

# Exceptional Funding Protocol

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## Purpose of the Exceptional Funding Protocol

The Exceptional Funding Protocol provides a clear and transparent route for authorising additional funding where the provision specified in Section F of an EHCP cannot reasonably be delivered within the top band of the local funding framework, or where there is a significant, evidenced change in need during the year. It exists to safeguard statutory duties by ensuring that funding follows the provision required by law. Outlier cases can arise where bespoke packages in settings sit above any proposed band ceiling. These situations typically involve pupils with profound and multiple learning difficulties, complex health needs or highly specialist provision, including residential placements. Such cases demand a clear, consistent approach so that individual needs are met appropriately while maintaining a transparent funding framework. The protocol is designed to address outlier cases, including bespoke packages in local settings or out-of-borough placements.

This protocol operates within, and is explicitly aligned to, Swindon's DSG management plan and the SEND sufficiency strategy. Exceptional funding decisions must demonstrate:

- a) how the proposed provision contributes to medium-term HNB recovery, including cost control, demand management, and value for money; and
- b) how the placement strengthens local sufficiency by prioritising mainstream with support, then specialist in-borough options, before considering independent or out-of-borough placements only where evidenced as necessary.

## Scope and Legal Basis

This protocol applies to children and young people with EHCPs whose needs exceed the highest band in the local funding model. It operates within the Children and Families Act 2014 and the SEND Code of Practice, confirming that provision in Section F must be secured. It does not replace commissioning processes for placements in independent or non-maintained special schools, nor does it alter the legal requirement that banding must never constrain lawful specification in an EHCP. Establishing a defined process ensures decisions are defensible, coherent and aligned to statutory responsibilities and local priorities, addressing risks inherent in ad-hoc bespoke arrangements.

## Eligibility Criteria

Exceptional funding may be considered where the costed provision map demonstrates that Section F cannot be delivered within the top band, or where there is a significant, evidenced change in need during the year that cannot reasonably await the next standard review point.

A change is considered significant where, based on multi-professional evidence, it results in one or more of the following:

- a step-change in support intensity (for example, sustained staffing ratios moving to or beyond 1:1);
- entry into care or a substantial change to the care status or safeguarding plan;
- an acute medical or clinical development requiring ongoing specialist intervention during education hours;
- a placement breakdown or urgent placement change linked to risk behaviours or trauma, verified by education, health or social care reports.

Examples are illustrative, not exhaustive. Applications must evidence the change, explain the impact on securing Section F, and show why the need cannot wait until the next annual review.

Eligibility is based on the nature and complexity of need, which may include clinical complexity such as Continuing Healthcare involvement or severe medical needs; sustained staffing ratios greater than one-to-one; specialist residential requirements; or total education costs that exceed the upper limit of the current local banding framework. For the purposes of this protocol, “exceed” means the verified education cost (excluding social care and health elements) is above the published top band for the relevant phase in the current financial year. All financial thresholds and caps used in this protocol will be reviewed annually as part of DSG planning through Schools Forum. The review will consider inflation, labour market changes, sufficiency developments and moderation findings. Updated thresholds will be published each spring term and take effect from 1 April (or the start of the financial year), with transitional arrangements set out where needed.

Safeguards will prevent routine cases entering the exceptional route; applications must demonstrate that ordinarily available inclusive provision and banded funding have been considered and that local options have been explored and exhausted.

For independent school places, eligibility for exceptional funding requires confirmation that the independent placement has been commissioned through the local authority's placement route, that Section F specifies provision which cannot be delivered within the top band locally, and that a costed provision map evidences the gap between banded funding and the specified provision in Section F.

For social care placements, eligibility for exceptional funding requires confirmation that the child or young person's education provision is specified in Section F and will be delivered within the social care setting, and that the education component cannot reasonably be delivered within the top band. Evidence must distinguish education from care costs and include a clear apportionment.

Exceptional funding applies where, despite the top band of the local framework, the Section F provision cannot reasonably be delivered, or where there is a significant in-year change in need. Eligibility includes:

- complex medical needs;
- severe and enduring SEMH needs, including those linked to significant trauma or risk behaviours; and
- mixed provision cases requiring multi-agency responses.

## **Evidence Requirements**

Applications must include the latest EHCP and a costed provision map linked to outcomes that sets out the specific support required, the frequency and duration of interventions, and the staffing model. Professional reports from education, therapy, clinical and social care colleagues should substantiate the rationale for specialist provision or for changes in need. There should be confirmation that appropriate local options have been explored and are insufficient to secure the EHCP as written. Where clinical or social care inputs are included, engagement with Health and Social Care is required and the respective contributions must be set out.

