long waiting lists due to high referral rates, with support provided by various organisations, including Autism Hampshire.

Mental health and wellbeing provision for children and young people in Hampshire follows the I-THRIVE model, which emphasises a holistic approach to mental health, considering everyday routines and activities as important as targeted interventions. Services are designed to provide early help, specialist, and crisis support through effective partnerships.

There are several initiatives to support mental health in schools, including CAMHS/Schools Network sessions, the Care Programme for Year 6 students, school and college drop-in clinics, and the School Mental Health Ambassadors programme. These initiatives aim to improve early help and support for mental health in educational settings.

There have been improvements in SEND commissioning, with the incorporation of the Local Area Improvement Board and the SEND Oversight Group. There is a focus on developing an all-age neurodevelopmental diagnostic model to address rising demand.

Early years support includes courses for parents to understand neurodevelopmental conditions and services to support children's social, emotional, and mental health needs.

Specialist community CAMHS services have seen significant investment, resulting in increased clinical contact capacity, although waiting lists remain long due to high demand.

Recognising the importance of early help services, Mental Health Support Teams (MHSTs), have expanded significantly in Hampshire. Feedback from schools and colleges indicates that the MHST offer is well received, although coverage is still not universal.

Parental views collected through surveys highlight the challenges in accessing CAMHS services, particularly for non-crisis situations. Parents also express concerns about the impact of mental health needs on children and families, with some suggesting more personalised responses rather than a generic direction to parent courses.

The Local Offer has been redeveloped to provide better information on available health services.

There is a need for a cultural shift in schools to better support children with significant health needs and the importance of early, targeted support to improve family dynamics and reduce inappropriate diagnoses.

#### Actions Identified:

- Primary Care (GPs) should make reasonable adjustments to ensure that children and young people with SEND can access services as part of developing their independence and their preparation for adulthood.
- Ensure LAPB partners are fully involved with the development of key pathways which a) ensure an effective 'waiting well' offer for those requiring formal assessment and b) improve the time children and young people wait for assessment where required.
- Improve access to universal emotional health and wellbeing services as part of a robust pathway.
- Address capacity issues so that all five mandated healthy child programme checks can be undertaken.
- Ensure initial and review health assessments for children in care are completed within statutory timescales.
- Develop effective transition protocols and practice that support young people to access adult services as and when required.
- Develop a whole-system autism spectrum condition and ADHD pathway which improves early identification of need, responds to need, not diagnosis and which improves timeliness of assessment where children and young people require one.
- Public Health nursing to prioritise activity that enables an effective assessment of needs, provision of early support and appropriate onward referral to specialist services.
- Improve identification of need and therapeutic support for children at the earliest stage.
- Ensure consistency of access to therapy services across the county.
- Improve access to universal emotional health and wellbeing services as part of a robust pathway.
- Ensure timely access to specialist services (e.g. CAMHS), particularly for identified vulnerable groups; children in care, those with care experience, those who are neurodiverse and those with eating disorders.
- Ensure that information on the waiting list for specialist services is clear and reported to the Board.
- In line with further NHS England funding, roll out further waves of MHSTs across Hampshire schools and other settings and develop the evidence base of what works.
- Support practitioners working with children and young people to have

a shared understanding of social, emotional, and mental health and to promote resilience and emotional wellbeing in their work.

- Where schools support children with complex healthcare needs, ensure that appropriate clinical governance and oversight is in place.
- Set Health pathways out clearly in the Local Offer.

## Social Care

The percentage of children in need (CIN) with an Education, Health, and Care Plan (EHCP) has been rising annually, while those on SEND support have varied slightly. The number of CIN for whom disability is the primary need has increased from 11.8% in 2018/19 to 18.9% in 2022/23. The number of disabled children accessing short breaks has increased.

Families can access universal and targeted services, including from the Local Offer, without referral to the statutory service. Provision for children with SEND includes Early Help at Level 3, universal and targeted services. The needs and support for parents are also considered as part of an initial assessment, including respite care, a buddy scheme, and short breaks.

The Disabled Children's Team, at level 4, provides specialist services for the most significantly disabled children, with around 650 children currently supported.

Each child open to social care at Level 4 and meeting the Disabled Children's Team eligibility criteria has their support package reviewed annually to ensure it meets their needs and those of their parent/carer. This review considers both social care and health needs and may be jointly funded by Health,

SEN, or both. The national sufficiency crisis in placements and care packages, along with increased costs of external providers, has placed significant pressure on budgets, limiting flexibility for additional services.

Children with disabilities who do not meet criteria for provision from the Disabled Children's Teams but are assessed as a child in need or a child at risk of serious harm are supported at Level 3 (family help) or 4 (statutory service).

A new Family Help model was introduced in 2024 and integrates statutory Level 4 social care intervention with Level 3 early help, allowing the same practitioner to continue working with a child and their family across different thresholds. This ensures continuity and retention of relevant information.

Children with disabilities not meeting Level 4 criteria are supported at early help levels, with multi-agency reviews to determine their needs and appropriate support.

Children's social care plans will feed into their EHCP, with the shared portal facilitating this process more efficiently. Whether the child's plan is held at an Early Help level or a statutory level, the Lead Practitioner will feed into this process.

The "Hampshire Approach" uses strengths-based assessments to identify resources within the child's family and community, providing Local Authority statutory services only for unmet needs. Assessed needs are most often met through Personal Budgets, used to purchase equipment or services. Short Break activities and the Buddy Scheme are available, with early intervention measures like sleep support and Technology Enabled Care offered before Direct

Payments, Home Care, or respite care. Despite the closure of Firvale (in-house provision), new independent sector providers maintain sufficiency.

