# Pace Response to SEND Reform Consultation

## Summary for Parents and Families

The Government recently consulted on a wide range of proposed reforms to the SEND system. As a specialist school, therapy provider and charity supporting children and young people with developmental differences, neurodiversity, neurodisabilities and complex needs, we felt it was important to contribute.

Our response was informed by our experience of working with hundreds of children, young people and families, alongside our educational, therapeutic and operational expertise. We carefully considered each consultation question and sought to reflect both the opportunities and the concerns that many families and professionals are expressing about the proposed reforms.

### Our Overall Position

We support the ambition to improve the SEND system. In particular, we welcome the focus on:

- Earlier identification and intervention
- Greater consistency between local areas
- Better partnership working between education, health and families
- Stronger support within mainstream settings where appropriate
- Improving inclusion and participation for children and young people with SEND

However, we also raised significant concerns about how some of the proposals may work in practice.

## The Key Messages We Shared

### Protecting Children's Rights

One of our strongest messages was that any reform must protect the rights of children, young people and families.

We are concerned that some proposals could reduce clarity about who is accountable for delivering support and make it harder for families to challenge decisions when provision is not being delivered or needs are not being met.

We believe families must continue to have access to clear, independent routes of challenge and accountability.

## Specialist Provision Remains Essential

We strongly challenged any suggestion that specialist provision is a failure of inclusion.

For many children with complex physical disabilities, profound learning disabilities, medical needs, communication needs or highly complex presentations, specialist provision is often the most inclusive option because it provides the expertise, staffing and environment they need to thrive.

We emphasised that specialist schools, specialist therapies and independent specialist providers remain an essential part of a successful SEND system.

## Early Intervention Must Mean Early

We argued that support should begin when concerns first emerge, not when difficulties reach crisis point.

Parents are often the first people to recognise developmental differences and their concerns should be listened to and acted upon sooner.

We highlighted the importance of support during the earliest years of a child's life, particularly within the first 1001 days.

## Inclusion Must Work for All Children

We support inclusion, but inclusion must be defined by whether a child is safe, able to participate, able to learn and able to thrive.

Children should not remain in placements that cannot meet their needs simply because a particular setting is viewed as more inclusive.

A successful SEND system requires a continuum of provision, including mainstream schools, targeted support, specialist services and specialist placements.

The System Must Be Realistic and Deliverable.

We raised concerns about workforce shortages, increasing complexity of need and pressures across education and health services.

We highlighted that reforms will only succeed if they are properly funded, supported by sufficient specialist staff and backed by clear accountability and governance arrangements. Our full response is shared in Appendix 1.

## Looking Ahead

We recognise that many families have strong views about the proposed reforms and that there remains considerable uncertainty about how some proposals may develop.

Our response aimed to be constructive, evidence-based and firmly focused on the needs of children, young people and families.

As the reforms progress, we will continue to engage with developments and advocate for a SEND system that protects children's rights, values family voice, supports earlier intervention and ensures access to appropriate specialist support whenever it is needed.

# Appendix 1

# Glossary of terms

**We will use acronyms for some of the terms in our response. Here is a glossary of these:**

Alternative Provision (AP)

Autism Spectrum Disorder (ASD)

Continued Professional Development (CPD)

Children and Young People (CYP)

Education and Health Care (EHC)

Education and Health Care Plan (EHCP) or (EHCPs)

Educational Psychologist (EP)

Emotionally Based School Avoidance (EBSA)

Families, Children and Young People (FCYP)

Independent Special Schools (ISS)

Individual Support Plans (ISP)

Multi Disciplinary Team (MDT)

Occupational Therapist (OT)

Physiotherapist (Physio)

Profound and Multiple Learning Disabilities (PMLD)

Special Educational needs coordinator (SENCOs)

Special Educational Needs and Disabilities (SEND)

Speech and Language Therapist (SaLT)

Social Emotional and Mental Health (SEMH)

Specialised Support Plans (SSPs)

# Consultation questions and response

**1. 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?**

Genuine parental participation requires transparency, consistency, accessibility, and accountability across all local areas. Currently, significant variation between local authorities creates inequitable experiences for children and families and limits meaningful co-production. Parents and carers can't effectively contribute to decision-making if systems, thresholds, processes, and criteria are unclear, inconsistently applied, or difficult to navigate. Co-production must mean more than gathering feedback after decisions have been made. FCYP people should be involved in the design, review, and continuous improvement of local systems and services from the start. The SEND system itself must also be accessible. Many conditions are familial, meaning some parents and carers themselves experience neurodivergence, learning difficulties, communication differences, disability, or mental health challenges. Families who are time poor, financially disadvantaged, emotionally overwhelmed, or less confident navigating professional systems are currently at risk of being marginalised and having less influence than families with greater resources or advocacy support. National co-production standards, accessible communication methods, and clear accountability frameworks are needed to ensure all voices are represented equally. Particular consideration must also be given to CYP with PMLD or complex communication needs through partnership with specialist providers and use of specialist communication approaches.

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

High-quality evidence and best practice in SEND should be nationally consistent, multidisciplinary, outcomes-focused and clearly linked to provision. The First Tier Tribunal has strengthened evidential standards through more consistent reporting structures by connecting need with required provision. Similar standards earlier in the process would improve consistency, transparency and reduce conflict between families and LAs. Evidence should not be siloed across professions. Integrated MDT assessments involving education, OT, SaLT, physio, Ed-psych, health and family voice provide an accurate understanding of the whole child and should be given equal weight alongside formal assessments and lived experience. Early intervention must mean intervention at the earliest signs of developmental difference, not when services become available or reaching crisis point at school age. Family history, traumatic birth, feeding difficulties, sleep issues, sensory differences and delayed development should trigger support within the first 1001 days. Evidence-based early intervention and close collaboration between health, education and specialist providers can improve long-term outcomes and reduce future support costs. Outcomes in SEND should include communication, independence, wellbeing, regulation, participation and access to learning, not solely academic attainment. Evidence-based interventions are only effective

when delivered by appropriately trained professionals with suitable clinical and educational oversight.

