

Regional Response to SEND Green Paper Consultation Questions

This response is based on detailed work by Strategic SEND leads but also takes into account comments made by Operational SEND Managers as well as Regional NHS, Social Care and Parent-Carer Forum representatives.

1. What key factors should be considered when developing national standards to ensure they deliver improved outcomes and experiences for children and young people with SEND and their families? This includes how the standards apply across education, health and care in a 0-25 system.
 - We need to have high aspirations whilst also recognizing variations in the achievement levels of pupils, including those with SEND. This is particularly relevant in the context of pressures on schools through performance tables and the inspection regime which can provide a disincentive to admit SEND and low achieving pupils.
 - There needs to be adequate funding and accountability for the development and implementation of the framework at all levels within the system.
 - There will need to be a comprehensive training framework for all staff working in SEND (education, health and social care) with consistent recording and quality assurance mechanisms.
 - We need to develop a culture in which schools feel that they are in partnership with Local Authorities, parents and other service-providers.
 - We will need clarity of roles and respective responsibilities of schools, governors, Elected Members, social care, health, FE and Alternative Provision providers.
 - There will be a particular need for accountability of schools (and MATs) for provision at pre-EHCP SEND stages.
 - It will be essential to maintain sufficient numbers of well-trained SENCOs operating at the appropriate level within school staffing and management teams.
 - There should be simple but effective ways of monitoring and celebrating progress and also of resolving disputes between partners.
 - There is some contradiction about local discretion. The review states on page 27 that there is too much, but on page 29 says that it is necessary. This needs to be clarified.
 - Standards should also be set for school attendance. Our Parent Carer Forums have stressed that school attendance should not be considered in isolation but in the context of ensuring that the right type of places, support and reasonable adjustments are in place to enable SEND pupils to successfully attend.
 - It is important to ensure that national SEND standards apply to independent schools.
 - It would be helpful to include clarity over the criteria for the Early Years SEN Inclusion Fund, as this is often separated and dealt with elsewhere.
 - There will need to be clear expectations on joint-commissioning taking existing arrangements and variations in local need into account.

- Effective co-production will be critical for the successful development of national standards. Resourcing is currently variable and needs to be put on a sustainable footing.
 - Eligibility for social care remains vague and variable. In adulthood the Care Act is very clear and specific and similar statutory guidance would help parents, practitioners and tribunals to take decisions for families in need.
 - Waiting lists should be reduced for health, therapy and social care resources with improved access to provision and equipment necessary to access the curriculum. This will require collaboration with health and social care agencies to develop consistent service specifications and operational protocols. These will need to take into account barriers such as availability of therapists.
2. [How should we develop the proposal for new local SEND partnerships to oversee the effective development of local inclusion plans whilst avoiding placing unnecessary burdens or duplicating current partnerships?](#)
- There is a need to develop key partnership principles and use these to build on existing networks and good practice. There will be a need to recognise that every local area is in a different position and may require a period of transition.
 - Funding should be provided for a statutory role of SEND Partnership Officer within each Partnership (akin to the development of "Virtual Headteacher" for LAC). This could be jointly funded and developed with Health.
 - DfE/DfH need to survey existing practice and produce statutory guidance. This should include clarification of statutory requirements of Health and Social Care agencies.
 - DfE expectations as to who should be involved in SEN Partnership Board need to be clarified.
 - There will be a need to ensure effective engagement with the newly established Integrated Care Services with the Designated Lead on SEND being a member of the Partnership Board.
 - We need to be clear about what a Local Inclusion Plan looks like and how it relates to the existing Area SEND Strategy and CYP Plan.
 - It will be important for each Partnership Board to clarify and communicate its Local Offer (graduated approach) to ensure the appropriate use of specialist and targeted resources.
 - It would be helpful to have greater specificity about the Partnership's responsibility for overseeing the use of resources, increased flexibility for joint commissioning and clarity on the perceived limits on HNF.
3. [What factors would enable local authorities to successfully commission provision for low-incidence high-cost need, and further education across local authority boundaries?](#)
- Adequate revenue and capital funding is essential. This will need to include sufficient local staffing to identify clients, demographic trends and options to be explored. It may require secondment of particular types of expertise (eg. educational psychology, speech therapy, OT etc.)

