

**Extension of the Evaluation of
the Individual Budget Pilot
Programme for Families with
Disabled Children**

FINAL Quarterly Report

January 2012

SQW

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1: Introduction

- 1.1 This report forms part of the extended evaluation of the Individual Budget (IB) Pilot Programme for Families with Disabled Children. The Programme was originally commissioned for a two year period by the former Department for Children, Schools and Families (DCSF) in April 2009. Following the change in Government, delivery of the Programme passed to the Department for Education (DfE), which subsequently extended the six IB pilots for an additional year (to March 2012). With the extension came an expectation that the pilots would test how they could:
- Broaden their offer to include education funds into IB
 - Develop health funding streams such as those covered in the Department of Health's Personal Health Budgets programme.
- 1.2 At the beginning of the extended pilot period it was unclear which additional funding streams should be drawn in. It was for partners in each of the six areas to engage colleagues to ascertain their willingness to work together and develop a local IB offer. This local IB offer would then be tested with families to understand the implications for the IB process that had developed through the first two years of the Pilots, including issues such as assessment, resource allocation, planning and market development.
- 1.3 The original evaluation and support contract was also extended, to enable the research team to assess the progress made over the third year and to provide a critical friend function to local areas. This document is the second update Report from the extended evaluation (and the eighth update Report for the overarching Programme¹²).
- 1.4 The purpose of this report is to provide an update on the progress made by both the research team and the pilot sites since the previous report, which covered the period March – August 2011. This includes information on:
- The activities that have been undertaken by the research team since August 2011
 - Progress made by the pilot sites since August 2011
 - Next steps.

¹ The November 2009, February 2010, Sept 2010 and Feb 2011 Quarterly Reports and larger Interim Evaluation Report which was published in August 2010 can be found on the DfE website at - <http://www.education.gov.uk/childrenandyoungpeople/sen/ahdc/a0068208/ahdc-individual-budgets>

² The suite of Final Evaluation Reports for the original two year Pilot Programme can be found on the DfE website - <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR145>

Work undertaken to date

- 1.5 Table 1-1 provides a description of the research that has been undertaken between September 2011 and December 2011, which forms the basis of this report.

Table 1-1: Research undertaken between September 2011 and December 2011	
Research Method	Description
Evaluation	
Area case study fieldwork	<ul style="list-style-type: none"> • Face to face consultations to gather information on progress, undertaken in October/November 2011
Monitoring	<ul style="list-style-type: none"> • Received monitoring submission for Qs 1 and 2 in September 2011
Wave 3 family survey	<ul style="list-style-type: none"> • Developed and finalised wave 3 family survey which will apply to families who took up the original IB offered and were originally surveyed in 2010 and 2011.
Support and challenge	
Development of bespoke support	<ul style="list-style-type: none"> • Tailored packages of support delivered to two sites to support development of: <ul style="list-style-type: none"> ➤ Health-related extension activities ➤ Shared objectives and processes between strategic partners • On-going provision of support and feedback to sites when requested

2: Progress since August 2011

- 2.1 A series of face to face consultations were conducted with each of the six pilot sites over the course of October /November 2011. Where possible, these consultations were undertaken with the IB pilot Manager, strategic leads from social care, health and education, lead commissioners and operational staff. The consultations focused on gathering information on the progress that had been made since the previous visit (i.e. in July/August 2011).
- 2.2 This chapter draws on the findings from this set of consultations to present a summary of the progress made since August 2011.