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

Children are best supported by a strong, well-resourced universal offer embedded across the whole education system, not just SEND services. True inclusion requires mainstream education to become more adaptive, responsive and neuro-affirming for all children, recognising that approaches supporting children with SEND often improve learning for everyone. High-quality universal provision requires appropriate staffing, adaptable curriculum delivery, flexible teaching approaches and sensory-aware environments. Smaller classes, predictable routines, movement opportunities, flexible seating and reduced sensory overload can significantly improve engagement, wellbeing and access to learning. Universal provision should not depend on the confidence or experience of individual staff members. Consistent outcomes require ongoing workforce development and opportunities for staff to work alongside specialists to build practical skills in adaptive teaching, regulation, communication and behaviour support. Early identification is critical. Children with emerging needs should not need to fail within the universal system before support escalates. Agile school systems, early intervention and access to specialist advice can improve outcomes and reduce educational trauma. A strong universal offer will reduce the perception that specialist provision is the only option for some children, while recognising specialist settings remain essential for children with profound and complex needs.

**4. How can we ensure that children in the Targeted layer are best supported?**

The Targeted layer should be where concerns are acted on quickly, consistently and collaboratively before children experience repeated failure, anxiety, trauma or avoidable escalation of need. There should be a proactive, agile response delivering structured intervention, not just recommendations for classroom staff to implement without support. High-quality Targeted provision requires timely access to support, clear national expectations, consistent thresholds and defined pathways across all LAs. Families and schools should clearly understand what support is available within this layer, how it is accessed and how progress will be reviewed. A MDT approach involving education, OT, SaLT, psych, health and family voice can improve consistency, reduce duplication and ensure the whole child is understood. MDT working should support classroom staff to adapt effectively in real time, rather than relying solely on written advice or one-off training. Interventions should have clear goals, measurable outcomes, review points and accountability for delivery. Support should be flexible according to need, preventing children remaining unsupported until difficulties become more severe. Appropriate spaces and relational support within schools are also important. Children should have access to safe, regulated environments and trusted adults when needed, not spaces experienced as punitive or isolating. Child and parental voice should remain central throughout planning, delivery and review of support.

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

Children in the Targeted Plus layer require coordinated, specialist-led support that is timely, specific, well-resourced and clearly accountable. This layer must not become a prolonged intermediary stage used to delay EHC needs assessments or avoid EHCPs where statutory provision is required.

Clear national criteria, thresholds and escalation pathways are needed so families, schools and professionals understand when children should enter, progress within, or move beyond this layer. Decisions should not rely solely on local resource pressures or individual school capacity.

Support should be based on multidisciplinary assessment and personalised packages integrating education, therapy, health and family voice. Provision must move beyond advice alone, delivering structured intervention with measurable outcomes, review points and named accountability for delivery.

Specialist outreach and "Experts at Hand" models may strengthen this layer where providers work directly alongside schools, families and children. However, greater clarity is needed regarding commissioning, quality assurance and whether support includes direct intervention, workforce coaching or consultation only.

The proposed move away from Annual Reviews towards Key Stage Reviews also creates concern. There is insufficient clarity around who manages ISPs, monitors progress, escalates concerns or is accountable if provision is not delivered or outcomes are not achieved.

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

Children in the Specialist layer require highly individualised, multidisciplinary support that is appropriately funded, clearly accountable and legally enforceable. While EHCPs may remain in place under the proposed reforms, there is significant concern that transferring detailed provision into ISPs risks weakening legal protections if the specified support within those plans is not equally enforceable or accountable. Clear national thresholds are needed, while recognising children do not fit neatly into diagnostic categories or fixed packages. A child with ASD may also have SEMH needs, physical disability or visual impairment. Provision must remain personalised, flexible and responsive to the interaction of needs across communication, cognition, physical health, emotional wellbeing and sensory processing. The reforms appear heavily focused on neurodivergence and SEMH, with less recognition of children with PMLD, complex physical disabilities, medical fragility and conditions such as cerebral palsy. These children often require integrated educational, therapeutic and clinical support that cannot be met through generic packages or consultation models alone. Specialist settings provide concentrated expertise that is difficult to replicate through dispersed outreach alone. Highly specialist staff adapt curriculum, communication and environments to a child's cognitive, physical and communication profile, with therapy integrated throughout the school day to improve outcomes, access and quality of life.

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

Early years settings, schools and colleges best support mental health and wellbeing when children feel safe, understood, included and able to access their environment. Behaviour should not be viewed solely through a behaviour management lens, but understood as communication. Children may be overwhelmed, anxious, dysregulated, in pain, unable to communicate effectively, or unable to cope with the demands being placed upon them. Trauma-informed, neuro-affirming and relational approaches are essential. Staff should be supported to ask "what is this behaviour telling us?" rather than moving immediately to sanctions, isolation, exclusion or reduced timetables. EBSA is a growing challenge for many children and is often linked to unmet need, sensory overload, anxiety, communication difficulties or environments children cannot successfully access. Mental health and wellbeing are also influenced by the environment itself. Sensory-aware classrooms, predictable routines, appropriate reasonable adjustments and safe regulation spaces can significantly improve wellbeing, engagement and access to learning. Large class sizes and insufficient staffing can limit the ability to provide responsive, relational support and early intervention. Settings should work closely with families and specialists such as OTs, psychologists and SaLTs to develop staff understanding, curiosity and practical strategies around regulation, communication, attachment and neurodevelopment so support is consistent, responsive and preventative.