- An area-wide approach will be needed. Responsibility for funding should not lie entirely within Local Authority education budgets. Health and social care contributions will be required and the Local Inclusion Plan should be used as a vehicle to identify areas for development and joint commissioning. Current cross-border protocols are helpful and could be further developed.
- Resources will be needed for monitoring pupil progress and value for money.
- Consideration should be given to a pilot study enabling a group of Local Authorities to work together to directly develop a shared specialist provision.
- The costs and quality of unregulated independent providers should be closely monitored and challenged where appropriate.
- It would be helpful to work across all agencies to develop a training programme to enhance the skills of setting staff to make best possible use of scarce specialist practitioners (eg Occupational Therapy and Educational Psychology).

4. What components of the EHCP should we consider reviewing or amending as we move to a standardised and digitised version?

- Standardisation would be helpful, but digitisation needs to take into account the fact that many families and young people do not have easy access to IT systems and equipment. Many rely on the use of mobile phones to access the internet which is not "EHCP friendly". Consequently, it will be important to retain the capacity to send paper documents to parents and young people where required for them to have full access.
- The model for standardised EHCPs should be developed in co-production with practitioners who directly support their implementation and review. There must be a focus on quality of plans, recognising timescales, to ensure children's needs are appropriately identified.
- Digitisation needs to take into account that most LAs already have IT systems in place and some have contracts with external suppliers. Any new system needs to be compatible or at least be based on a set of common standards that existing systems can match. It should also be recognised that LAs are at different stages of developing portals offering a common point of access to parents, settings, LA and health staff.
- Standardisation should take into account the need to prioritise transfers including transition to FE and from FE to work placements.
- There will be a need for clear guidance on the degree of specificity required for each section of a new template for the EHCP. Forms should be shorter and simpler but should still leave scope for the addition of good co-produced documents that all stakeholders are happy with.
- EHCP outcomes should be identified for end of key stage, leaving settings to break them down into smaller steps for ongoing and annual reviews. They should be reasonable in number (perhaps maximum of two outcomes per area of need) and holistic, not just education-focused.
- Outcomes for the key stage or phase would support the expectation in the Code of Practice that plans should not be amended too frequently. Clear guidance on what is expected from good outcomes would be welcome to help LAs be more consistent in how they are drafted and to establish common expectation amongst parents and settings.

- We wonder if the separation of Section H into H1 and H2 needs to continue. The distinction between what goes into each section is often confusing for parents and young people, and sometimes for practitioners.
- Section F would be more accessible to parents and more useful to settings if there was a common expectation that what is universally available at "SEN Support" does not have to be specified for individual children and young people. This would leave section F to focus on what was additional to and different from the core offer and quality first teaching for that child or young person. What is available for all at SEN support could be captured in a general document for the local area or nationally, and perhaps included as an appendix to the plan.
- The interaction of the EHCP system with the Child Health Information and LAC systems need to be considered. This exercise would provide a good opportunity to clarify the statutory requirements and national standards for health and social care input into the EHCP process.
- It is important to maintain timely Social Care advice. Guidance should take account of Care Plans that can change earlier than the normal EHCP cycle.
- The system needs to ensure that practitioners who have provided advice receive the draft EHCP in a timely way to ensure that their advice has been accurately included.
- The process will take time to become effectively embedded and practitioners in all settings will require training and guidance. This should include health and social care staff. Information for parents and young people will also be essential.

5. [How can parents and local authorities most effectively work together to produce a tailored list of placements that is appropriate for their child, and gives parents confidence in the EHCP process?](#)

- This is a complex question, and we need clarity on what the DfE means by a "tailored list of placements" as well as how it relates to the current system of consultation with schools and other education settings. Questions that need to be answered include :-
 - Is this process to apply only to those with EHCPs or will it also operate with those at the current "SEN Support" Level?
 - Is it to include private schools?
 - Will it include Alternative Provision - both regulated and unregulated?
 - Will it include private tuition companies?
 - Will it take into account national funding bands, tariffs and transport costs?
 - Will health and social care professionals be actively involved in the process?
 - How will this process align with quality assurance arrangements for out-of-area placements?
- This system will only be possible if the majority of special needs continue to be met in local mainstream schools and they will need to be adequately funded to meet these needs if parents are to have genuine choice.

