

Review of the National Autism Strategy

Written evidence submitted by the Special Educational Consortium, May 2019

About SEC

The Special Educational Consortium (SEC) is a membership organisation that comes together to protect and promote the rights of disabled children and young people and those with special educational needs (SEN). Our membership includes the voluntary and community sector, education providers and professional associations. SEC believes that every child and young person is entitled to an education that allows them to fulfil their potential and achieve their aspirations.

SEC identifies areas of consensus across our membership and works with the Department for Education, Parliament, and other decision-makers when there are proposals for changes in policy, legislation, regulations and guidance that may affect disabled children and young people and those with SEN. Our membership includes nationally recognised experts on issues including assessment and curriculum, schools and high needs funding, the SEN legal framework, exclusions and alternative provision.

NB This response does not cover every aspect of the strategy, but is an overview of some of the far-reaching issues that reflect the broad remit of the consortium. SEC is not an autism specific organization and, informed by our autism specific members, is responding from the general point of view of children's policy and practice.

1. Welcome

Firstly, we want to emphasise that we welcome the proposal to extend the Autism Strategy to include children. Children with SEN and disabilities, in general, do not currently secure good life outcomes. At school, they are more likely to be excluded, bullied or absent; beyond school they are more likely not to be in education, employment or training. Within this group, children and young people with ASD form the largest group of school pupils who have an EHC plan - 28.2% (DfE data, 2018 – and an increase from 26.9% in 2017).

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In extending the autism strategy to include children it is vital to secure earlier identification and earlier action in order to meet needs, to raise awareness amongst all practitioners, to secure better outcomes for children and young people and to prevent later difficulties. It needs a cross-government strategy, led by DHSC and DfE, to make a difference for this group of children.

2. Joint commissioning and working

The current strategy points out that:

"Local authorities are required to jointly commission, with health bodies, services for children and young people with SEND and to integrate services to improve outcomes. Joint commissioning arrangements will build on local JSNAs and be a key part of local health and wellbeing strategies. The NHS England Mandate has a specific objective on children and young people with SEND, and health bodies must have regard to the Special Educational Needs and Disability Code of Practice."

The current autism strategy was drafted relatively early in the implementation of the Children and Families Act 2014 (CFA). Joint commissioning and the integration of services has not come about as swiftly or as comprehensively as was anticipated in the wake of the passage of CFA. Yet for this group of children joint working and joint commissioning are vital. The latest data (September to December 2018) from the National Trial of the SEND Single Route of Redress through the First-tier Tribunal shows that over half of the children and young people whose appeals were being heard through this route had ASD named as their primary need. They were all seeking redress across more than one agency.

In extending the autism strategy to include children, it is vital that the strategy identifies ways of making joint commissioning and the integration of services come about more swiftly, more efficiently and more effectively for children with ASD.

3. The Children and Families Act 2014

The survey asks how well children are supported throughout their education and when they move schools. One of the over-arching principles of CFA is about the need *to secure the best possible educational and other outcomes* (s19) for children and young people with SEN and disabilities.

With rising exclusions, the erosion of local support services and long periods of time spent out of school 'awaiting placement', all the evidence points to significant failings in both levels of support and transitions.

In extending the autism strategy to include children, it is vital that there is a focus on improving outcomes, increasing practitioner awareness, and re-creating local specialist support for children with ASD.

4. Education, health and care plans

The current strategy anticipates that EHC plans will be more coordinated and more person-centred for children with the most complex needs, reflecting the wishes and aspirations of the children and young people themselves.

Evidence from early DfE-commissioned evaluations and from Ofsted and CQC Local Area Reviews of provision for children and young people with SEN and disabilities all show that there have been improvements in the way that parents and carers are involved in EHC needs assessments and the drafting of plans. At the same time, the same sources have also identified a lack of progress in securing the engagement of children in the assessment and planning process.

The same sources also identify a lack of focus on provision at SEN support, which has, in turn, fuelled the pressure on EHC plans. After nearly 10 years during which a steady 2.8% of the overall school population had a statement or EHC plan, last year's data showed an increase to 2.9% of the population.

The pressure on EHC plans has led to an increase in the adversarial nature of the SEN system, with a significant increase in the number of appeals to Tribunal. Following a dip in 2014-15, at the start of the implementation of CFA, there has been a significant increase in the number of appeals to the Tribunal, reaching an all-time high in 2016-17 (latest available data) of 4,725 registered appeals, and the highest rate ever of 5.5 appeals for every 10,000 school population.

In extending the autism strategy to include children, it is vital that there is a focus on the engagement of pupils themselves and on the range of strategies that can be put in place at SEN support without the need for an EHC plan.

5. Teacher and Department of Health staff autism awareness training

The survey asks what level of understanding key staff have when they come in to contact with autistic people. The current strategy says that health staff would be trained through their equality and diversity training, and school staff through the Autism Education Trust programme.

Both these training programmes have started slowly.

In extending the autism strategy to include children, it is vital that more training is made more widely available. It needs to include both pre- and post-experience training.

6. Joining up School and further education

The current strategy anticipates that CFA would end the divide between schools and further education for those with learning difficulties and disabilities. It also says

there would be continuity of support beyond 18 and up to 25 for a young person if they need it to achieve their desired education and training outcomes.

In extending the autism strategy to include children, it is vital that discontinuities between different phases and stages are addressed, in particular that the needs of young people moving into college are recognised and that systems are in place to recognise and celebrate their achievements.

Finally

Many of the points we make reflect disappointment that the introduction of CFA has not achieved the intended impact for children and young people with SEN and disabilities (at least not yet). A clear and effective joined up autism strategy that addresses the needs of children and young people with autism spectrum disorders could model and pave the way for much wider improvements for all children and young people with SEN and disabilities.

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