



Department
for Education

Safety Valve agreements: views on operation and impact

Research report

July 2025

Isos Partnership



Government
Social Research

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List of acronyms used in this report

AP – alternative provision

BSIP – Bus Service Improvement Plan (York case study)

DCO – Designated Clinical Officer

DfE – Department for Education

DSG – dedicated schools grant

EHCNA – education, health and care needs assessment

EHCP – education, health and care plan

EHE – elective home education

EOTAS – education other than at school

FE – further education

HNB – high needs block

ICB – integrated care board

INMSS – independent or non-maintained special school

LA – local authority

PCAN – Parents of Children with Additional Needs (Kirklees case study)

PCF – Parent Carer Forum

SENCO – Special Educational Needs Coordinator

SEND – special educational needs and disability

SENDIASS – special educational needs and disability information, advice and support service

Executive summary

Introduction

The aim of this research was to gather the views of key stakeholders in local special educational needs and disability (SEND) systems about the impact of Safety Valve on local areas. Safety Valve is a government intervention programme for local authorities (LAs) in England with the highest deficits in their dedicated schools grant (DSG) relating to high needs expenditure. Overall, 38 LAs signed Safety Valve agreements with the Department for Education (DfE) between the financial years 2020-21 and 2023-24.¹

The research was not designed as an evaluation of the Safety Valve programme itself. Instead, its purpose was to gather views from parents and carers, and leaders of education settings, health services and LAs about the impact of strategic initiatives linked to Safety Valve agreements and learning that could inform local policy and practice. The research took place between November 2024 and May 2025, and involved in-depth discussions with local SEND system leaders – from organisations representing parents and carers, education settings, health services and LAs – in 10 local areas with Safety Valve agreements.

Caveats regarding the impact of Safety Valve agreements

First, the local areas that have joined the Safety Valve programme have done so from different starting points, with different contexts and characteristics, and with different factors accounting for the high needs block (HNB) deficits they have accumulated. While, on average, in 2021-22 Safety Valve LAs had higher per capita HNB spend, higher rates of education, health and care plans (EHCPs) and placements in independent and non-maintained special schools (INMSSs) than LAs not in the Safety Valve programme, and were more likely to have received a critical local area SEND inspection outcome, this was not the case for all Safety Valve LAs. These differences in starting point have a bearing on the rate of progress towards achieving the goals of Safety Valve agreements and impact. They also suggest that any future government support programmes should take greater account of the different reasons why local areas have accrued significant deficits.

Second, many of the local SEND system leaders that participated in this research described Safety Valve as a sticking plaster. They considered Safety Valve to be a symptom – and, at best, a short-term mitigation – of systemic challenges in the national system. They highlighted the need for fundamental national reform, for which the Safety Valve programme was not a substitute.

¹ [Dedicated schools grant: very high deficit intervention - GOV.UK](#)

Third, while many families and practitioners will be able to describe experiences of accessing local SEND services, comparatively fewer will be in a position to comment on the links to the Safety Valve programme. While we invited wider views, our research has drawn primarily on the feedback of local SEND system leaders, including local Parent Carer Forums (PCF) and SEND Information, Advice and Support Services (SENDIASS). Even among these groups, there was an acknowledgement of the difficulty in isolating the direct impact of Safety Valve and an overall view that Safety Valve had not *directly* affected outcomes and experiences for children, young people and families. Where participants identified positive impact, they saw this as a result of local strategic improvement initiatives rather than the direct result of the Safety Valve programme. Similarly, where they described ongoing frustrations, for example in accessing support or the timeliness of casework, many recognised these as manifestations of ongoing challenges in the national and local system, rather than a direct consequence of Safety Valve. There were, however, some parents and carers who considered that Safety Valve agreements had had a direct and negative effect on their children.

The impact on children, young people and families

There were 3 types of strategic activity, linked to Safety Valve agreements, that local SEND system leaders considered had had a positive impact on children, young people and families.

1. **Initiatives to strengthen early identification and inclusion** – activities included encouraging school leaders to come together in clusters to access additional targeted advice and resources (before an EHCP was required), defining ordinarily available provision, and developing additional targeted support services. The aim of these activities was to enable earlier identification of needs and swifter access to support, as well as to foster collective ownership and peer-to-peer moderation between school leaders.
2. **Initiatives to create new local specialist provision** – these included the creation of units / resourced provision, special school places and post-16 provision. The initiatives served not only to fulfil LAs' duties to secure sufficient local provision, but also to create more opportunities for young people to access education within their local communities. Successful and impactful approaches involved LAs creating dedicated staff capacity to work with individual young people and families to plan proactively and provide a range of options at key transition points.
3. **Initiatives to improve casework** – many LAs described a focus on improving fulfilment of their statutory duties relating to the completion of education, health and care needs assessments (EHCNAs), EHCPs, annual reviews and preparing young people for adulthood. LA leaders acknowledged, however, that improvements in the timeliness of statutory casework had not always been

accompanied by improvements in quality and, consequently, had not translated into better day-to-day experiences for families.

Many local SEND system leaders described challenges in the day-to-day running of local SEND systems, and recognised that the current national SEND system was not working well for children, young people, families and practitioners. Most local SEND system leaders – including those involved in local SEND strategic partnership bodies – considered that these challenges pre-dated, and were not directly related to, the Safety Valve programme.

A minority of participants – school leaders, and parents and carers – considered that Safety Valve had had a direct negative impact on children, young people and families by making it more difficult to access support, specifically through EHCPs. While they recognised it was impossible to prove a direct connection – since Safety Valve agreements do not contain explicit targets to reduce numbers of EHCPs, and do not alter current legislation – they considered that Safety Valve agreements had coincided with more stringent decision-making relating to statutory assessments and EHCPs.

Published data (quoted in Chapter 2) suggest that, on average, the rate of growth in new EHCPs has been slower over the last 5 years among Safety Valve LAs than those without a Safety Valve agreement. At the same time, the decrease in new placements in INMSS provision has been more pronounced in Safety Valve LAs than in non-Safety-Valve LAs, showing a trend of convergence with the national average. This may explain the perception of some parents and setting leaders that, since the introduction of a Safety Valve agreement in their local area, it has become harder to get an EHCP or a place in an INMSS.

This illustrates a potential point of tension within the current system, acknowledged by several participants in this research, that what might be necessary for LAs and health services to achieve a degree of financial sustainability within the current system can come into direct conflict with what an individual family or setting sees as necessary for a young person to access support. As many participants in the research noted, fundamental reform is required to create a system that meets needs effectively while achieving financial sustainability.

The impact on LAs

Notwithstanding different experiences of the initial negotiations around Safety Valve agreements – which some LA leaders described as appropriately challenging, while others described more negative experiences – leaders from all participating LAs described 2 main ways in which being part of the Safety Valve programme had made a positive difference to LAs.

First, LA leaders – echoed by many local SEND system partners – reported that, primarily, Safety Valve had provided much-needed financial “breathing space”. LA leaders said that, without Safety Valve, they would have been looking at significant cuts to services and, in many cases, bankruptcy. Furthermore, LA leaders considered that the breathing space provided by Safety Valve had helped not only financially, but also in creating the space and time to put in place wider reforms to improve the local SEND system. This was particularly the case for LAs for which entry into the Safety Valve programme had been a catalyst for change, rather than it building on and supporting a local area’s existing SEND strategy.

Second, LA leaders considered that being part of the Safety Valve programme had brought greater focus, sharper planning, increased rigour and additional pace to the work of LAs. It helped them to avoid fatalism in the face of wider systemic challenges within the national SEND system and to focus on improving what, within local SEND systems, was within their control – for example, the quality of casework, sufficiency planning and commissioning. LA leaders also reported that, in some areas, being part of the Safety Valve programme had galvanised leadership within LAs, creating greater collective understanding and ownership of the HNB deficit, and greater alignment of purposes and resources within LAs.

The impact on education settings

In terms of the **school sector**, leaders identified 3 ways in which Safety Valve had made a positive difference:

1. fostering greater collective understanding of the financial aspects of the local SEND system among school leaders, and enabling more informed strategic discussions and a sense of collective responsibility;
2. the development of new offers of targeted services that schools could access to promote early identification of needs and provide support to pupils and families; and
3. the creation of new specialist provision and sharper focus on sufficiency planning, and consequently the increase in options for young people to access education in their local areas.

School leaders noted, however, that were it not for their participation in strategic fora – SEND partnership boards or schools forums – their awareness of and ability to comment on the impact of a Safety Valve agreement in the local area would have been limited.

In terms of the **college sector**, leaders reflected that their relationship to the local SEND system in terms of funding methodology and requests for statutory assessments, and consequently their awareness of Safety Valve, was different to that of schools. As a result, college leaders described a number of impactful initiatives – the development of

new local provision to improve options and pathways to adult life for young people with SEND, improvements in strategic planning and the quality of casework – but did not necessarily see these as the direct result of Safety Valve.

In terms of the **early years sector**, given that strategic activities set out in Safety Valve agreements tend to relate to schools and post-16 settings, rather than to early years, the research has focused on gathering feedback from schools and post-16 leaders. Recognising the importance of the early years sector to the SEND system, we did hear feedback from parents and carers, school and LA leaders about the impact of strategic activities aimed at building capacity in early years settings and at supporting the transition to school.

The impact on health services

Health service leaders described the impact of Safety Valve agreements in similar terms to PCF and education setting leaders. If they were part of local strategic fora, they were aware of the local Safety Valve agreement and its links to the local area's SEND strategy, and had similar views of its impact on the local area overall. Specifically, health service leaders in some areas highlighted sharper planning processes, improved join-up around casework, and the development of new offers of multi-disciplinary support. They also acknowledged, however, that most of their colleagues in the health sector would have little awareness of Safety Valve.

While they recognised the benefits to the HNB and LAs' financial viability, some health leaders argued that Safety Valve had had little impact and had left the fundamental challenges of local SEND systems unchanged. Specifically, they highlighted the mismatch between the capacity in key services – speech and language, mental health, neurodiversity – and the level of need in local areas. Some health leaders went further, arguing that the focus on reducing HNB deficits had brought to the fore tensions between LAs and integrated care boards (ICBs) about who was responsible for paying for what in relation to SEND.

Enablers and barriers

Local SEND system leaders and Safety Valve advisers highlighted 5 conditions that, in their experience, contributed to a local area making progress towards the goals of their Safety Valve agreement. These included (i) having a strong strategy in place, (ii) knowledgeable, committed and stable leadership, (iii) a focus on improving things within the direct control of local SEND system leaders, (iv) strength of partnership, and (v) effective communications. At the same time, local SEND system leaders identified several factors that could inhibit progress, including the legacy of low levels of funding or a shortage of local specialist provision, high staff and leadership turnover, and rapid demographic changes.

The interrelation of these enabling and inhibiting factors makes it difficult to say definitively why some local areas have made more progress in implementing their Safety Valve agreements than others. Published data suggest that Safety Valve LAs that are judged to be “on track” with their Safety Valve agreements had, on average, higher levels of expenditure, higher HNB allocations, higher rates of EHCPs, and larger populations of young people to begin with.

Local SEND system leaders identified 2 additional barriers that had affected their ability to fulfil the conditions of their Safety Valve agreements. The first was the difficulty in addressing local manifestations of national challenges, which are beyond the direct control of local SEND systems, but influenced the level of need in a local area and levels of expenditure to meet that need. The second related to actions of the DfE, particularly where local areas had experienced delays in opening new specialist provision through the free school route, or a lack of support in challenging instances of non-inclusive practice in academies and trusts.

Learning from local areas with Safety Valve agreements

Many participants in this research recognised the necessity of Safety Valve in avoiding HNB deficits pushing councils into bankruptcy. At the same time, the overarching conclusion of many participants was that mitigating this financial risk and transforming outcomes for children, young people and families will require both fundamental reform and investment. Drawing on their experiences of Safety Valve, local SEND system leaders highlighted 6 main areas where they considered reform is needed.

1. **Promoting inclusion** – which would enhance the impact of approaches local areas have developed to foster inclusive practices.
2. **Strengthening targeted support** – the missing layer, valued where local areas have strengthened services, but limited by statutory and workforce pressures.
3. **Creating specialist provision locally** – local SEND system leaders having the ability to shape the right amount and make-up of local specialist provision.
4. **Regulation of the independent sector** – avoiding over-reliance and risks of unilateral price increases by ensuring equivalent regulatory and funding arrangements.
5. **Aligning LA, health and education partnership responsibilities** – experiences of the Safety Valve programme have underscored the need for stronger, aligned responsibilities of partners.
6. **Funding for SEN and high needs** – providing clarity on the statutory override and a solution to historical deficits, as well as reforming funding arrangements (distribution to local areas and individual education settings) to support inclusion.

While the DfE will not be entering into any new Safety Valve agreements, local SEND system leaders also shared reflections that could inform future government support programmes. These included making the local SEND partnership (rather than the LA) the focus of support; joining up support from different advisers; creating communities of practice for local SEND systems working on similar themes; and balancing investment of financial resource between reducing deficits and improving practice.

