ESPCF response to the government's SEND reforms consultation

Introduction

East Sussex Parent Carer Forum (ESPCF) is submitting this response in our role as a representative parent carer forum. Our membership of over 1,200 parent carers shares with us their views and experiences of SEND support and services in East Sussex – what life is really like. We hear from communities across the whole county in different ways: this academic year alone we've held over 200 groups in 47 different settings – nurseries, primary and secondary schools - speaking to over 1,000 parent carers. We have hosted four events for parent carers to talk specifically about the SEND reforms, conducted surveys, attended webinars and local events including with MPs to speak to families about their priorities, visited Family Hubs and community events, and engaged with our social media community of 1,200 members in our closed Facebook group and 2,300 followers on our Facebook page, as well as through our steering group members who are representatives from wider SEND community groups and communities.

We hear the message clearly: parent carers continue to face ongoing and exhausting battles for SEND support for their children and young people. A significant gap remains between what the law states as their rights and entitlements and what families actually receive. Attempting to access support is often complex, lengthy, and adversarial.

The overarching message we have heard around the SEND reform proposals is that they do not go far enough to address the systemic issues in the current SEND or education system, and that families believe the proposed changes would make things **worse, not better.**

Our consultation response reflects this feedback. We remain seriously concerned about the potential erosion of SEND rights and the apparent move away from a child-centred, needs-led approach, and maintain that the current legal framework is not the issue that needs fixing; it is the lack of implementation that is the problem.

We have some significant concerns around the reform proposals, and we have made this clear throughout our response. However, we are faced with a situation where there is uncertainty as to what has actually already been decided by the government to be taken forward and how much scope there is for real, meaningful shaping of a future system. As a parent carer forum, our role should be to represent the lived experiences of families to make

the system **better.** But in reality, there are times when it seems like all that is within our gift is to try to prevent things getting worse – to make things slightly less bad. As such, even when we disagree with a proposal and have stated this in our answer, we have nonetheless attempted to provide constructive information. However, our suggestions in these instances do not negate our objections more broadly.

Day to day, we work with a range of stakeholders, and we know there are some passionate and committed people who are desperately working to try to support children and young people in a hugely constrained system, and we know many of these frustrations are shared. We always seek to understand each other's positions and perspectives to try to find feasible, suitable solutions. The challenging context, however, can never become a reason not to listen to families' experiences. Our role is to represent parent carers, and often indirectly our children and young people, and this response focuses on the views and experiences of the families that we are here to represent.

Our responses to the consultation questions

Q1. We want children, young people and their families to be involved in making better, evidence-based decisions about SEND, both in their local area and across the country. How can we make sure children, young people and their families have a genuine say in these decisions?

A genuine say for children, young people, and families is about **ensuring that what we say can directly influence decisions and outcomes.** This must be at an individual level as well as a strategic system level.

Families already have a voice under the current legal framework, but in practice this voice is too often ignored or overridden. Parent carers consistently describe situations where they, and supporting professionals, clearly set out a child's needs and required support, yet decisions do not reflect this evidence. Instead, outcomes are often shaped by funding constraints or local availability.

On a strategic level, as a parent carer forum we experience inconsistency around how involved we are, with some services or individuals genuinely understanding the benefits of working together co-productively, yet at other times decisions are made without even our

knowledge, let alone meaningful joint-working, such as a recent decision to close a valuable support service for parents.

For participation to be genuine, decision-making must be:

- **transparent**, with clear explanations of what evidence has been considered and how decisions have been reached
- **needs-led**, rather than driven by existing provision or budgets
- **open to challenge and capable of change**.

There is an institutional power imbalance between services and families. Without enforceability, a family's voice is simply an opinion that can be acknowledged but disregarded.

Children, young people and families must be recognised as **equal partners in decision-making.** This requires more than advisory input. It requires:

- **formal roles within governance structures**
- **clear influence over priorities and decisions**
- and crucially, **decision-making power, including voting rights or equivalent authority where appropriate**.

Without this, power remains with statutory bodies, and families are left responding to decisions rather than shaping them.

To ensure meaningful participation:

- co-production must take place **from the outset**, not after proposals have been largely formed
- families and young people should be embedded within local and national decision-making structures with **defined roles and influence**
- local authorities and health bodies must demonstrate **how lived experience has changed decisions**, not simply that it has been heard
- co-production should be **a statutory requirement**, supported by clear scrutiny and accountability mechanisms

- we suggest a system-wide accountability mechanism could be the introduction of an independent family co-production scrutiny panel into Ofsted & CQC local area SEND inspections
- independent advice and support should be funded so families can engage on an equal footing in decisions around our children and young people
- we suggest a requirement for schools and local authorities to evidence direct co-production with families for every ISP or EHCP, with a clear feedback loop and route for meaningful escalation when things are not done properly

Participation must also be **accessible and inclusive**, particularly for children and young people with communication needs, and for families facing barriers such as language, literacy, confidence or past negative experiences.

There must be **independent routes to challenge failures in co-production and decision-making**, both for individuals and collectively. Without this, existing institutional power imbalances will persist.

For children and young people themselves, participation must be flexible and meaningful. Their views should be gathered in ways that work for them and recognised in practice, including understanding that behaviours and lived experience are as valid forms of communication as answering questions in a pupil voice form.

There is currently a **significant breakdown in trust** between families and the SEND system. Many parents experience delays, unmet provision, and decisions that do not reflect legal duties or evidence. Until these systemic issues are addressed, families will not feel that their involvement is genuinely valued.

If decision-making is to be truly evidence-based, this must include **lived experience as valid evidence**, alongside professional expertise and system data.

This includes during this consultation and reform period. Major reforms should not proceed where there is a risk of weakening legal protections without clear evidence that outcomes will improve and rights under existing legislation will be upheld.

Overall, families will only have a genuine say where:

- their views can **directly influence decisions and outcomes**

- they hold **formal roles with real authority, including voting rights or equivalent decision-making power**
- decisions are **transparent, evidence-based and clearly explained**
- rights are **legally enforceable**
- and there are **independent, effective routes for challenge**

Without these safeguards, participation risks remaining **an appearance rather than a reality**, and trust in the system will continue to decline.

Q2. How can we make sure that high-quality evidence and best practice inform decisions about SEND? Please share examples.

High-quality evidence and best practice should sit at the centre of SEND decision-making. However, there is currently **significant inconsistency across local areas**, and too many decisions appear to be driven by financial pressures rather than evidence or children's needs.

If evidence is to genuinely inform policy and practice, the government must first recognise that there is **insufficient evidence to support some of the key assumptions behind current reforms**, particularly the assumption that increasing mainstream inclusion alone will improve outcomes for children with complex SEND.

Crucially, **lived experience must be recognised as a central form of evidence, not an optional or anecdotal side note**. Families and young people provide critical insight into what is happening in practice, including:

- provision that is written but not delivered
- delays or inability to access therapies and specialist support
- children experiencing distress, absence, or crisis due to unmet need
- the wider impact on families, including financial strain and reduced employment.

This is not anecdotal information. It is **system intelligence**. It often highlights problems earlier than formal data and helps explain trends such as rising EHCP requests, tribunal appeals, and attendance concerns. Without it, decisions risk being based on **incomplete or misleading interpretations of data**.

Other helpful forms of evidence include:

- outcomes of redress processes, such as tribunal outcomes, ombudsman findings, formal complaints and informal concerns/grievances
- long term outcomes data
- inspection findings
- workforce capacity evidence
- professional expertise from those working directly with children
- and, critically, **lived experience from families and young people**.

All of these forms of evidence must be considered. The problem is that **evidence is not consistently used or acted upon**. Families and professionals frequently provide clear evidence of need, but this is often ignored, selectively interpreted, or not reflected in final decisions.

If individual decisions are to be genuinely evidence-based, they must be **transparent and accountable**, clearly showing:

- what evidence has been considered
- how it has informed the decision
- and what will happen if agreed provision is not delivered.

There is also a risk that evidence is used selectively to support pre-determined policies, particularly where cost pressures are a factor. Decisions must be grounded in **what improves outcomes in practice**, not what appears efficient on paper.

Existing evidence already highlights significant system pressures, including workforce shortages, increasing absence and EBSA, high tribunal success rates for families, and repeated findings of weaknesses in local SEND systems. These issues must be addressed, not overlooked.

Best practice should be drawn from areas that demonstrate **positive outcomes alongside legal compliance and genuine co-production**, including early intervention, integrated working, specialist provision where required, flexible support, and meaningful involvement of families.

However, best practice should be judged by **impact, not process**. The key test is whether children's outcomes improve – their wellbeing, participation, and access to learning – rather than whether systems appear compliant.

In summary, evidence will only shape SEND decision-making effectively if:

- **lived experience is treated as essential evidence**
- all evidence is applied consistently and transparently
- decisions are driven by outcomes for children, not cost or convenience
- and there is accountability where evidence is not followed.

Without this shift, decisions may appear evidence-based in theory but **fail to reflect the lived reality of children and families**.

Q3. How can we ensure that children are best supported by the Universal offer?

A strong universal offer is important. However, it is also important to recognise from the outset that however strong a Universal Offer in a mainstream school is, it will not be suitable for all children or young people.

In theory, many children should be well supported in mainstream settings without needing formal statutory processes. However, this depends entirely on the Universal Offer actually being delivered in reality. Families' experiences show that too often this is not happening.

Mainstream schools are under significant pressure: staff are stretched, access to specialist support is limited, and therapies are frequently delayed. Children with increasingly complex needs are expected to be supported within classrooms where staff may be committed, but **do not have the capacity, time, training, or specialist input needed to meet those needs effectively**.

To work effectively, the Universal Offer must be:

- **properly funded**, with funding ringfenced so it is not absorbed into wider school pressures
- supported by sufficient **teaching assistants and support staff**, with pay and conditions that reflect the complexity and responsibility of their roles
- underpinned by **mandatory, high-quality training for all staff**, including support staff, delivered directly rather than through informal cascade models
- supported by **timely access to specialist advice and outreach**, including educational psychologists, therapists and specialist teachers

- **monitored and enforced**, with clear accountability and consequences where provision is not delivered.

Without these elements, the Universal Offer risks becoming a well-intentioned concept that does not change day-to-day experiences for children.

We do not believe that the proposals in these SEND reforms will be sufficient to deliver a strong enough Universal Offer to make a real significant difference.

Class sizes and **curriculum pressures** are major barriers to the reality of delivering a strong and effective Universal Offer. The recent curriculum review does not appear to go far enough to address this element, and there does not seem to be anything being done to address class sizes. Class sizes do not appear to even be mentioned in the SEND reforms paper, yet this is something families and school staff consistently tell us they are worried about.

A key concern is that a weak Universal Offer will **delay access to more appropriate support**, allowing needs to escalate. Families consistently report that children are expected to 'wait and see' whether difficulties worsen, which often leads to:

- increased distress and dysregulation
- declining mental health
- reduced attendance and engagement
- gaps in learning, which later affect outcomes in an exam-based attainment system
- eventual placement breakdown.

Early intervention must be genuine, with support provided **at the first point of need**, not only when problems have been left to escalate.

There is also a significant issue of **variation and inconsistency,** with support often being dependent on the knowledge and attitudes of **individual teachers or support staff** and how flexibly systems and policies are applied.

This is often more pronounced in secondary settings, where children move between multiple teachers, making consistency harder to achieve. Children should not depend on luck or individual relationships to access appropriate support.

A major barrier is the initial point of access to support. Children whose needs are **masked, internalised, or misinterpreted as behaviour** may not be identified as having SEND at all.

This is particularly true for many neurodivergent children, who may appear to cope in school while experiencing exhaustion, distress, or dysregulation outside the classroom.

Where mainstream environments are not adapted appropriately, children can experience:

- escalating anxiety and distress
- exclusion or reduced timetables
- school refusal or emotionally based school avoidance
- mental health deterioration
- long periods out of education.

This increases demand on alternative provision, health services, social care, and families, often at much greater long-term cost.

For the Universal Offer to succeed, inclusion must mean **adapting the system to meet the child's needs**, not expecting the child to fit into existing structures. This requires:

- reasonable adjustments that are consistently applied.
- teaching approaches tailored to different learning and cognitive profiles
- inclusive behaviour policies that recognise SEND-related needs and avoid punitive responses
- access to appropriate regulation spaces, recognising different sensory needs
- a culture of kindness and respect for children and young people, in which differences are embraced

Policies, practices and environments should evolve to meet more children and young people's needs as standard to reduce the need for reasonable adjustments. This is particularly important as children get older and commonly report that they feel othered by having to do things differently; this is the opposite of inclusion and belonging. What works for children with SEND is often beneficial for all children, so there are knock on positive impacts to be had also.

There is no clear and agreed definition of what 'inclusion' is, but feedback we hear from families is that it is largely synonymous with **'a sense of genuine belonging**', and that it is a subjective concept, so what feels more inclusive for one child may feel exclusionary for another. Inclusion bases are a good example of this. Genuine regard must be given to

individuals' wishes, views, and experiences and this must shape the support available to them.

There must also be attention to wider aspects of the school environment. Families consistently report that:

- **rigid uniform policies** can create unnecessary barriers due to sensory sensitivities or regulation needs
- enforcement of these policies can damage relationships and become a barrier to attendance
- behaviour expectations based on neurotypical norms (e.g. sitting still, making eye contact) can disadvantage children with SEND.

Addressing these issues is essential to creating environments where children can genuinely participate and belong.

Training is important, but families are clear that **training alone will not resolve systemic issues**. Professional attitudes, school **culture** and leadership are equally important. Positive outcomes are often linked to staff who are flexible, empathetic, and willing to adapt practice, but this should not depend on individual goodwill.

System measures also need to change. **Attendance alone is not a reliable indicator of inclusion**. For some children, particularly those with autism or mental health needs, rigid attendance expectations may be harmful and contribute to burnout or long-term disengagement.

The Universal Offer must also sit within a wider system that provides:

- sufficient access to specialist professionals
- a broader and more flexible curriculum, including practical and vocational pathways
- integrated support across education, health, and social care.

Finally, it is essential that the Universal Offer **does not replace or restrict access to specialist provision**. Some children will require specialist settings or alternative approaches, and these must remain available and accessible.

In summary, the Universal Offer will only work if it is:

- **properly resourced and funded**
- **consistent across settings**, not dependent on postcode or individual staff
- **needs-led and flexible**, rather than rigid or behaviour-driven
- supported by **early intervention and access to specialists**
- underpinned by **legal accountability and enforceable standards**

Without these changes, there is a significant risk that strengthening the Universal Offer in policy will not translate into **real improvements for children and young people in practice**.

There is also a concern that Ofsted has been part of the problem of deprioritising inclusion, including by driving schools to prioritise attendance and achievement. It feels counterintuitive that they are therefore being talked about by government as the main accountability and consequence measure for schools. Without a clear consensus on what inclusion means or looks like in the first place, it is difficult to assess and pass judgement on.

Q4. How can we ensure that children in the Targeted layer, are best supported?

We do not agree with the assumption that this layered model will make a positive difference. This is not new. Schools already have Individual Support Plans, albeit with a variety of different names (Additional Needs Plans, School Based Plans, Individual Education Plans etc). Schools also have a duty under Section 66 of the Children and Families Act to use their best endeavours to meet children's needs, however we know this frequently does not happen. A new name for the plans will not fix this.

If ISPs are taken forward, they must be on an equal statutory footing to EHCPs, with sufficient funding to deliver the support needed, and genuine accountability and consequences for non-delivery.

It appears that decisions are made by schools as to which children meet which level of support. This is counterintuitive in a system in which schools are too often not trained or qualified to make these judgements. This is particularly concerning in secondary schools where teachers generally do not have enough time to properly get to know children or their needs well.

The success of any Targeted layer depends entirely on capacity. At present, many mainstream schools are already overwhelmed and unable to meet existing demand. Without

major investment in staffing, training and specialist provision, there is a serious risk that children in the Targeted layer will receive insufficient support, will deteriorate emotionally or academically, and later require more intensive intervention.

