TORBAY COUNCIL

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Date:	Tuesday, 13 August 2024	Torquay
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Dear Member

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY SUB-BOARD - MONDAY, 29 JULY 2024

I am now able to enclose, for consideration at the Monday, 29 July 2024 meeting of the Children and Young People's Overview and Scrutiny Sub-Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
8.	**Special Educational Needs and Disability Update (SEND)**	(Pages 3 - 224)
	1. Ofsted SEND Local Area Framework – see [Area SEND inspections: framework and handbook - GOV.UK (www.gov.uk)](#)	
	2. Towards an Effective and Financially Sustainable Approach to SEND	
	3. Torbay new version Self Evaluation Framework	
	4. Ofsted letter re: Area SEND Engagement meeting 27th February 2024.	

Yours sincerely

Governance Support
Clerk

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JULY 2024

TOWARDS AN EFFECTIVE AND FINANCIALLY SUSTAINABLE APPROACH TO SEND IN ENGLAND

AN INDEPENDENT REPORT BY ISOS PARTNERSHIP COMMISSIONED BY THE COUNTY COUNCILS NETWORK & LOCAL GOVERNMENT ASSOCIATION

isos partnership

CCN
COUNTY COUNCILS NETWORK

Local Government Association

Page 4

PREFACE

Cllr Tim Oliver, Chairman, CCN
Cllr Louise Gittins, Chair, LGA

The SEND system is broken. The reforms instituted a decade ago in the Children and Families Act 2014 were developed with the best of intentions, with the aim of ensuring the families of children with special educational needs or disabilities (SEND) were able to work more closely in partnership with public services in schools, councils, and the health system to make sure these needs were met appropriately.

However, the growing reality is that a combination of unexpected need and unintended perverse incentives in the system exacerbated by this demand – alongside a general squeeze on public resources – have left parents, schools, health and councils all increasingly dissatisfied and often frustrated, as well as resulting in poorer outcomes for children. This is despite all parties acting perfectly rationally in accordance with how the system is designed –

- parents naturally wish to secure the best options for their child's education and will understandably fight to ensure their child receives all additional support they are entitled to by law;

- schools must balance how best to use their limited resources to address the needs of the whole student body against the specific needs of individual pupils;

- health must balance how to use their limited resources to meet the needs of local communities in the context of competing priorities, and;

- councils have a responsibility to spend public money wisely amid a host of competing priorities and duties across communities.

Over the past decade the number of EHCPs have more than doubled and the supply of specialist placements is vastly outstripped by the number of families whose child is assessed as needing one.

This is in turn causing market effects that are placing vast financial pressures on councils who are required to pay much higher fees to fulfil their statutory duties often at the direction of tribunals. It is not hyperbole to say that it is becoming increasingly clear that SEND represents an existential threat to the financial sustainability of local government. At present a Statutory Override is keeping over £3.2bn of money that has already been spent off councils' balance sheets – a figure that is constantly rising.

Meanwhile many local schools which would be willing to work with SEND children are not able to access the additional resources they require to meet their needs appropriately, whilst, less ethically, others sadly recognise the benefits that may accrue to their budgets by encouraging some more challenging children towards the 'SEND route'. Most concerning of all, the reforms to the system introduced over a decade ago have not resulted in improved outcomes or employment opportunities for SEND children.

These issues have been evident for some years, with different aspects repeatedly flagged by various stakeholders, and during the last parliament substantial additional resources were put into the sector. In 2019 the previous Government launched a review of the SEND system, unfortunately delayed by the pandemic, which in 2022 led to a Green paper and the development of a series of proposals that sought to improve the way the SEND system worked. Whilst these have been helpful, they do not address the fundamental need and funding issues that councils are grappling with.

It is in this context that the County Councils Network (CCN) and Local Government Association have come together to commission Isos Partnership to produce this new independent report which takes a holistic overview of the systemic challenges within the SEND system.

Both of our organisations have previously written extensively on the topic, but naturally this has largely been confined to the viewpoint and position of local government. This time, recognising the scale of the challenge facing the system, it was agreed that Isos Partnership should develop the report as independently as possible, making every effort to understand and reflect the differing views of all stakeholders.

What the report's findings make perfectly clear is that all stakeholders seem to share an understanding of how the SEND system is failing them. But also, each feels in their own way powerless to change a system that is costing more, but failing to improve outcomes.

We feel that Part One of the resulting report accurately describes the frustrations clearly being felt on all sides of the SEND system. It examines the evolution of the root causes of the challenges impacting the system today and attempts to understand the present way in which it is working for all parties interacting with it.

Part Two then uses this understanding to set out how the overall education system can be reformed – over time – to help improve outcomes for children with SEND as well as deliver more effective value for money than is presently the case. Crucially, the reports detailed recommendations are built on moving away from thinking about SEND as a separate system, and towards an approach to meeting children and young people's additional needs through a more inclusive conception of education. Both CCN and the LGA strongly endorse this approach, which is at the heart of the proposals contained in CCN's Manifesto for Counties and the LGA's Local Government White paper.

We recognise that delivering the recommendations contained in this report and a more inclusive approach to SEND will not be easy and will take time to implement. But perhaps the most important message of this report is the consensus across all stakeholders that fundamental and far-reaching reform is becoming inevitable - and indeed unavoidable.

Within their manifesto, the newly elected Labour government reiterated its support for reform of the SEND system, with a particular focus on improving inclusivity and expertise in mainstream schools, as well as ensuring special schools cater to those with the most complex needs. This overriding objective mirrors the key tenets of the blueprint for reform set out by Isos Partnership in this report; but these high-level election commitments must now be put into action as a matter of urgency by new Ministers.

The publication of this independent report should therefore begin a national conversation on the future our SEND system. Building on its findings and recommendations, we urge stakeholders to come together with central government to develop a collaborative approach to solving the challenges facing the system. We believe partnership working on reform is the key to ensuring our SEND system delivers the best possible outcomes for some of the most vulnerable children in the country – an objective shared by parents and services alike.

EXECUTIVE SUMMARY

INTRODUCTION

The SEND (special educational needs and disability) system in England is 'failing to deliver for children, young people and their families' and 'despite the continuing and unprecedented investment, the system is not financially sustainable.' This was the previous government's verdict, set out in the national SEND review, 10 years on from the landmark SEND reforms that were introduced through the Children and Families Act 2014.

This research, commissioned by the Local Government Association (LGA) and County Councils Network (CCN), has taken as its starting point the fact that there is broad agreement on the need for fundamental reform of the SEND system in England. The research has sought to answer three questions.

1. What are the root causes of the challenges seen in the SEND system that need to be addressed in order for the approach to SEND in England to be effective and sustainable?

2. Does the previous government's improvement plan adequately address those fundamental challenges in the system

3. What is needed in terms of national policy reform to address the root causes and deliver an effective and sustainable approach to SEND?

In this context, "effective" means that the approach meets the needs of children and young people, enables them to pursue their aspirations and thrive in childhood, and prepares them for adulthood. "Sustainable" means that the approach is achievable and likely to endure in the long term, and that its goals can be achieved within the resources allocated to it.

The research was carried out between September 2023 and June 2024. Evidence was gathered and triangulated from a range of sources. These included in depth interviews with SEND system leaders at national level and from 12 local areas, including leaders representing education settings, local government, health services, parents and carers and young people. In addition, we have analysed publicly available data and responses to two surveys that we ran for this research   a financial survey for local authority (LA) finance leads, and a qualitative survey offered to leaders from LAs, health services and education settings, and parent carer forum (PCF) chairs.

KEY FINDINGS

When people refer to the SEND system as being "broken", this is often a shorthand reference to four key facts.

Key fact 1: More children and young people than ever before are being identified as having SEND.

- **Since 2014, the number of children and young people with education, health and care plans (EHCPs) has risen by 140%, from 240,183 in 2014/15 (which includes EHCPs and statements) to 575,973 in 2023/24**. The year on year increases in EHCPs have not been below 9% since 2016. This increase has outstripped the rise in the overall population. In 2014/15, 1.4% of the population aged 0 25 had a statement of SEN or an EHCP, but by 2023/24 that figure had risen to 3.3%. There was a sharp rise after the introduction of the 2014 reforms   3.9% in the five years before 2015, 47% in the five years after. The increase in the identification of SEND appears to have been greater in England than in other large European nations.

- **The number of EHCPs has grown in all age ranges, but age groups relating to core school and college ages have seen 85% of the growth in EHCPs.** In terms of school age pupils, the increase in pupils with EHCPs has been sharpest, but the growth in pupils identified as needing SEN Support has also outstripped the overall rise in pupil numbers. Between 2015/16 and 2023/24, the number of pupils with EHCPs rose by 83%, while those requiring SEN Support rose by 25%, compared with a 6% rise in overall pupil numbers.

- **The increase in EHCPs is not evenly distributed across all types of need**. Pupils with autism spectrum disorder (ASD), social, emotional and mental health (SEMH) needs, or speech, language and communication needs (SLCN) account for 88% of the total increase in pupils with EHCPs between 2015/16 and 2023/24.

- **The growth in EHCPs is a nationwide phenomenon, affecting all local areas**. Between 2014/15 and 2023/24, 130 LAs (nearly 90% of all LAs) saw the number of EHCPs double. There is no clear correlation between the increase in EHCPs and levels of affluence/deprivation, geography or size.

Key fact 2: There are more children and young people than ever before whose needs are not being met in mainstream education, and thus require specialist provision.

- The rise in numbers of children and young people with EHCPs has been accompanied by a similarly steep increase in the number of pupils placed in special schools. Between 2014/15 and 2023/24, there has been an increase of 60% in placements in state funded special schools, while placements in independent and non maintained special schools (INMSSs) have risen 132%. As a percentage of the school population, the number of pupils placed in special schools rose from 1.4% in 2015/16 to 2.1% in 2024/24.

Key fact 3: More money than ever before is being invested in SEND, but it is significantly less than what is actually being spent on SEND by LAs, health services and education settings.

- Despite increased national funding to reflect the growth in EHCPs and specialist provision, this has not kept pace with the growth in expenditure. Government funding, in the form of high needs block allocations to LAs, has risen from £4.8 billion in 2014 15 to £9.2 billion in 2024 25. Our analysis suggests that high needs spending by LAs exceeded high needs block allocations by £890 million in 2023 24, and could rise to £1.1 billion and £1.3 billion over the next two years.

- We estimate that the cumulative high needs deficit has risen from £300 million in 2018 19 to £3.16 billion currently. Without additional investment through, for example, the Safety Valve programme, the cumulative national deficit would be closer to £4 billion. This is money that has already been spent, and, through what is called the "statutory override", is ring fenced as LA debts and kept off LAs' balances.

- The scale of the debt is so great that half of LAs responding to our survey said that, if the statutory override was removed, they would be insolvent within a year (25%) or within three years (25%). In 2023 24, 85% of LAs that responded to our survey reported an overall cumulative high needs deficit. LA high needs funding is at the epicentre of the crisis, and can be measured easily, but our research suggests that education settings and health services are experiencing similar financial pressures.

Key fact 4: Despite rapidly rising expenditure, outcomes of children and young people with SEND and families' day-to-day experiences of the system have not improved.

There is little evidence to suggest that increased identification of SEND, increased placements in specialist provision, and increased expenditure have delivered better outcomes for children and young people, and better experiences for families.

- The gap in academic outcomes between pupils with identified SEN and their peers has not closed. In Key Stage 2, the proportion of pupils with SEN Support achieving the expected standard in reading, writing and maths rose before 2018/19, and has then flatlined (c.24%), while the proportion of pupils with EHCPs has remained around 8% since the SEND reforms were introduced.

- The same trend is evident in Key Stage 4, where the performance of pupils with SEN (SEN Support and EHCPs) on measures like Achievement 8 or English Baccalaureate (EBacc) average point score has not improved, nor narrowed the gap to pupils without SEND, between 2018/19 and 2022/23.

- In terms of attainment at age 19, while there has been an overall decline in the proportion of young people achieving Level 2 or equivalent qualifications between 2014/15 and 2021/22, the decline has been more pronounced for young people with an EHCP. The very significant gap between young people with an EHCP and their peers has got larger since the SEND reforms were introduced.

- There has been little improvement in post 16 destinations since the SEND reforms. The overall proportion of young people with EHCPs remaining in education, employment or training in 2015/16 was 90%. In 2021/22, the overall proportion was 90.2%, despite improvements in some areas (a higher proportion in work, a lower proportion not in education, employment or training).

- Health and employment outcomes for adults with learning difficulties remain well below those for non disabled people. Despite improvements, in 2021, 53.5% of disabled people aged 16 64 were employed compared with 81.6% of non disabled people. Employment rates were lowest for people with severe or specific learning difficulties, autism or mental illness. In terms of health outcomes, people with a learning disability were between three and four times more likely to die from an avoidable medical cause of death, often because timely and effective treatment was not provided.

- The SEND system is more adversarial now than before the reforms. Despite the aim to make the SEND system less of a battle for families, many parents and carers that took part in this research described their experiences in these terms. Furthermore, since the reforms there has been an increase in both overall numbers of appeals to the Tribunal (a measure of dissatisfaction with the system) and the rate of appeal. The number of appeals rose by 334% between 2014/15 and 2022/23, while the rate of appeal (the proportion of decisions that are appealed) has increased from 1.2% in 2014/15 to 2.3% in 2022/23.

OVERARCHING MESSAGES

Reform of the SEND system is essential.

Judged against their original intentions of improving outcomes, reducing disputes, and joining up support for families, the 2014 SEND reforms have not been successful. In our qualitative survey, we put forward five prerequisites of an effective and sustainable SEND system   financial sustainability, adequate levels of funding, resources allocated fairly, equity, and impact in achieving outcomes. On each of these prerequisites, over nine in 10 respondents disagreed or strongly disagreed that these characteristics were reflected in the current SEND system.

Reform of the SEND system is also unavoidable.

The choice is when, not if. Delaying fundamental reforms of the SEND system will leave the issues unchanged, but will increase the cost of reform in every sense   not only the financial cost, but the cost of missed opportunities and negative experiences for families and practitioners. In 2018, we undertook research into the causes of pressures on high needs spending. The issues we have found in this present research are the same as those in 2018, but the costs have increased.

- In 2018, we found that 97% of LAs said they expected expenditure on high needs to increase in the future. In the present research, we estimate that high needs expenditure has increased from c.£4 billion in 2015 16 to £10.8 billion in 2023 24.

- In 2018, 84% of LAs said that they were not confident that they could balance their budgets. In the financial survey carried out for the present research, 83% of LAs reported a deficit on their high needs block.

- In 2018, we estimated that the national high needs deficit was £470 million and could grow to between £1.2 billion and £1.6 billion by 2020 21. The financial data collected through the present research suggest that the cumulative deficit in 2020 21 was £1.51 billion, and currently stands at £3.16 billion (or £4 billion if additional investment to offset the deficit through the Safety Valve and other programmes is not included).

The root causes of this crisis are systemic and require national reform.

While there are examples of good practice across the system, these exist in spite of the national system. Any attempt to reform the SEND system that focuses only on local practice, without altering the national rhetoric and policy framework, is destined to fail.

In this research, we attach no blame to any group of actors within the SEND system   not to parents and carers for seeking what is best for their children, nor to education settings, nor to LA and health service leaders struggling to balance competing priorities and stretched resources.

The challenges in the SEND system are not the result of any group behaving in unreasonable ways, but instead the result of an incoherent system that inadvertently perpetuates tension, creates adversity, and sets everyone up to fail.

WHAT ARE THE ROOT CAUSES OF CHALLENGES WITHIN THE SEND SYSTEM?

We suggest that there are three, interrelated root causes of the challenges in the SEND system.

Root cause 1: The volume challenge

The SEND system is struggling to respond to ever-increasing volume. We have described, above, the disproportionate growth in the number of children and young people with SEND, particularly the growth in the number of statutory plans. This has had a knock on effect on the number of children and young people with SEND in mainstream education, but also the demand for placements in specialist provision. Although more difficult to quantify, participants in this research said that they were seeing increases in the number of children and young people with SEND in other forms of provision outside mainstream education, including alternative provision (AP), education otherwise than at school (EOTAS) and home education.

The volume in the SEND system is being driven by changes in both need and demand. The evidence we have gathered points to changes in the profile of need of children and young people identified as having SEND.

Published data show a growth in ASD, SEMH and SLCN, while local SEND system leaders that took part in this research described increasing complexity and combinations of these and other needs. The fact that boys aged 11 15, often with combinations of autism, severe learning difficulties and SEMH needs, are disproportionately represented in the special school population indicates that this is a group within the population that the mainstream education system is struggling to support. (SEND system leaders also noted that while this may not be reflected in the data, there are also cohorts of girls with certain profiles of needs that mainstream education settings are struggling to support.)

The fact that growth in the numbers of pupils requiring SEN Support which brings with it no additional support has outstripped growth in overall pupil numbers is a good indicator that there has been an increase in the overall levels of need.

At the same time, local SEND system leaders described a growth in the number of children and young people requiring significant support for whom the main cause of their need for support was not SEN, but other factors related to their life experiences. They also shared evidence of children and young people's needs being met at a level of support above what practitioners deemed was needed for example, they had an EHCP but their needs could be met through SEN Support, or they were placed in specialist provision but had needs that could be met in mainstream education.

This indicates that the changing profile of need and the increased volume in the system are being compounded by a failure of the system to identify and respond to children and young people's needs at the right time and in the most appropriate way. As such, we contend that reform of the SEND system needs to address both changes in need and the factors driving demand.

There is a "perfect storm" of four sets of factors creating ever-increasing demand for SEND services. First, rhetoric espoused by national government since 2014 has signalled a shift away from inclusion, and has perpetuated a medical, deficit based understanding of need, where children and young people who do not "fit the mould" of mainstream education require a separate, "special" education.

Second, the 2014 reforms introduced significant changes to the role of parental preference giving parents greater rights to express a preference for a broader range of schools, including specialist provision at precisely the time when other reforms were reducing the scope for mainstream education settings to be inclusive. This has undermined parents' and carers', as well as practitioners', confidence in mainstream education's ability to meet children and young people's additional needs. The extension of the age range of the SEND statutory system to 25 has also increased the volume and demand pressures within the SEND system. Feedback from young people and other system leaders indicates that this did not remove or smooth the cliff edge between education and adulthood, but merely postponed it.

Third, reforms of the education system introduced over the last decade have made it more challenging for mainstream education settings to be inclusive. There are still many inclusive mainstream education settings that go above and beyond for children and young people with additional needs, but they do so in the face of a national system that does not enable, recognise or reward inclusion quite the opposite, in fact. School leaders highlighted the lack of focus on SEND and inclusion in staff training, the focus on academic qualifications and its impact on curriculum choices, the lack of recognition of inclusion in performance and accountability measures, and the squeeze on funding as key developments that had created challenges for inclusion.

The early years sector should be at the heart of efforts to identify children's needs and put support in place at the earliest opportunity evidence from a recent evaluation of Sure Start shows that there are significant benefits to getting this right. Participants in this research argued that, due to a combination of structural and policy challenges, well targeted early identification and intervention and an offer of inclusive early years education were not available often enough.

Specifically, participants highlighted challenges around workforce development, funding and accountability, compounded by the make up of the sector, where the bulk of provision is offered in small, independent settings that are struggling to make ends meet.

These challenges also contribute to a crisis of access. There is increasing evidence that parents and carers of children with SEND simply cannot find an early years place for their child, or, when they do, their child is not allowed to attend for their full entitlement of hours. This crisis of access is likely to be exacerbated by the extension of early years education entitlements for working parents, since research has shown that parents and carers of children with SEND are less likely to be in work than those of children without SEND.

Participants also described a similar, but distinct, set of challenges relating to SEND in post 16 education. Like the early years sector, the challenges in post 16 education relate to planning for the young people entering the sector, accessing resources and support to meet their needs while they are in the sector, and transition after they leave the sector.

First, participants note that, while post 16 education settings have greater flexibility to develop study programmes tailored to their students' needs, this places a premium on effective strategic place planning between LAs and post 16 education settings. They considered that such arrangements are not well developed at present.

Second, research suggests that there is a significant discrepancy between the levels of need of students with SEND (but not considered to have "high needs") and the funding that post 16 colleges receive to meet the needs of those students. Third, participants highlighted the lack of effective, joined up planning of the transition beyond post 16 education, especially for young people with the most complex needs who were likely to require ongoing support from adult health and care services.

The fourth and final factor in this "perfect storm" driving demand is the reduction in wider support services for children and families. Education setting, health, children's services and LA leaders all described the impact of austerity and cut backs on the support they were able to offer (pastoral support in schools, speech and language therapy (SALT), educational psychology (EP), midwifery, health visitors, school nurses, inclusion support services), or where additional investment had not kept pace with rising demand (mental health). This has narrowed the offer of targeted support available to children and young people in mainstream (and specialist) education, and has resulted in EHCPs coming to be seen as one of the only ways to access additional support.

Root cause 2: The decision-making challenge

The volume challenge is compounded by three aspects of the SEND statutory framework. Taken together, these factors prevent the state from setting out and maintaining a clear, consistent and equitable offer of special education, or from addressing the volume challenge.

First, there is a lack of clarity about how SEN and EHCPs are defined. A child or young person is defined in law as having SEND if they have significantly greater difficulty in learning than the majority of others at the same age, or they have a disability that hinders them making use of the facilities generally provided for others of the same age in mainstream education.

What should generally be provided in mainstream education is not specified. Furthermore, an LA should carry out a statutory education, health and care needs assessment (EHCNA) if the child or young person may have SEN and it may be necessary for special educational provision to be made for them in accordance with an EHCP. There is no definition of what might constitute the level or type of specialist educational provision that would necessitate an EHCP.

Furthermore, LA leaders in particular argued strongly that the inclusion of the word "may" makes the legal test for carrying out an EHCNA too broad. Participants in this research also argued that the statutory definition of when an EHCP can be ceased was similarly vague. The lack of clarity in the statutory framework creates confusion, inconsistency, and the potential for disputes between families and statutory bodies.

Second, responsibilities and accountabilities for partners in the SEND system are misaligned, meaning that some partners are held accountable for things they do not control, while others are not held to account for their contribution to the SEND system. This misalignment of responsibilities and accountabilities perpetuates the adversarial nature of the system, while preventing system leaders from taking action to respond to the volume challenge. LAs are, for example, held accountable for the effectiveness of local SEND arrangements, the outcomes of children and young people with SEND, and the delivery of provision specified in EHCPs, yet the majority of decisions relating to the identification of and support for children and young people with SEND takes place in education settings over which LAs have little oversight and no direct control.

Participants argued, conversely, that there is limited accountability for inclusion in education settings   little join up between local area SEND inspections and a focus on inclusion in inspections of individual education settings, and no oversight and route of redress relating to support for children and young people with SEN Support in mainstream education.

LAs are held to account for ensuring that there is sufficient provision for children and young people with SEND, yet do not have the power to open new or reshape existing provision.

Despite being a core aim of the 2014 SEND reforms, participants argued that responsibilities for SEND were not equitable across LAs and health services, and had not fostered a more joined up approach across education, health and care. Health leaders noted that a mismatch between the boundaries of LAs and local health services had not helped the cause of joined up working, while the reorganisation of integrated care systems (ICSs) had added complexity to the landscape.

Third, many participants in the research, particularly education, health and LA leaders, drew attention to what they saw as the problematic effect of the SEND Tribunal on the operation of the SEND system. They recognised that it was important that there was a robust and independent route for dealing with disputes, and recognised the important role the Tribunal played in upholding disability discrimination legislation. They also recognised that the Tribunal sought to apply existing legislation, and that some concerns raised about the Tribunal were in fact concerns about the legislation that the Tribunal was required to apply.

Nevertheless, education, health and LA leaders questioned whether it was appropriate for a judicial body to make active decisions about the educational provision and placements of children and young people. Furthermore, they questioned whether the Tribunal was an effective means of resolving disputes, since its judgements did not alter the facts on the ground. For example, the Tribunal might rule that an LA should name a specific setting on an EHCP or direct an EP assessment, but this would not alter the availability of places in that setting or EPs to carry out an assessment.

Page 13

Root cause 3: The market challenge

The way the "market" of SEN support and provision operates is, on one hand, a symptom of the volume and decision making challenges. Increasing demand combined with limitations on LAs' ability to create new provision can mean that the independent sector is the only part of the SEND system that can react when additional provision is needed. On the other hand, the market, and specifically the independent sector, can also compound the other two factors. Our analysis suggests that there is an association between per capita spend on high needs and the proportion of children and young people with EHCPs in INMSSs.

SEND system leaders and some special school leaders argued that there was a lack of clarity about the role that independent providers were expected to play in the SEND system. They described how, if used strategically, the independent sector could complement local state funded provision, but often placements in the independent sector were reactive and unplanned. SEND system leaders argued strongly in favour of standardising the requirements around funding and accountability for all providers taking state funded placements of children and young people with EHCPs. SEND system leaders also raised a broader question about whether it was appropriate for bodies in the independent sector to derive and pay shareholders profits (distinct from organisations building up surpluses to reinvest in their provision) given the parlous state of national high needs funding.

Does the improvement plan adequately address the root causes of challenges within the SEND system?

Across all groups that took part in this research, there was a strong consensus that the previous government's improvement plan does not adequately address the fundamental challenges in the SEND system.

In our qualitative survey, eight in 10 respondents disagreed (47%) or strongly disagreed (36%) that the improvement plan would address the fundamental challenges in the system. Some colleagues saw potential positive aspects in the proposals set out in the improvement plan, but did not think that these were sufficient. Other colleagues took a more strident view that, since the improvement plan did not adequately address the fundamental challenges in the system, taking forward its proposals rather than demanding more wide reaching reforms would be a waste of time.

RECOMMENDATIONS

Our eight recommendations form an overall vision for reforming our approach to inclusive education and additional needs. In some instances, they build on the direction of travel set out in the improvement plan. Our proposals represent a broader vision of additional needs within an inclusive conception of education (rather than seeing the "SEND system" in isolation) and envisage fundamental change at a national policy level (not just changes in local practice).

Taken together, our recommendations form a blueprint for reform. (Further detailed implementation planning would be required if they were taken forward, and we have included an outline of the possible phasing of implementation in the concluding chapter.) Our recommendations fall into three broad blocks:

- setting the national ambition;

- putting principles into practice; and

- underpinning conditions.

Setting the national ambition – vision and principles

During this research, participants argued for an ambitious and inspiring vision, built on the two core principles of promoting inclusion in education and in preparing young people for adult life.

Page 14

Our first recommendation, therefore, is that national government should set out a new national ambition, based on these two foundational principles, and that all aspects of policy related to education, children and young people's services, and support for additional needs should be recalibrated to support these principles.

A prerequisite of a future approach to inclusive education is that there is clarity about what "additional needs" means, how different needs are to be met, and clear and consistent expectations of inclusive practice in mainstream education (as well as the role of specialist provision). There should be support and guidance to fulfil those expectations to build capacity across the education system.

As such, **our second recommendation** is to create a National Framework that describes types and levels of needs, and that provides clarity about the levels of need to be met in mainstream education and expectations of ordinarily available provision. The National Framework would be accompanied by evidence based best practice guidance and would be overseen by a new National Institute of Inclusive Education, which would act as an independent custodian of national expectations and evidence based practice.

Enabling inclusion and putting principles into practice

Building capacity for inclusion in mainstream education is the necessary condition for reforming support for children and young people with additional needs. This must be done in a way that enables and supports mainstream education, rather than adding expectations and requirements.

As such, **our third recommendation** comprises a series of measures to enable inclusive practice in mainstream education settings. We propose the development of a new "core offer" of targeted, multi disciplinary support   from therapists, EPs and other services   that all education settings can access without children and young people requiring a statutory plan.

We also propose wide reaching reforms of early years, school and post 16 education that aim to build educating institutions' inclusive capacity, and enable and recognise inclusion. These would include reforms of key aspects of wider education policy relating to curriculum, qualifications, assessment, performance reporting, accountability, buildings, workforce development, funding, access, strategic planning and transitions. We also propose a new role for special schools. This would see special schools continue to provide placements for pupils with the most complex needs, but we also envisage the creation of a more porous boundary between special and mainstream schools, allowing for sharing of expertise and outreach, and staff and pupils moving between settings.

The aim of our recommendations is to add to the support available to children and young people with additional needs, and make it easier to access without the need for an EHCP. Reform will be unsuccessful if it is perceived as removing support. For that reason, while we think reform of the SEND statutory framework is necessary, this should only be introduced after the enabling building blocks of a more inclusive approach to education have been put in place.

Our fourth recommendation is to reform elements of the SEND statutory framework so that the state can set out a clear, consistent, equitable and sustainable offer of support for children and young people with additional needs. This should enshrine the practice behind the original idea of EHCPs, in the form of regular, personalised assessments, planning and reviews of what we are calling a new Learner Record. It should provide clarity about what we mean by additional needs, and how those needs are to be met within the education system, including the role of mainstream and special education settings and of statutory plans.

A reformed SEND statutory framework should maintain a role for parental preference in admissions   and indeed that of the child or young person   so that parents and carers of children with additional needs can exercise equivalent choices to parents and carers of children without additional needs.

In order for the system to be equitable and sustainable, the state must be clear on where the limits of individual choice and entitlement lie. A reformed SEND statutory framework should include new, independent, non judicial mechanisms for dealing with disagreements about decision making (where we see a role for an ombudsman) and about access to specific provision (where we envisage a role for the National Institute, as opposed to the Tribunal).

Delivering on the second guiding principle of a new national ambition   preparation for adulthood   will require greater joint working between education, children's, adult and community services; more tailored support across the transition for young people; and better tracking of progression and long term outcomes.

As such, **our fifth recommendation** is to create a new Destinations and Progression Service in each local area. This service would have oversight of all children and young people with additional needs as they approached the transition from children's to adult services and in the years after that age of transition.

To improve transition and align the responsibilities of key partners and services, we recommend that the age at which young people move from children's to adult education, health and care services should be standardised across education, health and care. The Destinations and Progression Service would be responsible for providing additional support to young people who needed it for two years after the age of transition (which could be extended if the young person needed it), tracking long term outcomes and destinations, and co ordinating the work of partners to create a broad range of options to support young people to pursue their aspirations as they move into adulthood.

Establishing the underpinning conditions

Effective local approaches to inclusive education and support for children and young people with additional needs is a partnership endeavour.

At present, however, the roles and responsibilities of partners are confused, unequal and misaligned with accountabilities.

Our sixth recommendation is to reconfigure the role of partners so that they are coherent and provide a robust foundation for joint working, with responsibilities aligned with powers and accountabilities. Furthermore, we propose strengthening local partnerships themselves by creating statutory Local Inclusion Partnerships. These would include named partners from the LA, health services, the education sector, the local PCF and local strategic groups representing young people with SEND.

The Local Inclusion Partnerships would have statutory powers and joint funding, and would be responsible for strategic planning and commissioning of a continuum of support to meet local needs (including the targeted offer of support and specialist provision) and decision making regarding future statutory plans.

Within a more strategically planned approach to inclusion and additional needs, we propose a new role for the independent sector. **Our seventh recommendation** is that a new, more strategic relationship between the state and the independent sector should be articulated.

This would see the independent sector involved in strategic planning in local areas, and used strategically for highly specialist provision and expertise that complements, rather than replaces, local state funded provision. (We envisage that Local Inclusion Partnerships should be able to commission and open their own state funded provision to reflect local needs, which in turn would delineate the respective roles of local state funded provision and independent/non maintained providers.)

There should also be equivalence of regulatory standards and funding (including a prohibition on making profits for shareholders from state funded placements of children and young people with additional needs) between the state funded and independent sectors.

A change of the scale we are envisaging must be underpinned by a system wide workforce strategy. As such, our eighth recommendation is for the new National Institute to lead on developing a cross government, multi disciplinary workforce strategy for inclusive education, additional needs and preparation for adulthood, specifying the skills and practitioners needed to deliver, for example, the core wraparound targeted offer. The National Institute would also advise on the content of initial training and CPD across the workforce involved with inclusive education and supporting children and young people with additional needs.

CONCLUSION

We argue in this report that reform of the SEND system is essential and unavoidable. Our vision for reform must also be achievable. We recognise the scale of the reforms we are proposing, which touch on every aspect of our education system and how we think about childhood development and preparation for adulthood. This is what it means to build a system that has inclusion of children and young people with additional needs at its heart.

Were our recommendations to be taken forward, further work would be required on a comprehensive and long term implementation plan. What we have done in this report is sketch out what a pathway towards implementing this vision could look like, focusing on the phases of that implementation journey. The timescales for reform would depend on a range of external factors, but we are under no illusions that this reform programme would need to be a long term one, lasting at least one if not two parliamentary terms.

The principle behind the phasing of implementation is that it will be imperative to build the foundations and capacity for inclusion in mainstream education first, from early years through to early adulthood, before making any changes to the statutory framework. Our aim is to create a better offer of education and access to additional support that does not rely on statutory assessments and plans, rather than removing entitlements without altering the foundations of the system.

Children and young people with EHCPs, and those in specialist provision, would not lose their plans and placements as a result of these reforms. Instead, we envisage phasing in the new system while running the existing system in parallel in order to strike the right balance between introducing a reformed approach and maintaining stability for those supported by the current system.

The first phase of the implementation pathway should focus on setting the vision, direction and leadership of the reform programme. In terms of our specific recommendations, we would envisage that work to craft the new national ambition and vision (recommendation 1) and establish the National Institute (recommendation 2) could be the first priorities.

The newly created National Institute would then be tasked with developing the National Framework and practice guidelines (recommendation 2). These would provide a common language for talking about types and levels of need, which would provide a basis for considering the needs that should be met in mainstream and specialist education respectively. The new National Institute should also undertake an independent review of disputes resolution and the Tribunal system in SEND.

The second phase of implementation should focus on building capacity in mainstream education. Upon its establishment, the new National Institute could commence work on developing guidance on inclusive practice, principles for designing inclusive buildings for education settings, and workforce development and training programmes for schools and the early years (recommendation 3). Versions of these could be developed for consultation within a year.

In parallel, reviews should be initiated to focus on, for example, curriculum and qualifications, and performance and accountability, with a view to making recommendations within two years, with interim recommendations after one year (recommendation 3).

Over this period, work at local level should be undertaken to develop and recruit to the multi disciplinary teams providing the core offer of targeted support (recommendation 3), and the Destinations and Progression Service (recommendation 6).

After three years, an established National Institute would have developed a new definition of additional needs and National Framework of types and levels of need, overseen reforms of workforce training, and put forward recommendations relating to curriculum, qualifications and accountability that will enable and recognise inclusion in mainstream education. Mainstream early years settings, schools and colleges would have access to dedicated, targeted, multi disciplinary support. Young people approaching adulthood would be supported by the Destinations and Progress Service.

With this core infrastructure in place, and as confidence in mainstream education rises among families and practitioners, the time would be right to reform the SEND statutory framework (recommendation 3). We would advocate introducing legislation to establish the new Learner Record, underpin the new National Framework and the definitions of ordinarily available provision and statutory plans, introduce new dispute resolution arrangements (all recommendation 3), align the age of transition (recommendation 5), and establish the new Local Inclusion Partnerships and launch their full range of roles (recommendation 6).

We envisage that some elements of these reforms dispute resolution, Local Inclusion Partnerships should be trialled in practice leading up to their establishment in law. This would also be the time to reform funding arrangements (recommendation 3) and establish the role of the independent sector (recommendation 7).

As well as being achievable, this vision of reform also needs to be affordable.

It will be necessary to invest over and above existing funding in years one to three to build capacity and create the core infrastructure of a new approach to inclusive education, childhood development and early adulthood. We believe that, over time, this would rebalance the system towards universal and targeted support, allowing needs to be met in a more effective and sustainable way than at present.

In this report, we have provided some initial and illustrative modelling, using expenditure in the 2022 23 financial year as the baseline. Some of our key estimates and assumptions are outlined below.

- If the number of children and young people in special schools and INMSS returned to the same level as 2014/15 it would release **£2.5 billion per annum to spend differently**;

- **£1.5 billion could be invested in mainstream schools to support children and young people** who would have been in special (at the equivalent of around £21,500 per child);

- **£700 million would be required to pay for multi-disciplinary teams** for EY, schools, colleges (based on assumption that 50% staffing can come from existing services);

- **£290 million could be earmarked for early years** training, additional staffing and higher SENIF funding

- **£10 million may be needed for running the new National Institute**, and;

- In a steady state, some of the reforms, such as the Local Inclusion Partnerships and the Destinations and Progressions Service, could be delivered in a **cost-neutral** way by recycling savings from much smaller statutory SEND teams.

INTRODUCTION

In the summer of 2023, the LGA and CCN commissioned Isos Partnership to carry out research into what it would take to create an approach to SEND in England that was both effective and sustainable.

In this context, "effective" means that the approach meets the needs of children and young people, enables them to pursue their aspirations and thrive in childhood, and prepares them for adulthood. "Sustainable" means that the approach is achievable and likely to endure in the long term, and its goals can be achieved within the resources allocated to it.

The context for this research was the previous government's SEND review, the subsequent green paper, SEND Review: Right support, Right Place, Right Time, and the SEND and AP Improvement Plan. This has not been a typical research project. It has not set out to describe the aspects of the current system that are working well and those that are not. The fact that the then government launched a national review of the SEND system within 10 years of the previous landmark reforms (culminating in the Children and Families Act 2014) reflects the consensus that the SEND system is not working as it should.

This project, therefore, has taken as its starting point the need for reform of England's approach to supporting children and young people with SEND, and has explored what is needed for that approach to be both effective and sustainable.

This research has focused specifically on SEND. We recognise that one of the proposals in the SEND review and the improvement plan is to bring arrangements relating to SEND and AP together into one integrated system. Much of what we describe in terms of challenges (Part 1) and recommendations (Part 2) are as relevant to SEND policy as they are to AP.

This research project has focused on three questions:

1. What are the root causes of the challenges seen in the SEND system that need to be addressed in order for our approach to SEND to be effective and sustainable? While there is broad consensus that the SEND system is not working, and ample evidence of the symptoms of dysfunction, there is less of a consensus on the root causes.

2. Does the Government's improvement plan adequately address those fundamental challenges in the system? We have used our analysis of the root causes of challenges to test whether the Government's proposed reforms adequately recognise and deal with those challenges, and thus whether they are likely to deliver an approach to SEND that is effective and sustainable.

3. What is needed in terms of national policy reform to address the root causes and deliver an effective and sustainable approach to SEND? If our research suggests that the Government's proposed reforms do not adequately address the root causes, what should be the vision and programme for reform that would deliver an effective and sustainable approach to supporting children and young people with SEND?

Nonetheless, the legislative framework, configuration of roles and responsibilities, and funding arrangements in AP are different from those in SEND, and, as we have argued in previous research, require reform in their own right. In this report, our findings and recommendations focus specifically on national policy that relates directly to SEND.

OUR APPROACH

This project was undertaken between September 2023 and June 2024. This research was undertaken by a small team from Isos Partnership. The research was led by Ben Bryant and Natalie Parish, who have written this report, supported by Dr Sam Baars, Adam Lewis and Karina Kulawik. We approached the research in three phases.

Phase 1: Initial analysis and research tools (September 2023)

We started the work by developing an analysis of "the SEND system" and of the previous government's improvement plan. This was based on an analysis of published data, and drew together insights from previous research into the challenges within the SEND system. We also undertook a short scoping exercise to gather information on how support for children with SEND was arranged in other jurisdictions. This analysis was used to develop the questions and research tools that we used in Phase 2.

Phase 2: Evidence gathering (October-December 2023)

During Phase 2, we undertook three sets of activities designed to engage representatives of key groups within the SEND system at both national and local level in in-depth discussions about our three research questions, and gather additional evidence to answer these questions. First, we carried out in-depth fieldwork interviews with leaders of local SEND systems in 12 local areas. We developed a representative sample of LA areas based on the following criteria:

- per capita spend on high needs;

- the percentage of children and young people aged 5-25 with an EHCP;

- level of deprivation;

- type of LA (county, borough, metropolitan borough, unitary);

- geographical region;

- political control of the local council; and

- involvement in either the Safety Valve (four local areas) or Delivering Better Value in SEND (DBVS) (four local areas) programmes.

The 12 local areas that took part in this stage of the research were (in alphabetical order): Derbyshire, Hackney, Kingston-upon-Thames, Leicester City, Lincolnshire, Newcastle, North Yorkshire, Rotherham, Salford, Somerset, Surrey and Suffolk.

In each local area, we held discussions with leaders from across the local SEND partnership. While the precise roles of the leaders we engaged differed between local areas, reflecting the arrangement of local responsibilities, our aim was to speak to:

- LA leaders responsible for SEND – e.g. Director of Children's Services (DCS), Assistant Director and/or Head of Service responsible for SEND, Lead Member for Children's Services;

- leaders within local health services responsible for children and young people with SEND – e.g. the designated clinical/medical officer;

- leaders within children's services with designated responsibility for children's social care support for children and young people with SEND – e.g. the designated social care officer;

- leaders from education institutions, including early years settings, schools and colleges, involved in key local partnership fora – e.g. the chair of Schools Forum/sub-groups responsible for SEND, or of key local education partnerships;

- the chair of the local PCF; and

- any other strategic leaders and partners suggested to us, including from groups that represented young people with SEND.

Second, in parallel, we held similar discussions with leaders of national organisations that represent key constituencies within the SEND system. Box 1 summarises organisations we engaged.

Third, alongside these qualitative interviews, we analysed published data relating to SEND in England, while in parallel we ran two surveys to capture additional data. Our two approaches to the surveys are summarised in Box 1.

Phase 3: Developing and testing proposals (January-May 2024)

During the final phase of the work, we developed and tested our findings and proposals through a series of discussions and workshops with national organisations and local partners that took part in the earlier phases of this research. These discussions have shaped the findings and recommendations put forward in this report.

ENGAGEMENT & SURVEY APPROACHES

NATIONAL ORGANISATIONS ENGAGED IN RESEARCH

- The Association of Colleges

- The Association of School and College Leaders

- The Commission on Young Lives

- Contact-a-Family

- The Council for Disabled Children

- The Department for Education

- The Early Years Alliance

- FLARE (which stands for Friendship, Learning, Achieve, Reach and Empower, and is a national advisory group of young people with SEND, facilitated by the Council for Disabled Children – we attended a FLARE meeting in March 2024),

- The Local Government and Social Care Ombudsman

- The National Association for Special Educational Needs

- The National Association of Special Schools

- The National Association of Headteachers

- The National Education Union

- The National Network of Parent Carer Forums

- NHS England

- The Office of the Children's Commissioner

SURVEY APPROACHES

1 We ran a short qualitative survey that was offered, through national membership organisations, to LA leaders, school and early years leaders, designated clinical officers, and chairs of PCFs. This survey was designed to capture views about the root causes of challenges within the SEND system and potential solutions. We received a total of 176 responses – 67 from local government leaders (plus a further six social care leaders), 50 from education setting and school leaders, 37 from health services leaders, 15 from chairs of PCFs, plus one other response. Please note that, in reporting responses to the qualitative survey (for example, the proportion of respondents who agreed or disagreed with a specific statement), percentages are rounded to the nearest whole number, meaning that the figures quoted do not always appear to add up to 100%.

2 We also ran a quantitative survey for all upper-tier councils in England (co-ordinated with a parallel survey run by the Society of County Treasurers), asking for financial information about the high needs block. These financial surveys received a total of 74 responses. (The high needs block of the dedicated schools grant (DSG), is the budget from which comes additional funding for children and young people with SEND whose needs cannot be met from the delegated budgets of individual education settings.)

A word about terminology

In Part 1 of this report, we use the term "SEND system" to describe the legislation, policies, services and settings that, directly or indirectly, play a role in supporting children and young people aged from birth to 25 with SEND. In Part 2 of the report, we use the term "SEND system" more sparingly. A conclusion of our research is that it is unhelpful to talk about SEND as something separate from the overall education system.

In Part 2, therefore, we talk more about the need to develop an inclusive approach to education that reflects, understands and supports all children, including those with additional needs. We use the term 'additional needs' to refer to the broad range of reasons – long-term or circumstantial, related to learning, wellbeing, adverse childhood experiences, or health needs – why a child or young person may require greater support at one time or another during their education. This conception of additional needs encompasses but is broader than the current conception of SEND. Throughout the report, we refer to "children and young people" to cover those aged from birth up to 25 years old who are currently covered by the definition of SEND. We refer to "young people" when talking specifically about older children and those about to enter adulthood.

We also refer to "parents and carers" when speaking about adults with main caring responsibilities for children.

When describing individual examples from our fieldwork, we have used the term "parent". Lastly, we have used the term "schools" and "school leaders" to cover all types of schools, unless we are referring to a specific type of school.

Acknowledgements

isos
partnership

PART 1

KEY FINDINGS: DIAGNOSING THE CHALLENGES IN THE SEND SYSTEM

THE SCALE OF THE CHALLENGE WITHIN THE SEND SYSTEM IN ENGLAND

When people describe a "crisis" in the SEND system in England, or refer to the system as being "broken", they are essentially making a shorthand reference to four key facts:

1 **There are many more children and young people than ever before in England being identified as having special educational needs.**

2 **There are more children than ever before whose needs are not being met in their local mainstream school and are requiring special provision.**

3 **More money than ever before is being invested in special needs, but even that is very significantly less than what is actually being spent by schools and local government.** [4]

4 **And, despite that rapidly rising expenditure, on average outcomes for children and young people with SEND have not improved and neither has the overall satisfaction of families.**

Later in this report we will explain the reasons why the SEND system is proving so demanding and, in Part 2, will describe a set of linked proposals for the fundamental reform of the system. In this section, we describe the scale of the challenge.

'I have worked in SEND education for 30 years. Never have we seen a more broken system.'
(Mainstream school leader)

'*This is a broken system riddled with unfairness and misery.'*
(Special school leader)

More children and young people than ever before are identified as having SEND

The defining feature of the SEND system since the 2014 Children and Families Act, which aimed to introduce a more consistent and effective approach to supporting SEND across education, health and social care from birth to 25, has been the exceptionally rapid rise in the number of children and young people with EHCPs.

An EHCP is a legally binding document that describes the outcomes sought for a child or young person, their needs, and the provision required to meet those needs and achieve the desired outcomes. The plan is on a statutory footing, and there is a duty on LAs to ensure that the provision set out in the plan is delivered.

Since the 2014 reforms of the SEND system, the number of children and young people with EHCPs has risen from 240,183 in 2014/15 to 575,973 in 2023/24, an increase of 140% over 10 years.[1] The year-on-year increase has not dropped below 9% since 2016/17. This increase in EHCPs has massively outstripped the rise in general population numbers. In 2014/15, 1.4% of the birth to 25 population had a statement or an EHCP. In 2023/24, that had risen to 3.3% of the population.[2]

Figure 1 below shows the increase in the number of children and young people with EHCPs and statements of SEN from 2009/10 to 2023/24 split by age range. Initially, what is visually striking is the sharp acceleration in numbers after 2014/15. In the five years prior to the reforms, the number of children and young people with statutory plans (which included newly introduced EHCPs as well as existing statements of SEN) increased by 3.9%. In the five years following the reforms, the number increased by 47% and this rate of increase has continued.

Secondly, it is clear that there have been increases in all age ranges, but that the core school and college age categories – five- to 10-year-olds, 11- to 15-year-olds and 16- to 19-year-olds – account for the majority of the growth. In fact, these three age ranges account for 85% of the growth in EHCPs. The number of young people aged 16-19 with an EHCP has more than trebled since 2015. As we describe in the chapter on root causes, the very significant increase in 16- to 19-year-olds with EHCPs is more because of rising numbers of children and young people with EHCPs in the younger age ranges moving through the system than because new EHCPs are being given for the first time to young people aged 16 and above.

Figure 1: Chart showing the trend between 2009/10 and 2023/24 in numbers of children and young people EHCPs broken down by age range (Source: SEN2 data) [3]
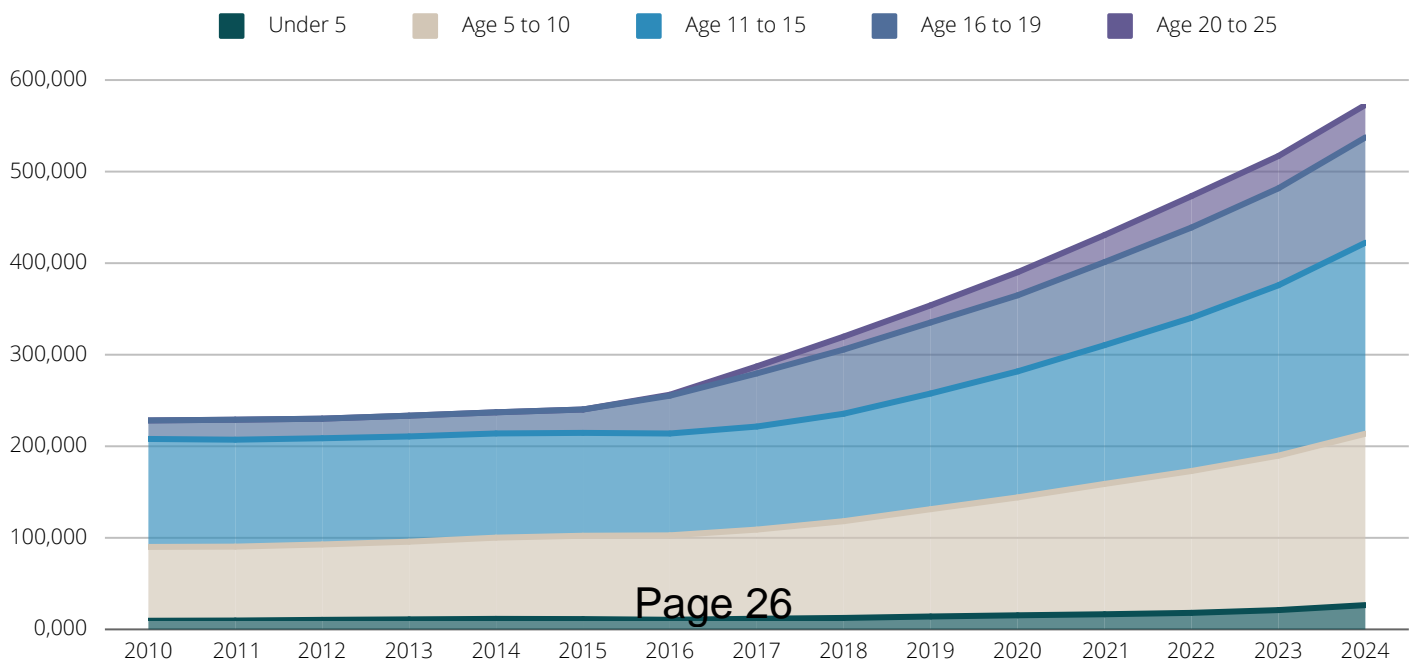
Although there are far fewer of them, it is also worth noting that the number of children aged under five with an EHCP has increased rapidly (by 136%) from 11,250 in 2014/15 to 26,527 in 2023/24. The increase in the last academic year, of more than 25% in a single year, has been particularly pronounced and suggests that the growth in this age group is accelerating.

It is important to understand the rise in the number of children and young people with EHCPs in the context of the wider SEND system. The numbers of children and young people that schools identify as requiring SEN Support provides an indication of levels of need below the level of a statutory EHCP. At this level, the increase in numbers is more incremental and less dramatic. In all schools in England, the number of children and young people on SEN Support, but without an EHCP, has risen from 991,981 in 2015/16 to 1,238,851 in 2023/24 – an increase of just under a quarter. This represents an increase from 11.6% to 13.6% of the school population.[4]

Figure 2 below shows that the total number of pupils in England's schools with identified SEND (SEN Support and EHCPs combined) has increased from just over 1.2 million in 2015/16 to over 1.6 million in 2023/24, rising from 14.4% to 18.4% of the total school population. What has also happened during this period is a shift in the proportion of pupils with SEN Support and with EHCPs. In 2015/16 the ratio of pupils on SEN Support to pupils with EHCPs was roughly 4:1 (so, for every four pupils on SEN Support there would be one pupil with an EHCP). By 2023/24, that had shifted to roughly 3:1.

Combining the available data on children and young people in schools and the population at large, there are more than half a million additional children and young people identified as having SEND now than there were in 2015/16. Of those, the most significant growth has been in the number of children and young people with EHCPs between the ages of five and 19. A closer examination of the data, however, illustrates that the challenge facing the SEND system is far from uniform.

Figure 2: Chart showing the number of pupils in England's schools identified as having SEND between 2015/16 and 2023/24 (Source: SEN in England 2023/24)

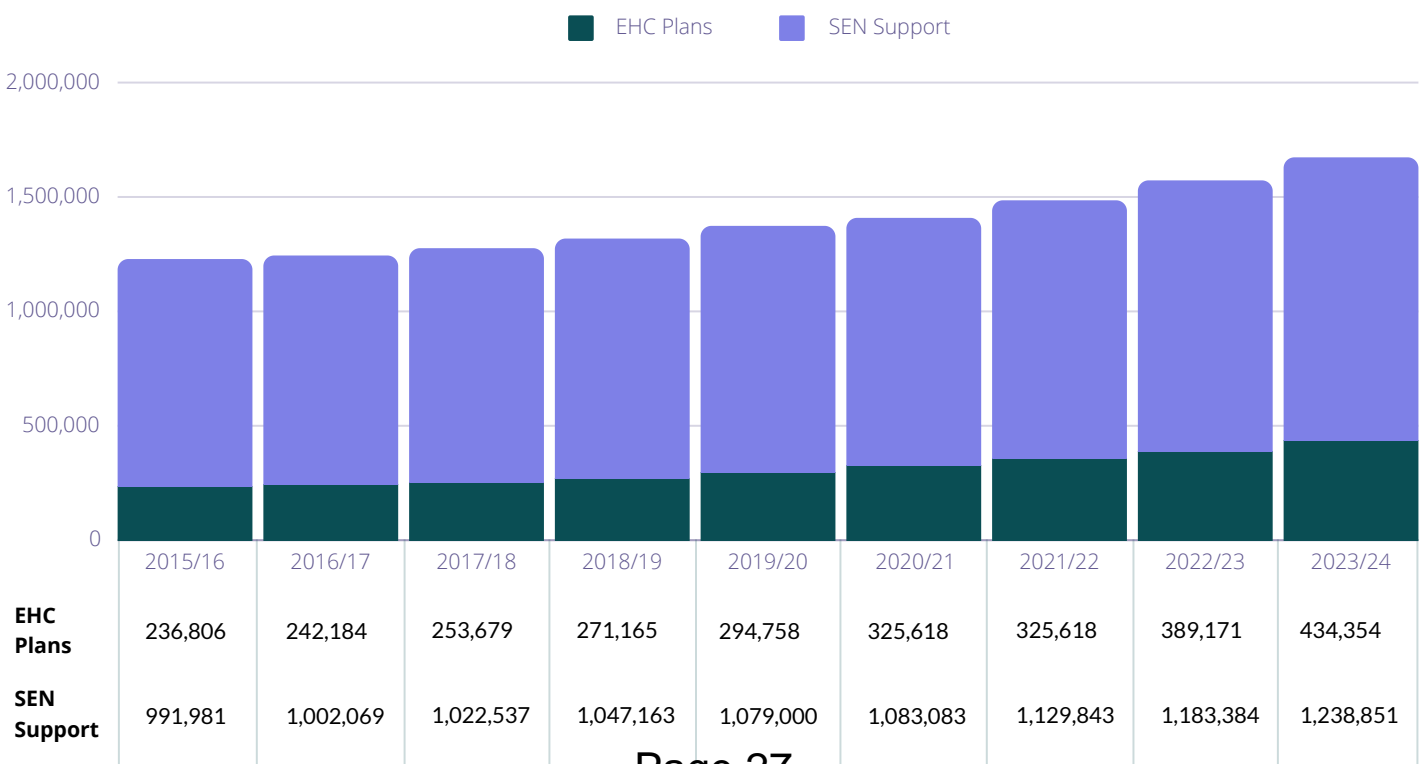|	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
EHC Plans	236,806	242,184	253,679	271,165	294,758	325,618	325,618	389,171	434,354
SEN Support	991,981	1,002,069	1,022,537	1,047,163	1,079,000	1,083,083	1,129,843	1,183,384	1,238,851

Figure 3 below shows the increase in the number of pupils in schools with EHCPs split by primary need. It clearly illustrates that the increase in the number of pupils with EHCPs is not evenly distributed, but is in fact largely fuelled by growth in the number of children whose primary need is either ASD, SEMH, or SLCN.

These three categories of need account for 88% of the total increase in the number of children in schools with EHCPs. This is a very similar picture whether one looks at pupils in primary, secondary or special schools. In 2015/16 children and young people with ASD, SEMH or SLCN registered as their primary need accounted for a little over half the pupils with EHCPs. By 2022/23, they accounted for just over two thirds. In contrast with the very rapidly rising number of pupils whose primary need is ASD, SEMH or SLCN, the number of pupils with EHCPs with any other primary need rose by just 20% over the period.

It is also interesting to explore how the overall increase in the numbers of children and young people with EHCPs differs between local areas. Figure 4 shows both the percentage increase in the number of children and young people with EHCPs between 2014/15 and 2023/24 for each LA area and the percentage of the 0-25 population with an EHCP in 2023/24, compared with national averages for these two measures (shown by the red lines).

On both measures the range is considerable, and speaks to the effect that local decision-making and context have on both the percentage of children and young people with EHCPs and how that has changed over time. With very few exceptions, however, the chart also illustrates the fact that the challenge of rising numbers of children and young people with EHCPs is a phenomenon experienced in almost every part of the country. In 130 LAs (nearly 90%), the number of children and young people with EHCPs has at least doubled between 2014/15 and 2023/24.[5] There is only one local area where the increase has been less than 50%.

Figure 3: Chart showing the trends in primary need of pupils with EHCPs in schools in England between 2015/16 and 2023/24 (Source: SEN in England 2023/24)
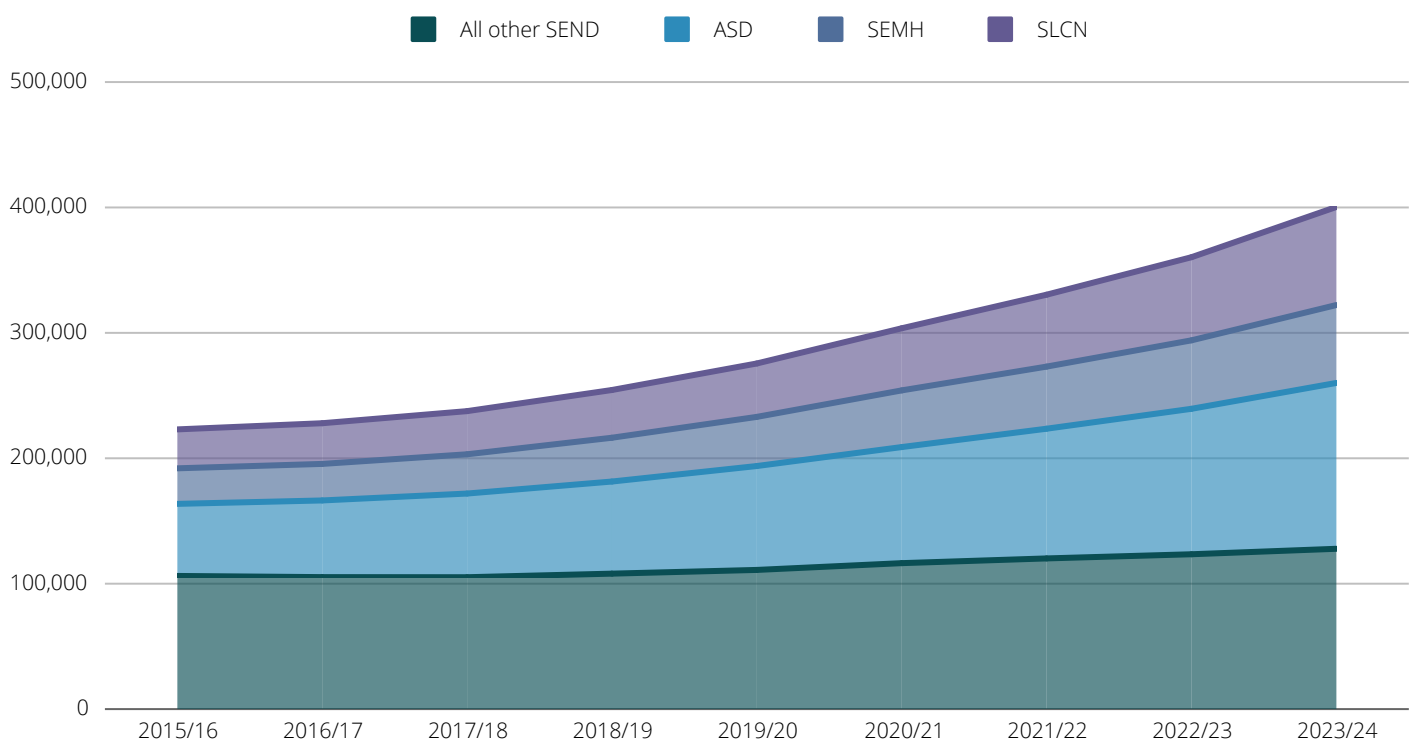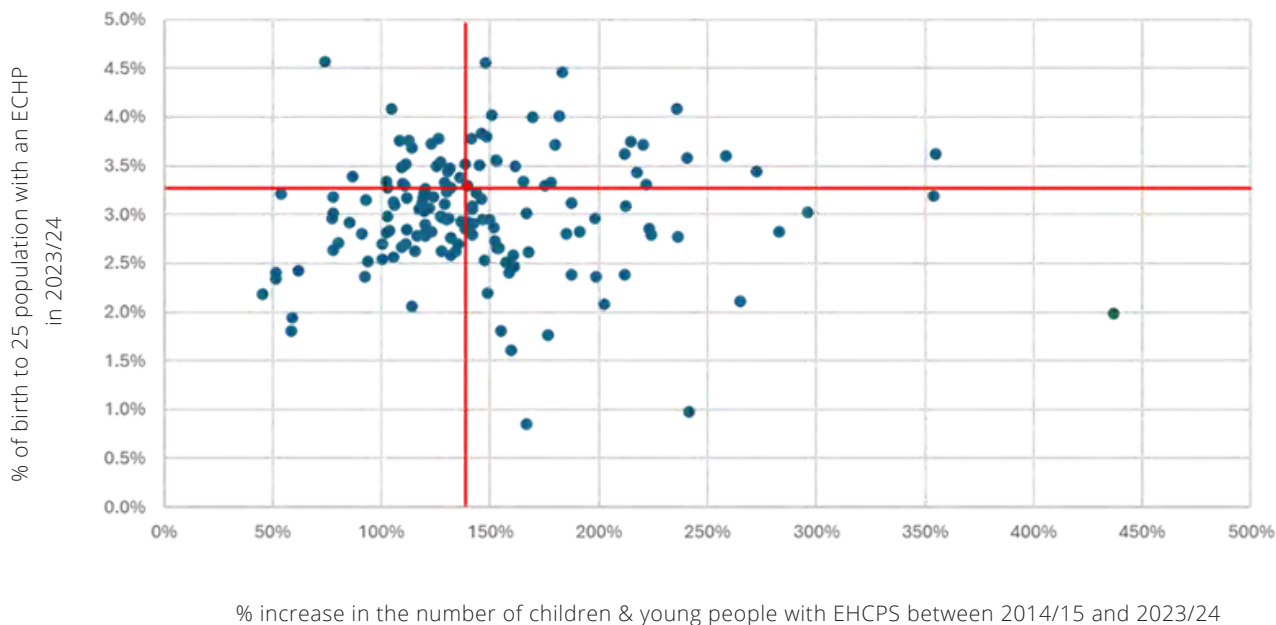
Figure 4: Chart showing the distribution of LAs based on the percentage of the 0-25 population with an EHCP and the percentage increases in EHCPs between 2014/15 and 2023/24 (Source: Education, health and care plans, 2024, DfE; population estimates mid-year 2014 and 2023, ONS)

% increase in the number of children & young people with EHCPS between 2014/15 and 2023/24

There are no clear correlations between, on the one hand, either the level of deprivation of the LA or the size of its population and, on the other hand, the proportion of children and young people with EHCPs or the rate at which this has grown. Nor are there clear correlations between levels of deprivation or population size and rates of children and young people on SEND Support.

The growth in the numbers of EHCPs is a truly a nationwide phenomenon that has taken place in the very large majority of local areas, irrespective of affluence, geography or size. Table 1 shows the percentage of the birth to 25 population with EHCPs in 2014/15 and 2023/24 split by LA type.[6] It shows a broadly similar picture across CCN LAs, non-CCN unitary LAs, metropolitan areas and London boroughs.[7]

Table 1: Percentage of birth to 25 population with EHCPs in 2014/15 and 2023/24 by LA type

LA Type	% of 0-25 population with EHCPs in 2014/15	% of 0-25 population with EHCPs in 2023/24	% growth in EHCPs between 2014/15 to 2023/24
Metropolitan Borough	1.34%	3.20%	139%
London Borough	1.45%	3.25%	124%
Non-CCN unitary LA	1.36%	3.12%	130%
CCN LA	1.41%	3.44%	143%

Observations on how widespread the growth in EHCPs has been across the country invite the question whether the experience of England is mirrored in other developed nations. Comparing rates of identification of SEND between different countries is always fraught with difficulty. This is because how any individual education system describes and ultimately "counts" SEND is as much a reflection on the inclusiveness of the educational system itself, and the way that provision is organised, as it is a reflection of the underlying presenting needs of the children and young people in that system.