* * *

Introduction

Background to the Safety Valve programme

Safety Valve is a government intervention programme that focuses on LAs in England with the highest deficits (in percentage terms) in their DSG. These deficits relate to levels of spending for so-called “high needs” that exceed the funding received in the HNB of the DSG. High needs funding is for children and young people with SEND who need extra support at school or college or others requiring high levels of support, for example those in alternative provision (AP) settings. Overall levels of funding distributed through the HNB have been rising in recent years, with £11.2 billion allocated to local areas through the HNB in 2024-25 (up from £5.2 billion in 2014-15).

The Safety Valve programme began in 2020-21, when the first “wave” of LAs signed Safety Valve agreements and began working with the DfE. Since then, a total of 38 LAs have signed Safety Valve agreements with the DfE over 4 rounds: 5 LAs in the financial year 2020-21, 9 in 2021-22, 20 in 2022-23, and a final 4 in 2023-24.

All Safety Valve agreements are published on GOV.UK.² Safety Valve agreements are not designed to support investment in new initiatives. Rather, the agreements set out the actions that LAs, working with their local partners and the DfE, will take to improve local provision and reduce historical deficits; the funding that the DfE will provide; and the financial targets that LAs must achieve in order to reduce historical HNB deficits.

In late 2024, the Government announced that, while existing Safety Valve agreements would be honoured, it would not enter into any new agreements and would instead focus on wider reform of the SEND system in England.

Aims of the research

The overall aim of this research was to gather the views of key stakeholders in local SEND systems about the impact of Safety Valve agreements on local areas. In particular, the research gathered views on the impact of SEND system improvement initiatives introduced at local level on children and young people, parents and carers, practitioners and education settings. The research was not designed as an evaluation of the Safety Valve programme in and of itself, nor of the current high needs funding methodology. Instead, it sought to gather the views of parents and carers and leaders of education settings, health services and LAs in local areas that have Safety Valve agreements in place about:

² [Dedicated schools grant: very high deficit intervention - GOV.UK.](#)

- the impact of the Safety Valve programme within local areas;
- how Safety Valve agreements related to wider activities aimed at improving support for children and young people with SEND; and
- learning from local areas that could inform local practice and future national policy.

Our approach

The research was undertaken between November 2024 and May 2025.³ The work was carried out by a small team from Isos Partnership, including Ben Bryant, Natalie Parish, Dr Sam Baars and Karina Kulawik. We approached the work in 3 phases.

1. **Preparation** (November 2024) – the main activity in the first phase of the research was to construct a sample of 10 local areas with Safety Valve agreements to invite to participate in the research. We constructed a sample that sought to balance 3 key characteristics: Safety Valve round (drawing on LAs from the first 3 rounds), geographical region and type of authority. All local areas were then grouped into “high”, “medium” and “low” for 4 variables: the rate of EHCPs, level of deprivation, level of high needs funding, and level of high needs spending. The final 10 we selected offered a balance across these characteristics and sampling variables. The 10 areas that took part in the research were (in alphabetical order) Barnsley, Croydon, Darlington, Hammersmith and Fulham, Kent, Kirklees, Salford, Surrey, Torbay, and York.
2. **Evidence-gathering** (December 2024 to March 2025) – in the second phase of the research, we undertook a series of in-depth individual and small group interviews with a selection of system leaders in each of the 10 local areas. We invited leaders representing the following organisations in the 10 areas:
 - a. **the LA** – elected members and senior officers responsible for SEND, children’s services and finances;
 - b. **local health services** – usually the Designated Clinical Officer (DCO), but sometimes leaders from the ICB;
 - c. **education settings** – we invited a small selection of school and college leaders, often drawn from the membership of schools forums or represented on local SEND strategic partnerships;
 - d. **parents and carers** – we made contact initially with the local PCF, but also contacted the local SENDIASS and, on the advice of PCF leaders, offered wider conversations with groups of parents and carers about their

³ The research was originally commissioned in spring 2024, but the start was delayed by the announcement of the general election on 4 July and the period of “pre-election sensitivity” that preceded it.

experiences of the local SEND system and perspectives on Safety Valve;
and

- e. **the DfE Safety Valve advisers** – both the financial and SEND advisers who were working with each of the 10 participating local areas.

In total, we spoke to more than 150 people across the 10 local areas. In parallel, we also held conversations with senior LA leaders in 2 local areas that, at the time of the research, were part of the DfE’s enhanced monitoring scheme for local areas that were not on track to achieve the conditions in their Safety Valve agreements.

- 3. **Reporting** (March 2025 to May 2025) – in the final phase, we collated the evidence we had gathered, tested our findings, and prepared this report.

Acknowledgements

We are grateful to all of the colleagues from local areas who contributed to this research – LA, health service, education setting leaders, DfE advisers and parents and carers – for giving their time and insights. We are also grateful to DfE colleagues for their support and advice throughout the project.

How this report is organised

The report is organised into 7 chapters.

- **Chapters 1 to 5 set out our findings about the impact of Safety Valve agreements on different groups and partners within local SEND systems** – Chapter 2 focuses on participants’ views on the impact on children and young people, Chapter 3 on the impact on LAs, Chapter 4 on the impact on education settings, and Chapter 5 on the impact on health services.
- **Chapter 6 identifies a series of enablers and barriers** to local areas making progress towards the goals of their Safety Valve agreements.
- **Chapter 7** concludes the report with the key reflections and learning from the experiences of leaders of local areas that took part in this research about future national reform of the SEND system, as well as for the design of future support programmes for local SEND systems.

* * *

Chapter 1: Caveats regarding the impact of Safety Valve agreements in local areas

Caveat 1: Local areas have joined the Safety Valve programme from different starting points and contexts

LAs were invited to enter into a Safety Valve agreement based on a single criterion: the size of their cumulative HNB deficit as a percentage of their DSG. While LAs with Safety Valve agreements are alike in this respect, in other respects there are significant differences in their characteristics and contexts. These differences have a bearing on the impact of the programme on local areas, as described in this chapter, and may also be useful to consider for future programmes of support for local areas. We have set out some of these differences in the bullet points below.

- On average, in the financial year 2021-22, the LAs with Safety Valve agreements had higher **per capita HNB spend** than LAs that have never been part of Safety Valve. While HNB spend in some Safety Valve LAs was significantly higher than the national average, 10 of the 38 Safety Valve LAs reported per capita HNB spend that was lower than the national average.⁴
- Similarly, on average, in 2022 calendar year, LAs with Safety Valve agreements had higher rates of new **EHCPs** and new **placements in INMSSs per 10,000 people aged from birth to 25** than LAs that have not been part of Safety Valve. Again, this is not the case for all Safety Valve LAs: 8 of the 38 Safety Valve LAs had below average new EHCP rates, and 13 had lower rates of new placements in INMSSs.⁵
- Under the previous **local area SEND inspection** framework, which ended in December 2022, 65% of LAs that now have Safety Valve agreements were required to produce a written statement of action, compared to 52% of non-Safety-Valve LAs.⁶ This suggests some connection between HNB deficit and the quality of local SEND services, but also indicates that over a third of Safety Valve LAs

⁴ LA and school expenditure, Financial Year 2023-24 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/la-and-school-expenditure/2023-24>. We have used the data on expenditure from the financial year 2021-22 to provide a consistent point of comparison for LAs with Safety Valve agreements (waves 1, 2 and 3) and all other LAs. The population figures used to derive a per capita average are taken from the mid-year population estimates published by the Office for National Statistics, which can be found at <https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=2002&version=0&anal=1>.

⁵ Education, health and care plans: Reporting year 2024 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>.

⁶ Area SEND inspections and outcomes in England: management information autumn term 2022 to 2023, <https://www.gov.uk/government/statistical-data-sets/area-send-inspections-and-outcomes-in-england-management-information-autumn-term-2022-to-2023>.

were judged to have sound leadership, partnership working and services for children and young people with SEND and their families.

- There is little to suggest that the **size of the local area** contributes to levels of HNB deficit. We found that the distribution of local areas by population size and the average size of the population from birth to 25 was similar in Safety Valve LAs and those that did not have a Safety Valve agreement.⁷ **Less deprived** LAs were slightly more likely to be represented within the 38 Safety Valve LAs – 1 of the 15 *most* deprived LAs is part of the Safety Valve programme, while 8 of the 15 *least* deprived LAs are part of Safety Valve. Nevertheless, the Safety Valve group is not homogenous, and the group includes LAs with all levels of deprivation.⁸

The points above suggest that there is not a simple and straightforward explanation for why some LAs have accrued very high HNB deficits and become eligible for Safety Valve. There are some LAs that display some or all of the characteristics of a local SEND system that is overheating – limited capacity to identify and meet needs early, leading to high levels of requests for statutory assessments, in turn leading to higher rates of EHCPs, higher numbers of children and young people requiring top-up funding, pressure on places in specialist provision and growing use of the INMSSs. These characteristics do not, however, describe the context in all Safety Valve LAs.

Leaders from some of the LAs that took part in this research argued that some of the contributing factors to their deficit were legacies of historical underfunding, past local government reorganisations and a lack of the right quantity and type of specialist provision. Some considered that the process of agreeing and monitoring Safety Valve agreements had not always been sufficiently attuned to the individual context and specific factors that had contributed to the local area's deficit. They considered that future programmes of support could differentiate their support based on the reasons the deficit had grown and the extent to which the conditions for addressing the deficit – leadership, partnership working, an existing strategy – were in place.

Caveat 2: Participants in this research saw Safety Valve as a symptom and a mitigation of, rather than a solution to, wider challenges in the national SEND system

A common message in many of our interviews – with LA, education, health and PCF leaders alike – was that Safety Valve was a sticking plaster. This is not to say that participants did not perceive that the Safety Valve programme had had an impact. It is to say, however, that participants saw the impact – positive or negative – of Safety Valve in

⁷ Office for National Statistics, mid-year population estimates, <https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=2002&version=0&anal=1>.

⁸ English indices of deprivation 2019, www.gov.uk/government/statistics/english-indices-of-deprivation-2019.

the context of the systemic challenges within the wider SEND system. As the quotes below illustrate, local SEND system leaders considered that Safety Valve was, at best, a short-term mitigation of, rather than a solution to, systemic challenges in the national SEND system.

It is a band-aid. It hasn't fixed the problem. ... day to day, it doesn't really change anything. – *PCF leader*

We need massive reform ... Safety Valve is respite, not the solution. – *School leader*

Safety Valve puts a sticking plaster on something we are not fundamentally changing. Unless we reform, we are just tinkering. – *LA leader*

Caveat 3: Approaching the question of impact on children, young people and families

The central question that this research project was commissioned to explore was whether Safety Valve agreements had had an impact on children, young people and families. A challenge in answering this question is that, while many families and practitioners will be able to describe experiences of accessing local SEND services, comparatively fewer are likely to be in a position to comment on the links to the Safety Valve programme. As an illustration, in our conversations with SENDIASS leads, we were often told that the issues raised by parents and carers concerned access to education and support, and that Safety Valve was rarely mentioned (and then only as part of a wider concern about LA funding cuts).

Parents come to us [to talk] about their children, they don't come to us about Safety Valve. – *SENDIASS Lead*

As such, in this section, while we invited wider views, we draw primarily on the feedback of leaders with an overall view of the local SEND system, including PCF, education setting, health service and LA leaders. Even among these groups, there was an acknowledgement of the difficulty in isolating the direct impact of Safety Valve. Among these groups, the majority view was that Safety Valve had not *directly* affected outcomes and experiences for children, young people and families. Where participants did describe positive impact, however, they perceived this to be directly related to local strategic initiatives, rather than a *direct* consequence of Safety Valve. Some participants argued that it was difficult to distinguish the impact of strategic initiatives from the Safety Valve programme.

It is hard to attribute wider impact. At [partnership board], the conversation tends to get framed in terms of workstreams of our strategy. Safety Valve is not mentioned very much. – *PCF Leader*

Where participants were less likely to describe improvements in local SEND systems, most attributed this to wider challenges within the national and local system, rather than a direct consequence of Safety Valve. There were, however, some parents and carers who considered that Safety Valve agreements had had a direct and negative effect on their children, whose views we describe in Chapter 2.

A further complicating factor is that what is perceived by one group as evidence of positive impact may be perceived by another group as the opposite. For example, what LA officers may see as evidence of more robust decision-making and responsible use of public funds may be perceived by other partners as greater difficulty in accessing support for an individual young person. Given the scope of this research – specifically the aim to capture views on the impact of Safety Valve agreements, not to evaluate the programme itself – in Chapters 2 to 5 we describe the full range of views on the question of the impact of Safety Valve.

* * *

Chapter 2: The impact on children, young people and families

3 types of strategic activity that SEND system leaders considered had had a positive impact on children, young people and families

Initiatives to strengthen early identification and inclusion

First, many SEND system leaders highlighted local initiatives to strengthen early identification and inclusion for children and young people with SEND. Approaches included:

- encouraging school leaders to come together in “clusters” to share practice, bring cases of young people who needed additional support, and access devolved funding and/or advice from targeted services such as educational psychology, speech and language therapy, mental health, and specialist teachers;
- investing to increase the capacity of existing or new targeted support services with practitioners who could work directly with school staff, pupils and families;
- involving school staff in specific initiatives to build understanding and capacity to support young people with specific needs – the PINS (partnership for inclusion of neurodiversity in schools) project was often cited;
- funding for individual children making the transition from nursery to reception in schools; and
- collective work to define an offer of ordinarily available provision in mainstream schools.

