RCSLT

SEND review: right support, right place, right time

RCSLT response

The consultation on the Department for Education's SEND Review Green Paper - SEND review: right support, right place, right time - asked 22 detailed questions about the proposals in the paper. This is the RCSLT's response to those questions.

1. What key factors should be considered when developing national standards to ensure they deliver improved outcomes and experiences for children and young people with SEND and their families? This includes how the standards apply across education, health and care in a 0-25 system.
We see the potential for national standards to create a more consistent offer, particularly for children on SEN support. However, they also bring significant risks of unintended consequences, in the context of finite resources. For example, a speech and language therapy assessment standard could result in a focus on assessment, at the expense of intervention. We have seen this happen as a result of waiting time targets. There is also a significant risk that "minimum standards" could drive down standards in current areas of good practice. Should standards be developed, this must be following extensive consultation with children, young people and families, along with professionals across education, health and care. The standards must be trialled to identify and mitigate any negative consequences before being legislated for. Key factors should include: • Early identification of needs from 0-25. • Ensuring support is available from 0-25, including for pupils on SEN support • Making clear what is expected at the whole school level, including universal and targeted approaches – enabling more timely access to specialist support where required. • Flexibility to address a child's individual needs and complexity, including the impact of their needs, not purely their primary need or diagnosis.

- Flexibility to take into account local context and population needs – for example, levels of deprivation, urban/rural, cultural and linguistic diversity.
- Focused on outcomes, not only inputs/outputs.
- Ensuring bureaucracy is not increased.

Standards must be accompanied by sufficient resourcing across education, health and care – including both funding and staffing – and robust governance and accountability across the system.

2. How should we develop the proposal for new local SEND partnerships to oversee the effective development of local inclusion plans whilst avoiding placing unnecessary burdens or duplicating current partnerships?

Any new local SEND partnerships must be aligned with existing structures, such as Health and Wellbeing Boards, and Integrated Care Partnerships. In some areas where existing arrangements are working well, structures such as SEND Partnership Boards could be the starting point, with statutory guidance ensuring consistency of board membership across local areas.

Parents/carers and children and young people must be involved and valued as equal partners, and should be representative of the communities in local areas, including those from underserved communities.

Partnerships should ensure genuine representation from professionals across education, health and care – including speech and language therapy - and including the full range of providers in the public, voluntary and independent sectors.

In order to improve provision, commissioners across education, health and care sectors must also be involved in the partnerships, with the local inclusion plan resulting in a requirement to commission. A robust joint commissioning and outcomes framework needs to be in place, with clear expectations on responsibility and accountability of partner agencies. There must be clear links across to the Integrated Care Board and the ICB executive lead for SEND, given their statutory duties in relation to SEND, and the requirement for ICBs to set out steps to address the particular needs of children and young persons under the age of 25.

3. What factors would enable local authorities to successfully commission provision for low-incidence high cost need, and further education, across local authority boundaries?
Commissioning for low-incidence, high need conditions should include consideration of specialist health provision. Integrated care systems provide an opportunity for services to be commissioned on a larger footprint, using existing structures to commission across local authority boundaries. Alongside commissioning specialist direct intervention, commissioners should also consider how training will be provided to the wider team around the child. Clinical specialists have a key role in supporting staff at the local level to effectively respond to children's needs, whilst developing their knowledge and skills. Examples of this from the field of speech and language therapy include the regional Cleft Palate networks and augmentative and alternative communication (AAC). However, in many areas access to specialist staff is not available; the Bercow: Ten Years On report found that families experienced difficulty accessing speech and language therapists with appropriate levels of specialism, for example in using AAC. The following factors would enable the successful commissioning of provision: • Commissioners who have the necessary knowledge and understanding of these conditions including the latest evidence base for assessments and interventions. • Consultation with children, young people and families of people with lived experience of these conditions • Data collection on low incidence, high need conditions to ensure there is sufficient provision of the specialist skills and expertise, in order to provide early and ongoing intervention The commissioning and service model for highly specialist speech and language therapy services for children and young people who are deaf in Cheshire and Merseyside is considered an example of good practice.

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

We note the statement: "whether support should be classed as education, health and care interventions, and therefore funded by the appropriate service". We strongly advise against changing the position that "addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so". We have strong concerns that changing this would result in poorer access to speech and language therapy for children and young people with SEND, and would request to be consulted on this urgently if it is something that is being considered.

The focus on which service should fund which interventions also appears to be an unhelpful move away from the expectation that services should be jointly commissioned.