Without sufficient resources, time, workforce, knowledge, and culture in the system, there is the real risk that 'layers' just become **barriers rather than pathways**, where the system focuses on placing a child into a category instead of looking at what they actually need. **The starting point must always be the individual child.**

If a Targeted layer is introduced, it must not become a **holding stage that delays access to appropriate support or assessment**.

For the Targeted layer to work, it must be **flexible, evidence-led and capable of moving quickly when support is not working**. This requires:

- regular review of progress and wellbeing
- clear criteria and routes for escalation
- timely access to specialist assessment and input.

Without this, the Targeted layer risks becoming a mechanism to **limit access to EHCPs or more specialist support**, rather than improving things.

There are wider concerns about how decisions will be made within this layer. In practice, many schools do not have the time, training, or specialist expertise needed to identify and respond to SEND accurately, particularly in secondary settings where staff may have limited contact with individual pupils. This creates a risk that children - especially those who mask or whose needs are less visible - will be overlooked.

Although the model is described as 'fluid', in reality the movement between layers of support is likely to continue to be constrained by **capacity, funding, and thresholds**. Without significant investment in workforce and provision, simply renaming levels of support will not improve experiences or outcomes.

To be effective, the Targeted layer must be supported by:

- **adequate funding and workforce capacity**, including access to educational psychologists, therapists and specialist teachers

- **smaller class sizes, appropriate environments** and **well-trained staff** in mainstream settings
- **ringfenced funding** so that schools can deliver meaningful interventions and support without diverting resources from elsewhere
- continued access to specialist placements where mainstream provision is not suitable
- genuine regard to the **voices of children and young people** and their **parents** about what is needed and how, and what is or is not working.

Provision must also be **specific, measurable, and accountable**. Families already report that support described by schools is not reliably delivered due to resource pressures. Any Targeted support must therefore be clearly defined and **independently monitored,** with consequences where it is not implemented.

The current system already includes forms of targeted support (e.g. school-based plans), but these frequently fail to properly support children due to **lack of enforceability and consistency**, not because the concept itself is new. Simply introducing new terminology will not resolve this.

A further concern is that **thresholds for targeted support may remain unclear,** continuing the existing confusion about who is identified as needing SEND support, or who should be on schools' SEND registers. Families often report that schools do not recognise their child's needs, particularly for neurodivergent children who mask in school environments. **The proposals do not address this.**

Best practice shows that outcomes improve where support is **early, proactive, flexible, and relational**, supported by meaningful collaboration with families. However, this depends on both **resources and culture.** Training alone will not address issues such as low expectations, rigid systems, or lack of flexibility.

Children should not have to rely on luck such as individual staff members or school ethos to receive appropriate support. Families consistently describe a system where provision varies widely, with some children thriving and others experiencing exclusion, reduced timetables, or environments that are not accessible to them.

There is currently a big gap in support where mentoring would be beneficial for some children and young people. This might be with relatable adults who faced similar challenges, or older children or young people, to help them understand their own needs, and to

embrace differences. Neurodivergent adults often report how positively life-changing this has been for them, so this is something that would be valuable to develop access to for young people. Or even buddying up children in the same school year or close in age – as long as this is not forced or done in an othering way.

Staff should be able to move between school phases with children and young people. We heard an example of a child who had worked with the same emotional literacy support assistant throughout the whole of primary school, which had a significant positive impact on their wellbeing and academic engagement and achievement, yet this was lost at the end of year 6. The move to secondary school is such a significant change, that losing this vital support when it is needed most is counterintuitive. There is lots of talk about transition planning, but this is generally centred around paperwork and information sharing, which whilst these things are also important, they are not the practical, tangible support that children and their families are desperately asking for.

There is no clear and agreed definition of what 'inclusion' is, but feedback we hear from families is that it is largely synonymous with **'a sense of genuine belonging**', and that it is a subjective concept, so what feels more inclusive for one child may feel exclusionary for another. Inclusion bases are a good example of this. Genuine regard must be given to individuals' wishes, views, and experiences and this must shape the support available to them.

Finally, there must be independent routes of redress for families, with powers of enforceability, that families can escalate problems to above school level. The responsibility should not sit with school governors who are volunteers, and not able to be neutral.

Without these aspects there is a significant risk that the Targeted layer becomes another stage where support is delayed, rather than a mechanism that ensures children receive the **right help at the right time**.

The government must also recognise that not all children can thrive or achieve in mainstream environments, regardless of the level of targeted support offered. A range of provision, including specialist schools and EOTAS, must remain available to ensure every child's needs can be met appropriately and lawfully.

Q5. How can we ensure that children in the Targeted Plus layer, are best supported?

We have serious concerns about how the Targeted Plus layer will work in practice.
There is a significant concern that the proposed Targeted Plus layer could become an underhand attempt at a **replacement for existing legal protections rather than a genuine strengthening of support**. Any changes must not weaken current rights. Legal rights must remain intact, and implementation must improve, not weaken.

Children in this layer are likely to have **complex, persistent, or interacting needs**, and are often the most vulnerable to unmet need, school breakdown, mental health decline, and exclusion.

Needs may present similarly on the surface but have different underlying causes which need different support. Accurate and holistic identification is needed to ensure the right support.

For this reason, Targeted Plus must include **access to specialist assessment and the ability to revisit earlier assumptions**, rather than simply increasing the level of support already in place. Schools cannot be expected to make complex diagnostic or therapeutic decisions without proper specialist input.

The Targeted Plus layer seems to rely heavily on the Experts at Hand offer. However, this offer does not appear to be sufficient and boils down to very little tangible support, which will inevitably end up being largely school-level or cohort-level advisory work, rather than direct assessments or delivery of support for individual children and young people. Expert help will likely not really be 'at hand' at all.

Advice-led approaches cannot work where schools lack the staff, time, physical space, or expertise to implement them.

Targeted Plus must **not** become:

- more detailed plans without meaningful change day-to-day
- advisory input without delivery
- time-limited blocks of support that end regardless of ongoing need
- exclusion by 'inclusion' - such as unsuitable use of inclusion bases

- taking children away from broader curriculum subjects such as music or art in order to deliver other interventions. Children and young people should have a meaningful say in not just what support they receive, but how and when.

Many SEND needs are long-term. Removing support because a time-bound allocation has ended creates instability, unmet need, and later crisis.

Capacity is a central issue across the system. Families consistently describe:

- long waiting times for CAMHS, therapies, educational psychology and neurodevelopmental services
- difficulty accessing coordinated support across education, health, and social care
- children being passed between services or falling between thresholds.

This results in children remaining unsupported until needs escalate significantly. Without major improvements in **workforce capacity, funding, and service availability**, the Targeted Plus layer cannot improve access to help.

There is also concern that movement between layers will not work as intended in practice. Although described as fluid, **resource constraints in reality create thresholds**, preventing timely escalation or change in approach. This risks children remaining in unsuitable levels of support for extended periods.

The model may also add complexity without addressing root causes. Schools already operate forms of targeted support and planning, but these frequently fail due to lack of time, funding, training, and accountability, not because the structure itself is missing. Renaming layers or plans will not resolve this.

To be effective, the Targeted Plus layer must provide:

- **legally enforceable provision**, not guidance dependent on capacity
- **timely, multidisciplinary assessment and input**
- provision that is **specific, quantified, and clearly linked to need**
- **independent routes for challenge and redress**, not reliance on the same system deciding and reviewing its own decisions
- continued access to **specialist placements, alternative provision and EOTAS** where mainstream settings cannot meet need

Support must also recognise the reality that many children at this level experience **severe anxiety, trauma, sensory overload, or school avoidance** linked to unmet SEND. These children cannot simply be expected to cope in mainstream environments that have not been adapted appropriately.

Best practice shows that outcomes improve where support is:

- **specialist, consistent, and sufficiently resourced**
- based on **therapeutic, trauma-informed and neuro-affirming approaches**
- flexible and tailored to the individual
- developed in **genuine partnership with families**
- provided early, rather than only once needs reach crisis point

Families also consistently report being left to **coordinate fragmented systems themselves**, particularly once needs become more complex. Effective Targeted Plus support must therefore involve genuinely joined-up working across education, health, and social care, with shared accountability and coordination.

Finally, parental insight must be given proper weight. Families are often the first to recognise changes in their child's presentation and can provide essential evidence about what is happening beyond the school environment.

In summary, the Targeted Plus layer will only work if it:

- **protects and strengthens legal rights**, not replaces them
- is **properly resourced and staffed**
- provides **timely access to appropriate specialist expertise**
- ensures **accountability for delivery in practice**
- and remains **flexible and fully needs-led**.

Without these conditions, there is a significant risk that it creates the **appearance of enhanced support**, while in reality children continue to experience unmet need.

The government must also recognise that not all children can thrive or achieve in mainstream environments, regardless of the level of targeted support offered. A range of provision, including specialist schools and EOTAS, must remain available to ensure every child's needs can be met appropriately and lawfully.

Q6. How can we ensure that children in the Specialist layer are best supported?

Children within the Specialist layer have **highly complex, long-term, and often overlapping needs**, requiring support to be available at the right time, in the right place, and designed around sustainable, long-term outcomes.

What works best, according to families, is when specialist provision is **planned early rather than through crisis**, when placements are appropriate and as close to home as possible, and when settings remain ambitious for children's futures. However, current experience shows that this is not consistently the case. Families describe a system where support is delayed, access to specialist placements is restricted, and decisions are too often shaped by availability and cost rather than need.

At present, this is the point in the system where we hear that things most often break down. Assessments can be slow, provision may not reflect the child's needs, and agreed support is sometimes not delivered in practice. As a result, children can deteriorate significantly, leading to mental health challenges, worsening physical health, exclusion, or long periods out of education. Families describe managing significant risk at home, reducing employment, and facing financial strain while trying to secure appropriate support.

We agree that it is right that families have a right to a mainstream placement, where this is their preference. But this must not become a denial of specialist provision where this is needed and preferred. Families support inclusion where it is safe and meaningful, but mainstream must not be used to force children into environments that are not ready or equipped to meet their needs.

There is also a serious concern that reforms may further reduce access to specialist provision. If fewer places exist, children may be expected to travel long distances or remain in unsuitable placements. For some, particularly those with complex medical or physical needs, this is neither safe nor appropriate.

Specialist provision must remain **needs-led and individually determined**, not restricted by predefined packages or categories. Children do not fit neatly into fixed groupings. Many have mixed, fluctuating, or less visible needs, including masking, trauma-related presentations, or complex mental health difficulties. Where provision is based on generic or

diluted descriptions rather than detailed assessment, the likelihood of placement breakdown increases significantly.

This has serious consequences. When placements fail, children experience further distress and disruption, some children become more vulnerable, safeguarding risks increase, and families are left to manage repeated cycles of reassessment, crisis intervention, and dispute. This is not only harmful but also **far more costly in the long term** than securing appropriate provision from the outset.

A further risk is that access to specialist support becomes filtered through too many stages. Children should not have to 'fail' repeatedly before the system accepts that their needs require specialist provision. Delayed recognition leads to escalating need, worsening mental health, and reduced ability to engage in education.

At this level, **legal enforceability is essential**. Families must be able to rely on what has been assessed and agreed. Provision must be clearly specified, delivered in practice, and open to independent challenge where it is not. **Any move towards broader packages or less specific planning risks weakening these protections**.

The current EHCP framework, when properly implemented, already provides a structure for delivering individualised, enforceable support. The issue is not the model itself, but inconsistent application, insufficient capacity, and delays in access to provision and expertise. Reforms that reduce access to EHCPs or narrow the type of support available risk leaving children without the provision they need to access education safely.

Children in the Specialist layer are best supported when:

- provision is **highly individualised and based on full assessment of need**
- support is **legally enforceable and consistently delivered**
- placements are **appropriate and sustainable**
- and decisions are **driven by need, not by cost or availability**.

Families also emphasise the importance of **coordinated, multi-agency support**, particularly during crisis and recovery. Clear communication, continuity, and recognition of parent carer wellbeing are essential. For young people aged 16 to 25, there must also be **clearer pathways into adulthood,** including education, employment, independence and long-term support.

Ultimately, children should not be expected to fit within a system of predefined packages or limited provision. The system must remain flexible enough to **respond to the full complexity of individual need**. Reforms should therefore focus on strengthening delivery, capacity and accountability, rather than reducing legal protections or access to specialist support.

Without this, there is a real risk of increasing unmet need, worsening outcomes, and greater long-term costs for children, families, and the wider system.

Q7. How do you think early years settings, schools, and college can best support the mental health and wellbeing of children and young people?

Early years settings, schools and colleges have an important role in supporting mental health and wellbeing. However, they are not mental health services and should not be expected to replace clinical provision. Their most effective contribution is in **preventing distress by meeting children's needs early and appropriately,** and truly embracing differences in children and young people and enabling, supporting, and encouraging them to be their authentic selves.

A significant proportion of mental health difficulty in children with SEND is a result of **unmet need**. Distress builds when children are forced into unsuitable environments or their needs are not met. School based trauma can happen where behaviour is repeatedly misunderstood as 'just being naughty' rather than communication. It is not uncommon for us to hear from families that when left to escalate, this can become so entrenched that it can affect engagement in what would have been an appropriate environment or setting had it been available sooner.

Families consistently report that mental health deteriorates when:

- needs are not recognised early
- support is delayed or inconsistent
- pathways to help are unclear
- families feel unheard.

Conversely, wellbeing improves when children experience:

- strong, trusting relationships with staff
- adults who understand and adapt to their needs
- early and consistent reasonable adjustments, particularly when policies or practices adjust as standard, so children do not feel 'othered'
- environments that feel safe and predictable, including with a sensory perspective
- policies and practices which genuinely respect and embrace differences.

This highlights that mental health is not separate from SEND – it is **closely linked to how well needs are understood and met in everyday settings**.

A key issue raised by families is the relationship between **attendance and wellbeing**. Declining attendance is often an early indicator that a child is struggling, but responses frequently focus on improving attendance rather than understanding the underlying causes. In some cases, pressure around attendance, including punitive approaches or messages about letting others down, can increase anxiety, shame, and disengagement. Attendance alone is not a reliable measure of wellbeing or inclusion.

In practice, rigid systems and environments often contribute to distress. This includes inflexible behaviour policies, lack of reasonable adjustments, and settings that do not take account of sensory or emotional needs. For mental health to be supported effectively, schools and colleges must be able to **adapt the environment to the child**, rather than expecting the child to fit into systems that are not accessible to them.

Early identification and intervention are critical, but current experience shows this is not always delivered effectively. Where early support is limited, advisory only, or reliant on capacity that does not exist, children's needs escalate. This is particularly the case for neurodivergent children, whose difficulties may be masked by compliance or academic ability. Their distress may only become visible once it has reached a more serious level.

Support needs to recognise:

- sensory overload and environmental stress
- anxiety, shutdown, or burnout
- demand-avoidant behaviours
- the cumulative impact of unmet need over time.

When this is not understood, children may experience increasing distress, reduced attendance, and eventual crisis, placing additional pressure on families, schools, and wider services.

Access to specialist support is also a significant factor. Families report that services such as CAMHS are often difficult to access, focused on crisis thresholds, and not well adapted for neurodivergent children.

There is also a significant gap - a chasm - in the thresholds for mental health support, with a lot of children falling between needing more support than mental health support teams or school health can provide but being told they are 'not bad enough' for CAMHS. As a result, support may not be available until needs have already escalated. This reinforces the importance of building mental health into everyday SEND support, rather than treating it as a separate pathway.

Young people have told us that they also want more non-clinical options, such as SEND youth clubs, or groups in school around their special interests.

To support mental health and wellbeing effectively, settings need:

- sufficient staffing and time, including to build trusted relationships with children and young people
- training that is practical and consistently applied
- access to specialist advice and therapeutic support
- clear accountability to ensure support is delivered.

Without this, even skilled and committed staff are limited in what they can achieve.

