Kids Disabled children say we can

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?

Decisions on support for SEND must be linked to evidence from parents, young people, and specialists. The current duties under the Children and Families Act 2014 for local authorities to have regard to the views, wishes, and feelings of children and parents in shaping SEND support and decision-making are sound, and must remain. However, this often isn't happening locally. Systemic issues such as diminishing budgets of local authorities, workforce gaps and pressures create barriers to young people and families' views being heard.

Some local areas are getting better at involving parents in local decision making through the involvement of PCFs on partnership boards. However, youth representation remains extremely rare. In areas where we see the most effective partnership work, for example in Wakefield, PCFs are equal partners alongside education, health and care partners, and are embedded in strategic and operational decision making.

Youth participation in partnership boards should be mandated, to ensure young people's voices are embedded in local decision-making.

We have seen good practice in Portsmouth, where the Dynamite participation group engages with local leaders, and their Young Inspectors provide feedback on accessibility of local services including museums, leisure centres, and public transportation.

DfE should continue to invest in programmes like Making Participation Work to ensure that young people's voices are fed into national decision making.

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

In addition to academic research and policy studies, lived experiences and views of young people and their families must inform decisions about SEND. Person-centred assessments of individual need are the most effective way of capturing the views of the child and parent, so these must remain as the key mechanism for involving young people and their families, alongside input from the most appropriate multi-agency and specialist professionals for that child's needs.

Much specialist evidence already exists for individual children with SEND from practitioners previously involved in their care (such as diagnostic reports from specialist health or paediatric teams). Decisions made about support for SEND children **must** take into account existing evidence from specialists. Schools and local authorities must be mandated to take existing evidence into account in their decision-making and to be transparent about the evidence that has been considered. Additional specialist input must be made available where there have been long gaps since the child was last assessed. We have heard of decisions being made about support for a child in Year 6 based on assessments made in the early years without consideration of significant changes in need.

Use evaluations of local pilot projects to build an evidence base for innovation in local area SEND support. To support this, pilot projects should be designed with flexibility and long-term funding to test, learn and build solutions that meet local needs.

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

The government must publish core principles of inclusion, defining what good inclusion looks like, to guide new Inclusion Strategies. These guiding principles must support accountability frameworks for Ofsted and CQC to inspect against.

The Universal offer must be based on a whole school approach to ensure schools are inclusive by design. This approach is key to the systemic cultural and attitudinal change needed to ensure educational settings embed flexible and inclusive practices.

School policies, particularly those on attendance, behaviour and uniform, must be designed with inclusion at their core, and flexed according to the duty under the Equality Act 2010 to make reasonable adjustments for children with SEND.

There must be sustainable long-term funding to ensure the Universal Offer can be properly delivered by schools.

Changes to school culture will depend on effective leadership training (including for Trust leadership and school/Trust governors) – ensuring approaches are applied consistently by all members of staff, including support staff.

All school staff must receive CPD in neurodiversity and evidence-based approaches to inclusion of neurodiversity. Strategies that work for neurodiverse children, such as visual cues, breaking down instructions, and simple sensory environments are effective for all children, and should be implemented at the universal level. This may reduce the need to provide intensive support to some children.

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

We support the introduction of ISPs for all children with SEND. An individual assessment of need must underpin every ISP to ensure accurate identification of need, support provided, and expected progress. The Experts at Hand service must be available to children in the Targeted layer, particularly in terms of providing guidance and strategies to education staff.

There must be an enforceable duty on schools to deliver the support in an ISP, with routes to redress, such as an ombudsman or tribunal, where the agreed support in an ISP is not provided.

For Targeted support to provide effective early intervention, reforms must secure long-term funding for teacher training and for EAH – these reforms must be sustainably resourced and embedded over the long term.

SEND funding should be ringfenced for all children with ISPs to ensure resources are not directed only to those with the highest need.

The government must learn from recent reforms to the Welsh system, which implemented a similar model to deliver inclusive mainstream education, but which has not been adequately funded or resourced, resulting in the total numbers of children identified as having SEND falling by 32% since the rollout of the additional learning needs (ALN) reforms began. The Welsh Government's interim report on their education reforms found that the primary reason for this fall is that overall funding for schools to implement inclusive practices is insufficient and they do not have the resources to put in place targeted provision for every child with ALN.