- It is not realistic or fair to give parents the impression that they can choose from a simple shopping list. The appropriate placement for any child/young person will depend upon local context and her or his particular needs, and this discussion can only take place after an appropriate assessment.
- Any placement will be dependent on the named school agreeing to admit. Increased parental choice will require schools and MATs to be more accommodating to SEND pupils. This will need clearer DfE statutory guidance on admissions to all settings (including those not covered under Section 41); greater accountability through Ofsted, and increased powers of enforcement by Local Authorities and, when established, the National SEND Delivery Board.
- It will also be important to identify social care and health needs and ensure that they can be met in any proposed placement. A mechanism will be needed to involve appropriate medical or social care personnel in the process when specialist facilities are involved.
- Consideration should be given as to how the voice of the child or young person is heard in this process.
- It would be helpful to have guidance on how local areas might share expertise and specialist resources.
- Our Parent Carer Forums have expressed concern about this proposal, questioning how it fits with the concept of person-centred provision. They have argued that they should be involved in the co-production of any new system so that they can be assured that the school, health, social care and parents are involved to ensure that the needs of the child are fully identified and met.

6. To what extent do you agree or disagree with our overall approach to strengthen redress, including through national standards and mandatory mediation?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- We agree that clear, appropriate and properly monitored national standards will form a valuable basis for accountability and redress.
- Tribunals are expensive and stressful to all parties. We therefore welcome the emphasis on mediation as a necessary pre-cursor to the SEND Tribunal. However, in many areas the existing system is already creaking under current pressures. Consequently, there will be a need for increased funding to commission mediation services and some guidance and "market stimulation" to both increase the capacity of existing providers and to encourage others to engage. Local Authorities will also require additional resources to participate effectively in the mediation process, as will settings and health agencies e.g CAMHS. Mandatory mediation will only be successful if all appropriate professionals are able to be involved and thought needs to be given as to how to respond when parents refuse to engage in the process.
- As many Tribunal appeals centre on Special School placement there is a need to both strengthen mainstream SEND provision, to avoid unnecessary placements, and to ensure adequate supply of special school places for the most complex and severe difficulties. The important contribution of specialist resource bases within mainstream settings should also be recognised.

- A source of frustration for parents is inadequate respite, health and therapy provision. It would therefore be helpful for the Tribunal to have binding powers on social care and health provision which would bring alignment across the services. To do this it would need appropriate health and social care expertise available to it and the statutory duties of social care and health providers will need to be clarified.
- The Tribunal system can favour wealthier and better educated families and equality of opportunity should feature as part of the review. Mandatory mediation will help with this to some degree.
- Clarification on the involvement of private assessments (including medical ones) would also be helpful.
- Information from mediation and tribunals (data, outcomes and learning points) should be made available to Local Partnership Boards so that they can be used to improve services and parent confidence over time.

7. Do you consider the current remedies available to the SEND Tribunal for disabled children who have been discriminated against by schools effective in putting children and young people's education back on track? Please give a reason for your answer with examples, if possible.

- No.
- The threshold for parents/carers to access to the Disability Tribunal is often too high and the "responsible body" is often a school denying that the child has a disability under the terms of the act.
- Powers of redress if the recommendations of the Tribunal are not met are weak, and the process of appeal can sour home-school relationships leading to pressure for an EHCP assessment and redress through the Tier 1 Tribunal.
- The current system supports inequity in that parents who can afford legal support and know the system can navigate its complexities whereas others are unable to do so.
- The current system supports the use of private assessments when NHS information is not available or sufficiently detailed. At present there is not sufficient recognition that if a child has been discharged from a service with advice and support, they may have had a comprehensive assessment and no longer need continued intervention. The private provider in many cases will have only known the child or young person for a short period of time.

