Support and aspiration: A new approach to special educational needs and disability

A consultation

Department for Education

Department for Education

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A consultation

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by the Secretary of State for Education
by Command of Her Majesty

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Foreword

This Green Paper is about all the children and young people in this country who are disabled, or identified as having a special educational need. It is about their aspirations and their hopes. Their desire to become, like every child and young person, independent and successful in their chosen future, and, to the greatest extent possible, the author of their own life story.

It is about their families – who have consistently called for better support for their children and themselves. Families of the most disabled children who are providing 24-hour care from birth, or the families of children struggling at school and who don't know where to turn for help.

It is also about their teachers, their college lecturers, and the many skilled staff from the health and social care professions who do their best, day in and day out, to provide the right support and encourage the highest aspirations.

There is much that is excellent in the support for these children, young people and their families. The case studies in this Green Paper describe just a few examples of inspirational teachers, expert services and world-class practice. Highly-skilled professionals who strive to understand the individual needs of every disabled child or child with a special educational need and to give them the best possible support and best teaching. Experienced managers in health services and local authorities who listen to what families are asking for and work out how the system can respond.

But we also know that this isn't happening nearly enough. Successive reports, such as the 2006 report of the Education Select Committee and Brian Lamb's report in 2009, have described a system where parents feel they have to battle for the support they need, where they are passed from pillar to post, and where bureaucracy and frustration face them at every step. According to the Council for Disabled Children, on average a disabled child experiences 32 assessments as they grow up. That is unacceptable. Resources that could be spent on support and teaching are diverted into bureaucracy. That is inefficient. Children and young people with SEN don't achieve as they could – by the time they leave school these young people are more than twice as likely to be out of education, training or employment as those without. That is wrong.

We are letting these children and young people down.

The case for change is clear.

We want to give children the best chance to succeed by spotting any problems early, extending early education and childcare, and bringing together the services they need into a single assessment and a single plan covering education, health and care.

We want to make the system less stressful for families and less costly to run by promoting mediation before appeals, giving parents more information about the services and expertise available locally and more support in navigating their way through the assessment system. Our proposals will also mean that children themselves can appeal if they feel they aren't getting the support they need.

We want to give parents more control by offering every family with a single plan the right to a personal budget by 2014, making a wider range of short breaks available in all areas, and ensuring more choice by allowing parents to name in their child's plan, a preference for any state-funded school. By encouraging the setting up of special Free Schools we will make it less likely that existing special schools will close and create the opportunity for voluntary organisations and parents groups to establish new schools.

Our proposals are designed to support teachers in giving every child the support they need to succeed – focusing on achievement not labels, funding additional training for teachers and building expertise by collaboration between schools. And they are designed to reinforce the strong strategic role of local authorities in working together with health services and with other local areas to secure the right provision whilst ensuring services are cost-effective.

The proposals in this Green Paper are wide-ranging. They cover the circumstances of the child with complex ongoing medical needs and the young person who is falling behind at school. They are part of a wider set of reforms that will benefit this group of families and their children. The introduction of a Universal Credit will mean that people will be consistently and transparently better off for each hour they work and every pound they earn. Reforms to the National Health Service will mean greater freedoms for professionals to take decisions in the best interests of patients, and likewise, our significant changes to education will mean teachers are free to decide what happens in their classrooms and make sure every child is able to benefit from learning.

We encourage you to respond to our consultation. If you are a parent, or someone caring for a disabled child or a child with special educational needs, please talk to your friends and family and let us know whether our proposals will make things better for you. If you are a teacher, a health professional or an expert in this field, we want you to discuss our proposals with your colleagues and give us your views on whether they will make the system better. If you work in a local authority or the health service, we would like to know if our proposals will make the system less bureaucratic, more cost effective and help you to deliver better services for the people you serve. We also encourage you to come forward with plans to test our ideas, and to consider how they might work in practice.

Every child who is disabled or identified as having a special educational need deserves our support, so that they, like every other child, can achieve their aspirations. We can only achieve that by working together.