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

All children with SEND must be entitled to an assessment of need which can help inform which 'layer' of support they sit in. Following this, movement through the layers of support, including to Targeted Plus must be guided by the Graduated Approach: where the setting provides evidence of having followed the assess/plan/do/review process, and where the child does not make expected progress, this then triggers movement up to the next layer of support.

Children at Targeted Plus must have the option of accessing individualised specialist support either through the Experts at Hand service or through referral to the relevant specialist for more targeted direct support. This should be in addition to group or whole-class interventions and EAH consultation with school staff.

Schools and settings will need clear guidance on when to involve specialists and when to escalate children from Targeted Plus to Specialist support. Decisions should be driven by individual need – for example, where a child requires significant specialist input to access the curriculum beyond what can be provided at Targeted Plus – rather than fixed criteria.

The government must provide clear information on thresholds between Targeted Plus and Specialist support.

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

Specialist support must be needs-led, based on a thorough assessment and children must be able to access this layer of support at any point. It must not be resource-driven or based on standardised packages. Specialist support must be designed with flexibility to meet the needs of all children, and Government must mandate health and care to deliver their parts where required. This will require easy access to a range of specialist professionals from across health, care and specialist education. The Government must work cross-departmentally to deliver a plan for the health, care and education workforce required to deliver provision at this level.

The Specialist layer must also support children with EOTAS packages, and others not able to access school settings. These children have some of the most complex presentations and currently hold some of the most tailored support packages.

The government must invest in increased special school places. Not all children can be effectively supported in mainstream schools or inclusion bases. Special schools play a crucial role and are severely oversubscribed. Specialist Bases which operate as satellite classrooms of special schools, located in mainstream schools must be staffed with specialist professionals to be effective.

The Specialist layer must come with long term investment, provision must be specified, placements must be determined by need, and there must be a clear and effective route for parents to challenge decisions at this level.

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

Children with SEND are more likely to experience mental health challenges than those without SEND, often due to unmet need. Children’s mental health services must be sufficiently resourced to enable mental health issues to be seen quickly by professionals.

School staff lack expertise to support mental health needs, particularly where they co-occur with SEND, and they should not be expected to replace mental health practitioners. Schools need specialist mental health practitioners to provide targeted support and small group therapy, and funding for early intervention programmes like draw-and-talk therapy. MHST must be trained in co-occurrence of SEND and mental health.

Education staff should be trained in:

- **Neurodiversity and SEND**: Understanding autism, ADHD and related conditions
- **Trauma-informed practice:** Understanding how adversity and trauma present in behaviour, to avoid punitive or exclusionary responses
- **Early intervention:** Recognising emerging need and responding to mental health difficulties
- **System navigation and referral pathways:** Ensuring educators understand what support exists and how to access it

Young people tell us that assessments make them feel anxious, stressed and overwhelmed. This contributes to burnout and self-harming behaviour, particularly where needs are not met. We must move away from over-reliance on exams and academic qualifications as the primary measure of success and offer more varied curriculum and assessment methods.

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.

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?

A keyworker model embedded in Family Hubs: A named practitioner/caseworker acting as a consistent lead for families, coordinating across EY settings, health, and local authority services, and advocating for individual children across services. The BSIP in each hub is a positive step toward this. However, the BSIP will not provide advocacy, coordination or case management, and there is a need for these services, particularly for those with complex needs. These services could be provided by hubs, or by voluntary organisations commissioned by the LA and signposted by Hubs. This would operate like the National Early Support Programme from 2012.

Co-located, multidisciplinary delivery using shared systems: VCSE services (eg. portage, early years SEND support, parent workshops) should be housed in the same location, alongside health visitors, therapists, and early years providers, enabling real time collaboration. Shared data and information systems are crucial, as are clear lines of responsibility when various professionals are working with a family.

Co-designed services: Services should be co-produced with families, EY settings, health, and voluntary services. Co-production would ensure shared objectives and ownership across parties and consider local needs.

Investment in workforce capacity for early intervention: Without investment in the wider early years workforce, EY SEND support services, and easier access to funding, even well-designed systems will struggle to deliver impact.