A recap on the pilot site intentions for the extended pilot

- 2.3 As described in the previous report, a synthesis of the Year Three delivery plans, which were finalised in September 2011, identified four common aims for the extended pilot:
- The *broadening* of the pilot in terms of health and education funding streams. For some the broadening of education funding streams was to occur through working directly with a limited number of schools to identify funds that were allocated to the school which could be flexed, while others intended to focus on funds directly controlled by the education service. The inclusion of health funding streams was primarily to be driven through and in conjunction with the wider Personal Health Budgets Pilots
 - The *alignment, joining up and integration* of budgets, assessments and support plans. An aim that was largely linked to the SEND pathfinder bids that the pilots had submitted
 - The *expansion* of the pilot in terms of increased numbers of children and young people who will have an individual budget
 - Continued *development, testing and evidencing* of benefits and effectiveness of the personalised approach to service delivery. This covered a broad range of different aims that included – but was not limited to – embedding and sharing good practice; developing and trialling a revised Resource Allocation System (RAS); ensuring the IB governance process (such as budget approval) became the ‘business as usual’ approach; testing out a delivery model that sought to prioritise family leadership; and the development of the family choice of support planner/key worker across the public sector and VCS.

Progress made against the intentions

- 2.4 The development of the IB pilot Year Three Delivery Plans was strongly influenced by the concurrent development of the SEND Pathfinder bids, both of which were drafted in all six areas over the course of Summer 2011. This created a possibility/expectation that the two programmes would run together to enable the original IB work and experiences to roll forward into the development of an assessment and single plan pathway.
- 2.5 However, only one of the six IB pilot sites, was successful in their application for Pathfinder status. The unsuccessful IB sites experienced significant disappointment in light of this decision, as each felt that they would have been well placed to take forward the proposed developments. They also experienced an initial fall-out from wider partners (including health and education colleagues) that had bought into the IB/Pathfinder development process, as the potential funding and catalyst for change had not become a reality. Both these factors created a hiatus in activity in the majority of sites as they tried to re-configure their Year Three Delivery Plans.
- 2.6 All sites have now re-built the appropriate strategic engagement as each felt that the SEND Green Paper had created a strong impetus to develop more integrated and family-centred service/support provision. As such, nearly all the sites have successfully extended the membership of their project boards to include appropriate and effective engagement from both health and education representatives. Health and education leads from some of the sites added that there was a general feeling that *'assessment and single planning was the way that things were heading'* and therefore that although progress would be slower than originally expected, they needed to work with the IB pilot to begin to evolve their own services in that direction.
- 2.7 One site also added that their expectations around personalisation had been rationalised in light of their unsuccessful SEND Pathfinder application. This had led to a reduction in expectations over what could be achieved within the Year Three IB extension and a re-focus of effort to ensure that the IB approach was embedded and could be sustained beyond the pilot.
- 2.8 The following sub-sections describe the subsequent progress that has been made against each of the four common aims that were set out in the Year Three delivery plans.

Education

- 2.9 A number of the IB sites have made good progress in developing and delivering education-related IBs. Table 2-1 provides a summary of this progress, which illustrates that in-roads have been made with early years, disaggregation of the local authority based element of the SEN statement budget and SEN transport budgets.
- 2.10 Annex A provides a detailed case study setting out the personal transport budgets pilot and subsequent work that has been undertaken in the Coventry IB pilot site.

Table 2-1: Examples of live education IBs

Education IBs in development

SEN Statement budget

Rationale: Desire to work more flexibly with the local authority element of the SEN statement budget to enable families to have more choice and control

Development: The site has engaged three schools and intends to identify a small number of children that require more than 20 hours of support (less than 20 hours of support is funded directly by the school) to work with. Development of an appropriate resource allocation mechanism was being considered, which would be followed by a planning exercise

Longer term view: Wish to align this process with the social care IB process (and developing health process) to create a single plan

Early years

Rationale: Replace the existing early years panel arrangements with an IB approach to enable families to have more choice and control

Development: An early version of a RAS has been developed and is being used to take families with children aged 0-3 years through an IB process

Longer term view: The site is going to work up a more comprehensive version of the RAS and subsequently fund training to ensure lead professionals across the area can deliver the process

Single assessment

Rationale: Development of a single assessment that reduces duplication

Development: Three schools have been engaged, with one leading some work with the SEN team to review assessment documentation to identify duplication and consider how to develop a single assessment.

