

The Council for Disabled Children

The SEND and Alternative Provision Green Paper response

The Council for Disabled Children (CDC) broadly welcomes this Green Paper. It shows that Government has listened to the frustration across the sector and the toll that has taken on parents, children, and professionals alike. The Green Paper proposes a welcome framework for change which should support children, young people and families getting the services and support they need close to home.

However, this is just a framework and so the response to the consultation and ongoing engagement, with parent carers, children and young people and practitioners across the sector, will be key as it develops into a programme that delivers the change we need to see.

CDC have helped deliver 3 national face to face and 1 virtual event with the DfE to facilitate thought and coproduction of feedback from the sector including parent carers. In addition, we are supporting children and young people to feed into the consultation through multiple engagement sessions with FLARE and our wider engagement young people's groups. We also supported the SEND Review team to engage with a number of young people via a workshop at this year's Youth Voice Matters conference. With FLARE we have co-developed an engagement strategy to consult with a wide range of young people's participation groups across England and the feedback from this young people's consultation will be shared in a separate response.

The sector is in thoughtful and processing mode – not only interested in the headlines and the ideas but really trying to look at these in detail and test out what they feel works and what doesn't.

The balance between national standards and local delivery is going to be key, as is the development and power of the co-production levels needed to support a local inclusion plan, which ensures effective support for children, young people and families whilst enabling professionals within the system to deliver their duties and implement a programme of significant change.

The relationship with other moving parts of the system is also important. At CDC we are trying to ensure liaison with the emerging integration work in children's health with the needs of children with SEN and disability reflected in the Independent Review of Children's Social Care (CSC) and the changes to Multi Academy Trusts.

At the heart of all of this is a simple question: **will the proposals lead to better outcomes for children and families?**

General

We welcome:

- The ambition and problem analysis and understanding of the challenge.
- DHSC involvement and read across to Health & Care Bill.

A single national SEND and alternative provision system

We welcome:

- Working towards national standards and joint commissioning
- Proposals for a national template for EHC plans
- Potential for better format for EHCP reducing unnecessary segmenting of social care needs and provision
- Intentions around inclusion and access to support, but this must also relate to specialist services and placements for MH

We need to know more about:

- The goal of **more inclusive schools and settings**: Understanding how this will be achieved in practice

We are concerned about:

- In the **absence of a workforce strategy**, standards would not solve the shortage of specialist services or the lack of teacher skills and confidence in making provision for children and young people with SEND.
- Equally, without a clear funding strategy, standards would not regenerate specialist services.

We think:

- We welcome the proposal to develop National Standards and can see some quick wins, for SENDIAS services for example and for the Local Offer as it is incorporated into Local Inclusion Plans. We would want to see work on the development of the matrix on needs and tariffs developed so that it is clear that it is an exercise in supporting the best outcomes for children rather than the concern, which is the rationalising of children into price bands. This links with expectations of local inclusion plans, where we would want to see space for clear local ownership and innovation.

Excellent provision from early years to adulthood

We welcome:

- The broad intention that schools and settings will become more inclusive
- Health workforce focus (especially focused on therapies)
- Recognition of mental health needs in SEND within the statistics, but needs to be described as to what this means in practice
- Increase in training for SENCOs and the potential join-up between them and SMHLs

We need to know more about:

- **Specialist local services:** Difficult to see the mechanism for school's accessing these and how they will be funded
- **Workforce development across the piece:** The elements specified are helpful but there are challenges in early intervention, social care, mental health, trauma-informed, relational, evidence based whole school SEND & MH approaches

We think:

- The focus on SENCO's and others is welcome, as is the workforce analysis in Health, but we have significant concerns that outcomes for children will not change unless this is more widespread. It would be helpful to look at multi agency training across Health, Education and Care. We understand this would be a long-term plan but we are already looking at a system in crisis and so an overall workforce vision to kick start this would be essential
- There are lots of areas where the Independent Review of Children's Social Care is suggested as the 'solution' but there is currently not sufficient join up across the two sets of recommendations. It also still feels like an afterthought, rather than a well-developed contribution. We would like it to have a more central role and be seen as a key area of Early Intervention, linking in with work we are doing on Family Hubs and Respite Innovation.
- Post 16 and transition to adulthood - We share the sector's and young people's concerns that this area seems to be significantly under developed and does not reflect the aspirations and ambitions of young people.

