

## **SEND Reform: Putting Children and Young People First**

### **Joint response to the Government's plan to reform the special educational needs and disabilities (SEND) system in England**

Following the publication of the Government's plans for SEND reform in February, the RCSLT and ASLTIP have consulted with members, partner organisations and parents / carers. This statement sets out our key messages to Government in response to the proposals set out in the SEND reform consultation document.

#### **Positives**

##### **Early support**

We welcome the ambition for mainstream schools and settings to be more inclusive, and to meet the needs of more children and young people through early identification and support.

##### **Speech and language therapy recognised as central to reform**

Speech and language therapists are mentioned more than 20 times in the proposals. This reflects the vital importance of children's speech, language and communication skills, and the central role that speech and language therapists have – both in supporting individual children, and in shaping communication accessible environments, and empowering families and staff with the knowledge and skills which can enable children to thrive.

##### **Partnership between health and education**

Collaboration between health professionals and education partners is essential, and this message comes through loud and clear in the proposals. The Experts at Hand (EAH) offer has the potential to make a significant impact by utilising the expertise of health professionals to strengthen the ability of mainstream education to meet the needs of children and young people with SEND.

#### **More detail needed**

##### **Scope and purpose**

Clarity is needed about the scope and purpose of the EAH offer. In some places the consultation document positions EAH as the mechanism through which Targeted Plus support will be provided; in other places it describes its function as upskilling the workforce, providing advice and group interventions. The Government must set out clearly the scope and purpose of the EAH offer, to ensure that families and professionals have realistic expectations about what it will be able to deliver.

##### **Clear requirements for local areas partners**

The EAH offer must build on and enhance current provision – especially where school-based models already exist. The process to develop a local EAH offer should ensure that all current delivery partners are engaged with, including any providers

already commissioned by schools to provide traded services, whether they are NHS services, independent practices, or another type of provider.

Clear expectations for local areas and schools will also be important to ensure consistent access arrangements for speech and language therapists working across different sectors, recognising that all speech and language therapists are regulated by the Health and Care Professions Council and work to the same professional and safeguarding standards.

Local implementation arrangements should also support clear governance, communication and supervision pathways across services and sectors

### **Support and scrutiny**

Local areas will need both support and scrutiny to ensure that EAH offers are effective, and integrate with specialist support services and joint commissioning arrangements. Robust governance arrangements and data collection requirements are needed, to provide evidence about whether the model is working, so that any gaps or ineffective practice can be quickly identified.

### **Areas of concern**

#### **Workforce capacity**

There are significant questions about whether there is sufficient capacity within the profession to deliver these reforms, including how time will be released to deliver upstream support while the demands from statutory processes remain.

While long-term national action is needed to address shortages in the workforce, local areas partners will need to work collaboratively and creatively to find solutions which maximise the current capacity within the profession, who will be working across a range of sectors. Given the prevalence of speech, language and communication needs (SLCN), it is vital that qualified speech and language therapists are central to the EAH offer, working alongside trained speech and language therapy support workers and other professionals to strengthen the ability of mainstream settings to meet the needs of learners with SLCN.

In many areas, multiple providers across public, independent and third sectors already play a significant role in meeting local need. Their expertise and established presence within communities form an important part of the wider speech and language therapy workforce. Local implementation arrangements should therefore consider the contribution that could be made by all existing providers, as part of an integrated solution.

#### **Targeted plus support**

Children must be able to access speech and language therapists for individual support, including timely assessments and evidence-based intervention, where this is clinically indicated. If this is not within the scope of the EAH offer, then Government must explain how this will be provided. Ensuring this layer of support is robust will be crucial if the system is to succeed in building parental trust that support is available without an EHCP.

## **Specialist provision packages (SPPs)**

SLCN are the second most common type of need for children with education, health and care plans (EHCPs), but are not included in the published draft of the SPPs, except where they co-occur with another type of need. This is a matter of significant concern to the RCSLT.

Examples of the children and young people who we are concerned about include those with severe or complex speech sound disorders (including childhood apraxia of speech), severe developmental language disorder (DLD) or complex augmentative and alternative communication (AAC) needs. It's vital that SPPs are designed in such a way that they can guarantee support for those children with SLCN who need more intensive intervention than can be provided through the Targeted Plus layer.

If the SPPs are to succeed in effectively supporting children and young people with SEND, speech and language therapists with relevant expertise should be closely involved in designing the packages to ensure they reflect real world practice and functional outcomes.

## **Accountability**

Across many of the proposals, there are questions about where accountability will lie, in relation to funding, commissioning and delivery of support. Experience tells us that without accountability, there is a significant risk that good intention will not be enough. At a time when Integrated Care Boards (ICBs) are going through significant change, securing health engagement in commissioning may be more challenging than ever. The Education for All Bill presents an opportunity to introduce a new statutory requirement for local areas (local authorities and ICBs) to jointly commission services for children and young people with SEND across all four layers of support, which the Government should grasp.

## **Building an inclusive system, together**

We all want to see a high-quality, inclusive education system, where all children get the support they need to learn, make friends, and participate in their community. We have been encouraged by the Government's openness and willingness to listen throughout the consultation process. We hope this approach will continue in response to this statement, which we offer in the spirit of constructive challenge. We stand ready to work in partnership with the Department for Education, Department of Health and Social Care, and NHS England on the implementation of the reforms, in the hope that this time we can deliver real, lasting change for children and young people with SEND.

### **For more information, please contact:**

RCSLT: Caroline Wright, Senior Policy Manager (Children and Young People):

[caroline.wright@rcslt.org](mailto:caroline.wright@rcslt.org)

ASLTIP: [office@asltip.com](mailto:office@asltip.com)