Essex Family Forum Consultation Response

SEND Reform – Putting Children and Young People First

Essex Family Forum is the independent Parent Carer Forum for Essex, representing families across Essex County Council boundaries, excluding Southend and Thurrock.

Feedback informing this response has been gathered through multiple engagement activities, including our Graffiti Wall, which is used locally to capture parent carer experiences of what is working well, what is not working and what improvements families would like to see. Evidence has also been drawn from our annual survey data, our dedicated SEND Reform Padlet and associated social media engagement activity, attendance at local coffee mornings, and a webinar for families co-hosted with Essex County Council.

The responses below reflect the thematic feedback gathered from families through these engagement activities, alongside Essex Family Forum's experience of working strategically across a large and complex local area such as Essex.

Q1	**We want children, young people and their families to be involved in making better, evidence-based decisions about SEND, both in their local area and across the country.** **How can we make sure children, young people and their families have a genuine say in these decisions?**
	Families told us they want to be involved before decisions are made, not consulted after proposals are already shaped. Many feel current engagement is tokenistic, with decisions appearing predetermined and lived experience overlooked. Parents described having to fight, repeat evidence and navigate systems that feel dismissive, adversarial and inconsistent.

	They said meaningful involvement means being equal partners in assessment, planning, commissioning, training, standards, accountability and evaluation. Parent Carer Forums should be effectively resourced to gather diverse lived experience, including families who are digitally excluded, from underrepresented communities, post-16 families, children who mask, EBSA, EOTAS and those with complex needs. Families also said involvement must be accessible, with clear information, non-digital options and opportunities that work for different needs, schedules and communication styles. They want honest explanations about what can and cannot change, and clarity about how decisions are made. Children and young people need accessible routes to share their views in ways that suit them, including creative, non-verbal and supported communication. Families said they want to influence decisions across the wider system, including early help, mental health, attendance and post-16 pathways. They emphasised that meaningful involvement requires transparency, trust and opportunities to shape decisions at the earliest stage, not after plans are already formed.
Q2	**How can we make sure that high-quality evidence and best practice inform decisions about SEND? Please share examples.**
	High-quality evidence must include lived experience alongside professional and academic evidence. Families repeatedly told us that “we know what is not working”; the issue is often not lack of research but failure to apply existing learning consistently. Best practice should be tested against real outcomes: attendance, reduced exclusions, reduced distress, improved belonging, family confidence, timely access to therapies, and whether support is actually delivered. Evidence should include what works for neurodivergent CYP, children who mask, girls, EBSA, trauma, communication needs and complex co-occurring needs. Examples include: parent panels scrutinising national standards; lived-experience input into workforce training; measuring ISP quality and delivery; and using family feedback to identify whether inclusion bases are inclusive or simply separate children from peers.

Q3	**How can we ensure that children are best supported by the Universal offer?**
	Families consistently tell us that the Universal Offer can only succeed if it is built on strong, confident practice in every classroom. They want to see consistent high quality SEND training for all staff, not as a one off, but as ongoing development with clear ways to measure whether training is changing practice and improving children's day to day experience. Parents emphasise that support is most effective when delivered by staff with the right skill set, mindset and attitude towards inclusion. Families also highlight structural barriers. Large class sizes, overstimulating environments and rigid routines make it harder for many children to access learning. A Universal offer must include calm, predictable spaces, sensory considerate classrooms and staff who can adapt flexibly when a child is distressed or struggling with change. Parents repeatedly raise the need for recognition of masking, ensuring that hidden needs are not overlooked simply because a child appears to cope. Families want a system that values wellbeing as much as academic attainment. They ask for credible alternatives to GCSEs for pupils who cannot demonstrate their learning through high pressure exams, and for schools to be supported to prioritise children over performance measures. A strong Universal offer is one where every child feels understood, safe and able to learn, and where success is defined by progress, confidence and belonging – not just statistics.
Q4	**How can we ensure that children in the Targeted layer are best supported?**
	Families tell us that children in the targeted layer are best supported when schools have the capacity, skills and stability to deliver meaningful interventions. Parents consistently highlight the need for full time well trained teaching assistants in every classroom, as TAs provide the bulk of day to day support. They also stress that TAs are often poorly paid and undervalued, making it difficult for schools to retain experienced staff. Targeted training should be directed at the workforce who deliver the majority of support with clear expectations for quality and impact.

	Families also want clarity and transparency around who decides a child’s level of support, what criteria are used and how parents can challenge decisions when they disagree. They emphasise that ISPs must be shared with all staff, not just a small team, so that support is consistent across the school day. Parents describe current support as fragmented, short term and reactive. They want interventions that are timely, sustained and reviewed regularly rather than brief blocks that end before progress is embedded. Schools need the capacity to deliver targeted work without relying on overstretched staff or withdrawing support due to competing pressures. Above all, families want a Targeted layer that is stable, skilled and accountable, where support is planned, monitored and adapted over time, and where children do not fall through gaps created by capacity issues or inconsistent practice.
Q5	**How can we ensure that children in the Targeted Plus layer are best supported?**
	Families tell us that children in the Targeted Plus layer need access to adequate skilled professionals who can work directly with them and guide school staff. Parents consistently highlight the national shortfall of specialists, which leads to long waits, brief visits and recommendations that schools do not have the capacity to implement. To be effective, Targeted Plus support must include timely access to professionals who can spend sufficient time with the child and with the TAs who deliver daily support. Families want clarity about who decides a child’s level of support, what criteria are used and how parents can challenge decisions or request review. They also emphasise that ISPs must be shared with all staff, ensuring consistent approaches across lessons, transitions and unstructured times. Parents express concerns that schools often lack the capacity to act on professional advice, leaving recommendations unimplemented or inconsistently applied. They want each school to have a small skilled team who understand SEND, can draw on specialist expertise and ensure that professional input is followed through.