Figure 5: Percentage change in the number of children and young people with an official SEND decision between 2016/17 and 2020/21 across selected European countries (Source: European Agency for Special Needs and Inclusive Education data tables)
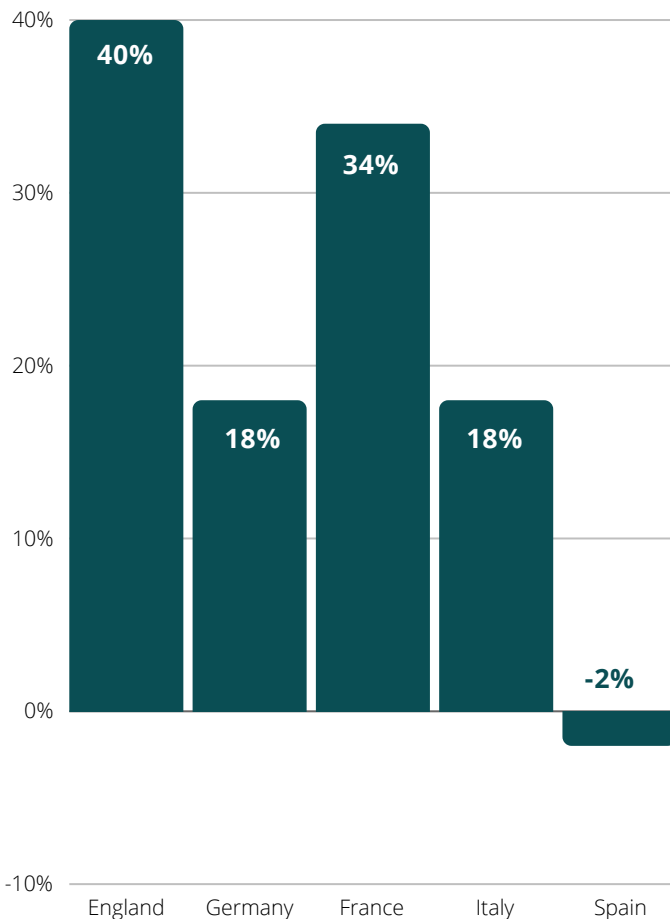
Nonetheless, and with that very significant caveat in mind, it is interesting to note that data published by the European Agency for Special Needs and Inclusive Education suggest that numbers of children and young people identified with SEND are rising more quickly in England than in other large European countries. Figure 5 shows the percentage increase in the number of children and young people in primary and lower secondary education with an "official decision of SEND" between 2016/17 and 2020/21 across five European countries.

Alongside the growth in EHCPs, there has been a rapid increase in placements in special settings

The very rapid and sustained increase in the number of children and young people with EHCPs has been accompanied by a steep rise in the number in special schools.

Figure 6 shows the number of children and young people with EHCPs in special schools in England, and how that compares with the numbers in mainstream schools and units or additional resourced provisions within mainstream schools. Since 2014/15, there has been an increase of 60% in the numbers of children and young people in state-funded special schools and a rise of 132% in the number placed in INMSSs.[8]

Data for the last three to four years show, however, that increases in the number of placements of children and young people with EHCPs in mainstream schools have outstripped increases in placements in special schools. Our qualitative research evidence suggests that this is not because demand for special school places is diminishing or even levelling off, but that creating new special school capacity is lagging significantly behind the demand for places. It may also reflect the fact that as budgets and capacity are squeezed, mainstream schools are increasingly seeking EHCPs in order to be able to meet the needs of their pupils.

In the post-16 sector, use of independent specialist providers (ISPs) has also grown from just over 3,000 in 2016/17 to just over 8,700 in 2023/24. This is slightly more rapid than the growth in the number of young people with EHCPs in further education (FE) and sixth form colleges, over the same period.

As a percentage of the whole school population, the number of children and young people placed in special schools has risen from 1.4% in 2015/16 to 2.1% in 2023/24.[9]

Figure 6: Chart showing the numbers of children and young people with EHCPs placed in mainstream schools and units and special schools between 2014/15 and 2023/24 (Source: Education, health and care plans, 2024, DfE)

|	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
State-funded special	96,655	100,174	103,568	111,387	118,999	125,398	132,131	140,036	145,850	155,045
INMSS	12,827	13,721	14,942	15,483	17,532	19,641	21,746	24,412	25,886	29,802
Mainstream schools	108,640	106,708	103,910	108,615	117,360	129,967	147,004	165,125	186,842	219,012
Units	13,129	12,943	17,816	16,271	17,652	18,235	20,464	21,284	20,122	22,236

To understand the profile of the children and young people placed in special schools requires a deeper analysis of the data. Figure 7 below breaks down the cohort of children and young people in special schools in 2023/24 by age and gender.

Two key facts stand out from this analysis. The first is that the population of special schools in England is predominantly male. In fact, 73% of children and young people in special schools are boys. This is broadly in line with the percentage of all children and young people with EHCPs who are boys – 71.3% in 2024. The second stand-out fact is the clear increase in special school placements between the ages of 10 and 11 at the start of secondary school. In fact, combining these two statistics, 4% of boys aged 11 to 15 are placed in special schools – almost double the national average rate for special school usage.

Looking at the profile of primary needs for children and young people in state-funded special schools, the three most common areas of need are ASD (37% of pupils), severe learning difficulty (18%) and SEMH needs (12%). For children in non-maintained special schools, the three most common areas of need are ASD (33%), SLCN (16%) and SEMH (11%).[10]

The high, and rising, number of children and young people in special schools has several implications. For many children and young people with SEND, access to a special school placement is critical and necessary. At the same time, more children and young people in special schools means that fewer children and young people with SEND are being educated in their local school, with their peers and in their community.

Page 31

Figure 7: Special school population broken down by age and gender 2023/24 (Source: School census)
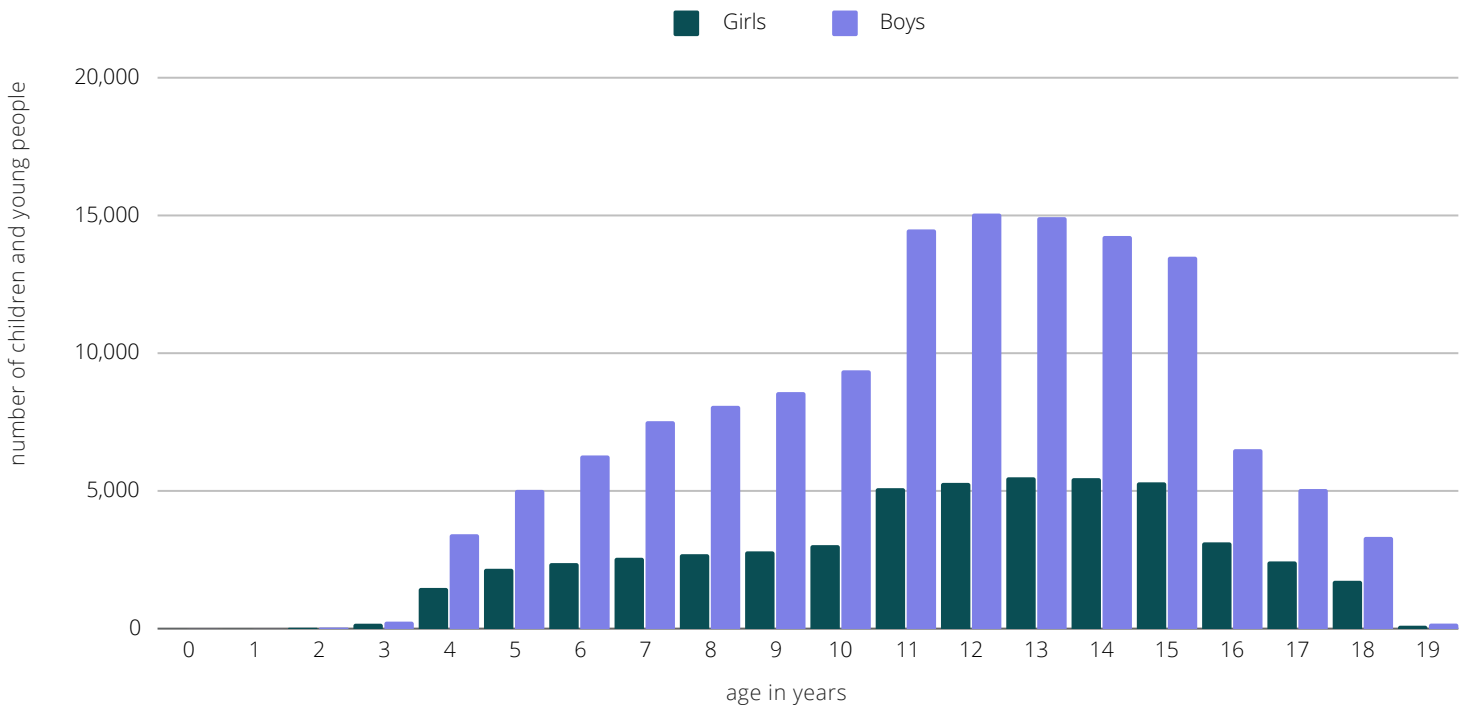
As we found in our recent research into home-to-school transport, this can mean that children and young people with SEND are travelling further to school and spending more time on transport as a result. It may also mean that fewer children and young people are able to access the breadth of curriculum or qualifications that may be available in a mainstream school environment.

Secondly there is a cost implication for the education system as a whole. As part of this research, we surveyed LAs and asked them the average cost to the high needs block of placing a child in a mainstream school, a special school and an INMSS. (Note that this question excludes funding for SEND from the schools block, which means funding from schools' delegated budgets will not be included in the comparison.) Forty-one LAs answered the question, and their responses suggested that:

Average cost of high needs placements

- the average cost to the high needs block of placing a child with an EHCP in a **mainstream school** in 2023/24 was **£8,200** (as a top-up from the high needs block; this figure does not include "base" funding from schools' delegated budgets);

- the average cost to the high needs block of placing a child in a **state-funded special school** was **£25,000**, which we have assumed equates to a top-up of £15,000 on top of "base" funding of £10,000 per commissioned place; and

- the average cost to the high needs block of a placement in an **INMSS** was **£58,500**.

Rising levels of expenditure on SEND that continue to outpace increased funding from national government

The high and rising numbers of EHCPs and placements in specialist settings are linked to what local government, education settings and health services are experiencing as unsustainable financial pressure. Levels of national investment in SEND have risen quickly over the last decade. In 2014-15, the high needs block allocations to LAs from the DfE stood at just below £4.8 billion (after academy recoupment). The allocations for 2024-25 stand at a total of just over £9.2 billion (after academy recoupment).

Despite this, expenditure on SEND has risen more quickly still. Section 251 returns show that reported SEND-related expenditure has increased from just over £4 billion in 2015-16 to £9 billion in 2022-23.[11]

Responses to the recent surveys run by Isos Partnership and the Society of County Treasurers show that high needs expenditure in 2023-24 is estimated at £10.8 billion and is forecast to rise to £12 billion by 2025-26, as shown in Figure 8. [12]

The increase in overall expenditure is being driven primarily by the increases in the number of children and young people with EHCPs. There is also evidence that the unit cost of provision – the expenditure for each child or young person with an EHCP – is rising at the same time. Figure 9 below shows that in 2022-23 the average SEND-related expenditure per child or young person with an EHCP stood at £17,446 compared with £16,081 in 2015-16. The growth in expenditure per EHCP has not been linear or uniform, but the trend certainly appears to be upwards overall.

Figure 8: Chart showing reported expenditure on SEND by LAs in England between 2015-16 and 2022-23, and estimated expected expenditure to 2025-26 (£ million) (Source: section 251 returns and Isos Partnership and Society of County Treasurers financial survey) [13]
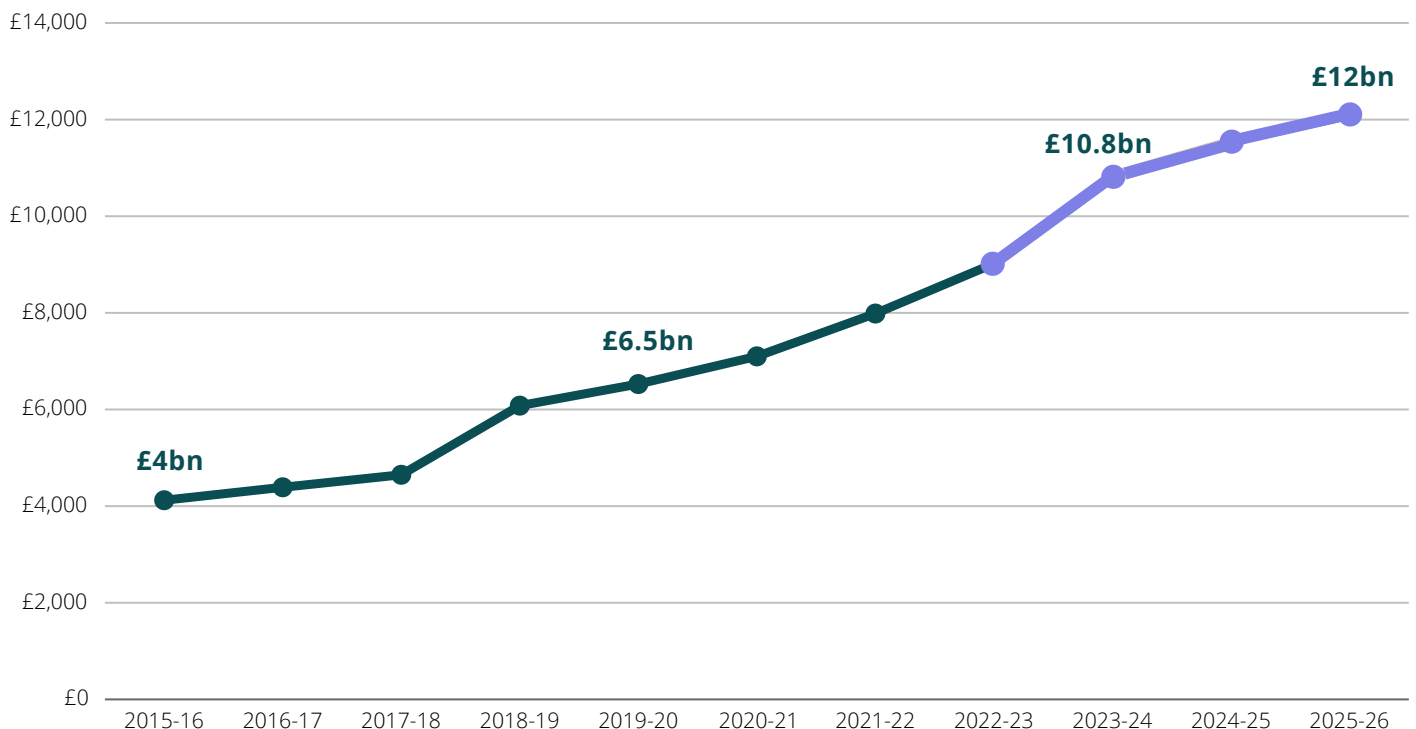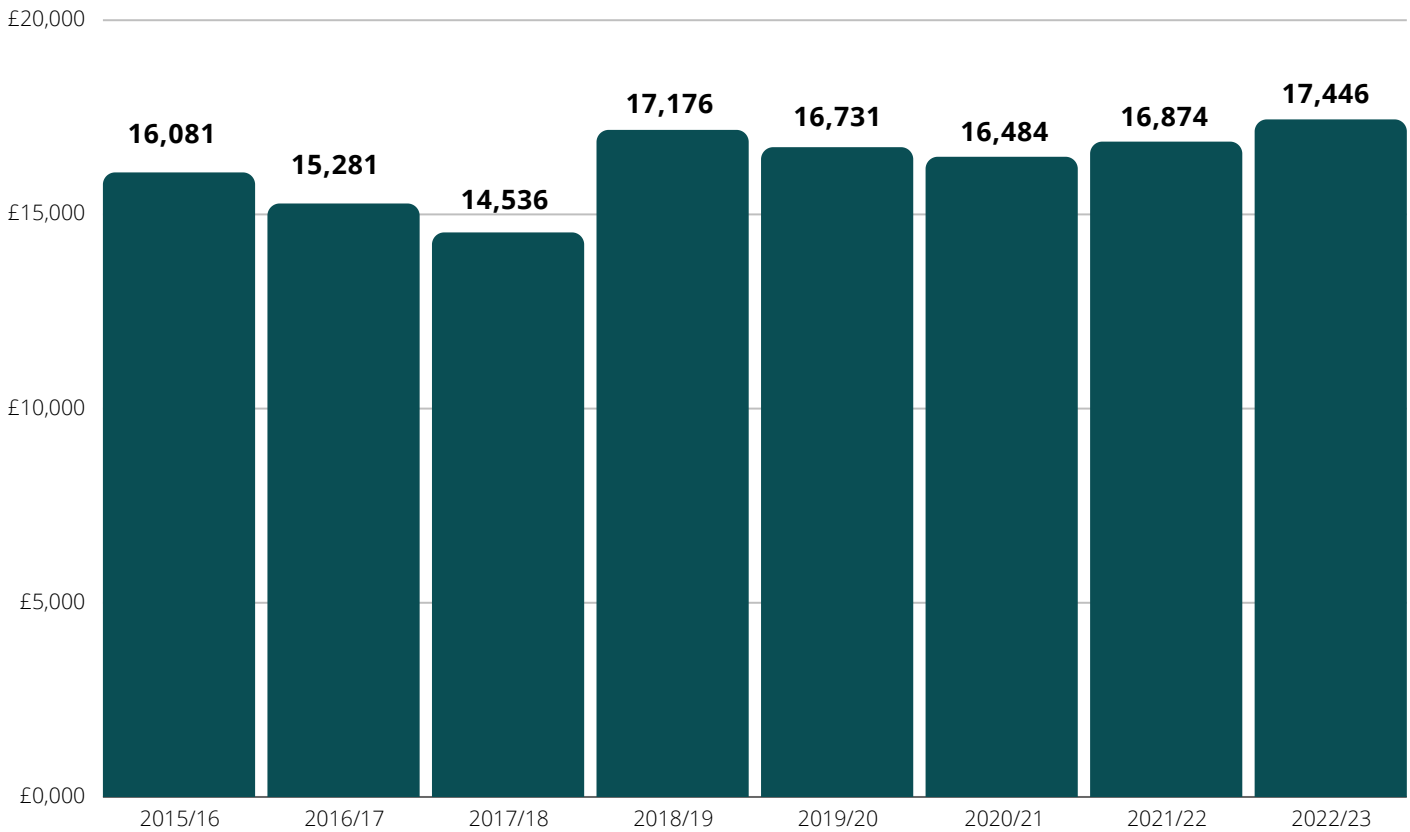
Figure 9: Chart showing reported SEND related expenditure per EHCP between 2015-16 and 2022-23 (Source: section 251 returns; Education, health and care plans, 2024, DfE)

This is consistent with the fact that, as our evidence suggests, more children and young people are in specialist provision, and that on average these placements are more costly than placements in mainstream settings. It may also reflect the increase in placements other than at school, which can often be very costly. The sharp continuing increase in expenditure indicated by our survey returns, suggests that the unit cost of each EHCP may well have risen again in 2023-24.

Looking at per capita expenditure on SEND provision (based on the birth to 25 population), there is wide variation among LAs in England. This varied from £284 per head to £981 per head in 2022-23, with an average of £534.

There is no strong association between either deprivation (using the income deprivation affecting children index (IDACI)) or LA size (defined by population) and levels of per capita of SEND-related expenditure when comparing these variables simply, LA by LA, on a whole population basis.[14]

However, interesting work has been published recently by the Centre for Analysis of Social Exclusion at the London School of Economics which shows that, when you control for factors like ethnicity and English language, the chances of a primary school child with SEND having an EHCP is higher if they live in an affluent local area than if they live in a deprived area, and that these differences persist within LAs, not just between LAs.[15]

Page 34

Table 2 shows SEND-related expenditure per capita and per EHCP, for LAs split by type. It is striking how much similarity there is between metropolitan, CCN LAs and non-CCN unitary LAs on measures of expenditure.

The one clear difference, however, is London boroughs, which spend more per capita on high needs and more for every child or young person with an EHCP than other types of LA. This may in part reflect the effect that higher London wages and living costs have on the cost of provision, but also reflects the higher capacity to spend in London, which comes from more generous levels of funding. Indeed, there are notable differences in per capita high needs budget allocations. In particular, CCN LAs are funded at a lower rate per capita than other LAs, and London boroughs are funded at higher rates per capita.

Unsurprisingly, the strongest determinant of per capita expenditure on high needs is the value of the high needs block allocation itself – given rising need and demand, local areas have naturally been spending to the budget they have available – and this explains about 68% of the variation in spend.

After the high needs block allocation, again unsurprisingly, the percentage of children and young people in a local area with an EHCP is another powerful determinant of levels of spending. This explains around 34% of the variation in spend, as shown in Figures 10.

The percentage of children and young people placed in special schools, in particular INMSSs, also has a bearing on individual LA expenditure. The percentage of the 0-25 population in special schools explains just under 10% of the variation in per capita high needs expenditure. There is an even stronger association between high per capita spend and a high percentage of children and young people in INMSS. This variable explains around 28% of local variation in spend as soon in Figure 11.[16]

Table 2: SEND-related expenditure and high needs spend per EHCP by LA type

LA Type	Per capita SEND-related spend (2022-23)	SEND-related spend per EHCP (2022-23)	High needs block allocation per capita (2022-23)
Metropolitan Borough	£486	£16,975	£456
London Borough	£619	£20,656	£564
Non-CCN unitary LA	£499	£17,693	£447
CCN LA	£508	£16,357	£426

Where high levels of all three of these variables are combined in a single local area it has a particularly profound impact on expenditure. By way of illustration, there are nine LAs nationally where the rate of EHCPs, the percentage of the 0-25 population in special schools and the percentage in INMSS are all in the top quartile compared with other local areas in 2022/23. In these nine LAs, the average SEND expenditure per head of 0-25 population in 2022-23 was £703. This is compared with average per capita expenditure in the eight LAs where rates of EHCPs, and special school and INMSS usage were all in the lowest quartile, which was £445.

The data submitted by LAs through our survey illustrates both the current in-year mismatch between high needs budget and expenditure, and the rate at which they predict this will grow. By scaling up survey return information to be representative of the national picture, we estimate that in 2023-24 the in-year deficit stood at around £890 million. LAs are forecasting that this will rise to around £1.1 billion in 2024-25 and just over £1.3 billion in 2025-26 if current patterns of income and expenditure continue.[17]

Over time, the accumulated in-year overspends for SEND have created a black hole in local government finances. Introduced in 2020, and extended in December 2022 to cover the period to March 2026, the "statutory override" means that LAs' high needs block deficits can be ring-fenced away from their core council budget until 2026.

Figure 10: Chart showing the relationship between SEND related expenditure per capita spend and proportion of the local 0-25 population with EHCPs (Source: section 251 returns; Education, health and care plans, 2024, DfE)
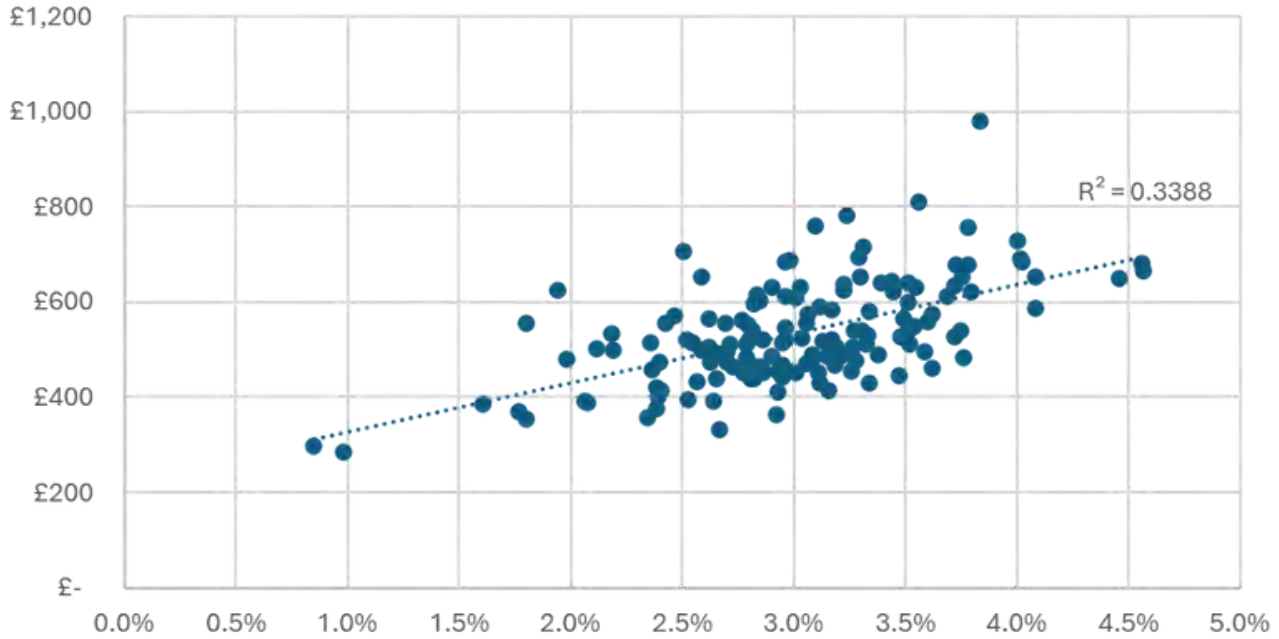

Figure 11: Chart showing the relationship between SEND related expenditure per capita spend and proportion of the local 0-25 population in INMSSs (Source: section 251 returns; Education, health and care plans, 2024, DfE)

This means that high needs deficits have grown year on year, with no obvious means of paying off or reconciling the money that has already been spent, and with no realistic prospect of being able to reduce expenditure in the future. Responses to our survey, and the parallel survey conducted by the Society of County Treasurers, illustrate the scale of the problem.

Our analysis, based on scaling up survey returns from 74 LAs, shows that the national cumulative high needs deficit – that is, money that has already been spent on SEND and is sitting as a ring-fenced debt in council budgets, but kept off council balance sheets – currently stands at an estimated £3.16 billion.[18] This has increased tenfold since 2018-19, when the national cumulative deficit stood at £318 million.

This deficit takes into account transfers from other parts of the DSG, mainly schools block funding, additional investment from national government through the Safety Valve in SEND and DBVS Programmes and transfers from councils' own reserves.

Without that additional investment in high needs, the deficit would currently be closer to £4 billion. Over the next two years, unless action is taken to change SEND policy and statutory requirements, LAs are predicting that the adjusted cumulative deficit will rise to nearly £5 billion.

Table 3: Adjusted and non-adjusted cumulative high needs deficit (£ million)

	Adjustment	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
In survey LAs	Adjusted deficit	-178	-515	-814	-1,085	-1,224	-1,779	-2,364	-2,800
	Non-Adjusted deficit	-178	-526	-849	-1,223	-1,578	-2,206	-2,868	-3,529
Scaled to national	Adjusted deficit	-318	-915	-1,445	-1,927	-2,173	-3,157	-4,196	-4,971
	Non-Adjusted deficit	-318	-934	-1,506	-2,171	-2,801	-3,916	-5,090	-6,265

Figure 12: Chart showing estimated cumulative high needs deficit (£ million) between 2018-19 and 2025-26 (predicted) (Source: Isos Partnership and Society of County Treasurers financial survey)
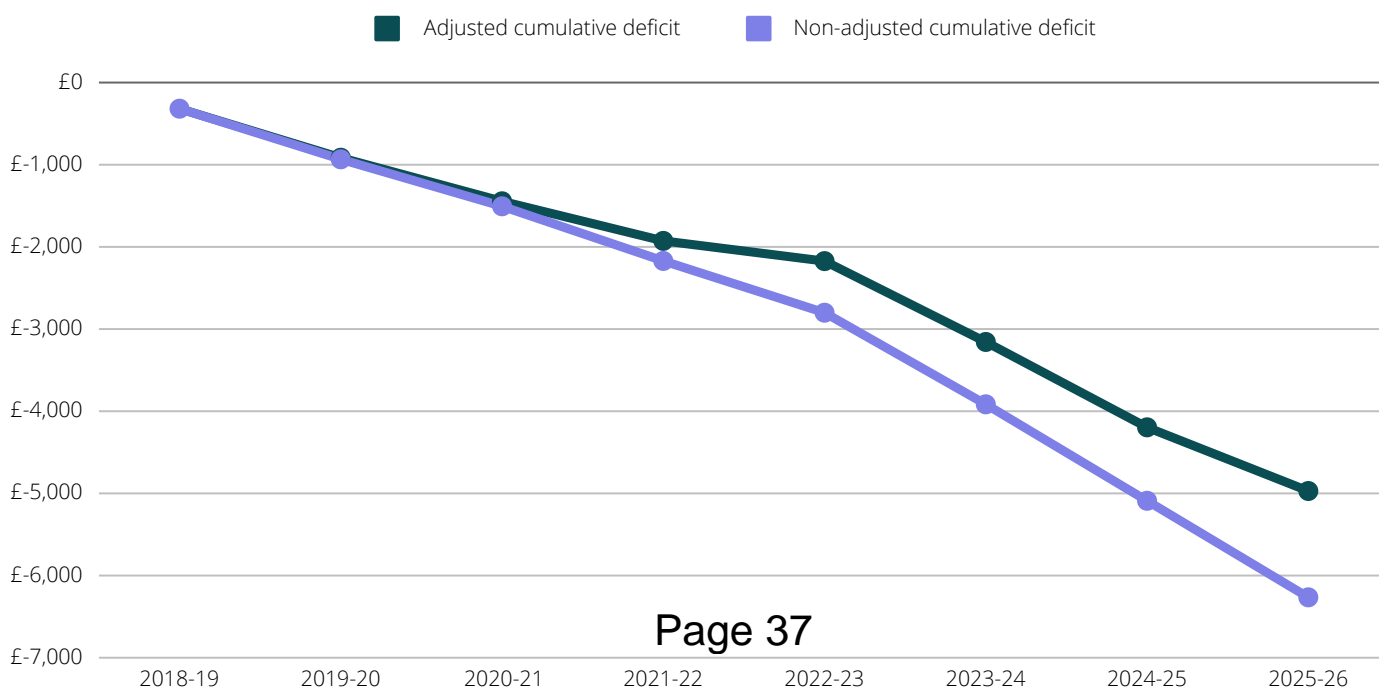
Survey returns shed light on the additional investment that has been made to attempt to alleviate the scale of the deficit. The data in the Table 4 and Figure 13 below is from the 74 LAs that responded to the financial surveys. They show that between £45 million and £90 million per annum, across those local areas, has been transferred into the high needs block from other blocks within the DSG (the other blocks are the schools block, early years block and the central services block). In practice, evidence from fieldwork suggests that the very large majority of these transfers will have come from the schools block.

In addition, between £21 million and £212 million per annum have been invested through the Safety Valve and DBVS programmes since 2020-21 to offset some of the deficit in targeted local areas. Although large sums of additional investment have been made through these routes, they are a drop in the ocean compared with the overall size of the deficit.

We also asked LAs whether they had, or were planning to, put in funding from their own reserves to offset the deficit. Out of 47 local areas that answered this question, only 12 had transferred money from reserves into the high needs block or were planning to do so in the next two years. Nine out of these 12 had also received money as part of a Safety Valve agreement.

Figure 13: Chart showing reported additional investment into local areas' high needs blocks over time (Source: Isos Partnership and Society of County Treasurers financial survey)
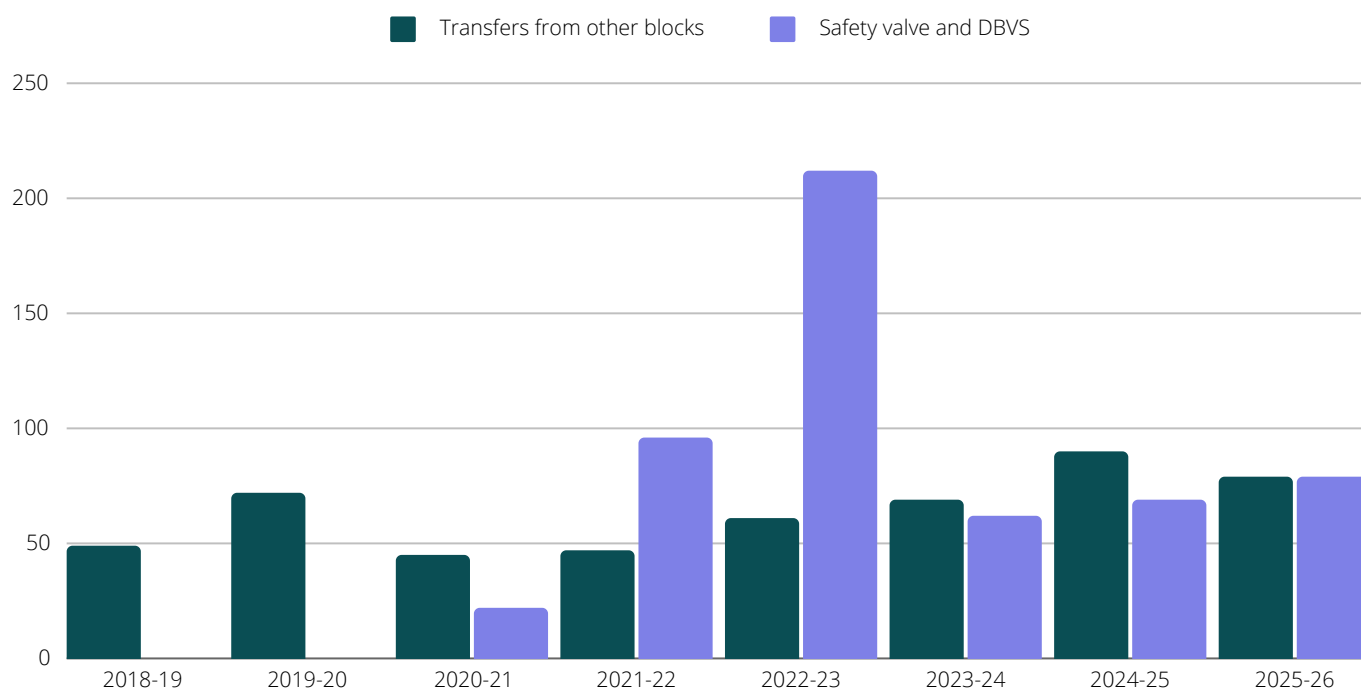
Table 4: Adjusted and non-adjusted cumulative high needs deficit £million

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Number of LAs reporting transferring £s from DSG (out of 74)	33	42	40	36	40	35	43	31
Number of LAs reporting receiving £s as part of Safety Valve or DBVS (out of 74)	0	0	3	8	17	22	27	20

Comments provided as part of our survey suggest that, for some LAs, insufficient reserves are in place to make any significant impact on the high needs deficit. Other LAs are attempting to build up a reserve that could offset the deficit in future, although they expressed a high degree of scepticism about the extent to which this is possible. A further group of respondents cited changing practice in response to guidance and new accounting rules. A final group of survey respondents referred to the uncertainty in relation to the continuation of the statutory override or the possibility that deficits may be written off by national government as factors influencing their decisions about committing reserves to the high needs deficit.

'When the council's negative balance was under £10 million the council had a mitigation plan in place – with the scale of the deficits being experienced and forecast this is clearly not possible to make provision – the council will continue to do everything to mitigate cost and deficit increases.'
(LA finance officer – quantitative survey response)

'We are an authority with low reserves, so this has not been possible.'
(LA finance officer – quantitative survey response)

'The council has created an offsetting fund for the current deficit, but this is not a sustainable picture going forward'.
(LA finance officer – quantitative survey response)

'The Council utilised £5.6 million of general fund reserves to reduce the in-year impact on the HNB [high needs block] deficit in 2019-20. This was prior to a change in legislation which meant this was no longer possible from 2020-21.'
(LA finance officer – quantitative survey response)

'[The statutory override] is helpful to some extent as it makes clear that any deficits are not the responsibility of the council to fund, however the temporary nature of the override is unhelpful in that this situation could change and place a significant burden on councils. The council will consider the creation of an offsetting (or partial offsetting) reserve as part of the year end accounting arrangements in 2023/24.'
(LA finance officer – quantitative survey response)

'We have not established an offsetting fund to date due to the uncertainty caused by the immunity provided by the statutory override. However, its extension without any formal commitment to address on-going, never mind historic, pressures [is] just allowing the situation to drift to unaffordable proportions'.
(LA finance officer – quantitative survey response)

Information provided through our financial survey shows that, of the 74 LAs that responded, 65 (or 88%) recorded an in-year overspend for 2023-24, and similar proportions of LAs were projecting overspends in 2024-25 and 2025-26.

In 37 LAs, the in-year overspend was more than 10% of the 2023-24 high needs income. The combined impact of rising numbers of children and young people with EHCPs and pressure on placements was highlighted as an underlying factor leading to in-year overspends by many LA finance leads in their responses to our financial survey.

Similarly, at the time of completing our survey (before the end of the 2023-24 financial year), 63 out of the 74 LAs (or 85%) were recording an overall cumulative deficit by 2023-24, even when transfers from other DSG blocks and additional investment (e.g. from Safety Valve agreements) were taken into account.

This number was projected to remain fairly constant over the next few years, although some local areas commented that their projections were dependent on finding savings that were by no means assured.

The issue facing local areas is not simply the fact of being in deficit, but the size of the deficit that has accrued. Again, based on survey outcomes, the chart below shows the size of LAs' cumulative high needs deficits compared with their high needs income in 2023-24. Figure 14 shows that in just under a quarter of LAs answering the survey, their cumulative deficit had grown to more than 50% of their annual high needs income. In around half of responding LAs, the deficit was more than 25% of their high needs income. In a small number of authorities, the cumulative deficit was more than a full year's high needs funding.

Figure 14: Chart showing the breakdown of LAs by the size of their reported cumulative high needs block deficit in relation to their high needs income (Source: Isos Partnership and Society of County Treasurers financial survey)

Cumulative deficits as a % of the high needs block allocation
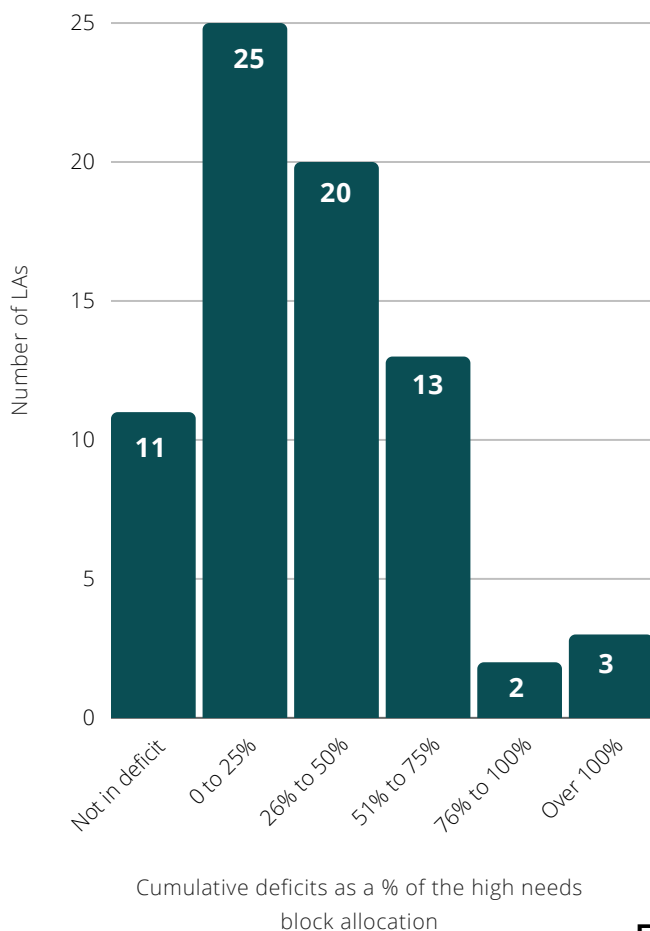
'The projected overspend in 2023-24 is largely due to uplift requests on independent schools and growth in numbers since the budget was set; additional place funding in special academies for the summer term; and an overspend on locality inclusion panel placements. The projected pressure is being reviewed and a High Needs Budget Strategy and DSG management plan is being prepared.'
(LA finance officer – quantitative survey response)

'There has been a further rise in the demand for EHCP and insufficient school places in appropriate settings. This has caused the LA to seek more expensive placements in the independent sector.'
(LA finance officer – quantitative survey response)

'For the first time, the LA is expecting to see a significant deficit in the high needs block in 2024/25. Cost pressures through both demand and unit cost increases are running at close to 10% per annum whereas funding increases are significantly below this level.'
(LA finance officer – quantitative survey response)

The existential nature of the threat to local government finances from the high needs deficit should not be underestimated. As part of our survey, we asked LAs whether they would continue to be solvent as a council if the statutory override were ended tomorrow, and for how long.

Figure 15 makes for sobering reading. It shows that, if the statutory override came to an end tomorrow, 16 LAs (25% of the 65 responses) said that they would cease to be solvent within a year or less. A further 25% said that they would cease to be solvent in three years or less. Only 38% of LAs replied that they were confident that they would continue to be solvent in the medium or long term.

Figure 15: Chart showing survey responses to the question of whether LAs would continue to be solvent if the statutory override was removed (Source: Isos Partnership and Society of County Treasurers financial survey)
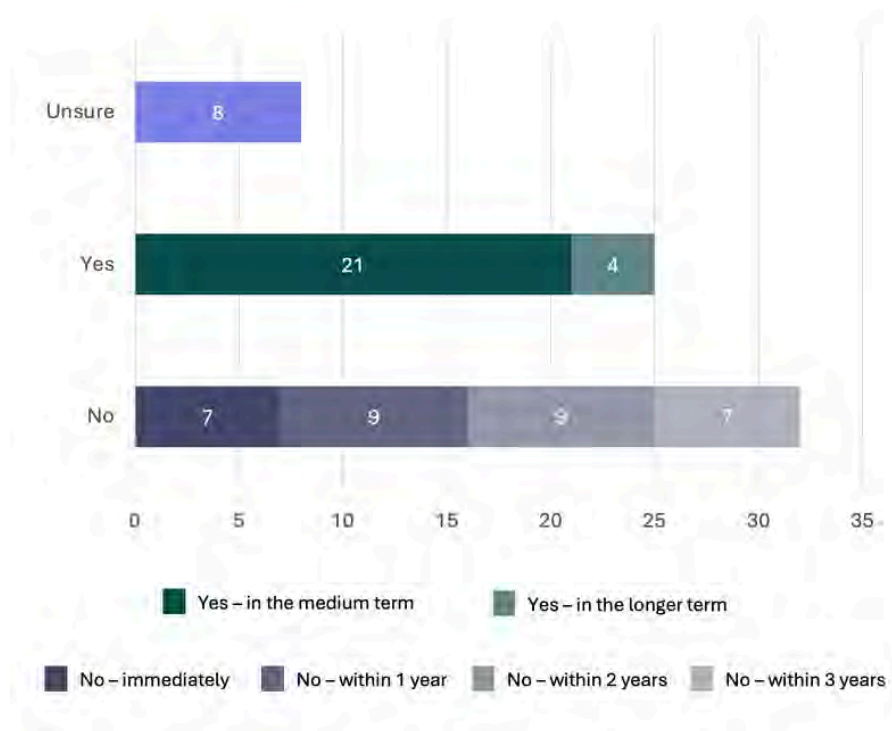
Although the most significant risk to local government finances is posed by the crystallisation of the deficit – if the statutory override was to be brought to an end – it is wrong to assume that simply because the deficit is ring-fenced it does not have a material or ongoing cost to LAs. The issue that a couple of local areas have highlighted to us is that the high-needs deficit is having an impact on their cashflow as an organisation.

LAs are large organisations with big budgets and at any one time will have large sums of money coming into the organisation, for example by way of government grants or tax income, and large sums going out, as they pay for goods and services. LAs will manage their cashflow to smooth out these ebbs and flows in income and expenditure during the year. At some points they may have a positive balance in their account, and will be able to earn income by way of interest on this sum.

At other times they will have a negative balance in their cashflow account and will have to pay interest on the debt.

The issue with the high needs block deficit is that although it is treated differently for accounting purposes, it is still actual money, which has already been spent. This means that the money that the LA holds for managing its cashflow is less than it would have, had it not accrued the high needs deficit, and this has a real-world cost.

To put it very simply, an LA with a cumulative high needs deficit of £30 million has either lost the opportunity to earn interest on that £30 million, if it were sitting in its bank account, or alternatively is paying a higher level of interest to service a debt than it would have to if it were still in possession of that money.

Page 41

While local government finances are at the very epicentre of the high needs funding crisis, it would be a mistake to assume that the financial challenges are limited to local councils.

Evidence from our fieldwork and roundtable discussions suggests that the impact on individual education setting (early years, schools and colleges) budgets and health services is also severe. In a complex eco-system such as SEND, it is not possible to limit and contain the impact of rising demand and increasing specialisation of provision to one part of the system.

'It is financially reckless to permit negative balances to roll forward unchecked and remains unclear who/where that responsibility should fall to. A realistic plan needs to be brought forward for how accumulated deficits can be fairly and sustainably managed.'
(LA finance officer – quantitative survey response)

'Whilst the statutory override is helpful, it is the wrong solution to the issue which is the lack of funding when the provision of the service was expanded and which has not kept up with the complexity of cases and their associated costs. The override will need to be extended again if further increased funding is not forthcoming to avoid Councils suffering severe financial difficulties.'
(LA finance officer – quantitative survey response)

'With a deficit in the sector of £3 billion plus it is clear that this cannot be met by councils. Government understand that the system and funding model are not fit for purpose and have known this for over a decade. Councils need them to immediately advise that deficits will be written off and will not impact the general fund. This needs to happen in the next 9 months and be a priority for any new government in 2024. Supplementing that must be a full reform of the system and funding model in order that sustainability can be achieved.'
(LA finance officer – quantitative survey response)

'*Due to planned financing of capital expenditure from earmarked reserves over the next three years, there is a risk that the high needs deficit could grow to a level where it exceeds the council's usable reserves and effectively this could translate into the council not having enough cash to cover the deficit. Therefore, although an extension to the statutory override would mean that the council remains technically solvent, in reality it would be insolvent if there is no cash remaining for it to operate*.'
(LA finance officer – quantitative survey response)

'Sustainability in the system is becoming a serious concern with funding constraints exacerbating pressures on mainstream support and inclusion. We have mainstream schools moving towards deficit for the first time citing SEN as a key financial issue. Non-teacher pay awards have been high from April 2022 and April 2023, funding to schools and special schools has not kept pace. Funding increases generally are not compensating for demands from schools and providers to meet rising costs.'
**(LA finance officer – quantitative survey response)**

Higher rates of identification of SEND and increased spend are not leading to better outcomes or lived experiences

So far in this chapter, we have described three trends – the rising number of EHCPs, rising number of placements in specialist settings, and rising pressure on public finances. Were these trends to have been accompanied by an improvement in outcomes, then it would be plausible to argue that there has been a necessary correction to historical under-identification and under-funding that is enabling better experiences and improving prospects for children and young people with SEND. There is, however, little evidence to suggest that these trends have coincided with an improvement in outcomes for young people.

Measuring outcomes for children and young people with SEND is not straightforward, because many will be working below the expected level for children of their age, and standard progress or attainment measures may not capture their milestones and achievements. For the purposes of this research, however, we have worked with the measures of attainment and progress that are published and easily comparable over time. We recognise that these will be an imperfect benchmark. Nonetheless, if the SEND system were delivering progressively better outcomes, one could realistically expect the percentage of children and young people with SEND reaching these benchmarks, at a national level, to increase over time.

Looking first at performance at Key Stage 2, the end of primary school, the percentage of children on SEN Support achieving the expected level in reading, writing and maths increased for two years between 2015/16 and 2017/18 and has essentially flatlined since then at around 24%.[19]

Figure 16: Chart showing trend in the percentage of children with SEND achieving the expected level in reading, writing and mathematics at Key Stage 2 (Source: Key Stage 2 attainment, 2022/23, DfE)
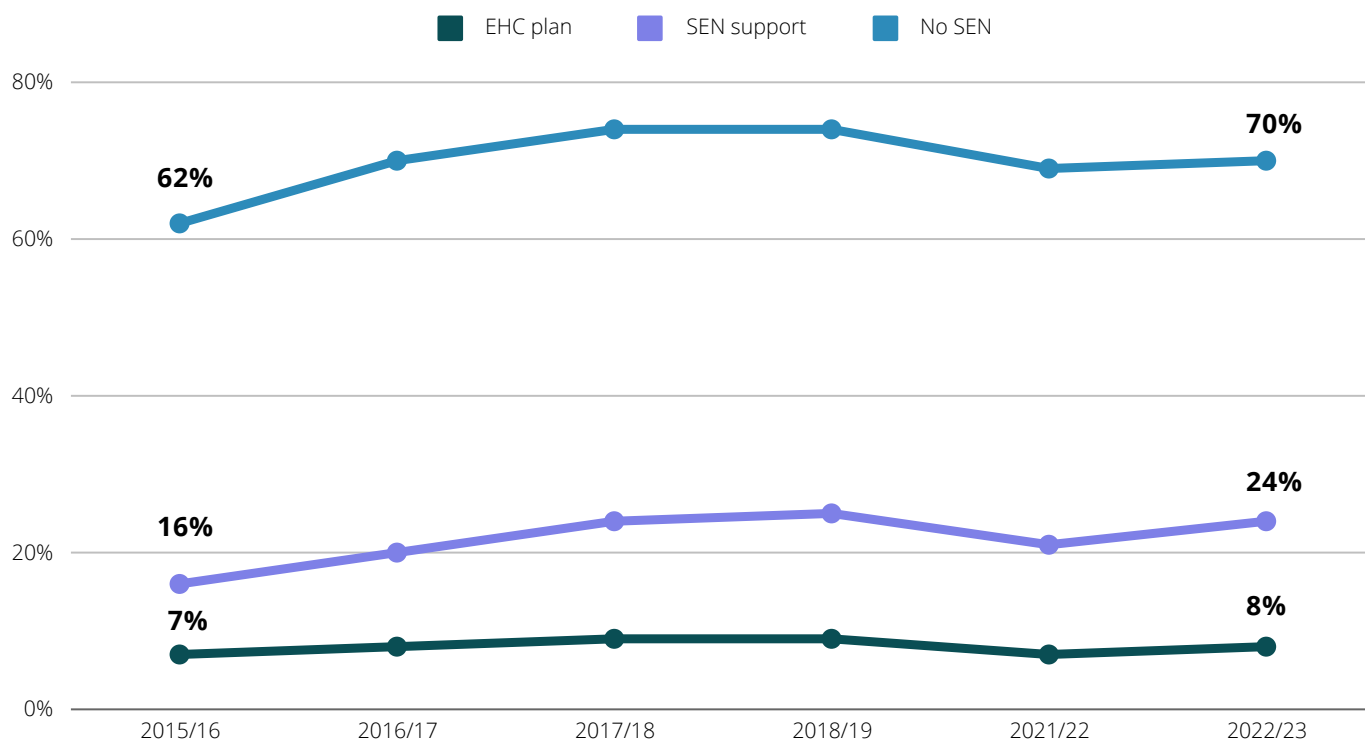
The years in which performance increased correspond with two years in which the performance of all children also increased.

For children with EHCPs, the percentage achieving the expected level in reading, writing and mathematics has basically stayed the same, at around 8%, since the SEND reforms were introduced and the gap in performance between those with SEND and their peers has remained stubbornly large. There has been no uplift in overall primary SEND performance commensurate with the huge increase in identification or the much higher per capita expenditure.

Looking in detail at the performance of children with an EHCP in reading since 2015/16, Figure 17 shows it shows a slightly more positive picture.

The percentage meeting the expected standard in reading has increased from 14% to 18%, but for most years has remained stable at 16%. The proportion not meeting the standard has remained fairly constant at around 27% and the proportion working below the threshold for assessment has dropped from 57% to 51%. In mathematics, there has been almost no change in the percentage achieving the expected level.

The slightly more positive performance in reading must be understood, however, in the context of the size of the Key Stage 2 EHCP cohort, which has increased by 83%. Statistically, as the size of the cohort gets larger and encompasses a higher proportion of all pupils, one would expect the average severity of need to reduce and therefore the average level of attainment to increase. The marginal increases we see in reading performance over time for children with EHCPs may well be more to do with the changing nature of the cohort than the dividends of increased investment.

It is also interesting, and perhaps surprising given the relative performance of all girls and boys in primary assessments, to note that while the trajectory is similar, boys with EHCPs and those on SEN Support in primary schools tend to outperform girls with EHCPs and on SEN Support respectively.

Again, this is probably because boys are far more likely to be identified with SEND than girls, and therefore statistically, within a larger cohort, the breadth of needs is likely to be greater and the complexity is likely to be less.

Importantly, there is no clear evidence to suggest that between 2015/16 and 2022/23 the huge gap between children with EHCPs and their peers has narrowed in terms of primary performance.

In fact, looking in more detail at primary performance overall, one problematic trend is the increase in the numbers and proportion of children working below the level for the Key Stage 2 assessments and therefore are not entered for them.

Figure 18 below shows the raw numbers of children identified as working below the assessment level in each year from 2015/16 to 2022/23 based on their SEND status.

The dominance of the EHCP cohort within this group is not surprising, but the scale of the increase in the number of children in primary schools who are working below the level for assessment, from 18,400 to 24,100 is more unexpected. In fact, the proportion of the total cohort working below the level at which they can be entered for assessment has increased from 3.1% in 2015/16 to 3.6% in 2022/23.

Figure 17: Chart showing performance of children with EHCPs in Key Stage 2 reading assessments, 2015/16 to 2022/23 (Source: Key Stage 2 reading attainment, 2022/23, DfE)
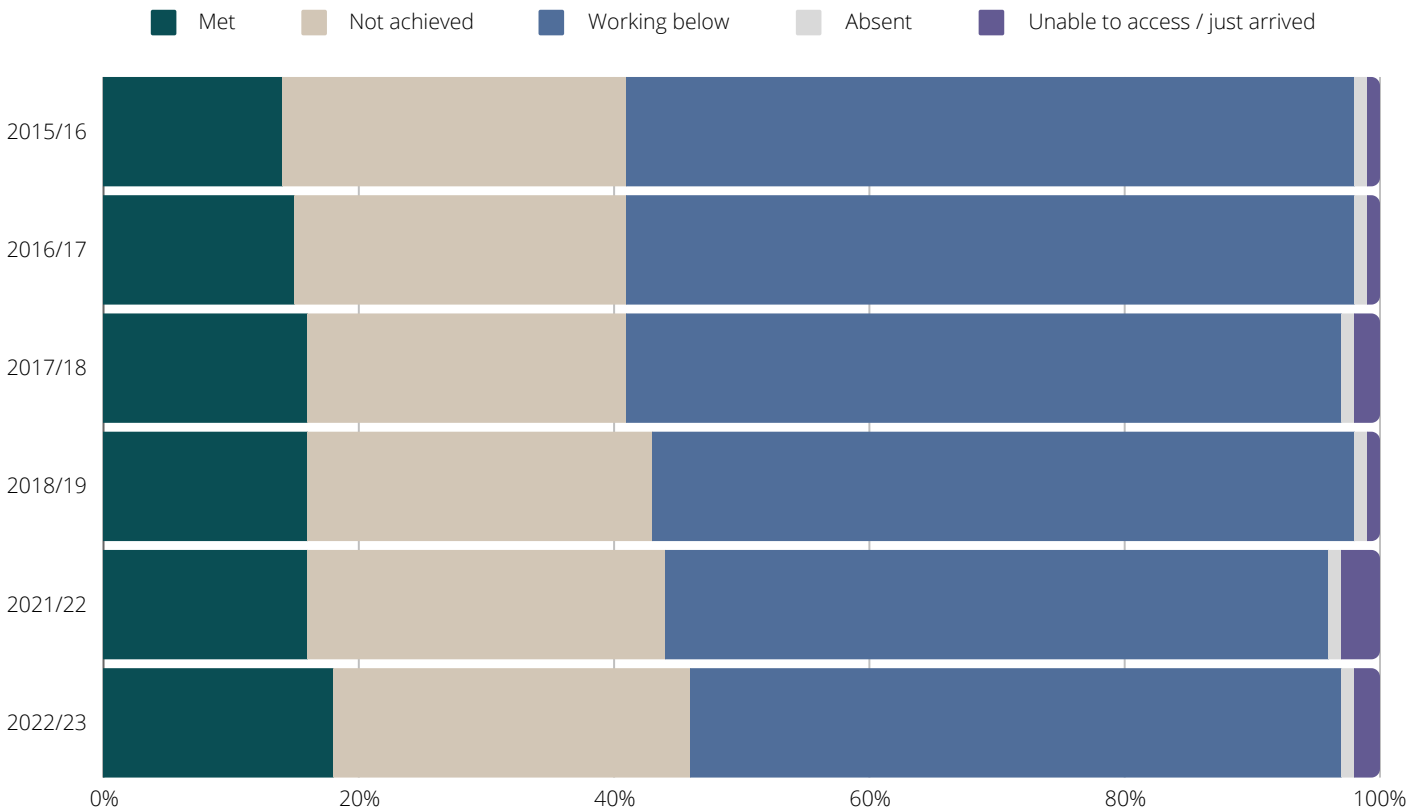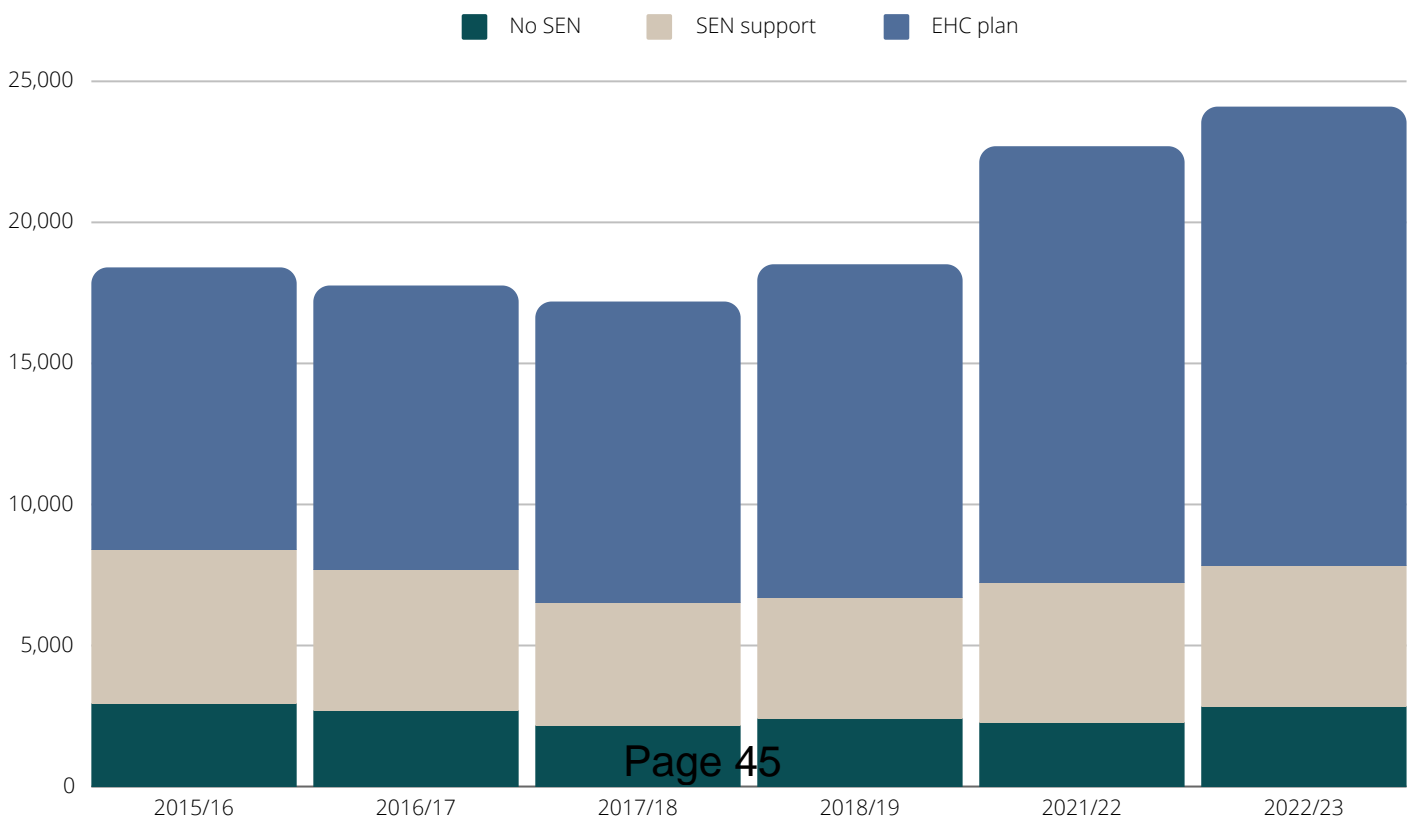

Figure 18: Chart showing the trend in number of children working below the level of assessment in Key Stage 2 reading (Source: Key Stage 2 attainment, 2022/23, DfE)

Page 45

A similar picture of largely static performance for young people with SEND emerges from an analysis of the Key Stage 4 data (Figures 19 & 20). The time series on published Key Stage 4 data only goes back to 2018/19, which means it is not possible to compare performance now with the period immediately following the SEND reforms.

Nonetheless, whether one considers Progress 8, Attainment 8 or EBacc average points score, the basic message is the same, namely that there is very little difference between the performance of young people with SEND in 2022/23 and their performance in 2018/19.

For example, in 2022/23, 14.0% of young people with EHCPs achieved Attainment 8 compared with 13.7% in 2018/19.[20] Over the same time period, average Progress 8 for children and young people with EHCPs increased very marginally from -1.17 to -1.12.

As was the case for Key Stage 2 results, boys with EHCPs outperform girls with EHCPs on both Attainment 8 and EBacc; however, at Key Stage 4 girls on SEN Support outperform boys on SEN Support on both measures.

Figure 19: Charting showing the trend in Key Stage 4 outcomes - Achievement of Attainment 8, 2018/19 to 2022/23 (Source: Key Stage 4 Performance, 2022/23, DfE)
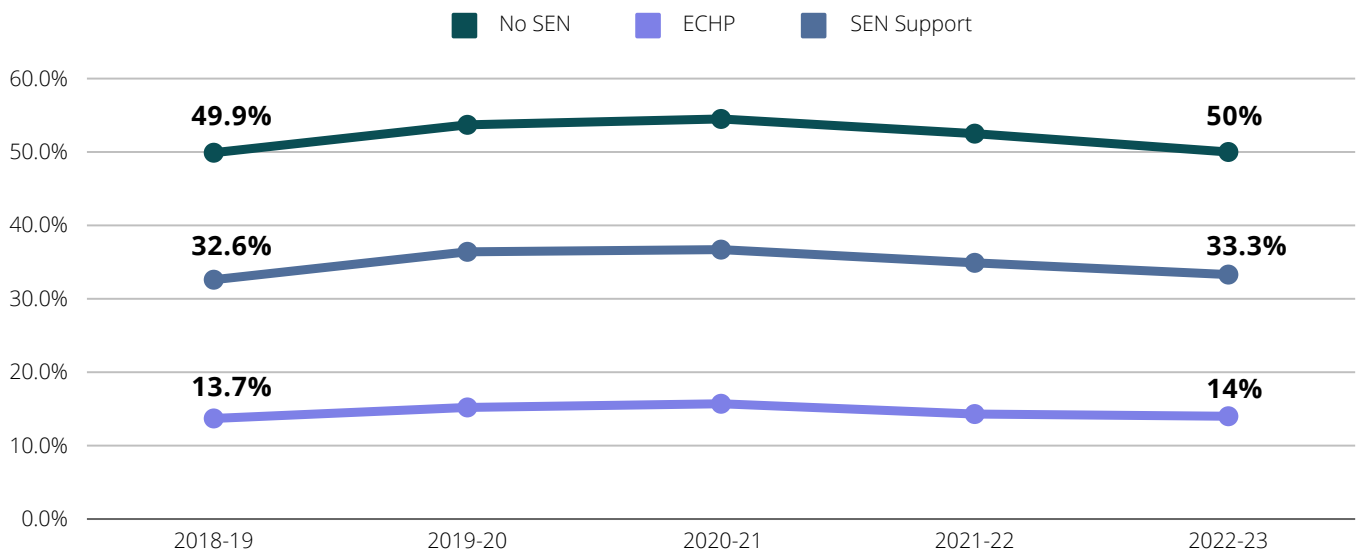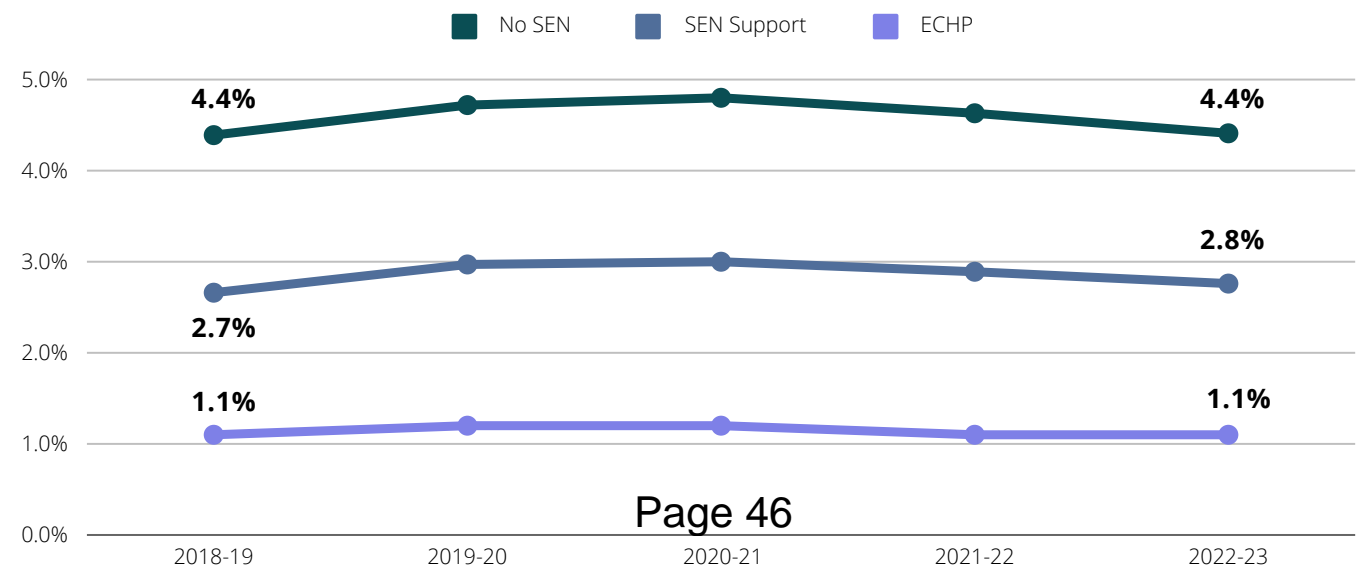
Figure 20: Chart showing the trend in Key Stage 4 outcomes - Ebacc average point score, 2018/19 to 2022/23 (Source: Key Stage 4 Performance, 2022/23, DfE)

Against all measures, the gap between children with SEND and their peers has remained stubbornly large and shows no evidence of closing.