Michael Gove
Secretary of State for Education

Sarah Teather
Minister of State for Children and Families

Executive summary

Case for change

1. Every child deserves a fair start in life, with the very best opportunity to succeed. Currently, life chances for the approximately two million children and young people in England who are identified as having a special educational need (SEN), or who are disabled, are disproportionately poor.

2. Disabled children and children with SEN tell us that they can feel frustrated by a lack of the right help at school or from other services. For children with the most complex support needs, this can significantly affect their quality of life. Hundreds of thousands of families have a disabled child or a child with SEN, and parents say that the system is bureaucratic, bewildering and adversarial and that it does not sufficiently reflect the needs of their child and their family life.

3. Whilst the circumstances of children, young people and their parents differ greatly; from young people requiring a few adjustments in class to children with life-limiting long-term conditions, families have many shared concerns. The system to support children and young people who are disabled or who have SEN often works against the wishes of families. Children's support needs can be identified late; families are made to put up with a culture of low expectations about what their child can achieve at school; parents don't have good information about what they can expect and have limited choices about the best schools and care for their child; and families are forced to negotiate each bit of their support separately.

Our vision

4. Our proposed reforms respond to the frustrations of children and young people, their families and the professionals who work with them. We want to put in place a radically different system to support better life outcomes for young people; give parents confidence by giving them more control; and transfer power to professionals on the front line and to local communities.

5. **To support better life outcomes for young people** from birth to adulthood we will help professionals: identify and meet children's needs early by ensuring that health services and early education and childcare are accessible to all children; work in partnership with parents to give each child support to fulfil their potential; and join up education, health and social care to provide families with a package of support that reflects all of their needs. We propose:

   - **a new approach to identifying SEN** in early years settings and schools to challenge a culture of low expectations for children with SEN and give them effective support to succeed. A new single early years setting- and school-based category of SEN will build on our fundamental reforms to education which place sharper accountability on schools to make sure that every child fulfils his or her potential; and

- **a new single assessment process and 'Education, Health and Care Plan' by 2014** to replace the statutory SEN assessment and statement, bringing together the support on which children and their families rely across education, health and social care. Services will work together with the family to agree a straightforward plan that reflects the family's ambitions for their child from the early years to adulthood, which is reviewed regularly to reflect their changing needs, and is clear about who is responsible for provision. The new 'Education, Health and Care Plan' will provide the same statutory protection to parents as the statement of SEN and will include a commitment from all parties to provide their services, with local assessment and plan pathfinders testing the best way to achieve this.

6. **To give parents confidence by giving them more control** over the support their family receives, we will introduce more transparency in the provision of services for children and young people who are disabled or who have SEN. Parents will have real choice over their child's education and the opportunity for direct control over support for their family. We propose:

   - **local authorities and other services will set out a local offer of all services available** to support children who are disabled or who have SEN and their families. This easy-to-understand information for parents will set out what is normally available in schools to help children with lower-level SEN, as well as the options available to support families who need additional help to care for their child; and

   - **the option of a personal budget by 2014** for all families with children with a statement of SEN or a new 'Education, Health and Care Plan', many of whom will have complex support needs. Key workers will be trained to advise families and help them navigate the range of help available across health, education and social care.

7. **To transfer power to professionals on the front line and to local communities** we will: strip away unnecessary bureaucracy so that professionals can innovate and use their judgement; establish a clearer system so that professionals from different services and the voluntary and community sector can work together; and give parents and communities much more influence over local services. We propose to:

   - **give parents a real choice of school**, either a mainstream or special school. We will remove the bias towards inclusion and propose to strengthen parental choice by improving the range and diversity of schools from which parents can choose, making sure they are aware of the options available to them and by changing statutory guidance for local authorities. Parents of children with statements of SEN will be able to express a preference for any state-funded school – including special schools, Academies and Free Schools – and have their preference met unless it would not meet the needs of the child, be incompatible with the efficient education of other children, or be an inefficient use of resources. We will also prevent the unnecessary closure of special schools by giving parents and community groups the power to take them over; and

- **introduce greater independence to the assessment of children's needs**, testing how the voluntary and community sector could coordinate assessment and input from across education, health and social care as part of our proposals to move to a single assessment process and 'Education, Health and Care Plan'.