Leaders emphasised that the aim of these approaches was not to limit access to support, but to provide greater and more timely access without the (often time-consuming) reliance on statutory assessments and plans. An additional aim was to foster a sense of ownership, collective responsibility and peer-to-peer moderation among school leaders. According to SEND system leaders, one of the key factors in the effectiveness of these approaches was the investment of resources and capacity from LA and health services in supporting these initiatives. This ensured that education setting leaders – and by extension families – could see a tangible difference in the support they received. Without a tangible offer of support, SEND system leaders cautioned that well-intentioned approaches could be undermined, becoming “talking shops” and a “tick-box” on the path to requesting an EHCNA.

Furthermore, some SEND system leaders highlighted the challenge of introducing these new approaches to early identification and inclusion within the constraints of the existing system. They highlighted limited additional support from LAs and local health services,

and the variable engagement and approaches to inclusion from mainstream education settings, as obstacles that could slow the progress of new approaches.⁹

Kirklees’ “big plan” for SEND

A key feature of Kirklees strategic “[big plan](#)” for SEND – as a response to the local area SEND inspection in 2022 and the strategy for delivering on their Safety Valve agreement – has been building capacity for inclusion in mainstream schools. Through co-productive work with young people and families, an implementation plan based on ambitions to be inclusive was developed with the aim that ‘expertise and capacity is embedded in our mainstream settings to support early identification and assessment of need.’

One element of this approach has been the development of Reception Transition Funding, which has been designed to provide additional funding for children who need some additional help with making the transition from early years settings to school in Reception. The aim is to provide schools with some additional funding to help the child to settle, assess their needs in a school setting, and continue the support provided in the child’s previous setting. In some cases, the child may go on to receive an EHCP, but in other cases Reception Transition Funding has enabled the school to put in place support without needing to apply for a statutory assessment. School leaders reported that the Reception Transition Funding was ‘absolutely brilliant’. One school leader said that Reception Transition Funding had been used to support 4 children, of which only 1 went on to need an EHCP. Without Reception Transition Funding, the school leader said that they would have sought an EHCP for all 4. PCAN (which stands for Parents of Children with Additional Needs and holds the role of the local PCF in Kirklees) also spoke positively about the approach.

Further elements of the approach to building inclusive capacity in Kirklees have been to co-develop a “cluster model” bringing school SEN coordinators (SENCOs) and wider services together to share practice and use resources to provide support before an EHCP is needed, in parallel with the commissioning of new additional resourced provision in mainstream education. PCAN members have been involved in co-developing these initiatives. They reflected that the aims of providing more support in school and better options for local provision were commendable. Work is ongoing to support the clusters and new resourced provision to get up-and-running and to function effectively as part of a broader offer of support and provision in the local area.

⁹ Kirklees “big plan” for SEND can be found at <https://www.kirkleeslocaloffer.org.uk/information-and-advice/how-we-plan-for-send/send-the-big-plan/>.

Croydon's Early Intervention Model

A key feature of Croydon's SEND strategy is its Early Intervention Model. Originally piloted in September 2020, before being rolled out across the borough, this approach allows SENCOs to bring cases to local networks of SENCOs for advice and support. The local networks are chaired by a dedicated Area SEND Lead and a headteacher. The networks provide SENCOs with access to support from a range of professionals, including educational psychologists, speech and language therapists, the Virtual School, children's social care, and inclusion support services. Schools may receive advice or direct financial support from the Early Intervention Model.

Since September 2020, it is estimated that the Early Intervention Model has provided support to more than 3,300 pupils – advice on practice and additional expertise to 2,300 pupils, and direct resources to 1,000. The system leaders to whom we spoke described 3 main benefits.

First, the Early Intervention Model provides an opportunity for early identification and support for children that does not depend on them having an EHCP. Some children who are supported through the Early Intervention Model will go on to get an EHCP (and where they do, practitioners consider that the evidence is stronger as a result of having been discussed through the Early Intervention Model), but others can get support that means that their needs can be met without needing an EHCP. As leaders from Croydon Active Voices (the local PCF) put it, 'we were sceptical at first, but we have been won over by the team ... from what we hear, it is making a difference.' As one school leader put it, 'It is a good idea to put kids on a path to being successful without putting them into the SEND statutory system if you can help it.'

Second, Croydon's Early Intervention Model promotes a culture of inclusion, ownership and collaboration among school leaders – school leaders to whom we spoke described the Early Intervention Model as 'revolutionary' in the way it has put money and expertise into schools and fostered a more consistent approach to inclusion. They recognised that the aim was not to stop requests for EHCNAs, but instead to stop inappropriate requests for support where children's needs could be met through strengthening whole-school practice.

Third, the Early Intervention Model means that there are skilled practitioners who can go into schools and work with them in a way that is not dependent on statutory assessments – it provides dedicated capacity to support schools with early identification and support. As one school leader put it, 'The [Early Intervention Model] staff are excellent.'

Early identification and early intervention in Hammersmith and Fulham

A key pillar of the SEND transformation programme in Hammersmith and Fulham was to focus attention on early identification and early intervention, which became a core element of their Safety Valve agreement.

One aspect of this has been the recruitment by the LA of a Local Area SENCO who has worked with individual school SENCOs to support them in identifying children's needs and navigating the range of support on offer in the context of Hammersmith and Fulham's revised guidance on ordinarily available provision. This sets out very clearly what should be on offer for all children and young people with SEND. Schools have found the clarity offered by this guidance very helpful. Hammersmith and Fulham have also introduced supervision for SENCOs overseen by educational psychologists, which is an opportunity both to reflect on their practice and discuss how best to provide support for individual children and young people.

The "Ask SAL" (SEND Advice Line) for settings has proved both popular and beneficial. It enables them to access swift and practical support on key issues that arise, through a 'team around' approach, including input from specialist teachers (Inspire), educational psychologists and occupational therapists.

The Inspire Specialist Teacher team has had a specific focus on providing earlier intervention, before needs become acute or embedded. The service offers training, advice, scaffolding practice in the classroom and direct support for individual children and young people across speech and language challenges and sensory needs, and support for children with autism. For example, the Joint Communication Team provides a new speech and language offer for children on SEND support, which has been instrumental in meeting needs earlier. This has meant that some of the children supported have not required specialist support, because they are progressing well in their learning.

Communities of schools in Kent

Kent has been on a multi-year journey to transform its approach to supporting children and young people with SEND, having received 2 critical SEND inspections in 2019 and 2022 and joining the Safety Valve programme in 2022.

One of the most exciting elements of Kent's transformation of its services for children and young people with SEND is the new Communities of Schools, which are being launched in the summer term of 2025 and will be fully operational from September 2025. Around 80% of schools in Kent are engaging with the initiative.

The vision brings together all of Kent's 600 mainstream schools in communities based on the footprint of the primary care networks. The geographical arrangements will allow for better engagement with local health services, including GPs. In total there will be 53 school communities incorporating primary schools and secondary schools. Each grouping will have delegated responsibility for a sum of money from the HNB and will appoint a committee to decide how best to spend the money.

Once the communities are operational, it is intended that they will provide an effective means of peer support and peer challenge, to best meet the needs of the children and young people in that community, moving from a competitive to a cooperative environment. It will allow for more effective and efficient sharing of specialist resources, for example sharing highly skilled staff or specific resources or physical spaces. It will enable intervention to support cohorts of children within a school or locality rather than piecemeal support for individual children. The funding model is designed to strip out bureaucracy, enabling schools to access funding more swiftly to put support in place.

Looking forward, there is confidence that this initiative will create a more equitable, stable, cooperative and creative basis for meeting the needs of children within a locality, provide the opportunity for deeper peer-to-peer learning, and facilitate the leveraging in of support and resources beyond education.

Initiatives to create new local specialist provision

The second type of strategic activity where SEND system leaders described potential positive impact for children, young people and families related to the creation of new specialist provision in the local area. Many local SEND strategies – and Safety Valve agreements – include commitments to creating new local provision to keep pace with the volume and nature of local need. In the local areas involved in this research, the focus was often on:

- creating new units or resourced provision in mainstream schools;
- expanding existing special schools and/or creating new special (or AP) free schools; and/or
- creating new provision in post-16 colleges for young people with SEND.

Building capacity for inclusion in Barnsley

Barnsley's SEND strategy includes details of how the local SEND system is responding to the 2021 local area SEND inspection and fulfilling its Safety Valve agreement. Central aspects of the strategy include building capacity for inclusion in mainstream schools and creating opportunities for Barnsley's young people to access education closer to home in their local communities.

Barnsley has invested in creating a new SEND Improvement Team, which includes dedicated specialists in social, emotional and mental health. The Team work with schools to share expertise, advice and strategies, and provide support for individual children. The school, health service and LA leaders to whom we spoke were positive about the SEND Improvement Team, which they considered to be an important addition to local SEND services that provide useful support in a sustainable manner. Leaders consider that the SEND Improvement Team has helped to avoid exclusions and keep young people in education. School leaders saw this as part of the wider work of education leaders in creating the Barnsley Alliance. This is a focal point for collective system leadership and aims to make Barnsley a place of possibility for its young people. The SEND Improvement Team, alongside SENDIASS and the SEND statutory team, also run drop-in sessions for parents in schools, to provide advice and be able to use families' lived experience when working with school staff. The parents and carers to whom we spoke were positive about the value of these drop-in sessions.

Barnsley Council has also taken a proactive and highly personalised approach to working with families of children educated outside the borough as they approach key transition points. The Council has sought to build relationships and, by developing a broader range of local provision, to offer children and families options that allow them to continue their education within their local communities. To date, 14 school-age children who were previously educated outside the borough have been able to access an education placement to continue their education within Barnsley at a key stage transfer.

The creation of new provision was often couched in terms of enabling the LA to fulfil its duties around sufficiency and keeping pace with growing demand. There was also, however, an equal emphasis on working proactively with families and creating

opportunities for young people to be educated in the local area to foster both connections to their communities and pathways into adult life.

In some local areas, the aim to create more opportunities for young people to be educated and build networks within the local area had been received positively by parents and carers. Indeed, we heard from some parents and carers who were critical of the LA for not moving fast enough to create more specialist provision in the local area. In other local areas, however, the narrative around the creation of more local provision was viewed suspiciously by parents and carers, who believed it was designed to reduce the choice of placements for their children.

Where approaches to create local options had been successful, LAs had created dedicated capacity to work with individual young people and families, build relationships, and provide opportunities to return to local provision ahead of key transition points. Where young people and families felt that they had been on the receiving end of a blanket approach to move them from one type of provision into another with little regard to their needs, approaches had been less successful and were viewed more negatively.

Initiatives to improve casework and fulfilment of statutory responsibilities

The third initiative highlighted as making a positive difference to children, young people and families focused on improving local casework teams. Several local areas highlighted improvements in casework and compliance with statutory responsibilities around the completion of EHCNAs and annual reviews of plans within statutory timescales. LA leaders described approaches involving:

- investing additional capacity in statutory casework teams to improve timeliness and reduce backlogs of overdue cases;
- placing SEND specialists in the front door of early help and children's services to improve understanding and foster a more holistic approach to understanding the needs of children and families; and
- investing in additional capacity to improve pathways into employment for young people and improve the transition from the SEND system into independent adult life.

SEND Leaders in Salford

Safety Valve has allowed Salford Council to make an additional investment in building long-term capacity across the SEND system to support professionals working with children and young people with SEND. The Council matched the transformation funding available through Safety Valve and created a new team of SEND Leaders, who will work across all mainstream and specialist education settings, from early years to post-16 settings.

The SEND Leaders sit within the School Improvement Service and, as such, can take a whole-school approach to support for SEND. They work alongside other professionals working with schools to ensure the best outcomes for children and young people. The support they provide includes general training and tailored support for professionals in their settings, giving them the advice, guidance, tools and strategies to deliver outstanding teaching and learning for their SEND cohort.

SEND Leaders have developed Salford's online graduated approach and support settings in its use, evidencing and reviewing children's and young people's SEND support. They also provide advice and support offer to schools via an email and telephone advice line.

The aim of the team is to improve the consistency and quality of teaching and support for children and young people with SEND, with a greater focus on the impact of the support available in settings. The improvement in the confidence of SENCOs as strategic leaders implementing Salford's graduated approach can be seen from SEND Leaders' notes from visits, while stronger practice in supporting children and young people with SEND features in several recent Ofsted inspection reports.

Nevertheless, LA leaders acknowledged that improvements in timeliness had not always been accompanied by comparable improvements in quality. Consequently, they had not translated into better day-to-day experiences for families and outcomes for children and young people. In some local areas, SEND system leaders reported that the focus on strengthening statutory decision-making had resulted in an increase in challenges to decisions and disputes.