**8. 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.**

A shared national language across SEND is positive and may improve consistency, understanding and communication between families, educators and professionals. The refreshed areas of development could help educators identify barriers to learning and participation, provided staff are appropriately trained to understand and apply the framework in practice.

However, children do not experience these areas in isolation. Difficulties with sensory processing, communication, executive function, emotional regulation, physical disability and mental health frequently overlap and interact. Frameworks should therefore support holistic understanding rather than tick-box categorisation or narrow thresholds.

There is also concern regarding the reduced visibility of mental health within the proposed areas of development. Separating education, mental health and social needs across different systems risks fragmented provision, reduced continuity of care and weaker information sharing. Assessment, planning and intervention should remain integrated and multidisciplinary.

The reforms also appear heavily focused on neurodivergence and SEMH, with less recognition of PMLD, complex physical disabilities, medical fragility and conditions such as cerebral palsy. Children with complex needs often require highly individualised support spanning multiple developmental areas simultaneously.

The framework should remain needs-led, flexible and focused on participation, wellbeing and access to learning rather than categorisation alone.

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

Effective joint working in the early years depends on early identification, shared accountability, timely information sharing and meaningful parental involvement. Parents must be listened to, as they often recognise developmental differences long before systems act. Support should not depend on formal diagnosis, particularly in the early years where timely intervention can significantly improve long-term outcomes.

While reassurance is important, repeated "wait and see" responses can unintentionally delay identification and intervention. Systems should respond to emerging need earlier, collaboratively and proactively rather than waiting for crisis or failure.

Successful joint working requires clear ownership and coordination, such as a named key worker or coordinator responsible for communication, escalation and continuity between services. A multidisciplinary approach is essential, bringing together early years providers, Family Hubs, health professionals, local authorities and specialist services to discuss concerns, identify next steps and agree escalation pathways where needed.

National criteria and escalation pathways would improve consistency across the country and reduce variation between local areas. Support should be embedded within everyday environments using play-based, family-centred approaches, with timely access to specialist advice and intervention when concerns emerge.

**10. 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 purpose of early years reviews should not simply be to identify established delay, but to recognise emerging developmental patterns early enough for preventative intervention. Parents should be listened to carefully, as they often recognise developmental differences long before systems act. Early support should not depend on formal diagnosis. Reviews should move beyond milestone checklists towards whole-child developmental surveillance, where patterns of developmental indicators and risk factors inform professional curiosity and early support pathways. This may include communication, interaction, gross and fine motor planning, feeding, eating and drinking, play, sensory processing, regulation, sleep or

other developmental concerns observed over time. Early years reviews should be preventative rather than purely responsive. Timely developmental support during critical developmental windows, particularly within the first 1001 days, can improve long-term outcomes for children and families, potentially reducing future need and preventing avoidable escalation or trauma. Where concerns later resolve, early intervention is still beneficial for children, families and developmental outcomes. However, identification alone is insufficient without timely pathways into support, specialist advice and coordinated multidisciplinary working between health, early years providers and local services.

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

1.Evidence on approaches that help CYP remain emotionally safe, regulated, engaged and able to participate in education. This should include evidence relating to anxiety, EBSA, sensory needs, trauma-informed practice, communication differences, neurodivergence and understanding behaviour as communication. Inclusion should focus on feeling safe, understood and able to access learning, not solely attendance or behaviour metrics.

2. Evidence clearly defining the inclusive provision every setting should reasonably provide without families needing to fight for access. This should include adaptive teaching, sensory-aware environments, reasonable adjustments, communication support, regulation strategies, staff training and access to specialist advice. It should focus not only on interventions, but on effective implementation, timely delivery, workforce capability and the staffing, specialist input, adaptations, training and funding needed to deliver support consistently.

3. Evidence on effective escalation pathways, multidisciplinary intervention and recognising when needs require specialist provisions. Inclusion Standards must not assume all needs can be met through universal approaches. Evidence should support timely escalation, integrated working, clear accountability and consideration of all professional evidence, including appropriately qualified independent assessments, so children do not remain unsupported within inappropriate provision for extended periods.

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

National training should focus on practical, applied approaches that help staff understand children's needs, respond appropriately and implement strategies consistently in everyday settings. One-off training alone is unlikely to create meaningful change; ongoing coaching, reflective practice and opportunities to work alongside specialists are essential. Priority areas should include neurodevelopment, regulation and understanding behaviour as communication rather than solely through a behaviour management lens. Staff need confidence to identify underlying causes of distress, anxiety, dysregulation, sensory overwhelm, communication differences or trauma, and understand how these impact participation, wellbeing and learning. Training should include understanding communication differences, sensory processing, trauma, regulation and Emotionally Based School Avoidance

(EBSA), alongside practical strategies such as adaptive teaching, environmental adjustment, relational practice and early escalation pathways. National training must also include greater understanding of physical disability, medical complexity and communication dependency, areas often less visible within wider SEND discussions. Family partnership and co-production should be central. Parents are experts in their children and many concerns could be resolved more positively through earlier listening, kindness, collaboration and responsive support.

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

Workload will be reduced through greater national consistency, clearer expectations and better integrated systems. Clear national structures for plans, reviews, reports and meetings would reduce duplication, inconsistency and unnecessary administrative burden. Documentation should focus on concise information linked to outcomes and provision rather than lengthy repeated narratives. Standardised meeting structures could also improve efficiency, accountability and clarity of decision-making.