	Above all, families want Targeted Plus support to be coordinated, sustained and multi agency, not fragmented or one off. Children make the most progress when specialist advice is consistent, regularly reviewed and embedded into every day practice.
Q6	**How can we ensure that children in the Specialist layer are best supported?**
	Families tell us that children in the Specialist layer must have access to appropriate specialist provision based on needs, not availability. Parents are deeply concerned that decisions are often driven by limited places rather than a child's profile, leaving some children and young people without access to provision appropriately matched to the complexity and profile of their needs. They want clear transparent criteria for Specialist layer decisions, clarity on who makes these decisions and a fair process for parents to challenge outcomes when they disagree. Families emphasise the urgent need for more specialist schools, particularly for complex needs and for these to be closer to home to reduce long travel times and isolation. They want specialist settings staffed by fully trained teachers and support staff with expertise in communication, sensory needs, behaviour and medical complexity. Parents expressed concerns that Inclusion Bases should not be used as a substitute for specialist provision where a child or young person's assessed needs require a specialist placement, particularly where this could compromise safety, wellbeing or access to appropriate support. Families also highlight a lack of confidence that current assessments and plans fully reflect their child's needs. They want a clear definition of complex needs, transparency about thresholds and safeguards to ensure that children who do not meet the highest criteria still receive adequate support. Parents also seek reassurance that children already in specialist provision will not be reassessed and forced to move, causing disruption and distress. Above all, families want a Specialist layer that is needs led, well resourced and protective ensuring that children with the most complex needs receive stable, expert long term support.

Q7	**How do you think early years settings, schools, and college can best support the mental health and wellbeing of children and young people?**
	Families told us that mental health needs are rising, yet support is limited and often inaccessible. Many children mask in school and experience significant distress at home, and parents said this is frequently overlooked. Families described environments that are not sensory-friendly, behaviour policies that increase anxiety, and academic pressures that children cannot sustain. They also noted that mental health is not clearly reflected in the refreshed areas of development, despite being a major barrier to learning. To support wellbeing, settings need predictable environments, trauma-informed practice, flexible approaches to attendance and staff who understand neurodivergence, masking, EBSA and emotional regulation. Families want timely access to SALT, OT, EP and mental health input, rather than long waits or refusals. Support must be coordinated across education, health and family hubs so children are not passed between services. Families consistently said that emotional safety must be prioritised alongside learning.
Q8	**Do you agree that the refreshed 'areas of development' will support educators to understand and address barriers to learning and participation? Please explain your answer.**
	We support clearer language if it helps educators understand barriers to learning and participation, but only if it is practical, evidence-based and avoids creating new thresholds or additional barriers that families must struggle to navigate. Families are concerned that new categories or layers could unintentionally restrict access to support or create inconsistent interpretations of need. Areas of development must recognise masking, fluctuating needs, sensory processing, executive functioning, communication differences, trauma, physical health, cognition, interaction and environmental barriers.

	Families are particularly concerned that mental health was identified as a key area of need within the current SEND Code of Practice, yet it is not clearly reflected within the proposed refreshed areas of development. This is especially concerning given the significant rise in mental health need amongst children and young people with SEND, including anxiety, EBSA, masking and emotional distress linked to unmet neurodivergent need. Families need clarity on how mental health support will be joined up with SEND provision and how education, health and mental health services will work together to provide timely, coordinated support. The framework must also lead to action. Identifying a barrier is not enough; settings need time, resources, specialist advice and accountability to remove it. The framework should support a social model of disability and ask, “What needs to change in the environment?” rather than placing the problem within the child.
Q9	**What arrangements would best support effective joint working between early years providers, Best Start Family Hubs, health, local authorities, and parents for children with SEND in the early years?**
	Early identification works best when early years, health, education and family support services share information and act on it quickly. Families told us that early years evidence is often lost or overlooked when children start school, leading to repeated assessments, delays and children having to “prove” their needs again. Parent carers said early years settings, health visitors and family hubs often hold rich information about development, communication, sensory needs and emotional wellbeing, but this is not consistently shared or recognised when children enter education. Professionals involved in SEND reform workshops, informed by parent feedback gathered through Padlet, webinars and conversations, highlighted that education teams frequently only receive information from age five onwards. They said this gap can hinder early identification in its truest sense and delay support. In these discussions, professionals explored the potential value of a shared digital record to support continuity from birth through early years into school, reduce duplication and ensure early information is not dismissed. Families said early identification must include clear communication, timely responses and support that follows the child rather than restarting at each transition. They also said early identification should recognise sensory needs, emotional

	regulation, communication differences and fluctuating needs, rather than focusing only on behaviour. Families emphasised that early support should be practical, needs led and co-produced, with clear pathways and consistent expectations across early years and school settings. Effective joint working also requires clear referral pathways, consent-based information sharing, timely access to SALT, OT, EP and health advice, and a named key worker or navigator so families are not passed between services or told to “wait and see”. Parent carer forums should help design local pathways so support is clear, accessible and culturally inclusive. To achieve this, partners need joined-up working, shared information and clear roles across health, early years and education, ensuring early years evidence is valued and used to inform support from the start of school.
Q10	**How can the early years foundation stage (EYFS) two-year old progress check and the Healthy Child Programme development review be improved so that children’s needs are identified and supported more quickly? Please share examples.**
	The two-year progress check and Healthy Child Programme review should be integrated into one joined-up process, with parent concerns given equal weight to professional observations. Too often, families report being dismissed or told their child is “not SEN enough”. Reviews should include communication, sensory needs, social interaction, play, emotional regulation, sleep, feeding, movement, family stress and developmental differences. Practitioners must be trained to recognise masking, autism presentation in girls, trauma and fluctuating needs. Where concerns are identified, there should be immediate support, not just signposting. Families need clear next steps, a named contact, referral routes and follow-up dates. Early help should not depend on diagnosis or lengthy waits. There also needs to be a clear and direct link to the proposals for fast-tracked EHCP assessments for children under 5 where appropriate, particularly for children with complex or emerging needs. Families need clarity on how this process will work alongside Section 23 duties to identify and notify children who may have SEND as early as possible, rather than waiting for needs to escalate before support is accessed.