Longer term view: The site intends to invite families from each of the three engaged schools to participate in a dummy process to test the new assessment process and identify what support planning is needed. It is expected that this process will take 6 months.

Live education IBs

Personal Transport Budgets (PTBs) – see Annex A for detailed case study

Rationale: PTBs were developed as a means of offering parents/carers more choice and control over their home to school transport arrangements whilst reducing the local authority SEN transport costs

Development and delivery: Financial modelling was undertaken by the SEN team to develop an appropriate mileage rate that was offered to parents/carers for a period of a year (excluding August due to the holiday period) and through a direct payment. The offer was made through phone calls to each of the relevant families.

Take-up: All families that are eligible for SEN transport have been offered a PTB, which has resulted in 113 families (out of approximately 700) currently in receipt of a PTB

Review process: Monitoring and review is undertaken on the basis of school attendance and punctuality, and an agreement is signed by parents/carers, which states that they will ensure their child gets to school on time

Community-based enhanced nursery allocation (CENA)

Rationale: A desire to replace two existing enhanced resource nurseries, which supported pre-school children with special educational needs, with a more flexible form of provision that enabled funding for extra staffing in any mainstream or independent setting

Development and delivery: Parent/carers were offered a notional CENA budget at the point at which their child was identified as having special educational needs

Take up: 39 pre-school children have taken up a notional CENA budget (currently can fund a maximum of 40 places)

Therapy provision

Rationale: Work with families that are unhappy with their current service package to reshape to better meet needs

Development and delivery: Have reshaped two cases where the statutory assessment service was prepared to allow the therapies provision on their statements to be made available to purchase therapy provision through an IB

Take up: Currently only working with two families, but intend to review all statements of those families participating in the IB pilot with an intention of going back to education to see '*what else might be available*'

Source: IB pilot sites

- 2.11 Although each of the sites had either begun to or was delivering education-related IBs, they commented that wider developments were likely to be problematic for a number of reasons, which included:

Uncertain policy environment

- Uncertainty around school funding reforms had made some schools reluctant to engage and created a strategic challenge as to how and what budgets would be held centrally vs. delegated to education settings, making it challenging to take the IB approach forward
- Education leads were unsure how to apply the IB approach to both private settings and academies, which act independently of the local authority
- Uncertainty around how to engage the YPLA and therefore how to take forward an IB approach for the post-16 group

Engaging schools and education settings

- Engaged schools were at present taking a ‘cautious’ approach and were as a result only willing to release curriculum based budgets as opposed to releasing staff or salary-related budgets, which would ultimately limit the choice that was offered to participating families
- The extent to which schools would open their finances and have sufficient capacity to engage in financial discussions was likely to be limited in the current financial year as most parameters had been set, although the relevant sites added that it was important to build momentum to ensure that the sector became aware of what was coming

Parental expectations

- Some sites had experienced a general lack of enthusiasm from their parents to take up education-related IBs. Parents had questioned the extent to which alternative support would be readily available
- The cultural change associated with personalising SEN support/services needs to be openly discussed with families to ensure that they understand how they could benefit from the changes – sites commented that this would need to be facilitated through schools, which would be resource intensive and would take time

Developing the appropriate infrastructure

- Uncertainty around how best to develop resource allocation systems in education – sites commented that there were unsure what these should include and whether it would be appropriate to allocate up-front budgets prior to the support planning stage, or whether it would be more effective to identify funding post planning.

- 2.12 As such, it was felt that there was ‘*still a way to go*’ before the IB approach was effectively trialled and adopted within the education sector.

Health

- 2.13 Progress within the health sector has been limited to date, with the majority of work focused around strategic engagement and thinking, as opposed to operational development of health-related IBs. However, a small number of the sites had begun to operationalise their health plans, a summary of which is set out in Table 2-2.