Looking at destinations post-16, the latest available data is from the 2021/22 cohort. Overall, 94.6% of young people with no identified SEND were in sustained education, apprenticeships or work, in contrast with 90.2% of young people with EHCPs.[21] Comparing this cohort with the cohort of young people with EHCPs who completed Key Stage 4 in 2015/16, and whose experience of education would have predated the SEND reforms, is illuminating because the picture has hardly changed at all in the intervening years.

As can be seen in Table 5 below, the percentage of young people with EHCPs overall who have sustained education, employment and apprenticeships has hardly changed. On the positive side, the percentage in work has gone up, and the percentage not in education, employment or training (NEET) has gone down. At the same time, the percentage in education destinations has remained broadly the same, the percentage in apprenticeships has reduced, and the percentage where destinations are unknown has increased. The data suggest that the focus of the SEND reforms on improving preparation for adulthood and the increased public expenditure on SEND have barely shifted the dial on post-16 destinations for young people with EHCPs.

There has, however, been one noticeable shift in post-16 destinations that is clearly identifiable in the data and is a clear consequence of the changes in legislation brought about by the 2014 reforms. That is that the proportion of those in a sustained education placement who are in a mainstream setting has decreased and the proportion in a special setting of some kind has increased. Figure 21 below shows the proportion of young people with EHCPs post-16 in a mainstream educational setting, which includes FE, school sixth forms, sixth form colleges and higher education (HE), compared with those in a special setting, which includes AP and pupil referral units (PRUs), special schools and special post-16 institutions and independent schools.

The time series presented is from 2016/17 rather than 2015/16, as numbers in some of these types of institution were very low in 2015/16 and have therefore been suppressed in the data. It shows a gradual decline in the percentage of those with EHCPs in sustained education post-16 in mainstream settings from 65.5% of the cohort in 2016/17 to 61.7% of the cohort in 2021/22 and a corresponding rise in the proportion in special settings. The percentages in FE and school sixth forms have reduced over the period, while the percentages in special schools, special post-16 institutions, and AP/PRUs have all increased. This has implications not just for the affordability of SEND provision but, more importantly, also for the prospects of young people with SEND being able to make the transition successfully to independent life and the use of "mainstream" community facilities after the end of their time in education.

Table 5: Post-16 destinations of young people with EHCPs, 2015/16 and 2021/22

	Overall % of young people with EHCPs in education, apprenticeships or employment, sustained	Education, sustained	Apprenticeships, sustained	Work, sustained	NEET	Destination unknown
2015/16	90.0%	86.4%	1.4%	2.2%	5.4%*	1.2%
2021/22	90.2%	86.8%	0.9%	2.5%	4.8%	1.9%

(* data on NEET in 2015/16 suppressed due to low numbers, so this figure is the 2016/17 equivalent)

Figure 21: Chart showing the post-16 education destinations for young people with EHCPs - mainstream versus special, 2016/17 to 2021/22
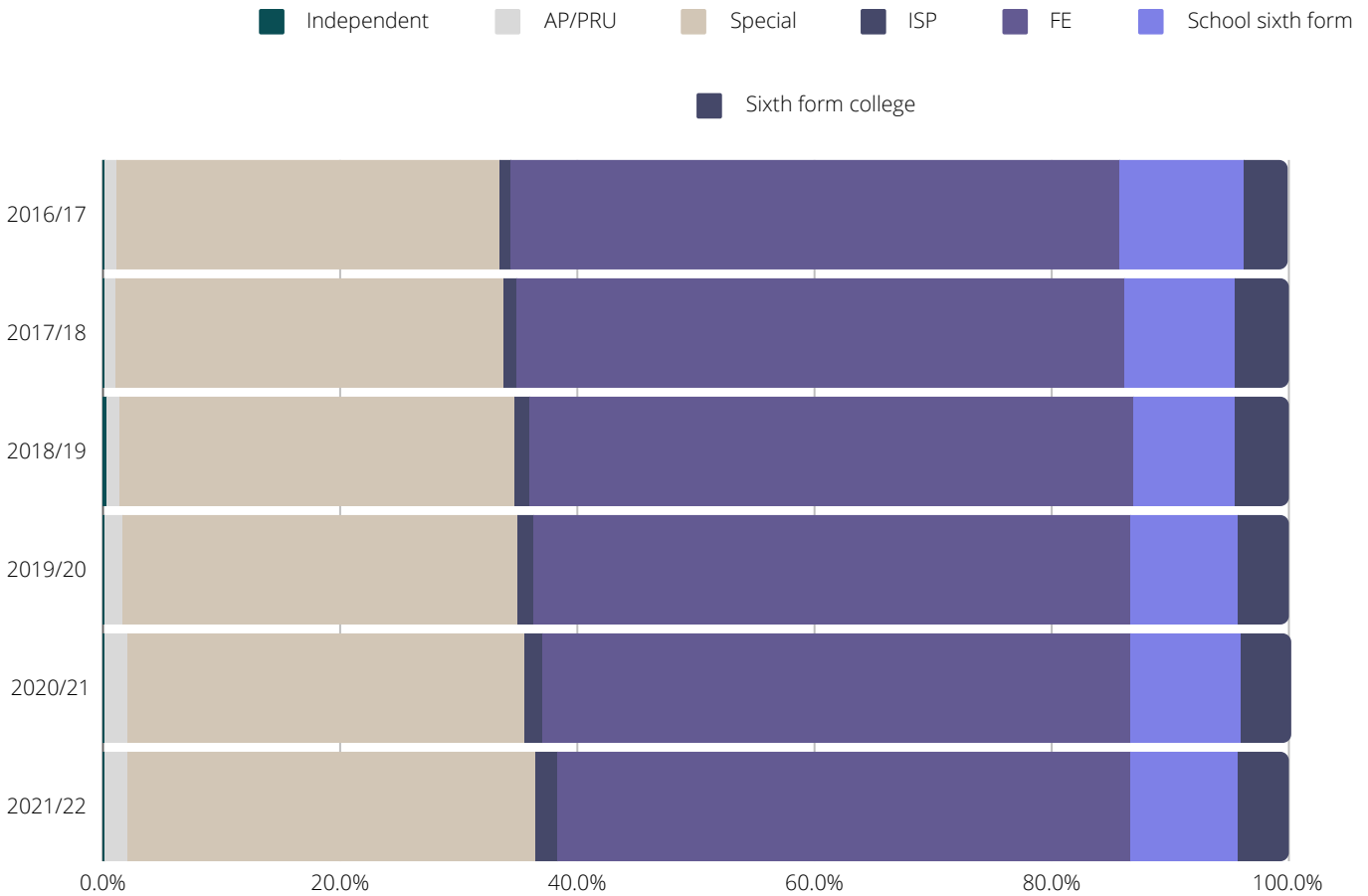
Turning to performance at age 19, again the picture suggests that there has been no improvement in outcomes for young people with SEND, and in fact they may be getting slightly worse. Figure 22 below shows the percentage of 19-year-olds who have achieved at least Level 2 (which equates to five GCSEs at grades 9 to 4 or equivalent) in each year from 2005/06 to 2022/23.

Firstly, it is clear that performance for all students, including those with SEND, although rising between 2005/06 and 2013/14, has subsequently reduced slightly from 86.1% achieving Level 2 in 2014/15 to 84.3% in 2022/23.[22] The decline in performance for young people with EHCPs (or previously statements of SEN) has been slightly more pronounced, reducing from 36.9% to 30.0%.

The very significant gap between young people with an EHCP and their peers has got larger since the SEND reforms were introduced, and fewer young people with EHCPs are reaching this significant milestone in attainment by the age of 19.

Again, it is interesting to compare the performance of two different cohorts. Cohort 1 is the group of young people with EHCPs (or statements) who turned 19 in 2015/16 and who will have completed their education before the introduction of the SEND reforms. Cohort 2 is the most recent cohort of young people with EHCPs, for whom data are available. They turned 19 in 2022/23 and would have been 11 in 2015, a year after the Children and Families Act 2014 was passed. They, therefore, would have benefited during most of their secondary-age schooling from the increased levels of investment in and identification of SEND.

Figure 23 below shows the percentage of each cohort that achieved Level 2 by age 16, 17, 18 and 19. It is abundantly clear that not only have cohort 2 – the cohort that should have benefited from the changing SEND landscape – not performed better, in fact they have actually performed worse than cohort 1 at every age.

Population-level outcomes for adults with learning disabilities are poor and in many cases are not improving. The proportion of adults with a learning disability receiving long-term care as a result of their learning disability in paid employment has decreased over time, from 6.0% in 2014/15 to a low of 4.8% in 2021/22.[23] The Office for National Statistics (ONS) found that, in 2021, across the UK the overall employment rates for all disabled people aged 16-64 had improved. In the July to September 2014 period, the employment rate for disabled people was 47.6% for men and 44.3% for women. In the corresponding period in 2021, the employment rate for disabled men was 53.8% and for women was 53.3%.

Despite these improvements, there remains a significant overall gap between the employment rates for disabled and non-disabled people aged 16-64. In 2021, 53.5% of disabled people aged 16-64 were employed, compared with 81.6% of non-disabled people.[24] The ONS also found that employment rates were lowest for people with severe or specific learning difficulties, autism or mental illness.

Meanwhile health inequalities are rife. A 2021 report by the National Institute for Health and Care Excellence (NICE) reported research findings, which showed that, compared with the general population, people with a learning disability were between three and four times more likely to die from an avoidable medical cause of death. Most of the avoidable deaths in people with a learning disability were because timely and effective treatment was not provided. [25]

In 2022, the median age of death for adults with a learning disability was 63, compared with 83 for men and 86 for women in the general population.[26]
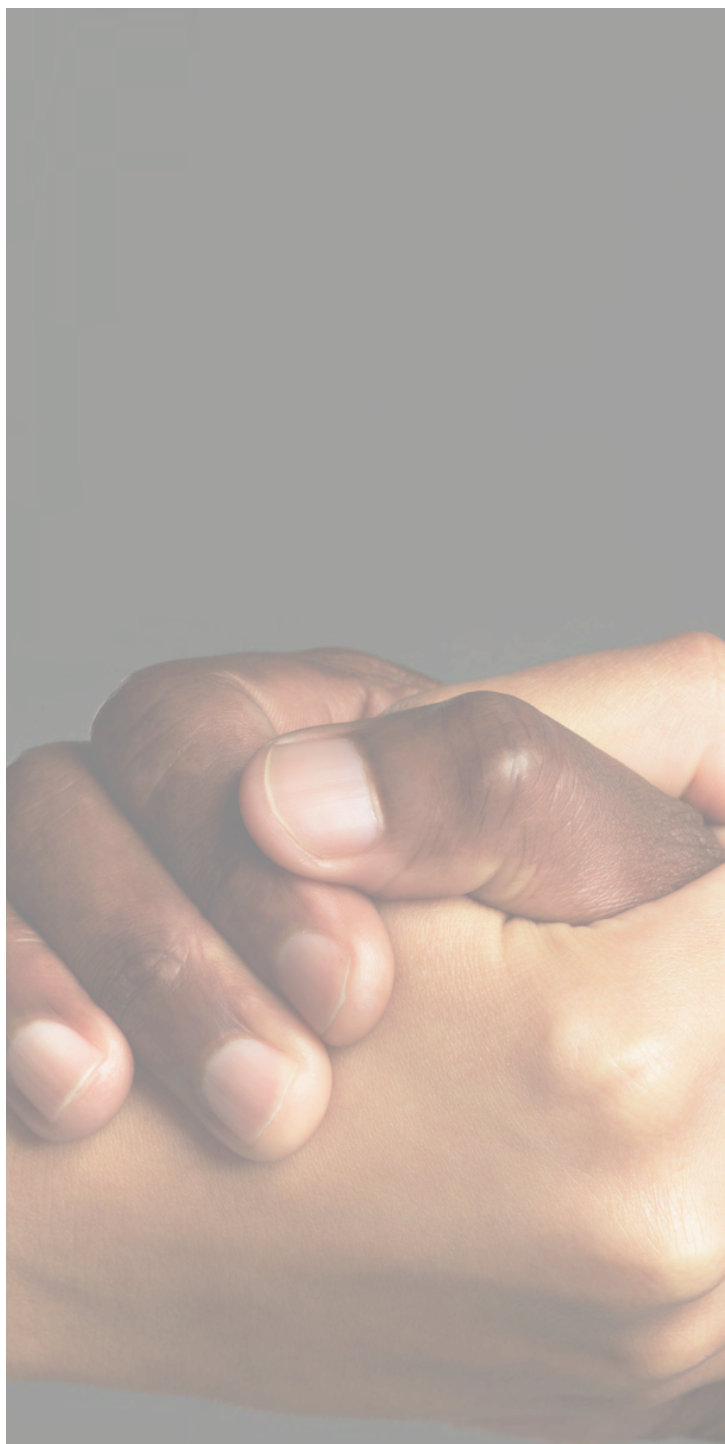
Figure 22: Trend in proportions of young people achieving Level 2 qualifications by the age of 19 (Source: Level 2 and Level 3 attainment age 16 to 25: 2022/23)
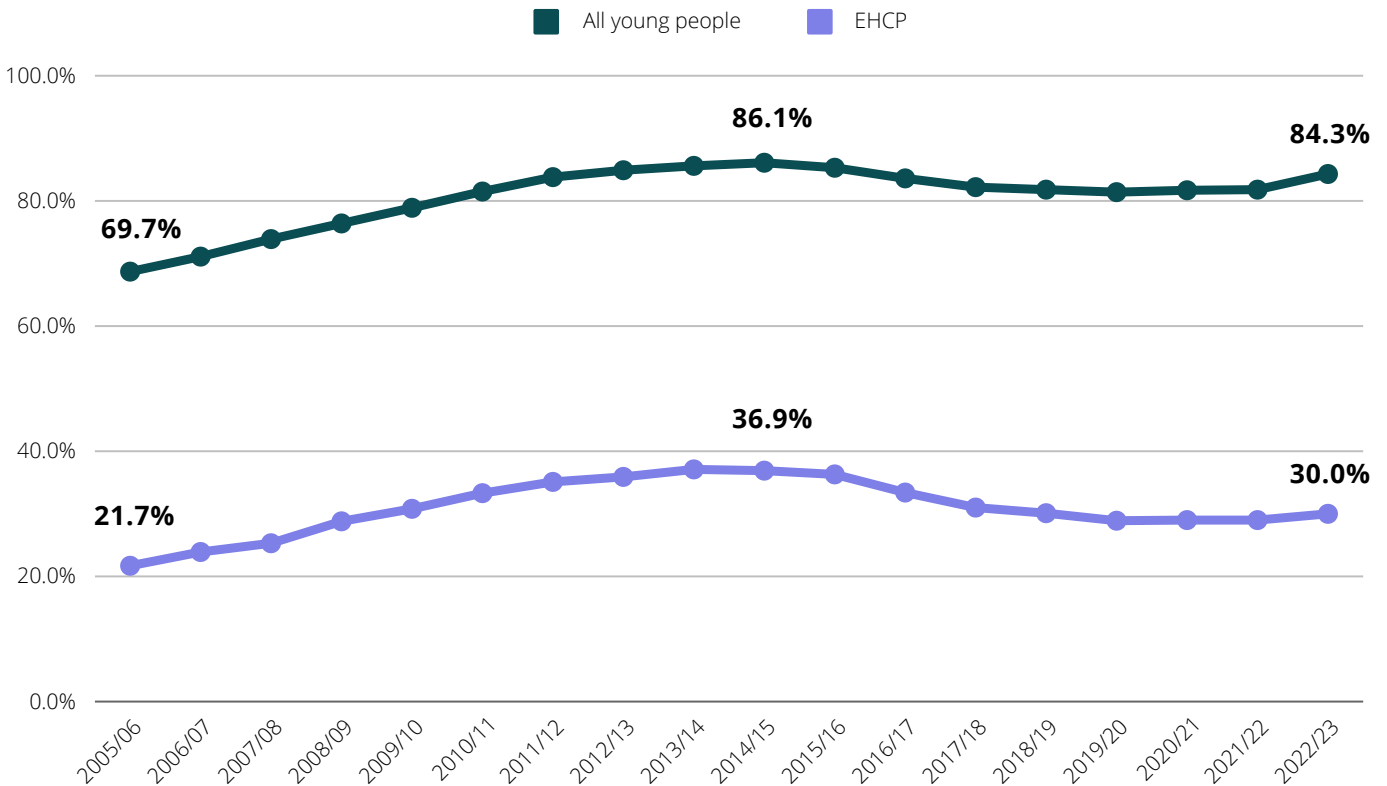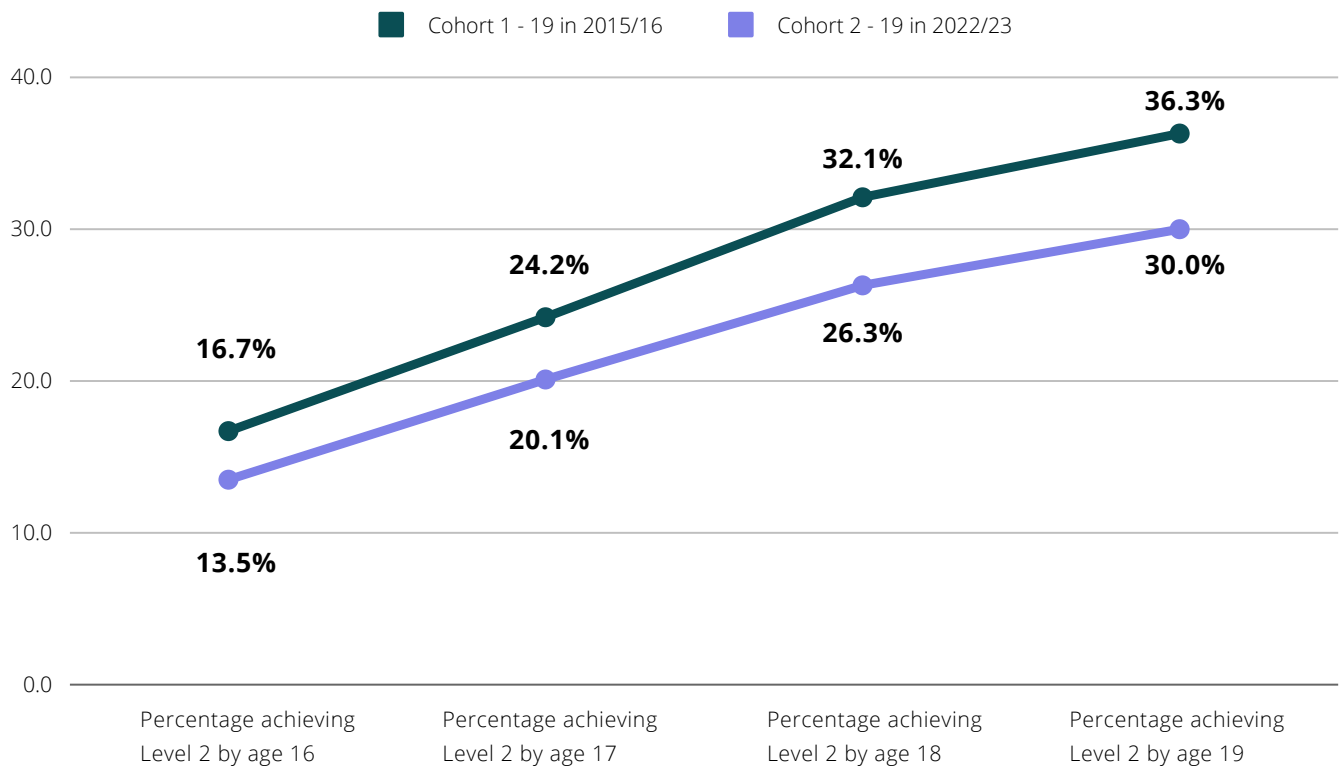

Figure 23: Cohort comparison of young people with EHCPs achieving Level 2 qualifications by ages 16, 17, 18 and 19 (Source: level 2 and level 3 attainment age 16 to 25: 2022/23)

Page 50

There is, therefore, no clear evidence at any stage of education that outcomes for children and young people with SEND have been getting better or that the very significant gap in achievement between these young people and their peers has been reducing. In fact, on some measures it would appear that outcomes have in fact been deteriorating despite the massive increase in spending and the very high rates of assessment and identification.

The final part of the puzzle is therefore whether, despite measurable outcomes, satisfaction with the SEND system as a whole has grown. Again, the answer appears to be a resounding "no". There is no source of data that captures the views of parents or young people about the quality of SEND provision or the impact it is having on their lives.

The best proxy available are measures of dissatisfaction – the number and percentage of appeals made to the First-tier Tribunal (Special Educational Needs and Disability), hereafter referred to as 'the Tribunal'. These are appeals made by parents against decisions not to provide an EHC needs assessment, not to issue an EHCP, or against the content of EHCPs, including the placement named in the plan.

The latest data on appeals to the SEND Tribunal shows that, in 2022-23, 13,658 appeals were made to the SEND Tribunal compared with 3,147 in 2014-15 – an increase of 334% and the highest annual total by some distance. The year-on-year increase in the last two years has been 29% and 24% respectively. The rate of appeal on all appealable decisions has gone up from 1.2% in 2014-15 to 2.3% in 2022-23, suggesting that decisions are almost twice as likely to be appealed now than they were prior to the introduction of the SEND reforms. In 2014-15, there was approximately one Tribunal appeal for every 76 children and young people with an EHCP, yet by 2022-23 that had increased to approximately one Tribunal appeal for every 38 children with an EHCP. In 2022-23, 68% of appeals were decided by a formal hearing of the Tribunal, compared with 24% in 2014-15.

It would appear that, far from driving up levels of satisfaction, the impact of changes to the SEND system have led to a more disputed, more contentious, more litigious and less consensual landscape than ever before.

OVERARCHING MESSAGES

Reform of our approach to SEND in England is essential

The "SEND system" in England is not working. This is not to say that there are not children and young people with SEND who are thriving, nor that there are not exemplary practitioners who go the extra mile for families. Instead, the overwhelming consensus from this research is that the current national policy arrangements relating to children and young people with SEND are not functioning. Where young people are thriving and practitioners are going the extra mile, this is *in spite of* the system, *not because of it*.

National government itself recognised this, explaining the necessity of reform a decade on from the Children and Families Act 2014 in terms of a system that is 'failing to deliver for children, young people and their families' and 'is not financially sustainable.'

Judged in terms of their original aims, the reforms of the SEND system, initiated by the 2011 green paper, *Support and aspiration*, and culminating in the Children and Families Act 2014, have not been successful. In *Support and aspiration*, the then government committed to creating a system that:

- **improved outcomes for children and young people with SEND and provided better preparation for adult life** – 'Our goal is for disabled young people and young people with SEN to have the best opportunities and support so that as far as possible they can succeed in education and their careers, live as independently and healthily as they are able to and be active members of their communities';

- **was less adversarial and less of a battle for families, with disputes resolved through non-judicial means** – 'Disabled children and children with SEND tell us that they can feel frustrated by a lack of the right help at school or from other services … parents say that the system is bureaucratic, bewildering and adversarial …'; and

- **created a new, joined-up system, facilitating person-centred planning, better identification and support** – 'We propose a new approach to identifying SEN in early years settings and schools to challenge a culture of low expectations for children with SEN and give them effective support to succeed', plus '… a new single assessment process and "Education, Health and Care plan". … Services will work together with the family to agree a straightforward plan that reflects the family's ambitions for their child from the early years to adulthood, which is reviewed regularly to reflect their changing needs, and is clear about who is responsible for provision.'

SEND Review: Right support, Right place, Right time

'The reforms to the SEND system introduced in 2014 had the right aspirations and since then there has been much to celebrate. It is clear that the system is driven by a hardworking and dedicated workforce. However, despite examples of good practice, too often the experiences and outcomes of children and young people are poor. Parents and carers are frustrated at having to navigate an increasingly complex and adversarial system. Growing tension across the system is causing delays in accessing support and increasing financial challenges for local government. … **The SEND review is a response to the widespread recognition that the system is failing to deliver for children, young people and their families**. … Despite the continuing and unprecedented investment, the system is not financially sustainable.' (emphasis added.)

Page 52

As described in the previous chapter, despite significantly increased expenditure, identification of children and young people with SEND (including a sharp rise in statutory plans), and placements in specialist provision, families continue to feel that they have to "battle" an adversarial system and outcomes for children and young people with SEND have not improved. Participants in this research were uncompromising in their descriptions of the depth of dysfunction in the current SEND system.

During phase 2 of our work, we ran an online survey for leaders in local SEND systems. In the survey, we asked respondents the extent to which they agreed with five statements about the current SEND system. These statements reflect five prerequisites of a system that is effective and sustainable – financial sustainability, adequate levels of funding, resources allocated fairly, equity, and impact in achieving outcomes.

As shown in Figure 24 below, on each of the five statements, more than nine in 10 respondents disagreed or strongly disagreed that the current SEND system reflected these prerequisites. While there were differences between the main groups of respondents (LA leaders, education sector leaders, health sector leaders, and chairs of PCFs), these tended to be differences of emphasis, for example the split between the proportions strongly disagreeing and disagreeing with the statement. (Please note that, when reporting findings from our qualitative survey, we have rounded percentages to the nearest whole number).

The statement with the highest proportion of "strongly disagree" responses was about the **financial sustainability** of the SEND system – eight in 10 (83%) strongly disagreed, and a further 9% disagreed. This pattern of responses was most pronounced among LA respondents (94% strongly disagreed), but across all categories of respondents the most common response was "strong disagree". Two thirds of PCF Chairs (67%) and health leaders (65%) respectively strongly disagreed, and a further one in five (19% health leaders, 20% PCF Chairs) disagreed. The next most common response in these groups was "cannot say" (13% health leaders, 14% PCF Chairs).

'Everything becomes a struggle and survival of the fittest. The parent carers of our most vulnerable children have to spend a huge amount of time and energy fighting to get a suitable education for their child. No parent wants an expensive school or long taxi journey. What we want is for our kids to be happy to go to school, to be supported sufficiently there so they come home happy and having learnt something.' **(PCF Chair– qualitative survey response)**

'I have worked in SEND education for 30 years. Never have we seen a more broken system.' **(Mainstream school leader – qualitative survey response)**

'This is a broken system riddled with unfairness and misery. Funding is not matching need; need is growing and the impact is felt across all schools… come and see it in action to get an idea of how broken it all is.' **(Special school leader – qualitative survey response)**

'This is the number one issue. The next government needs to grab it. I worry that it gets to a point where it is not recoverable. It is so broken now that you cannot afford not to tackle it.' **(LA leader – fieldwork)**

'The structural barriers and lack of true integration across health care and education perpetuates the perverse orientation to silo working and more specialist and costly provision.' **(Health leader – qualitative survey response)**

'The SEND system is broken, children can't access support as waiting lists can be in excess of five years for some services/assessments. There is no flexibility. Many children can't access a school place and families are [exasperated].' **(Health leader – qualitative survey response)**

Figure 24: Survey responses regarding the current "SEND system" in England (Source: Isos Partnership qualitative survey)

Legend: Strongly disagree | Disagree | Agree | Strongly agree | Cannot say

"I am confident that, within the current SEND system, resources are allocated fairly according to need, so that the children and young people with the highest needs receive the greatest level of support.'

'The SEND system in England is currently working well and supporting children and young people with SEND to achieve good outcomes.'

'The SEND system in England is currently fair and equitable in providing support for children and young people with SEND.'

'The total national investment in SEND is broadly at the right level to meet need.'

'The SEND system in England is currently financially sustainable.'

0%   20%   40%   60%   80%   100%

A higher proportion of respondents disagreed at some level with the statement that **the total national investment in SEND is at the right level** – 95% in total disagreed, with 79% strongly disagreeing and a further 16% disagreeing. On this question, PCF Chairs were the most likely to strongly disagree (100%), followed by education leaders (88% strongly disagree, 12% disagree) and LA leaders (78% strongly disagree, 16% disagree). Among health leaders, two thirds (62%) strongly disagreed and a quarter (27%) disagreed.

In terms of the **fairness and equity** of the SEND system, 96% of respondents in total disagreed: 62% strongly disagreed and 34% disagreed. Between two thirds and three quarters of PCF Chairs (73%), LA and education leaders (68% in both groups) strongly disagreed. Health leaders were more likely to disagree (54%), with a further third (34%) strongly disagreeing.

In terms of whether the SEND system is **working well and supporting children and young people with SEND to achieve good outcomes**, 97% of respondents in total disagreed: 61% strongly disagreed and 36% disagreed. PCF Chairs were the most likely to strongly disagree (87%, with a further 13% disagreeing), followed by education leaders (74% disagreed, 22% disagree – 4%, or two respondents, agreed) and LA leaders (64% strongly disagreed, 36% disagreed). There was a similar pattern among responses from health service leaders to the previous question, with all disagreeing, but respondents being more likely to disagree (65%) than strongly disagree (27%).

Last, in terms of whether the **allocation of resources is fair**, this was the statement with the highest proportion of "agree" responses (7%). While 91% of respondents disagreed (59% strongly disagreed, 33% disagreed), the most negative responses came from education leaders (74% strongly disagreed). Among LA leaders (54% strongly disagree, 34% disagree, with 12% agreeing), health leaders (51% strongly disagree, 43% disagree, 5% agree) and PCF Chairs (47% strongly disagree, 47% disagree, 7% agree), responses were split between strongly disagree and disagree.

Page 55

Reform is unavoidable

Maintaining the status quo, even temporarily, is not a tenable option. The choice is when, not if, SEND arrangements are reformed. Delaying the fundamental reforms that are needed will leave the issues unchanged, but increase the cost of reform in every sense – the financial cost, but also the cost of missed opportunities and negative experiences for families and practitioners. This can be illustrated by comparing the findings of research we carried out for the LGA in 2018 looking at the causes of financial pressures on local areas' high needs blocks (Have we reached a 'tipping point'?), and comparing our projections then with the SEND system now. This is summarised in Table 6 below.

In the previous chapter, we described the challenge as existential – half of local government would be insolvent within three years as a result of the scale of the cumulative deficit in the high needs block. While harder to measure, our evidence suggests that education settings and health services are facing similar challenges in making ends meet. In this context, it is impossible to imagine that access to support will feel less of a battle, or that children and young people's outcomes will improve.

Table 6: comparing findings from the 2018 "tipping point" research with the SEND system now

What we found in the 2018 "tipping point" research	The SEND system now
97% of the 93 LAs that responded to our survey said that they expected expenditure on high needs to increase in the future.	Section 251 returns show that reported expenditure on high needs has increased from just over £4 billion in 2015-16 to £9 billion in 2022-23. Responses to our financial survey suggest that high needs expenditure in 2023-24 is estimated at £10.8 billion. Central government high needs block allocations increased from £4.8 billion in 2014-15 to £6.2 billion in 2020-21, with a 43% increase in the last three years. High needs block allocations 2024-25 total £9.2 billion.
84% of LAs said that they were not confident they could balance their budgets in the future.	In our financial survey of LAs, 83% of the 68 LAs that responded reported a deficit in their high needs block in 2023-24. The previous government has put in place a "statutory override" (that runs to March 2026) that requires LAs to ring-fence their DSG (the high needs block) deficit from the council's main accounts. In response to our financial survey, 51% of LAs said that they would cease to be solvent within three years if the statutory override was removed.
We estimated that the deficit between funding and overall expenditure on high needs in 2018 was £470 million nationally, and, if unaddressed, could grow to between £1.2 billion and £1.6 billion by 2020-21.	The financial data collected through the present research suggest that, by 2020-21, the cumulative national deficit was £1.51 billion (or £1.44 billion adjusted to take into account additional investment from outside the high needs block). Based on the responses to our financial survey, we estimate that the current national cumulative high needs deficit (adjusted to take into account investment from the Safety Valve and other programmes) is £3.16 billion. The data reported to us by LAs indicates that the deficit could reach nearly £5 billion by 2025-26.

Page 56

The root causes of the crisis in the SEND system are systemic and require fundamental national reform

Throughout this research, we have been asked whether there are examples of good practice at local level that, if adopted more widely, would alleviate aspects of the crisis enveloping the SEND system. We would agree that there are many pockets of good practice, and that sharing these across the system is an important undertaking. (We say this as a member of the consortia responsible for the What Works in SEND programme, which is building up an evidence base of effective local practice).

Practice relating to SEND and inclusion varies across – and within – local areas, services and settings, such that the consistent application of good practice would have a positive impact on outcomes. Furthermore, even in the context of national reform of the SEND system, the day-to-day work of local SEND systems will continue, creating opportunities to develop, share and apply lessons from effective practice.

Nevertheless, where there is effective practice currently, it exists in spite of, rather than because of, the national system. As we describe in the next chapter, the root causes of the crisis in the SEND system and the solutions are to be found at national, not local, level. Levelling up practice at local level will not address the root causes of the crisis in the SEND system: only reform encompassing the national system can achieve that. There is no route out of the crisis that relies only on sharing good practice at local level. There are two important consequences of this.

First, as we describe in the chapter on the previous government's improvement plan, any attempt to reform the SEND system that focuses on what is done at a local level, without dealing with the issues within the national system, is destined to fail. Some of the aims of the 2014 SEND reforms were laudable and remain valid. Similarly, some of the ideas put forward in the improvement plan have merit. Nevertheless, unless there is willingness to reflect on and reform elements of

the national policy framework, any attempts to address the challenges in the SEND system will be in vain.

Second, it is essential to avoid a "blame game", and to extend understanding – and indeed sympathy – to all actors within the SEND system. We argue in this report that the crisis in the SEND system is not the result of any one group of actors within the SEND system behaving in an unreasonable way, but instead is the result of a system that inadvertently perpetuates tension, creates adversity, and sets everyone up to fail. Nothing we write in this report is intended to apportion blame to the groups that make up the SEND system.

- **Parents and carers** should not be blamed for seeking what is best for their children, including seeking extra support or a different form of provision where they feel their child is valued.

- **Children and young people** should not be blamed for the way they might respond to a lack of understanding of their needs and support in meeting them, and a lack of willingness to make adaptations to enable them to thrive.

- **Staff in early years settings, schools or colleges** should not be blamed where they are struggling to access support, training and resources, and are working in a system that does not enable, recognise or reward inclusion.

- **Practitioners in SEND, inclusion, health, care or other services** should not be blamed where they are struggling to juggle ever increasing demand and reductions in capacity, torn between competing priorities and increasingly stretched resources.

- **Leaders in local government and local health services** should not be blamed where they are caught between delivering on their statutory and strategic responsibilities, responding to increasing need and demand for support, being held responsible for managing within finite resources, all the while without the means to influence what is driving these trends.

WHAT ARE THE ROOT CAUSES OF CHALLENGES WITHIN THE SEND SYSTEM?

In the previous chapter, we argued that the challenges within the SEND system are systemic. In this chapter, we explain the three, inter-related root causes that we suggest are driving these challenges.

First, we describe the "volume challenge", which is that the SEND system is dealing with an increasing level of volume for which it has not been designed, and we explore the factors that are driving this increase.

Second, we describe the weaknesses in the SEND statutory framework, and the misalignment of roles, responsibilities and accountabilities, which leaves the system ill-equipped to respond to the volume challenge.

Third, we describe how the operation of the "market" – both how state-funded provision can respond to changing needs and the role of the independent and non-maintained sector – is both a symptom and a compounding factor of the other two root causes. These three root causes are common across local areas and across all stages of education, although they manifest in different ways in the early years, school and college sectors.

ROOT CAUSE 1: THE VOLUME CHALLENGE

The SEND system is struggling to respond to ever-increasing volume

What we call the "SEND system" in England is dealing with a volume for which it was not designed, and with which it is struggling to cope. The starkest indicators of this trend are the doubling of statutory plans (now EHCPs, previously statements of SEN; 140% increase between 2015 and 2024), and the growth in the number of placements in specialist provision (from 109,481 to 184,847 during the same period).

At the same time, as we described in the previous chapter, there has been an increase in the number of children and young people identified as requiring SEN Support. Between 2015/16 and 2023/24, there was a 25% increase in school-age pupils requiring SEN Support compared with a 6% increase in the overall pupil population. This increased volume comes at a time when resources and human capacity in education settings, schools, colleges and many council and health services have been cut back, or where increased investment in them has been outstripped by demand. This has added to pressures on workload and the quality of practice.

> '*We now have half a million EHCPs – this was never the intentions of the 2014 reforms.*'
> **(National organisation leader – fieldwork)**
>
> '*Higher and higher costs, more and more specialist provision – this is not sustainable.*'
> **(National organisation leader – fieldwork)**

Many participants in this research saw the shortage of specialist provision as a cause of the challenges in the SEND system. We heard through our fieldwork how challenges in creating and finding places in specialist provision can cause significant frustrations and challenges for families and practitioners, both in terms of getting young people into settings where they can get the support that they need, but also in terms of the knock-on effect on resources available for other forms of support.

Nevertheless, as we will argue in this chapter, the shortage of specialist provision is a symptom of the volume and decision-making challenges, specifically the limitations placed on LAs in discharging their responsibilities for planning, commissioning and arranging admissions to specialist provision.

'We do not have enough special school places to meet the need in [local area]. I have come across mainstream schools having to give places to non-verbal, severely autistic children as there is no more suitable provision available. These schools do not have the resources/skills to deal with such children and as a result the children's needs are not being met and they are isolated.'
(Health leader – qualitative survey response)

'… there aren't enough special school places in our local area …'
(Parent – qualitative survey response)

'There [are] not adequate places in special needs schools, and with the rising population of children with complex needs, this gap in provision and need is going to continue to get bigger and bigger.'
(Social care leader – qualitative survey response)

While it is possible to quantify the numbers of children and young people requiring SEN Support, with EHCPs, or in specialist provision, it is more difficult to be precise about children with SEN who are not in mainstream education.

Participants in this research pointed to local evidence of increasing numbers of children and young people, including those with SEND, on part-time timetables, in AP, receiving EOTAS, and those becoming home educated. Some argued that increasing use of some forms of AP and EOTAS for pupils with SEND was a consequence of a lack of provision, including specialist provision, that could meet their needs. As such, the volume challenges seen in published data on SEN Support, EHCPs and specialist provision reflect only part of the overall volume that education, health and care services are facing.

'I think to see this as a SEND issue alone is not capturing the scale and shape of the problem. As our education system continues to be stretched towards the achievement of high attainment in Maths, English and Science and overall funding for schools is significantly reduced (in real terms, unfunded teacher pay awards etc) then young people who require more support are not receiving it due to the scant resource to provide an education for everyone. Higher numbers in PRUs, Higher numbers too anxious to attend school, higher numbers of Elective Home Education, Higher Numbers of EOTAS packages, Higher numbers of AP, higher numbers of missing from, etc. All of the routes away from mainstream education particularly in the secondary phase are significantly up. Many young people with SEND are in these groups but many are young people with lost learning and without a stake in the mainstream offer.'
(LA Leader – qualitative survey response)

'There are children with SEN who currently do not have access to any educational provision at all or they are being made to attend provisions that cannot meet their needs. They are being failed on a daily basis and it all comes back to money. LAs do not have the money needed to meet the needs of these highly vulnerable learners.'
(Education leader – qualitative survey response)

'Services such as CAMHS, assessment centres and specialist teaching teams need funding and supporting to reduce waiting lists and get young people the support quickly and easily …'
(Education leader– qualitative survey response)

The volume in the SEND system is being driven by changes in need *and* demand

What is driving the increased volume in the SEND system? In answering this question, it is important to be clear whether this is being driven by an increase in need and/or an increase in demand:

- when considering changes in **"need"**, we mean changes in the types and complexity of needs of children and young people; and

- when considering changes in **"demand"**, we mean situations where a child or young person's or a family's needs have been exacerbated because they have not been identified and met effectively and at the earliest opportunity.

At the level of an individual child or young person, this distinction is unimportant. Any request for support is an indicator of need and an opportunity to help.

At a system level, however, it is important to be clear about what is driving the volume challenge in order to pursue the right remedies.

The evidence we have gathered during this research suggests that the volume challenge is being driven by *both* changes in need and demand. A future approach to SEND must, therefore, address both.

We have described some of the quantitative evidence of the changing profile of need in the previous chapter. Specifically, we pointed out that it is somewhat misleading to talk about an overall growth in SEND, when the data suggest that most of the growth in EHCPs for school-age pupils 2015/16 and 2023/24 (88%) is accounted for by growth in autism, SLCN and SEMH. Similarly, the growth in demand for specialist provision has not been uniform, but instead is disproportionately related to boys aged 11-15.

While the data do not reflect the whole story (not least around differences in the identification between girls' and boys' needs), these changes in the profile of need were echoed in our discussions with local SEND system leaders. LA and health leaders said that they were seeing increases in young people with autism, SEMH and SLCN, often in combination and with wider needs. They argued that it was these trends, rather than increases in children with profound and potentially life-limiting conditions now surviving birth and early childhood, that was characterising the increased volume of the SEND system.

Colleagues from LA services, health services, schools and early years described how they were seeing not only a growth in SEN, but also a growth in the number of children and young people with additional needs where SEN was present but was not the main area of need.

They described some of the complex needs faced by children and families related to experiences in early childhood, adverse childhood experiences, trauma, deprivation and the impact of pandemic lockdowns. They argued that, often due to a lack of support from family, children's, health and inclusion services, a child's needs could escalate to the point where they needed a more intensive form of support than would otherwise have been needed, or where gaps in their attendance and learning accentuated their SEN. Participants spoke about the fact that there were children requiring significant support from SEND services and provision for whom the main cause of their need for support was not SEN, but other factors related to their life experiences.

Equally, colleagues acknowledged that the practice of identifying underlying needs had improved (at the same time acknowledging that practice was still not consistent), and that this was changing the profile and volume of need.

Nevertheless, colleagues also shared evidence from local SEND systems that suggested that some children and young people's needs were being met at a level of support above what was needed – for example, they had an EHCP but their needs could be met through SEN Support, or they were placed in specialist provision but had needs that could be met in mainstream education.

One local area had undertaken an audit of children and young people with EHCPs, and had found that 27% had needs that could met through support without an EHCP. Another local area estimated that four in five young people with EHCPs only needed support from education services, rather than from health and/or care.

It is clear that there has been a change in the nature and levels of need to which the SEND system is being asked to respond. While the increase in EHCPs may reflect wider demand factors, the increase in SEN Support (to which there is no additional funding or entitlements attached) is further corroboration of the increase in need. The qualitative and quantitative evidence we have gathered suggests that changes in the pattern of needs are being compounded by a failure of the system – not just the SEND system, but the wider system of education, health and care support – to identify and respond to needs at the right time and in the most appropriate way.

This finding has implications for future policy. If the volume challenge was being driven solely by changes in need, the increase in volume would level off when the system found its "level", where the resources and quantity of provision reflected the level of need in the population. If the volume challenge is being driven or exacerbated by changes in demand, however, it is likely that volume will continue to increase and outstrip resources. Our research suggests that a future approach to SEND needs to address both changes in need and the factors driving demand.

'I don't think every child needs an EHCP, but every child needs to have their needs met.'
(National organisation – fieldwork)
'Everything is labelled as SEN. We chase diagnosis and labels for the children so there is something to "blame".'
(Education leader – fieldwork)

'The impact of pandemic is not going to go away, we need different skill set. These are not children with SEN, they are ordinary children who experienced a pandemic.'
(Education leader – fieldwork)

'Do I really believe that there are three times the number of children who need EHCP than did 10 years ago? No. The system creates that monster. Do I believe that we are better at identifying children's needs? Yes. The system has created a narrative that these children do not belong.'
(Education leader – fieldwork)

A perfect storm creating ever-increasing demand for SEND services

What then is driving the increase in demand? Our research suggests that there are four related sets of factors:

1. **National priorities and rhetoric;**

2. **The impact of the 2014 SEND reforms;**

3. **Reforms affecting mainstream education;**

4. **The reduction in wider support services for children and families.**

National priorities and rhetoric

Many SEND system leaders – from education settings, health services and LAs – argued that the rhetoric espoused by central government over the past decade has had a negative effect on the system. They considered that national policy – both that directly related to SEND as well as aspects of wider education, health and children's services policy – has been framed in terms of a medical, deficit-based understanding of needs. Specifically, they argued that current SEND policy perpetuates an impression that children and young people who need extra support to thrive in education have some form of "deficit" that requires the state to create a separate "SEND system", with its own assessments, plans and funding.

Furthermore, SEND system leaders argued that this approach, characterised by providing support through individual assessments and plans to compensate for the lack of support ordinarily available, often did little to change the broader practice and environment in which a child or young person is educated. As one LA leader put it, 'As long as we have a deficit model, we will have a proliferation of individual plans.' Participants argued, instead, for national vision based on a social model of needs. Central to this new vision would be the understanding that how policy-makers and practitioners think about and choose to meet children and young people's needs is a function of choices made about practices and environments, rather than of deficits intrinsic to a child or young person.

Linked to this, participants argued that, since the 2014 reforms, central government has become more reticent to talk about the desirability of inclusion in education. The 2011 green paper set out the then government's aim to 'end the bias towards inclusion'. Since then, the value of building an inclusive education system has been conspicuous by its absence from much national government rhetoric. Instead, it has been replaced by an emphasis on the importance of parental choice, without recognising the inter-connections between the two, namely that a non-inclusive education system restricts choice for families of children with additional needs.

The impact of the 2014 SEND reforms

The role of parental preference in the SEND statutory framework

Many, albeit not all, participants in this research argued that aspects of the 2014 SEND reforms had contributed to the increase in demand within the SEND system. They noted that the 2014 reforms significantly altered the role that parental preference plays within the SEND system. Before the 2014 reforms, LAs had a duty to secure a mainstream school unless parents expressed a preference for a special school. Parents had the right to express a preference for a maintained school (which LAs had to consult) and to make representations (which LAs had to consider) for any other type of school.

The 2011 green paper committed to ending the bias towards inclusion and allowing parents to express a preference for any state-funded school. Following the 2014 reforms, parents were able to express a preference for a specific school or college, including maintained schools, academies, FE colleges, non-maintained special schools or independent schools for pupils with SEN approved under section 41 of the Children and Families Act 2014. While it is impossible to prove causation, the period since the 2014 reforms has seen an increase in demand for places in special schools, as well as disputes relating to Section I of an EHCP (where the institution or type of institution to be attended by a child or young person is named).

The role of parental preference in the SEND system also has implications for mainstream education. Where an EHCP is issued, this can also mean additional funding, support with transport costs, and a separate admissions process, with a stronger role for parental preference than general school admissions. Although the law is designed to promote and protect parental choice, we would argue that the process of consulting with an education setting about the admission of a child or young person with an EHCP creates opportunities for disputes between families, LAs and education settings about admissions.

Page 62

While the law is clear on the grounds on which an education setting can argue that it should not be named in an EHCP, and that, if named in an EHCP, the setting is under a duty to admit, we have heard evidence of ways in which some education settings may seek to avoid or delay admitting children with EHCPs. This may be through informally dissuading parents and carers from expressing a preference for the setting, or refusing admission and challenging an LA's decision to name the setting. This can lead to some settings developing a reputation for being more inclusive than others, which unbalances the system and impedes parental choice.

This is not to suggest that parental preference is to blame for the challenges facing the SEND system. We are not criticising parents and carers for seeking what is best for their children – that is their job. On the contrary, the evidence we gathered suggests that parental preference for specific settings is often influenced by perceptions of which settings will be able – and indeed willing – to meet a child's or young person's needs. Our criticism is of the way the 2014 SEND reforms changed the role of parental preference in the SEND statutory framework at a time when other pressures and policy changes were making it more challenging for mainstream settings and schools to be inclusive of children with SEND. The combination of these two factors have created tensions between education settings, LAs and families, and, for some families, have undermined their confidence that mainstream education can meet their child's needs.

The extension of the age range

Another aspect of the 2014 SEND reforms that has increased the volume within the SEND system is the extension of the age range of the SEND system to 25 (and the incorporation of the previous system of post-16 learning disability assessments into the SEND statutory framework). LA leaders argued strongly that, at the time of its introduction, national government did not acknowledge the potential for this policy change to increase volume and cost.

The evidence from the past decade indicates that this is precisely what has happened. For example, in 2015 there were 25,538 young people aged 16-19 with EHCPs (representing 10.6% of the total number of EHCPs) and just 10 aged 20-25 (<1%). By 2024, there were 115,002 young people aged 16-19 with EHCPs (representing 20.1% EHCPs) and 35,526 young people aged 20-25 with EHCPs (representing 6.2%). While these comparisons are not strictly like-for-like (since the transition from learning difficulty assessments to EHCPs was not completed until 2016), the figures illustrate the overall and proportional increase in EHCPs for young people aged 16 and over.

The increase in numbers of young people aged 16-25 with EHCPs, however, is the result of the accumulation of EHCPs issued for children before the age of 16. Published data show that the proportion of new EHCPs made for young people aged 16-19 and 20-25 is smaller than the proportion of all EHCPs for young people in these age groups. For example, young people aged 16-19 account for 20.5% of all EHCPs, but have accounted for 4-5% of new EHCPs each year between 2018 and 2023 (4.5% in calendar year 2023, the most recent year for which there are data available). Similarly, young people aged 20-25 account for 6.2% of EHCPs, but less than 1% of new EHCPs each year over the same period.

In addition, SEND system leaders argued that there remained a lack of clarity about the distinction between, on the one hand, an extension of statutory education to enable young people with SEND to achieve their education outcomes and, on the other, lifelong learning. They argued that this lack of clarity, coupled with the extension of the age range of the SEND system, made decision-making about when to cease an EHCP vague and potentially fractious.

Overall, SEND system leaders argued that, while the age range extension had increased volume and cost pressures, there was little evidence of impact at an overall system level.

While SEND system leaders could point to individual examples of success in including young people and preparing them for independent adult life, this has not translated into system-wide improvements in employment or health and wellbeing outcomes for young people with additional needs. SEND system leaders argued that the age range extension had not removed the "cliff edge" between education and adulthood, but simply postponed it, without fundamentally altering the support available to young people.

Furthermore, some SEND system leaders argued that postponing the age of transition could make it harder for young people to make the transition to adulthood, especially if they were not accessing high-quality support. The lack of opportunities and support for preparation for adulthood was a strong theme in the feedback we gathered from young people with SEND.

> *'You get to 25, and you fall through the cracks.' (Young person – fieldwork)*
> *'What is next? At 25, finished, or what is there to go to?' (Young person – fieldwork)*
> *'Not having equal opportunities, as you cannot access them*.'
> **(Young person– fieldwork)**
>
> *'You don't have the skills needed, you are less independent and less likely to be able to work, you have low self-esteem …'*
> **(Young person – fieldwork)**
>
> *'Lack of opportunities for young people with SEND to enter the workplace, makes it harder to find work experience*.'
> **(Young person – fieldwork)**

Education reforms

Schools

While the 2014 reforms were significant in many ways, they retained and built upon many aspects of the pre-2014 SEND statutory framework. To some extent, therefore, the risk of increasing demand and disputes existed before 2014, and cannot be wholly attributed to the 2014 reforms. To understand the drivers of increased demand, it is important to look at what else changed at the time the 2014 reforms were introduced. Participants in this research highlighted two changes that they considered had contributed to the challenges that the SEND system has experienced – first, reforms to mainstream education, especially schools, and second, the impact of austerity on wider support services for children, young people and families.

Participants from all groups that took part in this research – young people, parents and carers, and education, health and LA leaders – argued strongly that the reforms of mainstream education in the last decade, particularly relating to schools, had made the education system less inclusive. They identified the reforms of school policy relating to curriculum and qualifications, accountability and performance, as well as the squeeze on funding, as key changes that had made it more challenging for schools to be flexible and adjust their provision to meet the additional needs of their pupils. Specifically, they highlighted the following issues:

- a lack of focus on SEND and inclusion in teacher training and professional development, leading to a lack of understanding of young people's needs and how to adapt learning;

- an increasing emphasis on academic qualifications, which in turn drives curriculum choices, and consequently a narrowing of the range of learning options for young people who may need something more tailored to their individual needs;

- a lack of recognition of inclusive practice within the performance and accountability system, including the inspection framework and performance measures, and a lack of means to challenge non-inclusive practice in schools; and

- a reduction in the broader offer of pastoral, wellbeing and additional needs support in schools, due to the squeeze on school budgets.

Education, LA and national leaders noted that while it was possible for schools to be inclusive, doing so required leaders and staff to be brave in the face of a national system that did not prioritise, recognise or reward inclusion. There was a strong view among these leaders that schools that were more inclusive were likely to be at a disadvantage compared with less inclusive schools in terms of reputation, performance, funding, and staff wellbeing. They also warned of the development of a two-tier school system, where schools that are more inclusive, as a result of their reputation for inclusion, attract more pupils with additional needs, while less inclusive schools attract and admit fewer.

The variability of inclusion in mainstream schools was reflected in our discussions with parents and carers and with young people. While we heard examples of positive experiences in mainstream schools, parents and carers as well as children and young people also described some negative experiences.

When asked what would have made a difference, children, young people, parents and carers described the importance of young people being made to feel valued and that they belong, that their needs are understood, and that practitioners, education settings and services are willing and able to adapt to meet their needs. They contrasted this with instances where children and young people had been made to feel that they were the problem. One parent described how their family simply could not cope with their child's school ringing them every morning asking them to pick up their child.

The lack of understanding of young people's needs and the challenges around inclusion were central

themes in the feedback we gathered from young people. They argued strongly that they perceived the mainstream school system to be overly focused on academic skills above others, and did not always ensure that school staff understood and could adapt to young people's needs. Young people described how this could negatively affect their self-esteem and wellbeing. They were acutely aware that they had a finite amount of time in education, and that a lack of inclusion could result in them missing out on parts of their education and, in turn, affect their long-term prospects.

'The foundation of the education system is built on exclusion of children and young people with SEND'.
(Young person – fieldwork)

'Lack of training to deal with students with SEND.' **(Young person – fieldwork)**

'Secondary schools should show young people how to be inclusive.'
(Young person – fieldwork)

'A lack of understanding in education.'
(Young person – fieldwork)

'Academic skills are prioritised.'
(Young person – fieldwork)

'I can write a 2000-word essay, but can I cook, can I manage my money? No.'
(Young person – fieldwork)

'Children and young people feel isolated and their self-esteem lowers.'
(Young person – fieldwork)

'If the student's needs are not met, they can feel worse and their behaviour can get bad.'
(Young person – fieldwork)

'Disabled people [are] struggling to get the grades needed for further education and a career. … Their education is of a lower quality.' **(Young person – fieldwork)**

Young people with additional needs feeling valued and having their needs understood and recognised, and education settings and services being flexible in adapting support to their needs are not things that can only be delivered within a separate, "special" education system. All groups of participants in this research argued that these things could be achieved if there was a different, more inclusive conception of mainstream education.

'The main issue is the wider education system has become progressively less inclusive over the last 14 years so that children with SEND require greater and greater levels of support to access education.' **(PCF Chair – qualitative survey response)**

'[There is] a persistent rendering of SEND education as somehow separate to mainstream, leading to a lack of meaningful SEND-focused content within ITE [initial teacher education] and continuing professional development for teachers which then negatively impacts on the educational experience of pupils with SEND in mainstream settings.' (Education leader – qualitative survey response)

'There are currently few levers through Ofsted and finance to challenge non-inclusive schools.' **(LA leader – qualitative survey response)**

'We have developed a school system in which so many systems do not fit, that we have generated an industry that we call the SEND system ...' **(National organisation – fieldwork)**

'I sympathise with schools – trying to pigeon-hole every child into the same round, but not everyone fits.' **(National organisation – fieldwork)**

'Until we have a national inclusion strategy embedded in a coherent national education system for all we will continue to lurch from crisis to crisis.' **(LA leader – qualitative survey response)**

Early years

Participants described a parallel, but distinct, set of challenges in the early years. They argued that, within the right national policy framework, the early years sector was well placed to act as the foundation of an inclusive education system.

For many children with SEND, particularly needs that are not likely to be identified by health or family services, attending an early years setting is likely to be the first opportunity to identify, assess and put in place support to meet their needs. Indeed, a very strong argument was made that getting the right support in the early years for children with SEND was essential to driving a systematic approach to earlier intervention with a view to preventing needs from escalating later in a child's education.

This is evidenced by the recent evaluation of Sure Start from the Institute of Fiscal Studies, which found lower rates of EHCPs in young people aged 16 who had lived near a Sure Start centre, compared with those who had not. Participants in this research argued, however, that for a variety of structural and policy reasons, well-targeted early intervention and a fully inclusive early years offer were not available often enough in the current landscape.

The first issue that participants highlighted was around workforce and access to training and expertise in SEND. In some ways, these concerns echo those described in the section above, describing workforce issues in schools. Arguably, however, the workforce challenge is more acute in early years.

Overall, the early years workforce is more fluid than the teaching profession and less likely to be qualified to the same level. There tend to be fewer opportunities to attend training and development – early years setting leaders described how settings are often under-staffed and over-stretched, which means staff cannot be released to attend training. The challenges of recruiting and retaining suitably qualified and expert early years practitioners in general are rife, and these are only multiplied when recruiting or retaining staff with the necessary expertise to successfully support children with SEND.

The structure of the early years landscape reinforces the difficulties around accessing the right expertise to support children with SEND. Since much of early years education is delivered in small settings, the needs of children and the expertise to meet those needs are not evenly distributed across the sector.

Compared to many schools and colleges, most early years settings are not big enough in terms of numbers of children, numbers of staff and financial resources to build up and maintain expertise in the full range of children's needs. If a child arrives with a certain profile of needs, this may be the first time that an early years setting has worked with a child with those needs. If the setting cannot access training, additional expertise and funding, the arrival of a child with more complex needs can rapidly and dramatically alter the staffing model of the setting. The fact that children attend early years settings for only a few years can mean that time is short for providers to identify, assess and put in place support to meet a child's needs before they move to school.

The second core issue that participants highlighted was funding. The baseline position for the early years sector is one of financial constraint. Despite recent increases in government hourly rates, many settings remain concerned that the funding that they are allocated does not cover the true cost of providing early education, particularly in the context of increasing wages, food prices and energy bills. Indeed, the most recent Coram family childcare survey found that the cost of parent-funded childcare hours for three- and four-year-olds rose by 4.1% between 2023 and 2024, and the cost for two-year-olds rose by 6.4% in England.

Against this backdrop of financial pressure, funding for children with SEND is often insufficient and overly complex to access. Research carried out by the Early Years Alliance in 2022 found that 40% of the settings responding to their survey didn't receive any funding to support SEND provision. Of those that had, 87% said that the SEND funding they receive, along with their early years rate, was not enough to provide the quality of care for children with SEND that they want and 23% said they regularly experienced delays in receiving SEND funding. Specifically, those we engaged with the research highlighted:

- the degree of variation in SEN inclusion funding (SENIF) rates (additional hourly payments to providers for children with SEND) between different local areas and the fact that in many cases these rates were too low to cover the full cost of support required; and

- the difficulty in securing disability access funding (which is to support three- and four-year-olds with a disability living allowance, but is frequently underspent due to the difficulties in securing the funding, despite the overwhelming financial pressures elsewhere in the system).

Since much of the early sectors is made up of private, voluntary or independent settings, many of which are run as small businesses and represent the livelihoods of their leaders, participants argued that leaders might find that the imperative to be inclusive is in tension with the need to be financially sustainable.

The final key barrier which was brought to our attention, and which also has its counterpart in the school system, was the impact of inspection. Several participants highlighted that a powerful disincentive to being fully inclusive in the early years is the perception that the current Ofsted early years inspection framework prioritises evidence of excellent behaviour and children's progress in meeting the early learning goals over inclusivity. In fact, we heard anecdotally that some providers ask children with additional needs not to attend the setting on the day of inspection. This is an issue that we understand Ofsted is currently working to address.

The challenges described above have an impact on the ability of early years settings to identify emerging SEN accurately and put in place the high-quality support and interventions that will give those children the best chance of thriving in their education. These challenges also contribute to a widening crisis of access to early education for children with additional needs. This "crisis of access" currently takes two forms.

First, there is increasing evidence that many parents and carers of children with SEND simply cannot find an early years place at all. Coram's most recent childcare survey found that only 6% of LAs were confident that there were sufficient childcare places for disabled children, down from 18% last year. The Early Years Alliance survey showed that more than a quarter of providers had been forced to turn away a child with SEND because, for example, they did not have the staffing to meet their needs or felt that they would not be able to keep the child safe.

The second challenge for children with SEND accessing early years education is that even those who are able to access a place are often only able to stay for far fewer hours than their funded entitlement. Several of those who participated in the research emphasised that some children with SEND, who are entitled to 15 hours of funded provision a week as part of the universal offer for three- and four-year-olds, might in fact only receive a few hours of early education a week.

Some children, for example, are told that they are only able to attend for specific hours in the day, or parents are told that there is no support available for their children to manage at mealtimes, restricting the ability of children with SEND to access the full range of provision to which they are entitled.

There are significant concerns, furthermore, that the introduction of the additional funded hours of early education for working parents may make the difficulties of accessing high-quality early education for children with SEND even greater. Participants in this research highlighted the fact that, under the new entitlements, a higher proportion of available early years places are likely to be taken up by working parents. Evidence indicates that parents of children with additional needs and disabilities are less likely to be in work than parents of children without additional needs. The national charity, Contact, reports that only 16% of mothers with disabled children work, compared with 61% of other mothers.

It is, therefore, a looming challenge on the horizon that, in the context of pressure on places and nursery closures, even fewer of the available childcare places might be accessible to children with SEND. Indeed, research carried out by Dingley's Promise in 2023 indicated that 23% of early years providers reported that they did not have more spaces for children with SEND. In the same research, providers predicted that this could rise to 57% – more than double – once the new entitlements had taken effect. The same research found that 78% of LAs considered that the new entitlements would make it more difficult for children with SEND to find places in early years settings.

In highlighting these inequities, we are not making a presumption about what mix of parent-led childcare versus setting-led childcare is right for children with SEND. We recognise that the quality of early education is more important than the quantity.

If, however, there is a national policy in place that aims to provide 15 hours a week of early education for young children where parents desire this, it is inequitable if children with SEND and their families are at a disadvantage in accessing that offer.

This is all the more important because the early years sector can play such a crucial role in the early identification and support of children's additional needs. Policy needs to be designed such that early years settings can be confident that, when they identify a child's additional needs, they will be able to access the additional targeted support and funding to meet those needs. The challenge of ensuring access to targeted support and funding takes on extra importance in a sector where early years education is predominantly delivered by private and voluntary providers – often small businesses with a single premises – in a highly regulated environment where staff-to-child ratios are linked to sustainability.

Post-16 education

Participants recognised, however, that the challenges in the post-16 sector were different to those in schools and early years.

As noted earlier in this chapter, while the post-16 sector has seen a significant increase in the volume of young people with SEND, particularly with EHCPs, only a small proportion of these plans are issued for the first time for young people aged 16 and over. While the volume challenges apply as much to post-16 as other phases of education, the drivers of demand and the challenges facing the post-16 sector are different to those in the school system.

