

## Response ID ANON-EXGA-GA1E-3

Submitted to SEND Review: Right support, right place, right time  
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### Introduction

Who is this for?

### Instructions

### About you

a) Welcome - what is your name?

Name:  
Angela Scattergood

b) Would you like to provide your email address?

Email:  
angela.scattergood@lewisham.gov.uk

c) Are you happy for the Department for Education to use your email address to contact you to clarify points in your response, if necessary?

Yes

d) Would you like us to keep your responses confidential?

No

Reason for confidentiality:

e) Can we publish your response?

Yes, publish my response in anonymised form only

f) Which of the following best describes the capacity in which you are responding to this consultation?

On behalf of a local authority

If Other, please give details:

g) What is your role within your organisation?

What is your role within your organisation:  
Director of Education

Not Answered

h) What is the name of your organisation?

Organisation Name:  
London Borough Lewisham

Not Answered

## Chapter 2: A single national SEND and alternative provision system

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 this applies across education, health and care in a 0-25 system.

Q1:

In theory, nationally recognised standardised criteria for identifying students at SEN Support as well as the threshold for EHC plan is a positive step for everyone having a shared understanding as long as there is a defined threshold and processes around universal, targeted and specialist interventions in the Green Paper rather than the descriptors being woolly which is not helpful to parents/families or Local Authorities.

Ring fenced money for students that are working at SEN Support so transparent on how resources are used to support CYP and settings are held

accountable. Ring fenced £6,000 for CYP with EHC plan so that top-up funding is used as it is intended - i.e. to 'top-up'.

EHC assessments should be culturally competent

A greater emphasis and influence in teacher training would need to be seriously considered in order that SEND is an embedded aspect of teaching, learning and support across mainstream, alternative and special schools. A standardised criteria for identifying and assessing SEND must be more than a checklist of or template of expectations, although that would be helpful, a philosophy which place a strong emphasis on whole school responsibility is key.

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?

Q10:

Need to provide support for Local Authorities to develop sustainable regional partnerships to map out resources that can be accessed across authorities in a fair and equitable manner, including independent settings.

Provide guidance on how inclusion plans will look different to strategy plans, and do these need to be broadened to include regional partners?

Ensure that ICBs are included in all discussions so that they have the capacity to meet the needs of the growing demand of students with a growing complexity of difference.

Increase in training to ensure appropriate capacity within specialist health/therapy/education professionals, with incentives to work in inner city areas.

It will be necessary to review the impact of existing partnerships across different local authorities. Sharing good practice will be necessary in order to avoid the notion that new is better. Workforce and partnership development would contribute to ensuring that the best and most relevant range of specialists/professional in a local area with capacity to share and commission across neighbouring boroughs.

Local inclusion plans and multi-agency SEND boards to have representatives from youth justice, children looked after & adopted, housing, public health to address additional vulnerabilities of SEND CYP within these areas.

3 What factors would enable local authorities to successfully commission provision for low-incidence high-cost need, and further education, across local authority boundaries?

Q3:

Increase in number of high cost low incident settings, so that these can be placed in localities where they are available to specific authorities that surround the provision at a consistent cost to all authorities, not dependent whether the provision is located within the young person's home council.

There is not an unwillingness to be able to support this area but there are many pressures for Authorities to be effective and this requires a high level of specialism.

There needs to be the expertise across the local area to support these young people rather than it being specifically via a placement in a setting, considering outreach as an alternative option.

Cross borough services to have mitigation to remove inter-borough charges within ICS.

Cross borough strategies that addresses movement across boroughs.

Need to consider EOTAS.

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

Q4:

We welcome the digitalisation of the EHC plan and the process, this allows for all parties to truly coproduce the plan. It allows for all parties to have continuous oversight to the documentation.

A digitalised process and EHC plan should certainly support an improvement in timely information sharing and tracking. It will introduce transparency to a process which can often appear cumbersome.

This would support with administration and allows for the continuation of provision if a young person moves authorities.

We welcome the ability to record outcomes and the progress towards these in a meaningful way and celebrate successes, including the ceasing of an EHC plan.

We would welcome a clear outline of the distribution of cost across Health, Care and Education and how this links to the specification and quantification of provision (including transport).

A standardised and differentiated Section A would be welcomed to ensure that young people are asked the right questions and are familiar with this process.

Ensure training for SEN Case Workers and other professionals that contribute to the EHC process with standardised expectations from these areas potentially with the use of standardised templates.