The following considerations should be made when moving towards a standardised, digitised EHC plan:

- Accessibility for families, including those in digital poverty and with literacy or language needs.
- Information governance for health partners sharing patient confidential information on a shared portal - this can be a barrier to the local information sharing, but the pandemic proved it can be overcome.
- Transparency between the advice/evidence collected and the final EHCP.
- A clear link between the provision and agreed outcomes, starting with the outcomes.

It would be helpful to provide exemplars of collaborative outcomes, and of good quality specified and quantified therapy provision.

In terms of the process, the professionals who know the child best should be invited to provide advice for the plan, regardless of their employer (including those who practice independently).

5. How can parents and local authorities most effectively work together to produce a tailored list of placements that is appropriate for their child, and gives parents' confidence in the EHCP process?
No response
6. To what extent do you agree or disagree with our overall approach to strengthen redress, including through national standards and mandatory mediation?
Disagree While in agreement that steps should be taken to reduce the number of tribunals, which are distressing and costly for those involved, we are unconvinced that mandating mediation is the right way to achieve this. When tribunals occur, it is often because time hasn't been invested earlier in the process, and as a result the relationships between families and services have broken down. Forcing both parties to go into mediation in these circumstances is unlikely to be productive – instead it will lengthen the process, increase the cost and further damage the relationship. It should also be recognised that mediation is less accessible for families with language, literacy or learning needs so mandating this process puts this group at a disproportionate disadvantage The focus should instead be on strengthening trust and relationships, and genuine engagement with parents/carers, and children and young people, early on in the process. Local authority staff may benefit from training on how to develop relationships and really listen to parents. Steps should also be taken to improve mediation so it is seen as a positive choice for families. This will require ensuring that the mediator is independent, the right parties are invited and enabled to attend, and that there is a genuine desire and ability to reach an agreement. It will also require providing support for some families in order that they can meaningfully participate, including those who may have language, literacy or communication needs.

RCSLT

7. Do you consider the current remedies available to the SEND Tribunal for disabled children who have been discriminated against by schools effective in putting children and young people's education back on track?
No response

8. What steps should be taken to strengthen early years practice with regard to conducting the two-year-old progress check and integration with the Healthy Child Programme review?
Early identification and intervention need to go hand in hand at a system level. This requires jointly commissioned early years services, including health services such as speech and language therapy, with data sharing agreements in place. This model enables training, coaching and advice to be provided to staff in settings, and access to specialist support when it is required. It can also enable better support for families: embedding speech and language therapists within settings, and offering drop-in sessions to parents, can support rapid access for parents to discuss concerns about their child's development, and ensure timely referral for assessment when appropriate. This model should be replicated in the Department's work on Family Hubs. Where early years practitioners do undertake the two-year-old progress check they must be appropriately skilled, and the checks must be quality assured. All practitioners should receive training in developmental milestones so that they can also identify children in need of additional support outside of the formal review process. Consideration must also be given to improving support for children with clear identified needs in the early years, such as those with cerebral palsy, Down Syndrome, hearing impairment and genetic conditions. The support given to these children in the early years, including access to augmentative and alternative communication (AAC) can make a dramatic difference to their outcomes in later life. Some children have needs that develop or become apparent later on in childhood, so steps should be taken to improve identification throughout the age range, including at key transition points.

9. To what extent do you agree or disagree that we should introduce a new mandatory SENCo NPQ to replace the NASENCo?
Agree
10. To what extent do you agree or disagree that we should strengthen the mandatory SENCo training requirement by requiring that headteachers must be satisfied that the SENCo is in the process of obtaining the relevant qualification when taking on the role?
Neither agree nor disagree We welcome efforts to ensure that SENCos are appropriately trained but these proposals will not address some of the current issues, such as SENCos with no allocated non-contact time, and nominal SENCos – where a member of the senior leadership team takes the title of SENCo, but the work is actually done by a more junior member of staff, such as a teaching assistant. As a result, inclusive practice is not driven by the senior leadership team, and inclusion does not run through the school ethos and practice. SEND must be seen as a priority for school leaders in all schools.
11. To what extent do you agree or disagree that both specialist and mixed MATs should coexist in the fully trust-led future?
Neither agree nor disagree
12. What more can be done by employers, providers and government to ensure that those young people with SEND can access, participate in and be supported to achieve an apprenticeship, including though access routes like Traineeships?
Employers and training providers need to be aware of SLCN, including understanding that some needs, such as developmental language disorder, can be hidden. Communication Access UK is a free training package that is available to organisations and individuals: https://communication-access.co.uk/