In particular, SEND system leaders argued that curriculum, qualifications and accountability in the post-16 sector do not present the same challenges around inclusion as they do in the school sector. Instead, the flexibility that colleges have to offer a wide range of study programmes, tailored to young people's needs, allows them to shape their overall offer to fit the needs of their students. SEND system leaders identified three broad challenges relating to SEND in the post-16 sector.

First, SEND system leaders argued that, in order to take advantage of colleges' ability to develop tailored study programmes, LA and college leaders would need better systems of strategic place-planning so that colleges had sufficient time to plan for and prepare their offer. They noted that, at present, there were not yet well consistently well-developed strategic place-planning approaches between LAs and colleges. They argued that this challenge was being compounded by the inconsistency of decision-making between LAs (since many colleges take students from multiple local areas).

Second, research published by the Association of Colleges in 2022 has highlighted the discrepancy between the funding received by colleges for their students with SEND, particularly for those whose needs fall below the threshold for being considered to have "high needs", and the level of need within colleges. This research found that students aged 16-19 with non-high-needs SEND accounted for 23% of their population, but funding for this cohort (through the deprivation element of their formula) only accounted for 12.6% of their resources. The research also found significant variation between colleges in the amount of disadvantage funding they received. The research contended that the current bases of deprivation funding in the post-16 funding formula were no longer a reliable and accurate proxy measure that targeted resources to levels of need.

Third, as well as the challenge of knowing in advance which young people would be coming to their colleges, SEND system leaders described the challenge for the post-16 sector of planning for effective transitions after students left college. They argued that, especially for young people with more complex needs who were likely to require ongoing support from adult services, the join-up between adult services and colleges was often weak, and the options and pathways for young people were not always clear. This echoes the feedback we gathered from young people, who perceived a lack of options and support when moving on from post-16 education into adulthood.

Some SEND system leaders argued that the 2014 SEND reforms had not sufficiently clarified the responsibilities of adult services in relation to young people with SEND. Furthermore, some argued that the age range extension had created little incentive for adult services to get involved in planning transition to adulthood early while young people with EHCPs remained on the caseload of LA SEND services.

The reduction in wider support services for children and families

A further factor compounding the increase in demand in the SEND system is the reduction in the capacity and availability of wider support services. SEND system leaders argued that many of the services and forms of support that would have helped to identify and meet the needs of children and families at an early stage have seen their capacity significantly reduced or have ceased to exist as a result of ever-tighter funding. This has compounded the volume challenge, coming at a time when need and demand have been increasing.

Education setting leaders described both the reduction of external health, care and family support services, and consequently the broader role education settings were being required to play in supporting their children, at the same time as their own budget pressures were reducing their broader pastoral support and internal support systems for children.

Health service leaders described the reduction in support services that seek to identify needs and provide early intervention, particularly for young children and families, such as midwifery, health visiting, and school nursing services. Health service leaders also highlighted the impact of increasing demand for, for example, mental health, SALT, and other therapeutic services.

Similarly, children's services leaders highlighted increased pressures on and reduced capacity of early help and support services for families.

LA leaders described the challenges of recruitment and retention of specialist practitioners like EPs, both in terms of recruiting EPs in sufficient numbers, and also retaining them, given that much of the work of local EP services is driven by statutory assessments. LA leaders also described the impact of the loss of school improvement services, which provided vital intelligence and opportunities to influence school practice, and the need to cut support services, including those that support SEND and inclusion, as a result of austerity.

Leaders of local services and education settings, as well as parents and carers, identified that a consequence of the reduction of local support services had been that the offer of universal support in mainstream education settings and access to additional targeted support had narrowed. Practitioners, as well as parents and carers, argued that this meant that the offer of SEN Support in mainstream settings was less tangible and meaningful for children and young people, and for parents and carers.

Colleagues contended that the change from the pre-2014 categories of School Action and School Action Plus to the broader, single category of "SEN Support" had resulted in a loss of clarity about the actions schools were expected to take and the additional ("plus") support that they could access from external agencies. Participants considered that there had been a loss of confidence among practitioners, parents and carers about the ability of mainstream education to meet the needs of children with SEND.

> *'Currently, systems make families feel they are either too disabled for help or not disabled enough. The "grey area" is a quickly growing number of families whose needs are not manageable in the family alone, but with the right limited or time specific support could remain community based.'*
> **(PCF Chair – qualitative survey response)**

'The current level of demand is so high and we lack capacity to meet it. We need investment to focus on early help so that there is no need for later EHCNAs.'
(LA leader – qualitative survey response)

'There is not enough training available to schools who are taking children with high level of SEN that should be in a resourced provision. Therapy services are underfunded and cannot fulfil the needs of the children and school due to numbers of staff in comparison to the number of children.'
(Health leader – qualitative survey response)

In 2016, Ofsted and the Care Quality Commission published a report based on their findings from the first year of local area SEND inspections. In the report, they wrote:

'Children and young people who were identified as needing SEND support but without an EHC plan did not benefit as consistently from a coordinated approach between education, health and care as those with a plan. Consequently, parents reported that getting an EHC plan was like a 'golden ticket' to better outcomes ...'

Some participants in the research objected to the term 'golden ticket' to refer to an EHCP. Many parents and carers argued that the process of requesting an EHCNA and getting an EHCP for their child was challenging and fraught, and that the EHCP itself did not guarantee that their child would receive the support that they needed. In other words, the EHCP was anything but golden.

Nevertheless, participants in this research, including some parents and carers, recognised that, within the limitations of the current system, an EHCP represented something tangible in terms of additional support and created, at least in theory, greater accountability for delivery of that support.

Health leaders, for example, described the situation in which having an EHCP meant quicker access to SALT or mental health support. Children's services leaders described examples of children being stepped down from statutory social care, followed quickly by requests for EHCNAs and EHCPs being issued due to the need for ongoing support.

The reduction in wider support services, and the lack of a clear and meaningful offer of SEN Support within universal and targeted services, has meant that needs are not always identified and met early enough, and the right form of support (which may be for needs other than SEND) is not always available. This is another factor contributing to the increasing demand seen in the SEND system.

To reiterate an earlier point, this is no way to suggest that the challenges in the SEND system are being driven by parents and carers, or education practitioners, seeking what is best for children and young people with SEND. Instead, we are seeking to illustrate the factors that have created a narrow and inconsistent offer of pre-statutory support, whereby an EHCP is one of the few means available, however imperfect, for securing additional support.

Many parents and carers to whom we spoke said that they would have preferred a situation where they had confidence that their child was receiving the support that they needed in their mainstream education setting, without having to go through the process of seeking a statutory assessment. Nevertheless, with increased levels of need and reductions in wider support services, the statutory SEND system is one of the few remaining places where additional support is available.

A consequence of increased demand for EHCPs is, however, that resources become increasingly diverted to the statutory part of the SEND system, which compounds the lack of universal and targeted support.

'The SEND system has become the go-to place for any child that is struggling – for schools and for families. The low legal threshold makes it almost impossible for LAs to manage the system fairly and equitably. The SEND reforms do not appear to address this fundamental issue.'
(LA leader – qualitative survey response)

'Not every child needs an EHCNA. We used to have SENCOs [special educational needs co-ordinators] doing needs assessments, profiles. This is not happening now – SENCOs teach, there is no scope to do these assessments. As a result, needs escalate, schools cannot manage, and the child needs EHCNA. Actually, some schools do not understand the needs of the child.'
(National organisation – fieldwork)

'Parents and carers just do not have any confidence that anybody in any position of responsibility has their children's best interests at heart. They think it is about saving money, not meeting need. Unless we can address parental confidence, we are only going to see ongoing demand for EHCPs.'
(Health leader – fieldwork)

Summing up, the evidence we have gathered suggests that the volume challenge in the SEND system is driven both by changes in need and demand. This means that the challenges in the SEND system cannot be solved solely by investing additional resources.

As we argue in Part 2, additional investment is required, but only if it is accompanied by broader reforms that address the root causes of the demand pressures. Additional investment without fundamental reform will result in an unchanged system and a growing financial deficit.

The experience of recent years illustrates this well. Between 2019-20 and 2022-23, while the government increased high needs block funding by 40%, this was accompanied by a 33% increase in EHCPs (compared to a 36% increase in the previous three-year period). These data – combined with the qualitative feedback from local areas that there are children and young people with EHCPs whose needs could have been met earlier, more effectively, and without the need for a statutory plan – suggest that the growth in volume in the SEND system is unlikely to abate of its own accord. As such, fundamental reform of the SEND system is required to respond to the changing profile of need and to address the root causes of the growth in demand.

ROOT CAUSE 2: THE DECISION-MAKING CHALLENGE

The volume challenge is compounded by three aspects of the SEND statutory framework – a lack of clarity in how we define SEND and EHCPs, misaligned responsibilities and accountabilities for partners in the SEND system, and the presence of a judicial route of redress for disputes. Taken together, these three factors prevent the state from setting out a clear, consistent and equitable offer of support for children and young people with SEND. It also means that the state is unable to respond effectively to the volume challenge and mitigate the impact on families and on public finances.

A lack of clarity in how SEN and EHCPs are defined

Participants in this research, particularly LA and health leaders, drew attention to a lack of clarity in the SEND statutory framework. We would argue that the current SEND statutory framework contains two fundamental flaws where a lack of clarity sets up potential tension between families, education settings and LAs. We described this at length in our report, Agreeing to disagree (March 2022), and will summarise the main points here.

The first weakness is in the definition of SEND. This states that a child or young person has a learning difficulty or disability where they have 'a significantly greater difficulty in learning than the majority of others of the same age' or they have 'a disability which prevents or hinders him or her from making use of the facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.' This is essentially the same formulation as was first used in the Education Act 1981, based on the 1978 Warnock Report, and some participants in this research argued that this definition has not kept pace with how we understand additional needs and disability over four decades on.

What we wish to highlight is the fact that the law defines SEN relative to the majority of a child's or young person's peers and to what should be 'generally provided' in mainstream education settings, yet neither the law nor the Code provide a definition of what constitutes 'significantly greater difficulty in learning' or what should be 'generally provided'. We would argue that this lack of clarity about what constitutes SEND compounds some of the demand pressures described in the preceding section.

This lack of clarity also continues when it comes to the sections of the statutory framework governing decisions to carry out statutory assessments and to issue statutory plans. The legislation sets two tests for carrying out a statutory assessment, which are that LAs must carry out an EHCNA if they are of the opinion that 'the child or young person has or may have special educational needs' and that 'it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.' LA leaders argued strongly that the inclusion of the word "may" makes the first test too broad, while the second test relies on a conception of SEN that requires an EHCP, yet provides no guidance as to the level of provision that should be provided with and without an EHCP.

Chapter 9 of the Code of Practice expands on this, suggesting that an EHCNA should be sought after cycles of the graduated approach (assess-plan-do-review) have taken place and the child or young person has not made expected progress. Some participants – including education leaders, parents and carers, LA and health leaders – took issue with this, arguing that it perpetuated a deficit-based understanding of need and required there to be evidence of a child or young person failing before support would be provided.

Furthermore, the Code states that LAs 'may develop criteria as guidelines to help them decide when it is necessary to carry out EHC needs assessment (and following assessment, to decide whether it is necessary to issue an EHC plan).' Since the Code is not on the same footing as the law, attempts to use locally agreed definitions of ordinarily available provision and guidance on when EHCPs will be issued have not held any weight in cases brought before the SEND Tribunal.

Participants argued that this lack of clarity also affects decisions about when to cease an EHCP. The law states that the LAs can cease to maintain EHCPs if they are no longer responsible for child or young person, or 'where the child or young person no longer requires the special educational provision specified in the plan', specifically taking into consideration 'whether the education or training outcomes specified in the plan have been achieved.' Participants argued that this created confusion about the point at which young people's education ends and the point where lifelong and adult learning might begin.

Ultimately, participants argued that this lack of clarity in the underpinning SEND legislation about what constitutes SEND, when EHCPs should be issued, and the transition between childhood and adulthood creates the potential for an adversarial dynamic between parents and carers, young people, education settings and LAs.

'Changes to the Code of Practice are needed so that there are clear and national thresholds for statutory assessment (EHCPs), the current threshold is very low and caselaw has found that any child in theory has a right to an assessment.'
(LA leader – qualitative survey response)

'There does not appear to be consistency across regions or even within places in terms of which children are eligible for support.'
(Health leader – qualitative survey response)

'A nonsense … no test at all. No basis for decision-making. Sets up an adversarial dynamic.'
(LA leader – qualitative survey response)

'Decision-making thresholds do not help us be needs-led, to make good decisions about the use of resources.'
(LA leader – qualitative survey response)

Misaligned roles, responsibilities and accountabilities for partners in the SEND system

An additional weakness in our current SEND arrangements is that the system holds some public bodies accountable for things for which they are not wholly responsible, while failing to hold other public bodies accountable for things for which they are responsible. This misalignment of responsibilities and accountabilities perpetuates the adversarial nature of the system, while preventing system leaders from taking action to respond to the volume challenge.

Put simply, the public bodies held to account when a local SEND system gets into difficulties around poor outcomes and lived experiences for young people, the quality of support, or its finances, are not able to effect the changes that would remedy those issues.

We described the misalignment between the role and responsibilities of LAs in a research report we undertook for DfE, published in 2022. During the present research, we heard many of the same arguments. LA leaders argued that, while they are held accountable for the effectiveness of local SEND arrangements and the outcomes of children and young people with SEND, they have little oversight and ability to influence directly the majority of decisions about the identification of young people's needs and the support that they receive.

Most of those decisions are taken by practitioners within individual early years settings, schools and colleges, the majority of which are not maintained by LAs. LAs are also held accountable for the delivery of provision in EHCPs, despite the fact that they do not have direct control of what takes place within education settings in which children and young people with EHCPs are placed.

Some parents and carers to whom we spoke recognised this problem, highlighting the lack of any effective route of redress for parents of children with EHCPs in schools. Parents and carers, as well as other SEND system leaders, also highlighted the absence of any meaningful oversight and rights of redress or accountability relating to the provision for children requiring SEN Support in mainstream settings. There had been a route of redress via an ombudsman, but this was removed in 2010.

Furthermore, LAs are responsible for ensuring that there is sufficient provision for children and young people with SEN, despite the fact that LAs no longer have the direct power to open new provision or reshape existing provision. For new provision, LAs must bid to central government to open a free school, and rely on central government brokering an academy trust and delivering the new free school on time. To reshape existing provision, particularly in academies, LAs are dependent on the agreement of the academy trust and the DfE's regional teams.

Feedback gathered through this research suggests that there are children and young people in mainstream settings who need specialist provision, but also children and young people in specialist provision who could be supported in mainstream settings. Local SEND system leaders also described how it was more common for children and young people to move from mainstream to specialist settings than to move in the opposite direction.

In addition, there is little consistency in the use of resourced provision, SEN units, AP and EOTAS between local areas, and indeed evidence that the use of AP and EOTAS for pupils with SEND is itself a consequence of a lack of provision that meets pupils' needs. This highlights the challenges in maintaining a strategic plan for how local provision will meet local needs.

LAs are also held accountable and ultimately carry the financial liability for overspends on the high needs block, yet, as we have argued in this chapter, they do not have the powers to control or respond to the factors that drive those financial pressures. As one LA leader put it, this puts LAs in a position where it appears that they are seeking to deny parents, carers and young people their entitlements.

In contrast, LA leaders and some parents and carers drew attention to the comparative lack of accountability for education settings for inclusion and SEND. They noted how local area SEND inspections could criticise a local area's lack of inclusion of children and young people with SEND, while at the same time the inspections of individual education settings are positive and make no reference to a lack of inclusive practice. Those LA leaders, and parents and carers, argued strongly that there was a lack of appropriate oversight and accountability for individual mainstream education settings that reflected the fact that those settings are responsible for the bulk of decision-making and practice around identifying need and providing support for children and young people with SEND.

LA leaders, plus some education leaders, parents and carers argued that there was insufficient oversight and routes to challenge non-inclusive practice in some mainstream settings.

'Local authorities in many ways are caught between a rock and a hard place. They are expected to meet the demands of families but also have to balance a budget, and all the time with the knowledge that any steps taken to reduce costs may well end up being overturned in Tribunal. Inadvertently, and understandably, seeking to give parents of SEND children some authority and control over what support they get is creating an adversarial system. There are funding issues to all that, but fundamentally the system does not work, so funding alone will not fix it. Because it is a partnership across health, schools, local authorities and others, there is a challenge both in meeting expectation and in accountability for the outcomes.'
(LA leader – qualitative survey response)

'Anyone can ask for an assessment. Any school can say that they cannot meet needs. A court can require LAs to send a child to a school that costs hundreds of thousands of pounds. And the LA cannot stop any of that. How can we say that LAs are responsible?'
(LA leader – fieldwork)

'The accountability sits with the LA, yet some schools are reluctant to provide support to children without additional resources. The ask can differ from school to school, we need to try to have consistency.'
(LA leader – qualitative survey response)

'It is difficult to set up new specialist settings meaning LAs cannot respond effectively to changing needs.'
(Education leader – qualitative survey response)

Furthermore, leaders from all groups that took part in this research argued that the 2014 SEND reforms had not created a more joined-up system across education, health and care. Participants considered that, despite the creation of the role of the designated clinical/medical officer, the introduction of local area SEND inspections, and changes to the Tribunal's powers allowing judges to issue non-binding recommendations to health and care services, and despite widespread efforts to foster partnership working in local SEND systems across the country, the SEND reforms had not forged genuinely joint working across education, health and care.

Health leaders argued that the failure to create a single, joint, place-based budget for SEND partners had meant that debates and disagreements about who should pay for what have persisted. Fundamentally, LA and health leaders argued that children and young people with SEND were often not prioritised in terms of service provision or resources relative to the other national policy priorities in local health, children's social care and adult services.

While disputes about joint working and funding arise at local level, we would argue that these reflect a lack of join-up at the level of national policy. Health and LA leaders noted that joint working had not been helped by the fact that local government and bodies responsible for local health services are not always coterminous. This means that, in some LA areas, health services are commissioned and provided by multiple health bodies, while in other areas the same health bodies cover multiple LA areas. Health leaders noted that the creation of integrated care boards (ICBs) has created further complexity in what was already a confusing landscape.

As final point, we note that "education" in the "education, health and care" formulation does not mean leaders of the wider education system in which children and young people are educated, but in practice means an LA's SEND service. The

broader challenge here is that, despite academies having been part of the education landscape for two decades, and despite 14 years of schools being able to convert to become academies, there is as yet no clarity nationally on how the education sector should be represented as a partner in local area issues like SEND, place-planning or children's services.

'The structural barriers and lack of true integration across health care and education perpetuates the perverse orientation to silo working and more specialist and costly provision.'
(Health leader – qualitative survey response)

'Lots of the issues for SEND are impacted on by health and a lack of joined up working. Better planning needs to go into healthcare systems to support SEND and this would provide support to SEND to help children access education. For example, mental health and speech and language needs impact on access but these are not well supported and hugely overstretched in health.'
(Health leader – qualitative survey response)

'Education, Health and Social Care need to be made equally responsible, there is too much passing the buck between the LA and Health so in the end no one is responsible.'
(PCF Chair – qualitative survey response)

The effect of the Tribunal on the SEND system

Many participants in the research, particularly education, health and LA leaders, drew attention to what they saw as the problematic effect of the SEND Tribunal on the operation of the SEND system. They recognised that it was important that there was a robust and independent route for dealing with disputes, and recognised the important role that the Tribunal played in upholding disability discrimination legislation. They also recognised that the Tribunal could only apply existing legislation, and that some concerns raised about the Tribunal were in fact concerns about the legislation that the Tribunal was required to apply.

Nevertheless, education, health and LA leaders questioned whether the Tribunal was the right way to resolve disputes about statutory decision-making. They raised two concerns.

First, LA leaders questioned whether it was appropriate to have a judicial body not only making retrospective judgements on the rights and wrongs of public bodies' decision-making practice, but taking active decisions about the educational provision and placements of children and young people.

LA leaders described examples where the Tribunal had directed young people be placed in over-subscribed or poor-quality settings that LAs would not have countenanced.

LA and health leaders also questioned whether having an independent body that could direct placements and the use of potentially significant amounts of public funding (which, as the 2011 green paper acknowledged, could have a significant impact on high needs budgets, and should be balanced against the efficient use of resources) was compatible with a balanced and financially sustainable approach to SEND.

Second, linked to the point above, LA and health leaders questioned whether the Tribunal model was, fundamentally, an effective means of resolving disputes and making a tangible difference to the provision a child or young person received and to their outcomes.

LA and health leaders described how a Tribunal judgement may determine that an LA or ICB had been wrong in its decision-making, but that this did not alter the provision that is available in a local area.

For example, the Tribunal may say that an LA was wrong not to name a particular setting in a child's EHCP due a lack of available spaces or the quality of education, but this will not mean that the setting has sufficient places or resources to meet the child's needs, or that the environment in the school is more inclusive. In the same vein, the Tribunal may direct the LA to carry out an EP assessment or the ICB to provide SALT, but this will not alter the availability of Eps or SALTs in that local area.

> *'The law is a blunt instrument for determining what is a good way of growing up for young humans. … it does not change what is available. If the LA must name a school in an EHCP, it does not mean that the school has places, the child can get there, and the child will do well there. If the Tribunal directs occupational therapy, it does not mean an occupational therapist is available. It renders the LA wrong, but it does not render these things to be available.'*
> **(LA leader – fieldwork)**

> *'[The] Tribunal represents an outdated model. It does not work. It deals with what parents want not what children need. Children do not have independent representation, like in social care proceedings. The child's voice is not heard.'*
> **(LA leader – qualitative survey response)**

> *'The Tribunal system creates a two-tier system whereby resources are not necessarily allocated fairly according to need. I think there is indeed a mismatch between local efforts towards equity and moderation of provision across an area versus individual level decisions from [The Tribunal], which undermine confidence and good will from everyone in the system – parents and carers feel they have to fight to get provision, schools and LA staff feel disempowered in their local decision making, issues of equity stand out relating to which families have recourse to access Tribunal, Ombudsman, legal processes etc.'*
> **(LA Leader – qualitative survey response)**

For completeness, we note that there was an argument put forward by some parents and carers in their responses to our survey that public bodies should, as one respondent put it, 'just follow the law'. The argument was that, if the law, specifically the Children and Families Act 2014, was followed and there was greater accountability where it was not, the SEND system would run smoothly.

We recognise the frustration of families who were promised a more person-centred and less adversarial system, and where that has not been their experience.

Equally, however, we would argue that the "just follow the law" argument does not address some of the weaknesses in the SEND legislative framework, and does not address the fact that the legislation, regulations and the Code of Practice contain slightly different requirements. The law in the "just follow the law" argument is presumably the Children and Families Act, but does not give due weight to responsibilities on LAs, for example, to ensure the effective and sustainable use of public funds.

As with the critique of the role of the Tribunal, LAs and public bodies just following the law will not, of itself, improve inclusion in mainstream education, recruit more Eps and SALTs, create more special school places, or improve preparation for adulthood and long-term outcomes.

If the "just follow the law" argument means all requests for EHCNAs should be agreed, and LAs should never refuse to issue EHCPs or cease EHCPs before the age of 25 (which is the law taken to its extreme), this would undoubtedly have the effect of stretching existing resources further. This would lead to a reduction in the support available for all children and young people with SEND, unless there was a further increase in public expenditure on SEND. As we have argued in this chapter, additional investment without fundamental reform of the SEND system (including the SEND statutory framework) will leave the root causes of the system's challenges unchanged.

> *'The SEND legal framework and Code of Practice guidance if enacted correctly would provide a fair and equitable system for all children with Send. Unfortunately, there is no accountability for LAs except through the Tribunal or the Ombudsman.'*
> **(PCF Chair – qualitative survey response)**

ROOT CAUSE 3: THE MARKET CHALLENGE

Many LA leaders described how they were having to make increasing use of independent specialist provision when placing children with EHCPs. LA leaders particularly argued that this was caused by a combination of the following factors:

- increased demand for placements in specialist provision, and barriers to young people making successful transitions from specialist to mainstream schools;

- limitations on LAs' ability to create new and reshape existing provision;

- legislation that allows parents and carers to express a preference for independent (registered under section 41 of the Children and Families Act 2014) and non-maintained special schools; and

- the power of the Tribunal to direct LAs to place children in specific settings, including independent providers.

LA leaders argued that a consequence of these factors had been an increase in placements in the independent sector that are not part of a planned, strategic vision for how the needs of the population of the local area can be met. They argued that it was difficult to have a strategic, well-planned and equitable vision for delivering support across a wide range of needs in a system where there was the risk that the LA may be required by an external body to fund a placement that could add significant and ongoing costs to the local area's high needs block.

In this sense, the way the "market" of SEN support and provision operates is a symptom of the volume and decision-making challenges described in this chapter. Increasing need and demand, and limitations on the ability of local SEND system leaders to shape local state-funded provision, mean that the independent sector is often the only part of the SEND system that can respond. At the same time, the way that the market and the independent sector operate can compound the volume and decision-making challenges. As we described in the chapter on the scale of the challenge, there is an association between per capita spend on high needs and the proportion of children and young people with EHCPs in INMSSs.

SEND system leaders and some special school leaders argued that there was a lack of clarity about the role that independent providers were expected to play in the SEND system. They described how, if used strategically, the independent sector could complement local state-funded provision. For example, independent providers could:

- provide regional and national centres for supporting children with highly complex, low-incidence needs;

- share expertise with local mainstream and specialist provision; and/or

- provide short-term workforce capacity in areas where local services were experiencing shortages.

Similarly, in relation to workforce, LA and health leaders described how the independent market could be both a symptom of challenges in local SEND systems and a compounding factor. They described how the impact of workload could lead to challenges in recruiting and retaining staff, and how, for example, EPs or SALTs may move out of the public and into the private sector, compounding workload and workforce issues locally.

In addition, SEND system leaders argued that, while it would be sensible for all education settings that support children and young people to be subject to the same requirements, currently there are different rules around funding and accountability, particularly for independent special schools.

Specifically, SEND system leaders argued that the lack of any national framework around funding rates meant that LAs (and local high needs blocks) could be affected by providers raising their prices, examples of which were described to us in both the fieldwork and our qualitative survey.

LA leaders also argued that there was a lack of robust quality assurance and regulation of the independent provider sector. They cited the fact that independent special schools were subject to a different inspection regime to state-funded special schools, even though they were both making provision for pupils with EHCPs.

Participants in this research raised a broader issue about the role of profit-making organisations in the SEND system. This is a broader political issue, but echoes debates taking place in children's social care and other areas of public service.

In the context of SEND, participants argued strongly that there needed to be stronger oversight, criteria for entry and regulation of the organisations seeking to be the proprietors of independent specialist provision. They argued that, at a time when there is increasing need and demand for support, and resources are stretched increasingly thinly despite increased public investment and ever-growing cumulative deficit, it is not appropriate for organisations to derive profits for shareholders from running special schools providing places funded by the state. Profit-making is not allowed in state-funded mainstream education, colleagues argued, so why should it have a role in state-funded special education?

'We need national standards and expectations of ISP and NMSS [non-maintained special schools] – how can they be allowed to charge, in effect, what they like. The system is profiteering from children and young people with SEND; the same would be said of the children's social care market (residential children's homes).'
(LA leader – qualitative survey response)

'We are not able to control the independent special school market, which generates a huge increase cost. This [is] the primary influence on our high needs budget.'
(LA leader – qualitative survey response)

'Lack of capital funding has led to insufficient local provision, therefore too often higher costs are incurred for Independent provision, which not only constrains spend across the rest of the high needs budget for all pupils, but means the highest level of support is not always being directed towards the highest level of need.'
(LA leader – qualitative survey response)

'Post-pandemic we have seen a surge of children with SEND not being able to manage in mainstream schools and the growth of special schools has not been able to keep pace to meet this, so LAs are having to rely on independent schools and bear the extra costs.'
(LA leader – qualitative survey response)

DOES THE IMPROVEMENT PLAN ADEQUATELY ADDRESS THE ROOT CAUSES OF CHALLENGES WITHIN THE SEND SYSTEM?

There is a strong consensus that the improvement plan will not deliver the change that is needed

Across all groups that took part in this research, there was a strong consensus that the improvement plan did not adequately address the fundamental challenges in the SEND system. This view came across strongly in our interviews with local and national stakeholders, and in our qualitative survey.

In our qualitative survey, eight in 10 respondents disagreed (47%) or strongly disagreed (36%) that the improvement plan would address the fundamental challenges in the system. The next most common response was "cannot say" (11%), while only 7% agreed. No respondents strongly agreed.

Responses from PCF Chairs were the most negative, with 93% of respondents strongly disagreeing or disagreeing with the statement about the previous government's proposed reforms of SEND. Similar proportions of education leaders (87%) and LA leaders (92%) strongly disagreed or disagreed. Responses were split among health leaders, with a third (35%) disagreeing and a similar proportion (30%) saying that they could not say. (A further 22% strongly disagreed, and 14% agreed.)

Figure 25: Qualitative survey responses regarding the improvement plan (Source: Isos Partnership qualitative survey)
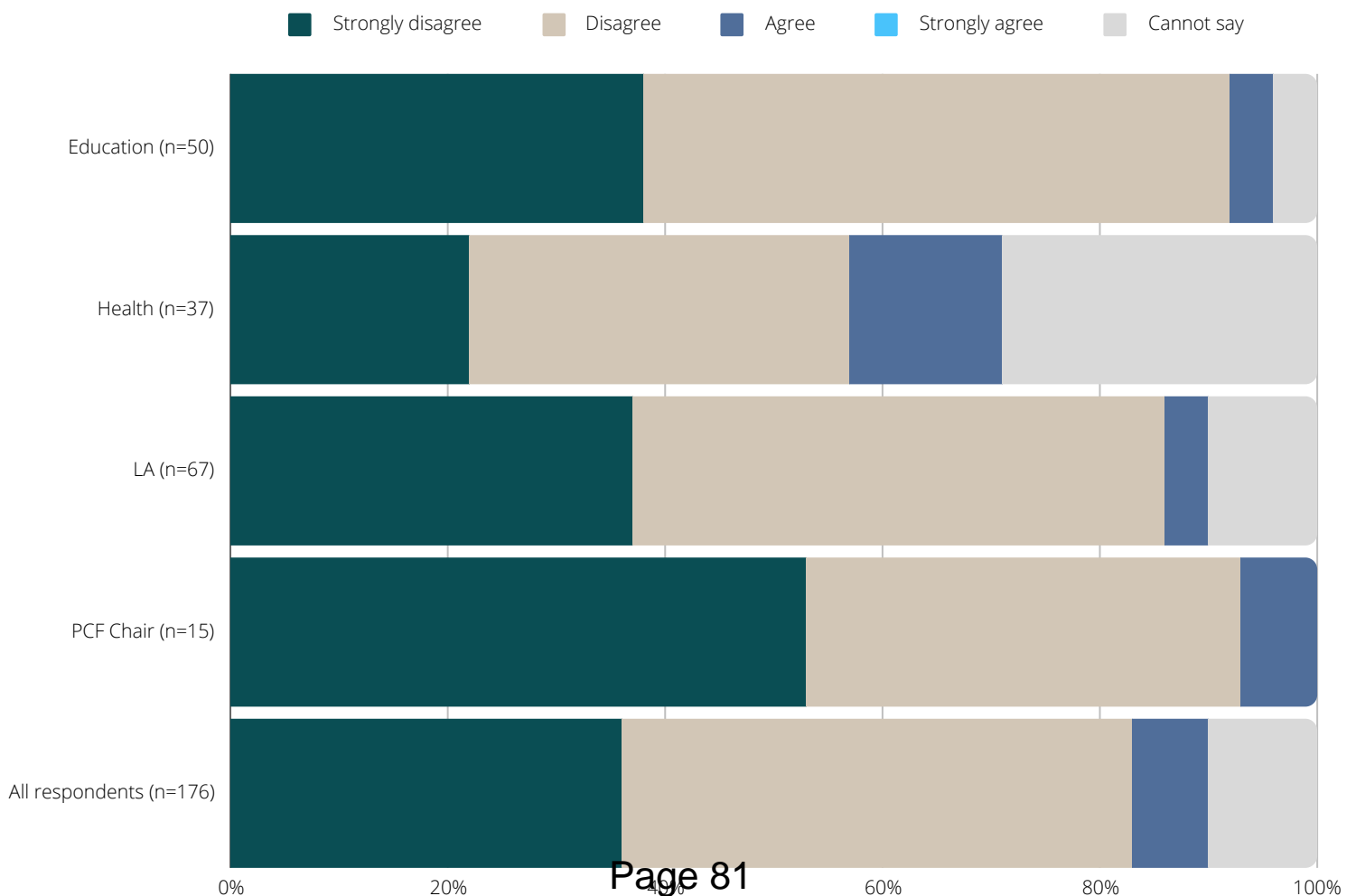
Where colleagues saw potential positive changes, they did not think these were sufficient

Some participants chose to emphasise the potential positive effect of some specific proposals in the improvement plan. They were broadly positive about the idea of creating national standards and clarity around inclusion, creating local partnerships, and standardising EHCPs nationally. At the same time, however, they highlighted a lack of detail about how these proposals would be implemented, and argued that these proposals, on their own, might standardise local practices but would do nothing to alter the root causes of the crisis.

'There is nothing major to disagree with, but it is not addressing the fundamental question.'
(School leader – fieldwork)

'Unless further funding is put into the system and Health can reduce waiting lists, and there are enough EPs so they can do more than work in statutory EHCNA then we are just nibbling around the edges.'
(PCF Chair – qualitative survey response)

'The current change programme is reversing all the work done in coproduction at a local level. It is not ambitious enough for our SEND communities, nor is it encompassing of a holistic and system wide approach. Families have worked tirelessly to influence local level person centred practice, which the national improvement plans currently undermine and devalue. Person centred practice cannot be delivered at a national level without space for locality-based adaptations unless the system is going to look at an entirely reformed funding scale based on actual needs and services available in localities rather than poorly guesstimated national averages and percentage scales.'
(PCF Chair – qualitative survey response)

'It is just tinkering at the edges.'
(National organisation – fieldwork)

'There are many positives within the [previous] government's proposals, and it's heartening to see that the green paper has been kept alive and not just allowed to quietly slip off the national agenda. I do believe there is a genuine will to improve things. These proposals have the potential to make meaningful change, if implemented with vigour and rigour. However, the roadmap is not ambitious enough, and there has not been enough visible progress against its stated aims, for me to be able to say that I am confident that it WILL be effective – only that it might be.' ***(Special school leader – qualitative survey response)***

'The plan itself is positive. I welcome the national standards and the early intervention model. However, there is not enough detail on implementation to ensure this will be successful.' ***(Special school leader – qualitative survey response)***

We are part of the Change Programme and I can honestly say that the reforms do not go far enough in resolving the issues in the wider SEND system. We are already delivering over 50% of the reforms being proposed and yet the rate of EHCPs is unsustainable. The lack of specialist placements and the cost of school transport is making the entire system unsustainable.'
(LA leader – qualitative survey response)

'Whilst the government's proposals for reform are welcome including national banding, a tariff system and data dashboards, these do not address the systemic causes of the challenges: the need to review the policy and finance decisions that are driving demand into the statutory system.'
(LA leader – qualitative survey response)

Page 82

The table below summarises the views of participants about some of the main proposals in the improvement plan, organised in terms of how they relate to the three root causes of challenges within SEND identified in the previous chapter.

Root cause	Views of research participants about how the proposals in the improvement plan address these challenges
#1. The volume challenge	Colleagues considered that there was merit in some aspects of the improvement plan's proposals, particularly the attempt to create national standards, but that on their own these proposals did not go far enough and would not address the demand challenge. • **National standards** – these were seen as a sensible idea in principle, especially if the aim is to create greater clarity about what inclusive practice should be standard in mainstream education. There were, however, questions about how the standards might operate in practice, including what their status would be, how they would be upheld, and the timescales for implementing them. Furthermore, colleagues considered that without broader reform of mainstream education (especially accountability, curriculum and qualifications) and building greater access to targeted support for education institutions, the national standards on their own would do little to build capacity for inclusion in education settings and reduce demand for and disputes about EHCPs, provision and placements. • **Workforce** – colleagues welcomed commitments around cross-government SEND workforce planning, training for new cohorts of EPs, and new professional qualifications for SEN leads in early years settings and schools. Colleagues questioned, however, whether this was sufficient to deliver workforce reform on the scale needed to transform the SEND system. The decision to recommend, rather than mandate, the designated social care officer role was seen as indicative of the lack of bold and decisive reform. • **Accountability** – the lack of, and need for, accountability was a strong theme in our research, particularly among parents and carers. Colleagues' view of the improvement plan's proposals was that, while dashboards, partnerships and plans might be useful, they did nothing to change the accountabilities of partners in local SEND systems. Furthermore, some argued that it made little sense to increase accountability at local level when there was a misalignment between LAs' responsibilities and powers, and a mismatch between the responsibilities of education, health and care partners. Overall, colleagues considered that the proposals in the improvement plan did little to address the mismatched accountability between education, health and care, and nothing to address the lack of accountability for inclusion at the level of individual education settings and schools. • **Preparation for adulthood** – colleagues considered that the improvement plans' proposals amounted to creating some additional flexibility and testing new approaches, but would not address the fundamental challenges of improving the transition to adulthood and long-term outcomes for young people with SEND.

#2. The decision-making challenge	Colleagues considered that the proposals reflected practices that existed in many local areas already, but would do little to alleviate the root causes of disputes around statutory decisions. • **Statutory decision-making** – many colleagues pointed out that multi-agency panels to support statutory decision-making were already used in many local areas. Some argued that the proposed "tailored list" might be useful in framing discussions between practitioners and families about choices of placements, but that this lacked detail and would be of little use if there continued to be a shortage of specialist provision. The improvement plan says nothing about revisiting and clarifying the definition of SEN or the tests for when to carry out an EHCNA and when to issue an EHCP. • **EHCPs** – colleagues welcomed the proposal for a standardised and digital EHCP, particularly those who had been involved in the pre-2014 pathfinder programme where this has been put forward. At the same time, they reflected that standardising EHCPs would do little to affect the content and quality of the plans, or the level of confidence among families and practitioners that needs could be met without a statutory plan. • **Disputes** – colleagues argued that the focus on mediation misses the point that, increasingly, disputes concern decisions about the placement to be named in Part I of an EHCP, which are less likely to be resolved through mediation. The improvement plan describes the Tribunal as an important backstop in the system, without considering whether the increase in disputes, the rate of disputes and the nature of disputes is evidence of a distorted system in need of a different approach to dispute resolution.
#3. The market challenge	Colleagues considered that there were some worthwhile ideas relating to local partnerships, but that these lacked detail. Furthermore, they considered that the improvement plan had sidestepped the broader questions about responsibilities for shaping local provision and the role of the independent market. • **Local partnerships** – colleagues welcomed the idea of creating local partnerships, but noted that the value of these partnerships would depend on their role, constitution and responsibilities. They considered that a new model of local partnerships could be powerful if the partnerships had a clear mandate and "teeth" to effect change (and accountability for their impact). Without greater clarity about this, colleagues considered that there was a risk that the proposals would do little to improve upon existing partnership approaches.

- **Shaping local provision** – colleagues consider that the proposals about supporting forecasting of specialist provision were helpful, but that the improvement plan gave no indication about changes to the fragmented approach to commissioning and shaping local provision. Currently, responsibilities for commissioning specialist provision are split between national government (for free schools and decisions about specialist provision in academies) and individual schools and academies (to agree to plans for local provision), with limited levers for LAs to shape provision to reflect local need. The improvement plan says nothing about how to create a more sensible way of planning local provision.

- **Independent market** – while colleagues welcomed the sentiment about ensuring equitable expectations, they considered that the improvement plan's proposal to 're-examine the state's relationship with independent special schools' was vague and indicative of a lack of a clear vision for a future system.

The more strident view was that the improvement plan was not credible and would be a waste of time

Some national and local system leaders argued more strongly that, since the improvement plan had failed to set out a reform agenda that addressed the root causes of the crisis, it should be rejected and a more ambitious vision for reform demanded. They considered that the flaws in the improvement plan far outweighed any of the potential gains, and that engaging with the improvement plan and the change programme to test its proposals would represent a missed opportunity to reform our national approach to SEND.

They argued that the improvement plan focused on the elements of practice that could be tweaked at local level, and that failing to consider a change in rhetoric and policy at national level would leave the root causes untouched and perpetuate the crisis. Rather than wait another five or 10 years, when the costs of the system in poor outcomes, negative experiences and impact on public finances would be greater, they argued that a coalition of local government, the education sector, health services and families needed to make the case to central government for a more far-reaching and inspiring vision of SEND reform.

'Will it address the fundamental challenges? Absolutely not.'
(LA leader – fieldwork)

'The plan is rhetoric, the substance to deliver it is vulnerable. … It is no good developing a direction of travel … if it does not have an infrastructure behind it.'
(National organisation – fieldwork)

'In a word, "no" – it is just changing the existing system, making administrative change, it is not changing the culture. Cultural change can only come from DfE – you cannot change the system by making LAs do things differently.'
(LA leader – fieldwork)

'Ensure that Early Help, SEN Support, and Ordinarily Available Offers are fit for the community they serve and you will see high needs and EHCP funding requirements will change and be more reflective of their anticipated purpose – to support those with the greatest needs where this is unobtainable in community services without additional support or funding.'
(PCF Chair – qualitative survey response)

'The government are making no effort to understand and address the underlying problems that their policies have caused.'
(PCF Chair – qualitative survey response)

'It is not informed enough by lived experience. It does not go far enough to actually be helpful or productive for young people with SEND. They can produce papers as much as they like, what is needed is proper funding and investment for ALL council, schools and health services.'
(PCF Chair – qualitative survey response)

'The proposals are not nearly far-reaching enough. They are window dressing and dealing with the detail at the edges rather than getting to the cause of the problem. Parents do not need a tailored list of schools if there are no spaces available in those schools. A standardised EHCP does not mean that the child will access NHS speech and language therapy in a timely way. A local area inclusion plan will not create additional special school places (most authorities already have sufficiency and capital plans). A multi-agency panel is of no use to the parent who has been told that their preferred school is full to capacity.'
(LA leader – qualitative survey response)

'The Green Paper is simply trying to improve practices. DBV and Safety Valve findings are extremely sobering reads when it comes to the cost of the SEND system even when all mitigations are applied. It can only be resolved through fundamental reform or significant capital and revenue funding.'
(LA leader – qualitative survey response)

For completeness, we note that, while many PCF chairs couched their critique of the improvement plan in terms of the need for greater investment in and accountability for providing support, there were some PCF chairs who argued instead that solving the crisis in the SEND system required current legal requirements to be upheld more consistently.

While we sympathise with this view – having heard examples from families where public bodies and educating institutions have not fulfilled their responsibilities – we would argue that enforcement on its own, without creating the wider conditions for a more inclusive and supportive approach to SEND, are unlikely to alleviate the frustrations and battles experienced by many families and practitioners.

'There will be no real effective change without accountability for those [who] don't follow legal and statutory requirements.'
(PCF Chair – qualitative survey response)

'Just follow the law, nothing else is needed.'
(PCF Chair – qualitative survey response)

Similar views were expressed about the Safety Valve and Delivering Better Value in SEND programmes

In recent years, the DfE has introduced programmes to support local areas facing the highest deficits in their high needs blocks. In 2020-21, the DfE introduced the Safety Valve programme. Under "Safety Valve agreements" with the DfE, councils agree to undertake a set of actions that aim to reduce their high needs block deficits over several years in return for funding from the DfE that will effectively offset the high needs block deficit.

Councils with Safety Valve agreements with the DfE receive support and advice from dedicated DfE Safety Valve advisors. In 2021-22, the DfE introduced the DBVS programme, which has been targeted at local areas who were not part of the Safety Valve programme but were nonetheless facing financial challenges related to SEND and their high needs block. A total of 55 local areas have been involved in DBVS to date. Under DBVS, leaders of local SEND systems receive support (delivered by Newton Europe and the Chartered Institute of Public Finance and Accountancy) and grant funding to identify the causes of financial pressures and design and implement initiatives that will alleviate those pressures.

Among the LAs that responded to our financial survey, there were 15 that were part of the Safety Valve programme and 13 that answered the question we posed about how helpful participation in the programme had been. A further 22 LAs that completed the survey were part of the DBVS programme, with 21 answering a similar question about how helpful the programme had been. The breakdown of responses is shown in Figure 26 below.

Among the 34 LAs that responded to this question, there were no respondents who said that their experience of either the Safety Valve or DBVS had been unhelpful.

Among respondents who were part of the Safety Valve, all bar one respondent (12 out of 13) said the programme had been helpful (54%) or strongly helpful (38%) – the one remaining respondent said they were "unsure/too early to pass judgement".

In their explanations, they described two main ways the Safety Valve programme had been helpful – first, in providing funding to reduce the LA's high needs block cumulative deficit, and second, providing advice and challenge on their strategic plans to reduce financial pressures and achieve a more balanced, effective local SEND system. Nevertheless, respondents argued that the Safety Valve programme simply provided temporary respite at local level, but did not alter the fundamental challenges in the national funding and SEND arrangements. These views echoed those we heard from the four local areas in our fieldwork that were part of the Safety Valve programme.

Among respondents who were part of DBVS, responses were more mixed, with 48% (10 respondents) saying that the programme had been helpful, but 52% (11 respondents) saying "unsure/too early to pass judgement". This may reflect the fact that DBVS has been running one year less than the Safety Valve programme, but may also reflect the fact that the advantages of the Safety Valve (in providing a significant, multi-year injection of funding to offset the high needs block deficit) are more apparent to participating local areas. The explanations respondents gave for their responses were very similar to those from LAs that were part of the Safety Valve. They valued the support, analysis and funding provided by DBVS, but did not consider that this altered the root causes of the challenges within the SEND system. The survey responses echoed the views from colleagues within the four local areas that were part of DBVS that took part in the fieldwork.

Figure 26: Responses to our financial survey from LAs that had taken part in the Safety Valve or DBVS programmes (Source: Isos Partnership and Society of County Treasurers financial survey)

Table 7: Responses to our financial survey from LAs that had taken part in the Safety Valve or DBVS programmes (Source: Isos Partnership and Society of County Treasurers financial survey)
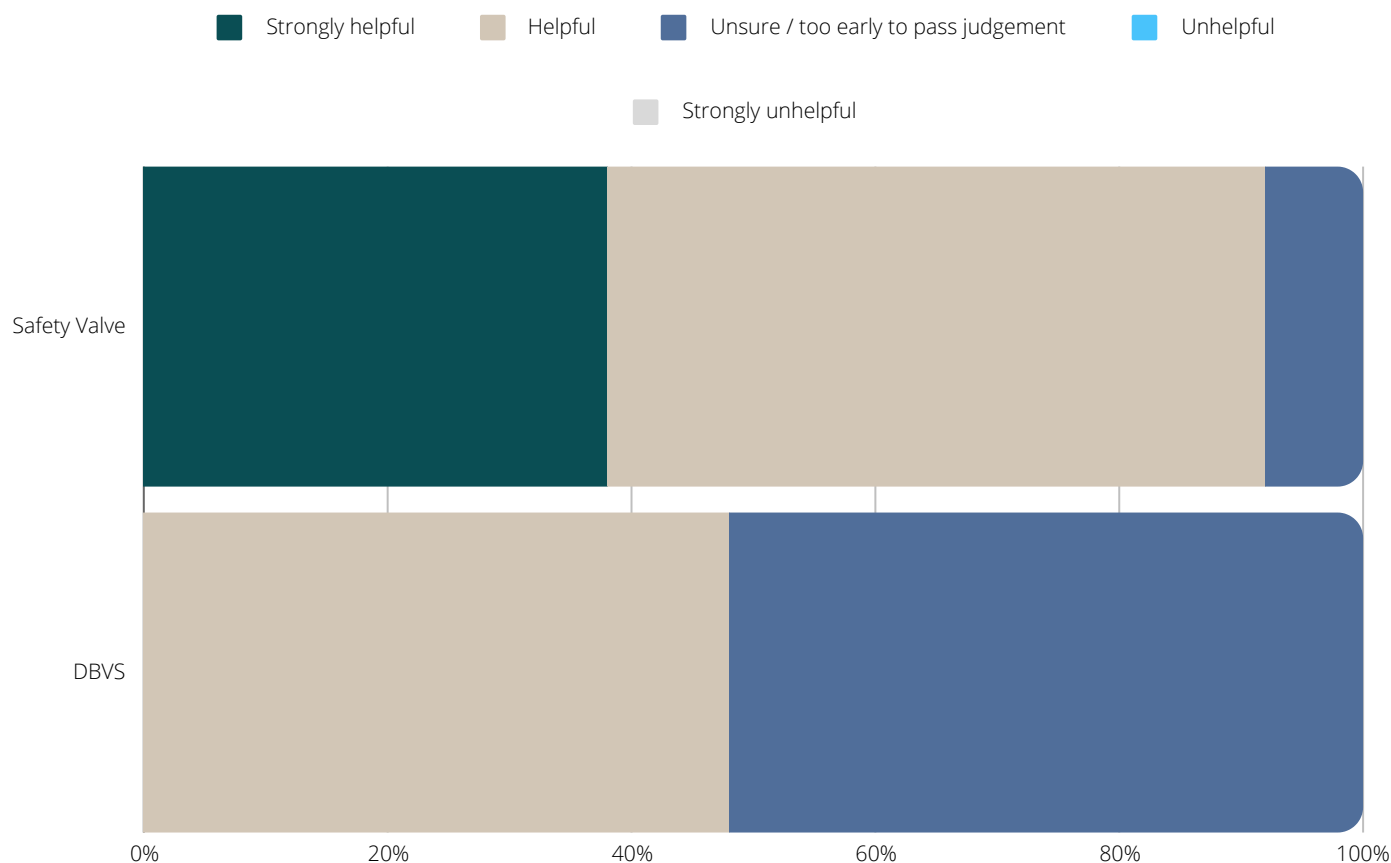
LA view	Safety Value	DBVS
Strongly unhelpful	0%	0%
Unhelpful	0%	0%
Unsure/too early to pass judgement	8%	52%
Helpful	54%	48%
Strongly helpful	28%	0%

Page 88

Feedback on the Safety Valve

'Although this has partially bridged the funding gap between HNB [high needs block] allocations and spend the SV has not solved the underlying problems within both the HNB [high needs block] funding formula and the SEN system as a whole.'
(LA finance lead – financial survey response)

'Without this support the DSG would be cumulatively overspent by £18.163m. However, the real problem is the High Needs Funding formula which is not fit for purpose.'
(LA finance lead – financial survey response)

'Support and challenge from DfE and Safety Valve advisors has been welcomed, confirmed that all current and planned approaches to effectively manage HN Expenditure are robust.' ***(LA finance lead – financial survey response)***

'Additional investment through Safety Valve has enabled us to implement new initiatives to improve outcomes and manage future demand as well as reducing the level of the DSG deficit.' ***(LA finance lead – financial survey response)***

'Good and worthy stuff, but on its own it is not enough. What this lacks is teeth. Unless there are teeth behind the good intentions, it will make little difference. It will not address the fundamental crisis we are locked in.'
(LA leader – fieldwork)
'
[High needs block] deficits across the country says it all: Safety Valve Agreements temporarily mask the problem but do not make it go away. The whole system is broken and does not serve children, families, schools or communities at all well. Constant fighting ensues and damages the working relationships necessary to meet children needs.' ***(School leader – qualitative survey response)***

Feedback on DBVS

'Helpful, but not helping resolve the current situation or offer comfort for future allocations meeting need. The DBV initiative provides a positive space to consider viable opportunities to tackle some of the drivers for the HN demand but it in no way addresses the wider financial issues facing the Council at this time.'
(LA finance lead – financial survey response)

'Really helpful analysis of the data but difficult to see how this will materially help manage the financial problem.'
(LA finance lead – financial survey response)

'Helpful in providing advice, support and assurance role for actions LA is/was undertaking. Also the £1m investment was welcome and is hoped will help reduce costs, however DSG high needs funding remains too low to cover costs so in year deficits continue to add to historic/cumulative deficit.'
(LA finance lead – financial survey response)

'Will it help us determine a set of things we can do, and give us some pump-priming? Yes. Will it make us an affordable LA? No it bloody won't.'
(LA leader – fieldwork)

Is the improvement plan enough to address the root causes of the challenges in the SEND system?

Our second research question asked whether the improvement plan adequately addressed the fundamental challenges in the SEND system.

The evidence we have gathered suggests that the answer to this question is that there are elements of the improvement plan that are sensible and aiming in the right direction. In framing our recommendations – particularly about creating more a consistent national framework and standards around inclusive education, partnership working and workforce development, for example – we have developed proposals that build on those in the improvement plan.

Nevertheless, we consider that the proposals in the improvement plan on their own are not sufficiently broad or ambitious to address the root causes of challenges within the SEND system.

We consider that the vision for reform must be broader than that set out in the improvement plan. That vision of reform should not treat the "SEND system" in isolation from the wider system of education and services that support children, young people and families.

Furthermore, the vision for reform cannot focus solely on tweaking elements of local practice while leaving the fundamental tensions within national policy untouched. We consider that a broader, more holistic, national, whole-system approach to reforming support for children and young people with additional needs is required in order to create a system that is both effective and sustainable.

This is the focus of Part 2 of this report.

isos
partnership

PART 2

RECOMMENDATIONS:
CREATING AN
INCLUSIVE SYSTEM

RECOMMENDATIONS: OVERVIEW

A CONSENSUS FOR REFORM

During our fieldwork, we found that there was broad support across all groups of participants in this research for creating a more inclusive education system. While there were different views about how to achieve this, there was strong support from young people, parents and carers, and education, health and care leaders for policies across education, health and care that would support the inclusion of children and young people with additional needs in mainstream education.

This was borne out by responses to our qualitative survey, in which we put forward four principles of a future approach to SEND and asked participants the extent to which they agreed or disagreed with each principle. The results are shown in Figure 27 below. (As with other charts showing responses to this survey, percentages have been rounded to the nearest whole number, which is why the numbers may appear slightly higher or lower when they are combined.)

First, we asked participants whether they agreed that a future approach to SEND should provide clarity about what is meant by "special educational needs", what needs should be met through universal support in mainstream education, and where additional provision should be required.

Over nine in 10 (94%) respondents strongly agreed (60%) or agreed (34%) with this principle. All respondents from LAs (85% strongly agree, 15% agree) and health services (51% strongly agree, 49% agree) agreed with the principle, and almost nine in 10 (88%) education respondents agreed (46% strongly agree, 42% agree). Responses from PCF Chairs were more circumspect, which was a theme throughout the responses to these four principles.

On the principle regarding clarity of needs and expectations, almost three quarters of PCF Chairs agreed (60% agree, 13% strongly agree), but 13% disagreed, 7% (one response) strongly disagreed, and 7% (one response) could not say.
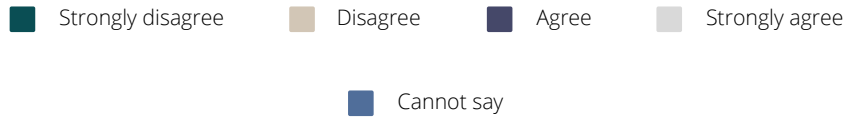
Second, we asked participants whether they agreed that a key aim of a future education system should be that all children have the chance to attend their local nursery, school or college, in their community, with their peers. (Note that the principle was worded in terms of the aim to design the education system that gave children the chance to attend their local setting, not that all individual children must attend their local setting.)

As with the first principle, almost nine in 10 (86%) of respondents strongly agreed (63%) or agreed (24%). The profile of responses by different participant groups was similar to the previous principle – LA leaders were most likely to agree (87% strongly agree, 12% agree), followed by health service leaders (54% strongly agree, 32% agree) and education leaders (48% strongly agree, 34% agree). PCF Chairs were split on this question – over half disagreed (40%) or strongly disagreed (13%), with 20% agreeing and 27% strongly agreeing.

Third, we asked whether respondents agreed that achieving an effective, fair and financially sustainable system required creating conditions so that families and practitioners could be confident that a wider range of needs could be met in mainstream education. Eight in 10 (81%) respondents strongly agreed (51%) or agreed (30%) with this principle. All LA leaders agreed (84% strongly agree, 16% agree). Eight in 10 (81%) health leaders strongly agreed (35%) or agreed (46%), and two thirds of education leaders strongly agreed (28%) or agreed (36%).

There was, however, a minority in both groups that disagreed with the principle – 20% of education leaders and 16% of health leaders disagreed, while 10% and 3% from each group respectively strongly disagreed. PCF Chairs were split on this question – just over half disagreed (47%) or strongly disagreed (7%), with 27% agreeing and 20% strongly agreeing.
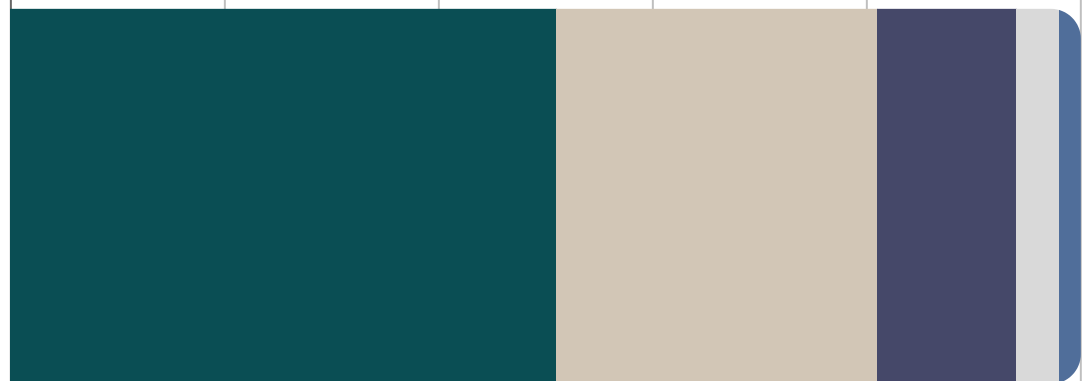
Figure 27: Survey responses regarding the principles of a future approach to SEND (Source: Isos Partnership qualitative survey)

Despite some differences in how likely they were to agree or disagree with these first three statements, the explanations given for their responses were very similar across all groups. PCF Chairs were not against the idea of a more inclusive offer of local mainstream education. They explained – and we would agree – that young people should not be forced into provision that was not right for them in the name of ideology.

Furthermore, they argued that translating these principles into practice would require significant investments and improvements in inclusive capacity and expertise in mainstream education. Their scepticism related to whether this could be achieved in the context of the SEND system as it is at present, not necessarily how it could be achieved in the future.

'There is a lot to be said for [meeting needs in local provision], and only if this is the right thing for that [child or young person].'
(PCF Chair – survey response)

'Mainstream schools will need way more staffing, training, funding and potential school adaptions and building works if this is the route you are planning on taking.'
(PCF Chair – survey response)

'A significant overhaul of mainstream education settings would need to happen before a wider range of needs are able to be met in mainstream.'
(PCF Chair – survey response)

We saw a similar pattern in the responses to the fourth principle we suggested. This principle proposed that LAs and local health services should be responsible for providing and funding support beyond the offer in mainstream education settings to meet the needs of their local population.

Overall, almost three quarters (73%) of respondents agreed with this principle. Respondents from LAs (55% strongly agree, 30% agree, 10% disagree, 4% cannot say) and health services (38% strongly agree, 49% agree, 3% disagree, 11% cannot say) were most likely to agree. Six in 10 education leaders agreed (22% strongly agree, 38% agree), but a third disagreed (22%) or strongly disagreed (12%). Six in 10 PCF Chairs disagreed (40%) or strongly disagreed (20%) with the principle.

Again, despite differences in the make-up of responses, the reasons given were similar across all participant groups. Some participants explained that local government and local health services should, in theory, be best placed to play this role, but their ability to do so was dependent on them having appropriate powers and sufficiency funding. Other participants argued that there was a tension in local government and health services being responsible, on the one hand, for assessing a child's needs and, on the other hand, for being responsible for managing within a budget.

'Local health and govt systems SHOULD be best placed but until they are funded sufficiently to cope with the demand …'
(PCF Chair – survey response)

'This system doesn't work as there is internal budgetary pressure not to say a child needs x and y so parents end up with useless EHCs – it needs some kind of independent assessment panel if there [are] differences in views.' **(PCF Chair – survey response)**

'… this should be a needs led system, not a budget led system, this is where the current combative nature comes from, professionals become gate keepers of services due to the horrendous cuts LAs and health services (especially LAs) have had over the last 11 years …' **(PCF Chair – survey response)**

In the last question in our survey (Figure 28), we asked participants to rank possible policy interventions for reforming SEND. Each rank was given a weighted score (a policy intervention ranked first received a score of eight, and one ranked eighth received a score of one). The responses can be seen in the figure below. The top three priorities, all with a weighted score greater than 1,000, were to:

1 **Invest more money in the SEND system;**

2 **Create a more inclusive education system to enable the needs of children with SEND to be met in a mainstream education (early years, schools, colleges); and**

3 **Improve timely access to inclusion and therapeutic support services, such as EPs, SALT, occupational therapy, physical therapy and mental health support.**

Figure 29 below shows how different participant groups (LA, health service and education setting leaders, and parents and carers) ranked these eight policy options. While each group ranked the policy options differently, there were areas of consensus:

- all groups ranked increasing investment as their first or second priority;

- creating a more inclusive education system was ranked first by LA respondents, third by health and education respondents, and fourth by PCF Chairs; and

- increasing support services was ranked first by health respondents, second by PCF Chairs and education leaders, and third by LA leaders.

Figure 28: Survey responses regarding the eight potential future policy approaches (Source: Isos Partnership qualitative survey)

Weighted score
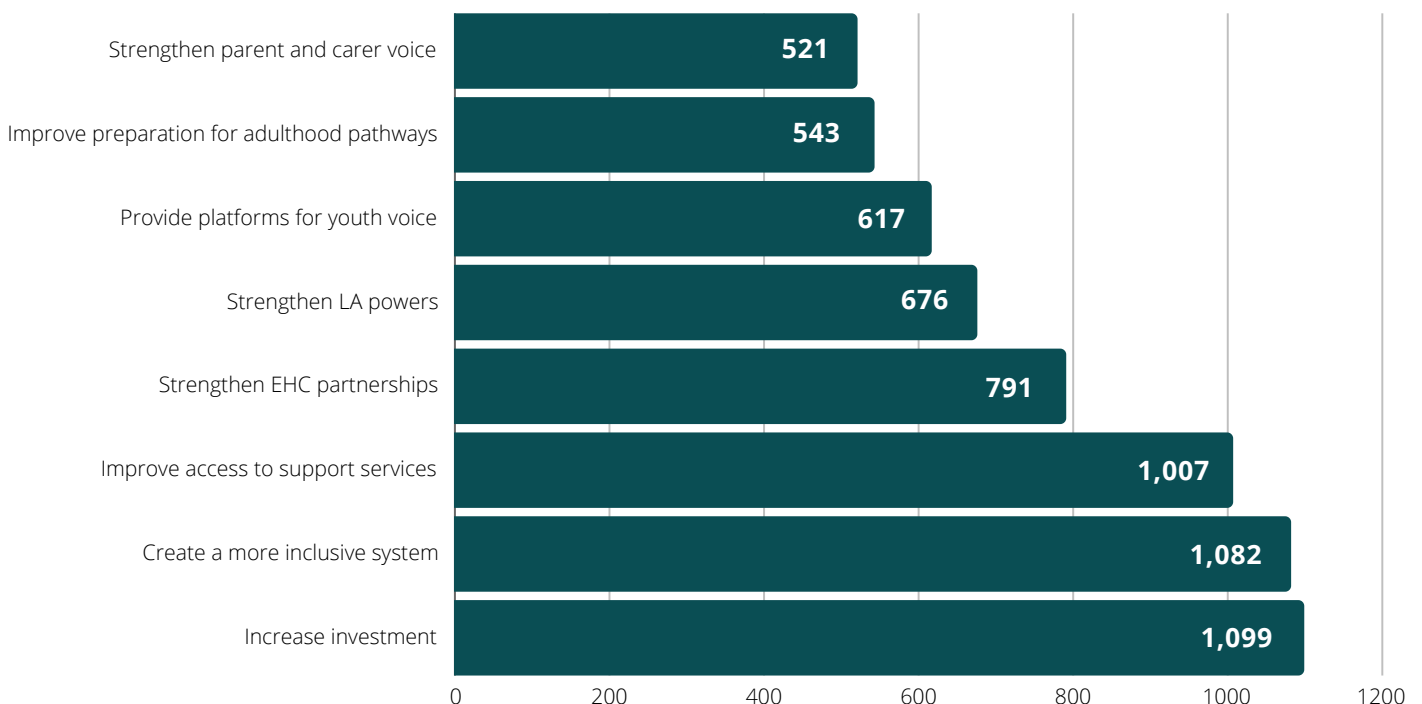
Figure 29: Chart showing survey responses broken down by participant group regarding the eight potential future policy approaches (Source: Isos Partnership qualitative survey)
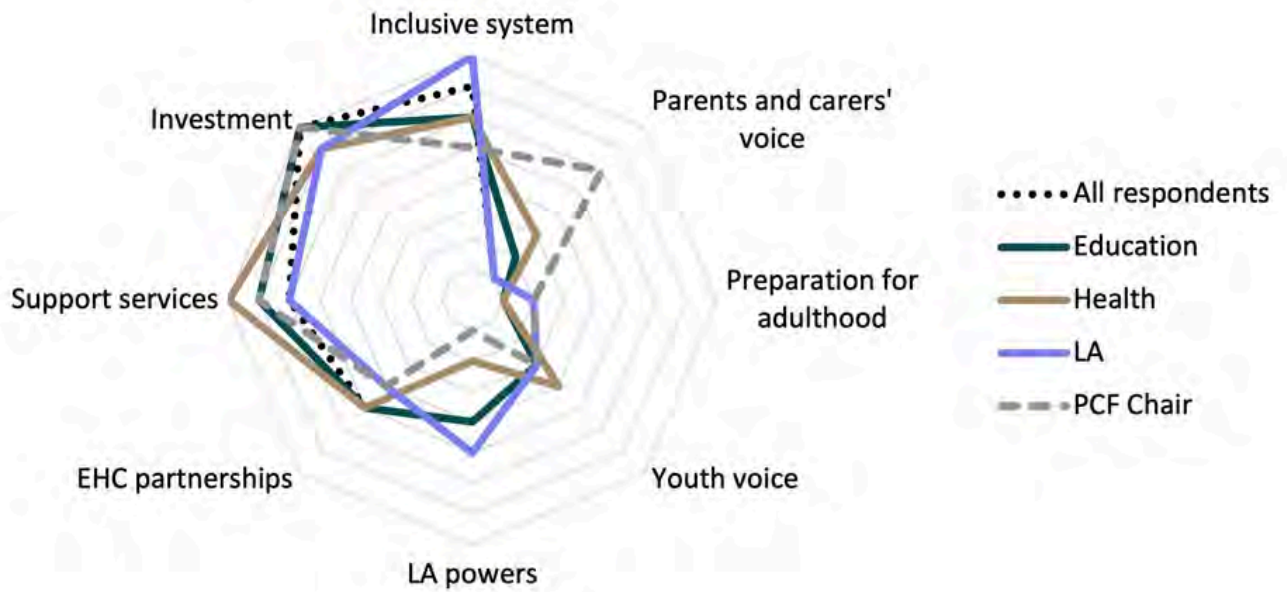
A MORE INCLUSIVE EDUCATION SYSTEM

In Part 2 of this report, we set out an alternative blueprint for reforming arrangements for supporting children and young people with SEND in England, built around eight main recommendations.