8. What steps should be taken to strengthen early years practice with regard to conducting the two-year-old progress check and integration with the Healthy Child Programme review?

- Health colleagues have pointed out that there needs to be increased investment and funding into health visitor and school health provision. This could involve developing clearly designated lead roles within these services and increasing the capacity of specialist health visitors to ensure parents/ carers/ settings and professionals are well informed and supported.
- There should be recognition of the national focus on the needs of this age group post pandemic and the impact of national lockdowns on their development.

- Targeted intervention for key cohorts would support key strategies and professionals to support before the jump to EHCP and specialist services.

9. To what extent do you agree or disagree that we should introduce a new mandatory SENCo NPQ to replace the NASENCo?

Strongly Agree, Agree, Neither Agree or Disagree, Disagree, Strongly Disagree

- We agree on the need for a national qualification for SENCOs, but this must be based upon an expectation that the SENCO will play an integral role in the school leadership team to promote appropriate expectations and teaching strategies across the school as a whole. We must not overlook the fact that every teacher is a teacher of SEN, and the role of the SENCO is to train, coordinate and facilitate but not to take over the responsibilities of individual class teachers.
- It is important to ensure that SENCOs have sufficient non-contact time to give them the capacity to use their expertise and influence the ethos and practice across the school.
- For SENCOs to work effectively, there is a need for adequate school support services such as Educational Psychology, Sensory Support etc.
- It is important to appreciate that the quality of SEN provision in a school cannot be judged solely on the basis of the presence of a teacher with this particular qualification.
- Special consideration will need to be given to small schools where the Headteacher or Deputy will often take on the SENCo role in addition to a wide range of other administrative, liaison and professional development duties.

10. To what extent do you agree that we should strengthen the mandatory SENCo training requirement by requiring that headteachers must be satisfied that the SENCo is in the process of obtaining the relevant qualification when taking on the role?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- We strongly agree that every school or educational setting should have an appropriately qualified SENCO. This should include qualified teachers who demonstrate the necessary skills and experience but are still undergoing the formal qualification process - providing sufficient and appropriate support is available to them throughout the process.
- We also feel that in certain circumstances Headteachers should have the flexibility to appoint qualified staff to this role who show exceptional potential but have not yet commenced formal SENCo training. In these circumstances there should be a strict time limit on the commencement and completion of the training together with a clearly identified programme of in-school support during this interim period.
- Special consideration will need to be given to small schools where the Headteacher or Deputy will often take on the SENCo role.

- Consideration should be given to a training module and exposure to health services.

11. To what extent do you agree or disagree that both specialist and mixed MATs should be allowed to coexist in the fully trust-led future? This would allow current local authority maintained special schools and alternative provision settings to join either type of MAT.

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- We agree that there is a role for both mixed and specialist MATs but feel that the mixed model is preferable as it is better able to promote inclusion.
- We also believe that all Trusts should be fully accountable.
- There is a need to clarify the position of independent schools and the means by which they will be held accountable and supported through difficulties. This can be a particular issue with small independent schools who are not part of a MAT

12. What more can be done by employers, providers and government to ensure that those young people with SEND can access, participate in and be supported to achieve an apprenticeship, including through access routes like traineeships?

- There needs to be greater consistency and transparency across the FE sector to enable both schools and employers to engage more effectively with colleges.
- Clear and consistent transition protocols need to be implemented for entry into and out of college placements. These should be related to national standards.
- There needs to be a root and branch review of the DWP's engagement in this area and its understanding and response to the needs and challenges facing young people with SEND. This might include some kind of "named worker" or "mentor" scheme to guide and support young people through their workplace experiences. Regular progress reviews will be needed with intervention as necessary to maintain appropriate placements and sustainable employment. This should be a core part of the DWP's role or alternatively of some other designated agency appropriate resources and expertise.
- The role of Adult Care Services in working with SEND should be agreed and identified within the Local Inclusion Plan. This should include practical arrangements for a smooth transition into Adult Care Services and appropriate commissioning arrangements.
- Support and guidance for is needed for providers, employers and government on the health requirements for certain young people – accessibility, access to appointments, adaptations etc. This is not currently clear enough to support providers to offer placements.
- This is a community drive to support the local SEN population and effective communication is key to sharing success stories, opportunities and support. This needs to be linked to a 'can do' culture and the training requirements for all working within SEND.