Table 2-2: Examples of health IBs

Health IBs in development

Continuing Health Care

Rationale: Increase integration and choice and control for families

Development: A nurse is helping to undertake a small number of continuing care health assessments and cost out plans for young people in transition – with an expectation that at least two young people will receive a health-related plan which includes health funding

Longer term view: Need to increase capacity in the continuing health care team to ensure more professionals are able to undertake assessments and cost plans as a means of delivering more health IBs

Continence Service

Rationale: Increase choice and control for families

Development: A dedicated health professional has worked with the Continence Service, Paediatrics and finance representatives to cost a menu of continence products to illustrate what could be purchased. Exploratory work has also been undertaken with a small group of families to understand how a continence related devolved budget might work and the types of alternative products they may want to purchase

Longer term view: The site has engaged 8 families who would like to change their current continence support package through the use of an IB approach. This mini-pilot work will be taken forward between January – March 2012

High care needs assessment (HCNA) pathway – continuing care

Rationale: Recent changes in policy have shown that the introduction of an IB approach in health may lead to potential efficiencies

Development: The site currently has a High Care Needs Panel which considers what social care, education and health funding allocation should be made to relevant cases – this will act as a test-bed for a small trial to see how an IB approach could work.

Longer term view: Will assess how the trial progresses and seek to make wider decisions post this development

Source: IB pilot sites

- 2.14 As in the education sector, health representatives have experienced and expect to continue to experience a number of challenges, which were likely to limit progress. These included:

Uncertain policy environment

- Uncertainty around how to align the IB approach with the current health reforms and how best to engage GPs and clinical commissioning groups, which sites felt should be engaged to enable the creation of a joint hub between the local authority and health
- The health reforms were also making health colleagues more reluctant to engage and release budgets, as it was unclear how the changes may impact on budget-holders

Engaging the health sector

- Although headway had been made to engage some health commissioners and senior health staff, sites were finding it difficult to engage operational health staff. This had created capacity issues that were making it difficult to take work forward, as for

example, there was only limited or in some cases no staff to begin to disaggregate budgets, understand unit costing or who could subsequently cost a health plan

Developing the appropriate infrastructure

- Disaggregating budgets and the development of unit costs was cited to be a resource intensive and lengthy process, which would take time and require significant levels of cultural change. This exercise needed to be completed in advance of any resource allocation system being developed
- Sites were unsure how to accommodate the potential variability in health conditions into an IB approach; for example, they were unsure how to accommodate unanticipated hospital admissions

Inclusion of particular health budgets

- Although some sites had intended to work with a wide array of budgets, initial development work had shown that for some the inclusion of community nursing, mental health and speech and language therapy was likely to be problematic as health colleagues had stated that the associated costs would be difficult to disaggregate.
- Community equipment had also proven difficult to include within an IB in one site despite being able to disaggregate the budget, as the provision of equipment had to be related to a health-driven prescription for specific a need for a particular piece of equipment, which left little choice for the family.

It should be noted that health colleagues in some sites were still working through how best to include some of the above funding streams and had not shown resistance to including them in an IB package.

Process alignment

- 2.15 The majority of the IB sites had focused on trialling small-scale education and health personal budget approaches (i.e. associated with single as opposed to multiple funding streams) to initiate the appropriate forms of cultural change within the two sectors and as a means of understanding how best to take things forward. As such, process alignment had not been a priority to date.
- 2.16 Looking forward, sites were uncertain about how to draw their individual trials together into a coherent single process. They added that the current legislative framework (especially that governing SEN) would restrict the extent to which this could be done and that any changes to this framework should include clarity on what provision each agency was responsible for and how to ensure each were accountable for this delivery.

Extension of number of children receiving an IB

- 2.17 A number of the IB sites had begun to roll out the approach within social care, either to particular age groups or across the board. This had led to an increase in the number of children receiving social care led personal budgets.