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.

We recommend increasing age range of the two-year progress check up to 2 years 9 months, to account for variations in development and age of starting nursery. Where checks are conducted too early, there is an increased risk of misidentifying SEND or providing inappropriate support. This is particularly relevant for children who start nursery when they turn 2, and have had limited opportunities for social interaction before joining nursery.

Increased investment in health visitor services, to improve consistency and quality of access across the country, would support early identification of SEND. This should be combined with stronger joint working between health visitors and early years settings.

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

1. Shared principles of inclusion: The White Paper acknowledges that “Without clarity on what good inclusive practice looks like for children with additional needs, support is inconsistent across settings and regions.” We agree that a shared definition or principles of inclusion will be critical to building an inclusive system – ensuring that all schools and settings are guided by consistent principles. The government’s ambition to create an inclusive system is likely to fail if it is not guided by clearly defined principles. Clear principles of inclusion will be key to developing effective frameworks for Ofsted and CQC to inspect against – ensuring that our accountability systems know what good looks like.
2. Minimum standards – a floor, not a ceiling: Young people have told us that 'having national standards is a good idea but these should be minimum standards - what all of us can expect, not just something for an area to aim for'. Standards should support fair and consistent decision-making across the country, help staff notice quickly when there is a need, and make sure the right support is given at the right time.
3. Co-production: We support the commitment to co-producing Standards with children, young people, families, and multi-agency experts. Co-production of the Standards must include representation from people with conditions that are not well understood or researched such as pathological demand avoidance (PDA) or those who ‘mask’ in certain environments.

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

Training must be practical, relational, and rooted in lived experience.

It should prioritise:

- Leadership training to drive whole-school approaches to inclusion and ensure adoption by all staff. This includes whole-school approaches to consistent application of reasonable adjustments.
- Disability-affirming, strengths-based approaches, moving systems away from deficit-led models.
- Practical strategies for inclusion, focused on what works in real settings – supporting staff to adapt environments, communication, and teaching approaches.
- Understanding behaviour and co-regulation, particularly for children at risk of exclusion.
- Working in partnership with families to reflect real family experiences, not just professional perspectives.

- Early intervention and graduated response: helping practitioners act early, rather than waiting for escalation or diagnosis.
- Whole-system understanding: understanding how education, health, and care systems interact - reducing fragmentation.
- Enhanced training should support educators to understand the needs and conditions which make up the largest proportion of current SEND cohorts (autism, ADHD, speech and language, and SEMH needs).

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

- Long-term, ring-fenced funding of school SEND budgets and inclusion funding
- National workforce plan accompanied by funding to address staffing shortages in education, including recruitment of specialist teachers
- Access to specialist support to guide and inform school approaches and strategies for supporting individual SEND students
- Make use of voluntary organisations who provide in-school early intervention programmes, including emotional literacy support, small group therapies like lego therapy or draw-and-talk therapy, targeted interventions, and whole-school inclusion strategies.

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

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

Government must legislate to include a duty to deliver the provision outlined in ISPs – without this, they are at risk of failing (much like current SEN Support plans).

ISPs must be underpinned by an individual needs assessment carried out by education professionals and relevant specialists, particularly where the school has followed the graduated approach and not seen expected progress at the Universal layer.

Sustained investment, including in the specialist workforce and CPD for school staff, will give confidence that schools will be able to implement ISPs over the long term.

Schools must implement a whole school approach to implementing the plans. We often hear from young people who have plans (including EHCPs) that staff do not read or follow them.

ISPs must be regularly reviewed (minimum of termly, whenever concerns are raised that a child is not progressing or there is a significant change in need, for example following a specialist assessment). Families must be involved in and able to trigger these reviews, and any changes clearly communicated with families, to build trust and common understanding.

Families must have access to routes to redress when they have concerns about the quality or implementation of an ISP.
As a backstop during the transition to the new system, there must be assurances that the move from an EHCP to an ISP can be delayed at the request of a parent if the relevant specialist workforce is not in place.

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

ISPs should be digital, nationally standardised, and available in different formats (eg. easy read, audio). Government must provide guidance on reviewing ISPs and communicating changes with families.