Our research suggests that there is a strong consensus for moving away from thinking about SEND as a separate system, and towards an approach to meeting children and young people's additional needs through a more inclusive conception of education. A more inclusive education system does not mean mainstream schools being asked to do more on their own.

Instead, SEND system leaders described a conception of education in which the full range of services that work with children, young people and families – education, health, housing, the police, children's and adult services – work with education settings to identify and meet children and young people's additional needs.

As noted above, parents and carers did not deny the desirability of such an approach, but caveated this by saying that there needed to be flexibility to find the right placement for individual children and young people based on their needs (with which we agree) and a shift in policy and funding to enable and foster inclusion in mainstream education (with which we also agree). The central pillar, therefore, of our recommendations is the creation of a more inclusive approach to education.

- **This is <u>not</u> because we think children and young people should be "shoehorned" into mainstream schools** – we recognise that children and young people learn in different ways and at different times. We recognise that some children and young people require different programmes of study, teaching methods, support or learning environments. We recognise that some children and young people will require bespoke education and wider support arrangements, and plans for their support will need to be individual and tailored to their needs. In arguing for a more inclusive approach to education, we are arguing for designing policies that expand opportunities for children and young people with additional needs to be able to attend and have their needs met in mainstream education, rather than seeing the "SEND system" as something separate to the wider education system. In concrete terms, this would mean the difference between, for example, building schools that are accessible, are suitable for neurodiverse pupils, and have spaces for flexible group and individual interventions, and having to retrofit schools that have been designed for pupils without additional needs.

- **This is <u>not</u> because we think all educating institutions are currently equipped, enabled and encouraged to create a more inclusive education system** – we recognise that creating a more inclusive education systems requires wholesale reform of education policy, including curriculum, assessment and qualifications, accountability and performance, workforce training and development, leadership, and buildings. We are not arguing that mainstream education institutions should simply do more with what they have currently. Instead, we recognise that building a more inclusive education system requires reorganising and reinvesting in services that work with mainstream education settings (inclusion, SEND, health, care and housing services), as well as reinvesting in the capacity of mainstream education settings themselves.

- **This is <u>not</u> because we think parents and carers, and children and young people, should not have choice about education** – we recognise that parents and carers, as well as children and young people, should have a key role in shaping decisions about their education and support. Furthermore, we recognise that this works best when families and practitioners are on the same page and working together. We recognise that, in the current context, EHCPs are a means of accessing additional support that compensates for what is lacking in mainstream education and providing a degree of accountability for that support. We recognise that a future approach to SEND cannot be based on limiting access to EHCPs. Instead, a future approach must be built on creating a broader and more meaningful offer of support that does not rely on having an EHCP to access it.

The experience of the past decade has shown that an increasingly narrow conception of mainstream education, combined with changing patterns of need and wider societal factors, will mean the education system becomes less well equipped to meet children and young people's additional needs.

This, in turn, will require greater resources to be diverted into a separate system, with separate assessments, individual entitlements and plans, separate funding arrangements, and separate specialist education institutions. On an individual level, some children and young people benefit from individual entitlements and specialist provision. On a societal level, however, we argue that this separation is harmful ethically (since it can limit opportunities for some children and young people), socially (since it does not teach young people with and without additional needs to understand and work alongside one another), and financially (as it creates unsustainable pressure on public finances).

We recognise that creating a more inclusive conception of education will require a long-term and proactive strategy, backed by significant investment. In making our recommendations, we are not arguing against individual statutory plans or specialist provision. In our vision of a future approach to additional needs, we recognise that some children and young people will have needs that require more bespoke support, and that there will continue to be an important role for specialist education institutions.

Our argument is simply that the current system has got the balance wrong between the role of mainstream education and the "SEND system". Ultimately, we are arguing for an education system in which families and practitioners can have confidence that children and young people's needs can be met without having to "battle" to secure support.

OUR EIGHT RECOMMENDATIONS AND HOW THEY FIT TOGETHER

Our eight recommendations form an overall vision for reforming our approach to inclusive education and additional needs. In some instances, these build on the direction of travel set out in the SEND and AP improvement plan, but extend these proposals to encompass a broader vision of additional needs within an inclusive conception of education and childhood development, rather than treating the "SEND system" in isolation. Furthermore, our recommendations go beyond what is contained in the improvement plan by calling for fundamental changes at the level of national policy. In the next eight chapters, we detail each recommendation in turn.

There are significant interdependencies between our recommendations, which need to be considered as a whole. Taken together, our recommendations form a blueprint for reform. They do not, however, constitute an implementation roadmap – were our proposals to be taken forward, further detailed thinking about implementation would be required.

We have, however, included a brief overview of the possible phasing of implementation in the concluding chapter of this report. Below Figure 30 provides an overview to show how the recommendations are intended to fit together as a coherent, overarching approach to inclusive education and additional needs.

Our recommendations are divided into three broad blocks:

- Setting the national strategy;

- Enabling inclusion and putting principles into practice; and

- Establishing the underpinning conditions.

Setting the national strategy – vision and principles

During this research, participants argued for an ambitious and inspiring vision, built on the two core principles of promoting inclusion in education and in preparing young people for adult life.

Our first recommendation, therefore, is that national government should set out a new national ambition, based on these two foundational principles, and that all aspects of policy related to education, children and young people's services, and support for additional needs should be recalibrated to support these principles.

A prerequisite of a future approach to inclusive education is that there is clarity about what "additional needs" means, how different needs are to be met, and clear and consistent expectations of inclusive practice in mainstream education (as well as the role of specialist provision). There should be support and guidance to fulfil those expectations to build capacity across the education system.

As such, **our second recommendation** is to create a National Framework that describes types and levels of needs, and that provides clarity about the levels of need to be met in mainstream education and expectations of ordinarily available provision.

Figure 30: Summary of our eight recommendations

Setting the national strategy - vision and standards

> **#1. A new national ambition:** Twin principles of (a) enabling inclusion and (b) preparation for adulthood

> **#2. A National Framework:** National expectations | Evidence-based practice toolkit | National Institute

Enabling inclusion and putting the principles into practice

> **#3. Build capacity for inclusion in mainstream education**
>
> **Mainstream schools** – build inclusive capacity (multi-disciplinary offer; training; funding) | enable inclusion (curriculum, performance, accountability, buildings)
>
> **Special schools** – complex needs places | outreach
>
> **Early years** – workforce | funding | access | transitions | parents as first educators
>
> **Post-16 education** – multi-disciplinary team | strategic place planning | funding | transitions

> **#4. Reform of the statutory framework**
>
> **Definition of SEND –** link to national expectations
>
> **Reframe role of statutory plans –** new "Learner Record" for those with additional needs
>
> **Admissions –** equity of parental choice for children with and without additional needs
>
> **Rights of redress, reformed accountability, and reformed non-judicial complaints/disputes process**

> **#5. Preparation for adulthood:** Standard child-adult transition age| New Destinations and Progression Service in every local area to support enhanced transition | Framework (pathways + partner responsibilities)

Underpinning conditions

> **#6. Roles and responsibilities:** Local Inclusion Partnership | Delineation of roles and accountabilities for partners

> **#7. Market shaping:** New strategic relationship between state and independent sector | Equivalent requirements

> **#8. Workforce:** System wide workforce strategy and planning | System wide workforce initial training and CPD

The National Framework would be accompanied by evidence-based best practice guidance and would be overseen by a new National Institute of Inclusive Education, which would act as an independent custodian of national expectations and evidence-based practice.

Enabling inclusion and putting principles into practice

Building capacity for inclusion in mainstream education is the necessary condition for reforming support for children and young people with additional needs. This must be done in a way that enables and supports mainstream education, rather than adding expectations and requirements.

As such, **our third recommendation** comprises a series of measures to enable inclusive practice in mainstream education settings. We propose the development of a new "core offer" of targeted, multi-disciplinary support – from therapists, EPs and other services – that all education settings can access without children and young people requiring a statutory plan. We also propose wide-reaching reforms of early years, school and post-16 education that aim to build educating institutions' inclusive capacity, and enable and recognise inclusion.

These would include reforms of key aspects of wider education policy relating to curriculum, qualifications, assessment, performance reporting, accountability, buildings, workforce development, funding, access, strategic planning and transitions. We also propose a new role for special schools. This would see special schools continue to provide placements for pupils with the most complex needs, but we also envisage the creation of a more porous boundary between special and mainstream schools, allowing for sharing of expertise and outreach, and staff and pupils moving between settings.

The aim of our recommendations is to add to the support available to children and young people with additional needs, and make it easier to access without the need for an EHCP.

Reform will be unsuccessful if it is perceived as removing support. For that reason, while we think reform of the SEND statutory framework is necessary, this should only be introduced after the enabling building blocks of a more inclusive approach to education have been put in place.

Our **fourth recommendation** is to reform elements of the SEND statutory framework so that the state can set out a clear, consistent, equitable and sustainable offer of support for children and young people with additional needs. This should enshrine the practice behind the original idea of EHCPs, in the form of regular, personalised assessments, planning and reviews of what we are calling a new Learner Record. It should provide clarity about what we mean by additional needs, and how those needs are to be met within the education system, including the role of mainstream and special education settings and of statutory plans.

A reformed SEND statutory framework should maintain a role for parental preference in admissions – and indeed that of the child or young person – so that parents and carers of children with additional needs can exercise equivalent choices to parents and carers of children without additional needs. In order for the system to be equitable and sustainable, the state must be clear on where the limits of individual choice and entitlement lie. A reformed SEND statutory framework should include new, independent, non-judicial mechanisms for dealing with disagreements about decision-making (where we see a role for an ombudsman) and about access to specific provision (where we envisage a role for the National Institute, as opposed to the Tribunal).

Delivering on the second guiding principle of a new national ambition – preparation for adulthood – will require greater joint working between education, children's, adult and community services; more tailored support across the transition for young people; and better tracking of progression and long-term outcomes.

As such, **our fifth recommendation** is to create a new Destinations and Progression Service in each local area. This service would have oversight of all children and young people with additional needs as they approached the transition from children's to adult services and in the years after that age of transition.

To improve transition and align the responsibilities of key partners and services, we recommend that the age at which young people move from children's to adult education, health and care services should be standardised across education, health and care.

The Destinations and Progression Service would be responsible for providing additional support to young people who needed it for two years after the age of transition (which could be extended if the young person needed it), tracking long-term outcomes and destinations, and co-ordinating the work of partners to create a broad range of options to support young people to pursue their aspirations as they move into adulthood.

Establishing the underpinning conditions

Effective local approaches to inclusive education and support for children and young people with additional needs is a partnership endeavour. At present, however, the roles and responsibilities of partners are confused, unequal and misaligned with accountabilities.

Our sixth recommendation is to reconfigure the role of partners so that they are coherent and provide a robust foundation for joint working, with responsibilities aligned with powers and accountabilities. Furthermore, we propose strengthening local partnerships themselves by creating statutory Local Inclusion Partnerships. These would include named partners from the LA, health services, the education sector, the local PCF and local strategic groups representing young people with SEND.

The Local Inclusion Partnerships would have statutory powers and joint funding, and would be responsible for strategic planning and commissioning of a continuum of support to meet local needs (including the targeted offer of support and specialist provision) and decision-making regarding future statutory plans.

Within a more strategically planned approach to inclusion and additional needs, we propose a new role for the independent sector. **Our seventh recommendation** is that a new, more strategic relationship between the state and the independent sector should be articulated.

This would see the independent sector involved in strategic planning in local areas, and used strategically for highly specialist provision and expertise that complements, rather than replaces, local state-funded provision. (We envisage that Local Inclusion Partnerships should be able to commission and open their own state-funded provision to reflect local needs, which in turn would delineate the respective roles of local state-funded provision and independent/non-maintained providers.) There should also be equivalence of regulatory standards and funding (including a prohibition on making profits for shareholders from state-funded placements of children and young people with additional needs) between the state-funded and independent sectors.

A change of the scale we are envisaging must be underpinned by a system-wide workforce strategy. As such, **our eighth recommendation** is for the new National Institute to lead on developing a cross-government, multi-disciplinary workforce strategy for inclusive education, additional needs and preparation for adulthood, specifying the skills and practitioners needed to deliver, for example, the core wraparound targeted offer. The National Institute would also advise on the content of initial training and CPD across the workforce involved with inclusive education and supporting children and young people with additional needs.

RECOMMENDATION 1: VISION AND GUIDING PRINCIPLES

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

Participants in this research argued strongly that national rhetoric matters. It sets the overall aims and tone for the system, and creates the policy framework in which practitioners, services and families operate. If national rhetoric is confused, ambivalent, or seen to encourage competing priorities, then policy, practice and day-to-day experiences of practitioners and families will be characterised by these tensions.

Participants argued that national rhetoric relating to SEND and education over the past decade has ceased to talk about inclusion as a goal of public policy – the 2011 green paper was explicit in ending 'the bias towards inclusion'. As we argued in the chapter on root causes, national rhetoric, the unintended consequences of the SEND and education reforms, and the impact of austerity on wider support services have combined to create a situation where it is more challenging for education institutions to be inclusive.

Participants in this research described a cultural shift that had taken place during this period. LA, health and education setting leaders described how, over 10 years ago, parents and carers were more likely to want to avoid their children being identified as having SEND and more likely to push for their children to be educated in mainstream education. A decade on, they described how this had turned on its head, with many disputes relating to the desire for a child or young person to be identified as having SEND and for a place in specialist provision. In no way are we seeking to "blame" parents and carers for wanting what is best for their children. Many of the parents and carers that participated in this research described the decisions that they had taken to seek an EHCNA or a particular setting.

Recommendation Summary

National rhetoric matters. As a first step to reforming England's support for children and young people with additional needs, there should be a new vision. We propose that there should be a new ambition focused on the twin principles of:

1 **Enabling inclusion** – enabling education settings and wider services for children, young people and families to work together to build a system of education and child development that identifies and responds to children and young people's needs and enables them to thrive; and

2 **Preparation for adulthood** – that enables children and young people to pursue their aspirations, and prepares them for adult life in inclusive communities alongside their peers.

This national ambition should be championed by national government, and used as the touchstone to guide national policy and local practice relating to inclusive education, services for children and young people, and preparation for adulthood.

Often, this had been prompted by a negative experience in a particular setting or getting access to support, and a subsequent loss of confidence that their child would be well supported and cared for without additional support or a change of placement. Our point here is to draw attention to the correlation of national rhetoric that appears to have deprioritised inclusion, the examples described by children and young people, and parents and carers, of a lack of inclusion, and the shift in expectations towards statutory and specialist provision. National rhetoric does matter.

Participants from all groups that took part in this research argued strongly that central government needed to take the lead in setting out a vision and ambition for reform of support for children and young people with additional needs.

They argued that this was necessary to address confusion and tensions between policies relating to inclusion and SEND, education (broadly and in different phases), health, children's services and adult services, and housing, and to provide a coherent approach around which policies relating to all aspects of education, childhood development and preparation for adulthood could be aligned. Many participants argued that this needed to be a new vision, signalling a rebalancing of the national rhetoric with an emphasis on inclusion. They considered that the SEND and AP green paper and improvement plan had left unchallenged the fundamentals of the current SEND statutory framework, and were proposing tweaks around the edges of the existing system.

AMBITION: WHAT ARE THE GOALS OF REFORM IN THIS AREA?

The goals of reform in this area would be to:

1 Set out an inspiring vision for how our education, health, care and wider services will enable children and young people with additional needs to thrive in their education and as they move into adulthood, in which additional needs/SEND are not treated as an "add-on", but instead are central to how we plan education, children's and family services; and

2 Have a clear set of ambitions for how children and young people with additional needs will be supported, to which all policies relating to education, childhood development and preparation for adulthood are linked and calibrated.

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

In the early stages of this research, participants told us that any discussion of SEND reform required a broader discussion of the purpose of the "SEND system", and about the purpose of education more broadly. For that reason, throughout the fieldwork phase of this research, we asked participants what the fundamental aim of our approach to SEND should be, and how this fitted with the overall purpose of our education system. There was broad consensus that any future approach to education for children and young people with additional needs should be built on two broad and connected principles: inclusion in education and preparation for adult life in inclusive communities.

As described at the start of Part 2, 86% of respondents to our survey strongly agreed or agreed with our suggested principle that a key aim of our education system should be to give children and young people the chance to attend their local education setting, in their local community, with their peers. Furthermore, there was a strong argument put forward about the value of moving away from the idea of a separate "system" for children and young people with SEND, and towards a broader social model of additional needs.

A new national ambition for children and young people with additional needs focused on inclusion and preparation for adulthood

We propose a new national ambition for supporting children and young people with additional needs that is built on the twin principles of enabling inclusion in education and preparing young people for fulfilling adult lives, included in their communities. Specifically, the national ambition should be to create an inclusive approach to education, childhood development and early adulthood:

- that is built on an understanding of children and young people as they are (including their additional needs), recognising that children and young people learn in different ways and at different times, and that settings and services exist for the benefit of individuals and should respond to their needs (a social model of additional needs), rather than assuming children and young people must conform to in order to be included;

- in which education settings and wider children's and family services work together and are enabled to be flexible and person-centred (focused on the needs of individuals) so as to identify and address needs early, and to enable children and young people (including those who need additional support) to thrive in childhood and to pursue their aspirations;

- that maintains ambition and high expectations for all children and young people, and fosters a broader and more holistic view of how children and young people thrive and achieve;

- that encourages children and young people to feel valued and capable; and

- that prepares young people for adult life in their communities alongside their peers.

Central to this ambition would be a move away from a medical, deficit-based understanding of needs and towards a social model of additional needs. It would also move away from seeing SEND as a separate system and a "bolt-on" to mainstream education. The prevalence of the medical, deficit-based, "bolt-on" mindset was captured in an example described to us of a newly built school that had to be adapted significantly because it had not been designed with the needs of neurodiverse pupils in mind. We recommend that national policy-makers stop designing buildings, curricula, qualifications and workforce policies that largely only apply to children and young people who do not have additional needs, to which separate, SEND-specific approaches are bolted on.

Instead, we propose designing buildings, creating policies and training practitioners to create education settings and services that reflect, understand and respond to the children and young people as they are, not as we think they should be.

We have used the language of education, childhood development and early adulthood deliberately. Our vision is not one where mainstream education settings are simply asked to do more on their own. Instead, our vision is of all services working with children, young people and families – education, health, children's services, adult services, housing and so on – working together to support children, young people and families holistically.

This national ambition would mean that education, childhood development and early adulthood policies start from the principle of seeking to make support available, early and in a joined-up way in universal settings and through targeted services. The aim would be to create a broad and inclusive offer within mainstream education so that, in exercising choice, children and young people have the opportunity to be educated, grow up and live in their communities with their peers. We are not advocating "shoehorning" individual children and young people into a specific type of setting in the name of ideology. We recognise that some children and young people will need bespoke support that may need to be delivered in a specialist setting.

Our recommendation is that the design of policies relating to education, childhood development and early adulthood should be based on the principle and the aim of making the system as inclusive as possible in order to maximise the opportunities for children and young people to thrive in education and in their communities.

This would be distinct from the current narrow (and poorly defined) conception of mainstream education in which children and young people who are perceived not to fit the mould are required to go through a separate system of assessments, plans, provision and funding to get support.

As some participants in this research argued, this may be the moment to think differently about the language we use, and specifically to move away from thinking of needs as "special" and, thus, requiring a different special educational approach. We propose, instead, moving to a form of language that recognises children and young people's additional support needs, is premised on a social (rather than a medical) model of disability, and reflects the focus on inclusion.

Were this recommendation to be taken forward, we suggest further engagement with children, young people, families and practitioners to agree a form of language with which they would be comfortable. For the purposes of this report, we will use the term "additional needs" as a placeholder.

> *'Inclusion has to be the foundation of building blocks [of the education system]. Not just an add-on. It must be there from the very beginning.'* **(Young person)**
>
> *'It is not that there are more square pegs … it is that we have less generous round holes.'* **(LA leader – fieldwork)**

The ambition of a future approach to education, childhood development and early adulthood should be for:

- **children and young people** to feel valued, capable and that they belong in education and in their communities, and able to pursue their aspirations (and not to be made to feel that they do not fit, are not understood, and have to seek special accommodations);

- **parents and carers** to feel that their views and preferences are heard and valued (rather than feeling ignored), that they are supported by the system (rather than feeling that they have to battle it because they have a child with SEND), that education and wider services understand their children and are helping them to thrive (rather than having to fight for additional support); and

- **practitioners** to feel enabled and supported to do the right thing for the children and young people with whom they are working, recognised for this, and part of a partnership with families and wider services.

As we describe in our third recommendation, we recognise that this change would not be straightforward or quick. It would require significant investment in building the capacity of education, health and care services to work in a more inclusive and joined-up way, and would need a significant rebuilding of the confidence of families in the support available in mainstream education. As we said at the start of this chapter, national rhetoric matters. The starting point for creating a more inclusive approach to education, childhood development and early adulthood must be to signal clearly that this is the fundamental, long-term national ambition.

RECOMMENDATION 2: A NATIONAL FRAMEWORK

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

Putting into practice the principle of an inclusive education system requires that there is clarity and consistent national expectations about the types and levels of needs that are expected to be met in mainstream education settings.

As described at the start of Part 2, over nine in 10 (94%) respondents to our qualitative survey agreed with our proposed principle that a precondition of successful reform was to provide clarity about what is meant by "SEND" (or "additional needs"), the needs that should be met at a universal level in mainstream education, and when additional support should be provided.

There may be different views on where the distinction between the role of mainstream and specialist education should be drawn. Indeed, this distinction is drawn in different ways in different countries and states. Nevertheless, within any education system, there must be clarity about the distinction itself, and the needs that are to be met in mainstream and specialist education respectively.

In England at present, there is a lack of clarity about the needs that mainstream education settings are expected to meet (and thus the respective roles of mainstream and specialist settings). There is also no consistent encapsulation of what good inclusive practice in mainstream education should look like. Despite the fact that many education leaders speak about whether a child is or is not a "mainstream child" or one that is "mainstream-ready", these terms have no intrinsic meaning. They simply capture an individual leader's view about whether they can/cannot meet the needs of that child. Several negative consequences stem from this lack of clarity.

Recommendation Summary

Putting the national ambition into practice requires that there is clarity about what we mean by "additional needs". This is a fundamental prerequisite of providing consistent national expectations of the needs to be met, inclusive practice and ordinarily available provision in mainstream education, and consequently providing a level playing field for settings as well as transparency and clarity for parents. We propose, therefore, three things.

1. The creation of a **National Framework** for inclusive education and additional needs to provide a common rubric for talking about types and severity of additional needs. This would have a formal status, recognised in law, and connected to the accountability system.

2. A **toolkit of evidence-based practice**, mapped to the National Framework, which would capture evidence of effective practice for specific areas of need and would act as a key practical resource for practitioners.

3. The creation of an independent **National Institute for Inclusive Education** to act as the independent custodian of the National Framework and best practice toolkit. The National Institute would also have a role in supporting workforce development and acting as a point of arbitration in some disputes.

- **A lack of consistent expectations of mainstream education settings** – this creates what many education (particularly early years and school) leaders describe as an "uneven playing field". Early years providers and schools that are more inclusive can attract higher numbers of children with additional needs, while those that are less inclusive attract fewer. The concentration of children with additional needs in some settings can exacerbate pressures on resources, and can disadvantage more inclusive settings in relation to performance and accountability. At a more basic level, the lack of consistent expectations can also mean that practitioners in mainstream settings do not have access to the professional development they need to understand, identify and meet the needs of all of their pupils.

- **A lack of clarity for parents and carers about what they should expect from mainstream education settings** – without national expectations of inclusion, parents and carers have no way of knowing what they should be able to expect as standard from mainstream education settings. This means that there is very little basis on which to challenge non-inclusive practice, for example around admissions (families being told that a setting cannot meet a child's needs), teaching and support (children not receiving they support that they need) or exclusions (formal and informal). This lack of clarity of expectations, coupled with a lack of accountability for non-inclusive practices, has the effect of limiting parental choice about settings (particularly early years settings and schools).

- **A lack of clarity about what we mean by additional needs and how they are met** – a theme in this present research has been the different ways in which local areas define and meet SEN. This was a theme in our 2015 research on SEN funding, and has been echoed in, for example, recent research by the Education Policy Institute. What one local area defines as SEN and seeks to meet through one form of support may be defined and met differently in another local area. This creates challenges for families that move between local areas or who live near LA boundaries, and for education settings (particularly schools and colleges) and services that support children and young people from multiple local areas.

AMBITION: WHAT IS THE GOAL OF REFORM IN THIS AREA?

When we talk about a National Framework, we mean creating a common language so that families and practitioners can communicate effectively when talking about additional needs. A National Framework would also help to address the lack of clarity in our current definition of additional needs/SEND.

A National Framework would provide essential clarity on the expectations of inclusion, the provision that should be ordinarily available, and the needs of children and young people that should be met within mainstream education settings.

The aim would be to enable inclusion and promote good practice, rather than provide standards against which to judge education settings. A National Framework would provide a means to capture, consolidate and disseminate evidence of effective practice in inclusive education and supporting children and young people with specific types of needs.

Furthermore, a National Framework would be vital in ensuring transparency and fairness. It would help parents and carers, and children and young people, to know what they could expect in any mainstream education setting. It would also ensure a sense of fairness between education settings, helping to create a level playing field and providing a firm basis for future policy in relation to workforce development (initial training and CPD), performance and accountability (recognising inclusion and challenging non-inclusive practices).

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

We propose three specific actions to put this idea of a National Framework into practice. Our proposals build on the idea of national standards and practice guidance in the improvement plan, but extend these ideas in terms of the status of the National Framework and how it would act as the foundation for a more consistent approach to inclusive education.

First, we recommend the creation of a National Framework for inclusive education and additional needs

The National Framework would provide a common rubric for talking about types and severity of needs. This is a prerequisite of providing national clarity on the additional needs that should be expected to be met in mainstream and specialist education settings. In turn, this clarity on the needs to be met within – as well as the respective roles of – mainstream and specialist education settings is a necessary underpinning of policies relating to curriculum, assessment and qualifications, workforce, professional development, commissioning of services, performance and accountability, preparation for adulthood, funding, and buildings.

There are already national categories for talking about broad types of needs – cognition and learning, communication and interaction, SEMH, and physical and/or sensory needs are set out in the Code of Practice, and commonly used by practitioners.

While there are challenges in the interpretation and practical application of these broad areas of need – specifically in what constitutes SEMH and in how data is collected about primary/combinations of needs – these are not insurmountable. In a more inclusive system of education, childhood development and preparation for adulthood, applying specific labels to a child or young person's needs would matter less than building an understanding of and responding to an individual child or young person's needs. In this way, the National Framework would encompass a broad range of additional needs that affect how children and young people access learning in their education.

Furthermore, the way that data on children and young people's needs are collected and reported reflects historical categorisation and thinking about children and young people's needs. In a more inclusive system, the data collected and how data are reported could be redesigned to reflect more meaningful and helpful ways of capturing children and young people's needs at local and national levels.

What would be new in our proposed National Framework would be the introduction of national descriptions of levels of need. We believe that a future National Framework should be based on descriptions of need, rather than provision. There are four reasons for this.

1 First, we think it is problematic to design a system based on something that is within the direct control of individual settings – individual settings can put in place a large volume of provision, but this may simply tell us more about their practice and less about the individual child. While settings would contribute, evidence of need would come from a range of sources.

2 Second, evidence of need is less manipulable and thus provides a more objective basis for a National Framework. This would allow for a consistent basis for talking about children and young people's needs between settings and local areas, which in turn would improve the consistency of practice and decision-making – practitioners would be confident that they were talking about children and young people with similar needs. When we talk about evidence of need, we mean evidence of how children and young people's needs manifest in an education setting. We do not mean evidence in the form of medical diagnoses. On an individual level, we recognise that having a diagnosis can be beneficial to young people's self-understanding and self-esteem. On a system level, we would not advocate for an approach where diagnoses are necessary to access support. Doing so would create a perverse incentive – and demand pressures – to get a diagnosis. At the same time, particularly for spectrum conditions, a diagnosis does not explain how a child or young person's needs manifest in education and what support they may require.

3 Third, if we want to capture evidence of effective practice in supporting children and young people with specific types and levels of need, then a framework based on descriptions of their needs will be a better toolkit for practitioners than one that is based on provision.

4 Fourth, a framework based on evidence of need should recognise and reinforce that a child's needs can change over time, and that the approach practitioners take to support a child must be grounded in that child's current needs based on evidence of up-to-date assessments. This reinforces the original aim behind the graduated response, particularly the element of regular reviews of a child's progress and the impact of support.

The National Framework would, therefore, capture descriptions of need, set out around broad areas of need. We propose to use the four categories of need currently used in the SEND Code of Practice, but to broaden certain categories to include a wider range of additional needs that affect children's and young people's education. For example, the impact of trauma could be included within SEMH, and medical care needs within the area of physical and/or sensory needs.

Furthermore, the National Framework would demarcate specific levels of need. The language used to describe those levels of need would require further work, to ensure a form of wording could be used that young people, parents and carers, and practitioners from different disciplines would be comfortable using. We have used the terms below as placeholders to illustrate how the National Framework we propose could be organised:

- **"universal"** – this would ensure that the National Framework captured the full range of needs and recognised that all children and young people have needs, including those that we would expect to be met through universal support;

- **"mild"** – which would mean that a child's needs have an infrequent and mild impact on their learning that may require additional advice and support;

- **"moderate"** – which would mean that a child's needs had an occasional impact on learning, but enough to require some additional support and adaptations to be made;

- **"intensive"** – which would mean that a child's needs had a regular and significant impact on their learning;

- **"profound"** – which would mean that a child's needs are continuous and sufficiently profound as to require a bespoke approach to their education, along with specialist input relating to managing their health and/or personal care needs; and

- **"exceptional"** – where a child's needs are such that they cannot be met through the core offer of local education settings, including specialist provision, and a bespoke package of support would need to be co-designed by the responsible partner agencies, working with the young person and their family.

It has been beyond the scope of this research to design a prototype National Framework, but what we have set out below is a simple template that captures what we have in mind. In a future National Framework, each box in the grid would contain a simple description of needs in that broad area and at that level.

		Levels of need					
		Universal	**Mild**	**Moderate**	**Intensive**	**Profound**	**Exceptional**
Broad areas of need	Cognition and learning						
	Communication and interaction						
	Social, emotional and mental health						
	Physical and/or sensory						

Page 110

As a final point, we would emphasise that the aim of the National Framework is to provide a common language when talking about needs and to set out common expectations of the types and levels of need and how they are to be met. We recognise that many local areas will look at the table above and think that it reminds them of their local "banding framework".

Banding frameworks are often used to allocate top-up funding for individual pupils whose needs are currently above those that can be met from delegated resources in mainstream settings. While banding frameworks are one way of seeking to allocate high needs block resources in a fair and evidence-based way, negotiations about access to top-up funding can be challenging and time-consuming for LAs and education settings alike.

As we describe in the next chapter on enabling mainstream inclusion (recommendation 3), under our proposed approach, we recommend increasing the resources (in terms of external targeted support and funding) available to mainstream education settings, enabling them to meet a wider range of needs without the need for a statutory plan and individual pupil/student top-up. The aim would be to provide mainstream – and specialist – education settings with greater flexibility to use a broader range of resources to meet the needs of their pupils and students. With greater access to support services and financial resources as standard in mainstream education, practitioners would spend less time completing assessments and requests for support, and could therefore spend more time delivering support to young people.

The purpose of the proposed National Framework, therefore, primarily would be to ensure that there was a consistent rubric for talking about types and levels of needs, and consistent expectations of the needs to be met in mainstream and specialist education settings. Its purpose would not be to distribute top-up funding for individual pupils. (That said, the upper bands of a National Framework, particularly the "exceptional" band could be used to set some parameters around rates paid to independent providers – see recommendation 7.)

Second, we recommend the creation of a toolkit of evidence-based best practice in inclusive education and additional needs

As noted above, the goal of creating a National Framework would be to create a level playing field and ensure transparency for families and fairness between settings.

The aim would not be to create a new set of requirements against which to judge mainstream education. Instead, the aim would be to establish a clear and consistent view of the role of mainstream education that could inform policy aimed at building capacity and skills within mainstream education to respond to children and young people's needs. We recognise that the previous government's improvement plan proposes the developments of national practice guides. Building on this, we propose that, alongside the National Framework, there should be a toolkit of evidence-based best practice in inclusive education and additional needs.

The categories and levels of need within a National Framework would allow evidence of effective practice for specific areas of need (social communication needs, speech and language needs, learning needs, physical needs), at specific levels, and in specific combinations to be captured and made available to practitioners. In this way, the National Framework could act as a resource for individual classroom staff, senior leaders and governors. This would build on the work of organisations such as the Education Endowment Foundation. It could also inform workforce planning and CPD for different parts of the education and children's workforce (see recommendation 8).

While we are not alone in proposing the idea of a National Framework and good practice toolkits, we consider that it would be necessary to go further in setting a National Framework and toolkit on a more formal footing.

One of the challenges with the current system is that, while there is no national definition of expectations of inclusive practice, attempts at local level to define what should be ordinarily available in mainstream education settings have no formal status in law. They rely on goodwill between local partners, but are fragile, unenforceable, and ultimately carry no weight when disputes arise. National standards that are merely advisory would be of little value.

We propose that the National Framework must have a formal status, be recognised in law and be connected to the accountability system so that education settings would be expected to have regard to and demonstrate best endeavours to meet its requirements. Without this, we will continue to have an uneven playing field between settings, which in turn will perpetuate barriers to inclusion and to families' choices of education settings.

Third, we recommend the creation of an independent National Institute for Inclusive Education to act as the custodian of the National Framework and best practice toolkit

A National Framework and best practice toolkit need to be maintained and kept up to date. During the research, some participants said that they would like to see an independent body created that could set and implement a long-term agenda for inclusive education. We have written in previous research reports that, at present, there is no equivalent of NICE for additional needs and inclusive education. There is no independent body responsible for reviewing emerging needs, synthesising evidence of best practice, and setting out national expectations of what good practice should look like.

While there are currently bodies like the Education Endowment Foundation (EEF) and programmes like What Works in SEND, what we are envisaging is a broader and more strategic role for an independent body. As well as maintaining the National Framework and capturing evidence of good practice (which would include drawing on the work of the EEF and What Works in SEND), the National Institute would have important functions in overseeing the system of inclusive education, childhood development and early adulthood, analysing trends, periodically refining expectations of mainstream and specialist education, informing workforce planning, shaping workforce development and CPD, and resolving disputes about practice.

RECOMMENDATION 3: CREATING A MORE INCLUSIVE MAINSTREAM OFFER

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

In many ways, creating a more inclusive mainstream offer is the lynchpin, or the keystone, on which all the other reforms described in this report depend. In the preceding sections we have described how the current constellation of incentives and disincentives in the education system drive rational actors to seek out increasingly individualised entitlements, and increasingly specialised forms of education, that are enforceable by law.

This creates a vicious cycle – more and more resources are invested in supporting needs that meet the current statutory tests, leaving less and less to invest in forms of earlier intervention that might prevent needs from escalating. This, in turn, hollows out the capacity and expertise in our mainstream schools and settings, refuelling the drive to continue to seek out more specialised forms of support.

There is no evidence at all from the last decade that the SEND system, as it is currently configured, will stabilise or find a natural level. Rather the evidence suggests that we are locked into this pattern of spiralling needs and costs, without any demonstrable benefit for the children and young people at the heart of the maelstrom.

We contend, therefore, that it is not possible to create a system of meeting children and young people's additional needs that is both effective and sustainable, unless the mainstream education system is reconfigured in a much more inclusive way.

The need to create a much more inclusive mainstream offer is not simply driven by arguments of financial necessity, but also a sense of fair entitlement. It is right that as many children with SEND as possible should enjoy the entitlement to be educated in their local communities, alongside their peers, enjoying the richest curriculum offer available. It is also right that our education communities should set a template, as far as possible, for the values of understanding, valuing and celebrating difference that we would like to see in wider society. Children and young people with SEND, when they reach adulthood, will live in a mainstream world and it is vital that the education system prepares them, and prepares their peers, for that.

Some might argue that many parents and carers of children with SEND do not want a mainstream education for their children. They might look at the data presented in Part 1 of this report and suggest that what is being witnessed in England today is a shift in parental preference towards special education, which should be respected and funded appropriately. We would argue, based on the conversations that we have had with representatives from PCFs and other parents' groups, that it is not quite that simple. It is certainly true that, for many parents and carers of children with SEND, the current mainstream offer does not meet their child's needs. For them, seeking a special school place becomes a sensible – and sometimes the only – option.

When we spoke to parents about what they were seeking in a special school, the qualities they described – valuing what their children could bring to the school; offering more personalised teaching; ensuring their child felt safe and secure; keeping their child at school for the full day – are all things that it would be possible to deliver in a mainstream environment, within the right system. Furthermore, the long-term aspirations of children and young people, for example around further learning, employability and greater independence, can all be supported successfully within a mainstream environment set up to meet the additional needs of children and young people.

Recommendation Summary

Supporting children and young people with additional needs to thrive in their learning, in a way that is both effective and sustainable, depends on developing a much more inclusive offer in mainstream education from early years up to post-16. This is not simply about asking schools, colleges and settings to do more, but fundamentally redesigning the systems of support, training, funding, curriculum and accountability to enable, support and incentivise inclusion. We therefore set out the following seven proposals.

1 **Build capacity** for inclusion in mainstream schools, settings and colleges through **access to teams of multi-disciplinary specialists**.

2 **Reform the training and development of teachers and early years practitioners,** develop new specialist teacher roles in the early years and harness the power of collaboration to drive inclusion.

3 **Reform funding for mainstream schools and colleges** so that a much higher proportion of funding for additional needs comes through core budgets to enable maximum flexibility in how it is used, and reform early years funding for additional needs so that it is sufficient and easy to access.

4 **Create an enabling environment for inclusion** by reforming curriculum, assessment and qualifications, performance reporting and accountability, so that there is a wider range of curriculum pathways for children and young people with additional needs to follow, that their achievements in those pathways "count" towards measures of performance, and that the work of highly inclusive settings, schools and colleges is recognised in performance reporting and inspection.

5 **Place inclusion at the heart of design standards for educational buildings**, particularly ensuring that the needs of neurodiverse children and young people are better reflected in building design and refurbishment.

6 **Create a new role for special schools** supporting a smaller cohort of children and young people with the most complex needs, but with a clearer outreach role and a more porous boundary between mainstream and special settings.

7 Use enhanced LA commissioning powers to **ensure parents and carers of children in the early years with additional needs are able to access high-quality early education locally** and with ease, and provide a local outreach service to parents and carers as their child's first educators.

This is not to say that mainstream education settings are not striving every day to meet the needs of children and young people with SEND: they are. It is also not to say that there is a dearth of expertise or compassion in our mainstream schools, early years settings or colleges in working with children with SEND: far from it. There are highly skilled and committed educators, leaders, support staff and other practitioners across the country who are applying their ingenuity and creativity to meeting the additional needs of children and young people. As part of this research, we have been privileged to meet and talk to some of them.

We would argue strongly, however, that at present mainstream schools and settings do not have the resources, capacity or support they need to include children and young people with SEND as well as they could. Inclusion currently happens despite the wider incentives in the system, rather than because of them. The reforms set out in this chapter describe how those incentives could be fundamentally realigned to realise a much more inclusive mainstream education community both for the benefit of children and young people with SEND and for the benefit of society as a whole.

The DfE's improvement plan states, 'Our vision is to create a more inclusive society that celebrates and enables success in all forms.' We would argue that achieving this vision is dependent on a radical reimagining of how to build the capacity and create an enabling environment for inclusion in mainstream education. This chapter explains how this could be accomplished.

AMBITION: WHAT IS THE GOAL OF REFORM IN THIS AREA?

Our ambition is to achieve a reset of the education system so that it meets the needs of all children and young people – not just some – and that this becomes a measure of how we judge its success.

This means building the capacity in the mainstream sector so that a much greater proportion of children and young people with additional needs can go to their local setting, school or college and, crucially, thrive in that setting. That can only happen if children and young people with additional needs, and their families, have confidence in the learning and support they receive in a mainstream setting. Over time, we hope that mainstream education would become the placement of choice for families with children and young people with additional needs.

With significantly more resource and specialist expertise at their disposal, mainstream education institutions would be better able to balance the diverse needs of their learners. At the same time, there would be a much more equitable distribution of children and young people with additional needs between schools.

Special schools and other forms of specialist provision would continue to play a crucial, and enhanced role, providing placements for those children and young people with the most complex needs. They would also work with and in mainstream institutions to offer training, modelling practice and support for individual children and young people, and providing supervision of staff working with children and young people with more complex needs.

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

Building capacity for inclusion in mainstream schools

Our vision for a revitalised and more inclusive offer in mainstream education cannot depend on simply asking teachers and support staff, who too often feel overwhelmed and disempowered by the rising number of pupils with additional needs and the complexity of their needs, to do more.

Intrinsic to the ambition of creating a more inclusive mainstream school environment is a very significant ramping up of the capacity within mainstream schools to support children and young people with additional needs. Our fieldwork suggests this should have four main elements:

1. Creating easy and quick access to multi-disciplinary specialists to work directly with children and young people and upskill frontline practitioners;

2. Reforming teacher training;

3. Building on collaborative networks between schools; and

4. Reforming and creating maximum flexibility for funding for additional needs in mainstream settings.

Access to multi-disciplinary specialists

One of the key drivers for parents and carers in seeking an EHCP for their child is that accessing the right kind of therapeutic support – be that SALT, mental health support or occupational therapy – can be very difficult without one. Waiting lists for many of these services are long and access to services is inconsistent between different parts of the country. At the same time, we have heard in our fieldwork that teachers often feel exposed and unsupported – conscious of the specialist therapeutic input that would help children and young people but unable to provide it to the level and quality they would wish.

A core element in our proposal to create a more inclusive mainstream education system is therefore that every mainstream school would have access to a team of multi-disciplinary specialists who would be physically present, on site, for a specified number of days a week. The core team could comprise, for example, some or all of SALTs, mental health practitioners, autism specialist teachers, EPs, family support workers and youth workers.

There may also be arguments for being able to draw on a wider array of practitioners beyond the core team on a less frequent basis, such as occupational therapists, physical therapists, and specialist teachers for children and young people with vision or hearing impairments.

This list is provided to be illustrative, not prescriptive – the exact make-up of the teams is something that would be worked through in local areas, based on the needs of the children and young people and the resource that may already be available within schools or commissioned services. The amount of time each school is allocated from the core team would also need to be modelled locally and may differ from school to school. The key point, however, is that access to these practitioners would be regular, scheduled and in person, and schools would be able to shape what the multi-disciplinary team focused their time on.

When in school, the multi-disciplinary specialists would be able to:

- carry out diagnostic assessments and direct therapeutic work with children;

- train teachers and teaching assistants in sustaining interventions;

- carry out professional supervision; and

- monitor the impact of interventions on the progress of children and young people.

This would ensure that children were not waiting so long to receive the support that they needed, that support could be contextualised in the learning environment, and that core skills and knowledge about how to sustain that support could be transferred to school staff. The focus would be on building whole-school capacity rather than taking children out of classrooms or attaching adults to individual children, in line with best practice evidence on supporting children and young people with additional needs.

This proposal mirrors the type of multi-disciplinary team approach that some of the most inclusive schools have created from within their own resources. We are advocating making this capacity available to every school in the country.

Our vision is that the multi-disciplinary team would be commissioned and deployed by the Local Inclusion Partnership, whose functions and make-up we describe in greater detail under recommendation 6.

The offer would be delivered in such a way that schools would experience as much stability as possible in the personnel allocated to their school, enabling strong professional relationships to develop over time. If commissioned by the Local Inclusion Partnership, the multi-disciplinary teams would also be able to share good practice locally, identify wider training or support needs across multiple schools, and provide challenge alongside support for any schools not effectively supporting children and young people with additional needs.

One of the major stumbling blocks to achieving this vision is recruitment. Many of the specialists needed to create such a rich professional resource are in short supply – for example, according to research commissioned by the DfE, more than three quarters of principal EPs report that they consistently have difficulties in recruiting staff.[27]

Furthermore, the size of the existing workforce is simply not big enough at the moment to meet the ambition stated here. For example, in 2023 there were just over 18,600 SALTs across the UK. In England alone, there are more than 24,000 schools. A key element in enabling this recommendation, therefore, would be a high needs workforce strategy, which we explain in much more detail under recommendation 8.

We would also argue, however, that our recommendations will mean that more of the valuable time of therapists and psychologists is dedicated to delivering therapeutic interventions to children and young people, and training and supporting staff in universal and specialist settings, rather than managing the industry of assessment and plan-writing that currently diverts this precious resource from direct work with children in the classroom.

Reforming teacher training

Our second recommendation for building capacity in mainstream schools is that working with children with additional needs should form a much more significant element of initial teacher training, a required part of ongoing professional development for all teachers, and a core dimension of leadership development programmes. Practitioners whom we engaged through this research highlighted that SEND is still a very small component of initial teacher training (some of those to whom we spoke suggested a trainee teacher may have as little as one afternoon focused on SEND) and after that point there is no requirement for teachers to come back to SEND as a topic through their ongoing professional development unless they choose to do so.

This means that newly qualified teachers are likely to come to the classroom insufficiently prepared to work with the complexity and depth of need that is now commonplace in schools. It also means that, except for the professionally curious, there is no way for most classroom teachers to readily update their knowledge on, for example, the latest information in techniques for supporting neurodiverse children and young people.

Our suggestion is that ongoing professional development in working with children with additional needs should be a golden thread that runs through every teacher's career from start to finish, with mandatory training every year, for every teacher, on supporting children and young people with additional needs. This might, in particular, focus initially on speech and language, SEMH and supporting neurodiverse children, as these are the needs that the data suggest are growing most rapidly. Our ambition should be that every teacher in every classroom in the country should be able to count themselves as expert in working with children with additional needs, as they are in working with every other child.

Building on collaborative networks between schools

We see networks of schools – be they academy trusts, teaching school hubs, small geographically based clusters, or formal local education partnerships – as playing a key role in sharing expertise and delivering the professional development requirement through peer-led learning. There is now a widespread expectation and understanding that school leaders, as system leaders, will drive improvement in learning more generally. If inclusion is to be placed at the heart of mainstream education, as we are arguing here, then it also needs to be written through the core dialogue and collaboration around school improvement.

This could be stimulated through the DfE setting clearer expectations of academy trusts in relation to their role in driving system improvement in working with children with additional needs; directly commissioning teaching school hubs to prioritise learning in this area; and tasking local SEND partnerships with driving place-based approaches to building capacity through collaboration.

Reforming and creating maximum flexibility for funding for additional needs in mainstream schools

We cannot consider how to build capacity for inclusion in mainstream schools without looking critically at how schools are funded. The existing system of top-up funding that is attached to individual plans incentivises schools, parents and carers, and healthcare practitioners to identify levels of need in order to access funding within a resource-constrained system. This is a major inflationary pressure. Each additional funding threshold, for example individual top-up bands, is like an additional gear in the system. As argued previously, the more money that is spent on placements at the complex end, the less is available to spend on early intervention, leading to a vicious cycle of need.

From the perspective of a mainstream school, notional SEN funding (which is a proportion of a school's delegated budget deemed to be for the provision of support for children with SEND), is poorly understood and often bears little resemblance to the needs of the actual cohort of children in school. In fact, current funding mechanisms are generally ill-equipped to deal with the fact that schools differ significantly in how inclusive they are.

A particular issue is that, under the current funding arrangements, mainstream schools are expected to be able to meet the first £10,000 in support costs for children with EHCPs. This is based on an average standard age-weighted pupil unit (AWPU) of funding of £4,000 (element 1 funding) and a further £6,000 (element 2) from schools' delegated overall budget that is weighted to take into account various factors related to higher levels of SEND, such as deprivation and lower prior attainment. The system was designed in this way to provide some equivalence between mainstream school funding and special school funding, where place costs (elements 1 + 2) also equal £10,000.

This system worked reasonably well at the point it was introduced, when levels of EHCPs were less than half what they are now. With the rise in the number of children and young people with EHCPs, however, more and more schools are finding that they do not have the money available to meet all the individual £10,000 expectations. Furthermore, the amount of funding paid in top-ups (element 3) too often does not cover the cost of additional provision and support (over and above the initial £10,000) that is specified in the EHCP. This is particularly the case where either local banding agreements or the way in which EHCPs are written tie the support to a specified number of hours from a teaching assistant. As wages and on-costs have risen, these hourly based commitments have become increasingly undeliverable. It is perhaps, therefore, not surprising that a school that is financially constrained may be reluctant to admit children with EHCPs under the current funding model.

Leaders of mainstream schools to whom we spoke were clear that, in order to provide to meet pupils' additional needs effectively, they would require both more funding and greater flexibility in how that funding is deployed. Our recommendation is therefore to create a model of additional needs funding that directs a higher proportion of available funding to mainstream schools in order to meet the large majority of needs. This would increase the overall envelope of funding to be used to support children and young people in a mainstream environment.

This funding should be cohort-based, to enable a school to meet the needs of all its learners with additional needs without the funding being hypothecated for individual children. Funding for pupils with additional needs would form a core and identified part of a mainstream school's budget, and schools would be required to report annually to governors on how the money has been spent on supporting pupils with additional needs. This statement would be available to parents and could also form part of the evidence taken into account by Ofsted as part of an inspection, if desired.

Each school's funding allocation would be based on a range of factors that are associated with higher levels of additional needs, such as low prior attainment in standardised assessments, levels of deprivation, levels of disability and assessments from the child's previous place of learning based on national criteria. Local Inclusion Partnerships would also have discretion to provide additional funding to individual schools that in any single year are supporting a disproportionately high number of children with additional needs due to local circumstances, for example a neighbouring school closing or a delay in opening a special provision.

Crucially, schools will have much greater flexibility in how they use their SEND funding and how they use the adults in their school to support SEND, as long as they meet at least the expected levels of support set out in national expectations.

We would therefore expect to see a move away from allocating individual teaching assistant support to each child, which evidence has repeatedly shown to be an ineffective way of promoting independent learning for children with additional needs.[28] In its place, we would expect to see a move towards more creative ways of using funding and staffing capacity, such as enabling smaller group learning environments for children with similar needs, developing nurture units or sensory provision or even allowing for some smaller class sizes.

With the additional funding available and greater flexibility in how it is deployed, we would hope to see schools creating their own in-school "inclusion teams". These could be led by SENCOs, and would include the designated safeguarding lead, pastoral leads, attendance leads and family liaison workers. In smaller schools, where it would not be feasible to have dedicated members of staff for these roles, we envisage that the SENCO, senior leaders and teaching staff would all draw on the support and guidance of the multi-disciplinary teams to ensure that the skills to work effectively with children and young people with additional needs are distributed across the school, rather than invested in one person.

For those children and young people identified as having the most complex needs, who will be a smaller proportion of the population than the current EHCP cohort, individual funding entitlements should continue to be made available, linked to the specific support that they need to progress in their learning and ensure their wellbeing, and linked to the National Framework (recommendation 2). We are suggesting that the National Framework could include guide values for support at the profound and exceptional levels of need.

Creating an enabling environment for inclusion (and removing disincentives)

One of the messages that has come through loud and clear in this research, and indeed many other research projects that we have undertaken on high needs, is that when mainstream schools behave in a highly inclusive fashion they do so because they are driven by their own moral purpose, by their belief in what education should deliver, rather than because the incentives in the education system at large encourage them to do so. In fact, as argued in Part 1, the continued focus on high-stakes accountability measures actually incentivises mainstream schools to find ways to keep children and young people with additional needs off their rolls rather than find creative ways to meet their needs.

We recommend, therefore, that, alongside building the capacity of mainstream schools to be more inclusive, we also create an enabling environment within the education system at large that incentivises schools to be as inclusive as they can be. In this section we discuss:

1 The enabling conditions that would need to be in place with regard to curriculum choice;

2 Performance reporting; and

3 Investment in the physical infrastructure of schools.

Curriculum, assessment and qualifications

Through this research we have had fascinating conversations with parents and carers, as well as education leaders and practitioners, about the role of curriculum in supporting a more inclusive mainstream environment.

There is a high degree of consensus that expecting all children and young people to be able to follow an academically focused curriculum at broadly the same pace is anathema to inclusion. Children and young people with additional needs require the flexibility to learn at a different pace, in different ways and to be able to pursue learning interests outside a narrow, academically focused range of qualifications.

There is less consensus around whether the existing curriculum is broad enough to accommodate a wider range of children and young people with additional needs in mainstream school environments. This is a particularly pertinent debate at Key Stages 3 and 4, where the focus of learning tends to become increasingly driven by achieving GCSEs in the core academic subjects. Some have argued that there is already sufficient flexibility and breadth in the range of subjects and qualifications that can be studied – it is simply that schools are not incentivised to pursue more vocational pathways, or those which enable learning at a different pace, because they do not count towards measures of school performance and because assessment is a powerful driver of what schools teach.

Others have argued that the barrier is staffing capacity and physical infrastructure – that too few schools have the staff, buildings and equipment needed to offer a full range of vocational qualifications that would engage a wider range of learners. Still others have argued that there are not, in fact, the right range of qualifications and learning pathways to follow for young people with additional needs, even if the incentives were right and the infrastructure was in place.

Curriculum development for young people with additional needs could be the subject for an entire research project on its own, and we haven't had the opportunity to do it justice here. We advocate strongly that a curriculum review, particularly focused on Key Stages 3 and 4, should consider the pathways available for young people with additional needs to pursue:

- **"academic pathways"** – standard academic qualifications;

- **"vocational pathways"** – academic basics, but with a strong focus on skills and work-based learning;

- **"functional pathways"** – with a focus on life, social and self-regulation skills; and

- **"life skills"** – with a focus on greater independence in everyday life.

These pathways should also apply to, and aid transition towards, post-16, where to some extent these options already exist. These pathways should be delivered through collaboration between mainstream schools, special schools and AP or colleges and should consider progress at both 16 and 19.

We would also advocate broadening the range of qualifications and forms of assessment that count towards performance reporting, particularly at Key Stage 4, to incentivise schools to support young people to study towards the qualifications that provide the best platform for their future learning and adult lives, without those decisions being influenced by consideration of how whole-school achievement is measured and communicated nationally.

Performance reporting

Reporting of school performance at the end of key stage assessments (Key Stages 2 and 4) is a powerful driver of how schools behave. Schools that do well at end-of-key-stage assessments tend to achieve better inspection judgements, will tend to attract more pupils and will receive other accolades. It is good to celebrate success and it is important not to lose sight of the fact that these measures do provide valuable information about how well schools are supporting the majority of their learners.

As we have argued earlier in this report, however, focusing so strongly on a small number of measures of school performance can distort approaches to supporting children and young people with additional needs.

In order to create an enabling environment for inclusion, we recommend that national measures of performance reporting are reframed to recognise and celebrate a broader range of outcomes that reflect a more holistic conception of education and child development. It is necessary to move away from the expectation that all children and young people will achieve the same things at same time. It is necessary to replace this with a broader expectation that, say, 95% of children and young people will achieve those key outcomes on a "typical" timetable, but that different milestones of success and broader measures of development and preparation for adulthood are needed for some children and young people.

To achieve this, it is also necessary to redefine what is meant by a "good school". A good school may be one where 90% of children achieve age-related expectations, but also one that reflects its community, participates fairly in Local Inclusion Partnership working, and provides a range of opportunities for children with additional needs to thrive.

There are different ways in which the progress achieved by a wider cohort of children could be captured and celebrated, and the relative merits of these require more debate and scrutiny. Some are attracted to focusing on the percentage of young people achieving Level 2 by 16 and 19. Education Datalab has described a "Progress 5" measure that might also include recognition of Level 1 achievements.[29]

Alternatively, it may be possible to record the percentage of children with additional needs, or the percentage of all children, making the expected progress in their chosen programme of study, which would allow for a range of different qualifications and starting points.

What is critical is that these broader measures of success should have equal standing and weight attached to them as more traditional and narrower measures of performance. Interesting discussions are underway in some quarters about the merits of a school report card that would balance a range of different measures of performance and quality. This could be a helpful vehicle through which to consider the ways to reflect the inclusivity of schools and the extent to which learners with additional needs are supported to succeed.

Buildings

The physical infrastructure of school buildings is an excellent gauge of the inclusivity of the education system. Putting to one side the practical constraints of adapting Victorian school buildings to the needs of 21st century learners, it was striking how often we heard, during the course of this research, of new school buildings that had been constructed that were not conducive to the learning needs of neurodiverse children, without enough quiet spaces, with entrances that were overwhelming, or without sufficient space for therapeutic or small group interventions.

A concrete step in creating an enabling environment for inclusion would be to place the needs of learners with additional needs, and arguably particularly those of children and young people who are not neurotypical, at the heart of design standards for new school buildings and capital refurbishments. This is an example of how our first recommendation – setting a national vision based on a social (rather than medical, deficit-based) model of additional needs and disability – could be put into practice.

Accountability

As well as building capacity in mainstream schools to include children with additional needs and creating an enabling environment nationally to encourage them to do so, the final part of the jigsaw is to ensure that the accountability regime also recognises and rewards schools that include pupils with a broad range of additional needs and support them to thrive. Ofsted has already made inclusion a stronger part of its inspection framework than it was previously, but we would recommend that this is strengthened further.

In particular, future school inspections might consider:

- the extent to which the school's intake is representative of its local community;

- the quality of curriculum and pedagogy for learners with additional needs;

- evidence of exclusions or off-rolling of children and young people with additional needs;

- feedback or complaints from parents and carers; and

- the view of the Local Inclusion Partnership about whether the school participates in inclusive arrangements.

We propose that a future inspection and accountability system should be arranged such that schools that are not inclusive are not rewarded and held up as outstanding. This would send a powerful message about the importance of inclusion.

A new role for special schools

Special schools will continue to play an essential role within a more inclusive education system. Firstly, special schools will continue to be the right place for many children and young people with additional needs. In describing an approach to a new National Framework in recommendation 2, we have described the top two levels of need as 'profound' and 'exceptional'.

We would expect, if these recommendations were implemented, that most of the children and young people whose needs corresponded with these two bands would be placed in a suitable special school. Making excellent provision for these children and young people would remain the core function of special schools. In delivering this, special schools must be able to draw on sufficient levels of therapeutic and other health support, which we are recommending should be tailored to need and commissioned by the Local Inclusion Partnership (described in recommendation 6).

In addition, we consider that special schools could play a broader, more expansive role within a future education system. There is considerable expertise in the special sector that could be used more systematically to support the wider education system. We advocate, therefore, the creation of a more porous boundary between mainstream and special schools. This could allow teachers and support staff from special schools to work for some of their time directly supporting children and young people in mainstream schools or providing training and outreach to mainstream staff. It could allow for time-limited placements in special schools for some young people, to develop particular skills or ways of learning, before moving back into a mainstream school.

This would require a different way of funding special schools. One option to consider would be funding special schools for a maximum number of pupils – a cohort – according to a national tariff based on levels and complexity of need, getting rid of the placement and top-up model. This would provide schools with predictability over core budgets and the flexibility to plan in advance. Additional support to other schools, or short-term placements, could then be commissioned by the Local Inclusion Partnership on a three-year basis to reflect the specific needs of pupils in the area.

In this report we have not focused on AP, which would require a dedicated piece of research on its own. It is worth noting, however, that in a more inclusive system with more personalised curricula options, strategic use of high-quality, complementary AP will be important alongside mainstream and special school provision. This could build on the three-tier model for AP set out in the SEND and AP improvement plan, which is centred around targeted support in mainstream schools, time-limited placements and transitional placements. In many ways, the new role that we envisage for special schools is analogous to this three-tier model for AP settings.

We are viewing this as a long-term transition. We do not believe it is in the best interests of pupils currently in special schools to lose or change their placement as result of these reforms, notwithstanding changes in individual circumstances and planned approaches to transition points that are supported by families, education practitioners and the child or young person themselves. Furthermore, our aim is not to close or reduce special school places as an end in itself, but instead to increase the capacity and the range of needs met in mainstream schools. A new role for special schools is a corollary of that ambition.

APPLYING THE SAME PRINCIPLES OF INCLUSION TO EARLY YEARS AND POST-16 SETTINGS

This chapter so far has been firmly focused on schools, and in particular the role that mainstream schools would play in a reformed system. However, the same underlying principles of building capacity and creating an enabling environment for inclusion apply to both early years and post-16 provision.

Inclusion in early years education

High-quality early years provision is critical for all children's development. This is particularly true for children with additional needs. It is often this period in a child's life when parents first identify that their child is not developing in the same way as their peers, which makes achieving joined-up support between health, education and care in the early years essential. A recent Sure Start evaluation found that the use of EHCPs for young people aged 16 decreased by 9% (or over 1,000 children per year) among children who lived near a Sure Start centre compared with those who lived further away. This is tantalising evidence of what might be achieved with a really high-quality, inclusive, integrated offer in the early years.[30]

There is already a good foundation for inclusion to build on in the early years. The child-centred nature of learning at this stage, smaller adult-to-child ratios, and smaller settings mean that children with additional needs often thrive at this stage in their learning. There are, however, structural pressures in the sector which can militate against inclusion. Nursery settings are under extreme pressure in terms of under-funding and recruitment and retention challenges, all of which are exacerbated by the rising numbers and complexity of needs of children. These challenges are explored in greater detail in our research on nursery closures, which we undertook for the LGA in 2023. The main points from this research are summarised in Part 1 of this report.[31]

Although additional funding for children with SEND in the early years is available through SENIF funding, feedback from the early years sector suggests that this varies considerably from one local area to another and is frequently insufficient to cover the full costs of provision. Concerns have also been raised about the time required and complexity of accessing funding for additional needs, particularly the disability access fund (DAF) funding for children in receipt of disability living allowance.

The small size of many early years settings, and the atomised nature of the sector, the budget pressures and recruitment challenges also mean that expertise in working with children with additional needs is spread very thinly. Many early years educators feel they lack the experience and skills to support children with additional needs. Research carried out by Dingley's Promise in 2023 found that only 53% of early years settings reported that their practitioners had accessed SEND and inclusion training, although 77% said that it was a priority for them.[32]

In reality, children with additional needs are often overly concentrated in particular settings that have the skills and expertise to support them, or are unable to find a place at all, or are only offered reduced hours. Only 6% of LAs that responded to the latest Coram childcare survey believe that they have sufficient early years provision for children with SEND.

The expansion of government-funded early years provision could offer an opportunity to boost inclusion if used rightly, but there is a risk that it could exacerbate difficulties already prevalent in the system.

In particular, if, as a result of the new extended entitlements, a greater proportion of the available childcare is used by working families, it may make it even more difficult for families with children with additional needs (who may be less likely to have both parents in work, due to more complex care requirements), to find a place in a nursery. It may also incentivise providers to shift to a focus on childcare flexibility and higher child-to-adult ratios in order to support parental employment at the expense of investment in high-quality, multi-agency, high-skilled provision for children with additional needs. As set out in Part 1, evidence gathered by Dingley's Promise shows that leaders of both early years providers and LAs think that the introduction of the new childcare entitlements will make it harder for parents and carers of children with SEND to access early years education.