Effective implementation requires clear leadership, ownership and accountability across services. Staff need clarity around roles, escalation pathways, decision-making responsibilities and who coordinates provision within multidisciplinary working.

The proposed reforms are also likely to create additional responsibilities within schools around inclusion, coordination, review processes and implementation of support plans. These expectations will require realistic funding, protected collaboration time and potentially new specialist or coordination roles to ensure responsibilities are sustainable in practice.

Practical support is more effective than additional paperwork or one-off training. Access to specialists and opportunities to work alongside experienced professionals can improve confidence, consistency and reduce pressure on staff.

Strong relationships with parents are equally important. Meaningful co-production, transparency and regular communication can reduce conflict and workload for everyone involved.

**14. 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 evolve into a dedicated, non-teaching leadership role central to the effective support of children and young people with SEND. The increasing complexity of SEND systems, multidisciplinary working, EHCP processes and inclusion responsibilities

makes it unrealistic for many SENCOs to balance this effectively alongside a teaching timetable.

SENCOs require strong knowledge across a broad range of SEND, including communication, sensory processing, physical disability, medical complexity, mental health, trauma and neurodevelopment, not solely neurodiversity. They should understand barriers to learning, adaptive practice, escalation pathways and how to coordinate effective support across services.

The role should hold sufficient seniority within school leadership structures to influence whole-school inclusive practice, staffing, training, environmental adaptations and decision-making. SENCOs also need excellent organisational, communication and relationship skills, as they are often the central point linking families, schools, local authorities and external professionals.

SENCOs should be legally literate, understanding statutory responsibilities and children's rights rather than relying solely on local authority processes. As inclusion expectations increase, schools may require larger SEND leadership teams, specialist coordination roles and realistic funding to ensure the role remains sustainable, effective and preventative rather than crisis-driven.

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

Families will only have confidence in ISPs if they are clear, specific, accountable and legally enforceable. A high-quality ISP should clearly state what support will be delivered, by whom, how often, within what environment and what outcomes are being targeted. Provision should not be vague or open to interpretation. ISPs should be based on clear evidence from education, health, families and relevant professionals, recognising that some children may present differently across environments or mask difficulties within school settings. Parent and child voice must remain central throughout assessment, planning and review processes. There must be a named person responsible for coordinating the ISP, clear review dates, transparent escalation pathways and accountability where provision is not being delivered or needs are changing. National templates and standards would also help reduce inconsistency between local areas. Critically, ISPs must not become a weaker substitute for EHCPs or delay requests for an EHC Needs Assessment where statutory provision may be required. Families must retain legal rights to challenge decisions, access independent escalation processes and where necessary access tribunal processes. Challenge and review processes must sit outside of individual school complaints procedures alone, as schools should not hold sole power in determining disputes regarding provision. Legal protections must apply not only to having a plan, but to the delivery of the provision specified within it

**16. How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?**

Individual Support Plans (ISPs) should be needs-led, practical, clearly written and consistently structured nationally so they are easy for families, schools and professionals to understand, implement and review. Plans should avoid lengthy background history, duplication and generic advice, instead focusing on clearly defined provision, outcomes, review dates, accountability and escalation pathways.

Provision must be specific, measurable and accountable, clearly stating what support will be delivered, by whom, how often and within which environment. There should be a named person responsible for coordinating the ISP, monitoring progress and ensuring reviews take place within clear timescales. Plans should be regularly updated, shared across relevant services and accessible to all professionals supporting the child.

ISPs must recognise the interaction of needs across communication, cognition, sensory processing, emotional wellbeing, physical disability and medical complexity rather than treating needs in isolation. In specialist settings, support is often integrated continuously throughout the day across education, therapy, communication and care, not delivered as isolated interventions.

ISPs must also link clearly to escalation pathways between Targeted, Targeted Plus and Specialist support so children are not left within inappropriate provision when needs increase. Critically, plans must remain legally protected, enforceable and properly resourced, with clear rights for families to challenge decisions or non-delivery of provision.

**17. 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?**

Successful transition is not about moving placement, but maintaining continuity of support, communication, regulation, wellbeing and meaningful participation. Transition planning should begin early, ideally from the start of Key Stage 4, particularly for young people with PMLD, complex physical disabilities, communication needs or medical complexity where identifying appropriate provision can take significant time. Current transition timelines often don't reflect the reality of complex transitions. Placement decisions are frequently confirmed too late in Year 11, significantly reducing opportunities for meaningful preparation, relationship building and phased transition. We have experienced placements being confirmed during the summer holidays for September starts, leaving insufficient time for visits, staff preparation or coordinated support planning. Beginning formal transition planning in Year 10 would allow time for consultation, assessment, approval processes, phased visits and collaborative planning between families, schools, local authorities and providers. Transitions should be person-centred, phased, using approaches like social stories, gradual introductions and consistent communication between settings. Young person and family voice must remain central throughout planning and decision-making. Significant concerns

are regarding the lack of suitable post-16 and adult provision for young people with highly complex needs, creating cliff edges in support despite clear identified need.

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

Inclusion Bases should provide genuinely specialist, flexible and therapeutic environments that support participation, regulation and access to learning, rather than becoming informal exclusion or behaviour containment spaces. They should form part of a wider whole-school inclusion model, supporting children to access learning in different ways whilst maintaining connection to peers, wider school life and appropriate challenge. Successful Inclusion Bases require specialist staffing, realistic funding and strong multidisciplinary working between education, therapy and clinical professionals. Some models may develop expertise around particular patterns of need whilst remaining flexible enough to recognise overlapping profiles and individual variation. Integrated approaches aligning therapeutic goals, regulation, communication and learning can improve participation and outcomes. Provision must also be physically accessible, including appropriate toileting facilities, assistive technology, specialist equipment and adaptable environments. Inclusion Bases should form part of a graduated continuum of provision, with nationally defined thresholds, review processes and escalation pathways. They must not become long-term containment provision for children whose needs require specialist placement or delay access to specialist assessment or provision. Samuel Whitbread School in Bedford demonstrates how Inclusion Bases can operate flexibly within wider inclusive practice rather than as isolated SEND units.