Identifying needs accurately in the first instance, through an individual needs assessment, will ensure that needs are being addressed with appropriate provision. This is the biggest factor for ensuring plans are practical and effective.

To support evidence-based movement through the layers of support, ISPs must include achievable objectives that are:

- **Needs-based**: based on an individual assessment of the child's current abilities, and what they should reasonably achieve with appropriate interventions
- **Measurable**: Realistic targets for desired progress, based on ongoing diagnostic assessments
- **Time-bound**: Progress is reviewed at defined intervals throughout the year
- **Monitored** by the SENCo (or equivalent) with input from specialists to ensure interventions are appropriate to underlying needs

Where objectives have not been reached within the defined time, a review of the plan must be triggered. The review must involve the SENCo (or equivalent professional), parents, young person, and any other professionals from health, education and care who are involved in supporting that child (ie. voluntary sector therapist). If the plan was fully implemented in a reasonable timeframe, children should be escalated through the tiers of support and given access to additional specialist input.

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?

Transition planning must start earlier, be relationship-based, and be centred on the young person's voice. Transitions are often stressful and anxiety-inducing because planning is fragmented, begins late, information is poorly shared, and responsibility is unclear.

Transitions should be a process rather than a single event, with coordinated planning before and after the move, regular check-ins during the first term, and flexibility to adapt support as needs change.

Transition planning should formally start at age 14 with children's services working in partnership with adult services to eliminate gaps in support.
Local areas must have an offer of independent advocacy for young people and families which includes a named Transitions Coordinator or Navigator.

Support plans must be actively used and shared with new settings. Staff should have the time and training to understand and implement agreed adjustments, and young people should be involved in reviewing and shaping their own support. Opportunities to familiarise with new settings – visits, visual aids, and practising routes or routines – can reduce anxiety and improve readiness.

Named leads from the DfE, DHSC, the Ministry of Housing, Communities and Local Government, and DWP must publish a national, cross-departmental plan and develop national standards for transition best practice.

Kids would be happy to offer guidance and expertise on best practice in post-16 transitions through the newly forming national transitions alliance.

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 are concerned that inclusion bases may not be appropriate for many children and young people with SEND. There is limited evidence of the effectiveness of bases delivering successful outcomes for a wide range of children with SEND. Bases also risk further segregating children with SEND and if not properly implemented, may work against the Government's stated aim of delivering more inclusive education.

In our experience, Bases that specialise in specific types of need are more effective than generic, multi-disability Bases. Every local area should have a range of Bases specialising in different areas of development/need.

Effective Inclusion Bases will require an expert workforce, with staff who specialise in their Base's specific type of need. DHSC and DfE must produce a joint workforce plan outlining how they will recruit and retain sufficient specialist staff for Inclusion Bases – separate from the Experts At Hand service.

We are concerned that the government has underestimated the level of staffing required to deliver effective inclusion bases. Without sufficient investment in specialist staff, bases risk becoming 'exclusion bases' that do not meet children's needs. Where the Base fails to meet needs, parents will be more likely to seek placement in a special school.

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

We are concerned that the government is relying heavily on inclusion bases to improve mainstream inclusion despite **limited evidence** to support their effectiveness.

Inclusion bases can work well when they:

- Are part of a **whole-school approach** to inclusion with strong leadership buy-in
- **Specialise in specific types of SEN** – bases with a specific focus are more effective than those that generalise across many types of SEN
- Are **physically integrated** with the rest of the school, allowing flexible movement between mainstream and specialist spaces
- Have **sufficient specialist staff**, and staff that also teach in mainstream
- **Policies are consistent** in and out of the base, with genuine commitment to reasonable adjustments.
- Primary school bases are often more effective than secondary
- Cohorts are aligned and specialist capacity matches the pupils in the base.

Where this is in place (e.g. Kirklees), bases can prevent inappropriate specialist placements and support varied pathways into mainstream.
However, in our experience, effective inclusion bases are rare, and more often operate as 'exclusion bases' that lack specialist input and prevent effective inclusion with the wider school.

'Satellite' specialist bases (an off-site special school classroom located in a mainstream school) can also be effective. In this case, the aim is not inclusion with the mainstream school, but more about additional space for special schools.