- 2.18 A small number of additional families had either been either recruited to participate in or were in receipt of education or health related personal budgets. This often included working with families who had stated that they were not happy with their current packages of support and therefore were receptive to trialling a new approach,

Testing and evidencing the benefits

- 2.19 Additional activities that have been undertaken to date included:
- Building the capacity of families to identify outcomes and undertake support planning
 - Continuing workforce development
 - Investment in additional staff to administer an increasing number of budgets
 - Investment in training for support planners
 - Consideration of how best to develop the market as the numbers of IBs increases
 - Development of an e-market tool to generate a 'local offer' to enable families to access providers and purchase services online
 - Consideration of how to ensure the sustainability of the IB approach post the funded period.
- 2.20 Sites added that development work had often been limited as a result of high staff turnover, which had led to a reduction in capacity to take things forward. Changes of staff had in some cases led sites to re-focus their efforts on training new staff, which had delayed the development of the extended health and education related approaches.

Summary

- 2.21 A number of different trials were taking place within education and health settings to understand how to employ an IB approach and the outcomes that this produces. The majority of these trials were small in scale and would require significant resource and cultural change to up-scale. As such, it was felt that there was '*still a way to go*' and a significant number of challenges to resolve before the IB approach was effectively trialled and adopted within the both the health and education sectors.
- 2.22 Looking forward, it was hoped that the learning derived from the extended packages would in the longer-term be synthesised alongside the wider social care experience, with a view to aligning the different tools and resource allocation mechanisms, to develop an integrated approach and possibly a single plan. However, for most this still seems some way off.

3: Next steps

3.1 Table 3-1 sets out the next steps for the evaluation and support of the IB pilots.

Table 3-1 : Next steps	
Research Method	Planned activities
Evaluation	
Monitoring	<ul style="list-style-type: none"> Continuation of quarterly monitoring submissions
Area case study fieldwork	<ul style="list-style-type: none"> In-depth case study fieldwork to be undertaken in February 2012 <ul style="list-style-type: none"> ➤ Where possible to include focus groups or consultations with operational staff that have been involved in the development and delivery of the extended health and education-related IBs
Family wave 3 survey	<ul style="list-style-type: none"> Survey to be in the field from January 2012 Results to be analysed and reported in April 2012
Family case studies	<ul style="list-style-type: none"> Development of case studies in February/March 2012 to explain: <ul style="list-style-type: none"> ➤ The health and education –related experiences ➤ Experiences of families that have made the transition from children's to adult services
Final evaluation report	<ul style="list-style-type: none"> Draft to be submitted to the DfE at the end of April 2012
Support	
Programme-wide workshops	<ul style="list-style-type: none"> Next workshop scheduled to take place in January 2012
One to one support	<ul style="list-style-type: none"> Continuation of tailored support to sites as and when required

Annex A: Coventry Personal Transport Budgets Case Study



Coventry City Council

Personal Transport Budgets (PTB)

David Colbear
Carmen Colomina
iMPower Consulting Ltd
Date: February 2012





1. Context

Coventry City Council (CCC) needed to make cash savings of up to £156m across the authority over the coming years. The Council engaged iMPower with the aim of identifying efficiencies whilst preserving services and reshaping its relationship with citizens. Part of this work was supported through the Department for Education's Individual Budget Pilot evaluation and support contract.

CCC has a history of overspending on SEN transport. In 2010/11 the overspent reached £728,000, against a budget of £4.45m. There were a number of reasons for this, including:

- Transport provision for SEN pupils beyond statutory requirements.
- Once a child was positively assessed for specialist SEN provision, the process of council transport provision was automatic.

The home to school transport processes were designed largely without the involvement of SEN parents and did not offer them choice or control.

The use of personal transport budgets was agreed as a suitable approach to achieving the council's aims of developing a more flexible relationship between council and citizen, whilst reducing costs and improving service quality,

A Personal Transport Budget (PTB) is an amount of money provided to parents of children with SEN who are eligible for travel assistance, in lieu of council transport provision. They are designed to be voluntary, tailored and non-prescriptive. They also seek to provide financial benefits for parents who can negotiate better deals locally, commission jointly and spend money more imaginatively.