Parents and carers in some areas argued that the Safety Valve programme required LAs to implement changes at speed so as to remain on track with the financial trajectory set out in their Safety Valve agreements. They reported that a consequence of this could be the LA taking a blanket approach without co-production or consultation, which could have potentially far-reaching consequences for children and young people. For example, the

LA could communicate decisions about transitions at the end of a key stage without sufficiently engaging with the young person and their family.

Most local SEND system leaders recognised that frustrations with local SEND systems were not the direct result of Safety Valve

In many of our interviews, PCF, education setting, health service and LA leaders described what they saw as the systemic challenges within the wider national SEND system. Many parents and carers, and education setting leaders, described what they saw as an adversarial system and challenges in accessing support. Among those involved in the local area's SEND partnerships and familiar with Safety Valve, most considered that these challenges pre-dated the local Safety Valve agreement. They saw both these day-to-day challenges in accessing support and Safety Valve as symptoms of a national SEND system in urgent need of reform.

It [frustrations with the local SEND system] predates the Safety Valve by a long way – the lack of getting anyone to say they are accountable, of ensuring things actually happen. – *Parent*

The Safety Valve gets blamed, but Safety Valve is the scapegoat for everything that is not going well. – *PCF leader*

Some school, SENDIASS and PCF leaders went further, arguing that the Safety Valve programme has been a missed opportunity to transform services and improve the experiences of children, young people and families. Notwithstanding that the primary purpose of Safety Valve funding is to offset historical deficits rather than to fund existing or new services, these leaders argued that the impact of the investment of additional public funds was conspicuous by its absence.

Safety Valve was an opportunity to reset. Has it worked? I'm not sure it has. Exclusions have grown, parents want to bring kids out of education [because needs are not being met]. Safety Valve has not caused this. It is down to challenges in the system. – *SENDIASS Lead*

Are we seeing the growth in spending delivering impact for our children, young people and families? No, we are not. We are still seeing challenges for our children and families going up. – *SENDIASS Lead*

From the date the Safety Valve agreement came into force, have we got children's needs in [local area] being met better than before? I'm afraid the answer is "definitely not". – *School leader*

The conundrum that can put LAs and families on a collision course

A minority of participants – school leaders, and parents and carers – argued that Safety Valve had had a direct *negative* impact on children, young people and families. They considered that the signing of Safety Valve agreements had coincided with increasing difficulty in accessing support, specifically an increase in the rate of requests for statutory assessments being refused and more stringent decision-making regarding issuing EHCPs or access to certain forms of placements. In our discussions with these groups, they acknowledged that no Safety Valve agreements contained explicit targets to reduce EHCPs, and furthermore that Safety Valve agreements do not set aside existing legislation, including the legal tests to carry out statutory assessments and issue EHCPs. As such, they recognised that that it was not possible to *prove* that Safety Valve agreements directly had made it more difficult to access support.

This perception does, however, exemplify a conundrum and point of tension within the current system, which was recognised as much by LA leaders as by parents and carers. As LA leaders put it, one aim of their strategic activities, including those linked to Safety Valve, was to foster a different approach to providing support to children and young people with SEND that was not dependent on them getting a statutory assessment and plan. LA leaders argued that this lay behind the investment of resource and capacity in targeted support for inclusion in mainstream settings. They acknowledged, however, the challenges of doing this within the current system and that, without any positive national vision of a more inclusive approach, their local activities could be perceived by some families as an attempt to reduce support, rather than deliver it in another way.

The conundrum this presents is that what might be necessary for LAs and health services to achieve a degree of financial sustainability within the current system can come into direct conflict with what an individual family or setting sees as necessary for a young person to access support. The risk, in this situation, is that both parties see the other as a blockage and blame ensues. Several parents and carers to whom we spoke argued that, while they recognised the challenges around financial sustainability, this was neither their fault nor should their children be asked to forgo the support that they needed.

Bankruptcy is not our problem – it's not our fault. This is a policy failure, not a family failure. Yet we are made to feel responsible for demanding the services our children need. – *Parent*

Similarly, LA leaders acknowledged how Safety Valve agreements could be perceived by parents and carers in terms of the impact on their child. Parents and LA leaders acknowledged that this potential point of tension was not exclusive to Safety Valve, but that being part of the Safety Valve programme could bring those points of tension to the fore.

The money helps us to offset the deficit. But for schools and parents, Safety Valve is almost like a “red flag” to say, “this may impact on decision-making for my child”. It shows the LA has financial issues, and suggests it may reduce support for an individual, for those who are already suspicious ... while it is not just about extra resource, for some parts of the community it can feel like the opposite. – *LA leader*

Nevertheless, SEND system leaders acknowledged that, in some media and community groups, Safety Valve had become seen as a programme that required cutting costs and reducing support, and that this had necessitated additional communications activity to allay fears. SEND system leaders noted that this has been less of a concern in local areas that had joined the Safety Valve programme in the earlier waves, but had become a more important element of the work in local areas that had joined in later waves when awareness and public interest in Safety Valve had grown.

LA leaders reflected that it would have been helpful had there been a clearer and more positive national narrative from the DfE about the aims of the Safety Valve programme. They considered a narrative that explained that the purpose of additional investment was to reduce financial risk and safeguard investment in services for children and young people may have helped to allay fears among some local groups about the impact of a Safety Valve agreement. LA leaders in some local areas reported that, without this narrative and given the portrayal of Safety Valve in some national, local and social media, participation in the programme had strained relationships and trust between partners in the local SEND system.

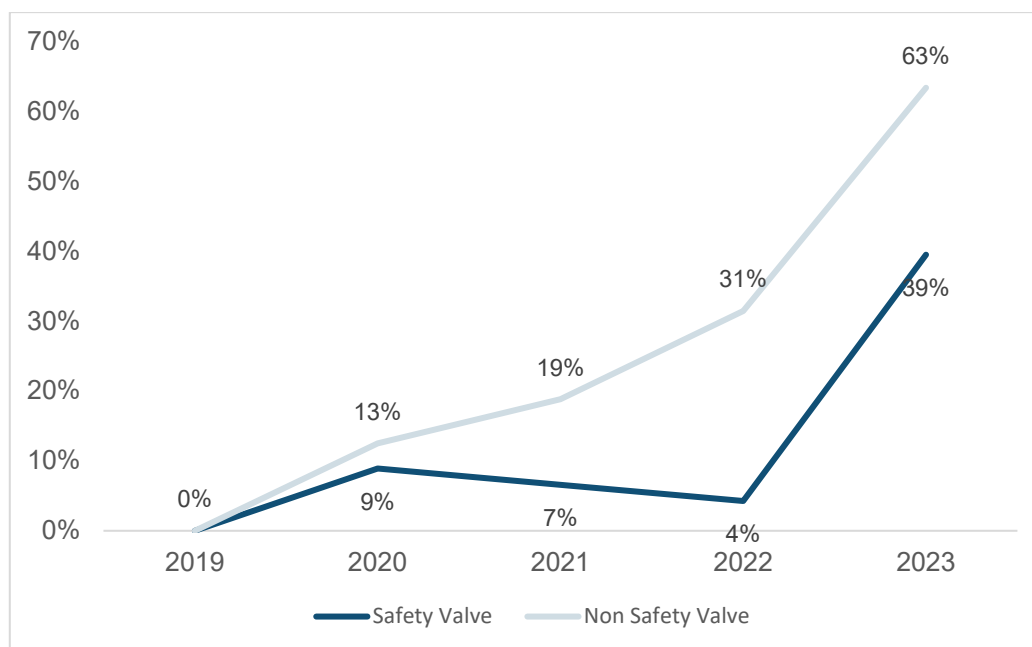
Communications have been challenging – the way the Safety Valve programme has been perceived and the way it has been spun for parents. The contextual work around communication has not been done and the rules of engagement were not clear. We needed some national communications. We tried to keep it low key locally and lost ground. We could have been more up front. DfE could have taken a lead. The risk is that communications run away. – *LA leader*

There is some evidence of a slower rate of year-on-year growth in EHCPs and INMSS placements in LAs with Safety Valve agreements

With the caveat given at the start of this chapter – that the starting point of LAs with Safety Valve agreements is not uniform, and moreover that some LAs have been part of the Safety Valve programme for longer than others – published data suggest that, on average, the rate of growth in new EHCPs has been slower over the last 5 years among Safety Valve LAs than those without a Safety Valve agreement. Published data also suggests that the rate of new placements in INMSS has fallen more quickly in Safety Valve areas than in other non-Safety-Valve areas. These are illustrated in Figures 1 and

2 below. This may explain the perception of some parents and setting leaders that, since the introduction of a Safety Valve agreement in a local area, it has become harder to get an EHCP or a place in an INMSS.

Figure 1: Cumulative percentage change in the number of EHCPs since 2019 for Safety Valve LAs and non-Safety-Valve LAs



Source: Education, health and care plans: Reporting year 2024 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

As shown in the chart above, across all Safety Valve areas, the number of new EHCPs issued per calendar year has grown in total by 39% between 2019 and 2023 compared with 63% growth in non-Safety-Valve areas. This is further evidenced by the rates of new EHCPs per 10,000 children and young people, as shown in Table 1. In 2019, non-Safety-Valve areas issued, on average, 29 new EHCPs for every 10,000 children and young people aged 0 to 25, compared with 37 in Safety Valve areas. By 2023, the rate in non-Safety-Valve areas had risen to 47 per 10,000 children and young people, compared with 51 in Safety Valve areas. Across all LAs the trend has been one of increase, but there has been convergence between Safety Valve areas and other areas.¹⁰

As noted above, however, LAs joined the Safety Valve at different points over the last 5 years. Table 1 shows the number of new EHCPs per 10,000 children and young people for LAs categorised by their Safety Valve wave. The blue shaded boxes show the year of joining the programme for each Safety Valve wave. It is clear from the data that while overall growth in the number of new EHCPs has not been as rapid in Safety Valve areas

¹⁰ Education, health and care plans: Reporting year 2024 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>.

as in other areas, the profile of when these changes took place are not closely correlated with the point at which an LA joined the Safety Valve programme. In some waves, for example, it does appear that joining the Safety Valve programme coincided with slower growth in the number of new EHCPs. In other waves, however, the slower growth in new EHCPs appears to pre-date the Safety Valve and in some cases entering the Safety Valve programme appears to coincide with an uplift in new EHCPs. The data may reflect, for example, some areas reporting that a key priority for their SEND improvement activity was clearing backlogs of EHCNAs, which would naturally lead to a higher number of new plans over a specific period.

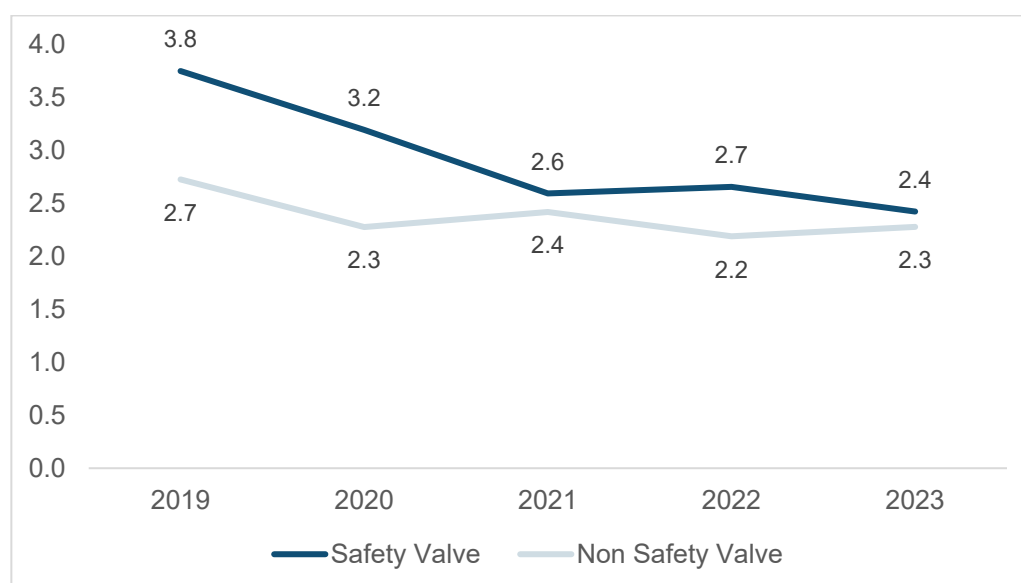
Table 1: Number of new EHCPs per 10,000 population for each calendar year from 2019 to 2023 categorised by Safety Valve wave

Safety Valve wave	Number of LAs	2019	2020	2021	2022	2023
Wave 1	5	31	37	36	47	50
Wave 2	9	37	39	35	30	52
Wave 3	20	36	41	44	41	51
Wave 4	4	47	49	38	43	54
No Safety Valve	114	29	33	35	38	47

Source: Education, health and care plans: Reporting year 2024 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

As Figure 2 shows, there is a similar pattern of convergence in the percentage of new placements that are made in INMSSs. Comparing published data between 2019 and 2023, the proportion of new EHCP placements in INMSSs has remained relatively static at between 2.7% and 2.4% in local areas with no Safety Valve agreement in place. In Safety Valve areas, however, there has been a declining trend and a convergence with the national trend from, on average, 3.8% in 2019 to 2.4% of new placements being made in INMSS in 2023. Table 2 shows how these average numbers vary between Safety Valve Wave and date of entry to the programme. As in Table 1, in Table 2 the blue shaded cells indicate the year when the Safety Valve agreements began.