Q11	**What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?**
	Families told us the National Inclusion Standards should prioritise evidence that identifies unmet need and shows whether support is delivered in practice. The first priority is consistent evidence on identification and emerging need, including masking, fluctuating needs, distress at home and early concerns being dismissed. This evidence should be collected in a standard format so it can be compared across areas when the Standards are implemented. The second priority is evidence on timely access to specialist advice, including SALT, OT, EP and mental health input. Families said long waits and refusals are a major barrier, so the Standards should require local areas to publish waiting times, thresholds and refusals through national dashboards and annual reporting. The third priority is evidence on the effectiveness of joint working, including whether support is delivered as planned, whether families are passed between services and whether multi-agency planning includes parents as equal partners. Evidence should include feedback from families and CYP, gathered through Parent Carer Forums, and be shared nationally through published datasets, dashboards and practice-sharing networks so variation is transparent and effective approaches can be identified and replicated.
Q12	**What are the most important issues for national training to cover, to help support children and young people with SEND?**
	Training must be mandatory, practical and role-specific for teachers, leaders, SENCOs, TAs, early years staff, governors and post-16 staff. Families particularly highlighted neurodivergence, masking, EBSA, mental health, sensory processing, communication, trauma, reasonable adjustments, co-production, inclusive behaviour policies, and the impact of attendance and attainment pressures. Families also raised concerns that it is often the least qualified or least experienced staff, particularly teaching assistants, who work most closely with children and young people with the most complex needs and deliver

	interventions or day-to-day support. This is not acceptable unless those staff are properly trained, supported and valued within the workforce. Training must be co-produced with families and CYP and include lived experience. It should not be a generic online course completed without time to reflect or implement in practice. There must also be training on legal duties, ISP/EHCP quality, working with parents, and when to seek specialist advice. Impact should be measured through changes in practice and family experience, not simply attendance or completion rates.
Q13	**What practical actions can help teachers, educators and leaders manage workload whilst implementing these changes?**
	Workload will only be manageable if reforms genuinely simplify processes and are properly resourced. Families and educators consistently told us that staff already lack the time, space and capacity to meet rising levels of need within the current system. Practical actions should include: a single clear digital template for ISPs; protected planning and collaboration time; administrative support for SENCOs; reduced duplication across EHCPs, ISPs and school-based plans; and smaller class sizes where levels of need are high. Schools also need timely access to specialist advice and support, including through the proposed “Experts at Hand” model, with clear interim support whilst this offer is developing. There should be accessible LA and MAT-based resources, shared tools, evidence-based interventions and programmes that reduce duplication, inconsistency and inequity across schools, rather than each setting developing separate local processes, whist national standards are developing. Time for training, development, collaboration and reflective practice must be built into directed time, not added to already unsustainable workloads.

	Accountability should focus on whether support is delivered consistently and improves outcomes and experiences for children and young people, rather than on producing increasing amounts of paperwork.
Q14	**How should the Special Educational Needs Coordinator (SENCO) role evolve to better meet the needs of children and young people with SEND?**
	The SENCO role should become more strategic, but not at the expense of direct family contact. SENCOs need protected senior leadership status, sufficient time, administrative support, and authority to influence whole-school practice, budgets, staffing and policy, that cant be done without being part of the senior leadership team. Families raised concerns that SEND is sometimes treated as the SENCO's responsibility alone. The role should drive inclusive culture across the whole setting, ensuring plans are shared, understood and implemented by all staff. Staff should be supported by the SENCO where possible, on day to day practice and interventions. SENCOs should be qualified before or very soon after appointment, with ongoing CPD. They should work closely with families, specialists and leaders, but accountability for SEND must sit with the whole leadership team and governing body/trust.
Q15	**What would provide assurance for families that an Individual Support Plan (ISP) is high-quality and contains the essential information?**
	Families say they feel most assured that an ISP is high quality when it is clear, specific and genuinely individual, not a standardised template that becomes a copy & paste exercise. They want ISPs with clear outcomes named responsibility and regular reviews so it is obvious who is doing what, when and how progress will be monitored. Parents emphasise that a good ISP must be written by people who know their child well, understand what motivates them and can describe their needs, triggers and strengths accurately. Families also want confidence that the ISPs are deliverable not aspirational. Without clearly identified and protected funding, they worry that ISPs will reflect only what a school will reasonably provide rather than what the child actually

	needs. Parents highlight that ISPs must include regular professional input, and that staff, especially TAs, need the right training to implement strategies consistently. Families ask how schools will be held to account if ISPs are not legally enforceable, and what redress parents have if they disagree with the plan or if provision is not delivered. They want clarity on how ISP quality will be monitored, who oversees production and how unrealistic or rigid expectations within school systems will be challenged. Above all families feel reassured when an ISP is accurate, personalised, accountable and reviewed often, with clear responsibilities and meaningful involvement from professionals and families.
Q16	**How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?**
	Families tell us that ISPs are only clear, concise and practical when they are created by people who know the child well and understand what motivates them, what triggers them and how they learn best. Parents want their own insights, and the child's voice, to be meaningfully included so the plan reflects what the child actually wants and needs, not what adults assume. Families emphasise that ISPs must be individualised, not generic. They want plans broken down into small manageable chunks, that are easy for staff to implement during the school day. Strategies should be practical, realistic and directly linked to everyday routines, transitions and learning activities, so professionals can use them confidently and consistently. Parents also highlight the importance of professionals working closely with schools to produce plans that are workable. They want external specialists to help shape strategies that fit the school environment, rather than recommending approaches that are too complex or unrealistic to deliver.