The goals of this reform, therefore, are similar to those for mainstream schools. Our ambition is that:

- early years practitioners should be more expert and skilled in providing appropriate support to meet a range of needs, as the key frontline practitioners in day-to-day contact with children and families;

- early years settings should have access to the specialist support they need, when they need it, in order to meet the needs of children and young people more effectively, particularly SALT, which is so critical in the early years;

- children with additional needs are able to attend local early years provision that meets their family's needs with ease, and that more children with additional needs aged three and four are able to attend for the full length of provision to which they are entitled;

- early years settings are funded appropriately and fairly to give children with additional needs the best possible start to their education;

- children with additional needs are more evenly distributed across the full range of early years providers to ensure that expectations of inclusion start at the earliest point in our education system;

- there are clearer, and higher, expectations of managing transition into primary school; and

- parents, as first educators, are better supported to enable their children's development in the home and to prepare for the transition to full-time learning.

In order to achieve these goals, we are recommending action in five key areas – increasing the knowledge and expertise of the early years workforce, providing more funding for additional needs, improving the access for children with additional needs to a high-quality early years offer, supporting effective transition into statutory education and supporting parents as children's first educators.

Increasing the knowledge and expertise of the early years workforce in working with children with additional needs

We would make the same multi-disciplinary support offer – an entitlement to in-person support from a team of locally commissioned specialist practitioners, such SALTs, family support workers or autism specialist teachers – to early years settings as we are suggesting for schools. We would recommend introducing an entitlement to core-funded in-service training for all early years practitioners on supporting children with additional needs, and improve the content on supporting additional needs in existing early years educator level 3 qualifications.

We would recommend extending the training and opportunities for early years SENCOs to provide a broader skills base in the workforce at large, and creating a cadre of new early years specialist additional needs teachers, who might spend half their time in specific settings and half their time working peripatetically across a local cluster (including with childminders), directed by the children's centre hub.

Providing more early years funding for additional needs

We would recommend a significant increase in the rates currently paid for SENIF funding to ensure that settings are paid fairly and equitably for the additional support they provide, and a rapid review of current requirements to secure disability access funding so that it can support a wider cohort of children. The new rates and mechanisms of funding should be such that the current financial disincentives for providers to include children with additional needs are removed. Early years funding for additional needs should be simple to access and quickly delivered, but should also be accompanied with expectations of, and accountability for, high-quality support.

Improving access to a high-quality early years offer

We would recommend that LAs have a duty to ensure that parents of children with additional needs are able to access early education locally, up to their individual entitlement, where the parent or carer wishes to do so. We envisage that this duty would go beyond the existing sufficiency duty and would require LAs to actively monitor and report on the number of places available for children with additional needs within different localities, take-up of those places by children with additional needs, difficulties in accessing places reported by parents, and the hours of provision being offered to children with additional needs.

We would also expect LAs to use the increased commissioning power that they will have, as a result of the roll-out of the new childcare entitlements, to improve access and outcomes for children with additional needs. The Institute for Fiscal Studies have estimated that, once the extended entitlements have been rolled out, LAs (via central government funding) will effectively be the purchaser of 80% of childcare places. Local government should therefore use its increased leverage to ensure that providers are taking a fair proportion of children with additional needs and have good-quality provision in place for this group.

This could be set out as an explicit condition of funding in new funding agreements with providers. We would expect there to be conditions about upholding the expectations set out in the National Framework, and we would expect LAs to monitor this and link it to their accountability measures. As part of the sufficiency duty, LAs will need to track the impact that the roll-out of the extended entitlements has on families of children with additional needs and work with providers to offset any negative impact.

Finally, we would recommend that the inspection regime, as we are suggesting for mainstream schools, explicitly takes account of both whether settings are ensuring that children with additional needs are accessing places in their provision, and the quality of support and learning that they are providing for children with additional needs. This could build on work that is ongoing to make inclusion a more explicit focus of early years inspection.

Supporting effective transition into statutory education

In recommendation 4, we introduce the concept of a new Learner Record for children and young people with additional needs. To aid transition, our vision is that the Learner Record would be created in the early years and would follow a child through their education journey. There would be new duties on early years providers and schools to work together to promote transition for children with additional needs, and to draw on the full range of good practice, including home visits and professional engagement between schools and settings, to expedite this.

The Local Inclusion Partnership would have a role in overseeing the transition arrangements for the additional needs cohort to ensure that information and data are being shared comprehensively and that no children have slipped through the net. Where local children's centres or family hubs exist, these duties would naturally be devolved to a local level to ensure transition arrangements and broader support arrangements are joined up.

Parents as children's first educators

Finally, we would recommend that Local Inclusion Partnerships should be responsible for commissioning a parent outreach offer for parents with children with additional needs aged two to four, including supporting learning in the home, understanding the system of support for children with additional needs and providing a single point of contact to access services and health support.

This would extend, and make more widely available, the excellent support that some parents of children with additional needs currently receive through local portage services. Where children's centres or family hubs exist, these might be the natural point of delivery for such a service.

Inclusion in post-16 education

Many of the proposals described above would apply equally well to the post-16 mainstream education sector. In particular, setting clear expectations of what good inclusive practice looks like and ensuring that it is available in all settings and expanding the dedicated offer of multi-disciplinary support to the post-16 sector are important. We are therefore proposing that Local Inclusion Partnerships should also commission sufficient multi-disciplinary support to make this available to post-16 settings too.

In some respects, the post-16 sector already has some of the flexibilities, especially in terms of curriculum, and fewer of the perverse incentives in terms of accountability and qualifications, around inclusion than the school sector. For example, post-16 institutions already have the flexibility to offer a range of study programmes and have a much better-established vocational offer than mainstream schools.

Taking advantage of this flexibility requires, however, better place-planning and more advance information in order to plan the right offer of study programmes that reflect the needs and aspirations of students with additional needs. The recommendations that we are setting out here should alleviate some of these challenges. The concept of the Learner Record, which we explain in greater detail in recommendation 4, will allow for earlier and more structured conversations around transition. At the same time, the new Destinations and Progression Service, proposed under recommendation 5, will help to ensure that pathways and programmes of study are building on what young people with additional needs can do and are creating the skills for independence.

In terms of funding, we recognise that there are differences between pre- and post-16 funding relating to additional and high needs. We recommend further alignment between the two, and, commensurate with our funding proposals for mainstream schools, we would advocate increasing the amount of funding being distributed directly through the formula and limiting "top-up funding" to a much smaller cadre of learners whose needs are profound and exceptional.

Furthermore, achieving this would require refinements to be made to post-16 funding methodology for targeting additional funding for students with additional needs but without statutory plans. In Part 1, we described the discrepancies between levels of funding and levels of need in post-16 colleges and the variation in funding received by colleges, as highlighted in research carried out by the Association of Colleges. Creating a funding system for a more inclusive education system, including post-16 education, requires that the funding methodology delivers resources that match levels of need.

RECOMMENDATION 4: REFORMING THE STATUTORY FRAMEWORK FOR INCLUSION

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

Reforming the current statutory framework for SEND sits alongside, and reinforces, the concept of creating an education system with inclusion at its heart. Indeed, these two recommendations are completely mutually dependent. It will not be possible to move away from the current system of legal safeguards offered by EHCPs until the quality of provision for additional needs in mainstream settings, and parental confidence in that provision, is much higher. At the same time, we would argue strongly that it will be very difficult to build the inclusive system that we have described in the preceding pages if we continue to maintain a statutory framework that creates such a stark difference in support and entitlements between those who have an EHCP and those who do not.

There was a strong feeling among many that we interviewed for this research that the intention behind the 2014 reforms to the SEND statutory framework was right – to put the child, and the views of parents, at the heart of the system. But there was an equally strong view that in practice the reforms have driven unintended consequences. Looking back at the 2014 reforms, it was never the intention that more than 4% of pupils would have EHCPs. The idea behind the EHCPs is that they would be a means to bring together the inputs from multiple agencies where children's needs spanned education, health **and** social care, and would typically represent the most complex end of the spectrum of need. In fact, we have heard persistently during this research that the use of EHCPs has moved a long way from that original conception.

As we have emphasised at multiple points in this research, all actors are behaving rationally given the constraints and opportunities they face, but the statutory framework as it is currently configured incentivises increased specialisation and disincentivises inclusion. It also leaves the SEND system uniquely and unduly susceptible to pressure from individual service users. No one can fault parents for wanting what is best for their child, or using all the resources at their disposal to maximise the chances that the education system will provide that.

The issue is that the state has lost the ability to set out clearly what its offer is, and what it is not, as is commonplace in other areas of public service delivery such as early years, mainstream education or general health provision.

Before we describe how we would propose to change the statutory framework it is worth rehearsing both why EHCPs are important and why they are currently undermining the creation of a more inclusive system. Firstly, EHCPs are important because they give the children and young people who have them certain protections in law which they would not have otherwise. Secondly, EHCPs are important because they give parents and carers agency in their child's education which they may not have otherwise, particularly agency in decisions around where their child is educated. Thirdly, EHCPs are important because they give parents and carers a basis for seeking redress if the education fails to deliver what their child is legally entitled to.

On the flip side, we would argue that the statutory system as currently configured, based on EHCP entitlements, is not compatible with a more inclusive approach to education. Firstly, as we argued in the preceding chapter, EHCPs are based on setting out individual entitlements, which do not enable more creative, contextual, and cohort-based solutions to meeting needs.

Recommendation Summary

Establishing a more inclusive education system requires a statutory framework that recognises that many children and young people are likely, at some point in their education, to have additional needs and that as far as possible mainstream education settings should be enabled to meet those needs. This means pivoting away from a system based on individual, legally enforceable entitlements and towards a system that prioritises capacity, resources and funding to meet the needs of all children and young people. We make five proposals for reforming the current statutory framework.

1 Reframe the **statutory definition of SEND** into a definition of additional needs according to the descriptors set out in the National Framework. Children and young people whose needs meet those set out at certain levels of the National Framework would be added to the additional needs register of their setting, school or college without the need for burdensome and time-consuming assessments.

2 Introduce a **Learner Record** for all children and young people on the additional needs register that would set out what they can do and the support they need. This would also be the basis for enhanced transition planning.

3 **Reframe the role of statutory plans** so that most children and young people with additional needs would have their support set out in their Learner Record and would not have a statutory plan. A new statutory plan, akin to an EHCP, would be available for the minority of children and young people who require significant personalisation and adaptation beyond the scope of the new, more inclusive mainstream offer, and whose needs require co-ordination across multiple agencies.

4 **Align school and post-16 admissions with the new statutory framework** so that children and young people on the additional needs register would go through the normal admissions route for schools and colleges. Children and young people with a new statutory plan would continue to have a dedicated admissions route, with placement decisions taken by a multi-agency panel informed by the views of the child or young person, the parent or carer, the education setting, and wider practitioners.

5 **Establish a less adversarial system for resolving disputes** based on the National Framework and with escalation to either the Local Government and Social Care Ombudsman or the National Institute, depending on the nature of the dispute. This would be available for all children and young people with additional needs, not just those with statutory plans. The role of the Tribunal would be refocused on cases of disability discrimination.

Secondly, a huge industry has now grown up around providing advice and writing plans, which takes time, skills, capacity and resources away from classroom-based support. It is a frequently cited challenge that almost all the time of EPs, for example, is now taken up by writing assessments for statutory plans rather than working directly with children and young people. Furthermore, almost all the time and focus go into creating plans and adhering to statutory deadlines, but comparatively little energy is put into reviewing plans, which means that they are often out of date and are not an accurate reflection of the support that children and young people actually need.

Thirdly, the EHCP, with the backing of the SEND Tribunal, in practice confers primacy to parents' and carer's choice in the decision about where their child is placed. Although we would argue that being guided by parental preference in decisions about placements will be an important element of any new statutory framework, the experience of the last 10 years has demonstrated that it is simply financially unsustainable, and not compatible with a vision of creating a more inclusive mainstream sector, to have decisions about access to special provision so strongly contingent on parental preference.

What is more, the current approach in which the admission of children with EHCPs is treated differently to general admissions, and schools are consulted on whether or not they can meet need, can impose barriers to parents achieving the mainstream school of their choice and certainly creates inequities between schools in the proportion of their intake with additional needs.

The negative consequences of a statutory SEND system that is based so strongly on the EHCP as the foundation of support and entitlements are compounded by the current approach to dispute resolution. As explored in more detail in Part 1, the role of the Tribunal is to uphold the law. The law, however, sets such weak and inconclusive tests for whether a child or young person might require an EHCNA or whether they need an EHCP that local decisions not to assess or not to issue an EHCP are, in practice, almost indefensible at Tribunal.

It should be noted, however, that 56% of appeals to the Tribunal are not about a refusal to assess or a refusal to issue an EHCP – they are about the contents of an EHCP and, in particular, the child's or young person's placement. In determining appeals which relate to placements, the Tribunal will consider whether the needs of the child would be met more effectively in the placement for which the appeal has been made than in the placement which is currently cited in the plan. If the answer to this question is yes, then considerations of the efficient use of public resources are often not brought to bear.

The fundamental difficulty with this approach for the functioning of a sustainable system is that decisions are based on the needs of the individual, and not the wider needs of all children and young people with SEND or consideration of what the state has set out to be a fair and equitable offer of support for a child or young person with that level of need. If we acknowledge, which we must if we are to be pragmatic, that public money is finite and that therefore access to relatively high-cost specialist placements is also finite, then, for the sake of equity, there *has* to be a system for ensuring that, as far as possible, those high-cost specialist placements are made available to those whose needs are greatest.

This is not possible with the Tribunal continuing to operate as it has done to date. The Tribunal asks the question '*Would this child's needs be better met in placement A than in placement B?*', and arrives at the answer 'yes' in the vast majority of cases. The Tribunal is never able to ask the question, '*Is the offer of support that has been made to this child likely to meet their needs, in line with national expectations of good practice and commensurate with the support available to other children with broadly similar needs?*' Yet, that is the question that a system of dispute resolution needs to ask, and answer, if we are to create an approach to supporting additional needs that is both sustainable and equitable. We contend that the current system of redress through the Tribunal is, therefore, incompatible with creating a system that is more inclusive, sustainable and equitable.

Page 130

Yet, despite the huge influence that the decisions of the Tribunal exert on the whole SEND system, it is a fundamental flaw in the current approach to dispute resolution that it is basically not possible, within a devolved education system, for parents to hold a school to account for failing to meet their child's needs. There is also no mechanism at all for resolving disputes about provision for children and young people on SEND support who do not have an EHCP. These are omissions which any new approach must resolve.

AMBITION: WHAT IS THE GOAL OF REFORM IN THIS AREA?

In suggesting reforms in this area, our main goal is to create a statutory framework that supports and incentivises an inclusive system. This means a statutory framework that recognises, as a fundamental tenet, that many – if not most - children are likely, at some point in their learning journey, to have additional needs that must be met in order for them to thrive in learning and that, as far as possible, these needs should be met in a mainstream environment. This means pivoting away from a system based on individual legally enforceable entitlements and towards a system that prioritises capacity, resources and funding to better meet the needs of all children.

We believe that the statutory framework must balance serious consideration of parental preference and expertise with professional judgement. We are also trying to describe a system that gives parents confidence that if their child's needs are not being met then there is a swift, fair, and equitable means to hold key actors to account and change what is happening, but that also enables disputes to be resolved in a proportionate and sensible way.

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

We are proposing that when the capacity and skills have been built up in the mainstream sector and parents have confidence in what is on offer, then it would be appropriate to move away from EHCPs for the large majority of children with additional needs and put in place different approaches to ensuring that they receive the support that they need.

Reframing the statutory definition of SEND

We have argued strongly in Part 1 that the current statutory definition of SEND is too weak and theoretically flawed to provide a firm foundation for a national system for equitably and effectively meeting the needs of children and young people. We do not propose merely to tinker with the statutory definition of SEND, but instead to reframe it completely. In its place would be a recognition that many children during their education career will experience a broad range of additional needs that mean that either for a specific period of time, or indefinitely, they will need extra support with their learning.

The severity or complexity of those needs will be assessed according to the descriptors set out in the National Framework (see recommendation 2), and settings, schools and colleges will enter those children on their additional needs register, with a record of their level of need. The large majority of those needs will be met through non-statutory support and through the new offer that will be available in all mainstream settings, schools and colleges.

For the minority of children and young people where a statutory plan continues to be necessary, there will be a more clearly defined level of need, which will be set out as part of the National Framework.

A real benefit to children, young people and their families of reframing the definition of additional needs in this way is that, in most cases, parents and carers will no longer have to battle to get an assessment or become experts in the law in order to have their child's needs recognised.

If a child or young person's needs meet those set out at specific levels within the National Framework, they will be entered onto the school, setting or college's additional needs register without any further need for statutory assessment, form-filling or bureaucracy.

The Learner Record

The next plank in our reformed statutory framework is the concept of the Learner Record. All children and young people with additional needs that match the descriptions of need in the National Framework above the level of "universal" needs would be entered on the school or setting's additional needs register. Every child or young person on the additional needs register would have a Learner Record, which sets out what they can do, the support they need, and the adaptations that should be put in place to enable them to thrive. It would also set out their level of need, according to the nationally agreed descriptions. The Learner Record would stay with them throughout their education career and would be updated every term as part of ongoing continual assessment.

The National Framework, and specifically the toolkit of evidence-based practice (see recommendation 2), would be an important resource to enable practitioners to check that the support described in the Learner Record is drawing on nationally recognised best practice. The Learner Record would also form the basis for enhanced transition planning, including earlier sharing of data and information, settling-in periods and professional dialogue, which would be a legal entitlement for all children and young people on the additional needs register. This would be overseen by the Local Inclusion Partnership, and settings, schools and colleges would have a duty to cooperate in executing the contents of the Learner Record.

During our research, we have also heard arguments in favour of extending the concept of, and entitlement to, a Learner Record to all children and young people – akin to the idea of the "red book". This goes beyond the scope of this research, and would need to be tested further in terms of the potential benefits to learners offset against the potential workload in educating institutions.

Nevertheless, we mention this as an idea for more widespread reform that is gaining traction.

Role of statutory plans for higher levels of additional needs

Under the new statutory framework that we are proposing, the large majority of children and young people with additional needs would have their support requirements set out in their Learner Record and would not have a statutory plan.

Instead of having to fight to get a statutory plan, and become experts in how to navigate the system, parents and carers could have confidence that, through the enhanced offer of inclusion support in mainstream education and the provision of direct support and therapy through multi-disciplinary teams, their child's needs will be met in their setting, school or college.

The National Framework will also make it much clearer for parents and carers to understand the level of support that their child should be receiving, and hold the system to account if that is not available.

We envisage that there will still be a role for something akin to EHCPs under a new statutory framework. These would be for the minority of children and young people who require significant personalisation of curriculum, teaching, and learning environment, above the expectations of ordinarily available provision, and where meeting those needs requires individualised inputs and coordination from multiple agencies – not just education.

The level of need above which a statutory plan may be deemed necessary will be set out clearly in the National Framework and this will be the benchmark for local decision-making. This is closer to the original thinking behind EHCPs described in the 2014 statutory reforms, compared with what they have subsequently become. To avoid confusion, we would suggest calling future EHCPs by a different name to avoid any sense of equivalence with current understanding of the term.

The decision to allocate a new statutory plan to a child or young person would be taken by a multi-agency panel against the descriptors of need in the National Framework. This panel would be held to account by the Local Inclusion Partnership. This marks a change from current roles and responsibilities, where LAs have the statutory responsibility to take decisions about the awarding of EHCPs, but are frequently advised in this by a multi-agency panel.

Admissions

Under the reformed statutory framework that we are proposing, children and young people on the additional needs register would go through the normal admissions routes when accessing a setting, school or college. In terms of school admissions, parents and carers of children with additional needs would have the same rights to express a preference for a school as other parents do.

Schools would not be able to deny admission to a child based on their additional needs or otherwise state that they would be unable to meet need, based on the information set out in the Learner Record. In fact, we are suggesting that looking at how representative a school is of their local population might be a factor to be considered in enhanced accountability around inclusion. Similarly, young people with additional needs (but not a statutory plan) would apply for post-16 education through the same routes as their peers without additional needs.

For the smaller number of children and young people with new statutory plans, a dedicated admissions route would still apply. We envisage that children and young people at the top two levels of the National Framework would be those where a decision would need to be made about the right form of provision – whether mainstream or specialist – as this would be over and above what should ordinarily be available in mainstream education settings.

For many of these children and young people, a placement in specialist provision may be the best choice. Equally, however, there may be other children and young people who, with the right personalised and specialist support in place, could thrive in a mainstream environment. Under our proposals, the level of need to be met in mainstream education and for accessing a special school place would be nationally determined and locally implemented.

Decisions about where to place a child with a new statutory plan will be taken by the multi-agency panel, in consultation with schools and settings, and held to account by the Local Inclusion Partnership. The panel would be required to take account of young people's wishes and parental preference, but these would be balanced against other factors in determining the most appropriate placement to meet the child or young person's needs.

To ensure that children and young people with new statutory plans are able to access their education placement without delay, we propose that the Local Inclusion Panel, which will include representatives from statutory partners, including education settings, will have the right to direct a setting, school or college to take a child or young person if they have been named on the plan. The expectation is that this power would be used infrequently, because placement decisions will take into account the views of the educating institution, alongside those of parents and carers, young people, and other partners.

It is important, however, to have an appropriately robust fallback position that ensures, in the event of a disagreement, that a child or young person's entitlement to education does not suffer. In the event of being named in a statutory plan, the school would have the right to appeal (in the case of academies to the Secretary of State, and in the case of maintained schools to the Schools Adjudicator), but would be responsible for arranging and funding appropriate and high-quality full-time education for the child or young person while the appeal is being decided.

We propose that there are nationally agreed time limits on appeals, again so that a child or young person's education does not suffer as a result of a placement dispute.

Dispute resolution

The final element in our proposed statutory framework is a clear understanding of how to put things right when they do not work well enough. Our vision is for a streamlined and less adversarial system for resolving disputes, based on clear, national parameters, set out in the National Framework (recommendation 2).

For all types of complaint, in the first instance, the normal institutional means of resolving the issue would apply. For complaints around a school not meeting the requirements set out in a pupil's statutory plan, the complaint would first be brought to the leadership within the school, then to the governing body and/or academy trust, and finally to the Local Inclusion Partnership. The latter would have the power to direct schools to act differently if the complaint was upheld. If there are multiple complaints made against a school on the basis of its practice, this could be the trigger for inspection. For complaints against an LA, the complaint would first be brought to the LA's officer-level leadership, then to elected members and ultimately to the Local Inclusion Partnership.

When complaints cannot be resolved at a local level, two different escalation routes would be available.

1 For complaints against education institutions, LAs or Local Inclusion Panels, concerning whether decision-making processes have been followed appropriately, or how well the National Framework has been applied, the escalation route would be for the Local Government and Social Care Ombudsman to investigate and suggest a remedy.

2 For complaints about the substance of the support being offered, disputes should be adjudicated by an independent practitioner body (as opposed to a judicial body). This would mean that complaints relating to a decision to refuse requests for a form of support that goes beyond what is set out in the National Framework and best practice toolkit, or decisions about placements taken by the Local Inclusion Panel, the complaint would be escalated to a panel convened by the National Institute for Inclusive Education (recommendation 2), and made up of practitioners with relevant expertise, but who were independent of the case.

These routes of redress would apply to all children and young people with additional needs, not just those with statutory plans. As such, these proposals would remedy a significant blind-spot in the current SEND system, namely the lack of oversight and routes of redress for children and young people supported at the level of SEN Support. Under these new arrangements, it is proposed that the SEND Tribunal would refocus its work on resolving disability discrimination cases.

RECOMMENDATION 5: PREPARATION FOR ADULTHOOD

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

Preparation for adulthood was central to the ambitions of the 2014 reforms. Despite this, evidence of improvement is, at best, mixed. SEND system leaders described anecdotal evidence of progress in building inclusive practices in post-16 education and in supporting young people to move towards independent living.

They acknowledged, however, that there had been little progress in closing gaps in terms of academic qualifications, health outcomes and employment outcomes between young people with additional needs and their peers. Part of the challenge is that the SEND system currently does not have mechanisms for tracking long-term outcomes for young people with SEND after they leave education.

At a system level, it is difficult to make the case that the focus on preparation for adulthood and the extension of the age range of the SEND system up to 25 has led to better transitions to adulthood and better long-term outcomes.

Recommendation Summary

Despite the centrality of preparation for adulthood to the 2014 SEND reforms, evidence of progress is, at best, mixed, and the availability of data to track long-term outcomes is limited. The context of education and support for young people over the age of 16 is different from what comes before, and there is a premium on strategic planning of study programmes and options for young people to pursue their aspirations, and personalised, responsive, multi-agency planning of that transition for individual young people. We put forward three proposals.

1 The age at which young people move from children's to adult services **should be standardised across education, health and social care**. We propose that the age of transition should be set at 18. This would be the point at which adult education, health and care services take responsibility for the young person, but would not be the end of support. Instead, we propose that there would be two years of enhanced transition support after the age of transition, with discretion to extend further for young people who need additional help.

2 The creation of a dedicated **Destinations and Progression Service** in every local area to coordinate and plan preparation for adulthood leading up to and in the two years after the age of transition, to provide a first port-of-call for advice for young people, drawing together intelligence on local needs to commission the right opportunities and support, and tracking long-term destinations.

3 Developing a **Preparation for Adulthood Framework**, linked to the National Framework and overseen by the National Institute, which would set out the key elements of support that should be in place and the responsibilities of partner agencies to support young people with different needs in their transition to adulthood. (The aim would not be to pigeonhole individual young people, but instead to create a more comprehensive range of options from which young people can choose when pursuing their aspirations.)

At the same time, it is important to recognise what is distinctive about the context of additional needs for young people after the age of 16 and as they prepare for adulthood. First, as we described in Part 1, young people are less likely to have SEND identified for the first time after the age of 16. While post-16 education settings continue to identify and assess young people's needs, those needs are more likely to have been identified for the first time when children were of school age.

Second, the context in which post-16 education institutions are operating is different to pre-16, particularly in terms of the size of post-16 education institutions and the flexibility around study programmes.

Third, post-16 education institutions, particularly FE colleges and ISPs, are often the last education setting that young people with additional needs attend before adulthood. These three factors place a premium on strategic planning of places and study programmes in post-16 education settings and broader services for young adults with additional needs (so that providers can put in place programmes that reflect local needs) and on planning for transition to adulthood and long-term destinations.

AMBITION: WHAT ARE THE GOALS OF REFORM IN THIS AREA?

The goals for reform in this area are threefold:

1 To set out and align the roles and responsibilities of key agencies in delivering on one of the two guiding principles of our proposed approach (see recommendation 1), and ensure that there is joined-up planning of support and options when young people move into adulthood;

2 To ensure that local and national system leaders can track long-term outcomes and destinations for young people with additional needs – if preparation for adulthood is a national policy priority, it is necessary to know if this is having an impact; and

3 Ultimately, to ensure that young people with additional needs feel that opportunities are open to them, that they are supported to pursue their aspirations, and that they are able to thrive on their chosen paths within inclusive communities.

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

There are three elements to our proposals for ensuring that we support young people with additional needs to prepare for adulthood.

First, we recommend that the age at which young people move from children's to adult services is standardised across education, health and care

A fundamental prerequisite of effective preparation for adulthood for young people with additional needs is that services – across education, health, children's and adult services – work together effectively during that key transition from childhood to adulthood. It is vital that national policy enables joint planning, aligns priorities, and encourages practitioners and services to join up.

Currently, however, we have different definitions across education and health/care of when young people should move from children's to adult services. In health and care terms, young people move from children's to adult services at the age of 18. In education, however, young people become adults at the age of 19, but that can rise to 25 if they have an EHCP.

We consider that a national system that wants to foster effective and joined-up preparation for adulthood for young people, including those with ongoing education, health and care needs, should have a common definition of when young people move from children's into adult services. The obvious question is what the standard age of transition should be. Our research has not provided a clearcut answer to that question.

There is a strong argument to be made for 18. This would be the simplest option, as it would only require aligning the current education legislation with that in health and care. During the research, however, some participants argued for making the age of transition 21 or 22, reflecting the fact that many young people do not leave home at 18, and indeed experience a more gradual, phased transition towards independent adulthood. At the same time, we heard very few arguments about the benefits of extending the age range for young people with EHCPs to 25. Some participants argued that it left the system of support and options beyond education unchanged, but simply delayed the transition.

Our suggestion would be that the age of transition from children's to adult services should be 18. This would not be the point at which support for young people ceases, but instead would be a single point of transition towards and after which children's and adult services across education, health and care need to work together to plan for and support a young person's transition to adulthood.

Put simply, the aim would be for partners from across children's and adult services to start transition planning earlier, work together across a more phased transition, and continue to be engaged after the start of the transition to adulthood. As we explain below, we propose that support is provided as standard for two years after the age of transition from children's to adult services for young people with higher levels of additional needs (with discretion to extend beyond two years).

Furthermore, we propose that the roles and responsibilities of partners, including services for adults, are clarified so that there is a more rounded and comprehensive offer of support for young people aged 18 and above.

Regardless of the age of transition, regular reviews to capture young people's aspirations and future plans throughout their education should be built into the design of the system, with more focused reviews on preparation for adulthood from Year 9 onwards. We would also argue that there needs to be ways of capturing young people's aspirations in preparation for adulthood reviews and using them to inform strategic planning of preparation for adulthood options and support. This is the aim of our next recommendation.

Second, we recommend the creation of a dedicated Destinations and Progression Service in each local area, responsible for helping young people make the transition to adulthood and tracking their progress and destinations

We have described above the need to capture long-term outcomes for young people with additional needs, as well as the need to use intelligence about young people's plans to inform strategic planning of post-16 education and training. These functions require dedicated capacity and co-ordination at local level.

Furthermore, not every young person's life follows the same path, not every young person is engaged in or learns things at the same stage of life and in the same way, and some young people experience unexpected turns or setbacks. For some young adults with additional needs, just knowing that there is someone trusted to whom they can turn for advice may be all that is needed, but for others more proactive planning and co-ordination may be required.

Page 137

For these reasons, we recommend the creation of what we are calling a Destinations and Progression Service in each local area. This is partly inspired by the idea behind services for care-leavers, specifically the recognition of the need to plan for and continue to support young people in the transition from childhood to adulthood. It is also inspired by the flexibility inherent in the "staying put" arrangements for care-leavers to remain with their foster families after the age of 18 if all parties agree. We propose that the Destinations and Progression Service should have four key roles:

1 **Co-ordinating and planning preparation for adulthood for young people with additional needs** - the Destinations and Progression Service would be responsible for helping to plan transitions for young people with additional needs who are likely to require enhanced transition or ongoing support from a range of services (across education, health and/or care) as they move into adulthood. This would involve "key-working" support for young people with the most complex needs. In many local areas, this would build on the work of multi-disciplinary, cross-service transitions teams that work across SEND, children's and adult services. A benefit of this approach is that it would avoid the need for young people to be referred separately to multiple services. Instead, a multi-disciplinary Destinations and Progression Service could triage young people on their caseload with higher levels of need and co-ordinate support from the relevant agencies. We consider that there may be value in creating designated preparation for adulthood leads for adult services, health, housing, and education within the Destinations and Progression Service. These designated leads would have responsibility for co-ordinating inputs from their services, and helping their colleagues and the young people they support to navigate support from these services.

2 **Providing a first port-of-call for advice for young people after they complete their statutory education** – young people with additional needs would remain on the roll of the Destinations and Progression Service from Year 9 until at least two years after the age of transition from children's to adult services, with discretion to extend. If the age of transition is set at 18, this would mean young people would stay on the roll of the Destinations and Progression Service until they turn 20, with the possibility to extend this if a young person requires longer support with the transition. This would mean that young people would be able to ask for advice or support, to deal with unexpected events, and to prevent plans and placements breaking down.

3 **Drawing together intelligence about local needs and young people's choices, and using this to commission the local area's preparation for adulthood offer** – the Destinations and Progression Service would be responsible for capturing and aggregating information drawn from preparation for adulthood reviews, analysing key trends, identifying commissioning priorities, and working proactively with local post-16 education, training and work-based learning providers, as well as wider health, care, housing, adult education and community-based services, to shape the local area's preparation for adulthood offer.

4 **Tracking destinations and long-term outcomes** – the Destinations and Progression Service would be well placed to capture quantitative and qualitative information about the destinations and long-term outcomes for young people with additional needs. This could be used to evaluate and refine local planning, as well as to inform national data about the long-term impact of inclusive education and additional needs support in preparing young people for adulthood.

Third, we recommend the creation of a Preparation for Adulthood Framework that would set out the key elements of support that should be in place for young people needing different forms of support to prepare for adulthood

Our proposal here is analogous to our idea for a National Framework (recommendation 2) in terms of providing a consistent national approach that can inform planning of transitions and strategic commissioning of support at a local level. We envisage that the Preparation for Adulthood Framework would be an extension of the National Framework, and would be maintained by the National Institute for Inclusive Education.

The aim here is not to pigeonhole individual young people or force them onto particular paths. Instead, the aim is to create a broader range of support from which young people can choose when deciding how to pursue their aspirations. We propose a Preparation for Adulthood Framework because we recognise that young people with additional needs will have different aspirations and need different forms of support, and that their ability to pursue their aspirations relies on the right range of options and forms of support being available.

This requires proactive, joined-up planning from local partners across education, health, care, housing, and wider community services. We suggest that, for the purposes of strategic planning, it is helpful to think about three broad offers of support that young people with additional needs may need when making the transition to adulthood:

1 Young people with lifelong profound and complex needs who are likely to require intensive and ongoing support to meet their health and care needs throughout their adult lives;

2 Young people with intensive or profound needs who wish to move towards greater independence in adult life and who are likely to require some transitional or ongoing support in order to make the transition to work and independent living arrangements; and

3 Young people who are following a pathway into adult life similar to their peers without additional needs, but who may require support in order to thrive in their places of study, training or work.

This is a starting point, and could be refined further. How these broad areas of support are delivered may differ across local areas, reflecting local geography, the labour market and employment opportunities, and other contextual factors.

Nevertheless, we suggest that having a national Preparation for Adulthood Framework like this would help to set out expectations of what forms of support should be available in all local areas and the responsibilities of partner agencies to work together to ensure these opportunities and forms of support are in place. Table 8 below sets out what we suggest could be the key elements of support that should be provided in each of these three broad offers.

Table 8: Key elements of Preparation for Adulthood Framework

Who would this offer be for?	What would be the key elements of the offer?
#1. Lifelong complex needs Young people with lifelong profound and complex needs who are likely to require ongoing support to meet their health and personal care needs throughout their adult lives.	• **Enhanced transition** – Year 9 (building on earlier reviews and plans), but ongoing frequent and regular transition planning meetings. Practitioners to get to know the young person and their family, their aspirations and plans – including care and living arrangements (home or residential). • **Health support** – regimen of support related to health needs, drawing on key services (e.g. occupational therapy, physiotherapy, SALT, links with local GPs). • **Care keyworker** – responsible for a package of care around the home or setting, support for adults with caring responsibilities, and activities for young person suitable to age and interests. • **Education, employment or training offer** – strategic commissioning of ongoing educational or training activities (including post-16 education placements). • **Joint funding** – national expectations for contributions from LA (children's and adult services) and health services, linked to the role of the Local Inclusion Partnership (recommendation 6).
#2. Supported independence Young people with intensive/profound needs who will need some transitional or ongoing support in order to make the transition to work and independent living arrangements.	• **Enhanced transition** – Year 9 (building on earlier reviews and plans), but ongoing frequent and regular transition planning meetings. Practitioners to get to know the young person and their family, their aspirations and plans – including plans for independent living, further study or training, and work. • **Keywork support** – from the Destinations and Progression Service. Draw in and co-ordinate support from health, care, housing and community services as required. • **Education, employment or training offer** – e.g. FE study programmes, supported internships, supported employment opportunities, and job coaches. Ongoing work with colleges to commission appropriate study programmes. • **Independent living offer** – e.g. travel training, supported living options.

Page 140

#3. Inclusive education, employment and training support This will cover the majority of young people with additional needs (mild, moderate) who are likely to follow a similar pathway to their peers (e.g. FE, HE, work-based learning, employment), but may need some transitional support in their places of study/workplaces.	• **Transition and careers support** – Year 9 and ongoing reviews, focusing on planning aspirations, choosing options and next steps. • **Keep-in-touch, advisory support** – opportunity to touch base with the Destinations and Progression Service as needed to get advice and support. • **Setting-based support** – inclusion support provided within education, training or work settings. • **Proactive engagement of FE settings and prospective employers** – to inform planning of study programmes, work-based learning and job opportunities, and so that the Destinations and Progression Service can communicate a broad range of options to young people.

RECOMMENDATION 6: REALIGNING POWERS AND RESPONSIBILITIES

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

We would argue that, as things stand, there is a fundamental misalignment of powers and responsibilities with regard to SEND. As we described in Part 1 of this report, the system holds some public bodies accountable for things for which they are not wholly responsible, while failing to hold other public bodies accountable for things for which they are responsible.

Currently, LAs are held to account through inspection and the SEND Tribunal for a range of outcomes and processes that are not fully within their control.

At the same time, despite the fact that SEND is a multi-agency responsibility, there are few opportunities for joint strategic oversight, there is a lack of really robust mechanisms for holding ICBs and social care to account for their contributions (both in terms of expertise and finance), and most of the expenditure for meeting the needs of children and young people with SEND is met from within education funding.

Recommendation Summary

Existing roles, powers and responsibilities for SEND are poorly aligned. Partnership working, in the face of extreme challenges to both capacity and resources, is often superficial at best. The accountability system holds some public bodies to account for things for which they are not wholly responsible, while failing to hold other public bodies accountable for things for which they are. To make meaningful partnership working a reality, and to ensure statutory partners have the powers they need to effect positive change, we have set out a proposal to create and fund a new **Local Inclusion Partnership**, which would have the following characteristics.

1 **The Local Inclusion Partnerships would be based on LA geographical areas and would bring together key partners**, including LA leaders (representing education, children's social care and adults' social care), health partners (the ICB and health providers), representatives from early years settings, schools colleges, the local PCF and (where these exist) local strategic groups representing young people with SEND.

2 **Local Inclusion Partnerships would have a statutory basis and would be required to exercise statutory powers**. They would be responsible for spending and overseeing a new **joint partnership budget**, which we are calling the Local Inclusion Fund, made up from some of the existing high needs block, some existing health budgets, and contributions from children's and adult services.

3 The roles of the Local Inclusion Partnership would include **setting the strategic vision** for additional needs in a local area, **commissioning specialist provision** (including powers to open new provision), **commissioning multi-agency therapeutic support**, overseeing **multi-agency mechanisms** for allocating statutory plans and special school places, **overseeing transitions**, and providing the first point of **arbitration in disputes**.

Creating the new Local Inclusion Partnership would allow the roles of individual partners to be more specifically set out and would enable **the creation of an accountability system** that does not hold individual actors to account for outcomes that they cannot influence.

Although ICBs are included in local area SEND inspections, in practice the burden of improvement tends to fall on LAs, and Tribunal recommendations for health and children's social care are non-binding. Overall, LAs are required to manage within a fixed funding envelope but have very few levers to control expenditure, as discussed in greater detail in Part 1 of this report. And the inability to easily commission and create provision locally to meet needs adds delay, cost and frustration to the system.

AMBITION: WHAT ARE THE GOALS OF REFORM IN THIS AREA?

The goals of reform in this area are relatively simple:

1. To create a clearer and more logical alignment of powers and responsibilities, which is coherent and covers the whole system, without gaps and loopholes;

2. To put in place an accountability system that accurately reflects those powers and responsibilities, so that public bodies are held to account for things for which they are responsible in such a way that is likely to ensure the system achieves its overall aims;

3. To ensure more effective joint working between core agencies to meet the needs of children and young people more quickly and in a more integrated way; and

4. To foster local collective strategic ownership of the system to support children and young people with additional needs, based on a binding approach to partnership.

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

Creating and funding a Local Inclusion Partnership

The foundation stone for the reform of powers and responsibilities is to create a new Local Inclusion Partnership. We recognise that for a new approach to supporting children and young people with additional needs to be effective, there will have to be a much stronger mechanism for ensuring that the commissioning and funding of multi-agency support, the planning of individual placements and provision and the oversight of the effectiveness of the totality of local services in meeting children and young people's needs are genuinely shared across agencies and partners. As such, we see the need to arrange statutory responsibilities so that they are indisputably joint and that these responsibilities are vested in a new partnership.

In developing this recommendation, we have built on ideas for a local SEND partnership for planning and commissioning provision that are set out in the DfE's improvement plan. However, these recommendations go further both in terms of the statutory nature of the partnership, the range of responsibilities that the partnership would take on, the funding of the partnership and the consequent changes to the accountability system.

The Local Inclusion Partnership would be based on LA geographical areas and would bring together LA representatives (including education, children's social care and adults social care), health partners (the ICB and health providers) and representatives from early years settings, schools and colleges. The education system could be represented on the partnership through a specified number of members who are voted for by their peers, similar to the way in which Schools Forum membership is currently determined. A representative of the PCF would also be a member of the Local Inclusion Partnership, as would a representative of the local area's strategic co-production group of young people with SEND (where these exist or are created in the future). The Partnership would also have a duty to consult with and seek advice from children and young people with additional needs.

The partnership would have a statutory basis and would be required to exercise statutory powers. The statutory partners, including the LA, the ICB and education representatives, would be named and equal. DCS and Lead Members would continue to have a clear strategic leadership role in relation to additional needs, which they would exercise through the partnership and through leadership of their own council. Similarly, the children's lead for the ICB would also have a strategic leadership role.

The DCS and the equivalent leadership role within the ICB would each have a statutory responsibility for ensuring the effective and efficient operation of the Local Inclusion Partnership. All education providers, including academies and private and voluntary early years settings, and health providers would have a duty to cooperate with the partnership and would be bound by its decisions. It would be the responsibility of the LA to convene the partnership and provide appropriate administrative and technical support for it to function properly. The chairing arrangements would be subject to local discretion.

The Local Inclusion Partnership would be responsible for spending and overseeing a new joint partnership budget, which we are calling the Local Inclusion Fund.

As we described in recommendation 3, under these proposals a significant proportion of the current high needs block would effectively be transferred into the schools and early years blocks of the DSG and delegated directly to mainstream providers. Similarly, a consequence of our proposals is transferring resources from funding streams for high needs learners post-16 into the delegated budgets of providers (notwithstanding the need to reform the disadvantage element of the post-16 funding formula in order to improve its accuracy in targeting resource to match levels of need).

The remainder of the high needs block would be removed from the DSG and would form the core of the new Local Inclusion Fund, which would be jointly managed by the partnership.

In order to ensure genuine joint ownership of and investment in the partnership, the new Local Inclusion Fund must draw together elements of funding from education, health and care partners relating to support for children and young people with additional needs. In addition to funding from what is currently the high needs block, we propose that there could be three further elements of funding brought into the new Local Inclusion Fund.

1 We propose that the Local Inclusion Fund would include some ICB funding that is currently used to support children and young people with additional needs. For example, current health service budgets for commissioning SALT and mental health provision at tier 1 to tier 3 for children and young people aged birth to 25 could be placed in the new Local Inclusion Fund.

2 There may also be a case for including some of the budgets currently held in children's social care that relate to children with disabilities and joint funding for joint high-cost placements in the new Local Inclusion Fund.

3 We would also envisage that there is a contribution from adult services, linked to the role of our proposed Destinations and Progression Service and the offer of preparation for adulthood support that this service would be responsible for developing.

It is crucial that there are national expectations about the contributions from each of these sources to the Local Inclusion Fund. Without this, the risk is that partnership working will be undermined by endless disputes about which agency pays for or contributes to what.

The purpose of the Local Inclusion Fund would be to commission:

- places in specialist provision – including special schools (state-funded and INMSSs), special units and resourced provisions, and high needs provision in post-16 education settings;

- residential provision where that is needed for a child or young person's education based on their additional needs; and

- outreach services and multi-disciplinary therapeutic support and assessments.

It could be a legal requirement for Local Inclusion Partnerships to have a joint commissioner and a joint accounting officer. We would also recommend investigating the possibility of setting up a legal framework that ensures any overspend on the Local Inclusion Fund is shared equitably between the LA and the ICB, so that future deficits do not fall solely to local government to reconcile.

We envisage that the new Local Inclusion Partnership would be tasked with providing a strategic direction and overview for the support for all children with additional needs in a local area, and ensuring the national expectations are being delivered locally. This would mean that the partnership would need to have a joint set of outcomes, a joint data set for tracking progress and a partnership-wide approach to ensuring quality. Specifically, the partnership would be responsible for:

- commissioning, deploying and quality-assuring the multi-disciplinary wrap-around support for schools, early years settings and colleges;

- commissioning sufficient health and therapeutic support for special schools, based on the individual needs of their children and young people;

- commissioning and quality-assuring short breaks provision;

- overseeing the multi-agency board mechanisms for issuing EHCPs (albeit in smaller numbers) and for accessing special school places;

- maintaining an overview of how needs and numbers of children requiring support change over time in order to project future placement and support needs;

- commissioning special school provision, including additional resource provisions and the limited use of INMSS;

- commissioning therapeutic services for children and young people with additional needs;

- overseeing transitions from early years to primary, primary to secondary and secondary to post-16 for children and young people with additional needs;

- commissioning the new Destinations and Progression Service (see recommendation 5);

- overseeing the transition to adult social care for young people with the most complex needs;

- commissioning the PCF and the Special Educational Needs Information, Advice and Support Service (SENDIASS); and

- providing the first point of independent arbitration in a disputes or complaints process.

The list above assumes that some responsibilities that are currently held by regional directors would transfer to the local partnership, specifically commissioning new special school places and commissioning special units in academies. We would also recommend that regional directors have a duty to support and cooperate with the directions of the Local Inclusion Partnership where an issue is raised about the quality of provision for children and young people with additional needs or the overall inclusiveness of an academy.

More clearly delineating the distinct roles of individual partners

The overarching strategic and commissioning role described for the Local Inclusion Partnership also allows for key functions and responsibilities to be delegated and owned by individual partners.

A consequence of our proposals is that a greater proportion of decisions around the identification of need and the provision of support would take place in mainstream education settings, without the need to go through the statutory assessment process. These decisions would take place within consistent expectations of inclusion and effective practice, as set out in the National Framework. They would also take place within a context where the responsibilities and accountabilities of partners, including educating institutions, are aligned coherently.

Within this context, the core responsibilities for LAs, and individually for DCSs and Lead Members, could include:

- managing, employing and deploying EP and social care services for children and young people with additional needs in accordance with the strategic direction set by the Local Inclusion Partnership;

- having an oversight and quality assurance role, on behalf of the partnership, on the quality of education provision for children with additional needs in maintained, state-funded and independent provision, and working with regional directors to ensure equitable quality assurance across academies;

- commissioning and convening CPD and where necessary stimulating peer-to-peer networks to drive up quality of provision for children with SEND;

- providing a first point of contact for parents and carers to enable them to understand and navigate the support offer successfully; and

- overseeing the completion of the smaller number of statutory plans.

These would clearly be the subject of further debate and refinement. At the same time, the role of health partners individually might focus on:

- the management, employment and deployment of therapeutic services for children and young people with additional needs, from birth to 19, in accordance with the strategic direction set by the Local Inclusion Partnership; and

- contributing to assessments and statutory plans for children and young people with the most complex needs.

Reforming the accountability system to accurately reflect roles and powers

The roles and responsibilities described above could then form the basis for future inspections, aligning accountability more precisely with powers, or, to put it more bluntly, not attempting to hold individual bodies to account for outcomes that they cannot possibly influence. In particular we would recommend that:

- future place-based SEND inspections would be inspections of the work of the Local Inclusion Partnership, which would continue to be carried out jointly by Ofsted and CQC;

- individual inspections of early years settings, schools and colleges would have a much stronger focus on inclusion (as set out in recommendation 3); and

- inspections of individual health services and ICBs would also critically assess those services' contributions to supporting children and young people with additional needs.

Setting up such a system would require much more joined-up thinking at central government level, with much closer collaboration between the DfE and the Department of Health and Social Care (DHSC) in setting out the standards for Local Inclusion Partnerships, and expectations of their respective agencies, that might then form the backbone of a refreshed framework for accountability.

RECOMMENDATION 7: THE ROLE OF THE INDEPENDENT SECTOR

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

In Part 1, we argued that the role of the independent sector in the current "SEND system" was both a symptom of other root causes of the challenges in the SEND system (the volume challenge and the decision-making challenge) and a compounding factor (since increased use of independent specialist provision is common in local areas with significant high needs block deficits). The case for reforming the role of the independent sector is twofold.

Firstly, **the current use of the independent sector (specifically use of independent specialist provision) is more often reactive than strategic**. The role we expect the independent sector to play in special education has never been set out clearly. The result is confusion, potential for mistrust, and a role that is often (although not always) reactive. This has an impact on strategic planning and the resources available for wider services within local areas, but also has an impact on settings themselves in terms of their relationship with LAs.

Part of the challenge is that, at present, there are significant limitations on LAs being able to set up and shape new state-funded provision at speed. As such, the independent sector is often the default, rather than strategically planned, option when there is a shortage of local provision. As we described in Part 1, placements in INMSSs rose 132% between 2014/15 and 2022/23, compared with 60% growth in placements in state-funded special schools.

Recommendation Summary

As described in Part 1, the role of the independent sector in the current "SEND system" is both a symptom of other root causes of the challenges and a compounding factor. The use of the independent sector is more often reactive than strategic, and reactive use of the independent sector can add to pressures on local resources and undermine strategic planning. We put forward two proposals to remedy this.

1 **A new and clearly defined role for the independent sector and a relationship with the state based on strategic planning**. The Local Inclusion Partnership would have the powers to create, shape and commission new and existing provision. The independent and non-maintained sector would form part of that continuum, with a specific role specialising in support for children and young people with highly complex, low-incidence needs where it makes sense to organise provision regionally or nationally.

2 **Equivalence with the state-funded sector** in terms of regulation, inspection, quality, funding methodology and access to specialist support services. We also propose that, akin to the state sector, there should be a prohibition on profit-making from state-funded placements for children and young people with additional needs.

This can result in decisions about placements in the independent sector becoming the focus of disputes between families and LAs, which can, in turn, lead to a vicious circle of appeals and Tribunal directions to LAs to make (reactive, unplanned) placements in independent specialist providers.

Ultimately, any national public service should be able to set out clearly what its offer is for all citizens. One can argue about whether that offer is sufficient, but not with the principle that the state should be clear on what it will provide for all. Due to the lack of clarity in the SEND statutory framework and the reduction in non-statutory support services described in Part 1, within the current SEND system the state is not able to set out its offer clearly, its offer can be challenged, and the state can be directed by a legal body to direct additional resources above its core offer to individuals. In a future SEND system, the state should be able to set out a clear, consistent, equitable offer. State use of the independent sector should complement the state's offer, but not exceed or undermine it.

Secondly, **the reactive, unplanned use of the independent sector can add to pressure on local resources, and undermines strategic planning and financial sustainability**. We acknowledge that, on an individual level, some young people will benefit from and thrive in independent specialist provision, especially if that provision was not available locally in the state-funded sector. Our argument here is not that the independent sector should have no role in the provision of special education.

Instead, our argument is that the use of the independent sector is better for individual young people, families, settings, commissioning bodies and public resources if it is strategic and not reactive. At a national system level, we would argue that having an independent judicial body with the power to direct LAs to place young people in specific settings and fund those placements from public resources, with little consideration of equity and value for money to balance against the benefits to the individual, is not compatible with a financially sustainable and equitable approach to additional needs. Public bodies cannot strategically plan a continuum of local provision that seeks to meet local needs in an equitable and financially sustainable manner if they can, at any time, be directed to fund unplanned placements at significant additional cost.

AMBITION: WHAT ARE THE GOALS OF REFORM IN THIS AREA?

the management, employment and deployment of therapeutic services for children and young people with additional needs, from birth to 19, in accordance with the strategic direction set by the Local Inclusion Partnership; and

1 Clarify the role of the independent and non-maintained sector in special/additional needs education in the future, and how that role complements the state's core offer of support for all children and young people with additional needs – specifically, the role of the independent and non-maintained sector should include being part of a strategically planned local continuum of support and provision that complements other local state-funded provision; and

2 Ensure that Local Inclusion Partnerships can commission a range of high-quality provision strategically that reflects and responds to the needs of the local area.

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

There are two elements to our recommendations about the role of the independent sector in a future approach to additional needs education.

First, we recommend setting out a new role for the independent sector in special/additional needs education and defining a new strategic relationship with Local Inclusion Partnerships

A future approach to additional needs education should contain a clearly defined role for the independent sector and a relationship with the state that is based on strategic planning.

Page 148

Local areas should be able to use the independent sector to complement local state-funded provision as part of a continuum of support to reflect and respond to local needs. In respect of independent specialist providers, we suggest three elements of this new role and relationship with the state.

1 **Specialism:** independent specialist providers are well placed, for example, to offer provision for low-incidence but highly complex or exceptional needs, on a regional or national level. Where the number of children and young people with highly complex needs within a local area is so low that it would not be economical for Local Inclusion Partnerships to maintain provision within the local area, the independent sector is well placed to offer highly specialised provision across a number of local areas. There could be a role for greater regional commissioning of independent and non-maintained provision.

2 **Strategic planning:** the planned use of the independent sector should form part of a strategically planned continuum of local provision. Independent providers should, therefore, be involved in discussions about strategic planning, particularly in relation to sufficiency and place-planning for children and young people with additional needs. As described in the previous chapter, a more strategic and less reactive relationship with the independent sector relies on Local Inclusion Partnerships having the power to create and shape new local state-funded specialist provision (recommendation 6). This is to ensure that local areas can deliver on their responsibilities to ensure sufficient local provision that meets local needs, and avoids situations where independent placements are needed due to a lack of local provision. As we argued in the chapter on reform of the SEND statutory framework (recommendation 4), we do not believe that parents' and carers' wish for a placement in the independent sector should have the backing of the law and the right of appeal to the Tribunal. This is to avoid the use of the independent sector being largely reactive, thus undermining the equity of the state's offer for all children and young people with additional needs. Instead, we recommend that decisions about the use of the independent sector, while ultimately made by the state, should be informed by joint discussions between practitioners, parents and carers, and children and young people, in a planned and collaborative manner.

3 **Equivalence with state-funded sector:** independent specialist providers that take state-funded placements of children and young people with additional needs should be treated in the same way as local state-funded providers. This means that they should have a similar relationship with the local areas commissioning placements from them, should be funded using the same methodology, and have the same access to targeted support services. By the same token, independent specialist providers that take state-funded placements of children and young people with additional needs should be subject to the same requirements as local state-funded provision, including regulation and inspection.

In short, there should be no difference between state-funded placements in local state-funded provision and state-funded placements in independent providers in terms of the relationship between provider and commissioner, quality standards, and funding methodology. Instead, the choice of the use of the independent or state-funded sector should reflect strategic decisions about their respective and complementary specialisms and which is best placed to meet which form of local needs.

Similarly, with respect to independent specialist practitioners such as EPs and SALTs, we envisage a strategically planned role and relationship with Local Inclusion Partnerships in the future. On a pragmatic level, given the shortage of EPs and SALTs, delivering a broader offer of targeted inclusion support (recommendation 3) is going to require the state to make full use of the existing workforce, in both the public and private sectors. On a more aspirational level, a consequence of the approach we are proposing is that access to support, including from EPs and SALTs, would be more readily available in education settings and less dependent on statutory assessments. That would mean that practitioners like EPs and SALTs are likely to spend less time contributing to statutory assessments, and more time working with individual young people and building capacity in education settings.

A consequence of this would be that the distinction between public sector and private sector practice becomes less pronounced. At present, the willingness of the state to accept assessments carried out by private specialists (employed by parents and carers) and evaluating the different recommendations of specialists employed by the state and by parents and carers can be a feature of disputes, including Tribunal cases. In a more inclusive system, with a broader offer of support from specialists like EPs and SALTs, Local Inclusion Partnerships may decide to commission aspects of their core targeted offer of multi-disciplinary inclusion support from the private sector to complement practitioners employed in the state sector.

Second, we recommend setting out requirements for proprietors of independent specialist provision, including a prohibition on profit-making from state-funded placements

There is a distinction to be drawn between a provider making a surplus and building up reserves, which can be reinvested in enhancing provision, and providers creating profits for shareholders.

In the independent and non-maintained sector, there are special schools that are run by charitable organisations on a non-profit basis. We see no issue with state use of independent and non-maintained provision where this is strategically commissioned and consistently regulated, and where resources are used to maintain high-quality provision for children and young people.

What is problematic, at a time when the cumulative public deficit for high needs stands at between £3 billion and £4 billion, is where providers operate a model in which profits from state-funded placements are paid out to shareholders and investors. We recommend, therefore, that a condition is set for providers that wish to be approved to admit children with statutory plans for additional needs, where those placements are funded by the state, that prohibits proprietors from paying out profits to shareholders.

We recognise that such a change would need to be phased in gradually in order to avoid damaging the availability of provision on which some children and young people rely. Our proposals about the regulation of the independent and non-maintained sector are linked to our proposals that Local Inclusion Partnerships should have the power to create their own local state-funded provision (see recommendation 6).

To establish a system in which provision is responsive to local needs and financially sustainable, and where accountabilities are aligned with responsibilities, Local Inclusion Partnerships must be able to create and manage local state-funded provision, rather than having to rely on the independent sector. As such, we envisage a shift in the medium term to Local Inclusion Partnerships shaping local provision to reflect local needs, with the role for the independent sector becoming one focused on responding to strategically commissioned provision for low-incidence needs. As this rebalancing and realignment of roles for the state-funded and independent/non-maintained sector is established, changes around regulation and profit-making could be introduced.

Similarly, while we recognise that providers may need to adjust their prices to reflect changes in costs, unilateral price increases where LAs have few alternative options and stretched resources are bound to add to financial pressures on public funds. We propose, therefore, that a national system of rates is put in place for the placements of children with the highest levels of need (what we describe as "exceptional" in our proposed National Framework – see recommendation 2) in independent specialist provision.

These rates could be set by the National Institute (recommendation 2) to ensure that there is a clear and consistent basis for agreeing fees for placements across the country. This would not necessarily be a fixed tariff, since costs may vary according to geographical context, local labour market, an institution's overheads, and discounts for bulk purchasing. The idea is to set some broad parameters around fee structures to provide clarity for providers and commissioners alike, to ensure consistency nationally, and to underpin a new role for the independent sector and a strategic relationship with local commissioners.

RECOMMENDATION 8: DEVELOPING A NATIONAL WORKFORCE STRATEGY

RATIONALE: WHY IS THIS THE FOCUS FOR REFORM?

The transformation of the system for supporting children and young people with additional needs, which we have described in the preceding chapters, is dependent on having a strong, stable, experienced and skilled workforce in place. Unfortunately, up and down the country, key professions from teachers to EPs to SALTs are facing systemic difficulties in filling vacancies.

Shortages of key staff are compounded by a lack of experience and skills in working with children with additional needs in many sectors of the children's workforce and the valuable time of those with specific expertise, such as SENCOs, EPs or SALTs is too often taken up with completing assessments and paperwork to the detriment of spending time with children. Indeed, the shift in the focus of some of these roles away from child-facing work is often identified as a contributory factor to the recruitment and retention crisis.

The difficulties facing recruitment and retention of staff to work with children and young people with additional needs is, of course, part of a wider systemic issue around shortages in the broader children's services workforce. Shortages in the SEND workforce, however, are particularly acute because the volume of children and young people requiring support is rising at such speed and the specialist skills required to support those children and young people are spread too thin. Historically, national thinking about workforce challenges tends to be carried out in silos – routes into education roles are, for example, not often considered in the context of routes into roles in the health sector. We are arguing for a cross-disciplinary workforce approach that reflects the breadth of the inclusive education system we are proposing.

Recommendation Summary

The transformation of the system for supporting children and young people with additional needs requires a skilled and stable workforce. Currently, however, recruitment and retention challenges are legion, there is a lack of deep skills and experience in working with children and young people with additional needs in many parts of the children's workforce, and the valuable time of specialists is consumed with carrying out assessments, filling in plans and completing paperwork. To help address these issues, we put forward two proposals.

1 Our proposed National Institute for Inclusive Education should develop **a national workforce strategy**, which would take a holistic view across the multiple professions that contribute to supporting children and young people with additional needs, to reach a view on the number of skilled practitioners needed to deliver the proposals set out in this report, and to advise on the training routes, pay scales, benefits and recruitment avenues likely to ensure those posts are filled sustainably.

2 The National Institute should use the latest best practice and research to advise on **the content of initial training and CPD** for supporting children and young people with additional needs, across the children's workforce.

Although vacancies in key staff posts have long been a challenge facing the SEND sector, there is a strong sense that the Covid-19 pandemic has accelerated this decline. Anecdotally we hear that the strain placed on public sector workers during the pandemic, combined with the opportunities for self-reflection that such a world-changing event forces on everyone, have led many to reassess their careers and opt for less demanding and often higher-paid roles in other sectors. The feeling of being caught in a system in which there is a constant battle, in which there is never enough of anything – resources, people, places, skills – to meet the rising tide of need is mentally, physically, and professionally draining. Reforming the system and stabilising the workforce must move forward hand in hand.

This is not a problem that local areas can solve without government intervention. Everyone is currently fishing in the same pool, and successful recruitment in one area inevitably leads to staff shortages in a neighbouring area. What is more, for many relevant professions, national government determines the number of training routes and opportunities available to achieve the necessary professional qualifications and is therefore in direct control of the potential supply of new recruits.

AMBITION: WHAT ARE THE GOALS OF REFORM IN THIS AREA?

Our goals for reform are that:

1 There should be sufficient experienced staff, with the right skills to deliver the support that children and young people with additional needs require;

2 The workforce for supporting children and young people with additional needs should be stable, motivated, valued and enabled to develop professionally throughout their careers; and

3 The time and skills of this workforce should be used where it is needed most – in direct work with children and young people and in supporting and training other frontline practitioners who interact daily with children and young people.

PROPOSALS: HOW DO WE PUT THAT AMBITION INTO PRACTICE?

In order to achieve these goals, we believe we need a national workforce strategy that takes a holistic view across the multiple professions that contribute to supporting children and young people with additional needs. The proposed National Institute for Inclusive Education could be tasked with developing a workforce strategy on behalf of the sector.

To be effective, such a strategy would need to:

- map out the current numbers of practitioners in critical professions and the number and distribution of vacancies based on existing workforce requirements;

- estimate how many additional people may be required to deliver the commitments set out in these reforms;

- model the number of training places that might be needed over the next five years to recruit suitably qualified staff to the projected number of vacancies and advise on potential routes to enable staff from related professions to be fast-tracked to fill key roles;

- provide advice on pay scales and benefits to ensure that the newly created roles are attractive compared with similarly qualified and demanding roles in competing sectors; and

- run national recruitment campaigns to help fill vacancies as efficiently as possible.

In developing the strategy, the National Institute would need to work closely with other systems; for example, they would need to shape, influence and respond to the priorities set out in the NHS Long Term Workforce Plan.

In addition to developing and implementing a concerted plan to fill vacancies over the next five years and return the workforce to a position of stability, the National Institute would also have a key role in translating the findings of research and proven local good practice into initial and ongoing professional development opportunities to upskill the existing and future workforce. This should include reviewing the content of existing routes into professional roles, for example initial teacher training, to ensure that the quality and quantity of input on additional needs is sufficient to build the expertise needed to deliver these reforms.

The National Institute could also set out professional standards for practitioners working within LA SEND and statutory casework teams, including expectations of training and supervision. While LA SEND services are often required to manage complex casework, there are not the same professional standards and expectations of CPD, supervision and practice that are in place in some other professional disciplines involved with education and children's services.

Lastly, the National Institute should have a role in developing CPD modules for different professional groups on different aspects of additional needs that might be picked up, adapted and disseminated by Local Inclusion Partnerships, children's centres, academy trusts, teaching school hubs, post-16 colleges, local education partnerships or ICSs. This would forge a closer relationship between evidence-based research and practice and would create the foundations for a workforce that is always learning.

Page 155

**isos
partnership**

PART 3
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CONCLUSION:
A CALL TO ACTION

AN APPROACH TO PHASED IMPLEMENTATION

We have argued throughout this report that fundamental reform of the SEND system is both unavoidable and urgent. We have set out a vision, in eight key areas, for what a reformed approach to inclusive education and support for children and young people's additional needs could look like. This chapter deals with the question of how this vision might be achieved, and whether it can be delivered in a financially sustainable way. As noted in Part 2, what we are proposing represents a blueprint for reform, rather than a detailed roadmap for implementation. What we describe in this chapter is intended to illustrate in broad terms how our vision for reform could be put in practice. Doing so would, however, require further detailed implementation planning.

We do not underestimate the scale of the reforms that we are proposing. These are not superficial changes. They touch on every aspect of our education system from what we define and celebrate as effective education, to teacher training, to how we build and design settings, schools and colleges. This is not an accident.

One cannot claim to put inclusion at the heart of education without taking a long, hard look at every aspect of how education is led and delivered. We would argue strongly that this is necessary, not only to ensure a fair entitlement to a good education for more than 1.7 million children and young people in England with additional needs – although that would be enough reason – but also because it would make the education system stronger and a better platform for adult life, for all learners.