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?

We strongly support the commitment to improving access to specialist professionals, particularly for children who do not have an EHCP. EAH should include direct hands-on intervention, modelling and ongoing monitoring of children in schools – not just occasional advice or generic guidance given to teachers.

Accountability on health and care services must be strengthened to ensure effective implementation and long-term feasibility of the Experts at Hand programme. There are significant shortages of specialist professionals; without accountability for DHSC to recruit and fund specialists for EAH, there is a risk that education settings will be left to identify and support SEND in isolation, increasing pressure on education staff and lowering quality of provision.

Local areas also need a strong understanding of local needs and gaps in provision. This must be driven by detailed data of SEND needs across the local area. Local multi-agency partnership boards can help to oversee deployment of EAH, bringing together representatives from education, health, care, the voluntary sector, parent organisations, and youth representatives. Partnership boards can identify gaps in provision, and support plans for recruitment and deployment of experts.

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?

Children with low-incidence, highly complex needs will only consistently access the right specialist placement if the system is responsive, flexible, and genuinely needs-led. Decisions on placements must not be made based on availability or cost.

Funding and commissioning must recognise that a small number of cases will always sit well above typical cost thresholds. There should be rapid, flexible mechanisms to unlock additional funding, with specialist packages acting as a floor rather than a ceiling, ensuring support is not capped at an arbitrary level.

Access should be driven by the child's needs, including those that are less visible (such as sensory needs or masking), so there must also be sufficient capacity across a range of settings (including special schools).

Earlier, proactive planning is key. Too often, escalating needs are identified but pathways to specialist provision are slow and reactive, leading to breakdown and time out of education. Faster, clearly defined routes into specialist placements are needed.

Specialist placements should sit within a wider system of wraparound support. Voluntary sector partners play a key role in providing outreach, intensive family support, and transition planning, helping to prevent placement breakdown and smooth transitions.

Joint commissioning across education, health and care is critical to end delays caused by funding disputes, alongside investment in specialist workforce capacity to ensure placements can meet demand.

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

We are extremely concerned that the introduction of SPPs marks a regressive shift from a needs-led system toward one driven by resources. SPPs will group children with the most complex needs according to generic categories and pre-determined and costed provision. This represents a loss of a child's right to support tailored to their individual needs. SPPs are also unlikely to describe how much provision an individual child needs or how it will be delivered.

Children with complex needs are unlikely to have their needs met by standardised packages. Children within a single package will have vastly different needs and will require vastly different types of support. Support must remain needs-led otherwise the flexibility needed to adapt provision to the child will be lost and needs will not be met. SPPs must be designed with flexibility to meet the needs of all children, including those with the most complex needs, who require significantly more provision than others in their package.

The interaction between SPPs, EHCPs and ISPs is unclear and is likely to add significant complexity for families.

SPPs could help to ensure minimum standards of provision in each area. However, the commissioning process must be separated from provision for individual children.

It is unclear how settings will be commissioned to meet the needs of children whose support crosses multiple packages or whose needs are not easily categorised into any of the seven proposed packages.

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?

A child’s needs must be identified through professional individual assessments of need and laid out in an EHCP, including day-to-day educational provision which must also be included in an EHCP as ISPs are a less legally binding document.

We are concerned that the combination of an EHCP and ISP will be complicated and difficult for families to navigate, and recommend that all provision at this level is detailed in the EHCP.

We recommend that SPPs are used as a commissioning framework only, setting out what should be available in every area, and should not be issued to individual children. Individual provision should be based on detailed specialist assessments and captured in an EHCP which remains legally enforceable. This would reduce complexity for families, ensure that all provision remains on one document (the EHCP), retain clarity as to who delivers the provision, and maintain parents’ right to appeal to the SEND Tribunal regarding any issues with content.

EHCPs and ISPs must be reviewed at least once per year to ensure the content of the EHCP is up to date and aligned with the ISP.

We are concerned that reducing the level of detail in an EHCP, particularly in the Education sections, will reduce families’ ability to appeal to tribunal on the details of provision set out in Section F. This represents a significant reduction in rights, and the removal of an important accountability backstop within the system. Families must have the right to appeal to tribunal on the details of a SPP in Section F.