8. We must provide the best quality of life possible to the most vulnerable children and young people in our society. Many of the reforms we propose in this document focus on helping families with children who have the most complex support needs, including those with life-limiting long-term conditions. We know that the vast majority of these children will have their disability identified before or shortly after their birth. Here, we set out our ambition to: put early support in place for parents to help them navigate the system and influence their child's package of care; to provide ongoing respite care and short breaks for children to help families cope with their day-to-day caring responsibilities; and to help families who are worried about their child's future and independence.

9. Central government cannot achieve this ambitious programme of reform through directing and managing change itself. The vision set out in this Green Paper is informed by the views and expertise of families and national and local organisations working with them. The proposals we set out are for widespread consultation as well as practical testing in local areas. From September 2011, local pathfinders will help demonstrate the best way to achieve our key reforms. This Green Paper marks an important milestone in the development of the Government's approach to supporting children and young people with SEN or who are disabled and their families.

10. We set out our detailed proposals and questions for consultation in five chapters: early identification and support; giving parents more control; learning and achieving; preparing for adulthood; and services working together for families. The final section of this Green Paper explains our next steps and how to respond to our consultation. Based on the feedback we receive, we will set out our detailed plans by the end of the year, and how these reforms and the ongoing testing in local areas will form part of the Government's broader agenda for public service reform.

Early identification and support

11. Identifying children's support needs early is vital if they are to thrive, and enables parents and professionals to put the right approach in place quickly. Graham Allen's review of early intervention highlighted the value of intervening as soon as possible, not just for children and their families, but also for wider society.

12. Too often, the particular support that children and their families require is put in place needlessly late. Although some impairments are normally identified at birth or soon after, other types of need emerge as children grow up. Not knowing why children are developing differently can be tremendously stressful for the child and for their parents. And even when needs have been identified, parents tell us that it can feel like a struggle to get the right support for their family from education, health and social care services. It can be slow and complicated, with different services working in isolation and each having its own approach.

13. We must put in place a system which works well for every child and every family. The proposals in this chapter are intended to ensure high quality early identification and intervention for all children where they need it, such as the health and development review for children aged between 2 and 2½ years, as well as effective integrated support for children with the most complex needs. Our proposals would mean that:

    - professionals from health services, such as health visitors, and from early years settings work with parents to assess the development of all children to clarify where they need additional support or a different approach;
    - high quality early education and childcare is accessible to all children; and
    - by 2014, children and young people who would currently have a statement of SEN or learning difficulty assessment will have a single assessment process and 'Education, Health and Care Plan' for their support from birth to 25. The new plan will afford parents the same statutory protection as the statement of SEN. All the services on which the child and their family rely would work together with the family to agree an 'Education, Health and Care Plan' which reflects the family's needs and ambitions for the child's future covering education, health, employment and independence. The plan will be clear about who is responsible for which services, and will include a commitment from all parties across education, health and social care to provide their services.

14. To work towards this:

    - we will test how to reform radically the statutory SEN assessment and statement. Local pathfinders will explore the best replacement, including whether the voluntary and community sector could coordinate assessment and bring greater independence to the process; and
    - before introducing the new single assessment process and 'Education, Health and Care Plan', for statements of SEN, we intend to reduce the time the current statutory assessment process takes and explore how to tackle delays in the provision of advice for the statutory assessment.

Giving parents control

15. Early intervention from all the services on which families rely is essential, but the effectiveness of this support is undermined if it doesn't reflect each family's unique circumstances. Parents know their child best. As well as giving their own love and care, parents rely on health services, early years settings, schools and other people to help look after their child and help him or her have a happy childhood and fulfil his or her potential. Disabled children and children with SEN may require a different approach in these health and education settings to their peers, or extra support from social care or specialist services. It is crucial to families that these services work well together and that parents are empowered to make decisions about their child. Unfortunately, this is not what many families experience.