Figure 2: Percentage of new EHCP placements made in INMSSs, 2019 to 2023



Source: Education, health and care plans: Reporting year 2024 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

Table 2: Percentage of new placements made in INMSSs by Safety Valve wave

Safety Valve wave	Number of LAs	2019	2020	2021	2022	2023
Wave 1	5	5.2	3.2	4.0	3.4	3.5
Wave 2	9	3.1	2.2	1.7	2.4	2.0
Wave 3	20	3.2	3.5	2.4	2.7	2.3
Wave 4	4	5.8	4.1	3.9	2.3	2.7
No Safety Valve	114	2.7	2.3	2.4	2.2	2.3

Source: Education, health and care plans: Reporting year 2024 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

These trends of convergence towards the national norm may explain why, in some local areas, what LA leaders would see as the result of greater focus on pre-EHCNA support and introducing greater consistency in statutory decision-making may be perceived by

some families and education settings as fewer EHCPs being issued or restrictions on choice of placement.

In our conversations with parents and carers, and with school and setting leaders, some also claimed that the percentage of requests for assessment that had been refused and rates of appeals to the SEND Tribunal had both increased as a result of Safety Valve agreements coming into force.¹¹ Although this may be the case for individual local authorities, the data taken across all Safety Valve areas, on average, do not strongly support these hypotheses. Taking the data on decisions about whether to carry out a statutory EHCNA, the trend is not clear. Between 2019 and 2022, there was little difference between the rates of refusal to assess in LAs with and without Safety Valve agreements. Between 2022 and 2023, there does seem to have been a single year pronounced uplift in refusals to assess in Safety Valve areas, but it is too early to tell whether this is an anomaly or part of a longer-term trend. Rates of appeals to the SEND Tribunal increased in all areas between 2019 and 2023, yet the data do not suggest that the rate of Tribunal appeals has grown faster on average in LAs with Safety Valve agreements. The growth in the rate of appeals to the Tribunal appears to be a national trend, not a Safety Valve phenomenon.¹²

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¹¹ The First-tier Tribunal (Special Educational Needs and Disability) is responsible for handling appeals against LA decisions regarding SEND, including decisions relating to carrying out EHCNAs and issuing, amending or maintaining an EHCP. The Tribunal also handles appeals against schools and LAs for discriminating based on a child's or young person's disability. For more information, see <https://www.gov.uk/courts-tribunals/first-tier-tribunal-special-educational-needs-and-disability>.

¹² Tribunal Statistics Quarterly: January to March 2023 (Ministry of Justice), www.gov.uk/government/statistics/tribunal-statistics-quarterly-january-to-march-2023.

Chapter 3: The impact on LAs

As we described in Chapter 1, LAs entered the Safety Valve programme from different starting points, both in terms of the reasons that HNB deficits had accumulated and the strength of the local SEND system. As a result, LA leaders described different experiences of entering and being part of the programme. Leaders in most of the participating LAs described the initial process of developing a Safety Valve agreement as exacting. Some described the process, though challenging, as largely constructive and with an appropriate level of challenge given the amounts of public money at stake. For example, where local areas had an existing SEND strategy or improvement plan, they found the process of incorporating elements of this into their Safety Valve agreements had helped to sharpen and validate their plans.

The process was very rigorous. I can understand this because of the amount of money involved. Initially negotiations were incredibly difficult but as a local authority we were pleased to raise our game. – *LA leader*

In some cases, LA officers and elected members acknowledged that there had not been sufficient prior understanding of the deficit across the whole council. The imperative to develop the content of a Safety Valve agreement gave them the impetus that they had needed to dig beneath historical assumptions about what was driving high levels of expenditure and to develop a credible action plan for transforming services in the future. This is particularly true of those who were facing broader challenges in the local SEND system, for example a poor local area SEND inspection outcome, in addition to the HNB deficit.

Leaders in some LAs described the initial experience of developing a Safety Valve agreement less positively. They described how they had hoped for an opportunity to work in partnership with central government to address systemic challenges in the SEND system, but instead felt they were met with an intervention that placed the responsibility for the deficit and reducing it solely at the feet of LAs. There were strong feelings expressed by LA leaders about the approaches that were taken during the initial negotiations.

We wanted a partnership ... and ended up with an intervention. – *LA leader*

Notwithstanding the different experiences at the outset, leaders from all LAs that took part in this research described 2 main ways in which being part of Safety Valve had made a positive difference to them. These points about the impact on LAs were echoed in our discussions with health service, education setting and some PCF leaders.

Safety Valve was seen by LA leaders as having provided financial “breathing space” to start to reform local SEND systems

First, LA leaders reported that Safety Valve had provided much-needed financial “breathing space”. Many noted that, such was the scale of the HNB deficit, had Safety Valve funding not been available their council would have been looking at bankruptcy. Many of the partners to whom we spoke – particularly those involved in strategic fora like schools forums or SEND partnership boards – recognised both the necessity of securing additional investment to offset the deficit and the risk of council bankruptcy had this not been secured.

It is real money and is useful. If the statutory override ends, we would have a [multi-million pound] black hole. Without Safety Valve, we would have been in section 114 territory. – *LA finance lead*

It has given [the LA] capacity to reform the system – breathing space. Without Safety Valve funding, we would not have been able to start to make changes to the system. – *School leader*

My personal view is that Safety Valve creates – or should create – the opportunity to change without as much pressure on debt reduction as there would have been otherwise. It is the opportunity to do the right things, as opposed to quick, cheap things. Needing to deliver things and paying down a huge deficit at the same time almost becomes impossible – the focus becomes financial instead of the individual. This flies in the face of why we – the council, me – came into education. – *College leader*

Safety Valve stopped the LA going bankrupt. – *PCF leader*

In some local areas, LA leaders and partners described how the “breathing space” provided by Safety Valve funding had helped not only financially, but also in creating the space and time to put in place reforms to improve the local SEND system. These tended to be the same local areas for which entry into the Safety Valve programme had been the catalyst for a new strategic approach for the local SEND system (as opposed to those where the Safety Valve agreement recognised and built on an existing strategy). For some local areas, Safety Valve funding allowed LAs to avoid having to make cuts to services on a drastic and counter-productive scale.

Sometimes, we start the [annual LA] budget process with a £[x] million gap, and we manage to get a balanced budget ... but the HNB deficit was heading towards ... 10 times the level of saving that we struggle to make in a year. – *LA leader*

Some of the participating LAs described the value that working with the DfE Safety Valve advisers – either the SEND advisers or the financial advisers – had brought. In some areas, the advisers had played a collaborative, “hands on” role, acting as a critical friend in implementing the Safety Valve agreement and reporting on progress. In other local areas, SEND advisers had been directly involved in supporting local strategic initiatives, providing advice and in some cases facilitating discussions with partners. Some LA leaders described how the combination of strategic SEND and financial advice had helped to shape their planning.

[The SEND advice available through the Safety Valve programme] has been helpful to me as a [Director of Children’s Services] personally – it gave me the professional courage that I am doing the right thing and brokered connections in related areas. – *LA leader*

The relationship with the DfE was positive – they got our context. They understood we had significant financial difficulties, and we were looking to ensure best value. We are doing this for all services – SEND is no different. – *LA leader*

In some of the other local areas, however, LA leaders and advisers themselves said that the support from the advisers had been more limited and light-touch. In these instances, the relationship between the LA and the DfE Safety Valve advisers has been less focused on supporting work on the ground, with engagement centred on the production of quarterly (now termly) monitoring reports. Similarly, leaders of LAs that had gone “off track” in terms of implementing their Safety Valve agreements described different experiences of working with the DfE to get back on track. Some noted that they felt the emphasis has been on simply applying pressure to LAs to get back on track, while others recognised the validity of the challenge. Most leaders of LAs that had been in this position noted that the DfE’s approach had shifted over time, with greater acknowledgement of the factors beyond the control of LAs.

It is public money, coming from taxes. We must set a budget and keep to it. As LAs, we should be doing better. – *LA leader*

The context in Safety Valve has changed – there is recognition of a broken system, recognition of lack of funding compared to our statistical neighbours. – *LA leader*

In some areas, where LAs were subject to intervention and were working with other external advisers, leaders reflected that it would have been useful to have a single adviser or team of advisers working together and coordinating all external support, scrutiny and challenge. This was particularly the case for LAs that were subject to a form

of intervention following a local area SEND inspection as well as being part of the Safety Valve programme.

It would be more useful to have single adviser offer across Safety Valve and inspection. We begged DfE to join it up ... [Safety Valve and post-inspection intervention] ask for same things in slightly different ways. Both have reporting regimes which largely duplicate but are slightly different. – *LA leader*

The production of reports and dealing with different monitoring and governance arrangements was a theme that arose in many of our discussions with LA leaders. In general, LA leaders felt that given the very significant investment of public money the reporting burden was proportionate and not unduly onerous. LAs took the reporting requirements seriously and agreed that it was appropriate that there should be a mechanism for holding them to account. Leaders in several LAs reflected that it would have been useful to have aligned different governance structures – for example, SEND improvement boards and Safety Valve programme governance. Leaders in other LAs reflected on the value of bringing all SEND-related activities – including those linked to a Safety Valve agreement – under a single strategic plan and partnership governance structure.

In a small number of LAs, leaders described how their strategic work had helped to achieve an in-year balance on the HNB, meaning that the impact of Safety Valve had been to clear the historical cumulative HNB deficit.

Safety Valve has brought sharper focus and galvanised leadership within LAs

Second, LA leaders reported that being part of the Safety Valve programme had brought greater focus, sharper planning, increased rigour and additional pace to the work of LAs in improving how they fulfil their SEND responsibilities. LA leaders described how Safety Valve had helped to avoid fatalism in the face of challenges in the wider SEND system, and to focus on the things that were within their gift to improve.

The spectre of SEND system reform – yes, the system is ineffective, but that doesn't mean that, as an LA working in that system, we cannot put our own house in order, doing what we do to the highest possible standard. Frankly, we don't, we haven't. We are doing better, and part of that is because of work demanded of us from Safety Valve, but we have a long way to go. – *LA leader*

Specifically, they highlighted:

- improving the consistency and quality of decision-making (meeting timescales for statutory assessments and reviews, but also ensuring a consistent approach to dealing with the financial implications of decisions);
- greater focus on sufficiency and planning local provision; and
- strengthening commissioning and oversight in relation to local SEND services, provision and individual placements (including in the independent and non-maintained sector).

LA leaders reported that being part of the Safety Valve programme had galvanised leadership within their LAs. They described how Safety Valve had encouraged political and corporate leaders responsible for SEND, children's services and council finances to confront and build a common understanding of the issues in their local SEND systems, and work to a shared plan to address them.

It [Safety Valve] focused the cabinet on what we needed to invest in the system. It brought proper attention to this issue. Everything came together – the strategy, improvement plan, Safety Valve. We are focused. – *LA leader*

Leaders in some local areas argued that both the level of HNB deficit and the Safety Valve programme had raised the profile of SEND among political and corporate leaders, which in turn had fostered greater understanding and helped to mobilise a more joined-up approach to SEND across the council. In several local areas, participation in the Safety Valve programme had also helped to leverage additional investment from council funds – both revenue and capital – in SEND services and provision, in addition to capital grants and additional transformation funding that local areas had accessed from central government.

In terms of the positives, aside from the additional investment, the Safety Valve did also focus council leaders' attention – they know more about pressures in the system than before. They agreed additional investment to enable us to achieve our DSG plan. On an operational level, it focused us on what more we could do ... there was more focus on sufficiency, decision-making, the link between decisions and the financial implications. – *LA leader*

Safety Valve as a catalyst for change?

There were, however, different views about the extent to which being part of the Safety Valve programme had been the catalyst for change or had added momentum to an existing direction of travel. Leaders in some local areas reported that joining the Safety Valve programme had been a pivotal moment in their work to improve their local SEND

system. As one LA leader put it, ‘Safety Valve changed everything about the way we work.’ A leader in another local area described how it had crystallised their strategy and vision, enabled them to form a stronger leadership team for SEND both within the council and among partners (including the Integrated Care Board), and helped them develop a stronger evidence base. In other local areas, Safety Valve had brought added scrutiny, rigour, pace and investment to an existing strategic approach.

We needed [our local strategy] as a response to the Safety Valve, but without the Safety Valve we would have needed this plan anyway. It just so happens that the Safety Valve is the mechanism to unlock [local area] investment. – *LA leader*

While “pace” was largely seen as a positive quality, in some local areas SEND system leaders argued that both the quantity and pace of reform had been greater than the system’s capacity to deal with change. They described how the urgency to make changes rapidly had led both to a reduction in engagement and meaningful co-production (one local area could show the decline in the rate of responses to consultations, for example), and to implementation being rushed, leading to resistance.