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 fast track route should be designed to reduce barriers to accessing nursery provision for young children with SEND, particularly those whose needs are well documented prior to accessing nursery provision. The fast track route should be available for children who will need significant additional support to access nursery, such as additional equipment or 1-1 support for safety reasons. This could include children with multiple medical needs or significant communication needs. These children will already have extensive contact with medical professionals, with existing medical records and consultant/specialist reports. This existing documentation should form the core evidence in support of the EHCP assessment. This will require trained caseworkers who can understand medical records, and the impact that medical needs will have on access to nursery provision. The fast track route must ensure that any funding to support the child’s access to nursery is available to settings as soon as the EHCP is in place.

The fast track route should be supported by flexible referral pathways, allowing referrals from multiple professionals who know the child, including health, early years practitioners, specialists, Portage, and voluntary services.

Families need clear information about the process and what to expect at each stage from a Navigator or family support worker.

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

EHC assessments must continue to be holistic individual needs assessments informed by input from multi-disciplinary professionals with the most relevant experience, including any existing reports or diagnoses.

The current requirement for an Educational Psychologist (EP) to be involved in the EHC assessment contributes to long wait times, and for some children an EP may not always be necessary. The Government should consider expanding the list of specialists who can input into the assessment. The EHC assessment process should give equal weight to other SEND specialist professionals, chosen based on the unique needs of the child. In addition to EPs, this could include speech and language therapists, occupational therapists, specialist teachers, emotional literacy support assistants (ELSAs), and therapists such as Lego therapists, play therapists and draw & talk therapists. Expanding the list of professionals who feed into an EHCP could speed up the assessment processes, while ensuring that children receive input from specialists who are relevant to their needs. For example, a hearing impaired pupil (childhood hearing loss/deaf) could be assessed by a Qualified Teacher of the Deaf, rather than an EP. In addition, voluntary organisations providing SEND services often form strong relationships with children, and their expert therapists are well placed to notice needs that might not present in school, for example as a result of masking.
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?

Placement decisions must follow from the individual needs assessment and be informed by the recommendations of multi-agency professionals and specialists.

The young person and parent/family’s views and experiences must equally be taken into account. Parents/ families hold unique insight into their child’s needs, strengths and difficulties, including an understanding of how the child’s needs present across different environments and circumstances. This perspective must be given equal value to that of the LA and professionals.

Placement decisions cannot be led by considerations of cost, resource, availability or based on standardised packages that the child has had to fit into.

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

Parents need:

- Clear, transparent information about settings on offer. The information about what each setting can provide must be accurate and based on what they can realistically deliver.
- Information about the training of the staff, specialist teachers available, support staff and so on, including information on expertise of staff in their child's specific needs/ condition (ie. Autism, PDA)
- Data about the outcomes for other SEND children who have attended that school, level of exclusions of SEND children
- Feedback from children with SEND who have attended the school
- How policies and approaches have been written and are implemented in relation to children with SEND (behaviour, attendance and uniform policies)
- Information on practicalities such as what adaptations have been made to the environment, whether a whole school approach to inclusive practices has been taken, how many children will be in their child's class.

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.

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.

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

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

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?

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

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

In the local authorities where we see the strongest multi-agency partnership working (including Wakefield, Shropshire and Sheffield), this is characterised by:

- **Shared purpose**: a clear understanding of what needs to change in a local area, with objectives for improvement, and defined responsibilities between organisations
- **Strong relationships** and trust between commissioners, VCSE organisations, and individuals across sectors

- **Infrastructure to support collaboration**, such as partnership boards that bring together different agencies for strategic and operational decision making
- **Joint commissioning** to support cost-effective, holistic interventions
- **Equal voices**: All partners, including voluntary organisations and parent carer forums, are treated as equal voice. Voluntary organisations are valued as strategic partners rather than commissioned services.

Partnership groups must be judged effective not by how often they meet but by how effectively they are monitoring key factors such as whether children are receiving the right support, is SEND provision being accessed fairly and are decisions being made consistently. There must be oversight of these groups and they must be accountable to an independent body.