16. Children, young people and their parents have a variety of different circumstances, but many families share a concern that the system can feel impenetrable, bureaucratic and inefficient, and does not sufficiently reflect their family life. Parents may feel that their choices are limited and their options don't always meet the basic needs of their child. This is particularly the case where a child relies on specialist services or equipment – such as incontinence pads, computer software and wheelchairs – to support their physical and communication needs to help improve the quality of their life. These problems may also be compounded by disadvantage, and some parents might have poor health, live in poverty, or have difficult family circumstances on top of juggling a range of support for their child.

17. Our aim is to give parents more control over support for their child and family. This will mean ending the frustration, complexity and confrontation inherent in today's system, which in itself can undermine family life. The proposals in this chapter are intended to extend parents' influence, build their confidence in the system and minimise its adversarial nature, and would mean that:

- local authorities and other local services communicate a clear local offer for families to clarify what support is available and from whom;
- parents have the option of personalised funding by 2014 to give them greater control over their child's support, with trained key workers helping them to navigate different services;
- parents have access to transparent information about the funding which supports their child's needs;
- parents of disabled children continue to have access to a short break from caring while their child enjoys activities with their peers;
- parents have a clear choice of school; and
- if local authorities and parents disagree, they always try mediation first, to resolve problems in a less adversarial way than having to take their case to the Tribunal.

18. As first steps towards this aim:

- local authorities and health services will explore how to extend the scope of personalised funding;
- we will give parents the right to express a preference for any state-funded school, including Academies and Free Schools.

Learning and achieving

19. Parents' confidence that their child's needs are being met is vital to making the system feel less adversarial. A central piece of this jigsaw is the capacity and commitment of the education system to give every child and young person the chance to succeed. Every child, whether in a mainstream or special setting, deserves a world-class education to ensure that they fulfil their potential.

Everyone who works with disabled children and children with SEN should have high expectations of them and the skills to help them to learn.

20. But the system doesn't always work in the way it should for disabled children and young people and those with SEN. Too many face significant barriers to their progress and achieve less well than their peers at school and in further education. Disabled children and children with SEN are more likely to be bullied or excluded than their peers. They also tell us that they want to be educated by people who understand their impairments, without fear of being stigmatised by their peers and in an environment where poor behaviour is not tolerated.

21. To provide the best opportunities for all children and young people, we must confront the weaknesses of our education system. Children's needs should be picked up as early as possible, but teachers tell us that they have not always had training to identify children's needs, or to provide the right help. Head teachers have been overwhelmed with top-down initiatives rather than having the freedom to drive improvements.

22. Previous measures of school performance created perverse incentives to over-identify children as having SEN. There is compelling evidence that these labels of SEN have perpetuated a culture of low expectations and have not led to the right support being put in place.

23. In our Schools White Paper, *The Importance of Teaching,* we set out our vision to match the best education systems in the world. Building on that, our proposals in this Green Paper will mean that:

- teachers and other staff in schools and colleges are well trained and confident to: identify and overcome a range of barriers to learning; manage challenging behaviour; address bullying; and intervene early when problems emerge;
- schools will have additional flexibility to support the needs of all pupils, and will have additional funding to support disadvantaged pupils through the pupil premium;
- teachers feel able to identify effectively what a child needs to help them to learn and to plan support to help every child progress well, reflecting the specific needs of children with SEN and those who may just be struggling with learning and need school-based catch-up support which is normally available;
- parents have the information they need about how the school is supporting their child;
- schools are more clearly accountable to parents, governors and Ofsted; and
- special schools share their expertise and services to support the education, progress and development of pupils in other special and mainstream schools, leading to a greater choice of specialist provision.

24. To work towards this:

- we intend to tackle the practice of over-identification by replacing the current SEN identification levels of School Action and School Action Plus with a new single school-based SEN category for children whose needs exceed what is normally available in schools; revising statutory guidance on SEN identification to make it clearer for professionals; and supporting the best schools to share their practices. This will help teachers to spot quickly and accurately any barriers to learning and provide the right support to help each child progress;
- we will introduce an indicator in performance tables which will give parents clear information on the progress of the lowest attaining pupils;
- starting with those judged by Ofsted to be outstanding, all maintained special schools will in due course have the opportunity to become Academies; and
- parents and members of local communities will be able to establish new special Free Schools.