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

Inclusion Bases should increase a child's ability to participate safely and meaningfully within school life, not simply provide a permanent alternative space away from it. Success should therefore be measured not only through academic attainment, but also through wellbeing, regulation, attendance, communication, confidence, relationships and the ability to access learning safely.

Inclusion Bases should feel supportive, safe and child-centred, not punitive or isolating. They should not become places where children are sent purely because mainstream environments are unable to adapt appropriately. Support should be responsive to individual need, helping children develop strategies for regulation, communication, participation and independence over time.

Inclusion Bases should be used proactively rather than only as a last resort after crisis, exclusion or emotionally based school avoidance has already developed. Early access may help prevent escalation and build confidence within mainstream environments.

The wider school culture also remains critical. Inclusion Bases cannot succeed in isolation if mainstream classrooms remain inflexible or unsupported. Whole-school understanding of

adaptive practice, sensory needs, communication differences and behaviour as communication is essential to ensure children can successfully participate beyond the Inclusion Base itself. Support should remain flexible, with children able to move between environments as need changes.

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

The Experts at Hand offer should be a properly commissioned multidisciplinary service with clear accountability, governance, response times and implementation responsibilities, not an informal advice system schools coordinate independently. Support must lead to practical intervention, not solely written recommendations. Clear arrangements are needed regarding who employs, supervises and clinically governs staff; how safeguarding, consent, records and information sharing are managed; and who communicates with families. Roles, responsibilities and escalation pathways between education, health and social care must be clearly defined nationally. The offer should include EPs, specialist teachers, SaLTs, OTs, physios and mental health professionals, with flexibility to commission support through specialist schools, charities, independent providers and private practitioners where workforce shortages exist. Experts must have capacity to work directly with children, observe across environments and contribute to MDT planning. Realistic workforce planning is essential. Outreach models involve substantial travel, administration, safeguarding, record keeping and MDT coordination, significantly reducing direct intervention time. Understanding demand, workforce capacity and protected admin time will therefore be critical to ensuring the model is sustainable, responsive and safe in practice. Outcomes and impact should also be regularly reviewed across services.

**21. 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?**

Specialist provision should not be viewed as failure of inclusion, but as part of an inclusive continuum responding to different patterns and levels of need. Some children and young people with highly complex needs cannot safely or meaningfully access education without specialist environments, integrated therapy, communication support, clinical oversight and highly skilled multidisciplinary teams. Complex need is broad and overlapping, including PMLD, cerebral palsy, genetic conditions, medical fragility, profound communication needs and physical disability, not solely neurodivergence or SEMH. These needs cannot safely be met through generic packages or broad categorisation alone. Without sufficient specialist provision, children risk prolonged absence from education, unsafe placements, unmet needs, family breakdown and avoidable long-term dependency on health and social care systems. Specialist independent, Section 41 and non-maintained provisions are therefore essential

infrastructure within the SEND system, delivering high value, outcome-driven support that benefits children, families and wider society long beyond school age. Effective specialist education develops communication, regulation, physical access, independence and participation, improving lifelong outcomes and reducing future pressure on education, health and care systems. Funding and commissioning models must reflect the true workforce, infrastructure and accessibility costs required to safely deliver this provision.

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

SPPs should improve consistency without oversimplifying highly complex and individual needs. We should not be fitting a child into a generic package, but determining whether a specialist provider's model is the right environment to safely and effectively meet need, alongside identifying any additional provision required. CYP with similar diagnoses may require very different levels of therapy, communication support, medical oversight, equipment, regulation support and staffing. SPPs must therefore remain flexible, regularly reviewed and responsive to changing needs over time. Specialist settings already deliver substantial integrated provision through multidisciplinary teams, including therapy, clinical assessment, equipment assessment, safeguarding coordination, communication support and bespoke curricula embedded throughout the school day. Funding models must recognise the true workforce, infrastructure and accessibility costs required to safely deliver this provision, including specialist staff, nursing support, assistive technology and accessible environments. SPPs must recognise that some additional provision may require external commissioning or partnership working. Even highly specialist settings may not be able to deliver every intervention internally, such as hydrotherapy, therefore responsibilities for commissioning, coordination and funding additional provision must remain clear. Rigid or underfunded packages risk unsafe staffing, reduced provision and poorer outcomes.

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

We have significant concerns regarding the proposal to separate SPPs within EHCPs from day-to-day provision contained within ISP. EHCPs already capture need, provision, outcomes and parental voice within one legally enforceable document. Many current challenges arise from inconsistency of implementation between local authorities, not necessarily from the structure itself. Nationally consistent EHCP formats, review paperwork and processes would reduce duplication, improve clarity and reduce administrative burden for schools, local authorities and families. Separating statutory entitlement from operational provision risks creating fragmentation, confusion and weaker accountability regarding what must legally be delivered. It is currently unclear where parental voice will sit within this structure, particularly as Section A of the EHCP is often central to ensuring family views, lived

experience and long-term aspirations remain visible. We are also concerned by proposals to reduce statutory EHCP reviews to key stage points whilst ISP review processes remain undefined. Without clear, accountable and enforceable review structures, children risk remaining within inappropriate provision, placements or support packages for prolonged periods despite changing needs. Ongoing ISP review sounds positive conceptually, but without national standards, clear ownership, escalation pathways and legal accountability, there is significant risk of reduced transparency and weakened rights for families.