13. To what extent do you agree or disagree that this new vision for alternative provision will result in improved outcomes for children and young people?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- We agree that the new model is helpful in developing a consistent and coherent system that delivers high standards and value for money in the mainstream sector. We particularly welcome the three-tier approach of targeted support, time limited placements and planned transition.
- It is important that AP does not form a "parallel universe" for excluded or "off-rolled" pupils. Statutory guidance (eg. the revised COP) will be needed to ensure that AP genuinely forms an integral part of the mainstream SEND system and to facilitate (or if necessary enforce) planned re-integration.
- More consideration is needed as to how AP will deal with exclusions from special schools and other particularly complex and challenging cases.
- Local Authorities and Local SEND Partnerships will need sufficient funding to establish and maintain high quality AP.
- Greater clarity is needed on the overlap between SEMH provision and AP in both mainstream and special school sectors.
- Health and social care providers need to be included in the development of AP plans.
- The development of an intent to support mainstream schools by sharing expertise from alternative provisions will lead to greater ability to support inclusion. If this is structured correctly it will remove the creation of interim part time settings that do not meet the needs of young people, but it will need clear guidance and robust funding mechanisms that allow both alternative /appropriate provisions and mainstream provisions to access the support required at an equal level and as part of a single approach.

14. What needs to be in place in order to distribute existing funding more effectively to alternative provision schools, to ensure they have the financial stability required to deliver our vision for more early intervention and re-integration?

- The source of funding needs to be clarified. Is it the LA "high needs block" or is it from the Schools Funding Agency or schools excluding the pupils concerned? In line with this there needs to be clarity and statutory guidance on the financial liability of academies that exclude pupils who subsequently require alternative provision.
- It is very important to ensure that there is a sufficient incentive for preventative work and reintegration rather than relying solely on the number of AP pupils on-roll.
- The funding arrangements need to allow for in-year movements of pupils between AP, schools and other providers (eg. work experience or vocational placements).
- The AP funding model needs to be considered alongside Special School funding with particular reference to the "Minimum Funding Guarantee".
- There needs to be clarity of funding for pupils both with and without EHCPs.

- More thought needs to be given to alternative provision for those excluded from (or refused entry to) Special Schools. At present the relationship between AP and mainstream schools is clear, but this is not the case with special schools - particularly those catering for pupils with social, emotional and behaviour difficulties.
- Health and social care needs should be assessed and resourced as part of the planning process. This is particularly relevant for mental health services.

15. To what extent do you agree or disagree that introducing a bespoke alternative provision performance framework, based on these 5 outcomes, will improve the quality of alternative provision?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- We agree that it would, but this framework would also work well in all educational settings.
- The framework needs to acknowledge that not all pupils with AP will have SEND and it may not be appropriate to concentrate on English and Maths attainment (particularly with Year 10 and 11 pupils). Is this what is meant by the term "bespoke"?
- There is a need to engage the FE sector in this process and to establish consistent transition protocols (presumably as part of the National Standards Framework)

16. To what extent do you agree or disagree that a statutory framework for pupil movements will improve oversight and transparency of placements into and out of alternative provision?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

– If you selected Disagree or Strongly Disagree, please tell us why

- We agree that a statutory framework for pupil movements will improve oversight and transparency of placements into and out of alternative provision.
- Permanent exclusion gives pupils and parents certain rights, and we would hope that the new framework will ensure that these also apply to those who are taken off school roll on an informal or short-term basis.
- Statutory guidance on alternative provision was produced for Local Authorities in January 2013 but the education landscape has changed significantly since that time - for instance most PRUs are now autonomous academies answerable to the Regional Schools Commissioner. This guidance therefore needs to be updated and extended to include all schools, academies and alternative providers.
- The Regional Schools Commissioner also needs to have a clearly defined role within this process, working alongside Local Authorities and Local Inclusion Boards.