Overall, children and young people are best supported when:

- their needs are **identified and understood early**
- they are enabled and embraced to be their **authentic selves**
- environments are **adapted to reduce stress and barriers**
- mental health is addressed as part of **everyday support**
- support is **proactive, not crisis-led**
- and there is **timely access to specialist services**.

Without these conditions, efforts to improve mental health support are likely to remain reactive, and children will continue to experience avoidable distress driven by unmet need.

Q8. Do you agree that the refreshed 'areas of development' will support educators to understand and address barriers to learning and participation? Please explain your answer.

We do not fully agree that the refreshed 'areas of development' will enable educators to understand and address barriers to learning and participation.

Families consistently tell us that most often the key issue is not about recognising or describing needs, but **systems failing to respond early enough, if at all,** when those needs are raised. The 'areas of development' framework will only improve outcomes if it leads to earlier action and more consistent support in practice.

While broader developmental frameworks may help some educators think more holistically about children's needs, there is a significant risk that overly broad categories **oversimplify complex SEND presentations**. Many children do not fit neatly into general groupings. Neurodivergent children, including those with PDA, and those with speech and language needs, sensory differences, physical disabilities, or trauma-related needs, often require highly individualised approaches. Broad frameworks risk masking important differences and leading to **generic support that is insufficient**.

Regardless of the terminology or groupings, children and young people need individual, child-centred support. Being classified in a certain category must not reduce access to **specialist assessment, diagnosis, provision, and legally enforceable support**. Families already face significant barriers in securing recognition of need, and reforms must not increase ambiguity or reduce accountability.

Regardless of the terminology, educators can only address barriers effectively where they have:

- sufficient staffing, time, and support
- specialist training
- access to relevant professionals
- access to specialist provision when needed.

At present schools face **limited resources, workforce shortages, and rising complexity of need.** Changing terminology or frameworks without addressing these systemic issues is unlikely to improve outcomes or experiences in practice.

The refreshed areas may be helpful if used alongside:

- detailed individual assessment
- specialist input
- clear recognition of specific conditions
- enforceable provision where needed
- strong collaboration with families.

It is also essential to recognise that barriers are not solely within the child. Many arise from **unsuitable environments, inflexible systems, sensory overload, and lack of support**. The focus should therefore be on adapting environments, not expecting children to adapt to systems that are not designed for them and do not meet their needs.

We are particularly concerned that **mental health is no longer explicitly included**. Families consistently report anxiety, distress, and school-related trauma as major barriers to participation in education and future opportunities, and removing this focus risks minimising a critical area of need. The White Paper itself states that 'Out of 27 European countries, the UK is last in how happy 15-year-olds are with their life', so removing mental health as an area of need seems counterproductive.

We do welcome the separation of sensory and physical needs, as families often report physical needs are overlooked, and we welcome the inclusion of executive functioning, as well as interoception, proprioception, and vestibular processing, which are often not understood, yet can have significant impact.

Ultimately, any framework will only be effective if supported by **adequate funding, staffing, and specialist expertise**. Without this, there is a real risk it becomes another administrative change that does not lead to meaningful improvement of children's experiences or outcomes.

Q9. What arrangements would best support effective joint working between early years providers, Best Start Family Hubs, health, local authorities, and parents for children with SEND in the early years?

Effective joint working in early years SEND support depends on **making collaboration work in practice**, not just setting expectations.

Families often identify concerns early, even if they are not sure exactly what the underlying causes may be, but report that support becomes fragmented as they are passed between services. Families should be **partners in decision-making, not left trying to coordinate systems themselves**.

Early years providers play a key role by recognising needs early, listening to parents, and making adjustments without waiting for diagnosis. Concerns should trigger **clear, joined-up pathways into health and specialist support**, without families having to repeatedly tell their story. A **named key worker or consistent contact point for families** would help provide continuity and reduce stress.

Best Start Family Hubs can support this by offering **early, accessible, and practical help**, particularly where staff understand SEND and can guide families to the right support. Welcoming environments and fun activities for parents and children, and opportunities to drop in to speak to experts such as speech and language therapists, and to meet other parents also help families engage earlier, or even to know/think about the Family Hubs. SEND specialists in Family Hubs must foster the right culture, supported by lived experience training, to prevent the culture of parent blame that families have told us about, particularly families in areas of economic deprivation.

However, joint working often breaks down due to **unclear responsibilities and weak accountability**. Effective collaboration requires clear roles across services, who take timely action.

Digital opportunities should also be used. **Shared information and communication systems**, which are easy for parents to opt-in to information sharing across services, including health visitors, paediatrics, GPs, local authority early years services, all on the same system, and accessible for families, would help. This could then more easily follow through into schools too.

Most importantly, joint working requires **accountability**. Without clear duties, responsibility becomes unclear and families are left navigating between services.

Early intervention is critical. Families should not be asked to 'wait and see' while needs escalate. Early action prevents distress and reduces the need for more intensive support later.

To support this, early years staff need **access to specialist advice, training and outreach**, alongside collaboration with specialist organisations and experts by experience.

Strong frameworks alone are not enough. Services must be **properly funded and staffed**, with the capacity to work together effectively. Local authorities also have a key role in ensuring coordination and **well-planned transitions into school**, including specialist provision where needed.

Without the right elements in place, joint working will continue to appear coordinated in theory but **remain fragmented in practice**.

Q10. How can the early years foundation stage (EYFS) two-year old progress check and the Healthy Child Programme development review be improved so that children's needs are identified and supported more quickly? Please share examples.

The EYFS two-year progress check and Healthy Child Programme review are important opportunities for early identification. However, the main issue is not always just identifying concerns, but **what happens next**.

Families and early years professionals often already recognise when a child may have additional needs. But **early identification has limited impact if nothing happens next**. Families continue to be unsure about what happens next, or who does what, and access to specialists for assessment or support remains difficult. Families have told us they have been directed to online video links and that their understanding is that this is all that is available to them. The priority must therefore be **early support, not just early recognition**.

For these reviews to be effective, they must:

- be offered in person, not via a phone call
- trigger **clear and immediate routes into assessment, intervention and provision**

- avoid long gaps between identifying need and taking action
- involve **joined-up communication across services**, so families are not left repeating their story.

A consistent concern from families is the **'wait and see'** approach which can delay support until needs have escalated. This is particularly problematic where early signs of neurodivergence, communication differences, sensory needs, or internalised distress are not fully recognised. Early identification is only meaningful if professionals have the **knowledge and confidence to act on it,** before unmet needs lead to negative impacts on mental health and emotional wellbeing.

This highlights the need for:

- **mandatory SEND-informed training** for health visitors, early years practitioners, and family hub staff
- greater understanding of less visible presentations, including masking and complex developmental profiles
- in-person assessments wherever possible, rather than relying on telephone-based checks.

Reviews should also lead directly to **timely access to specialist support**, including therapies and assessments, rather than acting as a holding stage before further referral. Digital profiling tools may have a role, but should support decision-making, not become a barrier or delay to accessing help.

Early intervention must be proactive. Families consistently describe support being offered only once needs have escalated significantly, which reduces the effectiveness of early help and increases the likelihood of long-term difficulties.

Finally, families themselves need better support following these reviews. Identifying a child's needs can be overwhelming, and parent carers should be offered clear information about pathways and support for their child, as well as support for their own wellbeing, including around how to connect with other families navigating similar challenges.

Overall, these reviews will be most effective where they:

- lead directly to **timely, practical support**

- are delivered by **skilled, SEND-informed professionals**
- are connected to **clear, joined-up pathways**
- and are supported by a system with the **capacity to respond early and effectively**.

Without this, there is a risk they remain points of identification without delivering the early support children and families need.

Q11. What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?

The evidence base for the National Inclusion Standards must focus on **what actually happens in practice**, not just what is set out in policy. It must reflect real experiences on the ground, including lived experience from families and children alongside professional and system data.

1. What effective support looks like in practice, including early identification and inclusion

The first priority should be building evidence about **what genuinely works for children and young people with SEND**. This includes how needs are identified early, particularly where they are masked, fluctuate, or are not immediately visible, and how barriers to learning are recognised in different environments.

There is currently too much variation, with identification and support often depending on the knowledge and culture of individual schools or staff. Evidence should therefore focus on:

- approaches that lead to meaningful improvements in wellbeing and learning
- effective reasonable adjustments and inclusive practice that go beyond getting a child through the door
- trauma-informed and neuro-affirming approaches that support children to feel safe, understood and able to engage.

Importantly, inclusion should be understood as **genuine access and belonging**, not simply presence in mainstream settings.

2. Delivery, implementation, and system capacity

The second priority should be understanding **whether provision is actually being delivered, and why it succeeds or fails in practice**. Too often, support is described in plans but not implemented consistently due to workforce, funding or system pressures.

Evidence must therefore include:

- whether provision is delivered as intended and sustained over time
- workforce capacity, including staffing levels, training, and access to specialists
- waiting times for assessment, therapy, and support
- the gap between what is specified and what families experience in reality.

There is little value in identifying approaches that work in principle if they **cannot be implemented in real school environments**. Without addressing capacity and resourcing, standards risk becoming aspirational rather than achievable.

3. Outcomes, impact and the consequences of unmet need

The third priority should focus on **long-term outcomes and the impact of unmet or delayed support**. Delays do not simply slow progress - they can lead to distress, disengagement, exclusion, and long-term harm.

Evidence should capture:

- wellbeing, mental health, and emotional safety
- attendance patterns, school avoidance, and exclusion
- long-term outcomes including independence, employment, and risk of being NEET
- the wider impact on families, including financial strain and caring pressures.

It should also include honest evaluation of how poorly implemented inclusion policies affect both SEND and non-SEND pupils, particularly where unmet need impacts classroom environments and teacher workload.

Overarching priority: lived experience as core evidence

Across all three areas, **lived experience must be treated as essential evidence**, not secondary, anecdotal information. Families and young people provide critical insight into whether provision is delivered, how systems operate in practice, and the real-world impact of delays or inadequate support.

This evidence often highlights issues earlier than formal data and helps explain trends such as rising requests for EHCPs, tribunal appeals, and attendance concerns. It must therefore be embedded within evidence gathering through **genuine, meaningful, ongoing engagement.**

Q12. What are the most important issues for national training to cover, to help support children and young people with SEND?

We welcome the principle of increased, high-quality training. We consistently hear from parents, children and young people, as well as school staff themselves, that there is not enough training and understanding in the system. However, we have concerns around implementation. Families do not think the reforms will bring enough change.

National training has the potential to improve understanding and practice, but it will only make a meaningful difference if it is **relevant, ongoing, and supported by the capacity to put it into practice**. Better training does also not replace the need for specialist professional assessment, expertise, or direct support where this is needed.

Training should be mandatory, with protected, dedicated time for it to be undertaken, and delivered directly to as many staff as possible, including support staff, rather than relying on a trickle-down approach in which SENCOs are expected to attend training then deliver it across the school. It should also be in person rather than just an online offer to help ensure active engagement.

A key priority must be to ensure that training is **grounded in lived experience**. Training developed and delivered with input from children and young people, parent carers, and people with a range of SEND will better reflect real life. Training should also make use of specialist organisations, such as the PDA Society, the Down's Syndrome Association, and other needs/condition specialist organisations.

Without this, training risks being too generic and disconnected from the challenges families face. Working effectively with families should be a core element, helping to build understanding, trust, and more collaborative relationships.

Training should also focus on improving understanding of **how SEND presents in practice**, particularly where needs are less visible or more complex. This includes:

- neurodivergence and differences in communication and processing
- sensory needs and environmental impact
- trauma, anxiety, and emotionally based school avoidance
- masking, burnout, and internalised distress
- the use of assistive technology.

Staff need to recognise that behaviour is often communication and that difficulties may not be immediately obvious in classroom settings.

However, training alone is not enough. Teachers and school staff cannot be expected to become specialists across all areas of need. National training must sit alongside **access to qualified professionals**, including therapists, educational psychologists, and specialist teams. If training is used as a substitute for specialist input, there is a risk of misidentification and inadequate support.

There must also be a strong focus on **practical implementation**. Many previous training initiatives have not translated into better day-to-day experiences for children because staff have not had the time, resources, or support to embed what they have learned. Training therefore needs to be:

- ongoing rather than one-off
- reinforced through coaching, supervision, and performance processes
- supported by leadership, time, and protected capacity to apply learning.

Without this, even high-quality training will have limited impact.

Another priority is developing understanding of **inclusive, relational, and neuro-affirming practice**. Training should move beyond managing behaviour or trying to fit the child into existing systems, and instead focus on removing barriers, making effective reasonable adjustments, and creating safe, responsive environments.

Training must also cover **legal duties and accountability** within the SEND system. Staff need a clear understanding of their responsibilities, as well as what constitutes reasonable adjustments and enforceable provision. Without this clarity, support will continue to vary depending on individual interpretation, leading to ongoing inconsistency and inequality.

Finally, there must be realism about delivery. Families have raised concerns about whether there is sufficient funding, workforce capacity, and specialist expertise to deliver national training at scale. Systems are already under pressure and without proper investment there is a risk that training becomes another expectation placed on overstretched staff without improving outcomes.

Without these elements and without the time, resources, and specialist support to apply them, training is unlikely to deliver meaningful change for children and young people with SEND.

We are not confident that the reforms will bring sufficient training, nor address the barriers to implementation that are needed to bring significant improvements.

Q13. What practical actions can help teachers, educators and leaders manage workload whilst implementing these changes?

These reforms impose substantial additional demands on schools while failing to tackle existing workforce challenges such as staff shortages, limited specialist expertise, competing priorities, and administrative burden. Schools cannot be expected to identify needs earlier, coordinate the right support, properly involve families and specialists, and manage new systems, plans, and processes within an already stretched and under-funded wider system.

The priority must be simplifying and streamlining existing processes, ensuring better and faster access to professional services and specialists, and properly resourced staffing and training with protected time and more staffing available to allow this learning to be implemented. The reforms must not add layers of unnecessary complexity to a workload that is already unsustainable and a workforce at breaking point.

On the ground, hands-on measures are needed, including **dedicated time for SEND duties** to be carried out and **separate, protected time for training**, **clear pathways for referrals**, **streamlined systems** that reduce or even better completely **cut-out unnecessary repetition of information**, **admin assistance** for SENCOs**, more teaching assistants and support staff**, access to **specialist services and support**, and a **clear route for challenge when inclusion standards are not being met**. Workload will only be manageable if responsibilities are matched with resource, time, and specialist capacity.

Families know all too well what happens when support is under-resourced and over-stretched: children's needs are missed, support is delayed, relationships deteriorate, and families end up in crisis.

As with other parts of this consultation where the detail is unclear, this increases anxiety – often based on previous experiences of unmet need – and the likelihood of inconsistent interpretations rises.

These reforms risk delayed support, more conflict, more paperwork, and most worrying of all poorer outcomes for children unless **implementation is matched by realistic workforce planning and clearer accountability**.

Q14. How should the Special Educational Needs Coordinator (SENCO) role evolve to better meet the needs of children and young people with SEND?

The SENCO role is already an important one, with SENCOs routinely carrying an impractically stretched workload including teaching and safeguarding. To evolve to become genuinely strategic, the structure around it needs to change.

The role must include:

- **a dedicated role, with fully protected time**
- **senior leadership status**
- **administrative support**
- **direct access to specialist advice**
- **training around legal responsibilities**
- **training around co-production with parents and children/young people.**

In most schools, the SENCO role should be **non-teaching as standard**. If SENCOs are expected to lead improved identification, oversee provision, support staff, work with families, and coordinate external professionals, this is not achievable alongside a substantial teaching load or other responsibilities. They must also not replace specialist experts where personalised support is required.

The role also needs **clear authority within the school**. SENCOs should be able to influence:

- whole-school systems and culture
- staff practice and training
- behaviour and attendance approaches
- transition planning
- reasonable adjustments.

However, responsibility for inclusion must sit across the whole school. The SENCO should coordinate this work but **must not become the sole safety net for an under-resourced system**.