Preparing for adulthood

25. By 2015, all young people will continue in education or training until the age of 18. Schools and colleges play a key role in helping young people make successful transition to adulthood, but young people also need wider opportunities and support to make the most of their future and give them the best chance of a fulfilling adulthood with employment, good health and independence. However, many young people who are disabled or who have SEN can face additional challenges during their teenage years. Too often the opportunities and support available to disabled young people and young people with SEN fall short of what they need to make a successful transition to adult life.

26. Like school-aged children, young people who are disabled or who have SEN and their parents tell us that to get the help they need they have to cope with disjointed and confusing assessment processes from their local authority, school or college and health providers. Too often, professionals working with these young people are not encouraged to focus on young people's ambitions for adulthood and how best to help them prepare. Such poor planning of support is exacerbated by a lack of choice and opportunities for young people: for example, a limited choice of entry-level courses in further education that do not build on what has gone before, or prepare young people for life and work; poor quality work experience; and a lack of supported employment opportunities to help them prepare for, find and retain work. In addition, the transition from children's to adult health services is often badly coordinated, which can lead to a deterioration in young people's health.

27. Our goal is for disabled young people and young people with SEN to have the best opportunities and support so that as far as possible they can succeed in education and their careers, live as independently and healthily as they are able to and be active members of their communities. For a small number of young people, independent living may not be possible, and their families may be anxious about their ongoing care responsibilities. For these young people, we want to ensure the best quality of life with support for them to fulfil their potential and support for their parents and carers.

28. We recognise the challenge of realising our ambitions, and we will take forward a programme of action across government and with local partners, setting out more detail by the end of this year, so that by 2015 disabled young people and young people with SEN will have:

- early and well-integrated support for, and advice on, their future as part of the proposed birth to 25 single assessment process and 'Education, Health and Care Plan', spanning education, health, social care, and support into employment;
- access to better quality vocational and work-related learning options to enable young people to progress in their learning post-16;
- good opportunities and support in order to get and keep a job; and
- a well-coordinated transition from children's to adult health services, and we will explore the feasibility of annual health checks from GPs for all disabled young people from the age of 16.

Services working together for families

29. The reforms we set out in this Green Paper aim to provide families with confidence in, and greater control over, the services that they use and receive. For too many parents, their expectations that services will provide comprehensive packages of support that are tailored to the specific needs of their child and their family are not matched by their experiences, just as frontline professionals too often are hampered and frustrated by excessively bureaucratic processes and complex funding systems.

30. Rather than directing change from Whitehall, we want to make it easier for professionals and services to work together, and we want to create the conditions that encourage innovative and collaborative ways of providing better support for children, young people and families. The proposals in this chapter would mean that:

- by developing stronger local strategic planning and commissioning arrangements, local authorities and local health services will play a pivotal role in ensuring that children and young people with SEN or who are disabled receive high quality support, and that parents are able to make informed choices about what is right for their family;

- frontline professionals will have the freedom to work together to develop better services for children, young people and families; and
- the way in which services for children and young people with SEN or who are disabled are funded will facilitate integrated and collaborative approaches by local professionals, be more transparent to parents, and secure better value for money.

31. To work towards this we propose to:

- work with the health sector and with the new Health and Wellbeing Boards to consider how the needs of children and young people with SEN or who are disabled can best be taken into account through the Joint Strategic Needs Assessment, joint health and wellbeing strategies, guidelines and standards from the National Institute for Health and Clinical Excellence (NICE), and health service outcomes frameworks;
- work with the GP consortia pathfinders to explore the best ways of providing support for the commissioning of healthcare services for children and young people with SEN or who are disabled and their families;
- reduce bureaucratic burdens by simplifying and improving the statutory guidance for all professionals working with children and young people with SEN or who are disabled from birth to 25 so that it is clear, accessible and helpful, and withdrawing guidance that does not provide useful support to professionals;
- work with the educational psychology profession and local commissioners to review the future training arrangements for educational psychologists;
- encourage greater collaboration between local professionals and services and across local boundaries;
- extend the freedom and flexibility with which funding can be used locally;
- provide targeted funding to voluntary and community sector organisations that have a strong track record of delivering high quality services, and publish a national SEN and disabilities voluntary and community sector prospectus that will set out the key areas in which we will make further funding available to voluntary and community sector organisations;
- work with a group of local authorities to explore whether and how a national banded framework for funding provision for children and young people with SEN or who are disabled could improve transparency to parents while continuing to allow for local flexibility; and
- explore how the different funding arrangements for special educational provision pre-16 and post-16 might be aligned more effectively so as to provide a more consistent approach to support for children and young people from birth to 25.