Need to consider the timeframe and process for implementing changes, remembering the conversions of Statements to EHC plans, this was a timely process and but was heavily resource dependent.

Processes on how to support families and CYP where there are identified needs on accessing digitalised versions.

Access to various languages to support with translation of information.

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?

Q5:

Having a lot of information with a long list of options for families could be overwhelming. Is this useful? Does this limit choices as it removes options?

Clear information is presented as part of the inclusion plan of all placements within locality as well as neighbouring authorities.

All information should be presented on the Local Offer with access to options that are available within the area.

Support should be provided to Local Authorities on all DfE recognised settings with Ofsted grading and if specialist settings the profile of young people that needs can be met. This information could be kept in a database held by DfE that can be easily accessed by families, young people and local authorities so fields can be completed and a list of settings will be displayed according to age, presentation/diagnosis, locality etc. Allowing for parents to input specific data and for the local information to be presented in a family friendly manner.

Develop resource pack with videos made by CYP for CYP

Health provision within the setting is explicit to inform professional and parent expectations.

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

Strongly disagree

Q15:

We do not see any possibility of making mediations mandatory.

We welcome enhancing parents' rights to redress. However, the challenge is when external 'Independent Advocates' become involved, many of whom have had no training in the Code of Practice or Children and Families Act and therefore are not well informed. Some families do not have the knowledge or language skills to be able to communicate their ideal outcomes for their child or young person. Resources need to be identified to support families in a truly independent manner empowering them to work in coproduction with authorities to get the right outcomes.

The idea of their being a multi-agency panel to revisit the decision making process seems like a good idea. However, in some cases it is that same panel that made the original decision so this may need to be given more thought about whether it is a panel of more senior staff within the fields of education, health and care.

The inclusion of parents on the multi-agency SEND panel needs to be thought out more broadly as parents are often volunteers and the commitment to panels requires a huge time resource. There also needs to be very clear guidance given to parents around conflicts of interest.

What would be of great impact is a review of the 1st tier Tribunal process – what are the emerging themes- gain the views /experiences of those who have been through the process, professionals, families, CYP.

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

Q16:

Parents rarely use the SEND Tribunal for these incidences. In our experience it is more in relation to issues within the EHC plan. Often if parents have a negative experience with a setting they request a change of placement rather than using the tribunal process. Parents lose confidence in the setting/system if they experience discrimination and may go through the school's complaints process. We do not think that parents are aware that the tribunal can be used for incidences of discrimination.

Interface with the white paper which demands 90% of CYP to acquire age related expectations and how it affects the school decision making on whether they can meet the needs of CYP with SEND.

### Chapter 3: Excellent provision from early years to adulthood

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?

Q8:

Agree with the suggestion of the right level of qualification for Early Years SENCOs.

Need to develop clear pathways for 2 year olds, ensuring that notice to LA/ Education begins with health visitors, especially if children are not attending early years provisions.

General practitioner having SEND outcome framework within local enhanced service contracts- how will this be referred to?

Development of drop-in clinics for OT, physiotherapy, dietary, toileting, sexual health, psychology, psychiatry for different age groups and stages of development.

Strengthen the universal and targeted level intervention to mitigate the needs for specialist referrals/interventions.

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

Strongly agree

Q18:

SENCOs should be recognised for the specialist work that they do. It should be mandatory that the SENCO is part of the SLT within settings and that their time is ring-fenced proportionally according to size of the school. All settings, including PVI's, should have a named SENCO. However, this suggests that it

is only the SENCo that requires a SEND Specific qualification. SEND is everyone's responsibility so what about during Initial Teacher Training or at Senior Level within settings.

It needs to be made clear on where the resources are coming from to pay for the training and if SENCOs already have the NASENCo do they need to have the NPQ? What is the timescale? More clarity needs to be provided in the expectation of this and is there additional pay reward for having this level of training?

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?

Agree

Q19:

We agree with the level of training that needs to be provided for SENCOs to ensure that they have the skills, knowledge and confidence to be able to perform the role. Expectations need to be clear in relation to funding the course, backfilling the role, whilst training occurs, the level of qualification needs to be recognised in the SENCOs pay and status within the school.

Mandatory SEND training for all SLT and staff should be required as SEND is everyone's responsibility. Including thorough training on providing access for all and the Code of Practice should be included as part of Initial Teacher Training.