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

A more direct route to SPPs and EHCP assessment for children under 5 is essential, particularly for children with significant physical disability, medical complexity, developmental conditions or sensory impairment where early intervention can significantly improve long-term outcomes. Systems should not wait until school age or crisis before support is accessed. Strong integration between health, early years and education services is critical, including clear referral pathways from neonatal services, paediatrics, therapists and health visitors alongside nationally recognised red flag indicators from birth. Earlier identification alone will not improve outcomes unless sufficient specialist early intervention infrastructure exists to deliver meaningful support. Many families currently experience long waits, low frequency intervention and limited coordination despite early concerns being identified. Delivery models may therefore need to include specialist charities, therapy centres, outreach and independent providers alongside early years settings. Clear accountability is needed regarding who commissions, coordinates and clinically governs support. Packages must remain flexible and regularly reviewed as development in the early years is rapid and non-linear. Family support should also be considered a core part of early intervention, not an optional additional service, as parental wellbeing, trauma, overwhelm and confidence significantly influence engagement and long-term outcomes for children.

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

Needs assessments should build a holistic, functional and developmental understanding of the child rather than relying solely on diagnosis or isolated reports. Assessment pathways should recognise both immediately identifiable complex need requiring rapid intervention, such as cerebral palsy, genetic conditions, or significant medical complexity, and emerging developmental needs that become clearer over time through observation, parental insight and multidisciplinary assessment. For children identified early through neonatal services or medical pathways, evidence may include consultant input, paediatric assessments, birth history, NICU involvement, therapy assessments, health visitor information and developmental risk factors. In other cases, longitudinal observation may be more important,

particularly where communication, sensory, social, emotional or neurodevelopmental differences emerge over time. Parental observations and lived experience must be treated as core evidence, as families often recognise developmental differences long before systems formally respond. Input from early years practitioners, therapists, educational professionals, psychologists, social care and medical teams may all contribute to building a fuller understanding of the child's strengths, needs, participation, regulation, communication and wellbeing across different environments. Assessment should remain dynamic and regularly reviewed as children grow, develop and respond to intervention over time.

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

Local Authorities should consider which provision is most likely to achieve the best long-term outcomes for the CYP, not simply the nearest or cheapest. Decisions should consider safety, stability, expertise, communication needs, therapeutic input, physical accessibility, emotional wellbeing, independence, participation and long-term developmental trajectory. Placement stability is particularly important, as repeated breakdowns or unsuitable placements can significantly impact wellbeing, learning and resilience. Families and young people should have transparent access to the full range of suitable approved provision, including maintained, non-maintained, Section 41 and independent specialist settings. A national database of approved provision, including specialisms, accessibility, therapeutic models and admission criteria, may help support more informed and consistent decision-making across local areas. Placement decisions should remain evidence-led and based on assessed need rather than broad categorisation or local availability alone. In some cases, the most appropriate provision may be further from home, particularly for children with low incidence or highly complex needs. However, wider family circumstances, transport, sustainability and parental aspirations should also be carefully considered. Not all needs may be met by one provider alone, therefore collaborative approaches between services and providers may sometimes be necessary to ensure the right overall package of support.

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

Parents and CYP need clear, transparent and accessible information to make informed decisions about placement suitability. Information such as, include how much of the child's assessed provision can realistically be delivered within the setting, the school's areas of expertise, therapeutic model, staffing structure, communication approaches, accessibility, safeguarding and how outcomes are supported over time. Families also need honest information regarding what provision may need to be delivered externally or through partnership working. Parents should have opportunities to visit settings, observe practice, meet staff and understand the culture, ethos and relational approach of the school. Decisions aren't based on diagnosis or provision maps, but on if the child will feel safe, understood, regulated, valued and able to meaningfully participate within that environment.

A sense of belonging, trusted relationships and emotional safety are fundamental. Families also need clear information regarding transport, distance, transition arrangements, placement stability. Placement decisions can significantly influence communication, independence, confidence, wellbeing and future participation in society. Parents therefore need confidence that recommendations are based on quality, safeguarding, expertise and suitability of provision rather than cost or availability alone. Transparent decision-making, meaningful family involvement and a holistic understanding of the child's needs, strengths and long-term aspirations.

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

There should not be a rigid maximum length of time for placements within AP, as suitability should be determined by the CYP's needs, wellbeing, safety and long-term outcomes rather than arbitrary timelines. For some CYP, AP provides an important short-term intervention, stabilisation or reintegration pathway. For others, longer-term or blended approaches is more appropriate, particularly where mainstream environments are not currently safe or suitable. Regular review, clear outcomes and strong parental involvement remain essential to prevent drift or children becoming stuck within unsuitable provision due to lack of specialist placements or delayed decision-making. Success should not be measured by reintegration into mainstream education, but by the child wellbeing, is able to attend, participate, regulate, communicate, develop relationships and make meaningful progress. We are concerned by the implied shift whereby AP, specialist provision or Inclusion Bases become satellite support services for mainstream education rather than valued provisions in their own right. The right provision is the setting where the CYP can genuinely thrive and achieve the best long-term outcomes. Flexible pathways, including dual placements and phased models, can be highly effective where they are child-led, therapeutically informed and regularly reviewed. Some children may require specialist provision as their primary placement for longer periods to ensure stability, safety and access to education