Next Steps

32. The ambitious vision for reform set out in this Green Paper includes wide ranging proposals to improve outcomes for children and young people who are disabled or have SEN, minimise the adversarial nature of the system for families and maximise value for money.

33. This publication marks the start of a four month period of consultation and a period of testing proposals in local areas from September 2011. We will work across government and with local and national partners to set out detailed plans by the end of the year. This will form the basis for any necessary legislative changes to be taken forward from May 2012 at the earliest.

Introduction

Children who are disabled or who have special educational needs (SEN) have disproportionately poor outcomes

1. Every child deserves a fair start in life, with the very best opportunity to succeed. At the moment, life chances for the approximately two million children in England identified with SEN or who are disabled are disproportionately poor. Young people with SEN are twice as likely not to be in education, employment or training,[1] and many young people with complex support needs find it hard to make a successful transition from school to an adult life with work, friendships, good health and independence.

2. Disabled children and children with SEN experience a wide range of barriers because of physical and sensory impairments, learning difficulties such as dyslexia, or a variety of other needs. But properly supported from childhood, many of these barriers should not hold young people back from leading a fulfilling adolescence and adulthood.

3. The kind of day-to-day support that can help children and young people who are disabled or who have SEN to fulfil their potential varies hugely. Excellent classroom practice with skilled teachers is sufficient for many; others will need expert, but time-limited, support such as speech and language therapy; and some will need 24-hour personal care with input from specialists across health and social care.

A lack of effective support can undermine family life

4. Hundreds of thousands of families deal with the additional support needs of bringing up a disabled child or a child with SEN alongside the day-to-day demands of work and managing family finances.

5. We know from the strength of feeling of families that at the moment the support they receive is falling short. This can undermine family life and there are significant personal and social costs when problems escalate and more intensive help is needed.

6. Children who are disabled or who have SEN can find themselves feeling isolated and unable to get on at school without a welcoming environment and the right approach in place. They feel frustrated that the barriers they face aren't understood so that they can learn and enjoy school, and enjoy the best possible quality of life.

7. Whilst the circumstances of children, young people and their parents differ greatly, from young people requiring a few adjustments in class, to children with

1 DfE analysis of LSYPE (2009)

life-limiting long-term conditions, families have many shared concerns. Parents say that the system is bureaucratic, bewildering and adversarial and does not sufficiently reflect the needs of their child and their family circumstances. This is particularly the case where a child relies on specialist services or equipment – such as incontinence pads, computer software and wheelchairs – to support their physical and communication needs to help them lead a normal life. Even where just a few adjustments are needed, perhaps for a dyslexic child, parents often do not know where to turn for help and advice.

8. These frustrations can be compounded by disadvantage; some parents might be struggling with ill-health or difficult family circumstances. While some families deal with these challenges on top of juggling a range of support for their child, in many households the demands of everyday family life mean that parents are exhausted from having to put additional energy into getting the help their child needs.

The system needs radical reform

9. Today's system for supporting children with SEN is based on a model introduced 30 years ago. It is no longer fit for purpose and has not kept pace with wider reforms; it fails children and undermines the effective use of resources, and it does not make the best use of the expertise in the voluntary and community sector.

10. Over the last three decades, education, health and social care services have changed dramatically; parents rightly want much more convenient, personalised services over which they have greater control; and professionals' understanding of best practice has moved on.

11. Well-intentioned reforms have made some progress: they have extended rights for children and parents, introduced extensive guidance for professionals, and provided redress for parents. But they have also added complexity and bureaucracy without always improving outcomes for children, young people and families.