- The statutory framework must take into account statutory safeguarding requirements and the need to track and monitor the progress and well-being of individual children across different settings - some of which may be out-of-area.

17. What are the key metrics we should capture and use to measure local and national performance? Please explain why you have selected these.

- Those proposed in the Green Paper are helpful, but they do need to be aligned with those identified for the FE sector.
- In addition, it would be helpful to include a metric which looks at the ratio of "SEND Support" to EHCPs issued. If the system is operating well, we can expect that the proportion of pupils operating at SEND Support level will increase and EHCPs will reduce in number - eventually applying only to those with the most severe and complex needs.
- The percentage of EHCPs and pupils at SEN Support within each school should also be compared to the local average to ensure that there is an equitable distribution of need and resources.
- A further useful indicator would be recruitment and retention rates for SENCOs and specialist staff (eg. sensory support staff, educational psychologists and Local Authority assessment staff). Caseload ratios should also be recognised as a key determinant of timely and effective intervention and response rates.
- Input levels, timeliness and effectiveness of social care and health practitioners should be included as they can be a source of delay and considerable concern to parents/carers.
- Attendance of key players at critical meetings and decision points should be monitored and reported on.
- Health requirements for a SEND dashboard need to be clear and integrated in ICB and statutory guidance. Metrics must use a common language to ensure that data is translated appropriately.
- As health and social care systems are not SEND specific, partners need to be aware of the wider systems that they operate.

18. How can we best develop a national framework for funding bands and tariffs to achieve our objectives and mitigate unintended consequences and risks?

- This will be no easy task and extensive consultation and learning from existing good practice will be required for any system to succeed.
- There should be recognition of those Local Authorities who have managed resources effectively, and the level of local discretion included in the new scheme should be limited to ensure more consistency than at present.
- Clarity and transparency of the funding model will be essential so that the responsibilities and expectations of schools, academies, parents and students are appropriate.
- There is a risk that some private specialist providers will withdraw from the market and there should be some contingency planning to deal with this possibility.

- The model needs to take into account the realistic costs of successful mainstream inclusion and effective support at SEND Support level rather than forcing schools into relying on EHCPs for adequate funding.
- Local Authority budgets will need to be aligned with demographic needs - otherwise it is possible that after applying national banding criteria, some Local Authorities will find that they have accumulated a significant deficit. To avoid this, some form of impact analysis will be required as part of the consultation process (point 1 above).
- A common understanding of the bandings for all practitioners would be beneficial as health and social care professionals attend panel discussions and have a role to play in communicating decisions.

19. How can the National SEND Delivery Board work most effectively with local partnerships to ensure the proposals are implemented successfully?

- Membership, roles and responsibilities of the Board should be clearly identified, including health and social care representation.
- There is a need for regular and effective two-way communication between Local Inclusion Partnerships and the proposed Regions Groups. This will then inform dialogue at the national level.
- The Regional Schools Commissioner will need to be actively involved in ensuring that inclusion issues are properly addressed with Academies.
- The Board will need to clarify its expectations on what 'inclusion' looks like – but recognise the diversity of needs across the regions.

20. What will make the biggest difference to successful implementation of these proposals? What do you see as the barriers to and enablers of success?

- The cornerstone to successful implementation will be strengthening the legal protections for pupils at SEND Support Level so that they are on an equal footing with EHCPs. As long as there is a two-tier system of entitlement, the reforms described in the Green Paper will be compromised by constant pressure towards more and more EHCPs as the gateway to funding.
- We will need clear eligibility criteria with higher thresholds for EHCPs and accountability at the school-end of the system. This should include (through national standards) clear definitions of what is normally available (SEN Support) and what is "exceptional" (EHCP).
- Local Authorities will require sufficient funding to deliver their operational and strategic responsibilities.
- Social Care and Health agencies will need to be accountable for their contribution to the proposed reforms through their performance-monitoring and inspection arrangements.
- Joint inspections (or at the very least congruence between education social care health inspection regimes) would be very helpful and would set the tone for the kind of integrated provision that is envisaged in the Green Paper.
- There needs to be recognition and clear expectations of services following the pandemic – services are 'not back to normal' and staff wellbeing and morale are a major concern.