Faced with the enormity of the task, it can be tempting to conclude that it is all too difficult, and that changing the direction of the "super-tanker" that is England's education system is not possible. We have attempted, therefore, to sketch out a phased path to implementation that describes what could be done immediately, what might will take longer to implement, and the changes that are conditional on building capacity in the system.

Our proposed approach is based on the principle that it is imperative to build the capacity in mainstream education first, from the early years to early adulthood, before beginning to change the statutory framework. We are also proposing that changes to the statutory framework should be introduced incrementally, so that children and young people with existing EHCPs would keep them until they reached a natural transition point in their education journey.

Although our vision is that, under the reformed system of support that we have described, fewer children and young people with additional needs would be in special schools, we are not proposing that those who already have a place in a special school would lose their place, unless they and their parents or carers were actively seeking a place in a mainstream school. Instead, we envisage that the existing cohort of pupils in special schools would be supported to continue in that environment so long as that continued to be the best option for meeting their needs.

This means that for several years there will essentially be two "systems" of support for additional needs in place and that the overall reform journey is likely to take longer to implement. Although this adds cost and complexity, we would argue that it creates the best trade-off between implementing a set of ambitious reforms with maintaining stability for those already receiving support.

In the paragraphs below we have described what a five-year implementation journey might look like. This includes an initial phase focused on getting the leadership of the system right and setting the direction of travel, then spending the first three years building capacity in the mainstream sector, and then the following two years introducing changes to the statutory framework.

We have chosen a five-year time period as an illustration, rather than a firm proposition. The change programme we envisage is about building capacity, not reducing entitlements, and there will need to be decisions about how quickly the education sector and partners are able to move. Having said this, aiming for an ambitious five-year implementation horizon would enable the system to work towards the vision that, if these reforms were implemented, a child with additional needs born now would start their education career supported under the new system, rather than the previous arrangements.

In implementing these proposals, there would need to be consideration given to how different UK jurisdictions should manage transitions for children and young people moving between UK nations and for settings operating close to the borders.

SETTING THE VISION AND DIRECTION IN YEAR ONE

Our first recommendation is to set out a new definition of additional needs, focused on inclusion and preparation for adult life. There is no reason why a new definition could not be set out immediately and consulted on within a matter of months. This would establish the tone of the reform process.

Alongside setting out and consulting on a new definition, with pace and commitment, the establishment of a National Institute for Inclusive Education, recruiting to senior leadership roles within that body, and agreeing terms of reference could also be achieved in the first six months.

With the National Institute in place to provide expertise, leadership and direction, work could commence immediately to draft the national descriptors of need, described in recommendation 2. There is significant existing practice to build on locally and nationally, which would enable a draft for consultation to be produced in the first year. These would enable much more consistent identification of need and a common language for discussing needs, and helpfully start to reframe the debate around the needs that can and should be met within the mainstream sector.

Within its first year of operation, we would recommend that the new National Institute undertakes an independent review of the SEND Tribunal system, which currently exerts a powerful influence on local decision-making, to advise whether there are interim changes that might be put in place as a pathway towards more wholesale reform in years three to five.

BUILDING THE CAPACITY IN THE MAINSTREAM SECTOR IN YEARS ONE TO THREE

With the new National Institute in place, work could begin on reviewing and reforming existing teacher and leadership training programmes and developing the new inclusive principles for school building design (recommendation 3) and the development of a workforce strategy for additional needs (recommendation 8). Versions for consultation of all these could be developed within a year of work beginning, with the right prioritisation and commitment.

In parallel, work could commence on reviewing and making recommendations for changes to the curriculum, assessment and qualifications and on the performance reporting and accountability system, to enable and incentivise inclusion, with a view to making recommendations for implementation within two years.

During this phase, the focus would also be on building up the essential infrastructure to support inclusion. Over the three-year period, investment would be made in recruiting the multi-disciplinary teams to provide direct support to early years settings, mainstream schools and colleges. This will take time to achieve, given that there are already shortages in many of the key professions that support children and young people with additional needs. It would also depend on a robust workforce strategy that would ensure the training and accreditation routes are in place to supply additional staff. At the same time staff would be recruited and redeployed to the new Destinations and Progression Service to develop transition planning and the preparation for adulthood offer.

In the early years, the focus in this period would be on:

- the training and development of early years SENCOs and specialist teachers;

- reviewing funding agreements and levels for government-funded places to ensure that inclusion is prioritised and incentivised;

- developing the offer of support for parents and carers; and

- creating additional capacity in children's centres/family centres to support both access to high-quality early education for children with additional needs and overseeing more effective transition into school.

REFORMING THE STATUTORY FRAMEWORK IN YEARS THREE TO FIVE

By the end of year three, under the plan above, there would be a new definition of additional needs with a clear focus on inclusion and preparation for adulthood, and a new National Institute creating the National Framework to describe needs and overseeing reform of teacher and leader training, building design and wider workforce development. There would be a new suite of curriculum options and a wider array of relevant and engaging qualifications in place, and a performance reporting and accountability system that rewarded and recognised inclusion. There would also be significant additional capacity and expertise in the system in the shape of early years specialist teachers, multi-disciplinary support teams and the new Destinations and Progression Service in each local area.

With this core infrastructure in place, the time would be right to fundamentally reform the statutory framework to reflect the new, more inclusive, education landscape. Between years three and five of the reform programme, we would advocate:

- introducing the new Learner Record for children with additional needs;

- cementing and making statutory the new definitions of ordinarily available provision that should be provided in every mainstream setting;

- stopping issuing EHCPs for children seeking support for the first time, unless they demonstrate profound or exceptional needs as set out in the new National Framework;

- amending funding arrangements for mainstream schools and colleges, moving away from funding for individual learners towards cohort-based funding models;

- formally establishing Local Inclusion Partnerships with a range of new statutory powers, including the ability to commission special school provision and open new schools, with joint budgets to which all partners contribute;

- aligning the age for transition to adult services across education, health and social care; and

- putting in place the new arrangements for resolving complaints and achieving rights of redress.

Together, this wholesale reform of the SEND statutory framework would further incentivise and stimulate the development of expertise and capacity in the mainstream sector to support children and young people with additional needs, drawing on the more strategic and selective use of special schools, creating a virtuous, rather than a vicious, circle.

MODELLING THE FINANCIAL SUSTAINABILITY OF THE NEW SYSTEM

The phased approach to implementation that we have described above will initially require additional investment over and above existing funding for SEND, particularly in years one to three of the programme. This is the stage during which capacity will be built without being able to release funding and expertise from existing forms of support.

The initial modelling that we have undertaken gives us confidence that, after the initial period of increased expenditure, the new system of support that we describe would provide a more cost-effective and sustainable way to meet needs while achieving good outcomes.

We have used 2022-23 expenditure as a baseline to model how using funding in different ways could create a more financially sustainable approach to resourcing support for additional needs.

The fundamental basis on which this model is built is the premise that, under a reformed system, fewer children and young people with additional needs would need to be educated in specialist provision than are currently, since mainstream education settings would be equipped to support a wider range of needs.

In 2022/23, published data shows that there were 145,850 children and young people in state-funded special schools and a further 33,967 in INMSS (this excludes learners in post-16 ISPs).

According to our survey data, the average cost to the high needs block of educating a child or young person in a maintained special school is £24,951 and the average cost of a place in an INMSS is £58,486 per year. Using these figures as a guide, it suggests that around £5.6 billion was spent in 2022/23 on placements for children and young people in special schools.

If, as a result of the reforms that we are proposing, the number of children and young people in specialist provision returned to a level comparable with that seen in 2014/15, before the statutory reforms to the SEND system took effect, then there would be around 97,000 children and young people in state-funded special schools and around 13,000 in INMSS. This would represent a reduction of 34% and 62% respectively. Using the average placement cost data from our survey, **this could free up around £2.5 billion per annum to use differently.**

The most significant cost associated with the proposals that we have described will be the cost of supporting children and young people in the mainstream sector who would previously have been educated in the special sector. If we were to assume that £1.5 billion of the £2.5 billion earmarked above were to be transferred into school budgets, what would be the net effect for primary and secondary schools?

Table 9 below shows data on school income in 2022-23.[33] It shows that on average primary schools received £6,234 per annum per pupil, and secondary schools received £7,205. This includes all income sources, including DSG funding, SEND funding, pupil premium funding and other sources of income, such as from letting building space. The average number of children with EHCPs per primary school was seven and the average per secondary school was 25.

Table 9: Mainstream school income in 2022-23

School Type	Average income	Average per pupil income	Average number of pupils with EHCPs	Average "top-up" per child with an EHCP
Primary school	£1.70 million	£6,234	6.8	£9,398
Secondary schools	£7.53 million	£7,205	25.1	£6,462

If, under our new proposals, we assumed that the 70,000 children and young people who had previously been in special school were instead educated in mainstream schools and that, in doing so, £1.5 billion of funding was also transferred, then the average income received per pupil would rise to £6,369 for primary schools and £7,329 for secondary schools. This would equate to £52,000 more per year for the average primary school and £197,000 more per year for the average secondary school. Each primary school would have two to three more children with needs at the level that previously would have attracted an EHCP, and each secondary school would have around nine more pupils with needs at that level.

Although, under the new system, individual top-ups would no longer be paid because the funding would be provided in base budgets, the equivalent "top-up" value would effectively rise from about £9,000 per child to about £12,500 in primary schools and from about £6,000 to £10,500 in secondary schools.

Or, to think about it another way, each of the additional **children being educated in the mainstream sector would be attracting around £21,500 in additional income**. This should leave mainstream schools better off, and in a better position financially to meet needs, than they are currently, particularly when one considers the greater flexibility in using funding to meet needs when it can be deployed creatively across a cohort rather than hypothecated to individual pupils and individual plans.

Although we do not have the data available to produce a similar model for post-16, we believe that the same principles would apply by reducing take-up in post-16 specialist institutions and recycling that funding into general FE and sixth form colleges.

Table 10: Mainstream school income under new proposals in steady state

School Type	Average income	Average per pupil income	Average number of pupils with EHCPs	Average "top-up" per child with an EHCP
Primary school	£1.75 million	£6,369	9.3	£12,568
Secondary schools	£7.72 million	£7,329	34.2	£10,473

Figure 31: Summary of findings - modelling the financial sustainability of the new system (Isos Partnership)

IF THE NUMBER OF CHILDREN AND YOUNG PEOPLE IN SPECIAL SCHOOLS AND INMSS RETURNED TO THE SAME LEVEL AS 2014/15 IT WOULD RELEASE
£2.5 BILLION PER ANNUM
TO SPEND DIFFERENTLY
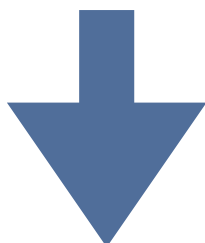
£1.5 billion into mainstream schools to support children and young people who would have been in special (at the equivalent of around £21,500 per child)

£700 million to pay for multi disciplinary teams for EY, schools, colleges (based on assumption that 50% staffing can come from existing services)

£290 million for early years training, additional staffing and higher SENIF funding

£10 million For running new National Institute. Local Inclusion Partnerships, Destinations and Progression Service cost neutral from much smaller SEND statutory teams

Allocating £1.5 billion of the £2.5 billion identified to mainstream schools to support more children and young people with more complex needs leaves **around £1 billion per year to deliver the rest of the reform programme.**

We believe that many of the proposals described in this report could be delivered in a cost-neutral way, once a steady state had been achieved and initial development costs had been met. These include redescribing the national vision, reforming the curriculum, qualifications and reporting frameworks, introducing learner journeys (with time released from not applying for and reviewing EHCPs), setting up Local Inclusion Partnerships

(redeploying staff that are currently used elsewhere in the SEND system), and creating a Destinations and Progression Service (redeploying existing staff and realising savings from teams currently engaged in EHCP casework).

There are, however, some proposals that would require additional investment each year in steady state. These are the commissioning and deployment of multi-disciplinary teams, additional investment in support for additional needs in the early years and creation and maintenance of a National Institute.

Looking first at the multi-disciplinary teams, if we were to assume that each "team" consisted of five practitioners at an average salary of £50,000 per annum and on-costs of 20% then each team would cost £300,000 per year. If we were then to assume a ratio of one team for every 20 early years settings, one team for every five primary schools and one team for every two and a half secondary schools and colleges, that would give early years settings roughly one day of dedicated support every four weeks, primary schools one day every week and secondary schools and colleges two days every week. **This level of resourcing would cost around £1.4 billion per year**.

This assumes, however, that the whole cost of the multi-disciplinary teams would be additional. In fact, there are significant numbers of EPs, SALTs, autism specialist teachers and other practitioners already employed.

The time of these practitioners will be significantly freed up by the move away from the industry surrounding statutory plans. If we were to assume, therefore, that around half the cost of the multi-disciplinary teams could be met by redeploying existing resources (and 60% would be additional investment), this brings **the annual cost to around £700 million**. We would anticipate that running the National Institute would not cost more than £10 million per year.

This would leave around **£290 million per year to invest in early years**, over and above the access to the multi-disciplinary teams. Research carried out by Hempsalls in 2019/20 indicated that national spend on SENIF funding in the early years stood at just under £62 million.[34]

If we assume that this has grown to closer to £70 million in the intervening period, an additional investment of £70 million would double funding for children with additional needs in the early years and significantly improve the incentives to prioritise support, expertise and access for children with additional needs in this age group.

The remaining **£220 million could support a specialist SEND teacher or coordinator in every Children's Centre at a cost of around £150 million**, an additional £3,000 per annum for every group-based early years setting to invest in training staff on additional needs or to create a financial incentive for a member of staff to take on extra responsibilities in relation to supporting children with additional needs (at a cost of around £70 million).

There are clearly many unknowns and many assumptions in the calculations set out above, all of which would need to be tested and refined as part of any roll-out of these proposals.

However, we hope that the illustrations provided here give confidence that a significant reshaping of the system is not just financially possible, but also has the potential to achieve a much more sustainable approach to funding support for additional needs which prioritises inclusion and early intervention.

A CALL TO ACTION

In undertaking this research, we have been privileged to hear from young people, parents and carers, headteachers and SENCOs, designated medical and social care officers, Directors of Children's Services, other LA officers, Lead Members and councillors, and representatives of national organisations.

Among our research participants there has been a clear consensus that the current system for serving children with additional needs is simply not effective and not sustainable, and that nothing short of significant and far-reaching national reform will be sufficient to address the current shortcomings.

We have set out a bold vision for what that reform could look like, based on the core principles of offering an inclusive education and one that prepares children and young people well for their adult lives.

The reforms that we have sketched out necessarily touch on all aspects of our education system and would represent a seismic shift in how we, as a society, think about the environment that enables children and young people with additional needs to thrive. We believe that, with the support of those who have so generously offered us their time, experience and creativity, we have described an ambitious, but evidence-based and ultimately achievable approach to reform.

Ultimately, however, the responsibility now rests with leaders and policy makers in national government to have the courage to undertake a national reform programme of such size and significance, for the benefit of all the children and young people in this country with additional needs.

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2. Education, health and care plans, 2024, DfE; Population estimates for England and Wales, mid-2014, ONS; and Admin-based population estimates: local authorities in England and Wales, mid 2023, ONS.

3. Chart shows ages for all children and young people with EHCPs for whom full data was available in 2023/24.

4. Special Educational Needs in England, Academic year 2023/24, DfE.

5. This analysis excludes those LAs where local government reorganisation means that it is not possible to compare numbers between 2014/15 and 2023/24.

6. To note: local government reorganisation means that a small number of county councils have changed designation between 2014/15 and 2023/24 and are now counted as unitary authorities.

7. Education, health and care plans, 2024, DfE; Population estimates for England and Wales, mid-2014, ONS; and Admin-based population estimates: local authorities in England and Wales, mid 2023, ONS.

8. Education, health and care plans, 2024, DfE.

9. Schools, pupils and their characteristics, Academic year 2023/24, DfE.

10. Special Educational Needs in England, Academic year 2023/24, DfE.

11. In calculating SEND-related expenditure from section 251 returns, we have included spend on line 1.0.2 – high needs place funding; all the high needs budgets lines under section 1.2, plus funding for education psychology (2.1.1); SEN administration (2.1.2); and independent advice to parents (2.1.3). We have not included spend on home to school transport. Not all these budget lines are financed from the high needs block. Some, such as SEND administration and EP, are funded from core council budgets.

12. Expenditure figures for 2023-24 through to 2025-26 are based on information supplied in survey returns from 74 LAs, representing 56% of the birth to 25 population. Expenditure forecasts have been scaled up to national level using the base birth to 25 population in 2022/23 as a scaling factor.

13. The dark green line on the chart shows SEND-related expenditure reported in section 251 returns for all LAs. The purple line shows estimated scaled up high needs expenditure based on survey returns.

14. LA and school expenditure, 2022-23, DfE; and Population estimates for England and Wales, mid-2022, ONS.

15. Inequalities in provision for primary children with special educational needs and/or disabilities by local area deprivation, Tammy Campbell, LSE, 2023.

16. As the most recent published financial data relate to the 2022-23 financial year, these comparisons are based on the 2022/23 academic year EHCP data for accurate comparison.

17. We have scaled up data from responses to our survey to be representative of the national picture. The factor for scaling up expenditure was based on the number of young people aged from birth to 25 in the LAs that responded to our survey compared with the number of young people aged from birth to 25 in England. The factor for scaling up income was based on the 2022-23 high needs block allocations of responding LAs compared with the 2022-23 high needs block allocations of all LAs.

18. We have scaled up data from responses to our survey to be representative of the national picture. The factor for scaling up was based on the number of young people aged from birth to 25 in the LAs that responded to our survey compared with the number of young people aged from birth to 25 in England.

19. Key Stage 2 attainment, 2023, DfE. To note, no data are available for 2019/20 and 2020/21 due to the Covid pandemic.

20. Key Stage 4 Performance, 2022/23, DfE.

21. 16-18 destination measures, 2021/22, DfE. The destinations data cover young people completing Key Stage 4 in state-funded mainstream and special schools and non-maintained special schools, but excludes those in independent schools, including independent special schools.

22. Level 2 and 3 attainment 16 to 25, 2022/23, DfE.

23. NHS Digital, Adult Social Care Outcomes Framework, 1E Proportion of adults with a learning disability in paid employment.

24. ONS, Outcomes for disabled people in the UK: 2021.

25. NICE impact people with a learning disability, November 2021.

26. Learning Disabilities Mortality Review, 2022.

27. Educational psychology services: workforce insights and school perspectives on impact, DfE, 2023.

28. Special Educational Needs in Mainstream Schools – Guidance Report, EEF https://d2tic4wvo1iusb.cloudfront.net/production/eef-guidance-reports/send/EEF_Special_Educational_Needs_in_Mainstream_Schools_Guidance_Report.pdf?v=1716466637.

29. See https://ffteducationdatalab.org.uk/2023/12/progress-5-a-performance-indicator-for-ap-and-special-schools/.

30. The short- and medium-term impacts of Sure Start on educational outcomes, IFS, 2024.

31. See https://www.local.gov.uk/publications/research-nature-impact-and-drivers-nursery-closures-england.

32. Research findings October 2023, Dingley's Promise, https://dingley.org.uk/wp-content/uploads/2024/05/Dingleys-Promise-Research-Findings-Oct-2023.pdf.

33. LA and school expenditure 2022-23 and Schools Financial Benchmarking 2022-23.

34. See https://www.coramhempsalls.org.uk/assets/attachments/pages/Hempsalls-LGA-SENIF-and-DAF-Effectiveness-FINAL-Report-150520.pdf.

LIST OF ACRONYMS USED IN THIS REPORT

- AP – alternative provision
- AWPU – age-weighted pupil unit
- CCN – County Councils Network
- CPD – continuing professional development
- DAF – disability access fund
- DBVS – Delivering Better Value in SEND
- DCS – Director of Children's Services
- DfE – Department for Education
- DHSC – Department of Health and Social Care
- DSG – dedicated schools grant
- EBacc – English Baccalaureate
- EEF – Education Endowment Foundation
- EHC – education, health and care, as in EHCNA (education, health and care needs assessment) and EHCP (education, health and care plan)
- EOTAS – education otherwise than in school
- EP – education psychologist/psychology
- FE – further education
- HE – higher education
- HNB – high needs block (of the dedicated schools grant)
- ICB – integrated care board
- ICS – integrated care system
- IDACI – income deprivation affecting children index
- INMSS – independent or non-maintained special school
- ISP – independent specialist providers
- LA – local authority
- LGA – Local Government Association
- NEET – not in education, employment or training
- NICE – National Institute for Health and Care Excellence
- ONS – Office for National Statistics
- PCF – parent carer forum
- PRU – pupil referral unit
- SALT – and speech and language therapist/therapy
- SENIF – special educational needs inclusion funding
- SEMH – social, emotional and mental health
- SENCO – special educational needs co-ordinator
- SEND – special educational needs and disability
- SENDIASS – special educational needs and disability information, advice and support service
- SLCN – speech, language and communication needs

CCN is the voice of England's counties. Representing the local authorities in county areas, the network is a cross-party organisation which develops policy, commissions research, and presents evidence-based solutions to issues on behalf of the largest grouping of councils in England.

In total, the 20 county councils and 17 unitary councils that make up the CCN represent 26 million residents, account for 39% of England's GVA, and deliver high-quality services that matter the most to local communities.

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government.

We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils, so they are able to deliver local solutions to national problems. The LGA covers every part of England and Wales, supporting local government as the most efficient and accountable part of the public sector.

Isos Partnership is a research and advisory company that supports the public sector to improve outcomes, working at every stage of the policy-making and delivery process. We have in-depth experience of developing policy and strategy, solving delivery problems, undertaking national evaluations and completing insightful research on a range of topics including education, local government, special educational needs inclusion and children's services. This research was conducted by Ben Bryant, Natalie Parish, Sam Baars, Adam Lewis and Karina Kulawik.

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26 March 2024

Stephen Lee HMI
Assistant Regional Director

Nancy Meehan
Director of Children's Services
Sent via email to: nancy.meehan@torbay.gov.uk,

Dear Nancy

Re: Area SEND engagement meeting 27 February 2024

The purpose of the meeting was to discuss SEND provision in your area and how the area partnership is meeting the needs of children and young people with SEND, how you are improving services for children and young people with SEND and their families, to identify any issues of concern and how the partnership is keeping up to date with any changes in the local SEND system.

You told us that services for children are at the top of the council's list of priorities. The previous Area SEND inspection in November 2021 found that change was needed in many areas of provision for children and young people (CYP) with SEND. You acknowledge that you are not seeing the impact of your development work as fast as you would wish. However, the partnership is determined to explore different options for improving services. For example the consideration of an independent chair to the SEND strategic board. You believe this independent oversight will accelerate development work.

The relationship between the different organisations in the local area partnership is critical to its success. You acknowledge that in the past there have been weaknesses in joint working in your area. In November 2021, for example, you said that provision for children with SEND was seen as a separate area of work from social care. You believe that there is now a much greater commitment to partnership work from leaders in each aspect of education, health and social care. Two weeks ago, a new chief executive officer of the ICB was appointed. You say that this will also help to accelerate development work.

You are proud of the work of the parent/carer group, 'SEND Family Voice Torbay'. Leaders of this group say they have been included much more in strategic decisions. As a result, you believe the partnership has a better understanding of the impact of its work on children and families.

You explained that there has been an increased commitment to services for children and young people (CYP) with SEND from the council since the previous joint Ofsted and CQC inspection. This has resulted in greater capacity in SEND services. For example, the partnership plans to strengthen the work of family hubs by collocating educational psychologists within them. You have also included educational psychologists in the recently established 'first step' groups to look at the needs of children in the early years and their families. You say that you want to build strong foundations for the future and so you are moving slowly with these initiatives to make sure they are sustainable.

A quality framework was introduced last year to drive up the quality of education, health and care (EHC) plans. You believe this has improved the quality of these plans, but you say that this focus on quality means that the impact on the timeliness of plans has been limited. Parents in particular report that there are still long delays in finalising new EHC plans.

There is a tension between quality and timeliness of EHC plans. At the start of last year there was a backlog in Torbay of 723 plans that were more than 13 months overdue for review. You brought in more people and adopted a project approach to successfully clear this backlog. You describe this as a reset. Resources can now be targeted at completing assessments and producing EHC plans within the desired timeframe. A new information management system has helped to identify the progress being made.

Even so, you acknowledge that the partnership needs to do more work to ensure that children's health needs are appropriately incorporated into their EHC plans. To this end, you have instigated a pilot project in Torbay. You are using a designated clinical officer to train clinicians in the area to understand more about the EHC plans. You believe this is resulting in greater consistency of practice.

One of the initiatives you have introduced is a change to the way your family hubs work. Each of the five hubs now has an outreach worker attached. You say that these outreach workers are now better able to go into the family home. This is proving to be a popular and effective approach. Demand is such that there is now a waiting list for this service. Outreach work is now being directed by your 'at risk' panel. You say that the level of intervention for children with social, emotional and mental health needs and children who need speech and language therapy is increasing because of this. The effect of this intervention is yet to be evaluated fully. You hope that it will soon start to have an impact on the high rate of school suspensions and permanent exclusions in the Torbay area.

The partnership has developed a 'graduated response roadshow' which has now visited all schools in Torbay. You believe that this has significantly raised the profile of the partnership's work with schools. One outcome of this is the increased attendance of school staff at the regular SENCO network meetings. Parent representatives are sensing the higher profile of local SEND services. They report

that the phrase 'graduated response' is now being used more frequently by parents. However, they accept that there are still wide differences between parents' experience in different schools.

You are committed to more face-to-face work with families. For example, a recent 'spotlight on CAMHS' day generated a lot of interest, but the messages were hard for staff to hear. Even so, you believe that a big shift in parents' views is taking place.

Thank you once again for the time and energy you invested in meeting with us.

Yours sincerely

Stephen Lee
His Majesty's Inspector
Assistant Regional Director

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Torbay Local Area Self Evaluation Framework

One Torbay - working for all Torbay

Version Control

Date	Details	Updated by
27 March 2024	New Model V.1 draft 1	Graham Pirt
9 April 2024	New Model V.1 draft 2	Graham Pirt
16 April 2024	New Model V.1 draft 3	Graham Pirt
1 May 2024	New Model V.1 draft 4	Graham Pirt
14 May 2024	New Model V1.1 draft 5	Graham Pirt
3 June 2024	New Model V1.2 Following Comments	Graham Pirt
10 June 2024	NEW Model V1.3 Following further comments	Graham Pirt
11 June 2024	NEW Model V1.4 Following further analysis	Graham Pirt
25 June 2024	NEW Model V1.5	Graham Pirt
26 June 2024	NEW Model V1.5.2	Graham Pirt
1 July 2024	NEW Model 1.6	Graham Pirt & Hannah Baker
16 July 2024	New Version 1.6.2	Graham Pirt

CONTENTS

What did the Last Inspection say?

The Local area SEND inspection took place between 15 and 19 November 2021 and highlighted areas of significant weakness. The HMCI has also determined that the local authority and the area's ICB (previously CCG) are jointly responsible for the Written Statement of Action to Ofsted. Torbay's Written Statement of Action (WSoA) was finalised in May 2022, detailing our commitment to improving service delivery in the local area.

The Inspection detailed Areas For Improvement in:-

- **Joint Commissioning**
- **Culture**
- **SEND Strategy**
- **Joint Working**
- **Graduated Response**
- **Becoming an Adult**
- **Quality assurance and Community Engagement**

As well as our own governance structure, which has included an independent Check and Challenge group to scrutinise and advise on our progress Torbay has received 6 monitoring visits from the DfE. Following these visits, the Local Area has taken forward further recommendations and improvements in line with their findings.

As a Local Area our feedback from our parent and carer forum has told us that our greatest progress has been seen in the shift in culture for SEND in Torbay; this has been evidenced by our SEND forum for young people, our completely coproduced SEND Strategy and the integration of parent and carer forum as "full strategic partners"* (*DfE Monitoring visit quote).

We are also pleased with our progress towards our Graduated Response where new toolkits have been

co-produced with the Local Area and are currently being embedded. Our SEND audit and quality assurance protocols and procedures have been created and are fully embedded which is leading to higher quality EHCP plans and are being continuously being reviewed to be robust and support improvement of EHCP's processes. Our community engagement has improved with events, forums, newsletters and training reaching out to a greater number and a greater reach of SEND families.

What we have achieved against the Written Statement of Action demands

Joint Commissioning

Change achieved	Evidence of Impact	Key Next Steps
Independent Deep Dive into Joint Commissioning

Re focused and reformed Torbay SEND Needs & Joint Commissioning Group

SEMH SLCN workforce training delivered to over 1,000 people | SFVT are actively involved and taken on the coordination role for the Pilot Autism & Us parent programme with feedback being collected and will inform a more sustainable offer | Develop understanding of a shared language which reflects a partnership-wide understanding of the capacity challenges of individual agencies

Agree a revised Joint Commissioning model

Complete initial review of the JSNA

Develop information for families to consider when paying for a private provider assessment. |

Culture

Change achieved	Evidence of Impact	Key Next Steps
Membership of new SEND Priority Group – SEND is Everyone's Business established, to continue Culture workstream

Second annual Participation Survey completed

KPIs have been coproduced to monitor the effectiveness | A range of participants across health, social care and education who can progress actions

The KPIs provide a robust framework to match impactive actions against

Draft SEND survey shows positive relationships as well as good provision are important to CYP | Publication of the SEND survey

Future planning for SEND surveys to provide consistent insights into progress from the perspective of CYP and their families to understand the impact of changes |

SEND Strategy

Change achieved	Evidence of Impact	Key Next Steps
SEND Strategy is fully embedded into our improvement priorities KPI's developed as part of the strategy are the accountable measures for the priority areas and reported to the project board Co-produced Action Plans have clear timebound targets Quality Standards for Alternate Provision have been coproduced with parents Providers and the new system embedded with all providers receiving their quality assurance visits	Case Conferencing is making a difference with a greater number remaining in their setting More schools are engaging in multi-agency meetings to help to plan to meet needs, rather than move to suspension and exclusion.	Embed the Monitoring of the five key priorities in the SEND Strategy, using the SEND Strategic Board, ICB Board and Children's Continuous Improvement Board to unblock any issues Revisit our needs from our Sector Led Improvement Partner and make an application to the DfE Focus on lowering our exclusions and suspensions for the two schools who continue to do so despite our intervention Suspension data further analysed to ensure that children continue to be referred to at risk panels at the earliest opportunity

Joint Working

Change achieved	Evidence of Impact	Key Next Steps
Established partnership approach to all SEND work Participation Officer ensures a wide range of young people voices work towards all the different elements Designated Clinical Officer employed in NHS Community provider CFHD as an interim (6 month) SEND Lead post to support and develop the SEND agenda	Our communications show that a greater number are engaged in the SEND agenda Our evidence of accelerated growth in young people's participation	Continue to reach a wider audience of young people and families Hear and respond to the PCF feedback regarding ensuring that communications are clear and evidencing change Further embed the Coproduction charter to disseminate confidence for our families that all improvement projects are being coproduced

Graduated Response

Change achieved	Evidence of Impact	Key Next Steps
Creation of the Graduated Response toolkits New programme for parent carers commissioned New Section 23 process active Educational Psychology team rolling out ELSA training Success in Mental Health in Schools Team	Each family that accepts a 'Next Steps' meeting has a multi-agency discussion about support in place through the SEND support Record of the meeting is given to the education provision and parent/carer	Embedding the Graduated Response SEMH and Graduated Response toolkits to be created MHIST and CAMHS to work on linkage and thresholds to ensure there are no gaps Review of Behaviour outreach at primary phase

Becoming an Adult

Change achieved	Evidence of Impact	Key Next Steps
New Transition protocol is well embedded NEETS have reduced, with Apprenticeships and Internships increasing Mapping work completed which shows services currently available Links with National Association of Directors of Adult Social Services (ADASS) groups have further progressed Pathway to Adulthood best practice.	Parents have benefitted from workshop sessions on The Power of Attorney and Mental Capacity Act. NEET Figures continue to be on and positively under target Changes with AP offers are meaning greater choice for our young people	Relaunch of Bi-annual Panel Follow up Stakeholder event

Quality Assurance & Community Engagement

Change achieved	Evidence of Impact	Key Next Steps	General Overview of Progress	
Two cycles of EHCP audits	EHCP quality data dashboard on Invision 360	DSCO undertake audit of Appendix Es	• Revised governance arrangements	• SEND Strategy has now been coproduced with all partners and is ambitious in its aims and fully embedded into our improvement priorities.
Quarterly reports are driving progress forward	EHCP auditing reports and action tracker	Ensure CAPITA reflects audit activity	• Revision of work into five priorities areas aligned with SEND Strategy	• Community engagement has grown
Building a data dashboard on quality of plans	DSCO spreadsheet	Joint audit with Health on Appendix Cs	• Representatives in Priority Delivery Groups include: Headteacher of CEO level, Health and Social Care Strategic Leads	• Go live of Family Hubs website
Piloted SEND multiagency tracking meetings		Liquidlogic process maps	• Chairing arrangements from across the partnership	• Neurodiversity Transformation Programme activities
			• Implementation of Graduated Response	• SLCN Transformation Programme activities
			• Embedded Quality Assurance	• Family Feedback Event Community engagement has grown
			• Autism Education Training in secondary schools	• Go live of Family Hubs website
			• Effective collaboration with children, young people and their families e.g. SEND Youth Forum	• Neurodiversity Transformation Programme activities
			• Improved marketing of the Learning Disability Annual Health Checks	• SLCN Transformation Programme activities
				• Family Feedback Event

Our SEND and Inclusion Vision

The shared vision for the strategy was produced with representatives from across the local area. Partners across the local area in Torbay are committed to working in partnership with SEND Family Voice Torbay as well as children, young people, parents, carers and partner organisations to radically improve support for children and young people with special educational needs and/or disabilities within Torbay so they have the very best life chances. The strategy cannot be considered in isolation and acknowledges that there are interdependencies with the development of Family Hubs, Child Friendly Torbay and the development of the Integrated Care System for Devon.

Torbay have revised their governance arrangements to ensure that the agreed improvements in the WSOA are delivered whilst embedding recommendations from the new SEND reforms, Inspection Framework and Safety Valve. This has resulted in a revision of work into five priorities areas aligned with our SEND Strategy that still cover the full breadth of the written statement of action agreed work

Our 5 Priorities

Priority 1: SEND is everyone's business - embedding our values through education, health and social care, changing culture and reforming our workforce.

Priority 2: Identify and act on children's needs at the earliest opportunity, through valuing lived experience and expertise.

Priority 3: Understand the needs of our children, young people and families and make sure joint commissioning supports service delivery and we make best use of all resources.

Priority 4: Make sure that all early years' providers and mainstream educational settings support an inclusive approach to education

Priority 5: Improve transition planning for young people moving into adulthood.

Our SEND Strategy Partnership Pledge

Be Honest

We will tell you the truth, we will listen and work with you to plan and explain what is possible and why things may need to change or happen.

Show you we care

We will listen carefully and make sure that we build a plan of support around your aspirations, hopes and goals.

Be Thoughtful

We will treat you as the expert, build our professional knowledge of your needs and what is available to help you.

Be Fair

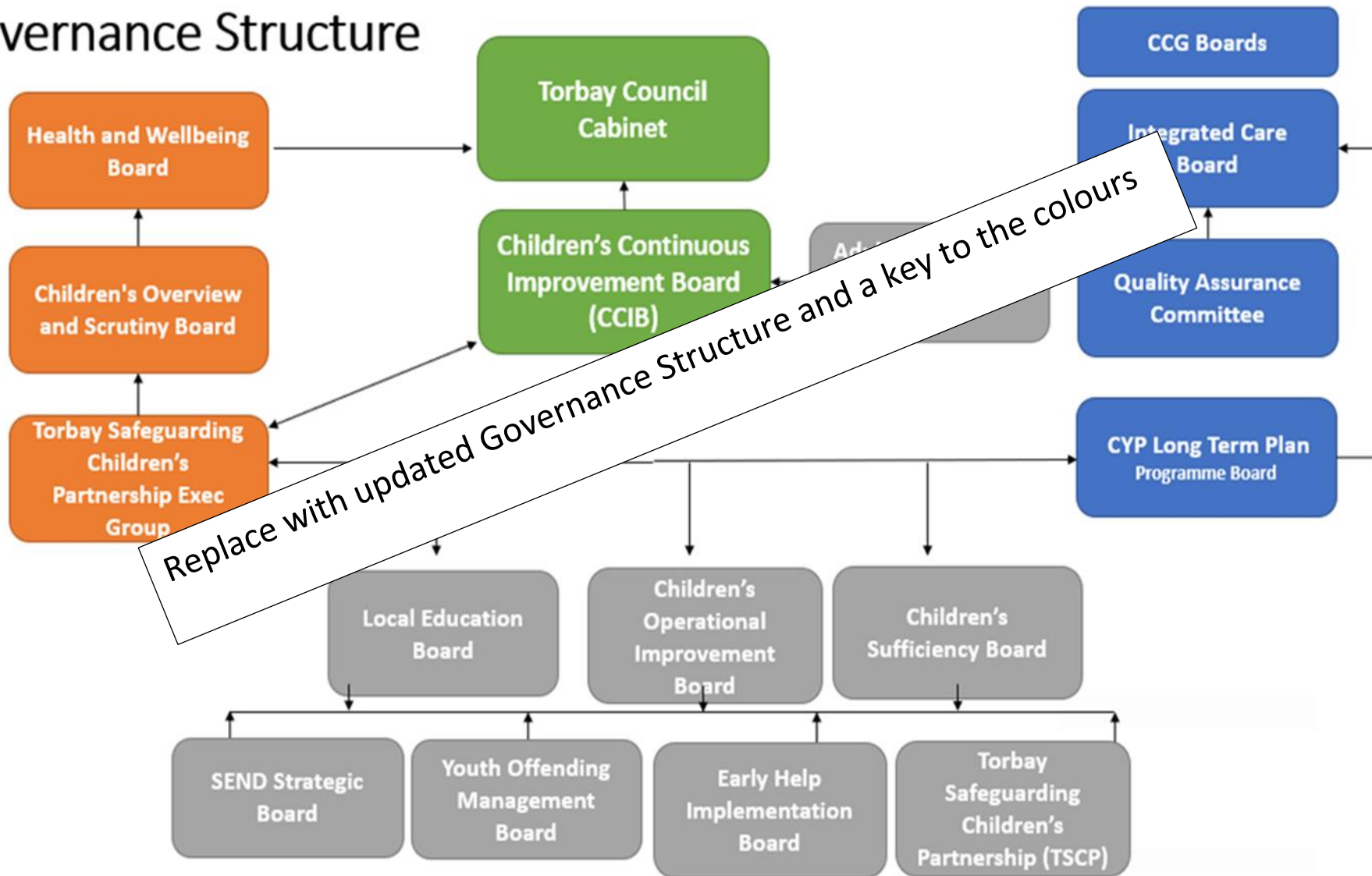We will treat you and your family with respect.

Be Kind

We will listen carefully and ask you how you want to receive your support.

The co-produced SEND strategy sets out a vision and direction of travel for children and young people 0 – 25 years, with Special Educational Needs and Disabilities (SEND) in Torbay. It is intended to cover the 'local area' of Torbay and can only be achieved through effective partnership between children, young people, parent and carers and our local system; the local authority, Integrated Care System (ICS) (health), public health, NHS England for specialist services, early years settings, schools, further education provisions and the voluntary and community sector.

To achieve this vision, young people, parents, carers, professionals and services across the local area have agreed to adopt a set of principles that have been set out in a partnership pledge. We know that the success of our strategy depends on cultural change. The commitments that we expect everyone to adopt and sign up to have been defined by our children and young people.

How our Local Area Governance and reporting systems are organised.

Governance Structure

Health and Wellbeing Board

Children's Overview and Scrutiny Board

Torbay Safeguarding Children's Partnership Exec Group

Torbay Council Cabinet

Children's Continuous Improvement Board (CCIB)

CCG Boards

Integrated Care Board

Quality Assurance Committee

CYP Long Term Plan Programme Board

Local Education Board

Children's Operational Improvement Board

Children's Sufficiency Board

SEND Strategic Board

Youth Offending Management Board

Early Help Implementation Board

Torbay Safeguarding Children's Partnership (TSCP)

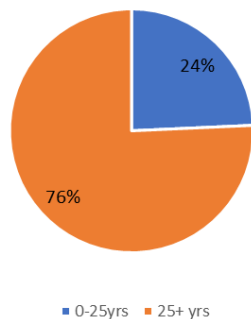Replace with updated Governance Structure and a key to the colours
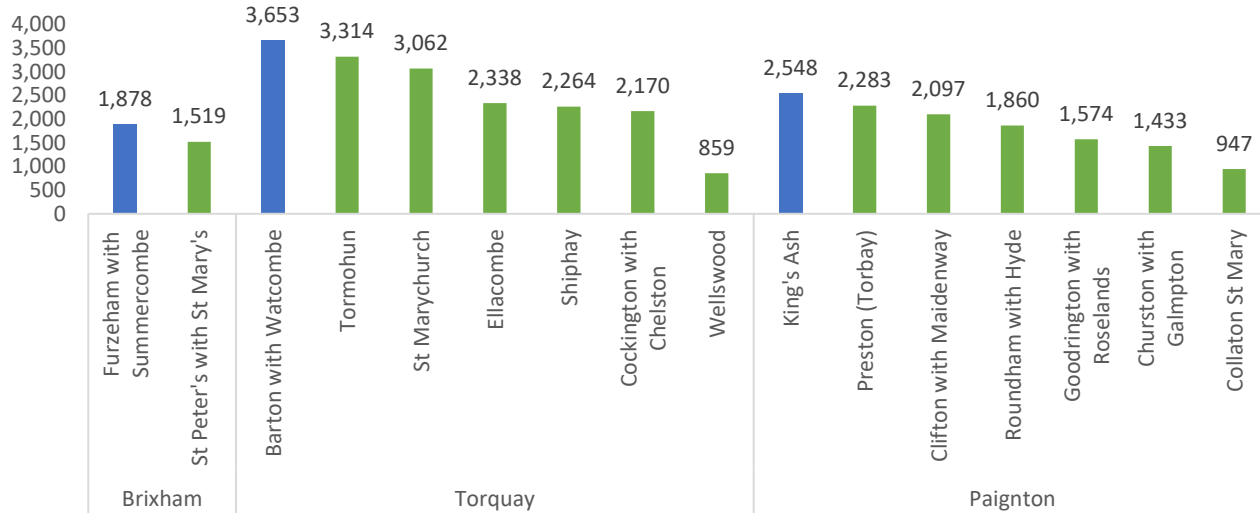
What we know about Torbay

Latest data from Office for National Statistics is that in March 2021, Torbay has 33,808 children and young people aged 0-25 years. This accounts for **24%** of Torbay's total population.

As of 2021, Torbay is the seventh most densely populated of the South West's 30 local authority areas. There has been an increase of 20.6% in people aged 65 years and over, an increase of 1.4% in people aged 15 to 64 years, and an increase of 4.2% in children aged under 15 years, from 2011 census.

The SEND Needs Analysis of Torbay shows:

- **0-25 general population age group shows ages 10-15 as highest subgroup.**
- **Wards with most needs are Kings Ash (1st) (4th lowest ward of deprivation) and Barton with Watcombe (2nd) (5th lowest ward of deprivation)**
- **Speech, Language and Communication is the highest SEN support need.**
- **Autism Spectrum Condition is the highest need for EHC plans.**
- **Combined highest need is Speech, Language and Communication Needs.**
- **Birth rates, specifically Torquay, have declined.**
- **Primary Admission Rate has remained around the same.**

Torbay Population - Age

- 24% 0-25yrs
- 76% 25+ yrs

Torbay 0-25 Population Distribution

Ward	Population
Furzeham with Summercombe	1,878
St Peter's with St Mary's	1,519
Barton with Watcombe	3,653
Tormohun	3,314
St Marychurch	3,062
Ellacombe	2,338
Shiphay	2,264
Cockington with Chelston	2,170
Wellswood	859
King's Ash	2,548
Preston (Torbay)	2,283
Clifton with Maidenway	2,097
Roundham with Hyde	1,860
Goodrington with Roselands	1,574
Churston with Galmpton	1,433
Collaton St Mary	947

Brixham / Torquay / Paignton

What we know about SEND in Torbay

Information taken from our SEND JSNA, our Data Dashboard and our SEND Needs Analysis.

EHCP Numbers
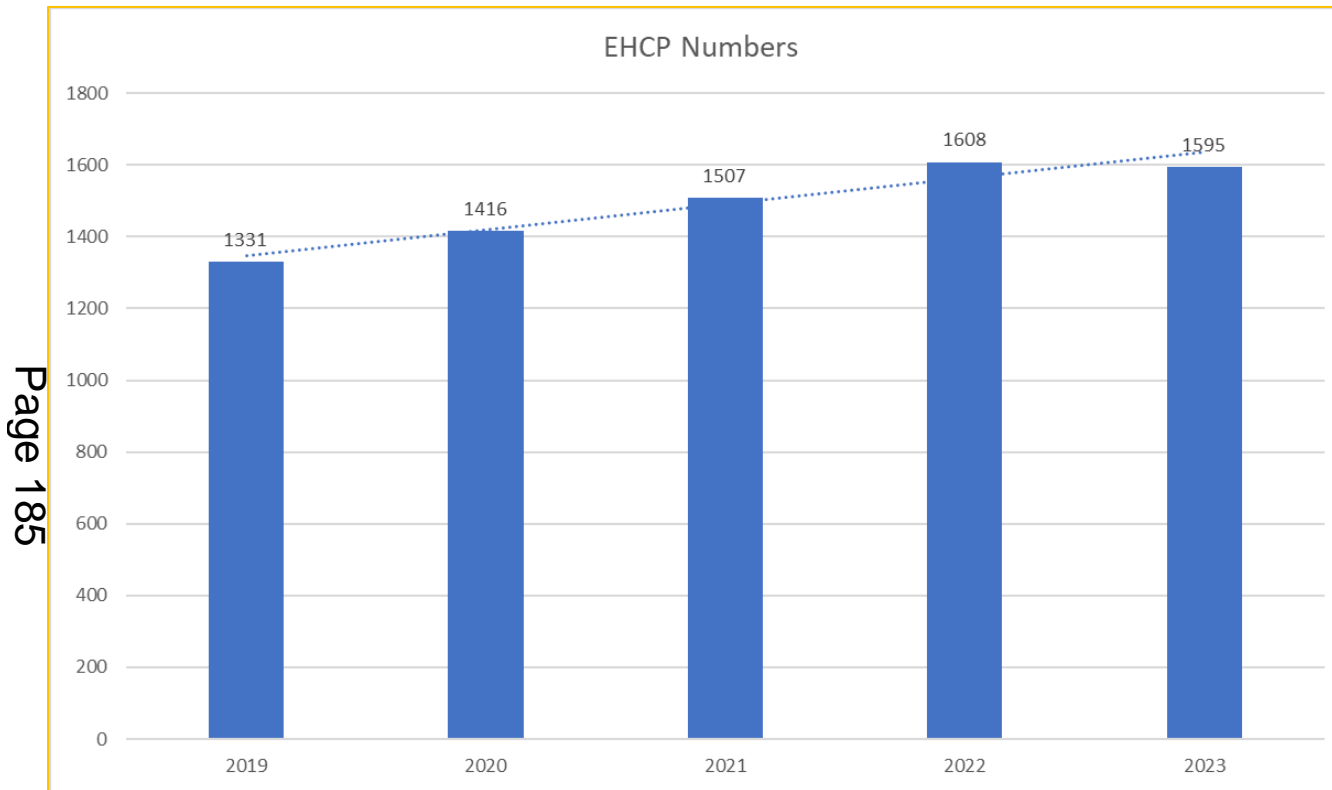
Year	Number
2019	1331
2020	1416
2021	1507
2022	1608
2023	1595

EHCP breakdown (2023) - Source: SEN2 Census. SEN2 Census 2024 submitted figure is 1535

Torbay has 33,808 children and young people aged 0-25 years. This accounts for 24% of Torbay's total population.

Torbay is the seventh most densely populated of the South West's 30 local authority areas. There has been an increase 1.4% in people aged 15 to 64 years, and an increase of 4.2% in children aged under 15 years, from 2011 census.

Historically EHC plan numbers in Torbay have continued to increase and have been above the National rate.

Torbay Council joined the DfE's Safety Valve Programme in 2023. Since mitigations have been put in place, Torbay's EHC plan numbers are now reducing.

There are 1,535 EHCP pupils on Capita (as at 01/07/2024) and working towards our target of 1488

- 60 EHCP pupils live out of area.
- 1,489 have a home address listed as Torquay, Paignton or Brixham.
- 2,881 pupils on SEN K (SEN Support census day January 2024)
- 128 SEN K live out of area

This makes a total of 4,448 young people This represents 13% of our 0-25 population in Torbay.

13%

SEND by Type

Legend: ■ SEN K ■ EHCP

SEND by type as % of their 0-25 Population

Legend: ■ SEN K ■ EHCP
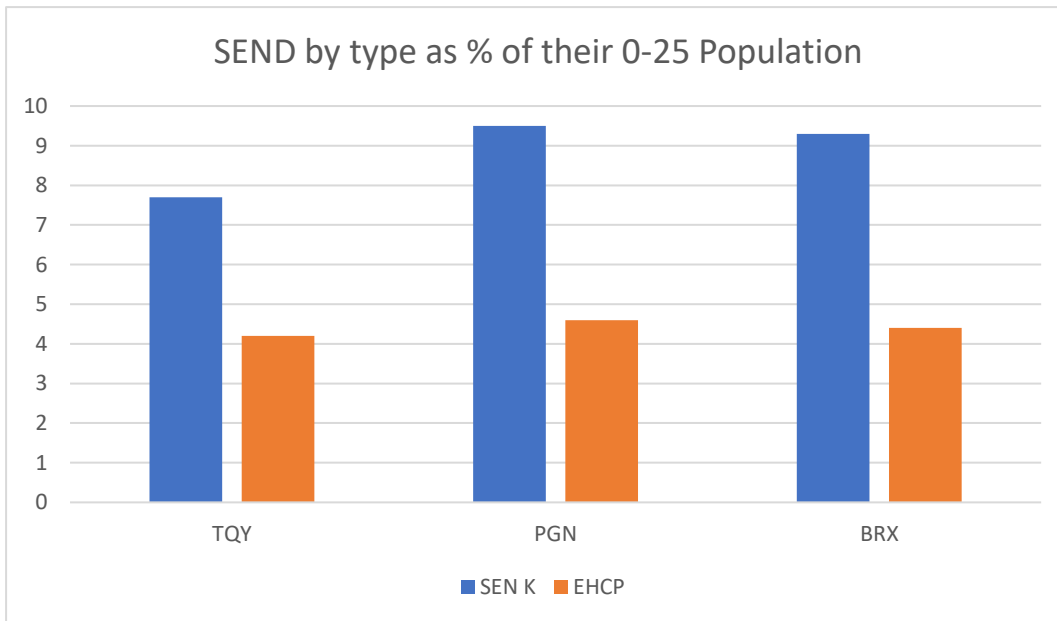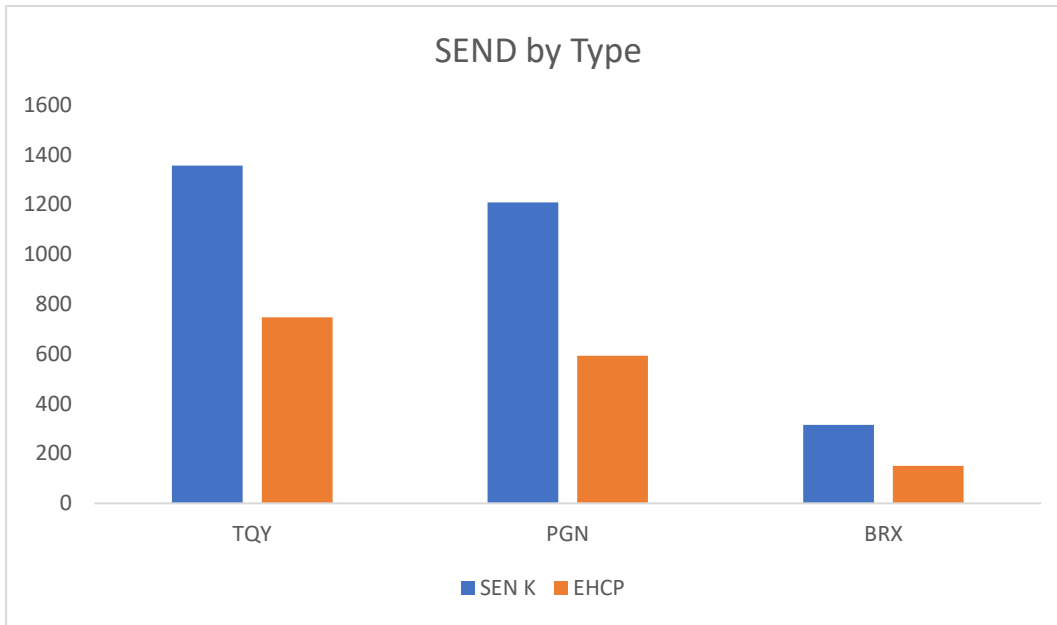
The number of Children and Young People with SEND across the three main towns of Torbay show that Torquay and Paignton have the greatest number. Not unexpectedly, as they have the greatest populations of 0-25 yr olds. However, when judged as a proportion of each town's 0-25 yr old population Torquay has a lower proportion of SEN K and slightly lower proportion of EHCPs

Paignton and Brixham have similar proportions.

%	Torquay (17660)	Paignton (12792)	Brixham (3397)
SEN K	1357 (7.7%)	1209 (9.5%)	315 (9.3%)
EHCP	747 (4.2%)	593 (4.6%)	150 (4.4%)
ALL SEND	2104 (11.9%)	1802 (14.1%)	465 (13.7%)

SEND by Top Needs

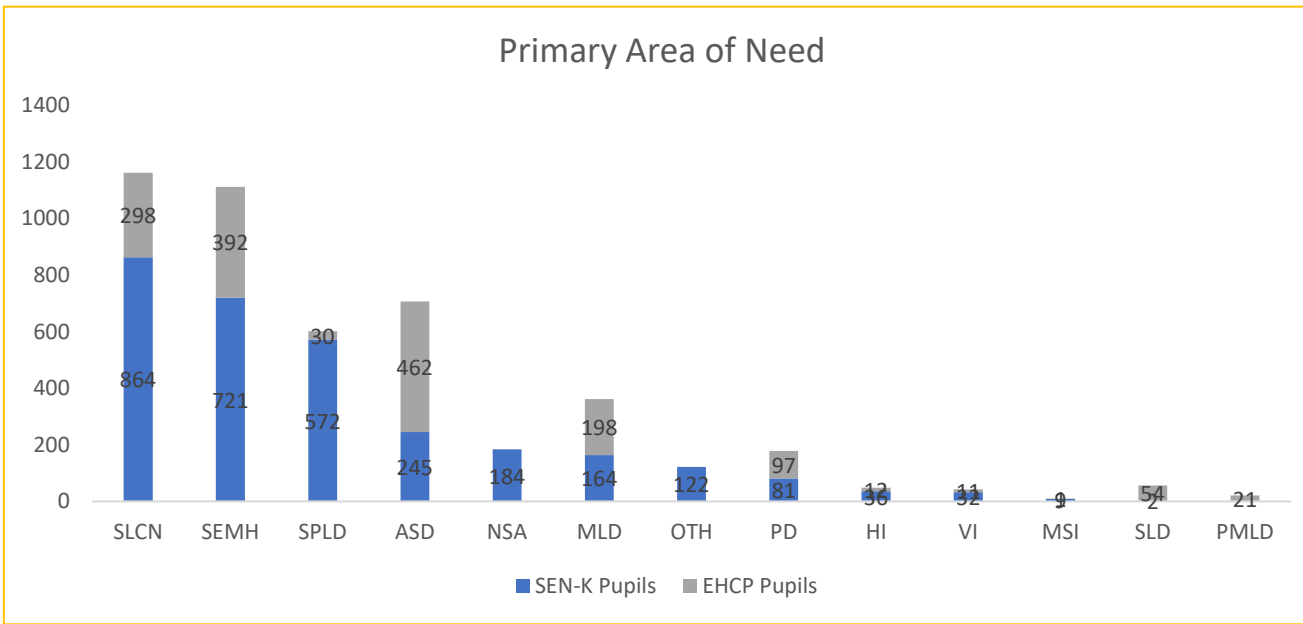## SEND by Top 4 Needs as % of 0-25 population by Town
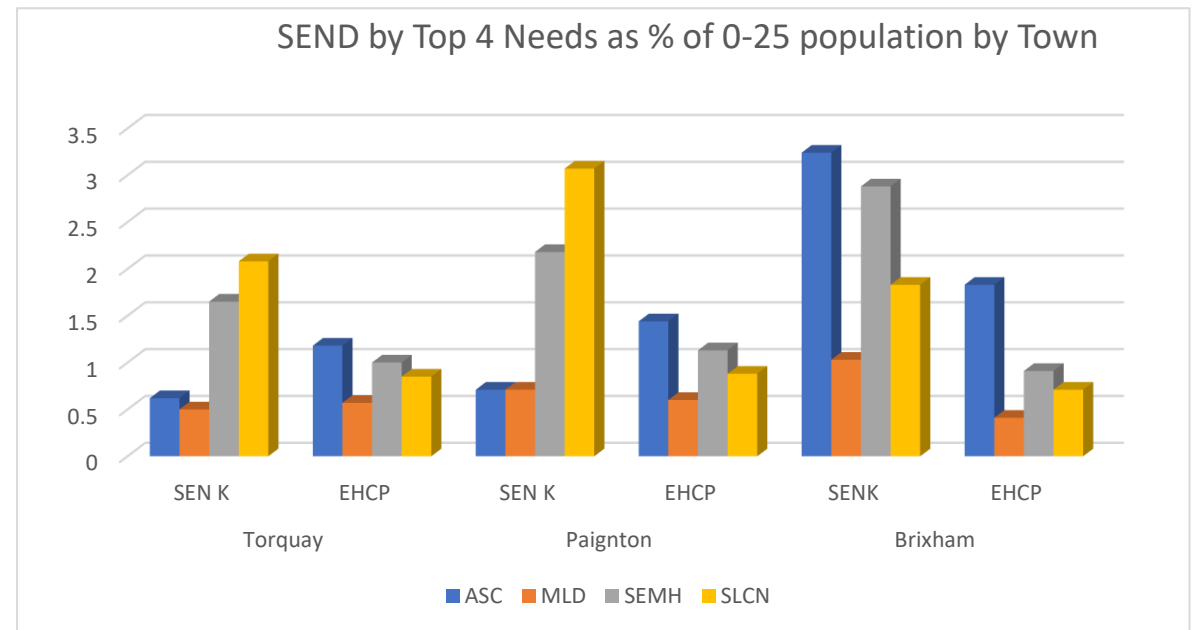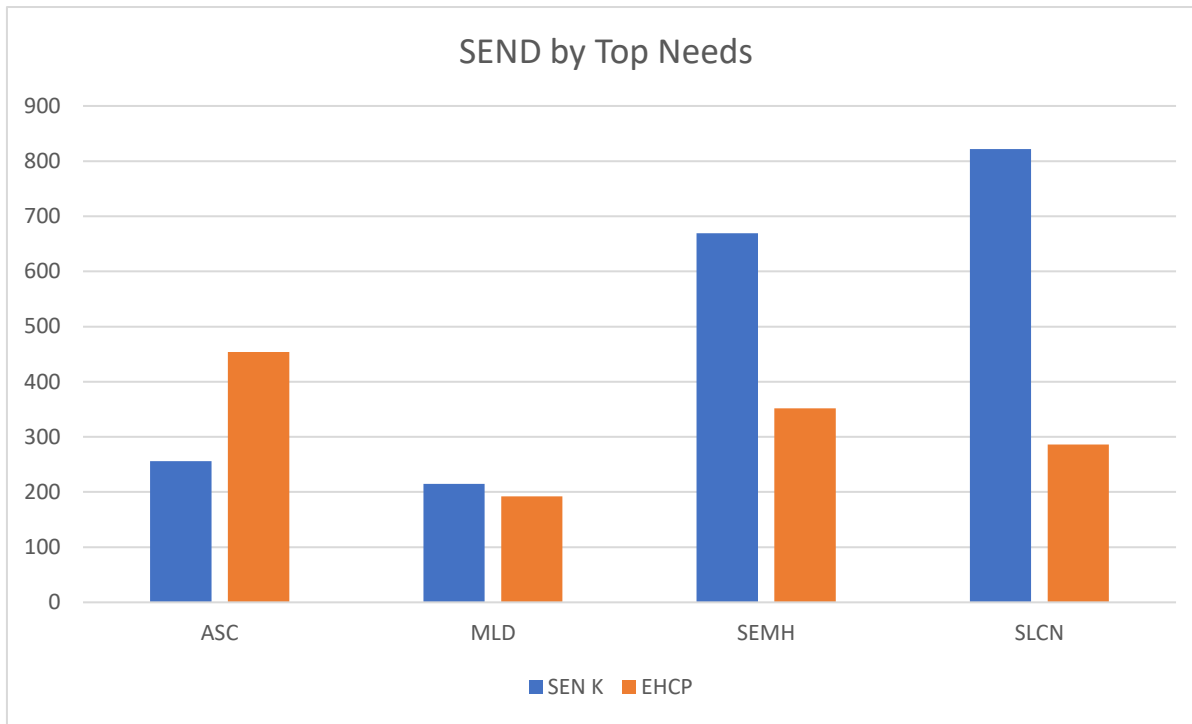
The highest number of SEN K are for SLCN, whereas the highest number of EHCPs are for ASC. However when these figures are broken down as a percentage of the 0-25 population across Torquay, Paignton and Brixham the figures reveal different balances.

The highest percentage of SLCN for SEN K is in Paignton and the lowest is in Brixham. However, the highest percentage of ASC at SEN K is in Brixham (3.24%). This is significantly higher than in either Torquay (0.62%) and Paignton (0.71%). The proportions for EHCP with ASC show Brixham the highest (1.83%), Paignton (1.44%) and Torquay (1.18%).

|	TQY SEN K	TQY EHCP	PGN SEN K	PGN EHCP	BRX SEN K	BRX EHCP
ASC	0.62	1.18	0.71	1.44	3.24	1.83
MLD	0.5	0.57	0.71	0.6	1.03	0.41
SEMH	1.65	1	2.18	1.13	2.88	0.91
SLCN	2.08	0.85	3.07	0.88	1.83	0.71

The highest level of SEMH at SEN K is in Brixham (2.88%). The proportion of EHCP for SEMH is similar across all three but still lowest in Brixham.

Primary Area of Need

Chart (stacked bar, SEN-K Pupils and EHCP Pupils):

- SLCN: 864 (SEN-K), 298 (EHCP)
- SEMH: 721 (SEN-K), 392 (EHCP)
- SPLD: 572 (SEN-K), 30 (EHCP)
- ASD: 245 (SEN-K), 462 (EHCP)
- NSA: 184
- MLD: 164 (SEN-K), 198 (EHCP)
- OTH: 122
- PD: 81 (SEN-K), 97 (EHCP)
- HI: 30, 12
- VI: 32, 11
- MSI: 9
- SLD: 2, 54
- PMLD: 21

Legend: ■ SEN-K Pupils ■ EHCP Pupils

Proportion of SEND against Deprivation if all Wards were equal

Wards: St Peter's, Churston, Barton, Tormohun, St Peter's, Ellacombe, Shiphay, Cockington, Wellswood, Kings Ash, Preston, Clifton, Roundham, Goodrington, Furzeham, St Mary

Legend: ■ Ward ■ Proportion

The number of children and young people with SEND needs is greatest for SLCN, SEMH, SpLD and ASC.

However, in terms of those with SEN K, the number for ASC is significantly lower than those for SLCN, SEMH and SpLD., whereas the number of EHCPs with ASC is significantly higher than the other three areas.