Applications relating to independent school places must include the latest EHCP, confirmation of the commissioning decision for the placement, and a costed provision map that sets out the education component in Section F, distinguishing it from boarding and care costs. Professional reports should evidence the educational need for a specialist independent environment and the specific interventions that will be delivered.

Applications relating to social care placements must include the latest EHCP, a costed provision map for the education component, and the care plan specifying social care duties. Evidence must set out how education will be delivered within the social care setting, with professional reports distinguishing educational interventions from care and support.

## **Health and Social Care Contributions**

Where provision involves clinical or social care elements, the panel will confirm and, where appropriate, require joint funding alongside education. Absence of agreement from health or social care does not default those costs to education. Each mixed

package must include a documented apportionment that identifies education, social care and clinical elements separately, signed off by the respective agencies. If expected contributions are delayed or disputed, the case officer will activate cross-agency escalation and record the position on the termly dashboard until resolved.

Exceptional funding for social care placements is considered when a child or young person requires care and support that falls under social care duties, for example residential children's homes, short breaks or family support packages. Funding under this protocol will apply only to the education component of the EHCP. Care costs, accommodation and social care support packages are commissioned and funded through social care. Where an education element is delivered within a social care setting, the protocol will consider the education top-up only and will require a clear apportionment of costs between education and social care.

Where clinical or social care inputs form part of an independent school place or a social care placement, the panel will confirm joint funding responsibilities with Health and Social Care partners and require documented cost-sharing agreements. Apportionment must identify education, social care and clinical elements separately. Escalation routes will be used if contributions are delayed or disputed. Health and Social Care contributions will be tracked alongside the education uplift and reported in termly dashboards so that joint responsibilities and delivery are visible across independent and social care settings.

### **Distinction from Independent School Placements**

Exceptional funding for independent school places is considered when the Section F provision in the EHCP cannot reasonably be delivered in local provision and the independent placement has been commissioned through the appropriate placement and sufficiency route. The protocol applies to the education component only, that is, the delivery of teaching, curriculum access, specialist education staff and therapies that are specified in Section F. Boarding costs, residential elements and non-educational care at the school are not met from education top-up funding unless they are explicitly specified as special educational provision within Section F.

### **Thresholds and Additional Scrutiny**

For independent school places, any exceptional uplift above the top band will be capped at an agreed exceptional rate and will require escalation with a documented rationale if the cap is exceeded. Where total education costs in the independent placement exceed £100,000 per annum, the panel will require a comparison of alternatives, such as local specialist provision and outreach models, to evidence value for money and statutory compliance.

For social care placements, exceptional education funding will be capped at an agreed rate for the education component only. Where the combined package exceeds £100,000 per annum, the panel will confirm that care costs have been considered and approved by social care commissioning and that the education element is the minimum necessary to secure Section F. A comparison of alternatives will be requested where appropriate.

Monetary caps, any exceptional rates, and the criteria that trigger additional scrutiny (for example high-cost or residential cases) will be reviewed annually through Schools Forum as part of DSG planning. Proposed changes will be informed by the moderation programme, audit findings, sufficiency analysis and market conditions, and published with an effective date and transition arrangements.

### **Decision-Making Process**

Decisions are made by a multidisciplinary panel including SEND, Education and Finance representatives, with Health and Social Care representatives attending where relevant. A school representative nominated by Schools Forum will attend on a rotating basis for mainstream, special and AP. School representatives will normally serve up to two academic years to ensure continuity, with a shadowing arrangement in the final term to support handover. Where capacity is constrained, a rota may be operated with clear expectations of pre-reading and attendance. Nomination and rotation will be coordinated through Schools Forum. Quorum and voting arrangements are set out in the panel's terms of reference. All panel members operate to a single set of templates and evidence standards. Decisions are recorded with case reference, evidence summary, rationale, uplift value, duration, conditions and review date. A decision log is maintained and subject to internal audit, with quarterly assurance provided to Schools Forum. Training will be mandatory for case officers, panel members and SENCOs on evidence standards, costed provision maps and lawful specification.

Panel members will operate to a single terms of reference and use standard application and evidence templates for all cases. The terms of reference set out membership, quorum and voting arrangements, and require each decision to record the case reference, a summary of evidence considered, the rationale for any uplift, the apportionment of education, care and clinical costs where relevant, the approved value and duration of the uplift, conditions and the review date. Consistent use of standard templates ensures comparable information is considered across settings and phases and provides a clear audit trail.