SEND training at all levels of staffing needs to be considered with an introduction of SEND qualification/training for TAs and mandatory training as part of initial teacher training. SEND should not be partitioned as a SENCO's purview alone. It is the responsibility of all staff.

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

Strongly disagree

Q20:

We view this as unnecessary. The LA has a strong relationship with all of our schools. Our specialist settings provide outreach without having to be part of a MAT. This is unlikely to change in the future.

Flexibilities should exist. This could potentially strengthen inclusive practices in schools including use of "satellite provisions" and resource bases. Could also enable efficient resource deployment of skilled practitioners e.g. speech and language therapists, SENCO's etc.

As long as this goes hand-in-hand with an emphasis on AP

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

Q12:

Ensure that variety of opportunities are available to meet the skill set of those young people with SEND. Make sure that there are roles available for the young people to be employed in once the apprenticeship is completed.

There needs to be the money available to make the opportunities available for the young people and the employees, with the funds ring-fenced within High Needs Block. With the right level of training for the employees.

Addressing the needs of CYP with SEND that are NEET and ensuring a more robust provision and support.

#### Chapter 4: A reformed and integrated role for alternative provision

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?

Agree

Q22:

If the principles are consistently embedded and settings are accountable for the outcomes of young people then we think that the vision for alternative provision is positive. Young people have the right to know why they are participating in an 'intervention' for how long and what the ideal outcome is- this is the same principle that needs to be applied to APs, with regular liaison with the home school.

Monitoring the placements in APs is challenging if schools spot purchase places and there needs to be a consistent approach that is applied for young people accessing these provisions either via outreach or attending the placement.

Consistent and persistent high expectations for AP must mirror that which are expected from mainstream schools, with the provisions that APs are supporting and educating CYP with needs which could not be met in mainstream. A coherent curriculum which includes embedded and outstanding support for SEND and wellbeing is necessary. Centralised monitoring of non-statutory APs is crucial, with a focus on the quality of the curriculum.

National, mandatory expectations for the course content of interim placements should be considered.

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

Q14:

Need to be clear criteria on presentation of a young person before an alternative provision is considered with clear outcomes.

Alternative provisions need to be commissioned for a certain number of places and then additional funding is secured when the place is filled, similar to that with specialist provision so that the setting knows the minimum and maximum resource that they will receive so that they can work within the resources available to them.

The funding model adopted by our LA works well for both the PRU and the LA. It is straightforward to understand for both PRU and LA, providing certainty of funding for the PRU to operate within. The funding model is based on zero based budgeting where the total operating cost of the PRU is established including building-related costs (effectively fixed costs), standard costs in all schools such as a headteacher, admin staff etc. The LA commissions a number of places (predicated on a balance of capacity and need). PRU then gets a fixed annual allocation to deliver PRU services including capacity to work with other schools (outreach).

Resource mapping, skill mapping and extensive training for health to be able to function effectively within AP settings across ICS 6 boroughs.

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

Strongly agree

Q24:

We strongly agree on the 5 outcomes, if there is clarity on the on the accountability of achieving the outcomes. However, would add on the reintegration section progress on 'softer skills' such as self-regulation, independence, social and life skills with guidance on how this will be monitored.

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?

Agree

Q25:

For those students on SEN Support these should all be managed through the Fair Access Protocols (FAP) so that there is oversight of these pupils. Those with an EHC plan managed via SEN in liaison with FAP so that there is accountability and monitoring of the students that use Alternative Provisions. Frequent movement is an indicator for FAP and should be managed sensitively.

A statutory framework for pupil movements is already exercised via FAP and SEND Panel. Greater inclusion of the views of CYP and families is needed in order to ensure that their best interests are served and families have a sense of their own agency. A framework for information sharing and choice should be included in the Local Offer in regard to AP.

## Chapter 5: System roles, accountabilities and funding reform

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

Q17:

Timeliness of EHC plans

Outcomes for CYP- in relation to EHC outcomes, progress, softer skill data, attendance, exclusions, transition out of education- employment and HE.

Timeliness of completion of annual reviews

Number of students that are educated within their home Local Authority

Waiting times for community health services assessment and also the waiting times for treatment i.e. ASD, ADHD, Therapy; turnaround times for assessments; Outcomes; % of pupils with EHCPs, % of DNA's, % children looked after

Risk mitigation and support services available whilst waiting diagnosis.

Nationally consistent standards for how health needs are identified and met to improve outcomes for CYP with SEND.