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

Key stakeholders include schools, local authority teams (SEND, safeguarding, social care), ICBs, NHS trusts, parent-carer forums, and voluntary organisations. We would also like to see youth and family representatives in these partnership groups to ensure that any decisions include the voices of the young people who will be impacted.

Strategic partnership groups (for example, Wakefield's Neurodiversity Partnership Board and Suicide Prevention Strategy Board) develop area-wide objectives for improvement, based on a deep knowledge of local needs, with input from affected groups. Co-production with groups who will be affected by decisions is crucial for success of these strategies.

Operational partnership boards involve close working with schools, early years settings, CAMHS, educational psychology, OTs, LA SEND teams, NHS trusts, and parent-carer forums. These boards develop granular knowledge of local needs, to the level of individual children. This detailed knowledge supports placement decisions and commissioning, and is fed into strategic groups.

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

Plans and strategies set out intentions but in order for them to be effective they must translate into real delivery and change on the ground, that can be tangibly felt by children with SEND. In order for this to happen there must be clear accountability for delivery of the commitments contained in these plans.

Involve young people in the development of local SEND strategic plans to ensure they address lived experience and to support buy in from young people and their families.

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

SENDIAS services are statutory but are inconsistently funded and resourced. Reforms should strengthen consistency of funding for these services.

Statutory advocacy services are not available for most children and families (they are only available to vulnerable groups like children in care). It is a significant gap in the system, and we would welcome statutory advocacy services for children with SEND, particularly those without strong parental advocates.

We are pleased to see recognition of the value of Independent Supporters from 2014. Independent Supporters were successful in supporting the transition from Statements of SEN to EHCPs (over 90% satisfaction rates). We would like to see this role re-established and funded for the long term.

Kids' Navigators provided tailored assistance to families to support individual needs, including access to EY provision, play groups and schools, applying for disability benefits, coordinating across agencies, and supporting navigation of the SEND system. We would like to see the role made statutory across all local areas.

Children with SEND also need support outside of school – including before/after school, during holidays, and for children who are educated at home. Reforms must strengthen funding and provision of wraparound services, including short breaks, family groups, accessible sports services, arts groups and voluntary services, to ensure children thrive in all aspects of their lives.

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.

There is no one 'SEND specialist' who would be able to sit on a panel and be able to cover the huge range of needs, conditions and disabilities that are present within children with SEND. It would therefore be hard to agree with this recommendation as professionals with expertise in one type of SEND/condition may not be qualified to speak other types of SEND.

In practice, SENCos are unlikely to be genuinely independent, particularly in areas where most schools are part of MATs. They are also unlikely to have capacity to review complaints related to other schools, and are teachers first and foremost, not SEND experts.

The panel should be able to draw on a pool of experts relating to the five areas of development, choosing the specialist(s) most relevant to the child's needs.

In addition to the complaints panel, we recommend that the Local Government and Social Care Ombudsman be given power and resources to receive complaints on ISP provision. This would significantly strengthen accountability on schools to deliver provision in ISPs.

Disagreement resolution and mediation services are highly effective at resolving complaints quickly and rebuilding trust between families, schools and local authorities. These services should be promoted as part of the complaints process.

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?

Proposals do not address the needs of children outside school, including those on EOTAS packages, in elective home education, or relying on wraparound support before, after school, and during holidays. Reforms must be inclusive of all children, not only those in formal settings.

Accountability for health and care must be strengthened. Without this, there is a risk of repeating failures seen since 2014, where key elements of EHCP provision – particularly from health and care – are not delivered.

Reforms missed opportunity to acknowledge the disproportionate impact that behaviour and attendance policies have on children and young people with SEND. Reforms must ensure that **schools and local authorities make reasonable adjustments for children with SEND in line with the Equality Act 2010 Public Sector Equality Duty**, particularly in regard to their implementation of attendance and behaviour policies. Reforms have not gone far enough to enforce this.

We are concerned about school-level attendance targets. Children with SEND must be supported to attend appropriate provision, with adjustments for barriers they face. Government should publish guidance on reasonable adjustments, assess the impact of targets, and mitigate risks of discrimination.

Removing tribunals’ power to name placements risks delays and repeated disputes, leaving more children in unsuitable provision or out of education altogether.