12. Today's system of support for children and young people who are disabled or who have SEN often works against their wishes and their parents' judgement. Children's needs can be identified late; families are made to put up with a culture of low expectations about what their child can achieve at school and about what young people's futures hold; parents suffer from a lack of information about what help they can expect and have limited choices about the best schools and care for their child; and families are forced to negotiate each bit of their support separately.

13. This Government has put in place an ambitious programme of public service reform across education and health, providing a strong platform for the radical reforms necessary to support children and young people who are disabled or who have SEN.

14. As in every public service, the challenge today is to use resources in the most efficient way possible. The current financial climate does not allow any government to be careless with resources. We, as well as local partners, must invest in a way that enables professionals to provide the best possible support for families and base this investment on evidence of what works.

15. The Government committed in May 2010 to addressing the key problems in relation to care for adults and children, including those who are disabled or who have SEN. Building on this, the comprehensive proposals for reform set out in this Green Paper are informed by local success and international evidence; calls for reform from Ofsted and independent reviews from Brian Lamb, John Bercow, Toby Salt and others; hundreds of people working with and caring for disabled children and children with SEN; and 1,800 responses to our Call for Views, 40 per cent of which were from parents.

Our vision

16. Our proposed reforms respond to the frustrations of children and young people, their families and the professionals who work with them. We want to put in place a radically different system to support better life outcomes for young people, give parents confidence by giving them more control, and transfer power to professionals on the front line and to local communities.

17. We set out our proposals for supporting disabled children and children with SEN and their families from the early years, as they learn and achieve at school and as they prepare for adulthood.

18. **To support better life outcomes for young people** from birth to adulthood we will help professionals: identify and meet children's needs early, by ensuring that health services and early education and childcare is accessible to all children; work in partnership with parents to give each child support to fulfil their potential; and join up education, health and social care to provide families with a package of support that reflects their needs. We propose:

    - **a new approach to identifying SEN** in early years settings and schools to challenge a culture of low expectations for children with SEN and give them effective support to succeed. A new single early years setting- and school-based category of SEN will build on our fundamental reforms to education which place sharper accountability on schools to make sure that every child fulfils his or her potential; and

    - **a new single assessment process and 'Education, Health and Care Plan'** by 2014 to replace the statutory SEN assessment and statement for children, bringing together the support on which children and their families rely across education, health and social care. Services will work together with the family to agree a straightforward, single plan that reflects the family's ambitions for their child from early years to adulthood, which is reviewed regularly to reflect their changing needs, and is clear about who is responsible for provision. The new 'Education, Health and Care Plan' will provide the same statutory protection to parents as the statement of SEN and will include a commitment from all parties to provide their services, with local assessment and plan pathfinders testing the best way to achieve this.

19. **To give parents confidence by giving them more control** over the support their family receives, we will introduce more transparency in the provision of services for children and young people who are disabled or who have SEN. Parents will

have real choice over their child's education and the opportunity for direct control over support for their family. We propose:

- **local authorities and other services will set out a local offer of all services available** to support disabled children and children with SEN and their families. This easy-to-understand information for parents will set out what is normally available in schools to help children with lower-level SEN as well as the options available to support families who need additional help to care for their child; and

- **the option of a personal budget by 2014** for all families with children with a statement of SEN or a new 'Education, Health and Care Plan', many of whom will have complex support needs. Key workers will be trained to advise families and help them navigate the range of help available across health, education and social care.

20. **To transfer power to professionals on the front line and to local communities** we will: strip away unnecessary bureaucracy so that professionals can innovate and use their judgement; establish a clearer system so that professionals from different services and the voluntary and community sector can work together; and give parents and communities much more influence over local services. We propose to:

- **give parents a real choice of school**, either a mainstream or special school. Many parents have told us that they do not have a real choice of school that they believe is right for their child: some want a mainstream school and feel frustrated that the school they seek is not able to take the reasonable steps needed to include their child, others want their child to attend a special school but feel frustrated by not being given that choice by their local authority. We will remove the bias towards inclusion and propose to strengthen parental choice by improving the range and diversity of schools from which parents can choose, making sure they are aware of the options available to them and by changing statutory guidance for local authorities. Parents of children with statements of SEN will be able to express a preference for any state-funded school – including special schools, Academies and Free Schools – and have their preference met unless it would not meet the needs of the child, be incompatible with the efficient education of other children, or be an inefficient use of resources. We will also prevent the unnecessary closure of special schools by giving parents and community groups the power to take them over.