	Above all, families feel ISPs are most effective when they are simple, specific and actionable – a clear guide that any member of staff can pick up and use, grounded in the child's lived experience and supported by professionals who understand how to translate advice into daily practice.
Q17	**How can we best support transition for young people with SEND, so that they are well supported into post-16 provision and further education, training or employment?**
	Families told us that transition to post-16 is inconsistent and often depends on individual practitioners rather than a clear system. Many said planning starts too late, information is not joined up and young people are left without the right support. Parents described limited careers advice for neurodivergent young people, unclear pathways for those with fluctuating needs and a lack of options for young people who cannot manage full-time college or mainstream environments. Families also raised concerns about long waits for SALT, OT, EP and mental health input, which affects assessments, course choices and access to support. Some young people reach Year 11 without the qualifications they could have achieved because needs were not identified or supported early enough or the curriculum was not flexible, which reduces post-16 options and increases the risk of becoming NEET. To support transition, planning must start early and be coordinated across education, health and social care, with clear information on post-16 pathways, supported internships, apprenticeships, specialist provision and flexible learning options. Young people need careers advice that understands neurodivergence, communication differences, sensory needs, EBSA and learning disabilities. A needs led system must ensure post-16 providers and employment pathways can support young people without diagnoses, EHCPs or formal evidence, including those whose needs were masked or missed earlier.

	Families said transitions work best when there is a named lead professional, predictable communication and support that continues during the first year of post-16 provision. Pathways must include gradual transition, reduced timetables, therapeutic support or community-based programmes.
Q18	**How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?**
	Families told us that Inclusion Bases will only work if every area has the workforce and system conditions to support them. Parents were clear that support must not depend on the school or MAT a child attends, so areas need a consistent, area-wide approach rather than isolated practice. To meet the full range of needs, areas require a workforce with strong ND, sensory, trauma and EBSA understanding, backed by timely access to EP, SALT, OT and mental health advice through school-facing models such as Experts at Hand. Families also said Inclusion Bases must be available when a child needs support, without delays or gatekeeping, which means areas need enough specialist capacity and clear, shared pathways so access is not limited by staffing or local policy. Workforce development must extend across whole schools, not only the base, so high-quality teaching and ND-informed practice are available in every classroom and the model is sustainable, with a wider pool of staff able to support or work in the base. Schools and MATs must share expertise so Inclusion Bases do not deepen existing inequalities. Areas also need to work with Parent Carer Forums and families to identify barriers, shape implementation and monitor how Inclusion Bases are used. Parents also highlighted the need for national standards, transparent criteria and external oversight, as families currently have no recourse when internal spaces are misused. Inclusion Bases can only meet needs if areas have the specialist capacity, collaboration and accountability to deliver a consistent, needs led model across all schools.

Q19	**How can we make sure that Inclusion Bases help children and young people succeed in mainstream settings?**
	Families told us that Inclusion Bases will only work if every area has the workforce capacity, specialist expertise and system conditions needed to support them effectively. Parents were clear that support should not depend on the school or MAT a child attends, and that a consistent area-wide approach is needed to reduce variation and isolated practice. To meet the full range of needs, areas require a workforce with strong understanding of neurodivergence, sensory needs, trauma and EBSA, supported by timely access to EP, SALT, OT and mental health advice through school-facing models such as Experts at Hand. Families recognised that Inclusion Bases may provide valuable support for some children and young people when implemented as part of a wider graduated and needs-led continuum of provision. Families also said children and young people must be able to access support in a timely and flexible way, supported by sufficient specialist capacity, transparent decision-making and clear pathways for review where concerns arise. Inclusion Bases should support children and young people to remain connected to their wider school community, peer relationships and curriculum opportunities, rather than becoming separate or isolated environments within mainstream settings. Workforce development must extend across whole schools, not only Inclusion Bases, so high-quality teaching and neurodivergence-informed practice are embedded throughout the setting and the model remains sustainable, with a wider pool of staff able to support children and young people effectively. Schools and MATs should share expertise and resources so Inclusion Bases do not deepen existing inequalities between settings or local areas. Families also emphasised the importance of working with Parent Carer Forums and children and young people to identify barriers, shape implementation and monitor impact. Parents highlighted the need for national standards, transparent criteria and external oversight to ensure Inclusion Bases are used consistently, appropriately and in line with children and young people’s assessed needs. Ultimately, Inclusion Bases can only succeed where there is sufficient specialist capacity, collaboration, accountability and a shared commitment to delivering a consistent, needs-led approach across all schools.

Q20	**Through the Experts at Hand offer, we want to ensure that mainstream settings can get quick specialist support for children and young people.** **What arrangements are needed between local area partners (education, health, social care) to deliver this Experts at Hand offer effectively?**
	Families said Experts at Hand will only work if education, health and social care have clear, shared arrangements that make specialist support easy to access and consistent across all schools. Partners need joint governance, shared pathways and transparent criteria so schools know what the offer includes, how to access it and what response times to expect. Families and professionals in Essex were clear that mental health support must be included, as anxiety, EBSA and emotional distress are major barriers to learning and are not consistently built into current early-help models. Families said mental health needs to be recognised as part of SEND, especially where emotional regulation and distress significantly affect access to learning. Partners need robust joint-working policies and a single shared information system so all teams can see what has been tried, what has helped and what still needs to happen. Families told us that repeated assessments without therapy or follow-through feel exhausting and unnecessary, and that a shared record would reduce duplication and ensure support is coordinated rather than restarted each time a new professional becomes involved. The workforce also needs to be flexible enough to respond to fluctuating levels of need, with specialists able to work across schools or MATs where required. Families and professionals said children benefit when therapists can link pupils with similar needs, offer small-group or paired sessions and create opportunities for children to see they are not alone, especially when their own class or school does not reflect their experiences. This approach helps reduce isolation and supports emotional wellbeing alongside learning. Local areas also need a consistent communication approach so every school, MAT, therapist, health team, social care team, young person and family receives the same information, understands the offer and knows what is expected of