In practice, the role is often too large for one person, particularly if they are stretched across more than one school or are part-time. Many schools will require:

- an **assistant SENCO or wider SEND team**
- **dedicated administrative support** so the SENCO's time is used effectively.

Requiring SENCOs to be part of the senior leadership team is important, but this must be implemented reasonably. Some existing SENCOs have raised concerns that being part of the SLT brings changes to working patterns or expectations which could make the role incompatible with their personal circumstances, risking the loss of experienced staff.

Families report **very inconsistent experiences** with some parents being left to coordinate support across the wider system themselves. Some SENCOs are highly effective, communicating clearly, acting early, and helping families feel supported. Others struggle due to:

- limited time
- unclear SEND knowledge
- difficulty arranging meetings or navigating pathways.

SENCOs are most effective where they:

- understand wider education, health, and care pathways
- Have good knowledge and understanding of other third-party support, such as community, voluntary, and charity organisations, clubs, or parent support options
- explain options clearly
- reduce confusion and act as a consistent point of contact

- Work co-productively with families, both at an individual support level and facilitating families influencing wider school policies and practices so that schools are shaped by the communities they serve.

Stronger outcomes are seen where **inclusive practice is embedded across the whole school**, not reliant on one individual. This reinforces the importance of SENCOs having sufficient influence within leadership to shape culture and practice.

Transitions are a particular area of concern. Families frequently describe late or poorly coordinated transition planning, which creates avoidable distress between phases, sometimes contributing to barriers to attendance or engagement. SENCOs need the time and authority to ensure transition planning is **early, detailed, and coordinated**.

Schools are often willing and trying to support children, but families report delays and gaps in accessing wider specialist services. This highlights the need for SENCOs to have:

- clear referral pathways
- timely access to external expertise

If SENCOs are expected to oversee Individual Support Plans (ISPs), families must also have confidence that:

- plans are **meaningful, legally enforceable, and implemented in practice**
- there is a **clear route to challenge when provision is not delivered**.

Ultimately, strengthening the SENCO role requires:

- investment in workforce capacity
- realistic expectations of the role
- strong system support around it.

Without these changes, there is a risk that expanding expectations of the SENCO will not lead to improved outcomes, and may instead place further pressure on an already stretched role.

Q15. What would provide assurance for families that an Individual Support Plan (ISP) is high-quality and contains the essential information?

A high-quality Individual Support Plan (ISP) will only give families real assurance if it is **legally enforceable, accurate, and consistently delivered in practice**.

The most important issue is that ISPs must have **equivalent statutory protection to current EHCPs**. There must be a clear legal duty not just to produce a plan, but to **secure the provision within it**, alongside **robust accountability and routes of escalation and enforcement**.

Accountability and consequence measures for unlawful practice could come via inspection processes, and individual professional consequences for deliberate or repeated unlawful practice, on a par with that of other professions, such as medical. Without this, families will have little confidence in the new system.

The White Paper states that ISPs will be for 'all children and young people with SEND'. However, this does not solve an ongoing problem for some families who struggle even to get their child's needs acknowledged at all by schools. This is particularly the case for neurodivergent children who mask their difficulties, or for children with developmental language disorder whose use of echolalia might make their difficulties less apparent in school. **The reforms do not address this initial challenge that some families face.**

For children and young people with EHCPs, moving day-to-day provision out of EHCPs and into ISPs, without the required statutory framework would weaken their protection currently provided through the duty to secure provision under Section 42 of the Children and Families Act 2014.

ISPs are not new in practice - similar plans already exist under various different names (additional needs plans, individual education plans, school-based plans etc.). Families are less concerned with the name or format and more concerned that plans:

- fully reflect their child's needs
- include all relevant professional advice
- are actually implemented.

A strong ISP should be **clear, practical, and usable day-to-day**, not an administrative document that is written and then ignored or forgotten about. It should reduce the need for families to repeatedly explain their child's needs by clearly setting out:

- what the child needs
- what helps and what should be avoided
- what provision must be in place
- who is responsible for delivering it and when.

Plans must be developed collaboratively, with **ongoing input from families and children**, not treated as one-off exercises. Pupil and parent voice should be embedded meaningfully, recognising that behaviour and lived experience are important forms of communication, and that families may need flexible ways to contribute over time, not just when they are given a one off 'parent/CYP voice' form to fill in.

High-quality plans must also:

- be based on **proper assessment**, including input from specialists such as therapists and educational psychologists
- include **specific, quantified provision** (staffing, frequency, therapies, interventions, adjustments)
- avoid vague wording such as 'access to' or 'as appropriate'
- be regularly reviewed and updated as needs change.

Families will ultimately judge quality by whether the plan **improves their child's day-to-day experience**, not simply by its existence.

There is significant concern that moving detailed provision into ISPs without equivalent legal protection could **weaken current rights under the Children and Families Act 2014**. A legal duty to write a plan is not the same as a duty to deliver it. Without enforceability, provision could become harder to secure where it is delayed, reduced, or not provided.

There must also be a **clear, independent route to challenge** where provision is not delivered. If families are expected to raise concerns only with the school that has written and not implemented the plan, confidence in the system will be low.

For ISPs to provide genuine assurance, they must include:

- a **legal duty to deliver provision**
- **minimum statutory content standards**
- **mandatory and meaningful parent and child voice**
- **clear accountability and consequences for non-delivery**
- an **independent escalation pathway**.

Without these safeguards, there is a real risk that ISPs become non-binding documents which would represent a weakening rather than strengthening of support for children and young people with SEND.

Q16: How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?

Individual Support Plans will only be clear, concise and practical if they are specific enough to be delivered, and the level of detail required will vary depending on the individual child's needs. Plans must therefore be **flexible and truly individualised**.

Plans must set out what support is required, how, who is delivering it and when, and how progress will be reviewed. The person or people delivering the support must know and understand exactly what they should be doing and why. Vague phrases and weasel words, for example 'regularly' or 'will benefit from', are ambiguous and create uncertainty, making support harder to secure.

Plans must be **co-produced with children, young people and families through ongoing conversations**, with clear communication channels, be easy to update, and focused on the child's needs, with helpful strategies, agreed outcomes, and clear responsibilities for delivery.

It is important that plans **travel with the child across settings and key transition points** so families do not have to keep retelling their story. A standardised digital format could help if it genuinely improves portability and consistency, but standardisation must not produce rigid plans that ignore changing needs or individual circumstances.

Parent carers tell us that schools should spend more time putting support in place rather than writing about it. As such, schools and services need sufficient staffing, protected time, and access to specialist advice and support to implement what is in the plans in the first place.

Q17: How can we best support transition for young people with SEND, so that they are well supported into post-16 provision and further education, training or employment?

Young people with SEND can be most successfully supported into post-16 education, training, or employment if **transition planning is personalised, properly funded, started early, and supported by genuine multi-agency collaboration**.

At present, many young people experience a significant drop in support after compulsory school age, resulting in poor mental health, isolation, unsuitable placements, or becoming NEET (Not in Education, Employment or Training). For those who become NEET, parent carers have told us that there is a distinct lack of information, advice, and guidance.

Transition planning should begin well before Year 11 and should focus not only on academic outcomes, but also on emotional wellbeing, independence, communication, life skills, employability, and long-term aspirations. We hear from families that transition planning for post-16 starts too late in the process and doesn't encompass broader preparation for adulthood.

Young people and their families must be **actively involved in decisions about future pathways** and should receive impartial advice about the full range of options available.

To improve transitions, the government should:

- **ensure transition planning begins early**, for example conversations should begin at least from Year 9, and be reviewed regularly
- **maintain legally enforceable support through EHCPs where required**
- **improve coordination** between schools, colleges, health services, social care and employment services
- **ensure there are clearer pathways across the different sectors and services**: further education, employment, training, apprenticeships, internships, alternative provision, longer-term support. Families are often left to navigate these themselves, with parent carers finding themselves in the role of multi-agency coordinator. We also hear from families within the home education community whose children left education following unmet need. For some young people, post-16 can be an opportunity to re-engage, but families often describe unclear pathways and feeling abandoned.
- **increase specialist post-16 and further education provision**

- ensure colleges and training providers are **adequately funded and trained** to support young people with complex SEND
- provide **access to supported internships, apprenticeships and flexible vocational pathways**
- **expand supported employment programmes** with specialist job coaching where appropriate
- ensure young people have **access to mental health support throughout periods of transition**
- **improve preparation for adulthood** including independent living, communication, travel training etc where needed
- **prevent sudden withdrawal of therapies or specialist support at age 16 or 18.**

There must also be recognition that **transitions are particularly difficult for many neurodivergent young people** and those with anxiety, sensory processing difficulties or trauma related to previous educational experiences. Large mainstream college environments may not be suitable for all learners, and **specialist provision must remain available**.

Current workforce shortages and funding pressures already create significant barriers for young people moving into adulthood. Many families struggle to secure appropriate college placements, adult social care support, or employment opportunities. Without significant investment in specialist services and post-16 provision, reforms are unlikely to improve outcomes.

Success should not be measured solely by whether a young person enters employment quickly. Outcomes should include **wellbeing, stability, independence, sustained participation and quality of life.** Success can also look like and mean different things to different people: young people may require longer-term support or non-traditional pathways in order to achieve successful adult outcomes.

The government should also **collect and publish long-term data on SEND young people who become NEET**, as this can indicate failures in earlier educational support, transition planning and access to appropriate provision. **Preventing young people from falling out of education and support systems should be a central priority of SEND reform.**

Ultimately, effective transitions require **a system that is flexible, adequately funded and responsive to individual needs** rather than driven by arbitrary thresholds or pressure to reduce support.

Q18. How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?

We do not necessarily agree with the direction of travel proposed around inclusion bases.

We agree it is important for schools to have spaces available for pupils to access support with regulation, including calm, quiet, homely, low sensory arousal spaces, as well as places for movement and noise, including outside space. These spaces need to be available when children need them, without them needing to jump through hoops to access. They should not have to show a pass, seek permission, or only have access at set timetabled times for example.

However, this is different to the proposed inclusion bases for delivering targeted or specialist support.

As a parent carer forum, our role often feels not just like trying to make things better but trying to make things least bad. As such, we will attempt to answer this question, however we do not have faith that this direction of travel is not already decided by government regardless of this consultation. Therefore, the following points do not negate our objections more broadly.

Inclusion bases will not work with a one size fits all approach. There would need to be thoughtful grouping of cohorts to ensure needs do not conflict and create more barriers rather than reducing them. **Pragmatic specialism would work better** than attempting a one-size approach. This would need to be based around presenting needs, not just around diagnosis or categorisation. Children with sensory needs for example, where children needing a low arousal sensory environment would not work in the same space as sensory seekers.

In practice, this is less straightforward as specific needs can vary and/or fluctuate.

Many young people also tell us that **these spaces feel segregating or othering** rather than inclusive, particularly in secondary schools. *"Having to leave my class to go to the hub makes me feel awkward and weird"* (quote from a 14-year-old in a mainstream school with an inclusion hub).

Parent carers have often described these sorts of spaces as feeling like 'dumping grounds' **where children are left without support**. One parent articulated that "no matter what soft

name is used - The Nest, The Sanctuary, The Oasis Room - it does not fool children into feeling they are included or belong".

The introduction of the very similar terms of 'Support Bases' and 'Specialist Bases' for the two different proposed 'Inclusion Hub' models will not help families, nor professionals, to navigate the system more easily. These terms will inevitably get mixed up, with people inadvertently using them interchangeably, and causing confusion when families are searching for information.

Q19. How can we make sure that Inclusion Bases help children and young people succeed in mainstream settings?

There is no guarantee that Inclusion Bases alone will enable all children and young people with SEND to succeed in mainstream settings, because **success depends on the individual child's needs, the quality of provision available, and whether the mainstream environment itself is suitable**.

Inclusion Bases must not be treated as an easy solution for children with SEND and rolled out only because they are seen as a quicker and cheaper alternative to specialist places where these are needed.

A key risk is that **Inclusion Bases become internal exclusion by another name** - spaces where children are removed from classrooms because the environment cannot meet their needs, rather than being genuinely supported. They must not reduce access to the curriculum, isolate children from their peers, or create stigma. Time spent in a base should not come at the cost of meaningful learning, including subjects where children may thrive.

For Inclusion Bases to work, they need to operate as flexible, responsive environments, not fixed placements. Movement between the base and mainstream should be based on the child's needs at any given time, with staff able to support the child across both settings. This requires skilled staff who have the time, training and capacity to work relationally and adapt provision in real time.

Provision within a base must be **therapeutic, trauma-informed and neurodiversity-affirming, with access to specialist expertise** such as educational psychology, speech and language therapy, and occupational therapy. There should also be consideration about the age ranges of pupils accessing the same space.

However, the base alone cannot compensate for a wider school environment that remains rigid, overstimulating, or punitive. If the mainstream setting does not adapt, the Inclusion Base will not resolve the underlying issues.

There must also be clear oversight and accountability, ensuring that these bases do not unintentionally increase segregation or become a cost-saving alternative to specialist provision without equivalent expertise or therapeutic input. In these circumstances, children may remain physically present in mainstream settings while still experiencing unmet need, distress, exclusion, or deteriorating mental health. **Success should therefore be judged by meaningful outcomes**, including emotional wellbeing, sustained engagement, social inclusion, reduced distress and longer-term participation in education and adulthood pathways - not simply by attendance or behaviour measures.

It is also important to recognise that mainstream education, even with an Inclusion Base, **will not be suitable for every child**. Some children with complex needs, including severe anxiety, sensory differences, trauma or communication difficulties, may still require specialist provision or alternative approaches. These options must remain available, and decisions must be based on individual need, not availability or cost.

Inclusion Bases can be valuable for some children where they provide:

- low-demand, sensory-aware environments
- consistent, skilled support
- flexible, personalised approaches
- strong partnership working with families
- high staff to child ratios.

However, without sufficient investment in staffing, training, and specialist input, there is a real risk they become unhelpful or more harmful options that do not improve day-to-day experiences.

There is no clear and agreed definition of what 'inclusion' is, but feedback we hear from families is that it is **largely synonymous with 'a sense of genuine belonging'**, and that it is a subjective concept, so **what feels more inclusive for one child may feel exclusionary for another**. Inclusion bases are a good example of this. Genuine regard must be given to individuals' wishes, views, and experiences and this must shape the support available to them.

Children should not be forced to go to inclusion hubs where this is against their wishes. The negative impacts of feeling othered, or the stigma or bullying that some children experience as a result of using these spaces, is a very real concern for some children.

Children must not have to seek permission to use these spaces when they need them or only be allowed to access them at specifically timetabled periods, nor be made to feel like they are inconveniencing anyone or being made to feel they 'should be okay' in the main classroom. Support must be suitable and genuinely accessible in a way that works for each individual child.

Many young people also tell us that these spaces feel segregating or othering rather than inclusive, particularly in secondary schools. **"Having to leave my class to go to the hub makes me feel awkward and weird"** (quote from a 14-year-old in a mainstream school with an inclusion hub).

Parents have often described these sorts of spaces as feeling like 'dumping grounds' where children are left without support. One parent articulated that "no matter what soft name is used - The Nest, The Sanctuary, The Oasis Room - it does not fool children into feeling they are included or belong".

Ultimately, Inclusion Bases will only succeed if they are:

- part of a wider inclusive culture across the whole school
- responsive to individual needs rather than fixed models
- properly resourced and connected to specialist expertise
- used appropriately alongside a full range of provision options
- used only for children who want to use them.

Without these conditions, there is a significant risk that they increase separation and unmet need, rather than helping children to access education safely and successfully.

While Inclusion Bases may benefit some children by providing access to smaller environments, specialist support, and gradual integration into mainstream education, they **should not be viewed as a universal solution for complex SEND**. It is important to recognise that **some children cannot thrive in mainstream settings regardless of the level of support offered**, particularly where needs involve severe anxiety, sensory overload,

communication difficulties, trauma, autism, SEMH needs, or emotionally based school avoidance (EBSA).