Leaders in most local areas described how they had sought to align the financial trajectory in their Safety Valve agreements with their overall SEND strategies for improving support, experiences and outcomes for children and young people with SEND. In those local areas, members of SEND partnership boards – health, education setting and PCF leaders – often commented that the focus of discussions was on the strategy and its impact, rather than on Safety Valve as something separate.

In a small number of local areas, however, leaders considered that the focus on the financial trajectory of deficit recovery, as set out in Safety Valve agreements, was not always aligned with what was needed to improve experiences and outcomes for children, young people and families. The risk, perceived by some LA and school leaders, was that Safety Valve agreements and their financial trajectories could encourage a focus on short-term and financially quantifiable actions, rather than laying the foundations for longer-term transformations. Some LA leaders described explicitly the tension between, on the one hand, making ends meet within the parameters of the current SEND system, and, on the other hand, trying to lay the foundations and establish the culture of a completely different way of working.

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Chapter 4: The impact on education settings

In this chapter, we describe the views of leaders of education settings about the impact on their settings and sectors of the local area being part of the Safety Valve programme. In the next chapter, we describe the impact perceived by health service leaders. In both chapters, it is important to note that the LAs that participated in this research described different approaches to engaging partners from education settings and health services – and indeed wider strategic partners – in the Safety Valve programme.

LA leaders took different approaches to engaging partners at the time Safety Valve agreements were being developed. Some took a proactive approach to informing local partnership fora – schools forums or the local area’s SEND Partnership Board – that they were planning to enter into a Safety Valve agreement. What was shared often related to the need to secure a Safety Valve agreement and how it related to the local SEND strategy, but not necessarily the details of funding and financial trajectories.

We’ve been keeping stakeholders informed with progress on Safety Valve since the [agreement], but we’ve not presented Safety Valve as something ‘separate’ to what we were already working on with them. We didn’t want people to see Safety Valve as a “new, cost-cutting programme”. – *LA leader*

LA leaders and, in some areas, partner agencies recognised that a Safety Valve agreement was, in the first instance, a financial settlement between the DfE and the LA. That said, some LA leaders noted that this – and the speed with which LAs had had to move to finalise Safety Valve agreements – had led to an impression that the responsibility for the HNB deficit and bringing it down belonged to the LA alone. Local SEND system leaders recognised that it may not have been practicable for multiple partner agencies individually to have to sign a Safety Valve agreement. Nevertheless, they reflected that it would have been a more powerful statement of collective responsibility had Safety Valve agreements been positioned as the collective responsibility of the local area’s SEND partnership, even if the formal financial agreement was between the DfE and the LA.

LAs had taken a wide range of approaches to working with partners and including them in the Safety Valve programme. The LAs that were most open with partners about the development of Safety Valve agreements were those that had an existing, well-established SEND transformation plan in place to which a Safety Valve agreement could be aligned. In general, those partners who were part of strategic governance groups – for example schools forums, SEND transformation boards, or children and young people’s boards – had a strong understanding of what Safety Valve was, the key elements of the agreement and how they aligned with the broader transformation strategy, and the main financial parameters.

Beyond those engaged strategically with these fora, however, understanding of the programme tended to be very low. LA leaders and partners reflected that this lack of information created a space for suspicion and anxiety to take root. Even those who worked closely with LA leaders, for example children's services leads within the ICB or DCOs, often felt that they were not party to the detail of Safety Valve delivery and this contributed, on occasions, to a feeling of mistrust. Conversely, where Safety Valve was spoken about openly within partnerships, there appeared to be a greater understanding and collective ownership – an understanding of the need to deal with the deficit and the shared responsibility of all to address this.

The school sector

In light of the point immediately above, it is important to note that the school leaders to whom we spoke were often those who sat on strategic fora like schools forums and SEND partnership boards. With this wider system perspective, they described 3 ways in which the local area being part of the Safety Valve programme had made a positive difference to the school sector.

Greater collective understanding of the financial aspects of the local SEND system

First, in some areas, school leaders described how Safety Valve had fostered a greater collective understanding of the financial aspects of the local SEND system, in turn enabling more informed strategic discussions and a sense of collective responsibility.

Doing this [Safety Valve] really focused the minds of decision-makers. No doubt, this has had a significant impact on how things are done by [the LA's SEND services]. – *School leader*

The gain outweighs the pain. We cannot be blind to debt. ... Everyone in [the local area] has been focused on the finances. We've had to be really strategic in our thinking. I'm not sure if we would have thought the same way were it not for the pressures of Safety Valve. – *School leader*

The schools forum high needs monitoring sub-group in Darlington

Darlington's schools forum established a high needs monitoring sub-group in November 2023 to enable closer working with the local authority on the oversight of high needs spend in the borough. Establishing a separate sub-group allowed the schools forum to allocate dedicated capacity to monitoring the use of high needs funding and making recommendations to schools forum based on the wider priorities set out in Darlington's written statement of action and Safety Valve agreement.

The sub-group meets half-termly and is chaired by the vice-chair of the schools forum, a local primary school headteacher. LA officers attend meetings as observers to provide professional technical support. As well as supporting the schools forum with decision-making around top-up rates, placements and block transfers, the sub-group examines the cost and outcomes of services commissioned through the HNB and directs reviews to ensure best value. Sub-group meetings include consideration of individual case studies of pupils' placements, support and outcomes, to assess how high-cost social care and INMSS placements can be avoided in future, for instance through earlier support.

The sub-group has helped to establish a sense of joint stewardship of the HNB, which has promoted a greater understanding among settings of HNB budgeting and its associated trade-offs.

New offers of targeted support

Second, school leaders highlighted the development of new offers of targeted support to schools as a positive development. As described earlier in this chapter, new strategic initiatives included transition funding for children moving into Reception, devolved funding and access to expert advice in school clusters, and the commissioning or expansion of targeted support services that could work in schools with staff and pupils. Some school leaders caveated this by saying that, while they recognised and welcomed additional support, the overall level of support required was still below what they saw as the levels of need in their schools. They offered this point not as a criticism of Safety Valve, but as a reflection on the limitations of what national programmes like Safety Valve or local strategies could achieve within the parameters of the current SEND system.

Creation of new specialist provision and sharper focus on sufficiency planning

Third, school leaders drew attention to the work of local areas in sufficiency planning and creating new provision, in the form of new units or resourced provision, and in expanding existing and/or creating new special schools. School leaders welcomed both, at a system level, the sharper focus on sufficiency and the increased options for young people to be

educated in their local communities, and, at a setting level, the added benefits and expertise of having a unit or resourced provision in their school. School leaders in some local areas noted, however, that the urgency to create new provision had meant some provisions being opened before school leaders felt their settings and wider decision-making systems were ready, leading to confusion about the purpose of new provision. In other local areas, school leaders voiced frustration at the length of time it had taken to get a new provision up and running.

School leaders noted, however, that were it not for their involvement in strategic fora, their awareness of and ability to comment on the impact of Safety Valve would have been more limited. School leaders said that, putting aside what they had learned about Safety Valve through discussions within strategic fora, their view of the impact of Safety Valve would have been shaped by references to Safety Valve in discussions about their setting's funding and (for mainstream schools) by transfers into the HNB from the schools block of DSG. Several school leaders described how Safety Valve had been increasingly referenced in response to requests for increases in top-up funding or in discussions about commissioning of places in specialist settings.

Had I not been on schools forum, my awareness [of Safety Valve] would be next to nothing. – *School leader*

I'm not sure how much I would have known [about Safety Valve] just as a headteacher of a special school. – *School leader*

More broadly, several school leaders highlighted decisions to transfer funding from the schools block of DSG to the HNB. While this practice is by no means exclusive to local areas involved with the Safety Valve programme – 86 schools forums voted for a block transfer in 2025-26 – and notwithstanding that schools forum should be consulted annually, the expectation of annual transfers between the blocks is written into several Safety Valve agreements. Some school leaders described how this had been presented to them as a *fait accompli*. School leaders in most local areas we spoke to considered that transfers from the schools block could be counterproductive, since schools were being asked to be more inclusive at a time when they perceived need to be rising and funding levels were being reduced. Some LA leaders described how the ask of school leaders was being couched in terms of absorbing further financial cutbacks, rather than in terms of enabling inclusive practice. In the words of one LA leader, this was 'straining our collegiality' between the LA and school leaders.

Several school leaders reported that, despite initial support for Safety Valve, there had been increasing disquiet about the reductions in schools' budgets. They described how the initial transfers had been accepted as a necessary step to eliminate the HNB deficit, but some were now asking, rather than getting the system onto an even keel financially, "if the outcome is just a slightly smaller deficit, what is the point?" Some school leaders

perceived Safety Valve as an exercise in shifting the cost of the SEND system from the HNB to individual schools' and settings' budgets. Given that the majority of schools forums voted for a block transfer in 2025-26, concerns about block transfers are a national issue and not exclusive to local areas with Safety Valve agreements. In local areas with Safety Valve agreements, however, concern about block transfers was prominent in the criticism of Safety Valve from school leaders.

I do see more effort from the LA ... doing these things are right, but they will cost my school and trust money. As a headteacher, it is a tension. Goodwill and best intentions doesn't pay the bills, and what we are talking about is paying the bills. – *School leader*

The context of involvement with Safety Valve was what we saw as redemption coming over the horizon, but it came with serious caveats, and those caveats impact us to this day. ... [Re: DSG block transfers]
We are robbing Peter to pay Paul. – *School leader*

The college sector

The discussion with college leaders about the impact of Safety Valve was markedly different to that with school leaders. College leaders argued that their relationship with the LA and the local SEND system was different to that with schools in 2 important ways. First, there are comparatively fewer requests for EHCNAs made and new EHCPs issued for young people aged 16 and over. Instead, while there are significant numbers of young people with EHCPs in the college sector, many will arrive in college with an EHCP already in place. As such, college leaders may be less likely to perceive a change in LA decision-making in relation to EHCNAs and EHCPs, although they may perceive shifts in approaches to annual reviews and ceasing plans.

Second, SEN and high needs funding for colleges operates differently to the funding arrangements for schools. Furthermore, colleges' delegated budgets (funded through the post-16 national funding formula and a national allocation of so-called "element 2" funding) are not linked to the HNB in the way that schools' delegated budgets (funded from the schools block of DSG) are. As such, the debate among school leaders about the benefits of schools block transfers to the HNB does not arise in the same way in the college sector. As one college principal put it, 'Our relationship with the LA around HNB funding is different to that with schools. We have never had a significant issue about getting hold of the funding that we need.'

As a result, many college leaders reported that they had limited involvement in the Safety Valve programme and were not in a position to comment on its impact on the local area or their setting. Instead, our discussions with college leaders focused on specific strategic

initiatives with which they were involved. Often these related to the development of new study programmes and provision for specific cohorts of young people for whom there were not sufficient local options or the right support within colleges to take up those options.

Enhancing support for young people who need additional support at Brooklands College in Surrey

A key part of Surrey's SEND strategy is developing a broader range of local provision for children and young people with SEND, including in post-16 education. An example of proactive collaboration to improve post-16 opportunities for young people is the development of new SEND-friendly provision at Brooklands College. In response to anticipated trends in future needs, Surrey County Council agreed to invest £7m capital funding in the development of a new SEND provision at Brooklands, which is due to open in 2027. In the meantime, £1m has been invested in creating a "Neuro Pod" at the heart of one of Brooklands' 2 campuses as a space dedicated to supporting neurodiverse students in their day-to-day lives at college.

The initial idea was to develop a specific digitally based study programme, but college leaders discovered, having talked to their students, that what was needed was a broader hub of support for neurodiverse students studying a range of programmes. College leaders believed that they could support more students by offering both the digital study programme and what became the Neuro Pod. Located at the centre of one of the main campuses, the Neuro Pod is run by specially trained staff who can provide advice to students on matters ranging from their timetable and preparing for changes in staff, to broader help that they might need. The space is available for students – not just those who are neurodiverse, but anyone who feels they need a quiet space during the college day – to get advice, to work, or to relax between their studies.

The first cohort that will have been through college with the Neuro Pod will graduate this summer – all of the current students who are directly supported by the Pod are on course to graduate. As they move onto the next stage of their lives, there will be opportunities to identify the impact of the Neuro Pod. In the meantime, Brooklands leaders have reflected that the college has become seen as a more desirable and welcoming place for students with additional needs and their families. As one Brooklands leader put it, '5 years ago we had families coming to us who did not want to, but now that has completely changed.'

We spoke to college leaders who were involved in working with the LA on medium-term strategic planning, based on the options young people with SEND wanted to pursue, and

creating new study programmes for young people. Other college leaders described creating hubs within their colleges to provide for cohorts of young people with a specific profile of need – for example, high-functioning autism – where currently there was a lack of options within the local area.

In some areas, college leaders described positive improvements in SEND casework teams and their proactive work with families to build relationships, trust and confidence in the support the young person would receive in college. College leaders were positive about both the partnership working with LAs and the impact of these new provisions on young people, particularly in terms of enhancing independence, but did not necessarily see these as a direct result of Safety Valve.