	them. Families said unclear messaging and mixed expectations have been major barriers in previous test-and-learn work, with schools not realising they are expected to deliver therapeutic strategies as part of everyday practice. Multi-agency teams must work together rather than in silos, with EPs, SALT, OT, mental health and social care professionals providing early, practical, school-facing advice that helps staff understand need and make effective adjustments. Schools should also have structured opportunities to work with parent carers to share updates, resolve concerns and strengthen relationships, supported by local parent carer organisations where appropriate. To deliver Experts at Hand effectively, partners need shared training, shared information and clear multi-agency accountability for decisions, timeliness and impact.
Q21	**What needs to be in place so that children and young people with low incidence, highly complex needs can always access the right specialist placement?**
	There must be national, regional and local sufficiency planning for specialist placements, therapies and highly skilled staff. Families are concerned that, without sufficient specialist capacity and clear safeguards, some children and young people with highly complex or low-incidence needs may be placed in settings that are not appropriately equipped to meet their assessed needs, simply because suitable provision is unavailable locally. Children and young people with low-incidence and highly complex needs require timely expert assessment, specialist teaching, appropriate facilities, therapy input, communication support, transport planning and carefully managed transitions. Placement decisions must be based on assessed need and the setting's ability to deliver appropriate provision in practice, rather than cost, local availability or wider system pressures. Local authorities should maintain transparent data on demand, waiting times, tribunal outcomes, unmet need and sufficiency gaps to support effective planning and accountability. Regional and cross-local authority commissioning should also be considered where needs are rare or highly specialist, ensuring expertise and provision can be developed sustainably across wider areas.

	However, children and young people should not be required to attend placements far from home solely due to a lack of suitable local provision. Excessive travel times can negatively impact wellbeing, attendance, family life and access to the wider community. Families also need opportunities to be part of their child or young person’s school community, which becomes significantly more difficult when placements are a considerable distance from home.
Q22	**How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?**
	SSPs must be personalised enough to meet individual need, rather than becoming broad “off-the-shelf” bands of provision. Standardisation must improving consistency and support, not create a barrier. The SSPs need to be further defined to clearly describe the type, level, frequency and expertise of support required, including teaching approaches, therapies, communication support, sensory support, emotional regulation, health needs, personal care, assistive technology, transport and transitions. There must also be clarity around how needs will be supported where a child or young person’s profile spans more than one package. Whilst there is some reference to social and emotional development within the example packages, it remains unclear where mental health needs will sit within SSPs. This is particularly concerning given the proposed shift away from explicitly recognising mental health needs within the “areas of development”. Mental health needs must be clearly identified within SSPs, especially where anxiety, EBSA, masking or emotional distress impact engagement with education. Packages must recognise co-occurring and fluctuating needs, with clear routes to review and increase support quickly as needs change. The range of educational settings available also needs to be clearly defined, including when SSPs can be delivered within mainstream settings where this is the preferred choice of the child, young person and family.

Q23	**We propose that EHCPs will guarantee educational provision set out in a Specialist Provision Package, with day-to-day provision captured in Individual Support Plans.** **What is needed to make these proposals work effectively?**
	For these proposals to work effectively, the relationship between EHCPs, SSP and ISPs must be legally clear, with documents written in a way that is concise, accessible and easy for parents, carers, children and young people to understand and contribute to. The documents must be clearly linked and avoid duplication. They should follow a consistent and methodical structure, making them easy to navigate for families, schools and professionals, whilst also being practical tools for teaching staff to use in delivering provision consistently. EHCPs should move away from a deficit-based approach and instead celebrate the child or young person's strengths, interests, aspirations and abilities, alongside identifying support needs. Plans should demonstrate how these strengths can be developed to support positive long-term outcomes. Partnership working with families is essential, but this must be underpinned by clear national principles that define what good co-production looks like in practice. Families consistently report adversarial experiences and parental blame within the current system, which has eroded trust. The reforms must actively address this culture. There must also be independent routes to challenge poor-quality plans or non-delivery of provision. Accountability sitting solely within schools will not build confidence for families. Oversight and accountability must include an appropriate level of independence, and processes must be timely, accessible and meaningful.

Q24	**We propose creating a more direct route to Specialist Provision Packages and EHCP assessments for children under 5 with complex needs.** **How can we make sure this works in practice?**
	Evidence from paediatricians, health visitors, early years settings, Portage, therapists and parents should be sufficient to trigger fast-track consideration. The route must also include children without a formal diagnosis where needs are already evident. There must be clear links to existing Section 23 notification duties from health services, ensuring early identification and notification continue to trigger timely support and assessment pathways and are fully embedded within the process. Families often feel overwhelmed navigating systems and the responsibility should not sit with parents to drive or coordinate the process. Wherever possible, this should be system-led, with a named coordinator to support families, provide accessible information, oversee timescales, coordinate multi-agency assessments and ensure interim support is in place whilst assessments are underway. Parent Carer Forums should be involved in co-producing how these pathways work locally and in gathering feedback from families about whether processes are effective, accessible and reducing delay, rather than creating additional barriers to timely support and assessment within the system It is also critical that school placements are planned sufficiently in advance, particularly where children are born with complex needs, so children and young people are not educated far from their communities or subjected to excessive travel and long taxi journeys due to lack of local planning. Children with complex physical or health needs, where special educational needs may not yet be fully established, must still have clear routes to appropriate health and care support within early years and mainstream settings. The absence of an EHCP must never become a barrier to accessing the support, equipment, staffing or reasonable adjustments needed to safely access education alongside peers.