**29. 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.**

We support greater transparency, accountability and appropriate financial oversight across the ISS sector. However, ISS are highly diverse and should not be treated as a single commercial model. Many specialist schools are charities or non-profit organisations delivering highly complex provision at or close to the true cost of delivery, often with limited financial margin. Fair assessment of costs should therefore consider the operational requirements of specialist provision, including integrated therapy, specialist staffing ratios, clinical governance, safeguarding infrastructure, accessibility, equipment, nursing support and workforce development. Highly specialist provision genuinely costs more to deliver safely and effectively. Staffing costs are significantly influenced by national pay frameworks,

workforce shortages and increasing complexity of need. Simplistic pricing caps risk creating unstable and unsustainable provision, reducing specialist sufficiency and risking the success of appropriate placements for CYP with complex needs. ISSs' are an essential part of the SEND infrastructure, particularly for low incidence or highly specialised need. Their sustainability protects the wider SEND system, including local authorities, NHS services, mainstream schools and families, from additional pressure and overwhelm. Regulation should therefore focus on transparency, quality and accountability whilst ensuring "fair cost" reflects the true cost of safely delivering specialist education and care.

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

Settings should be held accountable through transparent evidence of inclusive outcomes, lived experience and the impact support is having on children and young people, rather than solely through financial compliance processes. The inclusion focus within the evolving Ofsted framework is a positive step forward. Accountability should consider whether CYP feel safe, included, regulated, understood and able to meaningfully participate within school life. Measures such as wellbeing, attendance, engagement, participation, family confidence, CYP voice and appropriate progress are likely to provide a more accurate picture of inclusion than attainment or reduced referrals alone.

Schools should retain flexibility to use Inclusive Mainstream funding in ways that best meet the needs of their cohort, rather than through overly rigid spending rules. Effective inclusive practice may look different across settings depending on levels of need, staffing models and local context. However, schools should be able to demonstrate how funding has improved access, participation and support for CYP with SEND.

Accountability systems must also avoid creating unintended incentives to delay specialist referrals, reduce EHCP requests or retain children within unsuitable provision purely for financial reasons. Inclusion should not be measured by keeping children in mainstream at all costs, but by whether children are genuinely thriving within the provision they attend.

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

We agree that more SEND funding should sit within mainstream budgets to strengthen earlier intervention, improve inclusion and build greater capacity within universal provision. However, this funding must be substantial enough to create meaningful change rather than simply increasing expectations on pressured schools. Investment is needed at both a universal preventative level, including staffing, training and environments, and within targeted and targeted plus layers to support specialist interventions and adaptive provision. Meaningful inclusion requires workforce, environmental and specialist capacity, not simply additional funding allocation. Mainstream settings should not be expected to absorb increasingly complex needs without appropriate staffing, expertise, therapeutic input and infrastructure. Inclusion should not mean keeping children in mainstream where needs

cannot appropriately be met. The level of funding required will also depend on how additional support services are commissioned and accessed. If schools are expected to fund services such as Experts at Hand, AP, outreach or third-party specialist provision directly from mainstream budgets, significantly greater investment will be required. Increased mainstream funding must not dilute specialist provision budgets or create incentives to delay escalation or appropriate placement. Earlier support may reduce some escalation, but specialist provision will remain essential for some CYP within an inclusive continuum.

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

We agree in principle that schools working collaboratively through local SEND groups could strengthen inclusion, improve earlier intervention and support shared learning across communities. Shared expertise, peer support, joint planning and collaborative provision may help schools respond more effectively to a broader range of need. However, governance, accountability and decision-making structures within these groups will be critical. Clear arrangements are needed regarding how pooled funding is allocated, how access to support is agreed, who holds responsibility for escalation decisions and how conflicts of interest are managed. Specialist representation is essential, including expertise relating to physical disability, medical complexity, communication, therapy and low incidence needs, not solely mainstream or behavioural perspectives. Independent escalation pathways must remain where families or professionals disagree with decisions regarding support, thresholds or placement. Pooled systems must not unintentionally create barriers to specialist assessment, specialist provision or appropriate escalation due to local financial pressures. Clear accountability is needed regarding who oversees these groups, how impact is measured and how outcomes are reported transparently. Success should be evidenced through improved wellbeing, participation, attendance, inclusion and outcomes for CYP, not reduced referrals or placement costs alone.

**33. How should disagreements about membership, provision, or funding in groups of schools for SEND be resolved?**

Disagreements regarding membership, provision or funding within local SEND groups should be resolved through clear governance structures, transparent decision-making and independent escalation routes. There should be clear national guidance regarding thresholds, responsibilities, funding allocation and decision-making authority to reduce inconsistency between areas. Local SEND groups should have independent governance structures with representation from education, specialist provision, health and families, alongside external oversight from local authorities or national frameworks to ensure transparency, accountability and consistency. Pooled systems must not become self-regulating closed systems. Families, schools and professionals must have access to

escalation processes beyond the SEND group itself where there are disagreements regarding support, placement, funding or access to specialist provision. The primary focus of any resolution process must remain protecting the rights, wellbeing and long-term outcomes of the child or young person. Decisions should be based on assessed need, safety and appropriateness of provision rather than local availability or financial pressures alone.

**34. How can we ensure the most effective use of these local partnership groups?**

Local partnership groups (LPGs) need a clearly defined remit, governance structure and decision-making authority to ensure they operate as effective delivery systems rather than additional bureaucracy. Collaboration between members could strengthen earlier intervention, shared learning, efficient use of resources and local problem solving. However, effective partnership working requires clear leadership, accountability and ownership, alongside protected time, coordination capacity and admin support to enable meaningful participation from already stretched services. Clear information-sharing arrangements, transparent data capture and consistent reporting processes are essential to reduce duplication and improve consistency between areas. LPGs could also add significant value through jointly funded CPD and specialist training across settings to strengthen inclusive practice and workforce confidence. Specialist representation is critical, including expertise relating to physical disability, medical complexity, therapy, communication and low incidence needs, not solely mainstream perspectives. Parent and CYP voice should influence both individual decisions and strategic developments. Success should be measured through improved wellbeing, participation, attendance, inclusion, timely escalation and family confidence, not solely reduced referrals or financial efficiency. LPGs must support responsive decision-making without reducing school autonomy or creating barriers to specialist provision where needed.