To maximise the chances of Inclusion Bases being effective where appropriate, there must be adequate funding, long-term investment, and sufficient staffing capacity. This includes small staff-to-pupil ratios, access to specialist professionals such as educational psychologists, speech and language therapists, and occupational therapists, and staff who are trained in neurodiversity, trauma-informed practice, and complex SEND. Environments must be **sensory-aware and low-demand, with flexible timetables and genuinely personalised approaches**.

There must also be strong partnership-working with families, clear accountability for whether provision is delivered, and straightforward access to specialist placements where Inclusion Bases are not appropriate or successful.

Parents and young people must **retain the right to seek specialist provision or alternative arrangements where mainstream settings are unsuitable**. Inclusion should never mean forcing children to remain in environments that are causing harm or preventing them from accessing education effectively.

Ultimately, Inclusion Bases may work well for some children if they are properly resourced and genuinely specialist in nature. However, they cannot replace the need for a full continuum of provision, including specialist schools and EOTAS, because **children and young people with SEND are not a homogeneous group and no single model will meet all needs.**

Q20. Through the Experts at Hand offer, we want to ensure that mainstream settings can get quick specialist support for children and young people. What arrangements are needed between local area partners (education, health, social care) to deliver this Experts at Hand offer effectively?

The principle of providing faster access to specialist support through an 'Experts at Hand' offer is welcome. However, the key issue is whether it can be delivered **in practice**, given current workforce and system pressures.

There are already significant shortages across the specialist workforce, including educational psychologists, speech and language therapists, occupational therapists, CAMHS practitioners, and specialist teachers. Families are currently experiencing long waiting times for assessment and intervention. Without substantial investment in recruitment, retention, and capacity, it is unclear how this model would provide genuinely rapid support rather than becoming **another pressured layer within an already stretched system**.

There must be strong and coordinated arrangements across education, health, and social care. Families consistently report being passed between services and left to coordinate support themselves. The Experts at Hand model will only improve outcomes if it is built around **clear joint-working**, with shared responsibility, clear referral pathways, and timely decision-making. It must reduce fragmentation, not create another process for families to navigate. There also needs to be clarity about how it intersects with existing services for schools, for example in East Sussex, the Educational Psychology Service and CLASS (Communication, Learning, Autism Support Service).

There also needs to be clarity about **what is meant by 'expert' and what the offer actually includes**. Families need to understand whether this is direct specialist assessment, advice to schools, direct therapy or intervention from qualified professionals, modelling and support for staff, follow-up review and oversight. The term 'At Hand' is misleading as it implies professionals who are right there, in the school itself, for immediate information or advice or input etc. This is not what is actually being proposed.

If the model is primarily advisory, there is a significant risk it becomes too removed and recommendations are made but not delivered because schools lack the time, staffing, or expertise to implement them. Advice without the capacity to act on it will not improve outcomes and may delay access to more appropriate support.

There must also be transparency and accountability within the system. This includes clarity about:

- who can request support and how
- who decides whether support is provided
- how quickly it will be delivered
- what happens if advice is not implemented
- how disagreements between services are resolved.

Importantly, the model must not become a **gatekeeping stage** that delays access to statutory assessment, therapy, or specialist provision. Instead, it should support earlier identification and intervention, with a clear route to escalate where needs are more complex.

Co-production should also be central. Families should be involved in shaping how pathways operate locally, and there should be ongoing feedback mechanisms so partners can understand whether support is being accessed quickly and whether it is making a difference.

Ultimately, the success of this proposal depends on whether it is supported by:

- sufficient long-term funding and workforce capacity
- genuine multi-agency collaboration
- clear accountability for delivery
- and the ability to provide **direct, practical support**, not just advice.

Without these conditions, there is a real risk that the Experts at Hand offer raises expectations but does not deliver meaningful change for children and young people.

Q21. What needs to be in place so that children and young people with low incidence, highly complex needs can always access the right specialist placement?

Firstly, there must be **sufficient placements for all children who require them**. If there is not enough capacity in the first place, then this question is meaningless.

Secondly, we have **serious concerns about using the label of 'low-incidence, highly complex needs'**. This could be applied very narrowly and exclude those children whose needs emerge later, are masking, have co-occurring needs, and do not fit 'neatly' into one category. Children should not have to prove they are 'complex enough' to access the provision they are entitled to. We are also concerned that a focus on mainstream inclusion **risks disadvantaging and excluding those children with complex needs**.

We frequently hear from parent carers about the exhausting fight for support for their children. It can be emotionally, mentally, physically, and financially draining. This cannot continue. **Pathways to specialist placements must be timely, transparent and needs-led**, with clear **accountability** for decisions, funding, and an **independent route for action** when provision is delayed or unsuitable. The consequences for children of being in the wrong placement, or having no placement at all, can be severe.

There must be **better collaborative working between services**, for example therapy services, hospices, all hospitals involved, and families etc. Assessments must be done by professionals who understand the barriers for this cohort of children. Decisions must be based on the child's needs rather than what happens to be available. Good therapy provision within all specialist services along with accessible equipment must be available. Staff must have high level of training and understanding of needs.

Children with complex needs often **require highly specific environments, therapies, equipment, communication approaches, and trained staff**, so broad package-level decisions or regional arrangements risk diluting individual entitlements and creating additional bureaucracy.

Families and young people must be fully involved in placement decisions, with access to clear information, advocacy, legal protections, and a clear right to challenge where the proposed placement does not meet need.

Q22. How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?

We have serious concerns that Specialist Provision Packages (SPPs) risk moving the system away from **child-centred, individualised support towards a more generic model**. We strongly oppose any shift *away* from provision that is based on the specific needs of each child or young person.

While greater national consistency is a positive ambition, children with SEND **do not fit neatly into fixed categories**. Attempting to define the broad range of needs which exist in children and young people from 0-25 years old, into seven categories, even where they can 'pick and mix' from multiple categories, does not reflect reality. **Needs are often overlapping, complex and change over time**. A system built around predefined packages risks oversimplifying this reality.

SPPs may have value for **planning and commissioning**, but they should not replace detailed individual assessment or tailored provision. There is a clear risk that packages introduce rigid thresholds, making it harder for children with mixed or less visible needs to access appropriate support, or for support to be shaped by what is available rather than what is needed. This raises particular concerns about missing children who are too complex for universal or targeted offers, but unable to meet, or to demonstrate that they meet, criteria

for a specific package. These children risk falling through gaps, despite having significant needs.

The reference to 'needs we currently recognise' also raises concerns. It is unclear who defines these categories and how they will be applied in practice. Children whose needs fluctuate, are less visible, or are masked may be overlooked if systems rely too heavily on fixed groupings.

Any SPP model must therefore remain:

- **flexible and needs-led**
- responsive to overlapping and changing needs
- capable of adapting to individual circumstances, including children unable to attend a school/EOTAS.

There are also important concerns about how packages will be funded. If national package costs operate as a ceiling rather than a guide, there is a real risk that provision becomes constrained by budgets rather than driven by need. Families need assurance that support can be increased where required, and that funding reflects the child's actual needs.

The challenges in the current system are largely about **insufficient funding, gaps in provision, and weak implementation**, not the principle of individualised planning itself. Where EHCPs are detailed, specific and delivered, they can work well. Moving to a more standardised package model risks reducing precision, accountability and enforceability.

If packages do not properly reflect the complexity of children's needs, the consequences can be significant. Poorly matched provision can lead to placement breakdown, worsening mental health, and increased reliance on alternative provision or crisis services, often at greater long-term cost.

Ultimately, children should **not be expected to fit a package**. Support should adapt to the child.

For SPPs to work effectively, they must operate as a **framework rather than a restriction**, allowing for individual tailoring, maintaining clear and enforceable provision, and remaining open to challenge based on the actual support required, not just the package assigned.

Without these safeguards, there is a real risk that the system shifts towards **administrative convenience at the expense of children's rights and outcomes**.

Q23. We propose that EHCPs will guarantee educational provision set out in a Specialist Provision Package, with day-to-day provision captured in Individual Support Plans. What is needed to make these proposals work effectively?

We have very serious concerns about this proposal.

We believe this proposal would weaken the rights of children and young people and as such **we do not support it**. It would also make things *more* complicated for families, not easier. Families do not want yet another document.

We do not agree that this model should be taken forward, particularly the separation between legally enforceable provision in EHCPs and day-to-day support held in Individual Support Plans (ISPs).

The law currently is that that EHCPs should guarantee the child-centred, individual support that is needed. This legal right must not be weakened. Putting day-to-day provision into an ISP, for which the proposals do not appear to give the same level of legal duty for the provision to be secured/delivered, is a backwards and harmful move.

It is well recognised within the White Paper that families have to fight for the right support and that navigating systems can be too complicated. As well as weakening legal rights for children and young people, this proposal makes the system even more complicated for families. Families do not want yet **more** documents, they want **support to be better implemented**.

A guarantee of a broad 'package' is not sufficient if the specific, day-to-day support is less enforceable. Although we know provision is currently not always delivered as it should be in some cases, there is a legal route for which this can be challenged.

For these proposals to work, there must be **no loss of legal protection**. Any provision required to meet a child's needs must remain:

- **clearly specified and quantified**

- **legally enforceable**
- **independently challengeable**

Without this, the reform risks reducing rights in practice, even if those rights appear to remain in principle.

There is also concern that this change would increase complexity rather than reduce it. Families already find the system difficult to navigate. Introducing another layer of planning without strong legal backing may mean more paperwork, but **no improvement in delivery**. Families are clear that they do not want more documents – we want existing provision to be implemented reliably.

A further risk is that support becomes more **standardised and provider-led**, rather than individual and needs-led. Children do not fit neatly into 'packages', and any system must retain the flexibility to respond to highly individual circumstances, including those educated otherwise than at school, unable to attend due to health needs, or requiring EOTAS, which is currently missing from the proposed packages. These cases require tailored solutions, not standard pathways.

The proposals also raise important questions about accountability. Families need clarity on:

- who is responsible for delivering provision
- how delivery will be monitored
- what happens if support is not provided.

If the main route of challenge sits with the same setting responsible for delivery, confidence in the system will be low. Strong, **independent routes of redress** must remain in place.

There is a real concern that ISPs could become **weaker versions of EHCPs**, particularly if:

- wording becomes vague (e.g. 'access to' or 'as appropriate')
- provision depends on school capacity rather than need
- families cannot enforce what is written.

This is particularly worrying given that families already report difficulties securing provision even under the current statutory system. Reducing enforceability is likely to increase disputes, not reduce them, as families seek alternative legal routes to secure support.

The problem has never been with the current EHCP framework itself, but instead with the lack of implementation. Many of the existing challenges relate to:

- delays in assessment and planning
- insufficient specialist provision
- workforce shortages
- lack of consequence for poor delivery.

These systemic issues would remain under the proposed model unless they are addressed directly.

For these reforms to be effective, the following must be guaranteed:

- **full legal enforceability of all necessary provision**, regardless of which document it sits in
- **clear accountability across education, health, and care**
- **meaningful involvement of families and young people in decision-making**
- **independent mechanisms for challenge and redress**
- **sufficient funding, staffing, and specialist capacity to deliver provision in practice.**

Finally, it is essential that parental preference and the role of independent tribunal decisions are not weakened. Families must retain access to a system where disputes can be resolved **independently and bindingly**, rather than being returned to the same organisations making the original decisions.

These proposals will only work if they **preserve detailed, guaranteed-enforceable provision, maintain independent accountability, and remain genuinely needs-led**. Without this, there is a significant risk that support becomes less specific, less enforceable, and ultimately less effective for children and young people.

Q24. We propose creating a more direct route to Specialist Provision Packages and EHCP assessments for children under 5 with complex needs. How can we make sure this works in practice?

A quicker route to assessments and support for young children is welcome, although we do not wholly support the broader move towards Specialist Provision Packages so this should not be considered as the only route.

Early years development is important, and families should not have to wait for crisis or repeated failure before support is available. However, for this to work in practice, the pathway must be **flexible, needs-led, and supported by sufficient capacity**.

A key risk is that 'complex need' is defined too narrowly. Some children present with clear, visible difficulties early on, but many do not. Needs may be masked, fluctuate, or be misunderstood as behaviour rather than arising from communication, sensory, or neurodevelopmental differences. The system must therefore be able to respond to **emerging and less visible needs**, not only those that are immediately obvious, or already diagnosed. Otherwise, children will continue to be told to 'wait and see' while difficulties escalate.

Early identification has limited value unless it leads directly to **timely and appropriate provision**. Families frequently describe delays in accessing assessment and support, including long waiting times for speech and language therapy, occupational therapy, educational psychology, and neurodevelopmental assessment. A faster route will only be meaningful if there is **sufficient workforce capacity, funding, and access to specialist input** to deliver support once need is identified.

There is also a risk that speeding up access without sufficient expertise could lead to **early misidentification or inappropriate placement**. Young children's needs can be complex and evolving, so early pathways must be underpinned by **multidisciplinary assessment and specialist knowledge**, not simplified categorisation.

To work effectively, the pathway should:

- allow for **direct parental input and referral**, recognising that parents are often the first to identify concerns

- **involve joined-up working** between early years settings, health services and local authorities
- provide **support alongside assessment**, rather than requiring children to wait for a full process to be completed.

Most importantly, the system must move away from reactive practice. Early support should be **proactive and preventative**, rather than only becoming available once needs have significantly escalated.

Overall, a more direct route will only improve outcomes if it is:

- **broad enough to capture a range of needs, including those that are emerging or less visible**
- supported by **specialist capacity and timely intervention**
- grounded in **professional expertise and parental insight**
- and focused on **delivering support quickly, not just identifying need earlier**.

Without these conditions, there is a risk of creating faster recognition without faster or better help.

Q25. What would you expect to be considered as part of the needs assessment, for example evidence and expert or professional input?

A needs assessment must take a **holistic view of the child or young person**, drawing on a full range of evidence across education, health, social care, and family life.

Crucially, **parent and child or young person voice must be treated as evidence, not as anecdotal background information**. Families provide insight into areas often not visible in school, such as sensory needs, communication differences, fatigue, anxiety, sleep, masking and how the child copes across different environments. This is especially important for neurodivergent children, whose needs may be hidden if assessment relies too heavily on classroom presentation or attainment.

Other information should include school and setting evidence, attendance and engagement information, attainment data, and evidence relating to behaviour presentation, wellbeing, and participation. It must also include relevant professional input, such as educational psychology, speech and language therapy, occupational therapy, mental health, medical, and

social care assessments, as well as any other specialist expertise appropriate to the child's needs. Input from others who know the child well, such as extended family members or community professionals like sports coaches or youth workers, can also help build a fuller picture.

All professional evidence must be considered fairly, regardless of who commissioned it. Independent reports should not be discounted simply because they were obtained by families. What matters is that the evidence is **relevant, reasoned, and professionally sound**, not who sought it. Often, independent assessments are more thorough, with professionals spending more time with the child or young person than NHS assessments, so they might in fact carry *more* weight, not less.

Assessments must be **needs-led**, not driven by existing provision or resource constraints. The purpose is to identify what a child requires to thrive; provision should follow on from that assessment, not the other way around. Evidence should therefore be gathered from multiple contexts and over time, rather than relying on brief observations or limited data.

A strong assessment should also:

- consider barriers to participation, including environmental factors, not just perceived deficits within the child
- reflect health and social care needs accurately
- take account of any existing support, recognising that progress may only be happening as a result of already high levels of provision
- include history of attendance, barriers, exclusions, alternative provision, or EOTAS where relevant.

Finally, a high-quality assessment must lead to **clear, specific and accountable provision**. Without this, identification alone does not improve outcomes.

In summary, effective needs assessments must be **comprehensive, evidence-based, and genuinely child-centred**, ensuring that all relevant perspectives are considered and that the resulting provision reflects the child's real, day-to-day needs rather than system constraints.

Q26. What factors should LAs take into account in proposing to parents and young people a list of potential settings to name on a plan?