Q25	**What would you expect to be considered as part of the needs assessment, for example evidence and expert or professional input?**
	Needs assessments should consider the whole child or young person across education, health and care. Evidence should include parent/carer views, CYP views, school or setting information, early years evidence, health advice, SALT, OT, EP, paediatric input, mental health evidence, social care where relevant, and evidence from alternative provision or EOTAS. Assessments must include what happens outside educational settings, particularly for children who mask, experience EBSA, or appear to cope in school but are unable to sustain this at home. The use of private reports also needs to be clearly defined within the process. Under the current system, families often experience private reports being challenged or dismissed without clear rationale. National guidance should clearly outline when private reports can be accepted, including expected professional qualifications, registration requirements and recognised professional bodies. Providing transparent information about the role and use of private reports would support a less adversarial system and reduce unnecessary conflict with families. Services involved in assessments must provide meaningful advice based on the individual child, rather than defaulting to "not known to the service" or overly generic recommendations. Whilst standardised approaches can support consistency, a "one size fits all" approach does not reflect the complexity of many CYP needs. Assessments must take a genuinely holistic view of the child or young person to reduce conflicting recommendations between professionals and ensure support is coordinated and appropriate. Assessments must be undertaken in person where needed and proportionate to the complexity of need
Q26	**What factors should LAs take into account in proposing to parents and young people a list of potential settings to name on a plan?**
	Placements must be clearly linked to identified need, and the types of needs a setting is able to meet should be transparently defined. This is important so parents and carers understand the purpose, expertise and provision available within different settings and are not encouraged to pursue placements that are unlikely to appropriately meet their child

	or young person’s assessed needs. To reduce concerns about inappropriate placements, decisions must therefore be transparent, evidence-based and lawful. Local authorities should consider whether a setting can genuinely meet the child or young person’s full range of needs in practice, rather than focusing solely on whether a place is available. Factors should include specialist expertise, therapies, peer group, environment, sensory suitability, class size, behaviour culture, mental health support, travel time, safeguarding, health needs, communication support and transition arrangements. The child or young person’s voice, parent preference and professional advice should carry significant weight within placement decisions. Local authorities must clearly explain how a proposed placement is able to meet identified needs, including how support will be delivered in practice and what specialist provision or expertise is available within the setting. Local authorities must also ensure they are sufficiently commissioning provision to meet the needs of children and young people who meet the threshold for SSPs, so suitable placements are available within or close to local communities wherever possible. Excessive travel should not become an accepted consequence of insufficient local planning or provision. Information about local processes, pathways and available placements should be co-produced with Parent Carer Forums to ensure communication is clear, accessible and reflective of local community needs and experiences.
Q27	**What information and support do parents need to make a decision about which setting will be best for their child?**
	Parents need honest, accessible and transparent information about provision, staffing, specialist expertise, therapies, inclusion base models, behaviour policies, exclusions, attendance expectations, sensory environments, peer groups, transport, outcomes and how settings work in partnership with families. Information should be co-produced with Parent Carer Forums to ensure it is accessible, meaningful and reflective of the needs of the local community.

	Families also need opportunities to visit settings, speak directly with SENCOs and leaders, understand transition arrangements and access independent advice, rather than relying solely on websites or promotional videos. Information should clearly explain not only what a setting can provide, but also where there may be limitations in meeting need. Families should be supported to understand their rights, appeal routes, and how EHCP, SSP and ISP provision will be delivered in practice. SENDIASS and local Parent Carer Forums play an important role in helping families make informed decisions. New Legislation should also set out clear national principles and expectations around communication and information sharing. This should be strengthened through the use of "must" rather than "should", to ensure local authorities consistently prioritise high-quality, accessible communication that genuinely supports informed decision-making for families and rebuilds trust in the system.
Q28	**What do you think is the right maximum length of time for a temporary placement in Alternative Provision (AP) schools? Please explain your rationale**
	Temporary AP placements should be short, purposeful and reviewed frequently. Time spent in AP must always be in the best interests of the child or young person, and should never be used to meet the needs of the setting, to "off-roll" pupils, or to manage moves where appropriate support has not been put in place. We would suggest a maximum of 12 weeks unless there is a clearly evidenced, co-produced plan demonstrating why a longer placement is in the child or young person's best interests. AP should not become a holding placement because mainstream or specialist provision is unavailable. From the outset there should be clear aims, therapeutic support where needed, education continuity, family involvement, regular review points and a defined reintegration or onward-placement plan. Where reintegration is the intended outcome, both the child or young person and their parents/carers must be properly supported to return to the original setting. Restorative practice is essential to rebuild trust, belonging and inclusion.

	Reintegration approaches must not be based on blame towards the child or family, but on understanding unmet need and identifying what support or adjustments are required for the placement to succeed. For some children and young people, AP or EOTAS may be the most appropriate longer-term provision through an EHCP. The key distinction is whether the provision is planned, suitable, lawful and meeting need, rather than simply being labelled “temporary”.
Q29	**We have set out our plans to regulate Independent Special Schools (ISS) sector.** **Do you agree that these proposed changes will lead to suitable placements being available at a fair cost? Please explain why.**
	Whilst we support fair and transparent regulation where it improves quality, safeguarding and value for money, families are concerned that regulating costs alone will not resolve the wider issues around sufficiency and access to appropriate provision. Independent Special Schools are often used because suitable local specialist provision is unavailable, particularly for children and young people with complex or low-incidence needs. Cost regulation without significant investment in local specialist placements, skilled staff, therapies and properly commissioned provision risks reducing access to suitable placements for both current and future cohorts of children and young people. Local authorities must be expected to undertake robust sufficiency planning and proactively mitigate local risks. In many areas, insufficient planning and lack of specialist provision has contributed to increased reliance on the ISS sector. The ISS sector can often provide highly individualised and specialist approaches for children and young people with complex or low-incidence needs, particularly where local provision is limited or unable to meet need appropriately. Any pricing framework must therefore properly reflect complexity, therapeutic provision, staffing requirements, specialist expertise and the intensity of support required to deliver safe and effective provision. Cost controls should never create incentives for local authorities to prioritise lower-cost placements over placements that are appropriately matched to a child or young person’s assessed needs and able to deliver suitable provision in practice.