I'm not conscious that the Safety Valve has come up in any of our strategic discussions – this is not the reason that we are doing the things that we are doing. ... It has not made any real, tangible difference in post-16. ... There is nothing that I am doing currently that is being done because of the Safety Valve. – *College Principal*

I see zero negative impact of the Safety Valve – this is part of a system that is trying to be cost-efficient. – *College Principal*

The early years sector

So far, this section on the impact of Safety Valve agreements on education settings has focused on the impact on school and college leaders. As we have described, many school leaders reported that they would have had little awareness of Safety Valve, or ability to comment on it, had they not been involved in strategic fora like the schools forum. Likewise, many college leaders reported that Safety Valve was not a topic of conversation in strategic discussions about SEND in their sector, and that while they could comment on specific initiatives (such as developing new college-based provision for young people with SEND), they were not in a position to comment on the impact of Safety Valve on the local area or on their settings.

We recognise the fundamental importance of the early years sector to local SEND systems. We also note, however, that the strategic activities set out in most Safety Valve agreements relate to strengthening support in schools and to some extent in further education colleges. Given this lack of a direct connection between Safety Valve agreements and strategic initiatives in the early years, we anticipated that most early years setting leaders would have not been in a position to comment on the impact of a local area's Safety Valve agreement. For this reason, this research has focused on the impact on education settings in the school and college sectors. We did, however, capture feedback from parents and carers, school and LA leaders about the benefits of activities

focusing on building capacity in the early years and the transition to school, including investment in targeted, area-based SEN support services for early years settings and transition funding between nursery and Reception.

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Chapter 5: The impact on health services

The perception of the impact of Safety Valve among health service leaders was similar to that of other partners, particularly education setting and PCF leaders. Health service leaders who were part of strategic fora were aware of and understood their local area's Safety Valve agreement but pointed out that most colleagues in their sector would have little awareness of Safety Valve or its impact on their services.

Health service leaders who sat on SEND partnerships – often the DCO for the local area or a strategic lead for SEND within the ICB – echoed the views on impact of their partners from education settings, the PCF and LA. They noted that Safety Valve had helped the LA and wider partnership to sharpen their focus, analysis and strategic planning. In local areas where new multi-disciplinary services – involving practitioners from education and health services – had been created, health service leaders reported that these services were contributing to more accurate identification and more timely support for young people with SEND.

Health service leaders in some local areas also highlighted improved responsiveness from SEND casework teams, more consistent decision-making, more strategic planning, including the development of new local specialist provision, as positive or potentially positive developments linked to the Safety Valve programme.

In the last 2 and a half years, there has been a significant transformation in the way that the SEND teams are working and better implementation of the law. Generally, the system is a lot more responsive – you get replies, there is engagement. ... One of the biggest shifts is no longer issuing poor quality EHCPs. In panel, the chairing is more robust and there is better understanding of the law and interpretation. – DCO

While they recognised the financial benefit of Safety Valve to the HNB and LAs' financial viability, some health service leaders argued that Safety Valve had had little impact, as it had left unaddressed the fundamental challenges facing local SEND systems. Specifically, they highlighted the mismatch between the capacity in key services relating to speech and language, mental health and neurodiversity and the level of need in the system. Health service leaders argued that Safety Valve had not made any significant difference to the availability of support in these areas and thus, while important in mitigating a financial risk, Safety Valve had not had an impact on local health services. Some health service leaders argued that the development of new specialist provision (special school places, units) might be useful overall, but often these provisions had been created without consideration of the capacity implications for local health services.

Some health leaders went further, arguing that a consequence of Safety Valve and LAs' focus on deficit reduction was that it added a further point of potential tension between

LAs and ICBs over who should pay for what in local SEND systems. Health service leaders recognised that this was a perennial issue, and not one that was exclusive to Safety Valve. Nonetheless, they considered that being part of the Safety Valve programme could bring this point of tension to the forefront of the LA-ICB relationship. Some PCF leaders described how these disagreements between LA and health service leaders about who should be paying for what would play out in SEND partnership meetings, doing little to give PCF leaders confidence that services were working together to provide an effective system of support for children with SEND. The overall conclusion shared by health service, LA, education setting and PCF leaders in all but one local area was that Safety Valve had not made any difference in strengthening partnership working across education, health and care services for children and young people with SEND.

It doesn't feel like an investment. It feels like a number on a spreadsheet gets smaller. We are not putting anything tangible into the system. It feels irrelevant to the public. – *Health services leader*

Most of my colleagues in health are not aware that this [Safety Valve] is happening. But it *is* impacting them a lot – the awkward “who pays for what?” question. I've been around for 30 years, and I think the system is less a partnership now than ever. All of the panels don't make it more of a partnership, they just create more “who pays?” finger-pointing. – *Health service leader*

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Chapter 6: Enablers of and barriers to achieving the aims of Safety Valve agreements

Enablers of progress in achieving the goals of Safety Valve agreements

SEND system leaders in the local areas that took part in this research and the Safety Valve advisers identified 5 conditions that, in their experience, contributed to a local area making progress towards the goals set out in Safety Valve agreements.

1. **Having a strong SEND or inclusion strategy in place**, built on a robust evidence base and a sound understanding of the strengths and areas for development within the local SEND system.
2. **Knowledgeable, committed and stable leadership** – people in key system leadership roles who understand the system and remain in place long enough to see the strategy and specific initiatives through to implementation and maturity. Political stability, support across the political spectrum, and effective (and proportionate) governance were also seen as critical.
3. **A focus on improving things within the direct control of local SEND system leaders** – avoiding fatalism, focusing on what is within the local authority's gift to change, and being honest and transparent about the need to change.
4. **Strength of partnership** – strong relationships with schools and settings, health services, and parents and carers, with systems in place to build trust and engage in meaningful co-production. A sense of shared ownership and responsibility for the deficit and a commitment to reducing it over time.

The critical condition that you need to have in place is collegiality ... education professionals, politicians all pulling together. Finance colleagues in the LA recognised the issues [with the growing deficit] quickly. Safety Valve doesn't deliver these things, but it does provide pace, urgency and a catalyst for change. – *LA Leader*

5. **Effective communications** – regular, proactive, clear communications, responding to the concerns and issues raised by partners, practitioners and families.

Home-to-school transport in York

York's Safety Valve agreement included action to reduce the costs of SEND transport. Since joining the Safety Valve programme, York have grown their internal transport team, who lead and coordinate home-to-school travel. The independent travel training service for 16–19-year-olds has been expanded, with £120,000 secured from York's Bus Service Improvement Plan (BSIP) for 2025/26. A travel buddy scheme has also been launched with York College, partly drawing on an additional £100k of BSIP funding.

As of the first quarter of 2024-25, the DSG element of the transport savings set out in York's Safety Valve agreement had been delivered. The education settings taking part in our fieldwork felt the strengthened travel training service had supported more young people with SEND to gain travel independence. They also felt some savings on home-to-school travel had been achieved by reducing the number of pupils with SEND needing to be educated out of area. PCF leaders, however, described how some parents and carers were concerned about the potential implications for the services available to their young people.

That said, local SEND system leaders and DfE advisers reflected that these conditions were not a guarantee of success, and that there were other factors that could inhibit progress towards the goals of Safety Valve agreements. From the experience of the local areas that participated in this research, those inhibiting factors included:

- critical shortages of state-funded specialist provision that could not be filled quickly;
- the legacy of historically low funding levels (both high needs and for mainstream schools);
- high turnover of staff in leadership and day-to-day practice roles, often linked to insufficient staff capacity; and
- demographic changes relating to the levels of additional needs in a local area that are not reflected in the local area's funding.

The interrelation of the enabling and inhibiting factors identified makes it difficult to say definitively why some local areas have made more progress in implementing their Safety Valve agreements than others. This was also the conclusion of several of the Safety Valve advisers to whom we spoke – where they worked with multiple Safety Valve local areas, they reflected that it was difficult to say with certainty what had enabled some local areas to make swifter progress than others.

As Table 3 illustrates, published data suggest that LAs in Safety Valve waves 1 to 3 that were deemed to be “on track” (as of August 2024) to achieve their goals by the end of the agreement tended to have higher average levels of expenditure, funding and EHCPs at the start of the programme, and tended to have larger populations, than their counterparts that were deemed to be “off track”. This suggests one factor that affects progress towards the goals of a Safety Valve agreement is the extent of financial headroom a local area has to begin with. (Please note that the LAs that are on or off track to fulfil their Safety Valve agreements varies over time. Table 3 presents a snapshot based on the LAs that were on or off track in August 2024, when we started this project.)

Table 3: Comparison of Safety Valve LAs that are on and off track to deliver their Safety Valve agreements, as of August 2024

	Average high needs expenditure 2021-22 (per capita)	Average high needs allocation 2021-22 (per capita)	Average number of EHCPs per 10,000 population	Average number of 0–25-year-olds
<u>On track to meet goals at end of the programme</u>	£533	£459	321	145,493
<u>Off track to meet goals at the end of the programme</u>	£507	£406	291	107,043

Sources: High needs expenditure from LA and school expenditure, Financial year 2023-24 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/la-and-school-expenditure/2023-24>. High needs allocations from Dedicated schools grant (DSG): 2021 to 2022, www.gov.uk/government/publications/dedicated-schools-grant-dsg-2021-to-2022. EHCP numbers from Education, health and care plans: Reporting year 2024 (DfE), <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>. Population 0-25 and per capita / per 10,000 denominators from National Statistics, mid-year estimates, <https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=2002&version=0&anal=1>

Barriers to fulfilling the aims of Safety Valve agreements

SEND system leaders in the local areas that took part in this research highlighted 2 specific barriers that they had encountered that had affected their ability to fulfil the conditions of their Safety Valve agreements.

Trying to address local manifestations of national challenges

First, LA leaders, often echoed by wider partners, argued that what, in effect, they were trying to address were local manifestations of national challenges. While LAs and partners could put in place strategies to mitigate those challenges, there were factors that were beyond their direct control that influenced their success and whether they remained on track with their Safety Valve agreements.

For example, LA leaders described factors that increased the quantum of need that their local SEND system was seeking to meet. For some local areas, this was related to demographic changes that brought with them higher levels of additional needs, with which funding for the local area could not keep pace. For most local areas, this also related to the year-on-year growth in requests for EHCNAs and the number of children and young people requiring EHCPs. LA leaders – and some school leaders – reflected that, unlike other people-based services (children's services, housing), it was far harder in the SEND system to focus resource upstream in order to prevent needs escalating downstream. Instead, those leaders saw the SEND system as a far more demand-led system. Relating this back to Safety Valve, LA leaders argued that they were not in a position to control the levels of requests for EHCNAs, but that greater than predicted levels of requests for EHCNAs could knock the LA's HNB deficit recovery plans off track.

This is a system and governance issue at national level – there is no blame for LAs. What are Section 151 Officers and Directors of Children's Services supposed to do when they are offered [several million pounds] to balance budgets? They try their best to effect system change, when the levers are not in their hands. ... It is naïve to say that the council should have done better. The high needs block is a volatile, demand-led system. – *School leader*

I know for a fact that [the LA] are constantly fighting fires. You cannot plan for the future if you are firefighting. ... there is no money, schools are on their knees, children are falling out of school. Early investment used to be a thing, but now it is just constant firefighting. The Safety Valve is not helping. – *PCF leader*

Similarly, LAs argued that decisions by independent sector providers to raise their prices or Tribunal decisions could have similar effects on local HNB deficit recovery plans. Rather than being a reflection on the Tribunal or the SEND statutory framework, these observations were offered as an example of where the aims of Safety Valve and plans to reduce HNB deficits can come into conflict with other parts of the current national SEND system.

We set out with a plan, a clear ambition, programmes, pieces of work. But you have to take stock, refresh, see how things develop. The problem is that not everything has been in our control – for example, inflation and the cost of independent placements. – *LA leader*

Upholding central government's part in Safety Valve agreements

The second barrier highlighted by LA leaders related to the role of the DfE itself. LA leaders pointed out that Safety Valve agreements were signed by both LAs and the DfE, and yet some of the challenges in implementing Safety Valve agreements and remaining on track with financial targets were due to the actions of the DfE, not the LA. The most common barrier raised was the delay in DfE timescales for opening new specialist provision (through the free school route). LA leaders argued that their deficit recovery plans were based on creating new state-funded provision and avoiding having to place children and young people in the independent or non-maintained sector due to a lack of suitable local provision. Where new free schools were planned but their development delayed, LA leaders argued that this negatively affected their ability to remain on track in implementing their financial plans. LA leaders commented that while scrutiny increased if they were not fulfilling the conditions in Safety Valve agreements, the same accountability for delivery did not extend to the DfE.

Another area highlighted by LA leaders related to the lack of a joined-up approach to fostering inclusion for children and young people with SEND. Many Safety Valve agreements include commitments from LAs to work with schools in their local area to improve support for inclusion so that more children and young people can access the support they need in mainstream education. LA leaders in some local areas described the lack of support they had received from the DfE in challenging instances of non-inclusive practice in academies and trusts. Some school leaders argued that there was a role for the DfE (and NHS England) to play in convening partners in a local SEND system and ensuring sign-up to a shared agenda.