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

The partnerships must reflect the real complexity of SEND systems and be able to meet local needs whilst achieving the national framework of LPGs. Effective LPGs should have a clearly defined remit, governance structure, decision-making authority and accountability framework to ensure they operate as effective delivery systems rather than additional bureaucracy. Too many overlapping structures risk blurring roles, responsibilities and accountability across education, health and local systems. Core members should include SENDCOs, school leaders, early years representation, LA SEND teams, health representatives and parent/CYP voice. These stakeholders are central to identifying need, coordinating support, managing escalation, planning provision, allocating resources and monitoring outcomes. Wider advisory partners should include specialist schools, AP, therapists, social care, outreach services, charities and low incidence specialists to support workforce development, specialist consultation, training, peer review and complex escalation decisions. Specialist representation is essential to ensure physical disability, medical complexity,

communication, sensory and low incidence needs are understood alongside neurodevelopmental and SEMH needs. LPGs should support efficient information sharing, reduce duplication and improve consistency whilst maintaining school autonomy and timely access to specialist provision where needed.

**36. How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?**

Local SEND strategic plans should focus on creating needs-led, collaborative systems that improve outcomes for CYP over time through shared learning, workforce development and continuous improvement. Stronger collaboration can be built through transparent data sharing, joint planning, shared practice, pilot schemes, peer review and dissemination of effective approaches across local areas. Strategic plans should support local flexibility whilst maintaining consistency in oversight, accountability and outcome monitoring.

There is currently limited national consistency regarding how progress and outcomes for CYP with complex SEND are measured. Whilst schools should retain flexibility to deliver individualised curricula, meaningful shared outcome measures would support strategic planning, identification of effective practice and understanding of local need over time. Measures should include wellbeing, participation, attendance, communication, independence, regulation and family confidence, not solely attainment, EHCP reduction or financial savings.

Strategic plans should also strengthen workforce capability across local systems through shared CPD, specialist training, MDT learning and collaboration between mainstream, specialist and therapeutic services. Effective collaborative planning may also reduce duplication, improve resource use and strengthen long-term sustainability across local systems. Plans should be regularly reviewed, evidence-led and responsive to changing local need, including sufficiency planning for specialist provision, transitions and workforce demand.

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

Children, young people and families need clear, accessible and consistent information regarding rights, pathways, thresholds, timelines, available provision, escalation routes and expected waiting times to ensure fairness across the system. Systems should be navigable, transparent and supported despite the inherent complexity of SEND. Information, advice and guidance should be delivered in plain language, accessible formats and through meaningful opportunities for discussion, support and independent advice, not solely through written processes or websites. Families should understand what support is available at universal, targeted, targeted plus and specialist levels, alongside how decisions are made and who is responsible at each stage. Outcomes should not depend on how hard families can fight, advocate or navigate complex systems during periods of stress. This is particularly important for children with emerging, lower-level or less visible needs who can often fall

through gaps between universal and specialist services. Delayed support can lead to significant educational trauma, worsening need and greater long-term pressure on families, schools and wider systems. Fairness requires systems that are responsive, well-resourced and preventative, with timely access to appropriate support before children reach crisis point. Transparent waiting time data, sufficient placement availability and nationally consistent processes would also help improve trust, equity and access across local areas.

**38. 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.**

Whilst local resolution processes are important, school complaint panels must not replace independent legal challenge routes, including tribunals, or become the sole mechanism for disputes regarding SEND provision or ISP delivery. Parents and CYP must retain access to independent escalation processes to maintain trust, accountability and fairness across the system. Systems should avoid driving every ISP disagreement into formal complaints procedures, as this risks adversarial relationships, inconsistent decision-making and significant administrative burden for schools and families. We agree that a SEND specialist should sit on complaint panels where complaints relate to SEND support or provision. However, this individual should be independent from the case being reviewed. In many situations the SENCO may be directly involved in provision, decision-making or evidence and therefore cannot provide independent scrutiny. Nationally consistent guidance should clearly define what constitutes a SEND specialist, including appropriate qualifications, experience and understanding of SEND law, provision and reasonable adjustments. SEND expertise is essential to ensure panels understand the complexity of SEND, communication differences, masking behaviours and provision responsibilities. Processes should be timely, transparent and robust, with clear escalation pathways.

**39. 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?**

Successful reform will depend not only on policy direction, but on whether the operational, workforce, financial and governance realities of implementation are fully understood across the wider SEND system. We support the ambition to improve inclusion, strengthen earlier intervention and create a more consistent SEND system, however important questions remain regarding delivery, accountability, specialist sufficiency, workforce capacity, legal protections, escalation pathways and long-term sustainability. Continued engagement with schools, families, therapists, health professionals and specialist providers will be essential throughout implementation, particularly where consultation feedback identifies significant operational risks or unintended consequences. Inclusion should be understood as a continuum of support rather than a single type of placement. Mainstream, targeted, specialist and independent specialist provision all form essential parts of a functioning SEND

ecosystem. CYP with physical disabilities, medical complexity, communication needs and low incidence conditions must remain visible within reform planning alongside neurodevelopmental and SEMH needs. CYP needs are not static and provision must remain responsive through meaningful, regular review processes. Most importantly, reforms must continue to protect the legal rights and independent challenge routes available to CYP and families to maintain trust in the system.