We strongly oppose the proposal that 'LAs will provide parents and young people with a list of settings able to provide the Specialist Provision Package'.

Tribunal data clearly demonstrates that **local authorities routinely make incorrect decisions** about which setting is suitable for a child or young person. There is a clear and strong view from families that giving local authorities more power to reduce families' choices and removing the power of the SEND Tribunal to name a specific school or setting, is a **backwards and harmful move,** and we cannot see any fair, reasonable, or logical reasoning behind it.

It is currently unclear what specialist provision packages will look like in practice, however there is a significant **lack of trust from the community that local authorities will make appropriate judgements** as to which specialist support package(s) a child fits into - if the proposals around SSPs are taken forward, which we do not necessarily agree they should be.

East Sussex was part of the Change Programme, part of which was meant to be trialling this advisory tailored list approach. ESPCF strongly opposed this trial, as did East Sussex County Council - albeit likely due to slightly different reasons - and as an area we refused to take part in this aspect of the Change Programme. ESPCF held focus groups with parents around this to confirm our position and to focus on what *would* be helpful - please see the appendix at the end of this document for more detail.

Families understand the aim of improving consistency but are very concerned that **restricted or pre-determined lists will limit genuine choice** and shift decision-making further away from the child's individual needs. Placement decisions must remain based on **suitability, not convenience, availability, or cost**.

If this proposal is taken forward - which we do not agree it should be - local authorities should begin with a full understanding of the child's needs and the provision required. A setting should only be proposed where there is **clear evidence it can actually deliver that**

provision in practice, not simply that it states it can do so in theory. Decisions must be transparent, evidence-based, and open to independent challenge.

In considering suitable settings, local authorities should take into account the child's:

- full range of educational, communication, sensory, emotional, and physical needs
- mental health, wellbeing, and previous experiences of education
- ability to attend, engage, and feel safe
- need for specialist input, therapies, and staffing levels
- access to appropriate peer environment and safeguarding
- transport time/distance and travel impact for the child/young person
- views around what provision they would actually access in practice (for example not relying on inclusion hubs in a mainstream school where children would simply not use this for fear of being further singled out).

This must be supported by professional advice and **lived experience from families and young people**, particularly where needs are complex or less visible. Children may appear to cope in one setting but deteriorate significantly in another, so family evidence is critical.

There must also be **honesty and transparency**. Families should be given clear information about the strengths and limitations of proposed settings, including staffing, expertise, and what support is realistically available. They must have time and support to visit and make informed decisions.

There are serious concerns that lists could become a mechanism for narrowing options based on local capacity or cost. A shift from suitability to 'value for money' must not result in the **cheapest available placement being prioritised over the right one**. Poorly matched placements often fail, leading to higher long-term costs through breakdown, alternative provision, mental health crisis, and legal challenge.

The current legal framework around this is already strong and fair - it does not need changing. The system needs to ensure quality and sufficiency of appropriate places.
If any changes are made, the legal principle must remain clear: placement decisions are **individualised and based on need**, not guided by predetermined pathways. The presumption of mainstream must not become a barrier to accessing specialist provision where it is required and preferred.

Finally, families must retain access to an **independent route of redress** that can name an appropriate setting where there is disagreement. A process that simply returns decisions to the same local authority or provider will not provide families with enough confidence or protection. **The SEND Tribunal must retain the power to name a specific school or setting** for a child or young person.

Overall, any approach to identifying suitable settings must:

- be **needs-led and evidence-based**
- preserve **genuine parental choice**
- ensure **full transparency about provision**
- remain **open to independent challenge**.

Without these safeguards, there is a real risk that lists will restrict access to suitable placements and undermine trust, rather than improving outcomes for children and young people.

Q27. What information and support do parents need to make a decision about which setting will be best for their child?

Parents can only make a genuinely informed decision about a setting if they are given **clear, honest, and complete information**, alongside the support to understand and apply it to their child's individual needs.

Some families would like **practical guidance** from someone who understands both their child and the local provision available - an **independent person** who can talk through options. Families are often exhausted and overwhelmed, and should not be expected to navigate this alone.

The information provided must go beyond promotional material and clearly set out **what support looks like in practice**. This includes:

- what needs the setting can meet, and how
- staffing levels, expertise and training
- availability of therapies and specialist input
- how behaviour, distress, and mental health are understood and supported
- how sensory and environmental needs are accommodated

- how transitions and changes are managed
- physical environment and accessibility information.

Families also need to know whether support is **immediately available**, rather than dependent on waiting lists or external services. Real-time information about placement availability, therapy access, and capacity is critical. Without this, families are often left researching options that cannot realistically be secured.

Understanding the **culture of a setting** is equally important. Parents need insight into behaviour policies, inclusion approaches, anti-bullying practice, and how SEND is prioritised day-to-day. They also value opportunities to visit settings, speak to staff, hear from other families, and experience the environment in a way that works for their child.

Environmental and practical details matter too, including accessibility, layout, sensory spaces, movement around the building, medical facilities, and transport arrangements. These factors can be just as important as academic provision in determining whether a placement will succeed.

Families also need **independent advice and a clear understanding of their legal rights**. Too often, information is framed around what is available or preferred locally, rather than what parents are legally entitled to request. Without independent guidance, families may feel directed rather than supported to choose.

There are also wider issues that affect decision-making. Families often lack confidence that decisions are being made in their child's best interests rather than shaped by cost or availability. Concerns remain about limited capacity in advisory services, inconsistent communication from local authorities, and situations where schools are named despite stating they cannot meet need. A lack of suitable placements remains a fundamental barrier.

For choice to be meaningful, the process must be **transparent, supported and fair**. Families should be able to:

- access full and accurate information about all suitable options, including specialist and independent settings
- understand how decisions are made and what evidence has been considered
- visit and properly explore settings before expressing a preference
- know what to do if a placement does not work or if they disagree with a decision.

Ultimately, better information alone will not resolve the challenges families face. It must sit alongside **sufficient placements, trusted systems, and independent support**, so that the decisions families are asked to make are both realistic and genuinely in the best interests of their child.

Q28. What do you think is the right maximum length of time for a temporary placement in Alternative Provision (AP) schools? Please explain your rationale.

A single, fixed, maximum duration for placements in Alternative Provision (AP) would **not be appropriate.** Children and young people enter AP for very different reasons and with very different levels of need. Any rigid timeframe risks prioritising arbitrary targets over individual outcomes, safety, and wellbeing.

We therefore do not support this approach.

The key issue is not how long a placement lasts, but whether it is **appropriate, beneficial, and leading to meaningful progress**. Some children may benefit from short-term, intensive intervention before returning to education. Others, particularly those with complex SEND, trauma, severe anxiety, or emotionally based school avoidance, may require **longer periods of stability and therapeutic support** before any transition is safe or realistic.

Decisions should therefore be **needs-led, not time-led**. Local authorities should avoid arbitrary deadlines and instead ensure that:

- placements are regularly reviewed based on individual progress
- decisions reflect professional advice and the views of families and young people
- transitions only occur when appropriate support is in place
- next steps are carefully planned
- children are not moved prematurely to meet targets or reduce costs.

A major concern is that AP can become a **holding arrangement** due to system pressures such as delays in EHCP processes, a lack of specialist placements, or insufficient support in mainstream settings. This can leave children feeling excluded, disconnected, and uncertain about their future. AP must not be used simply because the wider system cannot meet needs elsewhere.

At the same time, AP should not be viewed as inherently negative. For some children, it is simply the **most 'appropriate provision'**, offering therapeutic, individualised, and trauma-informed support which helps children re-engage with learning. It may be the first time a child has been able to flourish, such as through a more vocational, hands-on curriculum or programme.

If a child is on roll at a school, the school should maintain connection and build relationships while they are at AP, to avoid the feeling of being ignored or forgotten about - something children can experience whilst in AP. This includes being invited to attend things like celebration assemblies, sports day, prom, and other aspects of the school community.

Reintegration is not always straightforward. Families report that children often struggle to return to mainstream because **the environment has not changed sufficiently**. Without a clear expectation on schools to implement recommended support, AP risks becoming a revolving door rather than a bridge.

There is also a risk that AP becomes a **gatekeeping stage**, where children must 'fail' in multiple placements before accessing appropriate long-term provision. Where evidence already shows mainstream is unsuitable, there should be a direct route to specialist provision or EOTAS.

The needs profile of children in AP must be properly understood. Many are neurodivergent or have unmet sensory, communication, or mental health needs. If provision is primarily behaviour-focused without this understanding, there are **significant safeguarding risks**, with distress being misinterpreted and further harm caused.

Outreach from AP into mainstream settings can be beneficial, but only where it leads to **real changes in practice**. Without funding, training, leadership, and accountability, outreach risks becoming a short-term fix rather than a sustainable solution.

The system must also ensure that children educated otherwise than at school (EOTAS), or those unable to attend due to health or anxiety, remain **visible and supported**, with properly funded and individualised provision.

Success in AP should not be judged by how quickly children are moved on. It should instead be judged by:

- improvements in wellbeing and engagement
- sustained access to suitable education, whatever that looks like for each child
- positive longer-term outcomes.

AP should generally be temporary unless part of a clearly assessed longer-term plan, but this must not be governed by rigid timelines. Instead, placements should be:

- purposeful and regularly reviewed
- linked to a clear pathway forward
- independently monitored
- supported by accountability where progress does not occur.

Without these safeguards, there is a real risk that children become **stuck in unsuitable placements or moved too quickly into settings that cannot meet their needs**, leading to further distress, breakdown, and higher long-term cost.

Q29. We have set out our plans to regulate Independent Special Schools (ISS) sector. Do you agree that these proposed changes will lead to suitable placements being available at a fair cost? Please explain why.

Regulation of the independent special school sector may play a role, but it will not by itself create sufficient suitable placements or ensure fair cost.

The growth of the independent sector reflects a wider issue: **local authority and maintained specialist provision has not kept up with increasing need**. Families are not choosing independent provision because they see it as a luxury preference, but because there is not a suitable mainstream or maintained option to meet their child's needs. It is disingenuous not to provide sufficient public services and then seek to close the free market from filling in the gaps. Restricting or regulating this market without addressing gaps in public provision risks worsening access rather than improving it.

There is not sufficient transparency and detail in the White Paper to understand the difference in costs or to what extent independent schools are profiting. The White Paper does not give like-for-like comparisons. It offers only a simple 'average unit cost' comparison between independent and maintained special schools, which does not provide meaningful information.

In East Sussex, for example, our independent special schools generally support children with higher and more complex needs, including complex medical needs, severe learning disabilities, or entrenched school-based trauma resulting from years of unmet need. Higher costs often reflect higher adult-to-child ratios and more intensive support. These settings often offer in-house therapy services and prevent escalation into more costly outcomes including placement breakdown, bespoke EOTAS packages, or mental health crisis. This reduces costs from NHS health services yet would not be reflected in price comparisons.

A fair comparison must account for the complexity of the children being placed and the provision being delivered, not just the headline average cost per place. Without this context, simple cost comparisons risk creating a misleading picture of value for money. A placement that appears more expensive may, in reality, be the most appropriate and cost-effective option when viewed across the whole system.

If the government is seeking fair cost, it must address overall system capacity, commissioning, quality, and early intervention, not rely on regulation alone.

There is also a risk that a focus on cost becomes a disguised restriction on access. The focus must remain on **suitability of placement and monitoring as to whether provision in statutory plans is being delivered**, not financial convenience.

We support stronger transparency and accountability across all sectors. Families need assurance that any provider receiving public funding delivers safe, high-quality provision which delivers the support it says it will, in which children can thrive and progress.

However, regulation must not be driven primarily by cost control. There is significant concern that national funding bands or 'fair cost' expectations, and tighter controls on provision, could reduce access to highly specialised placements where these are required. Many independent schools currently fill gaps by providing low-incidence, high-intensity support that is not available in the state sector. If funding arrangements make this provision unviable leading to school closures, there is a real risk that the most complex and vulnerable children will be left without a suitable placement.

Funding should therefore reflect actual levels of need and act as a guide or planning framework, not a cap that prevents appropriate provision.

Ultimately, families need confidence that reforms will improve quality and value for money without reducing access to suitable placements. Without addressing underlying capacity and system issues, regulation alone is unlikely to achieve these aims.

Q30. How should settings be held accountable for how they spend their Inclusive Mainstream funding?

Accountability for Inclusive Mainstream Funding must focus on **whether support is actually delivered and improves outcomes for children**, not simply on whether funding has been allocated or recorded.

Schools should be able to demonstrate how SEND funding is used, what provision is in place, which children are benefiting, and what difference it is making. However, this must not become another paperwork exercise. Accountability needs to reflect **real-world delivery and impact**, not just compliance. **Children/young people and parents must be able to input into monitoring mechanisms** to ensure an accurate picture is captured as to what support is actually being delivered and how, and what impact this is having on **experiences and outcomes.**

A central issue for families is **fairness and transparency**. Parents are often told that support cannot be provided due to lack of funding, yet have no clear way of understanding what funding has been received or how it has been used. This creates mistrust and places families in an unequal position.

Funding allocation can be an interesting reflection of priorities within a system. We heard an example of a school who told a parent they could not afford to purchase a standing desk for their child, nor to order a small range of large print library books for a child with a vision impairment, yet had purchased a stock of new plimsolls that are given out to children arriving at school wearing the 'wrong' shoes for them to change into before being sent to isolation for breaking the uniform policy.

There should also be greater transparency around where and how money is being spent more broadly in schools to allow for more honest conversations and understanding, as well as greater scrutiny.

Families should be able to see:

- what funding has been allocated for SEND
- how it is being used within the school
- what provision it is intended to cover
- how impact is being measured.

Without this transparency, parents are left trying to challenge decisions **without access to the information they need**, which is not fair or sustainable.

There are also real concerns about funding being absorbed into wider school pressures. If funding is not clearly tracked and linked to provision, there is a risk it effectively disappears into general budgets, where children do not see the intended benefit. Families already report situations where funding is in place, either through EHCPs or other funding, whilst support is not delivered.

Accountability must therefore include **robust monitoring of whether provision actually happens**, particularly where:

- children are not attending school
- support is significantly reduced
- or provision does not match what has been agreed.

ESPCF has heard several examples of schools or colleges who are receiving funding, whether through EHCPs or other inclusion funding, yet the child has not attended for a significant period of time, or in some cases has never even set foot through the door in the first place. This is obviously not a good use of public money, nor is it helpful for the child/young person or family and is particularly difficult for families to accept when they are instead having to spend their own money trying to plug the gaps such as with tutors or therapies.

There needs to be better monitoring and tracking of funding where a child is receiving no support from public services in reality.

At the same time, accountability for schools must sit alongside accountability for **local authorities and national policy**. Schools cannot be expected to deliver inclusive practice without sufficient funding, staffing, and access to specialist expertise. Many staff are already overstretched, and additional reporting requirements should not take time away from supporting children.

A balanced approach is needed - one that combines **clear accountability with proper resourcing**. This includes recognising:

- workforce shortages
- limited access to specialist services
- pressures within mainstream settings.

Without addressing these, accountability risks becoming **unfairly placed on schools alone**.

Importantly, accountability must include **family and child voice**. Parents and young people are often the first to identify when support is not being delivered or is not working. Their experience should be treated as valid evidence, not secondary feedback. Systems must allow families to:

- raise concerns
- provide feedback on delivery
- see what action is taken as a result.

This is essential to creating a fair system where families are not left to fight repeatedly for basic support.

Success should also be measured realistically. Funding should not be considered effective because it has been spent, or because policies are in place. It should be judged by whether children are:

- safer
- better supported
- more able to attend and engage
- making meaningful progress.

Finally, there are wider concerns that increasing funding within mainstream settings without clear safeguards could lead to **'inclusion on the cheap'**, where support exists in theory but is not deliverable in practice. If provision is not enforceable and monitored, children's access to support may depend too heavily on individual school capacity or priorities.