A reformed and integrated role for alternative provision

We welcome:

- Emphasis on evidence and evidence-based provision, particularly for the AP system.

We need to know more about:

- Given the high proportion of MH needs in AP, how do the **AP system and MH system talk to each other**? How will the new SEND system work for those CYP detained under the MH Act in Tier 4 settings?
- How the Department envisage the **role of social care across the SEND system** as well as in relation to AP and how recommendations from the CSC review will inform any early thinking on how to implement the proposals in the GP.

System roles, accountabilities, and funding reform

We welcome:

- Proposals that each area will have a local inclusion plan.
- Focus on the Designated Health Officer, strengthens our view that this is a strategic leadership role that needs some consistency.
- Focus on data (multi-agency data dashboards providing real-time access to delivery).
- Acknowledgement of the DSCO role and commitment to continue piloting.
- Opportunity to explore streamlined approaches to needs assessment building on CDC's AWG work on needs-led eligibility and decision-making in social care.
- Mediation – if done right.

We need to know more about:

- **SENDIAS**: what is planned, and how do we ensure it doesn't impact on stability of a system that works and where there has been significant Government Investment.
- How the Green Paper will tackle the challenge, illustrated by Tribunals, that Social Care and SEND being part of one LA 'organisation' means better join up or understanding of roles when it is the key source of disagreement.

We think:

- The key to confidence on delivery will be whether or not the system is one which is accountable, to parents and families and to each other. The current proposals do not

give us this confidence, though this may become clearer as details emerge. It will be key to see how Integrated Care Board (ICB) delivery and the link between DFE and DHSC is built on. We would also like to use the opportunity of the data sharing work, arising from the Health and Care Bill, to test this further.

- While we are not fundamentally opposed to legal change, we would want to work further with DFE to look at whether mandatory mediation will deliver the outcomes hoped for. We have been involved in proposed changes to mandatory mediation for a number of years and so understand the challenge. We think this needs a deep dive to understand the who? How? What? and Why? The changing nature of school choice will need careful implementation and we will want to look at it, as it develops, along two axes, whether it does or does not restrict parental choice and whether it does or does not provide better outcomes for children.

Delivering change for children and families

We welcome:

- The focus on co-production, including that for Children and Young People.
- The acknowledgement of the current system's impact upon the mental health of parents, and subsequently their children.

We are concerned about:

- The change process; already concerns that families will increase demands if they think future developments will undermine these.
- Implementation – One of the big challenges from C&F implementation was the staggered implementation timelines of various other significant changes (e.g. Care Act 2014). This time we have a much broader landscape of change (policy and practice) not only the SEND and CSC reviews but also:
 - ICS's
 - Liberty Protection Safeguards – currently no read across between this and the GP or the CSC Review
 - Family Hubs
 - Respite Innovation Programme

We think:

- The Green Paper underplays the voice of children. It does not recognise that they can play a vital role at all levels of the system. Lots of young people want to play a strategic role and influence local services and supports for themselves and others.

There are also groups of children who seem to be missing, currently the Green paper struggles to reflect the needs of both low cost/high incidence children and those with low incidence and high cost. So, the issues of children with learning Disability and Autism are at critical in many services and will need focused attention. We would also like to see work which supports the development of a positive strategy for children with SEMH, in all parts of the system. There is also a specific piece of work needed on children who live away from home

In working with DFE we would want to see a clear communication strategy which takes us through consultation into preparing for implementation. We think that there are risks that, because change is unsettling for all, things could get worse before they get better and the need for a positive engagement strategy will be critical.