I feel for [the LA] in some ways. It feels that the Safety Valve agreement is between LA and the DfE. All the shrapnel and fallout with schools is left for LA to deal with. We missed an opportunity for a collaborative, pulling-the-system-back-together moment. – *School leader*

I'm surprised that DfE authority has not been brought to the table. ... [The system] is not all within the LA's gift and power. DfE have not used their leverage to stand by and help. – *LA leader*

* * *

Chapter 7: Learning from local areas with Safety Valve agreements

Funding alone, without reform, will not allay the financial risk nor transform the experiences of families and outcomes for young people

The purpose of this research was not to make a comprehensive set of recommendations for reform of the current SEND system – there are other reports that have done that. Instead, this research has sought to explore the experiences of system leaders in 10 local areas that have been part of the Safety Valve programme to gather views about impact as well as to capture learning that could inform national policy.

The overall lesson highlighted by many of the participants in this research is that additional funding alone is not sufficient to address the challenges in the SEND system. One LA leader put it, ‘we have 2 areas of focus, the first of which is working within the current system ... but what we are also trying to do is change hearts and minds outside the current system.’ In other words, local SEND system leaders saw themselves as simultaneously trying to make the current system work as best they can, while also trying to lay the foundations for a different and better approach.

When the SEND system leaders – LAs, health services, education settings and PCFs – that we quoted in Chapter 2 described Safety Valve as a ‘sticking plaster’, they were saying that what they could achieve to improve their own local systems was limited by an unreformed national system. While action to stop HNB deficits pushing LAs into bankruptcy was necessary, the financial risk will not be allayed nor the challenge of aligning financial sustainability with the quality of families’ experiences resolved without both investment in and fundamental reform of the current SEND system.

Lessons about future reform of the SEND system

During this research, we asked local SEND system leaders what reforms of the SEND system they considered necessary based on their experiences of working on strategic initiatives to improve local SEND systems and of Safety Valve. They highlighted 6 main areas of reform. These chime with many of the broad areas of potential policy change that are part of the current national debate. Given the scope of this research, rather than laying out detailed policy prescriptions, for each area of reform we have explained why this was seen as necessary based on the experiences of the operation and impact of Safety Valve agreements.

The learning from the 10 local areas related as much to the “how” of system reform as the “what”. Many local SEND system leaders emphasised, based on their experience, the need for and the benefits of transparency, informed dialogue and co-production. Partners

were positive about such approaches, even when dealing with complex and challenging issues like addressing HNB deficits. In areas where there had been less scope for open dialogue and co-production about deficit recovery plans, partners were more likely to see Safety Valve (and the deficit) as something for which the LA was responsible and to complain about a lack of transparency. As one SENDIASS lead put it, 'When you are not part of how something is developed, you are on the receiving end, rather than being part of what it is trying to achieve.'

For some local areas, the "how" question of continuing to deliver on their Safety Valve agreement and implementing future reforms is complicated by potential local government reorganisation. (The same is also true of partners in local health services, in light of the recent announcement about the closure of NHS England.) Leaders in local areas that were part of planned local government reorganisations stressed both the risk that the focus of LA leaders during this time would be focused on matters of reorganisation and the uncertainty about how historical high needs deficits and Safety Valve agreements would be handled where existing LAs would be reorganised. Indeed, leaders of some LAs that participated in this research highlighted cautionary lessons about having been part of local government reorganisations in the past and how a diversion of leadership focus and the redistribution of system resources had contributed to the growth of high needs deficits.

Reform 1: Promoting an inclusive education system, and tackling disincentives to inclusive practice

Many of the local areas that took part in this research had sought to develop approaches that enabled and supported greater inclusion in education settings for children and young people with SEND. Indeed, several local areas had established or were beginning to establish models that brought school leaders (often SENCOs) together to discuss practice, access advice, and tap into additional resource (financial and/or expertise). In areas where these models had been embedded, feedback from local SEND system leaders was largely positive.

The dissenting voices pointed out, however, the limitations of local attempts to foster inclusion in the context of a national system that was not currently set up to enable and support it. While local inclusive approaches were viewed positively in principle, local SEND system leaders pointed out that their impact could be limited by a lack of resource or capacity from local services to commit to supporting schools, and the variable buy-in from some school leaders to such collective approaches. In these circumstances, those dissenting voices argued that there was always a risk that such models, though well-intentioned, would become seen as "talking shops" or a box to be ticked on the way to seeking an EHCP (which was seen as bringing some form of tangible additional support).

Numerous examples of the lack of support for children and young people with SEND without EHCPs were recounted to us by families and practitioners. The starkest illustration was that described by a parent, who, in preparation for their child moving into Year 7, said they had telephoned 8 secondary schools and been told by all of them that they offered no additional support for pupils with SEND without an EHCP. As another parent put it, 'If support was brought in earlier, we would not get to the point where so many of us feel no choice but to go for an EHCP.'

Participants argued that there needed to be greater clarity about the expectations of inclusive practice in education settings, and the need both to enable inclusive practice (through funding, workforce development, and wider aspects of practice like curriculum and assessment) but also to ensure stronger accountability for non-inclusive practice. This argument was made by all groups to whom we spoke but was put in very strong terms by several parents and carers (not just PCF leaders) who took part in this work.

Reform 2: Strengthening targeted support services

Additional targeted support, to complement schools' and settings' inclusive practice, was described by one school leader as 'the missing layer'. As with models to bolster inclusive practice, several local areas had invested in creating additional capacity within targeted support services, and likewise SEND system leaders reported positively on their impact. This was particularly the case where targeted services had been designed not just to work with school staff, but also to engage young people (e.g., through mentoring approaches) and parents (through drop-ins and relationship-building).

Participants argued, however, that attempts to create new targeted support were limited by wider resourcing pressures and workforce challenges in the system. Local efforts alone were not sufficient to address the growing pressures on key services or address workforce shortages among key professions. Addressing these issues would require national reform and concerted efforts between national government and local system leaders.

Reform 3: Enabling local areas to create and shape state-funded specialist provision

We described in Chapter 6 how the development of new specialist provision was central to many local areas' plans to develop a sustainable and effective local SEND system, but how the lack of direct control of the process and delays in the creation of new provision could undermine local areas' plans. Local SEND system leaders argued for the need for greater local control of and accountability for creating new local state-funded specialist provision, not just in terms of sufficiency but also in terms of quality and strategy. The ability to shape specialist provision was seen as crucial to avoiding placements outside the local area and/or in the independent sector when young people's needs could be met

through local state-funded provision. Equally, however, participants argued that local SEND system leaders needed the ability to shape a pattern of local specialist provision that was responsive to changing patterns of need, was internally coherent (avoiding having provision for children with a certain profile of need in one phase of education but not another), and was delivered effectively.

Reform 4: Aligning regulation and funding of state-funded placements of children with SEND in the independent sector

The risk of over-reliance on placements in the independent sector, and unilateral increases in placement costs, was a factor identified by all local areas that were not on track with their plan to reduce their HNB deficits. They argued strongly that the current lack of regulation of the independent market for specialist SEND provision meant providers could unilaterally decide to raise their prices and pass increased costs onto LAs, while state-funded providers were being told their funding levels must remain the same due to the financial pressures of the HNB deficit. Participants argued strongly that, in order to have a system that was fair, and where needs and funding could be planned for, any provider taking state-funded placements of children and young people with SEND should be subject to the same regulatory expectations, accountability for outcomes, and equivalent funding arrangements.

Reform 5: Aligning and strengthening partnership responsibilities between LAs, health services and education settings

As described in Chapter 5, the Safety Valve programme has not provided local SEND system leaders with new mechanisms to strengthen partnership working between LAs, the education sector and health services. Indeed, some participants argued that Safety Valve had brought existing tensions about what LAs and health services were responsible for funding to the fore. PCF leaders in one area described SEND partnership meetings where arguments between LA and health service leaders about who was responsible for providing and paying for services played out with families caught in the middle.

There was acknowledgement of the scale of the challenge, given that education settings, LAs and ICBs (and health service providers) work on different geographical footprints, with their own financial pressures, differing responsibilities and priorities. Participants in this research argued, however, that without strengthening and aligning responsibilities, including financial contributions, the vision of an integrated and holistic approach to supporting families of children with additional needs rested on little more than goodwill. This point has taken on greater significance in light of the announcement in March of the abolition of NHS England and the consequent uncertainty about where responsibility for health services for children with SEND will sit at national level.

Reform 6: Funding for SEN and high needs

SEND system leaders in the 10 participating areas argued that there needed to be clarity about the statutory override as well as a long-term national solution to dealing with historical HNB deficits fairly. While this is a concern across all local areas, it is understandable that this would be raised by leaders in local areas that were eligible for the Safety Valve programme due to the size of their accumulated HNB deficits.

Moreover, leaders argued that current SEN and high needs funding arrangements needed to be considered as part of the wider SEND system reforms. They argued that it was necessary to look at the national distribution of high needs funding to local areas, both to ensure that the formula factors are sufficiently responsive to changes in local need, but also given that the legacy of low historical funding was one of the factors that low-funded local areas identified as having contributed to the growth in their HNB deficits in the first place. Ultimately, SEND system leaders argued for a future SEND system in which the policy aims and funding were aligned to remove the tension between financial sustainability and improving outcomes and experiences for children and young people.

Lessons about future government support programmes

As we described in Chapter 3, LA leaders in all 10 local areas that participated in this research described how being part of the Safety Valve programme had helped to sharpen their self-assessment, planning and financial systems. For some, Safety Valve had catalysed a change of approach, whereas for others the local Safety Valve agreement had built upon an existing strategy. For all local areas, however, the process of developing and presenting for additional scrutiny a strategic plan for the local SEND system and to reduce the HNB deficit had helped them to avoid fatalism about challenges in the national system and focus on what was within the local area's gift.

Encouraging local system leaders to confront challenges and put in place improvements in areas for which they are responsible is a sensible aspiration for any programme of support and challenge. The fact that LA leaders – often echoed by strategic partners – saw this as a benefit of the Safety Valve programme should not be overlooked. With the benefit of hindsight, however, local SEND system leaders suggested 4 lessons from their experiences of Safety Valve that could inform future government support programmes.

Lesson 1: The local SEND partnership as the focus of support

Participants pointed out the discrepancy between different aspects of national SEND policy, some of which are premised on SEND as the collective responsibility of local partners (local area SEND inspections) and others that perpetuate a sense that SEND is fundamentally an LA responsibility. Participants argued that Safety Valve agreements fall

into the latter category, since the signatories are the DfE (and not other government departments or agencies) and the LA (and not the ICB, or other strategic partners). Local SEND system leaders argued that there had been a missed opportunity to convene all partners, to underscore their wider collective responsibilities, and to use the convening power of national government to forge stronger collective buy-in to a shared plan.

Lesson 2: A more holistic and integrated approach to support and challenge

Some LA leaders reflected that, while they had experienced significant levels of scrutiny (which all recognised as necessary, and some welcomed), they had received little direct support as part of the Safety Valve programme. This feedback was echoed by some of the Safety Valve advisers – particularly the SEND advisers – who contrasted a more arm’s-length role as a Safety Valve adviser with some of the more hands-on work they had done in other roles supporting local SEND system leaders. Local areas, particularly those subject to wider SEND interventions, reported that they would have welcomed a more joined-up approach with a single adviser coordinating all external support, scrutiny and challenge, and acting as “critical friend”, with greater scope to work more intensively with local SEND system leaders. They also considered that such an approach would bring together considerations about financial sustainability with those relating to strategy, quality of provision, experiences of families and outcomes for young people.

Lesson 3: Creating a community of practice to share learning across local areas grappling with similar challenges

Since many Safety Valve agreements include commitments to work on similar areas of practice, some LA leaders reflected that they would have welcomed the opportunity to be part of a “community of practice”, to share ideas, lessons and examples of effective work. We know that, in some of the earlier Safety Valve waves, DfE leaders tried to convene leaders of LAs with Safety Valve agreements, but that this approach had not taken off. The reflection from LA leaders was that what was needed was less central direction and more enabling of local areas to work with one another on common areas of practice, with practical lessons distilled and disseminated.

Lesson 4: Balancing resource between deficit reduction and improving practice

Some of the local areas with whom we worked had accessed Safety Valve funding to invest in transforming services (as opposed to offsetting the accumulated HNB deficit). Not all had, however, and some LA leaders were either not aware of the opportunity or were not in a position to take advantage of it. Among partners not directly involved in forming Safety Valve agreements – particularly health service, education settings and

PCF leaders – there was a strong view that there would have been greater impact on practice and outcomes had there been scope for greater investment in initiatives aimed at boosting inclusive capacity in education settings and targeted services. They considered that this would have helped to embed a stronger and more consistent offer of support prior to the point where an EHCP might be needed, which would in turn have made this offer look tangibly different to practitioners and families.

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Reference: RR1537

ISBN: 978-1-83870-668-5

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