- We need a collaborative approach with a clear message that when one part of the system is struggling then effective support and constructive challenge is welcomed and essential to success.
- Funding, resources and recruitment for health and other specialist provision is a big problem that will require innovative and creative resolutions with clear communication to families rather than a 'blame culture'.

21. What support do local systems and delivery partners need to successfully transition and deliver the new national system?

- The transition process needs to be adequately resourced and then followed up with a permanent funding regime that has sufficient time to "bed in".
- We need to learn lessons from the 2014 transition process from Statements to EHCPs which placed unsustainable bureaucratic burdens on schools and Local Authorities. This should include consideration of a phased introduction of the "new model" rather than a retrospective "big-bang" approach converting every EHCP into a national template against a centrally determined deadline.
- Timescales for change should be realistic, deliverable and child-centered.
- Whenever possible we should adopt a "test and learn" approach so that the new system includes the best of the old.

22. Is there anything else you would like to say about the proposals in the Green Paper?

- There is a crucial need to achieve a balance between the White Paper's drive for higher standards and the Green Paper's emphasis on greater inclusion. At present the links between the two are not clearly specified.
- Performance tables do not lead to good outcomes for all children and can often lead to settings designing their delivery based on the requirements set by the tables in question. This is not child centred. A progress guide for mainstream settings may be more valuable at supporting inclusive practice, although national standards for alternative / appropriate provision would be hugely beneficial.
- There needs to be clear guidance, monitoring and accountability for "SEN Support" at school level.
- There needs to be clear definition of roles, responsibilities and inter-relationships of Local Authorities and Regional School Commissioners.
- There has been no reference to how the notional budget approach will be reviewed or integrated.
- There is a lack of focus on school admissions.
- The 1996 Education Act needs to be revisited and updated to take the radically changed education landscape into account.
- Beyond the above, there is fundamental need to revise primary legislation for health, education and social care to produce a single coherent statutory framework. At present each of the agencies is governed by different and

sometimes competing Acts of Parliament. For instance, parents and young people with disabilities are subject to at least two different assessment and provision regimes by Social Care Teams (Children Act) and Education Teams (Education Acts). In addition to this, access to health services is also dependent upon Health and Mental Health Acts.

- The review places little emphasis on professional collaboration, co-production and the voice of the child/young person. This should form a foundation for person centred practice and effective implementation.
- The review does not recognise the impact of the pandemic on education, health and social care services. Consideration needs to be given as to how we utilise the areas recovery plans to support the delivery of its proposals.
- There needs to be further clarification of the Designated Health officer role which needs to have a clear statutory basis.
- The commissioning of 18-25 year services with a clear framework of expectations and support to navigate the challenging landscape is missing from the review. The inclusion of transitional pathways and the role of Adult Commissioners within the national minimum standards would be required to ensure that this cohort is always considered and not just an 'add on at the end. This would facilitate alignment with the wider system work on Adult Learning Disabilities, CETR's etc.
- Health colleagues welcome the commissioning of a workforce analysis but point out that the wider culture of demand for referral and diagnosis needs to be considered and acknowledged with clear expectations of the universal offer before we will see a decline in waiting times. This analysis needs to look beyond therapists and include community paediatrics, specialist nursing, public health etc.
- There needs to be linkage to the Timpson review to build upon the positive direction and progress made.
- SEND home to school transport continues to increase with the growing demand for EHCPs. This is placing significant pressure on Local Authorities to identify the funding to support this. A review of the current national policy for home to school transport would therefore be extremely helpful.
- The review fails to recognise the very substantial contribution that Early Years Services can offer in laying the foundations of learning, social interaction and positive mental health. More input at this level can help many families avoid the need to escalate to formal SEND or Social Care assessment.