2. Objectives

The introduction of Personal Transport Budgets had three main objectives:

1. To give parents more choice and control allowing them to access flexible, tailored transport that suits their family's needs better,
2. Attracting parents away from traditional, expensive council-provided/funded transport,
3. To realise savings through an effective pricing strategy.



3. Activities and processes

A pilot scheme with Coventry proved that an appetite for PTBs existed amongst the target group, with 12% of parents or carers offered a PTB accepting. The approach was then rolled out to the rest of the population.

The concept of PTBs was explained to a strategic targeted group of parents – the full cohort of SEN parents were surveyed to find their core values and attitudes (Value Modes), then those showing as pioneers and prospectors were chosen due to being the most likely to agree to a PTB- through direct communication and conversations with Council SEN officers (supported by information booklets and letters of agreement) at various stages of the assessment process.

The process is outlined below:

- Parents who are capable of organising their child's transport to school are given the opportunity and are encouraged to do so by the council. If their child is ineligible for ITT, they are offered a PTB.
- Parents who do not consider themselves capable of organising their child's transport and ask for help are assessed for eligibility for SEN Travel Assistance.
 - If eligible, parents are offered Independent Travel Training (ITT), prioritised by need, however ease of training, resources needed and cost are considered. The child will be placed on temporary SEN Transport during training.

Once successfully travel trained, the child is 'signed off' by the travel training team.

- If the child is deemed inappropriate for ITT (i.e. is not physically or mentally capable; is too young; lives too far away; the route is too complex; other risk factors are too high) the parent is offered a Personal Transport Budget as an alternative form of Travel Assistance.

This offer is supported by conversations and the sending out of a PTB offer letter (containing details of the value of the PTB offered; an information booklet; a letter of agreement that the parent/carer can sign if they agree).

If the parent chooses not to access the PTB, then the student will be placed on council-funded SEN Transport. This situation will be regularly reviewed to monitor whether they have become suitable for either ITT or a PTB.



The amount of money provided in a PTB is based on the distance of the child from the school, calculated as an amount per mile. This is then paid directly into the parent's bank account on a monthly basis. The pricing level is designed to be high enough to incentivise parents to accept a PTB, while being low enough to incur savings for the council compared to council-provided transport. To ensure savings for the Council, the calculated current cost was deflated 20%.

In accepting a PTB, a parent agrees in writing to:

- Be responsible for arranging safe and timely travel to school
- Inform the Council SEN Team if the child's needs change or they no longer wish to receive a PTB and want to access other forms of travel assistance instead.

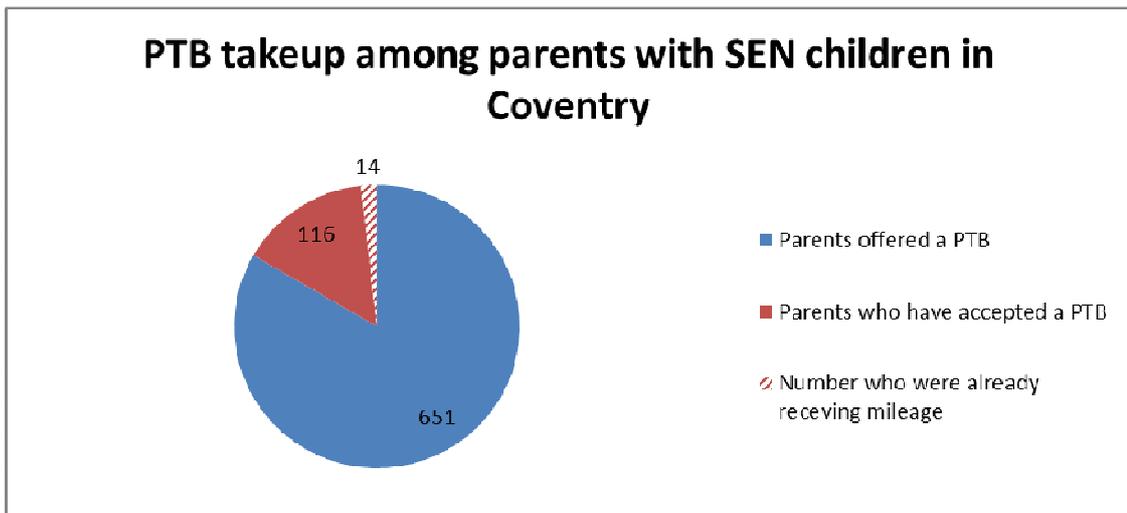
The attendance and punctuality of children with a PTB is monitored by the SEN Team, and if this drops below an acceptable level, the PTB can be stopped by the Council. Beyond this there is a deliberate lack of restrictions or guidance on how the money is spent, and parents are not asked to account for expenditure.