	Quality, outcomes, family experience, wellbeing and long-term sustainability must remain central to placement decisions, rather than cost becoming the primary driver.
Q30	**How should settings be held accountable for how they spend their Inclusive Mainstream funding?**
	Settings must be accountable for how Inclusive Mainstream funding is used, especially as notional SEND funding is not ringfenced and families see little transparency. Funding based on demographic factors does not reflect where SEND children actually attend school, and the current system can unintentionally incentivise off-rolling or blocking support. Families want accountability to focus on whether funding improves inclusion, reduces exclusions and supports children with fluctuating or masked needs. Schools should be required to show how SEND funding is spent, possibly through SEND accounts, and rewarded for doing inclusion well. Ofsted rarely identifies poor SEND practice, so external oversight is needed. A more equal distribution of SEND children across schools would indicate a fairer system. Families want clear reporting, consistent expectations and assurance that funding is used for the purpose intended.
Q31	**Do you agree that more SEND funding should sit directly within mainstream budgets? Please explain why.**
	Families said that more SEND funding in mainstream budgets could only work if strong accountability and transparency are in place. Without safeguards, there is a real risk that additional funding will not be used for SEND or inclusion. Families want reassurance that funding would be ringfenced, monitored and used to remove barriers early, reduce exclusions and prevent children reaching crisis before receiving help. At the same time, families recognise that placing more funding directly with schools could speed up support and reduce delays caused by lengthy applications to central fund holders. This approach could be positive, but only if there are clear expectations, consistent oversight and a system that ensures funding is used for the purpose intended.
Q32	**In relation to pooled funding, we propose that every school becomes part of a Local SEND group.** **Do you agree that this proposal aligns with our aim for all schools to be part of high quality, community-based trusts?**
	Local SEND groups and pooled funding could improve efficiency, consistency and economies of scale, but there are concerns about increased bureaucracy, conflicts between schools and the potential for slower access to support if

	governance arrangements are unclear. There is currently limited evidence of schools working collaboratively in this way at scale, and some previous local arrangements have broken down due to disagreements, differing priorities or schools withdrawing funding. Any pooled model must therefore have clear governance, transparent decision-making, aligned incentives and a shared purpose focused on inclusion and meeting need, rather than cost-saving alone. Greater clarity is needed regarding how Local SEND Groups will operate in practice, how responsibilities and decision-making will be shared, and how alignment between schools, MATs, local authorities and wider partners will be achieved without creating additional layers of complexity, delay or barriers to support. Collaboration should strengthen consistency, inclusion and shared accountability across local systems, rather than fragmenting responsibilities further. There must also be clear accountability for how decisions are made, how funding is distributed and how children and young people's outcomes are monitored across the group. Additional complexity also exists in aligning Local SEND Groups with existing MAT structures, differing school priorities and varying levels of SEND expertise across settings. Reassurance is needed that pooled funding arrangements will not create additional barriers, delays or inconsistent thresholds for accessing support, and that children and young people's needs remain central to decision-making at all times. Parent Carer Forums and children and young people's voices should be embedded within governance, development and review arrangements to ensure lived experience meaningfully informs local decision-making, identifies emerging barriers and strengthens accountability across the system
Q33	**How should disagreements about membership, provision, or funding in groups of schools for SEND be resolved?**
	Disagreements within SEND groups must be resolved quickly, transparently and in a way that ensures children and young people are not left without appropriate support while disputes are ongoing. A management board with clear objectives, responsibilities and decision-making processes could help support consistency, alongside independent oversight arrangements where disputes cannot be resolved internally.

	There should be greater clarity regarding how oversight and accountability arrangements would operate in practice, particularly where MATs are part of Local SEND Groups. It must be clear how local authorities would retain strategic oversight, ensure decisions serve the wider community and intervene where concerns arise regarding access to support, funding decisions or unmet need. Oversight arrangements should focus not only on compliance with processes, but on whether funding and provision are improving outcomes, reducing barriers and meeting children and young people's needs effectively in practice. Increased transparency, independent review mechanisms and clear escalation routes will therefore be essential to build confidence in decision-making and accountability. There were mixed views regarding representation within governance arrangements. SEND-experienced independent members could strengthen scrutiny and challenge, although concerns were raised about potential conflicts of interest if individual parents were directly involved in decisions relating to other children and young people. There are also concerns that any new dispute resolution process could become another lengthy tribunal-style system that adds delay and complexity. Any model must therefore remain timely, accessible, proportionate and firmly focused on the child or young person's best interests.
Q34	**How can we ensure the most effective use of these local partnership groups?**
	Partnership groups will only be effective if they focus on what makes a meaningful difference to children, young people and families, rather than relying solely on performance data that can create pressure or distort priorities. Families said measures such as EHCNA timeliness or waiting list length do not fully reflect lived experience, quality of support or whether needs are actually being met in practice. Groups should agree shared goals across education, health and care, with resources pooled towards interventions and approaches that will have the greatest positive impact on outcomes, wellbeing and inclusion. Parent Carer Forum and