Multi-agency inputs must not prevent the local authority from meeting its statutory duty to secure Section F. Where health or social care advice or funding confirmation is delayed, the case officer will:

- 1) notify the relevant partner and set a reasonable deadline for the required input;

- 2) proceed on the balance of available evidence where delay risks non-compliance; and
- 3) escalate unresolved delays to senior managers across agencies in line with agreed escalation routes, recording actions and impacts in the decision log.

## **Planning and Forecasting**

Each autumn, the service will publish to Schools Forum an annual projection for the next financial year covering:

- expected volume of exceptional cases by phase and need type (including SEMH/complex trauma, medical, and mixed provision);
- anticipated total and average cost by route (mainstream with package, local specialist, independent day, independent residential); and
- sensitivity modelling and key assumptions.

The methodology used for modelling and forecasting will be appended to the January Schools Forum papers and maintained as a public annex to this protocol.

## **Review and Monitoring**

Any uplift agreed is time-limited, ordinarily up to twelve months, and subject to light-touch termly checks. A formal decision will be taken at the annual EHCP review to continue, step down or escalate based on evidence of impact and updated professional advice. This cycle aligns with the SEND Code of Practice and ensures funding remains responsive to changing needs.

Any uplift agreed is time-limited, ordinarily up to twelve months, and subject to light-touch termly checks. For independent school places, the annual EHCP review will confirm whether the education component and apportionment remain appropriate and whether local options have changed. For social care placements, the annual EHCP review will confirm the education component and apportionment alongside the care plan review, ensuring education and care elements remain distinct and proportionate. When reviewing placements as part of this process, we will adhere to the SEND Code of Practice. While outcome evidence informs decisions, the Code makes it clear that changing a pupil's placement requires strong statutory justification and cannot be based solely on cost or preference

## **Governance and Assurance**

Termly dashboards will be presented to Schools Forum summarising the number of exceptional cases, total uplift values, cohort characteristics, Health and Social Care contributions, and outcomes at review, including continue, step-down or escalate decisions. Aggregated exceptional case data will feed the DSG management plan and sufficiency analysis, informing commissioning decisions, calibration of band values over

time, and Schools Forum discussion. Anonymised case summaries will be published annually to support transparency and continuous improvement.

Panel outputs will connect directly to system learning and DSG oversight. Termly dashboards to Schools Forum will summarise volumes, values, cohort characteristics, setting and phase patterns, contributions from health and social care, and outcomes at review. Aggregated data will feed the DSG management plan and sufficiency analysis, informing commissioning decisions, band calibration, and adjustments to descriptors or processes. A short lessons-learned note will accompany each termly dashboard to capture themes and agreed actions.

### **Moderation and Audit**

A multi-agency moderation process will sample decisions across mainstream, resourced provision, special schools, AP and post-16, checking application of descriptors, evidence standards and uplift rules. Findings and actions will be recorded and used to improve parity and consistency across settings and phases. The decision log and a sample of case files will be subject to internal audit to provide assurance on compliance and consistency.

Parity checks and continuous quality control will be maintained through a multi-agency moderation process that samples decisions across mainstream, resourced provision, special schools, alternative provision and post-16. Moderation will check application of descriptors, adherence to evidence standards, and consistency of uplift decisions, including apportionment in mixed education-care-health packages. Findings and actions will be recorded and fed back to panel members and senior leaders; recurrent themes will inform training content and, where required, revision of templates or guidance.

A multi-agency moderation process will sample decisions across mainstream, resourced provision, special schools, AP and post-16, checking application of descriptors, evidence standards and uplift rules, with findings and actions recorded. The decision log will be subject to internal audit, focusing on completeness of records, clarity of rationales, and compliance with terms of reference. Audit outcomes and moderation findings will be brought together in an annual assurance report, with recommendations tracked through the protocol's implementation plan.

A standing training offer will be delivered each term for SENCOs, headteachers and case officers covering:

- how to evidence need and submit complete applications;
- the decision-making flow and thresholds;
- preparing robust costed provision maps; and
- statutory duties and lawful decision-making.

## **Communication and Coproduction**

Guidance for schools and families will be co-produced with the Parent Carer Forum and published as FAQs and process maps, with briefing sessions offered to schools and families so the rationale for decisions is understood. The protocol will be reviewed with stakeholders and refined in light of insights from termly reviews, panel activity and moderation findings, ensuring it remains fair, transparent and responsive to complex needs while upholding equitable access for all children and young people.

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