4. Outputs

Since July 2011, 651 parents have been offered a PTB. Of this number:

- 116 (16%) have accepted a PTB for Autumn Term (2 have subsequently been removed through ITT).
- 14 of this number were parents already receiving mileage.



As a result, 100 families that were previously using transport (or would have taken up transport) are currently receiving a PTB (16% take-up). This figure of 100 exceeds the initial target of 50, which was originally viewed as ambitious.

Interestingly, take-up amongst new users was higher (26.5%) compared with existing users (14%). This suggests that as existing users leave the system over the coming years, it will be possible to transition a larger share of the cohort onto travel assistance alternatives than at present.

The next phase of PTB development could focus on using parent groups to begin joint-commissioning, sharing of transport duties and budget pooling. This could be led by the schools but enabled where possible by the SEN Team where capacity permits.

The SEN Team has embedded changes to their processes and have worked positively with the programme team to ensure that the new Travel Assistance offers are properly explained to parents, appropriately targeted, delivered effectively and well-articulated to other stakeholders within the council.



Examples to illustrate the effective use of PTBs and independent travel training

Alex went to school in a minibus and it took him 20 minutes to get there. Alex's mother feels absolutely fine with Alex being travel trained. It took about a month and a half to travel train Alex.

When he was travel trained it took him about 45 minutes to get to school, a bit more, but he stated that he enjoys the independence.

'He is much more confident now and travels all over the place, He went to Birmingham last night to have a night out with his friends. He would not have been able to do that before he was travel trained'

'Would you recommend travel training? 'oh! very much so'

Ruby was taken to school by car by her mother. It was difficult for her mother to ensure that the time the minibus was going to pick her up fitted with the medication and Ruby's readiness, but on the other hand taking her by car was more expensive.

Ruby's mum was very impressed by the Personal Transport Budgets and the increase in choice of control for parents it represents, as well as the savings it represents to her.

Joanna before took a minibus and took her what feels like a 'very long time' to get to school. Joanna felt scared about travel training, but she did find it very easy. The journey feels 'shorter' than it did before. She enjoys the independence, and is now able to get out and about to see her friends and join activities when she wasn't able to do that before. She feels it has given her more independence. She feels safe and alright when she travels.

Trisha gets to school by minibus and takes her a 'very very long time' to get from home to school. Trisha enjoys the travel training and the independence she will have, but finds it difficult to remember all there is to remember'. She is excited about being able to see her friends that go to other schools and go to town to socialise and join activities.



5. Outcomes

The transfer of parents onto PTBs and away from traditional, costly, council-provided/funded transport has allowed the Council to project significant savings, which are tabulated below:

<u>Year</u>	<u>Number of PTBs taken up/ projected total</u>	<u>In year saving (£)</u>
To date	114 (100 new) 2 have been removed through ITT	£50,880*
Remainder of 2011/12	24	
2012/13	28	£167,842*
2013/14	28	£223,686*
Total	80	£442,408*

* Based on latest financial projections/ assumptions and assuming 2 years of saving per case

The attendance levels and punctuality of SEN children with a PTB arriving at school have all been maintained as schools report directly to the SEN Team on these outcomes.