Employers also need to know how to make adjustments for young people with SLCN, including using strategies such as communication tools and visual supports. Young people should have access to their own EHCPs so that they can use them to advocate for reasonable adjustments in the workplace. Training should also be provided to careers advisers on how to adapt their sessions for young people with SLCN - if the SLCN is unsupported the young person will find it difficult to weigh up all of their options and make an informed choice. There is then a risk of the placement breaking down because the student didn't fully understand the choice they were making. The training should also cover the value that young people with SLCN can bring to the workplace. Large employers should be mandated to offer a quota of supported internships, and small businesses offered support in making reasonable adjustments and free training. Organisations which actively seek out young people with SEND should be promoted. In many areas there is a gap in commissioning of speech and language therapy for young people over 18, with service models not set up to provide support to this age group, nor sufficient additional funding provided.
13. To what extent do you agree or disagree that this new vision for alternative provision will result in improved outcomes for children and young people?
Neither agree nor disagree We welcome the proposal for alternative provision settings to provide targeted support in mainstream schools if appropriately resourced and funded. This should include support to change the environment, for example to make it more communication accessible, and training to understand the underlying factors of behaviour, including speech, language and communication needs and other unidentified SEND, mental health needs, trauma and attachment. A whole school approach is required to ensure every staff member, whether in direct contact with these children or not, understands and signs up to the approach to support.

We have a concern that time-limited placements in alternative provision may be unsettling for children and young people and could increase anxiety and behavioural difficulties in this cohort who benefit from stability. Where pupils are supported to return to their original school, this should be based on the child's individual needs, and not a pre-determined time frame. The pupil should be at the centre of all decisions and information should be made accessible, including simplification of language at meetings, visual agendas, flowcharts of the different options and the consequences of each option.

In line with the Alternative Provision Specialist Taskforces, multi-disciplinary support should be embedded within the setting, including speech and language therapy input to identify and support underlying difficulties, and provide advice and training to the AP staff as well as to the school the child is returning to.

The new vision for alternative provision should also consider how support can effectively be provided to parents/carers and families.

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

Strategic financial planning at a local authority level in conjunction with both the mainstream school and the alternative provision to fairly split the pupil's support.

Funding should be allocated to enable the integration of specialist professionals into APs – including speech and language therapists and mental health workers – to ensure that the root cause of the student's SEMH is supported holistically and not just the surface level behavioural interventions. They also need access to a range of staff to offer a broad and balanced curriculum.

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

Disagree

A focus on outcomes is welcome, but the five outcomes proposed are narrow and do not capture the holistic needs of children and young person, for instance outcomes around wellbeing and relationships. Consultation with young people and families with lived experience of AP should be undertaken to determine the outcomes that matter to them. The performance framework should measure performance at both the local authority and individual AP level, and ensure that AP settings are not 'cherry-picking' the students that will enable them to show strong performance. The performance framework should also measure AP settings around standards related to the qualifications of staff, the quality of teaching and facilitates, and the range of qualifications and learning experiences offered to the students.
16. To what extent do you agree or disagree that a statutory framework for pupil movements will improve oversight and transparency of placements into and out of alternative provision?
Neither agree or disagree We agree that these is a need to improve oversight and transparency of placements into and out of alternative provision. Any framework should be co-designed with young people, families and frontline professionals with lived experience of these situations.
17. What are the key metrics we should capture and use to measure local and national performance? Please explain why you have selected these.
As with national standards, there is a risk that data dashboards may have unintended consequences, driving a skewed and narrow focus onto one set of areas, at the expense of others – with services designed to deliver metrics rather than outcomes. If dashboards are developed, it is essential that they capture performance for pupils on SEN support as well as those with EHC plans, alongside measures to indicate how well areas are identifying SEND.

The dashboards should also collect data at the individual school and multi-academy trust level, as they are a crucial player in local and national performance.

Metrics might include:

- Parent/carer views
- Child/young person views
- Pupils on the SEN register, broken down by category of need, compared to national prevalence data
- Reviews held for pupils on SEN support
- Non-contact time for SENCo
- Funding spent on SEN support
- Numbers of CYP with SEND who are electively home educated
- Numbers of managed moves and pupils being taught in internal PRUs
- School exclusions and CYP who are missing out on education, that is to say still on school roll but not in school for protracted periods of time
- Caseload numbers, for example for speech and language therapy
- Tribunal rates and outcomes
- Measures of commissioning arrangements

The dashboards should capture data from a range of providers, including independent and voluntary providers.

There are also practical consideration, such as how the dashboard will pull data from the wide range of systems, and how to minimise the time required to collect and input this data.