Nationally, the most common type of need for those with an EHCP plan is ASC and for those with SEN Support it is SLCN. This matches the Torbay profile.
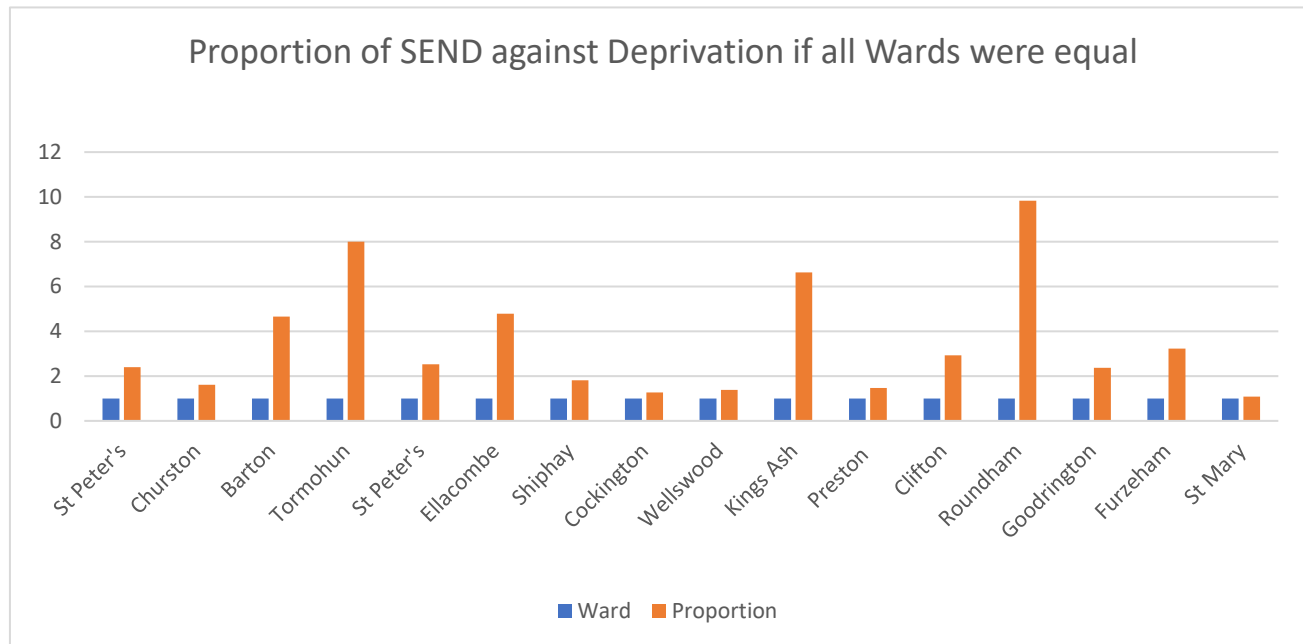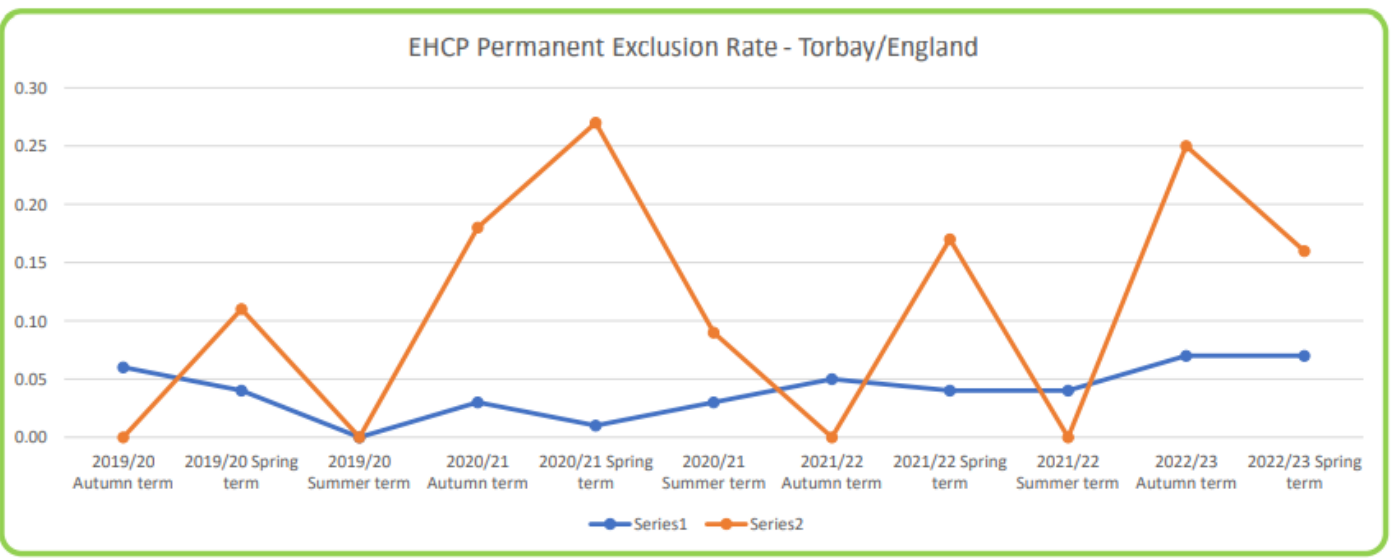
When the profile of SEND against deprivation is viewed the areas of highest deprivation Barton, Tormohun, Ellacombe, Kings Ash and Roundham. If the proportion of SEND to the population of the Wards, if all wards were equal, is examined then Roundham has the highest proportion followed by Tormohun and Kings Ash.

Absence -published data

Legend: ● Torbay ● England
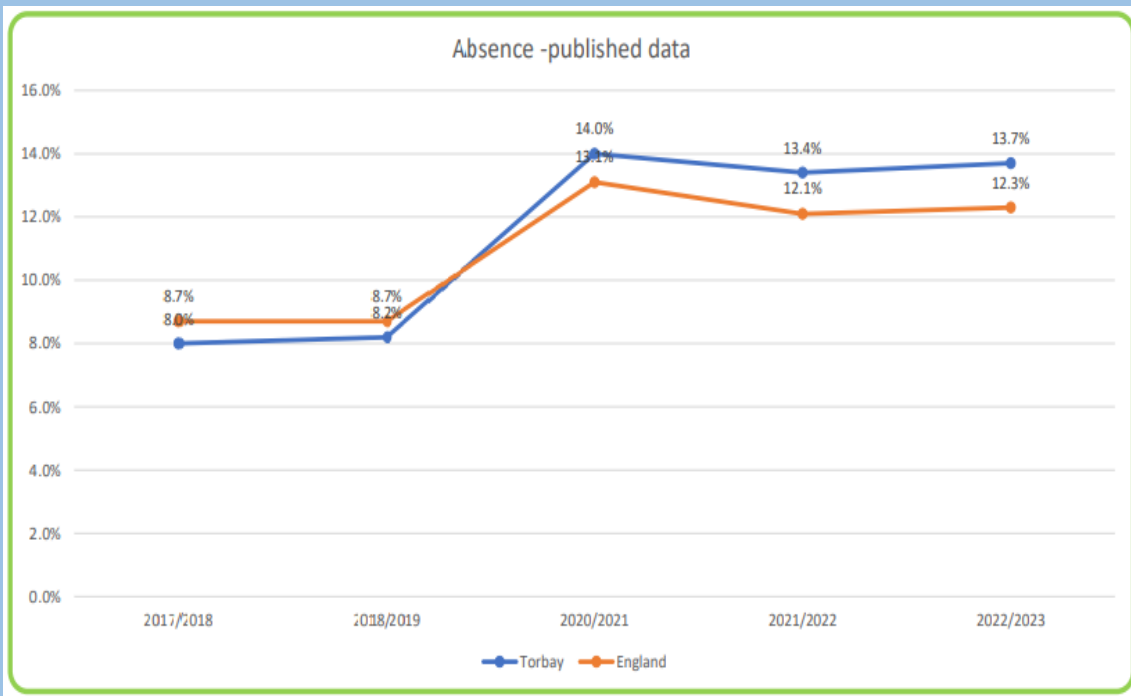
The published (2022/23)absence rate for Torbay EHCP pupils is 1.4% higher than National levels.
The current level of 13.7% (May2024) is above our target of 12.3%

Absence -VYED

Legend: ● ALL pupils ● SEN-K ● EHCP
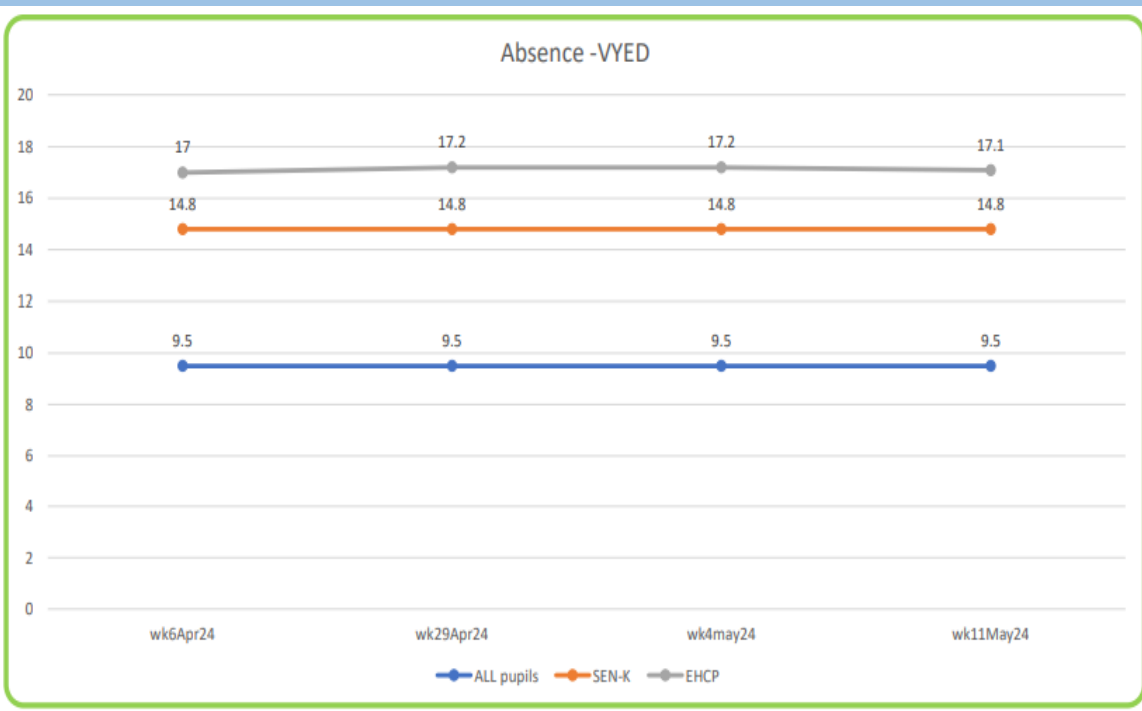
Data collected weekly via the DfE 'View Your Education Data' (VYED) show current figures (May 2024) indicate that EHCP absence is 17.1% for the month compared to the target of 12.3%

EHCP Permanent Exclusion Rate - Torbay/England

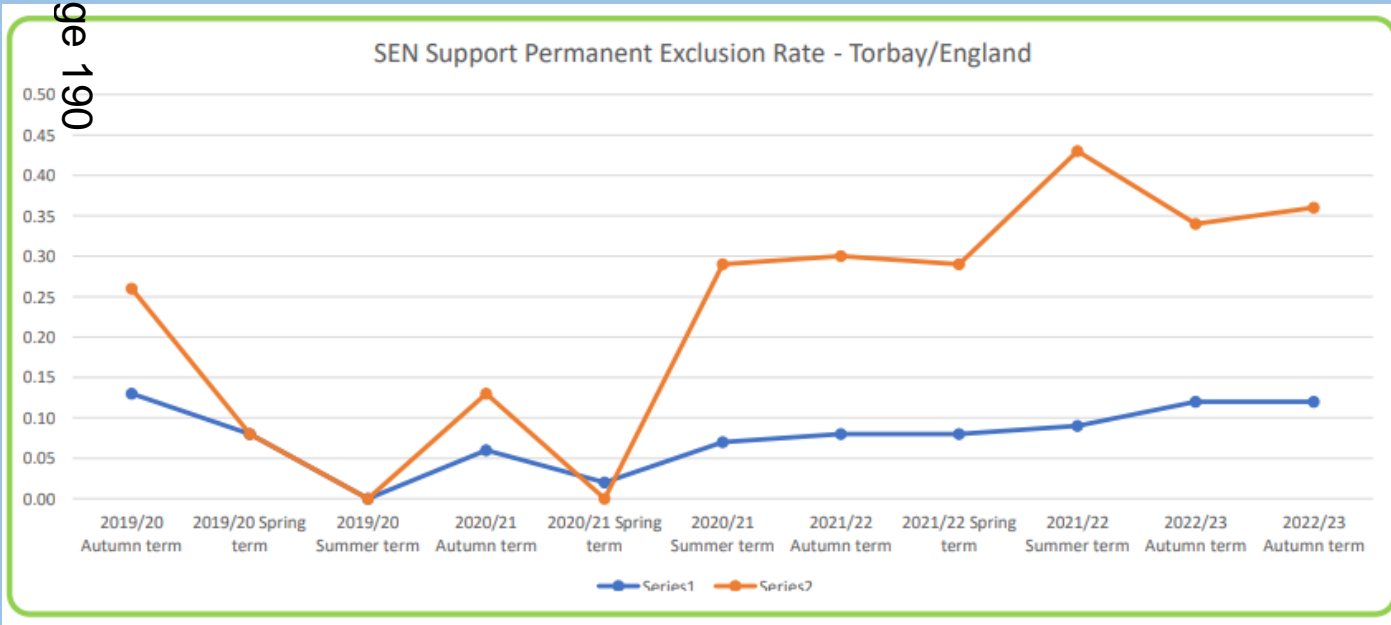**SEN Support Permanent Exclusion Rate - Torbay/England**

Exclusion and suspension rates are above national levels.

Current EHCP permanent exclusion rate is 0.16%, higher than the National rate at 0.07%.

Torbay has an average rate of 0.11% compared to national of 0.04% from the Autumn term 19/20

SEN K is higher at 15.74 than the national rate of 6.98%

Current SEN K permanent exclusion is significantly higher than the national rate. SEN K is also much higher at 13.46% compared to national at 8.04%

Elective Home Education has increased to 420. Of these 25 have an EHCP, 123 were SEND K at last education, which is an increase of 66. The most frequent reason is dissatisfaction with school SEND or are concerned about mental health. 28 of 123 (up from 12 of 57) have mental health concerns (either young people or parent/carers) and 57 are dissatisfied with school provision.

What does Torbay Local Area do well in supporting SEND?

The effectiveness of the pre-birth panel to safeguard children as identified in the JTAI.

The Early Years team with EPs deliver Early Talk Boost delivering train the trainer to Early Years providers including advice and guidance to parents.

There is a strong partnership approach to providing early help including creation of SEND Lead role within Children and Family Health Devon

The Graduated Response, now fit for purpose. With training being delivered through the SENCO forum plus the EPS 'consultation first' model of service delivery.

Strengthening of the multi-agency QA framework and process through SENDQAMP and Creation of an earlier Next Steps meeting system

Section 23 process has improved so that there is now greater connection to family hubs and support

Increased programmes for ASC, SLCN mapping and a robust EHCMB focussed on building parental confidence.

Working directly with SEND Family Voice Torbay, , to co-produce and design information and forums which support the sharing of information

A selection of the impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND

The Home Learning Environment Outreach worker is working alongside the existing teams within the Family Hubs.

A new funding matrix is in place recognising the increasing demand for mainstream places for SEND.

Transitions Panel in place to review the provision for young people from the age of 14 years and understanding in detail the young people with an EHCP and the reasons for them to be NEET

PEPs are strong for transition work – targets are smart, and social care involvement is improving

Short breaks review for SEND children and young people is now underway and the Holidays, Activities and Food (HAF) programme for young people with SEND is now underway

Local offer website has been completely updated in a co-produced manner and re-launched and is much more accessible to users.

There is increasing employer engagement in supported internships and has engaged a number of large local employers and educational providers

ASRUS is successfully delivering social learning experiences for those on the autistic spectrum.

What does Torbay Local Area do well in supporting SEND?

A selection of how the local area partners work together to plan, evaluate and develop the SEND system

Work continues to be implemented delivering the reform programme needed and setting the conditions for future and sustained change

Participation officers have been appointed for SEND to increase the involvement of young people in planning for the future.

SEND Strategy has now been coproduced with all partners and is ambitious in its aims and fully embedded into our improvement priorities.

Check and challenge Board is now in place to hold those responsible to account.

Most children benefit from help by skilled and frontline early help, social care and health practitioners, police officers and school staff working collaboratively

More schools are engaging in multi-agency meetings to help to plan to meet needs

The SEND JSNA, introduced as part of the Written Statement of Action provides a detailed breakdown against need types, demographic element of location.

Data dashboard is now in place and provides a greater understanding of needs across the local area.

KPI's developed as part of the SEND strategy are the accountable measures for the priority areas and reported to the project board

The send QA team have a termly cycle of auditing New EHCPs, Annual reviews and amended plans.

A Torbay Children and Young People's Health Needs Assessment addressing quantitative data and the voice of the child and young person

The development of an Alternative Provision Commissioning Strategy is underway

The development of Proposal for Locality Provision is now underway.

There is a commitment from leaders in all areas to improve the environment so that there is shared understanding and ability to work as one partnership.

Following analysis of this self-evaluation there are elements that demand prioritisation to improve the provision for all children, young people and families. Co-production is consistently present throughout the identification of all of these priorities as well as the actions that need to be taken.

IDENTIFICATION & INCLUSION

Improve identification of needs through greater use of the Graduated Response and increase the ordinarily available provision, through increased training opportunities, to allow more pupils to remain in their home school without the need for an EHCP. Improve both attendance and exclusion rates. Review Social care thresholds in both Children's Disability and Adult Social Care for access to a range of support processes. Explore the culture change necessary to maintain children and young people in their communities and help them feel part of their community. Improve the role of Health in identification processes.

ASSESSMENT PROCESSES

Continue to implement and embed new EHCP and AR formats that are quality assured and receive advice in timescales to improve timeliness. Ensure that Health funding is identified and accessed along with reductions in waiting times for services and health checks. Improve attendance at, or reports for, Annual Review processes.

PARENTAL CONFIDENCE

Provide rapid communication with parents, carers and young people around developments and improvements so that they understand clearly what is happening and their confidence in the system improves. Support parent/carers, children, and young people with conversations regarding the transition to adulthood so that their voice in the amended plan is reflective of preparing for adulthood outcomes and the local offer.

SUFFICIENCY

Ensure that there are places for those who need specialist provision through the development of locality hubs linked with the Family Hubs to provide joined approaches through education, social care and health. Develop provision for those at Post 16 transition providing for increased attainment at Level 2 and 3 and also supported internships and apprenticeships. Review transitional arrangements in health where there are congenital issues.

JOINT WORKING AND COMMISSIONING

Use the Single Point of Contact for Health and Single Point of Contact for Social Care to support joined up working at the amended plan stage. Remove the opportunities for silo working by reviewing working and office practices across local partners. Review the meeting culture to ensure that meetings are effective and influence practice without duplication where possible. Work to fully develop the joint commissioning opportunities.

DATA

Conjoin the JSNA and data dashboard information and increase the specificity of demographic location against more specific need types, ensuring that the SEND data is used across the partnership to aid planning and delivery to meet the needs in the Local Area and that the impact of interventions can be judged.

Following the revision of governance arrangements to ensure that the agreed improvements in the written statement of action (WSOA) are delivered whilst embedding recommendations from the new SEND reform, Inspection Framework and Safety Valve, we have matched the Priorities for Improvement with the five priorities areas aligned with our SEND Strategy that still cover the full breadth of the WSOA.

MATCHING WITH THE WRITTEN STATEMENT OF ACTION PRIORITIES

Priority 1 – SEND is Everyone's Business

This incorporates all the identified Priorities in the SEF. It applies to all partners within the Local Area, the young people and their families, voluntary and support agencies and the community of Torbay and increasing parental confidence. Using data across the Local area to plan more effectively.

Priority 2 – Early Intervention and Lived Experience
This involves the Improvement of identification of needs through greater use of the Graduated Response and increase the ordinarily available provision and explore the culture change necessary to maintain children and young people in their communities.

Priority 3 – Needs and Joint Commissioning
Use the Single Point of Contact for Health and, also, for Social Care to support joined up working and continue to fully develop the joint commissioning opportunities.

Priority 4 – Inclusion
Allow more pupils to remain in their home school without the need for an EHCP along with Improving attendance and exclusion rates for those with SEND and Review thresholds in both Children's Disability and Adult Social Care.

Priority 5 – Transition and Preparation for Adulthood
Support parent/carers, children, and young people with conversations regarding the transition to adulthood so that their voice in the amended plan is reflective of preparing for adulthood outcomes and the local offer.

INSPECTION THEMES

The starting point for inspection is the expectation that the local area should have a good understanding of how effective it is, including any aspects of its responsibilities that require further development. Inspectors will test out this understanding during the inspection as they make their evaluations.

To make their judgement about the effectiveness of the local area, inspectors will gather evidence to answer three primary questions:

- How effectively does the local area identify children and young people with SEND?
- How effectively does the local area assess and meet the needs of children and young people with SEND?
- How effectively does the local area improve outcomes for children and young people with SEND?

In gathering evidence and making judgements for questions A to C, several crucial aspects will inform the inspectors' evaluations. These include:

- The accurate and timely identification of children and young people's needs
- That children, young people and their families participate in the decision-making
- That children and young people receive the right help and support at the right time.
- That children and young people are well prepared for their next steps and achieve strong outcomes.
- That children and young people with SEND are valued, visible and included in their communities

And

- the leadership of provision for SEND across the local area
- the impact of joint commissioning
- the local arrangements, including the local offer and how well leaders understand the local area
- how well leaders have understood the impact of COVID-19 on the local SEND system and how they have adapted their plans to deal with the challenges caused by the pandemic
- how the local area uses the intelligence gathered from evaluation of its effectiveness to plan for and lead future improvement.

This Self -evaluation is formatted so that we can address those questions and are clear about what we do well and know what we need to improve , as well as how we will do it as a partnership across the local area, to provide the best for those children, young people and families that need the support.

1. The impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND

1.1

Children and young people's needs are identified accurately and assessed in a timely and effective way

Strengths

- Section 23 is systematic and has robust identification through specific panels, happening monthly, and now identifying early years needs promptly *(Hyperlink to data)*
- The effectiveness of the pre-birth panel to safeguard children as identified in the JTAI. This also identified that there is a strong partnership approach to providing early help and this is making a positive difference for many children. *(Hyperlink to JTAI)*
- The Early Years team including Educational Psychologists have been trained to deliver Early Talk Boost, train the trainer to Early Years providers which includes providing advice and guidance to parents. Training for the Partnership 'Putting the Pieces Together, Language Enrichment Groups (LEG) being delivered to all Early Years and Primary settings from September. Also currently advertising for an Early Language Consultant to strengthen the work. *(Hyperlink to Evidence)*   *Emme Kerridge*
- In the MASH, hosted by children's social care, decision-making is timely, and thresholds that trigger appropriate responses are well understood and applied consistently. *(Hyperlink to Evidence)*
- Following the Written Statement of Action, significant co-produced work was undertaken on the Graduated Response which is now fit for purpose. Training has been delivered through the SENCO Forum to develop its application further. There is a system-wide focus on co-production, with much support and effort given to involving parents and children and young people in local decision-making.
- The creation of the Graduated Response toolkits is allowing schools and settings to make more informed judgements about the needs of children and young people. Education, health and social care feature in in every toolkit and embedding this has begun. The SEND Monitoring Team have been visiting schools to work with SENCOs to embody the toolkits
- Training has taken place to whole school staff, alongside Neuro-diversity improvement work to enable better identification from the partnership (with Devon and Plymouth) with the aim to develop a website of tools to support identification of neurodiversity. There is a pilot on clinical 0-5 pathway for neurodiversity with community paediatricians. *(Hyperlink to GR and programme of training)*
- Link has been made with 'Whole School SEND' who will sponsor Torbay to deliver a professional development group for SLCN.
- The EPS move to a 'consultation first' model of service delivery appears to be having a positive impact. In anecdotal evidence, schools have commented that they are having to 'do' more to bring about positive change for CYP because of this consultation-and-review approach.
- There has been strengthening of the multi-agency QA framework and process through SENDQAMP and the regular audits using Invision 360 are helping us to monitor improvements. *(Hyperlink to Evidence)*
- Considerable work has been put in place by the DSCO on the backlog of App E (section D). They are now more robust and timeliness has improved. There is a plan in place to improve quality. There has been improvement in the last 6 months so that there is now no backlog. *(Hyperlink Data Dashboard)*

- Creation of an earlier Next Steps meeting system. Each family, that accepts a 'Next Steps' meeting, has a multi-agency discussion about support in place through the SEND support helping to clarify needs and most appropriate provision. *(Hyperlink to Evidence)*
- Completed the introduction of the newly co-produced EHCP format and AR format, to be rolled out imminently.
- Creation of SEND Lead role within Children and Family Health Devon provides a dedicated focus on improving timeliness and quality of advice, as well as staff training and support.

Areas for Development

- There needs to be an increased clear understanding of the core processes of identification in place in the schools across the authority, along with Local Area responses from Health and Social Care to requests for statutory assessments ensuring that all involved in identification of need understand the local support that is available. The development of a consistent of identification for SLCN, aligned with the Balanced System across schools and settings.
- Improve the availability of information on the Family Hubs website so there is clearer guidance around access and eligibility for support.
- Build the role of Educational Psychologists supported by the new Principal Educational Psychologist, in developing inclusive practices within the mainstream schools, providing targeted support and early intervention strategies in a holistic manner.
- Develop a strategic and highly professional core offer support and outreach system across the localities within the local area ensuring that there is a link with social care and health to provide a joined-up approach through the Family Hubs provision.
- Increase the programme of Train the Trainer through Schools Forum to increase self-assessment for class teachers to inform workforce development as well as Investing in CPD for SEND for all class teachers/colleagues and improve the consistency of understanding on what the Graduated Response looks like.
- Quality assurance is now becoming business as usual with SEND service leading on the improvements needed.
- Improve timeliness – this needs to increase. There is a need to build EP capacity so that the plans issued remain the same quality, but timeliness can be improved. The overall performance for November 2023 has increased. We purposely reduced our timeliness for a period to ensure we could achieve the quality needed. *(Hyperlink to data Dashboard)*
- Continue working to meet our required WSoA target of 15 RSA's per month but we are aware we are not close to this at present. Schools remain the highest requesters of EHCP's in line with the highest population of students, with the highest age group now being 5-10
- We also continue to challenge the financial contributions from our health partners for individuals. There has now been a small contribution and work continues to develop this. This is a key priority and the ICB has allocated commissioning capacity to develop arrangements and actions to address pre panel multi agency discussions to identify needs and eligibility; panel decision making; review and tracking. Individual commissioning was discussed at the Joint Commissioning workshop on June 10th as well as feature in a further workshop on June 11th focused on EHCP processes. *(Hyperlink to Evidence)*
- The Learning Disability Annual Health checks, for 14-17 year olds, has increased to 63.08% compared to 56.92% in 2023. This is higher than the regional figure of 59.89% although still lower than national at 68.46%. The continued extensive lengthy waiting times for SALT, OT, Autism, CAHMS services continues to mean that children and young people do not have up to date assessments to best inform planning around their needs. This can lead to escalation from schools that are trying to meet need in isolation. It also leads to a high level of parental dissatisfaction. *(Hyperlink to Evidence)*
- Feedback in the Participation Survey in respect of health services is in line with the acknowledged and significant barriers for children and families, and highlighted in the Written Statement of Action and JTAI. *(Hyperlink to Evidence)*
- Improve guidance for schools about the impact of their behaviour policies on attendance and exclusion rates.

1.1 ACTION – Improve accuracy of identification of needs along with the timeliness and effectiveness of assessment.

a) Develop and expand the core processes of identification in place in the schools across the authority, along with Local Area responses to requests for statutory assessments.

b) Ensure that all involved in identification of need understand the local support that is available through an effective use of the Graduated Response. Develop a programme of Train the Trainer through Schools Forum to increase self-assessment for class teachers to inform workforce development as well as Investing in CPD for SEND for all class teachers/colleagues and improve the consistency of understanding on what the Graduated Response looks like.

c) Develop a strategic and highly professional core offer support and outreach system across the localities within the local area ensuring that there is a link with social care and health to provide a joined up approach through the Family Hubs provision, involving the role of Educational Psychologists in developing inclusive practices within the mainstream schools.

d) Quality assurance – needs decision makers to unblock more strategic actions which are blocking further progress in quality assurance action plan. Embed the action plan from SENDQAMAP

e) Improve the timeliness of EHCPs to, at least, National levels.

f) Continue the financial contributions from Health towards EHCPs and create a long term plan for contributions.

g) Improve the rate of Annual Health checks for 14-17 year olds

Strengths

- Section 23 process has improved so that there is now greater connection to family hubs and support. This involves new protocols and process to understand health needs in relation to SEND in early years as soon as possible. (Hyperlink to Evidence)
- Education Psychologists often undertake co-production of their reports, and this is well regarded by those involved. (Hyperlink to Evidence)
- ASC family programmes (following from Early Bird/+) was piloted from January 2024 and has received excellent family feedback and agreement to co-produce a Torbay programme that will be available in the Autumn term and currently funded by the ICB (Hyperlink to Evidence)
- SLCN mapping of demand and capacity completed showing predicted levels of need and by ward to support the prioritisation of resources and new models
- EHCMB – management board is a robust multi agency board, decisions not to assess are consistently high. There are now Next Steps meetings in place, attended by Social Care and Health, supporting decisions not to issue and plans to move the meetings earlier in the process.
- As parents are demonstrating confidence in the special school offers, we are using special school outreach to promote the development of shared approaches for children into other provisions including mainstream. This will extend to our proposals for SEND sufficiency for introduction in 2025, based on our new SEND Needs Analysis and a Locality based model. (Hyperlink to Analysis)
- Our focus has widened to building parental confidence in the SEND system across all provisions. We are working directly with SEND Family Voice Torbay, our parent carer forum, to co-produce and design information and forums which support the sharing of information and provide opportunities to explore myths and overcome concerns. (Need Parent/Carer views & hyperlink to them)
- The Home Learning Environment Outreach worker is now in post and is working alongside the existing teams within the Family Hubs. The Outreach worker has developed provision of resource packs that are provided to families to create learning opportunities and build parental confidence in supporting early development. (Hyperlink to Evidence)
- Participation Officers have met with CYP to gather their thoughts and feedback on paperwork used in EHCPs and Annual Reviews that feed into Amended Plans. The Young Persons panel has made suggestions to improve ways to support attendance at all types of meetings, which will increase their voice in amended plans. (Hyperlink to Evidence)
- Online sessions have been run to support understanding of transitions for CYP with SEND.
- More schools are engaging in multi-agency meetings to help to plan to meet needs, rather than move to suspension and exclusion.
- The SEND Annual Quality Report (Sept 2023) (Hyperlink to report) found, of the EHCPs audited, that:
  - Every parent contributes to their child or young person's EHC Needs Assessment.
  - EHCPs provide information about what the CYP can do, their strengths, which is built on throughout plans.
  - There is evidence that the EHC Needs Assessment process is multi-agency, demonstrating evidence of shared work and co-production.
  - Evidence of outstanding practice has been found in sections A (CYP and parent Voice) and B (the CYP special educational need).
  - Quality Standards for Alternate Provision have been coproduced with parents.
- There are pilot SEND Tracking Meetings and this is being built into the QA framework.

- Local Offer has been redesigned and is being continually reviewed to ensure that information that parents and carers request is present.
- Now have a SEND Youth feedback Service as a way of collecting Young People's views coherently and consistently.

Areas for Development

- Parents still lack confidence in the provision of SEND in the wider mainstream school and health landscape, this is evident by the significant numbers of RSA.
- Parents confidence is further impacted by the extremely lengthy waiting lists for specialist assessments.
- SEND Team will support EHE programme to analyse the needs of EHE young people with SEND and reduce the perceived need for EHE.
- There is a need for change to be grounded in the best interests and needs of children which are committed to on a long term, sustainable basis.
- In the Participation Survey one theme highlighted children, young people and parent/carers having to ask for help and support on multiple occasions, without resolution.
- A key theme arising from the survey responses is in relation to the difference between support and signposting. Having access to information is one aspect, however the value of being given support which enables that information to become knowledge and skill is another.
- Local Area supporting development of SFVT capacity to allow for full access to co-production.
- Study the response from Young People about listening to their voice. *(Hyperlink to EHCP Child's Voice document)   (Hyperlink to AP Lived Experience document)*

ACTIONS 1.2 -   Act to ensure that children, young people and their families participate in decision-making about their individual plans and support.

a) **Develop strategies to improve the confidence parents have of the wider school and health landscape through greater successful inclusion and health provision being more available and within timescales.**

b) **Develop strategies to ensure that Parent, carers and young people receive prompt replies to their queries.**

c) **Increase communication around the reasons behind delays in assessments and provide strategies in the interim.**

d) **Grow the Youth feedback provision beyond its starting point**

e) **Local Area supporting development of SFVT**

Strengths

- There is evidence of the positive difference that support to schools from the Torbay Education Support Service (TESS) is making for children. *(Hyperlink to Evidence in JTAI)*
- Family Hubs are now established and functioning under their own directorship.
- The DSCO calls all parents/carers of CYP who are not known to social care or early help at that time,following a yes to assess identifying the local offer and the right to an early hep assessment and information relating to the family hubs. This has been positively received by parents/carers.
- The JTAI also identified that the Local Area Partnership are effective in responding to missing and exploited children. . *(Hyperlink to JTAI*
- Rigorous processes are in place to ensure that deliver 'Next Steps' meetings with schools, parents and SEND caseworkers. These meetings discuss the rationale for the decision and support the agreement of a plan that can be delivered under SEN (K) and the Graduated Response. *(Hyperlink to Evidence)*
- Between September and November 2023 there have been 25 next steps meetings held. Our tracking of data shows that 16 out of 25 in this period have led to no appeal and an agreed plan with multi agency participation. *(Hyperlink to Evidence)*
- Enhanced resource provisions for Autism remain well regarded by parents. Further work has taken place with The Steps provision to ensure that the staffing structure and curriculum offer further meets needs. *(Hyperlink to Evidence)*
- First steps clinic is now up and running with an associated app – 'waiting well' which is being well received.
- Torbay was chosen to be included in year 3 of the Comic Relief Early Years Inclusion Project, run by Dingley's Promise. The project aims to increase the number of young children with SEND accessing early years and childcare places.
- Within Torbay there are 49 educational settings including Primary, Secondary, Specialist and alternative provisions. The MHST's support 41% of Torbay's educational settings. Based on MHIST being able to support 7500 CYP, 74.4% of the eligible school age population in Torbay have access to the MHST. Success in Mental Health in Schools Team is having a significant impact on the mental health of Young People. (Hyperlink to Evidence)
- There is a new funding matrix in operation recognising the current demands for mainstream school places for SEND
- A Graduated Response Roadshow began in September 2023. We visited 34 schools and colleges to promote the SEND support and provision toolkits, attended the Early Years Conference and have been to 9 staff briefings. We have handed out over 5000 Graduated response bookmarks to parents and carers.(Hyperlink to Overview and Scrutiny report 19 February 2024)
- Workforce development is a key component to change. We have also:

  o created a suite of resources and delivered a "Train the trainer" session to our SENDCos so that they could continue to cascade this training at a more in-depth level across the workforce during training time.

- o We have also created a specialist professional development area on our learning platform to enhance training for staff and holds sample documents and templates to support their delivery. We plan to host five webinars in the New Year to deliver specialist training to support teachers to embed the toolkits into their daily routines.
- o Our well attended SENDCo Forums continue to focus on both the Graduated Response and Funding Formula this quarter.
- o Ensured that NASEN training is available through the Local SWIFT Hub and embedded in our local training offer for all schools/practitioners.
- o Our AET training for Secondary providers is now completed. With a further planning session in January 2024 to include an expansion of the scheme to primary.
- o Torbay has 5 primary schools taking part in the Partnerships for Inclusion of neurodiversity in school (PINS) national programme

- SEND Support numbers have increased 11.7% in 2021 to 12.6% in 2023 although still below national figures by 0.7%. *(See Data Dashboard)*
- Overall numbers of EHCPs have reduced from a high of 1673 in October 2022 to 1588 in December 2023, following Safety Valve work.
- Although the waiting time for Speech and Language Therapy 1st treatment is high, there has been a reduction since August 2023. In addition, there has been a reduction in waiting times for 1:1 SLCN support through provided by the 0-19 Service. *(Hyperlink to Evidence)*
- The Early Language Consultant (ELC) has been appointed commenced in role in January 2024. The ELC will be responsible for developing and delivering on Early Language pathways with our health partners. This includes taking forward the Section 23 process and SLCN projects.
- We have revised our Section 23 process to ensure that a process for identifying needs leads to support and advice at the earliest opportunity. This process is now within Family Hubs we have received notifications during this quarter which has not been evidenced previously within Torbay and in the next quarter we will be tracking and measuring the impact of the interventions and support with a view to further refining our offer.
- New website launched by CFHD which focuses on giving information support and advice to Parents and Carers.
- The DSCO has been collating information relating to input from social care into annual reviews, this data will be available in the coming months and will be built into the QA data dashboard and framework

Areas for Development

- Implement LA SEND Service Delivery Plan to deliver the new strategic placing and forecasting system to ensure placement sufficiency and best deployment of placements.
- Continue to develop the process where we provide earlier intervention for those who meet criteria for specialist provision but cannot be allocated a place because the lack of spaces in the chosen school. To be part of the proposed Locality model.
- Young people tell us they would like 'Virtual Classrooms' so they can learn together and not feel alone.
- Reduce the length of time children have to wait for support from child and adolescent mental health services (CAMHS) when categorised by the service as low risk.
- Returns to support the assessment process can be poor from Health The position has been improving and Paediatrics have a dedicated EHCP co-ordinator with a plan to increase the number returned on time.
- The awaited Health audit needs to be presented to allow planning for improvements.
- Absence rates from school have risen since Covid from below England average to 13.7% which is above England average of 12.1%.
- Reduce exclusion and suspension rates for SEND which have increased to above national levels, both for EHCP and SEND Support young people.

- Despite the rise in SEND support numbers, the number of EHCPs has increased from 5.5% in 2021 to 6.2% in 2023, almost 2% higher than National.
- Improving Autism Diagnostic waiting times less than 18 weeks is well below target.
- The waiting times for SLCN referral to 1st Treatment is almost double the 12 week target with the longest waiting time being well above that. *(Hyperlink to Evidence)*
- Of the young people referred to the Dialectical Behavioural Therapy team (DBT-A), the largest proportion who were referred to an alternative service or withdrew from them, were identified with SEND. This needs investigating. *(Hyperlink to Evidence)*
- The Participation Audit themed survey found:
  - Opportunities to improve provision for CYP with EHCPs with physical and sensory listed as their primary needs.
  - 10% of plans audited had provision in Section G that was detailed specific and quantified.
  - Suggestions for areas of focus re joint commissioning, eg. OT, Physio and S&L, regularly listed as provision for CYP.
  - Evidence of high expectations of health expertise in specialist settings.
  - 0-19 Offer and provision, eg. updated health care plans for settings, not always referenced in individual CYP EHCPs.
  - Evidence of a lack of joined up recording eg. Children's Continuing Care Plans or Support Tools in individual CYP EHC File or Liquid Logic.
  - Different ways Element 3 funding recorded in individual CYP EHC File.
  - Difficulties finding information about health funding for CYP with EHCPs.
  - Significant difference in the number of health professionals involved with YP (over 16) than CYP of com
  - pulsory school age in mainstream and specialist settings.
- Communication between partner agencies when new information is gathered about families where there are existing safeguarding concerns.
- Expand AET to primary schools.

ACTIONS 1.3

Act to ensure that children and young people receive the right help at the right time.

a) Increase locality based sufficiency of places to provide earlier intervention for those who meet criteria for specialist provision but cannot be allocated a place because the lack of spaces in the chosen school.

b) Ensure that all returns to support the assessment process are returned within timescales and are of high quality.

c) Work with schools and settings to improve attendance rates of children and young people with SEND to at least National levels before Covid.

d) Health to work to reduce Autism Diagnostic Pathway waiting times and improve SLCN 1st treatment waiting times.

e) Implement the recommendations in the Themed Survey of the Participation Audit

f) Analyse why the young people referred to the Dialectical Behavioural Therapy team (DBT-A), are largely those identified with SEND.

g) Expand AET work into Primary Schools.

h) Explore and create the Virtual Classrooms young people request.

Strengths

- Torbay continues to have a transitions panel in place to review the provision for young people from the age of 14 years. *(Hyperlink to Evidence)*
- The DSCO has been collating information relating to input from social care into annual reviews, this data will be available in the coming months and will be built into the QA data dashboard and framework.
- We understand in granular detail the young people with an EHCP and the reasons for them to be NEET. We continue to use the Council opportunities for young people with SEND to gain meaningful work experience opportunities alongside our NDTI programme. This is being co-ordinated through our HR teams with young people accessing work either for a week or a longer period of time to gain experience
- Success in childhood transition points – from Chestnut onwards. *(Hyperlink to Evidence)*
- Pilot SEMH programme has been introduced in preparation for Year 6-7 transition. *(Hyperlink to Evidence)*
- PEPs are strong for transition work – targets are smart and social care involvement is improving. *(Hyperlink to Evidence*
- There are good results for those coming out of ERPs. *(Hyperlink to Evidence)*
- New Transition protocol is well embedded and parents have benefitted from workshop sessions on The Power of Attorney and Mental Capacity Act. *(Hyperlink to Evidence)*
- Mapping work completed which shows services currently available. Links with National Association of Directors of Adult Social Services (ADASS) groups have further progressed Pathway to Adulthood best practice. *(Hyperlink to Evidence)* Supported internships – NTDi grant to forward this. Now a forum and plan to develop more over the next 12 months.
- For those with a learning disability, in health we are developing transition from children into adults with a focus on therapies.
- There is increasing employer engagement in supported internships. Our new SEND Employment Forum is planned to roll out from January 2024 and has engaged a number of large local employers and educational providers so we can work together to provide more opportunities to provide supported internships in Torbay. *(Hyperlink to Evidence)*
- Significant work continues being undertaken with South Devon College (the single FE provider for Torbay). This work includes: - *(Hyperlink to Evidence for point below)*

  - continuing to use the annual review process to recognise when outcomes have been achieved and bringing forward activity to conduct the review to impact on ceasing plans.
  - SDC (along with all other providers) will start to use our new Funding formula for new plans and Phase Transfer
  - Greater challenge and oversight of consults and decision making regarding the entry of learners.
  - Use of directions to take when necessary.
  - Worked with SDC on a revision of the Risk assessment process for young people with EHCP's

- Implementation of a formal contract management process and the start of greater contractual SLA's for bespoke provisions.
- Linking our College with the SLIP Partner College to share best practice, including funding arrangements.

- The SEND EHCP NEETS have reduced, with Apprenticeships and Internships increasing with NEET Figures continuing to be on or positively under target. The proportion of young people who are NEET – Available (Not ready) is less than half the target figure of 15. Those that were Ready were at target level, although there was a sudden rise in December. (See Data Dashboard)
- Work is underway to provide a series of Post 16 Pathways for Young people with SEND. These include Vocational, Employment, Academic and Community Inclusion along with a Transition Pathway for those with significant difficulties and to cater for students who are in Out of Area and independent provision.
- A Preparing for Adulthood/Transition meeting is held regularly within CFHD, with improving attendance from services across the organisation and work is beginning on reviewing and improving processes.

Areas for Development

- Expand the data dashboard to demonstrate the outcomes for young people.
- Create an analysis of Ofsted Inspections of schools highlighting SEND outcomes.
- Need to continue to develop transition processes in health services. This is a focus for CFHD who have initiated a Preparing for Adulthood monthly meeting to develop links with adult services, review and improve processes.
- Reduce the sufficiency gap in education for Post 16 students through the proposed locality model of provision through the Service Delivery Plan a Post 16 Pathways Model will create better choice and sufficiency.
- Increase opportunities for low attainers (not just SEND pupils)
- Review, through the locality model of provision, the need for Specialist Provision to 'hold on' to Post 16 where they offer 5-day provision as opposed to 3 day provision.
- The % of 19yr olds with Level 2 qualifications is significantly lower than both regional and National levels.
- The % of 19yr olds with level 3 qualifications is 6% compared to 14.7% nationally.
- The number of Apprenticeships for 16-19 years olds is well below target and is falling.
- The apprenticeships for 20-25 years olds is rising but still below the target.
- The Participation Audit elicited this response from a parent, '"Having SEND doesn't stop when it's the end of the day or when the holidays begin. It's not just about education and it also doesn't stop when your child reaches 16. There isn't much at all to do for older children. Feels like they are left to rot."

ACTIONS 1.4 Act to ensure that children and young people are well prepared for their next steps and achieve strong outcomes.

a) Improve the sufficiency and variety for Post 16 transition and ensure that information is widely accessible, including reviewing the 5 day provision in specialist provision.
b) Plan to improve level 2 and level 3 outcomes for 16-19 and 20-25 year olds respectively.
c) Improve apprenticeships take-up for both 16-19- and 20–25-year-olds.
d) Review transitional arrangements in health where there are congenital issues.
e) Attend and/or provide reports for the annual reviews of children and young people with EHCPs that you are working with to support the Amended Plan Process.
f) Use the Single Point of Contact for Health and Single Point of Contact for Social Care to support joined up working at the amended plan stage.
g) Support parent/carers, children, and young people with conversations regarding the transition to adulthood so that their voice in the amended plan is reflective of preparing for adulthood outcomes and the local offer.
h) Increase the opportunities for supported Internships and Apprenticeships across Torbay with the Council, NHS and local businesses to also include students who are in Out of Area and independent provision.

1.5 Children and young people are valued, visible and included in their communities.

Strengths

- Paignton Academy SEND Department is demonstrating very positive attitudes and measures to supporting pupils who may have been at risk of suspension or exclusion. *(Hyperlink to Evidence)*
- ASRUS is successfully delivering social learning experiences for those on the autistic spectrum.
- Local offer website has been completely updated in a co-produced manner and re-launched and is much more accessible to users.
- The Holidays, Activities and Food (HAF) programme for young people with SEND is now underway delivering four hours per day for four days per week. *(Hyperlink to Evidence)*
- A panel is now in place to identify low level support to meet unmet need within the adult SEND community. *(Hyperlink to Evidence)*
- There is a short breaks task and finish group established currently reviewing the needs and offer with children, young people and their families lived experience at the centre and how they can be improved and extended.
- Dingley's promise – early years access to provision.
- Health reports that there have been improvements in learning disability annual health checks. (Hyperlink to Evidence)
- Changing places – There have been Improvements in toilet/changing facilities for disabled. *(Hyperlink to Evidence)*
- Accelerated the development of listening to Young people through the 'Point of You' service which has now been launched.
- SEND newsletter readership has increased since being modified to make it more accessible to Young People. *(Hyperlink to evidence)*

Areas for Development

- Reduce the high numbers of suspensions and Permanent exclusions, particularly within secondary schools that means the lack of acceptance in their community. A significant proportion have EHCPs or are on SEN Support. *(See Data Dashboard)*
- A number of exclusions are of Devon pupils, so there needs to be increased liaison between Torbay and Devon Authorities.
- Looking at local data over the 5 year period 2017/18 to 2021/22 for the rate of suspensions per 1,000 children identified with SEN, 4 wards have statistically higher rates than the rest of Torbay. These are, Tormohun, Ellacombe, Barton with Whatcombe and King's Ash. Compared to the Torbay average, the rate of suspensions for children identified with SEND is significantly higher amongst those children who live in the most deprived areas of Torbay (See Data Dashboard & SEND JSNA)
  - Greater development of Social Care involvement, including reviewing thresholds. The Participation Survey found feedback to social care services highlighted: a number of families were not in receipt of social care support, leading to beliefs around accessibility of support;
  - the Short Breaks offer and how well this meets the needs of children with SEND;
  - the importance of ensuring that the workforce is sufficiently trained and able to access continued professional development in relation to working with children who experienced SEND.
- Address Parents and carers perception of a cliff edge. This needs improvements to pathways between children and adults which will require access to funding to remove this. *(Hyperlink to Evidence)*
- Joint commissioning – DFE and internal deep dive to improve the whole area of joint commissioning.
- Improve commissioning so that gaps between post 19 adults services and post 16 provision which falls in-between large college offer and bespoke AP are resolved.
- There is a need for Culture Change in relation to retaining young people with SEND in their local community.
- Review the accessibility of 32.5 hours provision for all young people.
- Address the Elective Home Education numbers which have high proportions of SEND pupils.
- The Participation Survey found a recurrent theme within the children and young people's responses connected to a feeling of isolation, and feeling like they do not fit in.

ACTIONS 1.5   **Act to ensure that Children and young people are valued, visible and included in their communities.**

a) Reduce exclusions and suspensions of EHCP and SEND Support young people to be at least at National levels and review the demographic nature of events. (As in 1.3)
b) Work with Devon to improve relationship over placements.
c) Review Social care thresholds in both Children's Disability and Adult Social Care for access to a range of support processes.
d) Explore and develop the culture change necessary to maintain children and young people in their communities and help them feel part of their community.

2. How the local area partners work together to plan, evaluate and develop the SEND system

2.1 Leaders are ambitious for children and young people with SEND

Strengths

- Work continues to be implemented delivering the reform programme needed and setting the conditions for future and sustained change. Local scrutiny of performance remains considerable, the work of the safety valve continues to be overseen by the CEO through the executive transformation board and reviewed by School Forum Browse meetings - Schools Forum (torbay.gov.uk). The interdependencies between the Safety Valve and Written Statement of Action for SEND and the implementation of our Family Hubs are understood, and further challenge is provided by the SEND Strategic Board
- Participation officers have been appointed for SEND to increase the involvement of young people in planning for the future. CYP voices are being collected more frequently and across the local area – evidence of "Point of You" new send forum run by young people for send. E.g hospital inviting parent support groups to see changes, adults' stakeholder event YP views, coproduction in adults much development and progress.
- SEND Strategy has now been coproduced with all partners and is ambitious in its aims.
- An improved SEND Newsletter currently has 1253 subscribers (April 2024) which is 44% increase on the previous year.
- Check and challenge Board is now in place to hold those responsible to account.
- Tissues and Issues group have been invited to the hospital to see changes that have been made.
- There has been co-production with adults looking at their experiences relating to housing activity.
- 'Becoming and Adult' Board has 41 representatives and is wider than just Social Care. *(Hyperlink to Evidence)*
- Services that provide healthcare provision you children and young people are making links between SLCN and SEMH in their work. *(Hyperlink to Evidence)*
- A SPOC has been created with the new DSCO for Children's Social Care. Adult Social Care have a single point of contact.
- Health Partner Agencies have produced a document which details the areas covered by 2 SPOC to support smooth EHCP requests for information. There are also details on who to contact for adult health queries.
- A flowchart for children's social care has been created to support requests for social care input at different points of EHCP processes.
- Membership of new SEND Priority Group – SEND is Everyone's Business established, to continue Culture workstream.
- SEND Strategy is fully embedded into our improvement priorities. *(Hyperlink to Evidence)*

Areas for Development

- The partnership's strategic approach to children with poor emotional and mental health.
- Breaking our siloes that are still in evidence.
- There is a perception that there are too many meetings reducing time for development to be delivered.
- Effective leadership system needed across all parts of the Local Area.
- There needs to be increased synergy with Devon and Plymouth Authorities, linked through the common ICB.
- Review what commissioned services are available in health and how well are they joined?
- There is ambition but evidence of outcomes is not strong so needs greater communication.
- Embed the Monitoring of the five key priorities in the SEND Strategy, using the SEND Strategic Board, ICB Board and Children's Continuous Improvement Board to unblock any issues.

ACTIONS 2.1   **Act to ensure that Leaders are ambitious for children and young people with SEND**

a) Jointly work to develop the joint commissioning opportunities.
b) Improve communication over what is happening across the Local Area in terms of what and how essential information is communicated to be as accessible to as wide an audience as possible through the Local offer.
c) Ensure the five key priorities of the SEND Strategy are embedded in all work.

2.2 Leaders actively engage and work with children, young people and families.

Strengths

- The Torbay Safeguarding Children Partnership (TSCP) was reconstituted in 2020 following a short period of alignment with a neighbouring local authority. Since that time, a clearer focus on the children of Torbay has resulted in a more targeted and cohesive approach to both strategic oversight and the identification and delivery of services to children who may be in need or at risk of harm. The TSCP Executive Group functions effectively and benefits from healthy challenge from independent scrutiny. *(Hyperlink to Evidence)*
- Most children benefit from help provided by skilled and committed frontline early help, social care and health practitioners, police officers and school staff working collaboratively to support them and their families and to prevent risk and harm escalating. *(Hyperlink to Evidence)*
- There is strong Partnership with SEND Family Voice Torbay. *(Hyperlink to Evidence)*
- Established partnership approach to all SEND work with communications showing that a greater number are engaged in the SEND agenda. *(Hyperlink to Evidence)*
- Designated Clinical Officer employed in NHS Community provider CFHD as an interim (12 month) SEND Lead post to support and develop the SEND agenda. *(Hyperlink to Evidence)*
- More schools are engaging in multi-agency meetings to help to plan to meet needs, rather than move to suspension and exclusion. *(Hyperlink to Evidence)*
- Quality Standards for Alternative Provision have been coproduced with parents. *(Hyperlink to Evidence)*
- As part of the Children's Research Project, Family Hubs were visited and families engaged with to ascertain challenges when accessing support in Torbay, not only relating to Family Hubs but also housing, health and social care *(insert Children's Research finding Morgan Weiland/Julia Chisnell/Joey Needham)*

Areas for Development

- The failure of senior leaders in health to have sufficient oversight and assurance of professional curiosity across practice to safeguard children.
- The variable quality of scrutiny and supervision by health staff leading to safeguarding risks in children not being consistently identified and responded to appropriately. A particular area of concern is the management of unexplained injuries to children.
- Communication between partner agencies when new information is gathered about families where there are existing safeguarding concerns.
- The meaningful involvement of children, families and the wider Torbay community in the development and delivery of strategic priorities and services.
- There is a need for greater joint working, removing siloed experiences as there are too many meetings that often overlap the areas of concern.
- The Torbay Parent Carers Forum is under pressure because of the numbers involved in work with the Local Area and need supporting further.

ACTIONS 2.2

Act to ensure that Leaders actively engage and work with children, young people and families.

a) Improve the consistency with which professional curiosity and challenge are applied, particularly in situations in which children living with chronic domestic abuse or neglect are not making progress and situations in which children have unexplained injuries.

b) Improve communication between agencies to share safeguarding concerns.

c) Further develop the meaningful involvement of children, families and the wider Torbay community in the development and delivery of strategic priorities and services.

d) Support the Torbay Parent Carers Forum in recruiting more members to spread the workload.

Strengths

- The SEND JSNA, introduced as part of the Written Statement of Action provides a detailed breakdown against need types, demographic element of location, deprivation indices and many other measures. This is now an extremely valuable set of data that is used in planning, *(Hyperlink to Evidence)*
- JSNA reviewed to ensure current as well as include further areas for focus, dental and weight management.
- Data dashboard is now in place and provides a greater understanding of needs across the local area.
- Children are visited with appropriate consent from parents or when this has been overridden because of safeguarding concerns. Social workers, police officers and teachers coordinate these visits well so that they are at a time and place where children feel most comfortable. In the interim, the voice of children is evident in the records, as are their wishes. Police notifications to the MASH (PPNs) are detailed and child-focused and capture the presentation and lived experience of children. *(Hyperlink to Evidence)*
- KPI's developed as part of the SEND strategy are the accountable measures for the priority areas and reported to the project board.
- The send QA team have a termly cycle of auditing New EHCPs, Annual reviews and amended plans. These provide information through the EHCP quality data dashboard on Invision 360, building a data dashboard on quality of plans, with Quarterly Reports supporting progress forward. *(Hyperlink to Evidence)*
- A Torbay Children and Young People's Health Needs Assessment was completed in two parts, the first addresses quantitative data and the second part provides the voice of the child and young person. *(insert links Joey Needham)*

Areas for Development

- The rigour of the partnership's quality assurance function.
- New SEND JSNA needs embedding and greater links with Power Bi data and the new Needs Analysis for ERP provision.
- There is a need to communicate this more widely and ensure it is used in planning across all partners.
- Greater use of the JSNA across all parts of the council.
- Greater expansion of the JSNA into need types against location
- Performance information across the partnership to inform needs analysis and measure the impact of strategic approaches to areas of concern.
- Identify and understand the needs of Post 16 learners and what is available for all needs.
- The auditing team to create a QA data dashboard.

ACTIONS 2.3

Act to ensure that Leaders have an accurate, shared understanding of the needs of children and young people in their local area

a) Improve the Quality Assurance process through the Strategic Board

b) Conjoin the JSNA and data dashboard information and increase the specificity of demographic location against more specific need types.

c) Ensure that the SEND data (as above) is used across the partnership to aid planning and delivery to meet the needs in the Local Area.

d) Establish the role of the Area in identifying and encouraging opportunities for Post 16 SEND Learners.

2.4 Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for children and young people in alternative provision.

Strengths

- Families have direct access to support under the umbrella of early help services, including from the well-regarded family hubs in each of Torbay's three main towns. These make a positive difference to their lives. The risk to missing children and the link to exploitation are well understood and the partnership has made significant progress in this complex area of practice. *(Hyperlink to Evidence)*
- There is a high quality of partnership working when a child is in significant mental health crisis and requires a safeguarding response. *(Hyperlink to Evidence)*
- Commissioning is looking at alternatives to residential provision and doing everything to promote independence. *(Hyperlink to Evidence)*
- Re focused and reformed Torbay SEND Needs & Joint Commissioning Delivery Board. Agreed priority areas: SLCN, Neurodiversity; EHWB & Individual Health Funding arrangements *(Hyperlink to Evidence)*
- SEND Family Voice Torbay are actively involved and have taken on the coordination role for the Pilot Autism & Us parent programme with feedback being collected and will inform a more sustainable offer. *(Hyperlink to Evidence)*
- SEMH SLCN workforce training delivered to over 1,000 people across Devon, Torbay and Plymouth. This has incorporated the findings from the independent deep dive in to joint commissioning. *(Hyperlink to Evidence*
- The expansion of increased regularity of the Section 23 Notification meetings allows leaders to understand where needs are greatest and where to direct and re-direct resource.
- The SEND Executive Board and key stakeholders Joint Commissioning workshop developed an agreed set of standards which can be applied to all relevant SEND commissioning arrangements (in anticipation of June's meeting, insert agreed principles once developed)
- A 0-19 Service Procurement Board is in operation and chaired by the Directors of Public Health, Children Services and Finance to assess and address the existing and future provision. Once commissioning arrangements of a new service have been underpinned, the service will be co-produced across the sector and involving the community.
- Have now introduced a full review of ISEP provision to examine outcomes for young people.

Areas for Development

- Improve analysis of financial data to better understand pressure areas and improve deployment of resources to better meet the needs of young people with SEND.
- Explore available provision that doesn't need commissioning arrangements.
- Develop understanding of a shared joint commissioning language and principles which reflects a partnership-wide understanding of commissioning and capacity challenges of individual agencies.
- Agree a revised Joint Commissioning model.
- Need to deal with sufficiency of capacity more effectively, including culture change to increase inclusion, including the need for a re-integration plan.
- Develop information for families to consider, when paying for a private provider assessment.
- Continue and complete the work being done on independence and alternatives to residential provision.
- (NHS Devon ICB to) develop and commission a Trusted provider framework for children with complex needs in the pre and Tribunal stage.
- EOTAS Project to offer more robust programmes to meet the needs of this cohort and provide better value for money.
- Review ISEP provision to ensure they are meeting young peoples needs and providing value for money.

ACTIONS 2.4   **Act to ensure that Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for**

a) Create a process to link both sufficiency of appropriate places and an inclusive culture across all schools and settings, involving children, young people and parents and carers, clarifying choices and limitations.

b) Complete the work done within the WSOA process to agree the joint commissioning model and work to develop the joint commissioning opportunities.

c) Complete the work on reduction of need for residential provision.

d) Seek to improve the information for parents and carers when paying for private assessment provision.

e) Improve analysis of financial data to better understand pressure areas and improve deployment of resources to better meet the needs of young people with SEND.

2.5 Leaders evaluate services and make Developments.

Strengths

- There is greater communication and information sharing with Schools Forum. *(Hyperlink to Evidence)*
- The provision of SEND Auditors within the Torbay Learning Academy has led to a greater understanding of performance across the Local Area, with report presented to the SEND Partnership Board. *(Hyperlink to Evidence)*
- The development of Proposal for Locality Provision.
- The development of an Alternative Provision Commissioning Strategy is underway
- The improved JSNA and SEND Needs Analysis being used to inform strategic planning.
- The involvement of SEND Torbay Family Voice in strategic developments.
- The Torbay 0-19 Service is monitored through robust governance processes with improvements to provision agreed and implemented collaboratively across the partnership.
- Recognition of the sufficiency of places and active planning to provide for these pupils through a re-formulated EOTAS offer that will meet their needs

Areas for Development

- The consistency with which professional curiosity and challenge are applied, particularly in situations in which children living with chronic domestic abuse or neglect are not making progress and situations in which children have unexplained injuries.
- Revise the QA framework using the performance information across the partnership to inform needs analysis and measure the impact of strategic approaches to areas of concern.
- For a small number of children, there is insufficient consideration of safeguarding concerns by partner agencies, particularly when mobile and older children have bruises or injuries.
- Continue to develop and implement the revised EOTAS offer.
- Appoint a Principal Educational Psychologist to embed the EPS within the strategic aims of the partnership.

ACTIONS 2.5

Act to ensure that Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for

a) Create systems that ensure those children and young people living with chronic domestic abuse or neglect have their needs met so that they can make progress.
b) Ensure the sharing of information in efficient and effective systems across all partners in the Local Area.
c) Create and implement systems to measure the impact of strategic approaches.
d) Implement the Revised EOTAS Offer

2.6 Leaders create an environment in which effective practice and multi-agency working can flourish

Strengths

- Operationally, partner agencies work well together. Information-sharing and attendance at meetings in the multi-agency safeguarding hub (MASH), child protection strategy discussions and in child protection enquiries is consistently timely and effective. Thresholds for different levels of intervention are jointly understood 2 across partner agencies and, for the majority of children, risks and support needs are identified early, resulting in the right support at the right time. *(Hyperlink to Evidence)*
- There is a commitment from leaders in all areas to improve the environment so that there is shared understanding and ability to work as one partnership. *(Hyperlink to Evidence)*
- The new role of the DMO (being piloted by the ICB in Torbay) has led to improved quality and timeliness of health advice. (Hyperlink to Audit & Timeliness)
- For most families receiving support from early help services, there is considerable progress. Schools and the local community have welcomed the For family hubs. Families are increasingly able to access early help directly and immediately instead of waiting. *(Hyperlink to Evidence)*
- The Family Hubs are embedded into communities, from where multiple agencies operate including public health nursing, maternity, housing, speech and language therapy, and children's social care provision.
- There is a recognition that children's mental health and wellbeing is a system wide priority as endorsed by O&S deep dive and members of the CCIB : CYP EHWB group is in place chaired by ICB Strategic mental health commissioner

Areas For Development

- Reliable, disaggregated data for Torbay from an integrated care board (ICB) on behalf of health providers and a police force that cover much larger geographical areas is not available to the partnership. Allied with delays in establishing a children's mental health subgroup and insufficient quality assurance, both of which the partner agencies are fully aware of, it is difficult to chart the impact of the partnership on Torbay's children in some key strategic areas.
- Remove the silo working that still exists, creating a joined approach within education and social care environments within the Council and joined approaches across all other partners.
- The quality of communication, information and decision-making across health services varies significantly, and overall is not good enough.
- Ensure that all members of departments are aware of how budgets are managed to provide more understanding of how to provide effective delivery of roles.

| ACTIONS 2.6 | Act to ensure that Leaders create an environment in which effective practice and multi-agency working can flourish |

a) Review the meeting culture to ensure that they are effective and influence practice without duplication where possible.
b) Create greater data sharing across the Local Area and its neighbours so that impact of interventions can be judged and used to inform developments.
c) Review working systems to reduce and remove the situation where silo working takes place.
d) Improve the quality of communication, information and decision-making across health services

GLOSSARY

ADASS	Association of Directors of Adult Social Services
AET	Autism Education Trust
AR	Annual Review
ASC	Autistic Spectrum Condition
ASRUS	Torbay Youth Club Social Support Club for Autism
CAMHS	Child And Adolescent Mental health Service
CCG	Clinical Commissioning Group
CCIB	Children's Continuous Improvement Board
CEO	Chief Executive Officer
CFHD	Children and family Health Devon
CPD	Continuing Professional Development
CYP	Children and Young People
DBT-A	Dialectical Behavioural Therapy (Team)
DfE	Department for Education
DSCO	Designated Social Care Officer
EHCP	Education, Health and Care Plan
EHE	Elective Home Education
ELC	Early Learning Centre
EHCMB	Education, Health and Care Management Board
EHXB	Emotional Health & Well-being Board
FE	Further Education
HAF	Holiday, Activities and Food
HMCI	His Majesty's Chief Inspector
ICB	Integrated care Board
ICS	Integrated care System
JSNA	Joint Strategic Needs Assessment
JTAI	Joint Targeted Area Inspection
KPI	Key Performance Indicator
LEG	Language Enrichment Group
MASH	Multi Agency Safeguarding Hub
MHSIST	Mental Health Independent Support Team
NASEN	National Association of Special Needs

NEET	Not in Education, Employment or Training
NHS	National Health Service

NDTI	National Development team for Inclusion
OT	Occupational Therapist
PEPs	Personal Education Plan(s)
QA	Quality Assurance
RSA	Request for Specialist Assessment
S&L	Speech and Language
SEF	Self Evaluation Framework
SEMH	Social Emotional and Mental Health
SEN2	Government data for special educational needs
SEND	Special Educational Needs and/or Disability
SENDCo	Special Educational Needs Co-ordinator
SENDQAMAP	Special needs Quality Assurance Multi Agency Panel
SEN K	SEND Support
SFVT	SEND Family Voice Torbay
SLCN	Speech, Language and Communication Needs
SpLD	Specific learning Difficulty
SPOC	Single Point of Contact
TSCP	Torbay Safeguarding Children Partnership
VYED	View Your Education Data
WSOA	Written Statement of Action