Accountability for SEND funding must be:

- **transparent to families**
- **focused on actual delivery and outcomes**
- **inclusive of parent and child voice**
- **shared across schools, local authorities and government**
- and **supported by sufficient funding and workforce capacity.**

Without these elements, accountability risks becoming administrative rather than meaningful, and families will continue to experience a system that **appears to fund support without ensuring it is actually provided**.

Q31. Do you agree that more SEND funding should sit directly within mainstream budgets? Please explain why.

Strong safeguards must be in place if more SEND funding is placed directly within mainstream budgets.

While increasing funding in mainstream settings could support earlier intervention, there is a significant risk that, without proper protections, this funding will be **absorbed into already stretched school budgets rather than reaching individual children**. Families already report that it is difficult to see how SEND or EHCP funding translates into actual support, which creates mistrust and conflict. Provision should not depend on a school's financial pressures or internal decisions rather than a child's assessed needs, yet in reality this is often the case.

Any shift in funding must therefore include **clear safeguards**, including:

- ring-fencing or clear tracking of SEND funding
- transparency for families about how money is used
- evidence that funding has resulted in specific provision
- accountability where support is not delivered.

More broadly, it is also essential that increased mainstream funding **does not reduce access to statutory assessment, EHCPs, or specialist provision**. Many children cannot have their needs met in mainstream settings, even with additional support. Specialist schools are already under pressure, with limited places and increasing demand, and we do not believe that the proposals in the reforms will meaningfully change this. If funding reforms unintentionally restrict access to specialist provision, this risks forcing children to remain in unsuitable environments, leading to distress, breakdown, and higher long-term costs.

Funding must therefore be considered across the **whole system**, not just mainstream education. This includes:

- specialist schools and resource bases

- early intervention services
- therapeutic and specialist professionals.

The current challenges are not simply about how funding is distributed, but about **overall capacity, workforce shortages, sustained underinvestment** across SEND services and **incompatible, non-inclusive wider frameworks, priorities and cultures** such as around school attendance, unreasonable curriculum pressures, and less community support for families.

It is also important to recognise that effective inclusion requires more than funding alone. Schools need:

- sufficient staffing and reasonable class sizes
- access to specialist advice and intervention
- appropriate environments and resources
- flexible curriculum and leadership commitment to inclusion.

Without these conditions, additional funding alone is unlikely to improve outcomes.

Ultimately, any changes to funding arrangements must ensure that:

- support remains **needs-led, not resource-led**
- families can clearly see **what provision their child is receiving**
- **legal entitlements and safeguards are preserved**
- and outcomes for children improve in practice, not just in theory

In summary, funding within mainstream settings can play a positive role, but **only if it is transparent, accountable, and part of a balanced investment across the entire SEND system**. Without this, there is a risk that funding increases on paper will not translate into better support for children and young people.

Q32: In relation to pooled funding, we propose that every school becomes part of a local SEND group. Do you agree that this proposal aligns with our aim for all schools to be part of high-quality, community-based trusts?

We are not convinced that pooled funding or local SEND groups will make a significant meaningful difference in practice.

Collaboration between schools can be positive where it genuinely improves access to expertise and support. Where there are logical economies of scale to be had, then pooled funding between schools or settings makes sense if it is beneficial for children/young people and the settings themselves. However, without truly sufficient funding alongside wider system changes, it is unlikely to address the **underlying issues of capacity, funding and accountability**. Without these being resolved, there is a risk that new structures simply **redistribute existing pressures rather than improving outcomes**.

A key concern is fairness. Decisions about support must remain **firmly needs-led**, not influenced by how shared budgets are managed. Children's needs are individual, and funding arrangements must not result in provision being limited because resources have been allocated elsewhere. Families must not find themselves in a system where their child's support depends on local financial decisions rather than their assessed needs.

There is also a risk of delays to support, where responsibility for funding more complex or costly provision is disputed between schools or groups. Children should not be left waiting while services are disputing who should pay. Clear, single-point accountability is essential to avoid this.

Pooled funding could also create unintended tensions between settings. Schools that are more inclusive, or more trusted by families, may attract more pupils with SEND, placing additional pressure on shared resources. This could discourage inclusion rather than support it.

If local SEND groups are introduced, they must not replace or weaken **existing legal duties and individual entitlements**. They would need strong safeguards, including clear governance, transparent decision-making, involvement of families and parent carer forums,

and independent routes of redress. Without this, there is a risk that decisions are made collectively but accountability is unclear.

It is also important that these proposals do not add further administrative burden to schools and SENCOs, who are already working within stretched systems. Reforms should focus on **providing additional capacity, specialist support, and time**, rather than adding layers of structure which make the system more complex without improving experiences and outcomes for children and families.

Q33: How should disagreements about membership, provision, or funding in groups of schools for SEND be resolved?

Disagreements must be resolved **quickly, transparently, and without delaying support**, with the **child's needs remaining the clear priority** at all times. Families should not be left trying to navigate a complex system or work out whether responsibility sits with a school, trust, local group, or local authority.

Any dispute about funding, provision, or responsibility must be handled through a process that is **independent, time-bound, and clearly explained**, including written reasons for decisions. If disagreements are handled internally by the same organisations that made the original decision, confidence will be low. **Independent oversight** is essential for fairness and trust.

Crucially, **provision must continue while disputes are resolved**. Children should not lose access to education or support because adults are negotiating funding or responsibility. Interim arrangements must be in place to prevent disruption.

These disputes are not simply operational matters; they directly affect whether a child can access appropriate support. This makes it essential that families have **clear and accessible routes to challenge decisions**, alongside meaningful involvement in discussions that affect their child. Parents and young people should not be excluded or only engaged once issues escalate.

Existing legal rights for families to challenge decisions around provision or delivery, including tribunal routes, must be fully preserved. These remain a critical safeguard when systems fail to deliver.

Ultimately, disagreement processes should strengthen the system by ensuring **clear accountability, transparency, and timely resolution**, so that children are not left waiting for support while responsibility is disputed.

This is an interesting question to be included, which raises assumptions around the practical operation formal groupings of schools. If this model is taken forward widely, it should be regularly reviewed to ensure it does not create more problems than it solves, and that schools are not even further stretched by getting caught up in disagreements with each other.

Q34: How can we ensure the most effective use of these local partnership groups?

Local partnership groups will only be effective if they are **transparent, accountable, and focused on improving outcomes in practice.**

In East Sussex, similar approaches already exist through arrangements such as Area Inclusion Groups. Any new partnership model must demonstrate how it will **add value and improve practice**, rather than duplicating existing structures.

To be effective, these groups must move beyond discussion and have the **authority, resources, and responsibility to drive change**. They should be used to identify gaps in provision which might be more feasible to address collectively, share expertise, plan support, and also provide professional challenge to each other, to support with monitoring whether children are actually receiving what has been agreed. Without this, there is a risk they become administrative forums where issues are discussed but remain unresolved.

A central requirement is **genuine collaboration across education, health, and social care**, supported by joint commissioning and shared accountability. Many children's needs span these services, and without coordinated responsibility, families will continue to experience being bounced back and forth, where no agency takes ownership.

Transparency is critical. Groups should operate with clear terms of reference, published priorities, and accessible information about decisions, funding, and outcomes. They should monitor attendance, exclusions, access to provision, and whether support is delivered as intended. Evidence must show not only what is planned, but what is happening in reality.

Lived experience must also be central. Families, young people, and frontline professionals should be meaningfully involved in shaping decisions, not consulted after the fact. Parent carer forums in particular have an important role in bringing collective experience and helping to identify gaps and to assess whether changes are making a real difference. With sufficient funding and being genuinely valued in the system, parent carer forums can also help support families to participate in a school/setting or on individual level. Families need to see **how their input leads to action**, not just that it has been heard.

There is also a need to ensure these arrangements do not **blur accountability or create additional bureaucracy**. Clear ownership of decisions must remain, and processes should simplify the system rather than make it harder for families and professionals to navigate.

Finally, partnership groups will only succeed if they are properly resourced. Schools, SENCOs, and services are already under significant pressure, so any new approach must be supported by **adequate funding, staffing, and access to specialist expertise**.

Without these conditions, there is a risk they become another layer of governance that **manages system pressures rather than improving children's experiences and outcomes**.

Q35. Which stakeholders are important for the success of local partnership groups, and why?

The success of local partnership groups depends on **bringing together the right range of stakeholders and ensuring their involvement is meaningful, not tokenistic**.

Children, young people, and families must be at the centre of this work. Their involvement should be genuine and ongoing, not limited to consultation after decisions have already been shaped.

Involvement should be from the outset, including shaping what they are involved with in the first place.

Parent carers and young people bring **direct lived experience of how the system operates in practice**, and their insight must be treated as valuable evidence that can shape priorities, highlight gaps in provision, unpick the true picture behind data, and challenge assumptions.

A wide range of other stakeholders should be involved to ensure a balanced and informed approach. This includes:

- education providers (early years, schools, colleges, alternative provision, and specialist settings)
- local authority SEND teams
- health services, including Integrated Care Boards, therapists, and mental health services
- social care
- educational psychologists
- post-16 services
- independent specialist providers
- community and voluntary sector organisations
- legal, advocacy, and support services.

However, representation alone is not enough. **Stakeholders must have a real voice within the partnership**, with the ability to **genuinely influence decisions,** not simply be present while decisions are made elsewhere.

Integrated Care Boards and health partners must be **active partners**, particularly given that many children's needs sit across education, health, and social care. Families frequently experience fragmented systems where responsibility is passed between services. Stronger collaboration requires **shared accountability for planning, funding, and delivering support**.

Parent carer forums should have a **clear and defined strategic role**, bringing insight from a wide range of families and helping to test whether changes are actually improving experiences and outcomes. Similarly, children and young people should be involved in ways that are accessible and meaningful to them.

Frontline professionals, including SENCOs, teachers, and therapists, are also essential. They bring an understanding of the **day-to-day realities within settings**, including what is working well and where systems create barriers.

For partnership groups to be effective, those involved must also have the **authority to take decisions and commit resources**. Without this, there is a risk that partnerships become discussion spaces rather than drivers of change.

Ultimately, effective collaboration depends on:

- **equal partnership between stakeholders**
- transparent communication
- shared accountability across services
- a clear focus on improving outcomes for children and young people

Without these elements, partnership working will continue to be unlikely to lead to meaningful or sustained improvement.

Q36: How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?

Stronger collaboration and a culture of improvement will only develop if local SEND strategic plans are **genuinely co-produced from the outset.**

Children and young people, and parents must remain central as they hold the greatest stake and are the people that local public services exist to serve. This should include parent carer forums, children and young people, and frontline professionals, not just leaders in offices.

Genuine engagement must take place **before plans are drafted**, not after key decisions have already been made.

Sufficient time must be built in for meaningful involvement, and there must be sufficient funding and support to enable involvement to be as representative and accessible as possible. Ironically, this is currently being modelled very poorly by the Department for Education as the circumstances and timescales they created for local areas to develop and submit their reform plans have made it difficult for much involvement, let alone co-production, with families. This has contributed to **distrust among families,** particularly as there appears to be no meaningful route of redress around this.

Strategic plans are only worth anything if they lead to improved delivery of appropriate support. Plans should be **clear, transparent, and action-focused**, setting out priorities, baseline data, measurable outcomes, timescales, accountable leads, and funding. They should honestly demonstrate how local areas will improve key pressure points, including early identification, mainstream inclusion, specialist places, alternative provision, health and social care, post-16 pathways, and transitions.

Families also need confidence that progress will be **openly tracked**, including through:

- family feedback and complaints
- tribunal and dispute learning
- attendance and exclusion data
- AP and EOTAS data
- waiting times
- evidence that provision is actually delivered.

Plans must not sit separately from other strategies or budget planning. Families need assurance that inclusion, sufficiency, and legal rights are not undermined by budget constraints. Apparent savings made by reducing or delaying support often lead to **higher long-term costs**, including crisis intervention, AP, legal challenge, increased demand on services, and parents being unable to work due to unmet need.

Collaboration will only improve if families can see that systems are **learning from failure and making meaningful changes**. Plans must therefore be honest about gaps in provision, workforce shortages, delays in support, and patterns of dispute. They should not become public relations documents, but practical tools for improvement. There should be clear follow-through from previous versions of strategies and plans, or families will have no faith they are not just another meaningless document.

A culture of improvement requires:

- clear targets
- independent scrutiny
- consequences where progress is not achieved.

While collaboration is important, **it cannot replace legal accountability**.

Effective plans also require better **joined-up working across education, health, and social care**, with shared accountability. Too often, families experience fragmented systems where responsibility is unclear or passed between services.

Plans should prioritise:

- early intervention (this does not just mean 'early years', it means timely support whenever needs arise)

- increasing specialist capacity
- improving mental health support
- reducing waiting times
- improving access to assessment and specialist professionals
- creating genuinely inclusive environments.

Plans must also be realistic and properly resourced. Schools, SENCOs, and services are already under pressure, so reforms should **simplify processes rather than add further bureaucracy**.

Ultimately, meaningful collaboration requires a shift away from **conflict and gatekeeping**, towards trust, transparency, and shared responsibility for meeting children and young people's needs effectively and compassionately.

Q37. What information, advice and guidance can best support children, young people and their families to ensure greater fairness across the system?

Many families tell us they need access to **practical support**, such as someone to attend school meetings with them, go through documents, check draft plans, and support complaints or escalation processes, rather than just being given links to information on a website.

It is important not to view parents who are able to advocate effectively as receiving more/better support than is needed. **No family should have to fight for basic provision at all.** However, some families are less able to advocate due to factors such as language barriers, their own additional needs, time pressures, or the cumulative trauma impacts of battling systems over time. Even for those without these barriers, there is a clear **institutional power imbalance**, and many parents feel unable to challenge schools due to fear that being seen as a 'difficult parent' could affect their child, or simply feeling uncomfortable challenging well-meaning staff who they know are ultimately trying their best in an unfeasible system.

Better access to **independent, practical support and advocacy** would help address these inequalities and improve fairness across the system.

This becomes even more important if greater responsibility for assessing, planning, and reviewing support sits with schools through ISPs. Families will need **clear advice and advocacy**, particularly where support is not enforceable, where schools are unable or unwilling to deliver provision, or where there is no effective independent route to resolve disagreements.

Current information, advice, and support services are **not sufficiently resourced** to provide this level of support, particularly where families need urgent advice, for example following exclusion or when support is being denied such as a child not being allowed to go on a school trip. Timely, independent guidance at these points can prevent escalation, both in terms of unmet need and formal complaints.

Families also need **clear, legally accurate, impartial and accessible information** about their rights and the responsibilities of schools, local authorities, health services and others. This information must be:

- easy to find
- written in plain English without jargon
- proactively provided at logical touchpoints, not reliant on families knowing what to search for.

Families consistently report that **'you don't know what you don't know'**, meaning they may not seek information about support or processes that they are unaware exist.

Information should cover the full range of the SEND system, including EHCPS, ISPs (if these are taken forward), assessments, thresholds, what support is available and for who, application processes, schools and other settings, alternative provision, transport, social care, preparation for adulthood, post 16 options, workplace support, referral pathways, statutory processes, complaints, appeals, challenging disability discrimination, ombudsman complaints, and judicial review. Clear visual flowcharts can be helpful in supporting understanding through different processes.

However, fairness requires more than access to information. Families need to understand **their legal rights, what should happen in practice, and what action they can take when things go wrong**.

We frequently hear from families who feel lost because **the information available does not match their real experience**, often because statutory duties are not being followed correctly.

A lack of clear and practical support and information leads to delayed access to help, escalation of need, increased stress, breakdowns of families, missed chances for early intervention, and duplication such as when parents are contacting multiple services at once because it is not clear who is best placed to help.

Good information is therefore essential for early identification, prevention, trust and effective use of public resources. However, information must sit alongside:

- properly funded advice and practical support
- independent and accessible redress routes
- clear, enforceable duties on services.

Without this, families may better understand the system but still be **unable to secure the support their child needs**, which ultimately undermines fairness.