	children and young people’s voices must be embedded within partnership arrangements to ensure lived experience meaningfully informs priorities, identifies emerging concerns and strengthens accountability. It will be important to understand how “family impact” will be measured in a way that is meaningful, proportionate and practical. Alongside lived experience feedback, partnership groups should consider robust data such as attendance, exclusions, pupil movement, part-time timetables, placement breakdown, pupil progress and access to support, to help identify unmet need, inclusion pressures and areas requiring early intervention. Outcomes and accountability measures need to be clear, transparent and timely enough to hold partners to account for both decision-making and delivery. Effective partnership groups require a shared purpose, transparent governance and a commitment to collaborative working across systems, rather than organisations protecting individual budgets or responsibilities. .
Q35	**Which stakeholders are important for the success of local partnership groups, and why?**
	Families said partnership groups must start with family voice, as families are the first to identify gaps and barriers. This should shape strategic plans from the outset, not as an afterthought. Statutory partners, including the local authority and ICB, must attend consistently, which is not always the case now, especially during organisational change. Children’s voice is also missing from current arrangements, and existing mechanisms do not capture the full range of experiences. Successful groups need representation from education, health, social care, SENDIASS, early years, therapy services and the Parent Carer Forum, with decision makers present rather than attendees without authority. Strong relationships and consistent attendance are essential.
Q36	**How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?**
	Families said current strategic plans are often produced by the local authority in isolation and then shared with partners and families as a formality. This creates a tick-box culture where feedback does not lead to meaningful change. To build stronger collaboration, strategic plans must be genuinely co-produced from the start, with shared ownership across education, health and care. Families want to see lived experience shaping priorities, not being added at the end. Even

	when families have contributed to documents such as the SEF, changes have not been reflected. A culture of improvement requires honesty, shared responsibility and a commitment to acting on feedback, not simply recording it. Plans must be transparent, measurable and reviewed jointly.
Q37	**What information, advice and guidance can best support children, young people and their families to ensure greater fairness across the system?**
	Guidance should be available in plain language and in multiple accessible formats, including videos, websites, downloadable resources, telephone, online and face-to-face support. Information must be inclusive of community languages, parents and carers with additional needs, and families who are digitally excluded, overwhelmed or navigating complex systems. LA must be directed to provide clear, localised information co-produced with SENDIASS and Parent Carer Forums to ensure it reflects local needs ensuing the Local Offer, meets the needs of its community. Information must explain timelines, decision points, responsibilities and what evidence may be required at different stages of the process. It should be independent from decision-makers. SENDIASS and Parent Carer Forums play vital roles in helping families understand and navigate the system. There is also a need for greater regulation and quality assurance of independent advocacy and advice services. Families are increasingly paying for support from individuals who may be unqualified or unsupervised. Whilst often well-intentioned, inaccurate advice or misinformation can negatively impact outcomes for children and young people. Sufficient funding must be available to ensure families can access advice and support throughout transition into the new system. Training and workforce development for support organisations must also be prioritised so staff and volunteers have the skills and knowledge needed to support families effectively and help rebuild trust.

Q38	**Do you agree that a SEND specialist (e.g. a SENCO) should sit on the school complaint panel, when the complaint relates to SEND support and provision? Please explain why.**
	Where a complaint relates to SEND support or provision, a SEND specialist should sit on the panel. Families often have low confidence in complaints processes where decision-makers lack SEND knowledge or where schools are effectively reviewing their own practice. Any SEND specialist involved should have a strong understanding of SEND law, reasonable adjustments, neurodivergence, masking, EBSA, communication needs, trauma and inclusive practice, and be able to robustly scrutinise whether provision is appropriate, lawful and appropriate and proportional proposed and or delivered. This expertise should not be limited to educational provision alone. Panel members must also understand how to appropriately question and challenge health provision linked to education and training, including therapies, physical health and medical needs. However, independence is essential. There would be concerns if the SEND specialist was simply a SENCO from a neighbouring school, particularly where schools work closely together, sit within the same MAT, or operate within the same local cluster. In these circumstances there may be perceived or actual conflicts of interest. There must also be clear escalation routes beyond the initial panel. A SEND specialist on a panel is helpful, but it will not be sufficient unless complaints processes are timely, transparent, family-centred and linked to meaningful remedies and independent accountability.

Q39	**This consultation outlines a series of measures intended to reform the SEND system. Some of these measures have already been finalised, and this is clearly indicated within the document. With this in mind, is there anything further you would like to contribute to help inform the remaining proposals that are still under consideration?**
	There is a significant risk that the proposed tribunal system could become a prolonged “back and forth” process between the Tribunal, local authority and families, causing unnecessary delay and negatively impacting outcomes for CYP. Reconsideration should therefore remain under the oversight of the Tribunal. Where appropriate, the Tribunal should have the ability to direct that a specific school be named rather than repeatedly quashing decisions without resolution. Local authorities should also be required to demonstrate how they have worked in partnership with families and educational settings to resolve concerns, alongside providing robust evidence that a proposed placement can meet the CYPs needs in practice. This will require stronger accountability measures, particularly as the Tribunal will no longer be able to direct a school to admit a child where it is over PAN or unable to meet need. Tribunal outcomes must therefore sit alongside robust sufficiency planning to ensure local authorities are appropriately forecasting demand, commissioning provision and maintaining sufficient placements to meet the needs of their local SEND population. The DfE must also have clear oversight, accountability and intervention powers where local authorities are failing to effectively plan, commission or maintain sufficient and appropriate provision to meet identified local need. Oversight arrangements should focus not only on compliance with statutory processes, but on whether children and young people are able to access suitable provision, receive timely support and achieve positive outcomes in practice. Without robust accountability, transparent sufficiency planning and effective intervention where concerns arise, there is a significant risk that children and young people will continue to experience prolonged delays, unmet need and placements that are unable to appropriately meet their assessed needs

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