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

A national framework for funding bands and tariffs will need to allow for:

- Flexibility to meet the needs of children and young people with multiple needs and/or rare conditions who may not fit neatly in any one category
- Flexibility for children and young people with rapidly changing needs (e.g. those with progressive conditions) to allow changes in banding so that services can be provided in a timely and responsive way
- The variation in costs depending on the level of clinical specialism required

- The different costs and limitations for different parts of the country including urban/rural areas – for example, transport costs and small schools are more costly to run
- The additional time and resource required to assess and provide interventions for children with SLCN who may not speak English or for whom English is their second language
- The variations in cost of living to ensure that all settings are able to attract and retain appropriate staffing

We would suggest the national framework is developed by:

- identifying examples of local authorities that have already established a banding system that delivers positive outcomes and experiences for young people and families
- piloting on a small scale and evaluating to identify unintended consequences to be addressed before wider roll-out

Local authorities will need sufficient time and support to transition to a new system – and the government will need to consider the implications for individual children if their bandings are reduced.

Any funding changes should be considered alongside a review of the delegated budget.

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

To ensure the proposals are implemented successful, the National SEND Delivery Board will need to:

- Engage widely and listen to those with current experience on the ground – including children and young people, their families, and all parts of the workforce across education, health and care – as well as leaders and commissioners
- Have a good understanding of the plurality of service providers in different sectors
- Be able to identify risks and escalate to Government
- Have strong and equal representation across education, health and care, including relevant professions

- Have strong representation from organisations representing all types of need – including speech, language and communication needs - as well as those that cut across conditions
- Regularly visit areas and settings across the country to gather qualitative feedback as well as quantitative outcomes

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

The most significant barriers that must be addressed if these proposals are to be implemented successfully are funding, workforce and professional development.

Therapy services are too overstretched to deliver what is needed. Typically, services are reduced because of challenges to funding and difficulties in filling vacant posts. Funding has not kept up with the rising number of referrals.

These are the findings of Ofsted and the CQC in 2017. In the five years since, the situation has only worsened with services' ability to meet need being significantly impacted since the pandemic. One service told us that there has been a 25% increase in their referrals in comparison with their pre-COVID figures. They now have 1,000 extra children on their caseload compared with 2019.

Services also need to be able to recruit staff to fill vacancies. The NHS Long Term plan recognised that speech and language therapy is a profession in short supply, but this was not followed through in the NHS People Plan. A workforce plan to increase the number of speech and language therapists working with children and young people is urgently needed.

Another significant barrier that remains is professional development for the wider workforce. It is evident from what we have heard from parents and therapists that current teacher training and development is not equipping education staff with the skills they need to support pupils with SEND.

Please see our policy statement for more detail on what needs to happen: https://www.rcslt.org/wp-content/uploads/2022/07/RCSLT-and-ASLTIP-policy-statement-on-SEND-Green-Paper_FINAL-for-web.pdf
21: What support do local systems and delivery partners need to successfully transition and deliver the new national system?
Local systems need more support to understand and implement strategic joint commissioning. Again and again we hear that joint commissioning is the solution to the gaps in provision, but it is happening in too few areas. Currently the SEND Review represents a huge missed opportunity to drive this forward. Clarity needs to be provided about the expectations around joint commissioning. This should be accompanied by increased accountability across all parts of the system, but especially for health commissioners for whom historically children and young people with SEND have not been a priority. The updated Local Area SEND Inspection Framework provides one opportunity to address this. Another opportunity is provided by the Health and Care Act, with its requirement for Integrated Care Boards to set out the steps they will take to address the needs of children and young people under the age of 25 in their five-year forward plan. Accountability for health must go beyond the statutory guidance for ICBs on SEND, and must include a requirement to assess need and jointly commission services for all children and young people with SEND in their population.
22: Is there anything else you would like to say about the proposals in the green paper?
Therapy workforce We welcome the commitment to build a clearer picture of need for the therapy workforce. This will require collecting data across a complex set of variables and from a multiplicity of providers, so we hope Government will work closely with all relevant professional bodies to deliver this important work. Given the time it takes to train a speech and language therapist, it is essential that this is taken forward at pace, if the changes to the SEND system are to be delivered within the next five years.

RCSLT

DHO role

We seek assurances that the renamed DHO role will still include a requirement that the postholder has a clinical (or medical) background. The clinical training, decision making and reasoning skills held by clinicians are essential to the successful delivery of the role.

Health inequalities

There is little mention of health inequalities, yet this is a huge issue for children and young people with SEND. The delivery plan should set out actions to identify and address inequalities in provision and outcome for children and young people with SEND, including those linked to ethnicity.

Children and young people's voice

We would like to see a greater emphasis on children and young people being involved in the development of the new SEND system, for example, having a role in developing the local inclusion plan. Participation in decision making was a key principle of the 2014 reforms, so it is disappointing not to see it reflected more strongly in the Green Paper.

We would like to thank all of the members, parents and carers, and partner organisations who helped to develop this response.

For more information, please contact:

Caroline Wright
RCSLT Policy Adviser
caroline.wright@rcslt.org