Q38. Do you agree that a SEND specialist (e.g. a SENCO) should sit on the school complaint panel, when the complaint relates to SEND support and provision? Please explain why.

We agree that a SEND specialist should sit on school complaints panel when the complaint relates to anything about SEND (or when there are possible unidentified SEND elements to the complaint), however we disagree with the example that this should be a SENCO.

The term 'SEND specialist' is very broad and doesn't mean a great amount on its own. SEND covers such a broad range of needs, conditions, presentations, provisions, legal duties, processes and more. By definition, 'specialism' is a focus on a more specific area, and as such there is **not really such a thing as a catch-all 'SEND specialist'**.

It would therefore depend on the nature of the complaint as to who the most appropriate person, with relevant expertise, would be. For admin issues such as a complaint around lack of communication responses, or missed timescales, a SENCO might meet the criteria - although this is still unlikely to be appropriate. However, for more specific issues such as

around how speech and language therapy was being delivered, there should be someone with **relevant qualifications and/or expertise.** This presents capacity challenges in practice.

That said, the biggest issue is not necessarily expertise, but **impartiality or independence**. Families have told us they would not have confidence in a system in which a SENCO was included as the SEND expert on a complaints panel.

Schools regularly work or meet together in a variety of ways, such as through local SENCO hubs, working parties, workshops, local authority training etc, and this collaborative approach is being encouraged further with these reform proposals. Staff also generally move from one school to another over their careers, and therefore they may well know staff at the school the complaint is being made against. They are still part of the same local systems, likely facing the same challenges, and as such are **unlikely to be able to be truly objective or impartial**, which is required for a genuinely fair process that families can have confidence in the outcome of. Families have described this to us as 'the system marking its own homework'. This **does not build trust - it undermines it.**

There is also a wider issue around the appropriateness of school-led complaints processes in SEND cases. Families may be required to bring complaints against the same school that is educating their child, which can damage relationships and create additional pressure, with many families telling us they are worried their child will be treated less favourably as a result. Where disagreements relate to provision that has not been delivered, or decisions that have directly affected a child's wellbeing, an **independent route of resolution is needed**.

A SEND specialist can play a valuable role in providing insight and understanding, but this must sit within a process that is **clearly independent, transparent, and capable of making meaningful, enforceable decisions**. Families need clarity about who appoints the specialist, what their level of independence is, and whether their conclusions will lead to actual change.

There is also a significant **power imbalance** in many complaint processes. Families are often navigating complex systems without advocacy or support, while schools are supported by professionals who understand procedures, language, and expectations. Without genuine independence, there is a risk that families feel pressured to accept decisions rather than having their concerns fairly resolved.

Independent legal routes remain essential safeguards and must not be weakened. Complaint panels alone cannot substitute for **legally enforceable mechanisms** where required provision is not being delivered.

Q39. This consultation outlines a series of measures intended to reform the SEND system. Some of these measures have already been finalised, and this is clearly indicated within the document. With this in mind, is there anything further you would like to contribute to help inform the remaining proposals that are still under consideration?

Overall, we are concerned by the general direction of travel of the reforms, and do not agree these proposals will create meaningful change for families. It appears to be largely a series of renaming exercises of the existing, failing system, with a sneaky attempt to remove some crucial legal rights of children and young people. We strongly oppose this approach.

The current legal framework is not the problem. The problem is the lack of implementation of the law, and this is what needs addressing.

Wider system changes are needed for this, including a true acceptance that our education system is outdated and is not serving far too many of our children and young people well, but particularly not serving well those with SEND. Whilst this is said in the White Paper, we do not have faith that the government has a genuine understanding of this due to the lack of meaningful changes proposed.

The government has repeated its headline figures many times over the past twelve weeks of this consultation - described as 'investment'. However, simply putting more money into a system that is not working, and is unlikely to improve experiences and outcomes, is just extra spending, not **investment**.

Some additional points ESPCF members consistently raise with us are below, which may or may not already have been covered in some of the consultation questions above.

- There appears to be no clear mandate for the government's direction of travel, other than a focus on cost cutting. It is not clear what the comparable cost forecasts would be on genuinely reforming the education system, potentially benefiting all children,

not just those with SEND, and better preparing young people for the world that now exists for them, rather than simply tinkering around the edges of the current education system developed for the Victorian era. This would include wider costs such as where parents have been forced to give up work due to their child's unmet needs, as well as longer term costs supporting young people into adulthood.

- Families consistently tell us that needs being met is more important than going to the nearest school. The assertion that children are part of their local communities just because they attend the local school are over simplistic and ignore other important factors of community participation and belonging, such as being able to access local parks, clubs, shops, public transport. The world is changing through technology, and many young people talk about 'community' in far broader terms than simply geographical proximity. Many young people are part of online communities around their interests, for example. Conversations must be transparent, from an honest starting point around intentions.

- Different educational routes are equally as valid. Vocational courses should be available earlier, without children having to 'fail' in the mainstream or more traditional academic routes first or wait until they are 16 before they have the option to choose a subject they enjoy and can flourish in.

- More 'alternative' routes should be available. This could actually lower the overall costs of providing a wider range of support compared to currently, as different options could be properly arranged and provided by local areas, rather than the current ad hoc commissioning of alternative provision. Whilst a range of options is important, so smaller independent providers are still valuable in the system for more bespoke options, for provision more commonly needed, such as forest schools, equine therapies, vocational courses pre-16 yrs, and these should be readily available in-house from local authorities.

- This is a time of change within the health system, with significant staffing cuts in the ICB as well as enlarging the footprint with the merging of NHS Sussex and Surrey. There must be better working between health and education, both of whom must be properly working in co-production with families. ICBs must be recognising the needs being identified by early years settings and schools to ensure that services are being commissioned to meet these needs ready for when they are needed. National

training programmes are also needed to ensure sufficiency of the workforce.

- This is also a time of change for local governments, with local government reorganisation in Sussex still undecided, so local areas do not know what their geographical footprint will be moving forwards, or how their responsibilities may change through devolution. Boundary changes could mean a change to the systems of support that schools have access to via local authorities, and local authorities may be reluctant to commission new support before it is clear where their geographical boundaries and scope of responsibilities will be.

- Better oversight and monitoring is needed as to where money is being spent. We have heard from several families of children who are unable to attend school, sometimes those who have never attended the setting named in their EHCP, yet money is being paid to these schools to support these children. It is not just children with EHCPs, but also children for whom schools have been given additional funding through other inclusion funding from the local authority. This is particularly frustrating when the family is being told there is no funding for alternative provision and/or is left jumping through hoops when asking for provision as per Section 19 of the Education Act 1996.

- Ofsted have been part of the problem, driving schools to prioritise attendance and achievement. It feels counterintuitive that they are therefore the main accountability and consequence measure for schools. Without a clear consensus on what inclusion means or looks like in the first place, it is difficult to assess and pass judgement on. The focus should be on children feeling happy, like they belong, and able to progress in a way that is meaningful for them as individuals, whichever route this might be.

- We must not continue to take away broader parts of the curriculum, particularly for children who excel in these or enjoy them more, for narrower interventions. For example, stop taking children out of music or art if they want to do these subjects, for maths or English interventions.

- There are a significant number of children currently unable to attend mainstream schools, or even special schools, because their school-based trauma has been longstanding and has become so fully entrenched. These children also deserve to thrive and achieve, despite this looking different for them than for those in schools.

Ideologies and theoretical 'mainstream inclusion' will not help these children. We must ensure suitable education for all.

- All the while there is systemic emphasis on GCSEs, there should be access, including financial support, for those able to sit the exams but not able to access them in a school setting. We know there are too many young people who are not in education, employment or training (NEET), so the system should be doing everything it can to try and reduce the barriers to engagement, or re-engagement, in post-16 routes for young people.

- Concern that the Experts at Hand model will be school/cohort advisory level, without increasing the availability of support for individual children and young people. It is not clear who makes the decisions as to which children would be supported by any additional professionals. Workforce capacity is a big concern also, and the time and funding allocated does not actually go very far in practice. Assessment without resource is simply rationing.

- The Experts at Hand model must not remove staff from already stretched special schools.

- The SEND Tribunal **must** retain the power to name a specific school or setting for a child or young person. It is a backwards, harmful move to take this power away. Whilst families talk about the difficulty of the tribunal process, this proposal makes things even worse. Minister Gould has offered a thinly-veiled excuse for this proposal: that the tribunal was naming schools which couldn't meet needs or were unsafe to name, with no more details given. There are a significant number of instances where local authorities have named a school which cannot meet needs, and which would not be safe for the child to attend, and where families have identified a more suitable placement. The tribunal data clearly shows that local authorities are almost always incorrect, so it is illogical and harmful to give them more power and remove the legal backstop of the tribunal to name a placement. Whilst the process can be long and stressful, it is often the one part of the EHCP system that families report actually works once they can access it.

- Ensure accountability is robust, with it being clear which decisions are being made by who, and what their qualifications and/or expertise are/is: why are they making those decisions. There must be consequences, including individual consequences which

have parity with that in other professions such as medical, to ensure the system does not allow individuals to deliberately or repeatedly act unlawfully. This must be fair, of course, and individuals must be protected from legal challenge or consequence where decision-making sits outside of their control.

- Ensure reforms are aligned with evidence such as from the Neurodivergence Task and Finish Group, and the Education Select Committee.

- The curriculum needs proper reform to bring it up to date and to reflect different learning and assessment styles. Children unable to sit traditional exams, or to best demonstrate their abilities through this narrow assessment method, should not be left at a disadvantage in post-16 or into adulthood due to the over-emphasis of this narrow, exam-based system.

- Removing rights from disabled children and young people is unacceptable.

- Forcing children to remain in a mainstream environment they are unable to cope in, let alone to thrive or achieve in, is not inclusion, it is harmful.

- A number of families have described instances where they have ended up in A&E or having to call the police due to suicidal thoughts or attempts, yet these same children are deemed to be absolutely 'fine' by their school. It is not clear how the reform proposals would stop this happening.

- Concern that national standards could be seen as a ceiling rather than minimum expectations.

Appendix: East Sussex School Information Focus Groups Summary

Introduction

As part of the SEND and Alternative Provision Change Programme, local areas are required test 'Advisory Tailored Lists' of schools or settings.

The Department for Education have made this suggestion because they have heard from families that during the Education, Health and Care Plan (EHCP) process, some families feel they do not have enough information to name a school in their EHCP. Change Programme Policy teams would therefore like to test whether or not having an Advisory Tailored List of settings helps parent carers to make this decision.

Partners in East Sussex have decided to take a different approach to testing to 'test the water' for Advisory Tailored Lists first, rather than rolling them out straight away. They asked REACh to deliver a series of focus groups, hosted by East Sussex Parent Carer Forum, with local parent carers to ask them:

- What sort of information is important to families when choosing a school?
- Where do you currently get information from to help you choose a school?
- How would you like to get information in the future?

The answers to these questions will help us to understand whether or not Advisory Tailored Lists are the right way to help families make an informed choice about schools.

About the focus groups

REACh ran 3 focus groups in April 2024 (one weekday evening, one weekday morning and one weekend afternoon), to give parent carers a good opportunity to be part of the conversations.

A total of 17 parent carers attended, with their children's ages ranging from Year 3 to post-16. Their children have a wide range of needs and school experiences.

What challenges are parent carers facing when choosing a school or setting?

Many of the concerns about getting information to help with choosing a school for their child were shared across the participants. The most prominent ones of these were:

- Taking on the burden of finding information, with no idea of where to start or what to look for
    - "I've got no idea where to look… How do I know which is best for my child?"

- A lack of guidance/ someone to speak to about appropriate settings and options
    - "We need a go-to person who is independent."
    - "We are already exhausted, we are looking for someone to speak to have a conversation with us, with kindness."
- Difficulty in trying to arrange visits to schools, particularly where schools will not permit visits until the EHCP has been completed
- The illusion of choice, i.e. there is a lack of available places in schools that would be able to meet need
- Negative attitudes towards children and young people with SEND in schools
- Negative attitudes towards parent carers who are attempting to navigate the EHCP process and education system
- Lack of clarity about what needs schools can meet and how
- Lack of transparency in the decision-making process
    - "Is it the best school for my child or is it just based on money and availability?"
    - Including the outcomes of consultations with schools; if a school has said they cannot meet need, why is this?

Where are parent carers currently getting information from when choosing a school or setting?

Parent carers are currently getting information from:

- Googling schools in the area
- Local offer website, although this was felt to be incomplete (i.e. does not include independent schools)
- Word of mouth
- School SEN Information Reports
    - Those who knew about these found them very helpful, but they are not well known
- Informal recommendations from practitioners, including independent practitioners

So what would help?

Although different people had different views on what would be most helpful to families when making decisions about schools, there were some clear recurring 'asks' for information regarding schools:

- Information which is proactively given to parents of **all** settings that are able to meet their child's needs, including special and independent schools

- If this is a list, it should include information on:
    - Needs that can be met in the school, and how these are met
        - Including information on training staff have received
    - Whether or not the school has placements available, and "if not now then when?"
    - Whether or not transport will be provided
    - Information on school culture in relation to SEND, e.g. behaviour policies, inclusion policies, anti-bullying policies etc.
    - Academic outcomes
    - An overview of the cohort of children that the school serves, inc. levels and types of need and academic ability
- The list should be put together by someone who knows the child, understands their needs, and understands the school's offer and ethos
- As well as a list, there should be more opportunities to get a sense of the school environment, for example through visits, videos, Tripadvisor-style reviews and opportunities to meet with other parents.
- As well as a list, there should be an identified, independent person who can discuss options with parents about school choices

Would an Advisory Tailored List meet these requirements?

A lot of the information that parent carers want when choosing a school is included in the Advisory Tailored List draft template, including:

- Physical environment
- Workforce
- Ethos, specialisms and policies
- Transport availability
- Link to SEN Information Report
- How to arrange a visit

The guidance also says that local authorities should:

- Meet with families to discuss the list
- Offer to help facilitate visits to schools
- Direct families to further support and guidance, e.g. through SENDIASS

In theory, these things match up with what parent carers have said in the focus groups that they want to see when choosing a school or setting for their child. The biggest gap is information about placement availability; parent carers do not want to spend time looking at school options only to find there is no space for their child.

However, many of the concerns that parent carers shared in the focus groups focused on their experiences of interacting with the local authority, both in general and related to naming schools in the EHCP:

- Parent carers do not trust that decisions made by the local authority are seeking the best for their children

- Parent carers do not trust that the local authority would identify the most appropriate school options for their child, but would focus on the cheapest
    - There is a particular concern about information about independent schools not being shared

- There are insufficient places available for the number of children and young people who need them, with some particular gaps in provision for particular needs
    - Parent carers put a lot of energy into researching schools only to find that no places are available

- Parental preference is not taken into account when schools are identified

- Schools' consultation responses are often not taken into account, which means that a school could be identified despite saying they cannot meet needs

- Neither EHCP assessment and planning officers nor Amaze SENDIASS have capacity to have meaningful conversations with parent carers
    - A list would add to already stretched workloads

In short, many parent carers would welcome information about schools in the way that the Advisory Tailored List reform suggests. However, there are fundamental issues about transparency, trust, availability of school placements and capacity of local authority staff which mean that parent carers do not believe Advisory Tailored Lists are the solution to the challenges they face. These would need to be addressed more widely before Advisory Tailored Lists could be effective.

Wider issues

There were a number of issues raised in the discussions that are bigger than the question of information for choosing schools. These were:

- Local approaches to forecasting and planning support for the future are not robust enough, therefore there are insufficient levels of provision
- The relationship with the transport team is not strong enough, and this is seen to lead to disputes regarding budgets
- Breakdown of trust between parent carers and the local authority

Thank you to all those who participated in the focus groups. This summary will be shared with partners in East Sussex and the Department for Education, as part of the SEND & Alternative Provision Change Programme. The Department for Education will use this information, as well as information they receive from other local areas in the programme, to influence future SEND policy.