EDI related measures to monitor uptake/outcomes by ethnicity.

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

Q27:

Need to take into regional factors for LAs and provision, in relation to cost of living and salaries (higher in inner London).

Collate current data from authorities and ascertain current banding levels and costs for independent placements to support process.

Consider support and guidance for challenging costs in independent sector which are most disproportionately costly.

Banding structure needs to recognize distinct nature of mainstream, special and FE provision – not one size fits all

Transport costs have been ignored- they fall to the general fund; they are part of SEND provision

Funding (via banding) should reflect severity of need and subsequent provision required. If a child needs full-time 1-1 support and 4 hours SALT, top up should fully meet this, rather than current 'contribution'. LAs should be funded accordingly- i.e. based on number of pupils with SEN and their need levels.

(Our LA received £62m in 2021/22 and supported 3299 EHCPs; average cost of £18.7k including place and top up. Mindful that the HNB also funds SEN support, it is no surprise there is a pressure on the HNB nationally.

Bandings need to recognize size of provision and contribution to fixed costs, rather than arbitrary £10k per place, which creates confusion as to should this be paid, who owns the place etc.

Nominal £6k for SEN support needs revising- key financial issue that works against schools being more inclusive, and where they are inclusive the financial burden is an issue.

## Chapter 6: Delivering change for children and families

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

Q19:

Working by area, providing relevant training to all staff across the system. Particularly with those professionals contributing to statutory processes. If the current Code of Practice was not 'correctly' implemented, what can be done differently to ensure that the same 'mistakes' do not occur again? Championing schools that are inclusive and including this in the Ofsted Inspection process in schools. Challenging those schools that are not inclusive during school inspections because of concerns about impact on outcomes due to over-emphasis on 'league tables'. The SEND governance structure within SE London ICS will benefit from expected ICB SEND guidance, and inspection framework.

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?

Q20:

Enablers:

Uniformed approach/systems across all authorities.

Digitalised systems will improve communication and transparency with families. However, who is going to fund this?

Clear guidance on expectations with financial resources available to meet the needs of students needing specific provisions.

Barriers:

Lack of ring-fenced funding at SEN Support or school's contribution to EHCP prior to top-up funding being allocated.

Availability/quality of SEND professionals- SEN Case Workers, EPs, Therapists, and Paediatricians, social workers

Including Independent Schools to be part of the all of the nationalisation funding agreements.

Schools concerns over being inclusive and the impact this MAY have on results and therefore league tables.

Increasing staffing and overhead costs.

Consideration for LAs with high numbers of new arrivals to the UK who have attended specialist settings.

Regional boards and commissioning of service from LA and DFE will add layer of bureaucracy

Standardizing of costs a challenge, given diverse providers, with many profit-seeking.

Challenge of mixed funding streams e.g. HNB, Schools Block, General Fund etc. each funding stream has its challenges and restrictions

Guidance on joint funding –at present health doesn't support any of the transport costs

Implications for schools if consequence is that funding is lower than current – levelling up, transitional support etc.

Conflict in advice from DFE v SRMA (e.g. SRMA suggest SENCOs are an overhead and

More focus on universal services recognising SEND and inclusion as everyone's business; supported by training.

Need to strengthen role of Health in commissioning and local partnerships and targeted provision (Youth Justice/ NEET/ AP etc.)

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

Q30:

Need ready availability of appropriately trained staff (health/education/care)- how can we address this nationally? Continued workforce planning is needed as recognition of SEND grows and increases demand.

Funding must be at a level that enables LAs and schools to recruit high quality staff.

Funding must be at a level that enables LAs to meet the needs of the children in their area, taking into account regional cost differences.

ICS understanding of CYP with complex medical needs who do/do not require EHCP, and on roll in mainstream schools as medical treatments allow children to attend school.

Consideration of resource allocation to implement changes (particularly EHCP digitalisation)

22 Is there anything else you would like to say about the proposals in the green paper?

Q22:

Needs to be sufficiently resourced both financially and from workforce perspective

Implementation needs to be clearly and realistically set out

Commitment from all partners including LA/Schools/Health /Parent partnership

Clear information needs to be given on changes for example the banding system

DMO to be retained as the role strengthens SEND within providers – doctors talking to doctors. And this clinical role is different to DCO role which is more system coordination and analysis.

Understanding of the interface between education support and health support worker roles

Enquiries