Jointly funded support packages with Health aim to keep children at home and avoid residential placements. The Dynamic Support Register (DSR) helps share information about children at risk of psychiatric hospital admission, enhancing joint-working and shared care planning. The Hampshire and Isle of Wight Learning Disability and Autism Programme (LDAP) and the Key Worker Programme (KWP) work to reduce inpatient admissions and support children in the community.

The LDAP, established in April 2021, aims to achieve the best outcomes for individuals with learning disabilities and/or autism spectrum condition. The KWP seeks to reduce inpatient admissions for those up to 25 years old. Analysis shows significant success in reducing risk levels for those supported.

The “Hampshire Approach” focuses on building family resilience and keeping children within their families and communities, with residential care as a last resort.

The HPCN survey identified gaps for disabled children who do not meet social care thresholds. Feedback indicates a lack of provision, especially for overnight respite. Direct payment users feel unsupported in managing budgets effectively, with long distances to provision a common issue. Some families refuse help due to stigma or cultural beliefs, such as within the Gurkha community.

#### Actions identified:

- Ensure that appropriate family support and/ or advice is in place for families and young people who are not open to social care services.
- Ensure accurate and accessible social care data drives informed decision making and rigorous evaluation of services to support the best outcomes for families and young people.



## Glossary of Acronyms

Acronym	Full name
ADD	Attention Deficit Disorder
ADHD	Attention deficit hyperactivity disorder
AP	Alternative Provision
CAMHS	Child and Adolescent Mental Health Services
CIN	Children in Need
CPD	Continuing Professional Development
CPG	County Placement Group
CPMS	Child Protection Medical Service
CYP	Children and young people
DAF	Disability Access Fund
DBS	Disclosure and Barring Service
DBV	Delivering Better Value - a Department for Education programme
DfE	Department For Education
DSR	Dynamic Support Register
EHC Hub	Education Health and Care Hub - an online portal for Education Health and Care plans
EHCNA	Education Health and Care Needs Assessment
EHCP	Education, Health, and Care Plan
EHE	Elective Home Education
ELG	Early Learning Group
ELSA	Emotional Literacy Support Assistants
EMTAS	Ethnic Minorities, Travellers, and Asylum Seekers Service
EP	Educational Psychologist
EY	Early Years
EYE	Early Years Education
FE	Further Education
FISH	Family Information and Services Hub
GP	General Practitioner
HAF	Holiday Activities and Food
HCC	Hampshire County Council
HHFT	Hampshire Hospitals NHS Foundation Trust
HIAS	Hampshire Improvement and Advisory Service
HIEP/HEP	Hampshire Educational Psychology Service
HPCN	Hampshire Parent Carer Network
HPCN	Hampshire Parent Carer Network
HT	Head Teacher
HTST	Home to School Transport
HV	Health Visitor
HYA	Hampshire Youth Access
ICS	Integrated Care System

INMSS	Independent Non-Maintained Special School
IOW	Isle of Wight
ISSO	Inclusion Setting Support Officer - Services for Young Children
KPIs	Key Performance Indicators
KWP	Key Worker Programme
LA	Local Authority
LAC	Looked After Children
LD	Learning Difficulty
LDAP	Learning Disability and Autism Programme
LDD	Learning Difficulties and Disabilities
LLP	Local learning Partnership
LSA	Learning Support Assistant
MHST	Mental Health Support Teams
MITA	Maximising the Impact of Teaching Assistants
MLD	Moderate Learning Difficulty
NASEN	National Association for Special Educational Needs
ND	Neurodiversity
NDTi	National Development Team for Inclusion
NHS	National Health Service
OT	Occupational Therapy
PBS	Primary Behaviour Service
PCP	Person Centred Planning
PD	Physical disability
PfA	Preparation for Adulthood
PINs	Partnership for Inclusion of Neurodiverse Students
PIP	Portage Inclusion Practitioner
PPI	Public and Patient Involvement
PUHT	Portsmouth Hospitals University Trust
QTS	Qualified Teacher Status
RP	Resourced Provision
SALT	Speech and Language Therapy
SCAS	South Central Ambulance Service
SCN	Social Communication Needs
SCPHN	Specialist Community Public Health Nurse
SEMH	Social Emotional and Mental Health
SEN2	Special Educational Needs survey, which takes place every January
SENAT	Special Educational Needs Assessment Team
SENCO	Special Educational Needs Co-ordinator
SEND	Special Educational Needs and Disabilities
SEND CoP	Special Educational Needs and Disabilities Code of Practice
SENDA	Special Educational Needs and Disability Act
SENDACT	Special Educational Needs and Disability Act Compliance Team
SENDIASS	Special Educational Needs and Disabilities Information Advice and Support Service

SENIF	Special Educational Needs Inclusion Fund
SENSS	Special Educational Needs Support Service
SfYC	Services for Young Children
SI	Supplemental Instruction
SIM	School Improvement Manager
SLA	Service Level Agreement
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulties
SLT	Senior Leadership Team
STAS	Specialist Teacher Advisory Service
STAS	Specialist Teacher Advisory Service
TALAs	Therapeutic Active Listening Assistants
THOMAS	the Hampshire Outline for Meeting the needs of under-fives on the Autistic Spectrum
TSEND	Transforming SEND
UHS	University Hospital Southampton