- **introduce greater independence to the assessment of children's needs**, testing how the voluntary and community sector could coordinate assessment and input from across education, health and social care as part of our proposal to move to a single assessment process and 'Education, Health and Care Plan'.

Next steps

21. Improving support for children and young people who are disabled or who have SEN is a sensitive area that goes to the heart of family life in hundreds of thousands of households, and solutions will not necessarily be easy or come from central government directing and managing change.

22. Our ambitious vision of reform set out in this Green Paper is for widespread consultation and testing in local areas. Local pathfinders will show us what is possible and whether central government must act to facilitate local innovation, working with local areas and the voluntary and community sector to drive reforms. We will set out our detailed plans by the end of the year.

Children and young people who are disabled or who have SEN and their families

Definitions and context

23. Disabled children and young people, and children and young people with SEN, are covered by a range of statutory provisions. For example, they may be disabled as defined by the Equality Act 2010 or have SEN as defined in the Education Act 1996, and if they are in further education or training may have learning difficulties and disabilities as defined in statutory guidance.

24. School-aged children are defined as having SEN if they have a significantly greater difficulty in learning than the majority of children of their age which calls for additional or different educational provision to be made for them.[2] In January 2010, 21 per cent of the school population were identified as having SEN.[3]

25. There are currently three levels of intervention for pupils with SEN in England:[4]

- *School Action* – where the teacher or the school Special Educational Needs Coordinator (SENCO) decides to provide something for the child additional to or different from the school's usual differentiated approach to help children learn. In January 2010, 11.4 per cent of the school population were identified at School Action level, approximately 916,000 pupils;

- *School Action Plus* – where the school consults specialists and requests help from external services. In January 2010, 6.2 per cent of the school population were at School Action Plus level, approximately 496,000 pupils; and

- *Statement* – where the child requires support beyond that which the school can provide and the local authority arranges appropriate provision. In January 2010, 2.7 per cent of the school population or 221,000 pupils had a statement of SEN.

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2 Definitions of SEN from the SEN Code of Practice http://www.education.gov.uk/publications//eOrderingDownload/DfES%200581%20200MIG2228.pdf

3 All data and local authority data from DfE SEN SFR (2010). Note: the total proportion of children with SEN is higher than the sum of those at School Action level, School Action Plus level or with a statement of SEN, as some children are reported as having SEN (but not a statement), but whether they are at School Action or School Action Plus level is not reported.

4 Funding for school-based SEN support for children at School Action is part of each school's general budget share of the Individual Schools Budget and not identified separately. Resources for School Action Plus, where some additional help is provided from outside the school, are usually allocated to schools through an SEN delegated budget. This is calculated using proxy indicators such as social deprivation, prior attainment and other factors (rather than the numbers of children identified as having SEN). In some areas resources for School Action Plus are held by the local authority for schools to draw on. Local authorities are responsible for arranging funding for the special educational provision set out in statements; some fund this direct but increasingly local authorities have been delegating funding for statements to schools. Local Schools Forums are consulted by local authorities when they draw up their schemes for delegating SEN funds.

26. There is a parallel system for children aged under 5, with Early Years Action, similar to School Action, and Early Years Action Plus, similar to School Action Plus, as well as statements of SEN. Around a quarter of statements of SEN are made before the child starts compulsory schooling, when he or she requires special educational provision in an early years setting. In most cases, statements are made during a child's time at school.

27. The post-16 definition of 'learning difficulties', which is similar to the school-aged SEN definition, includes disabled learners who are prevented or hindered from using 'normal' educational facilities. In the academic year 2008/09 there were approximately 163,000 learners aged 16 to 24 with a self-declared learning difficulty or disability in further education. Local authorities have a duty to carry out a learning difficulty assessment for those who had a statement of SEN at school and a power to carry an assessment out for anybody else they think may need one.

28. There is wide local variation in the proportion of pupils identified with SEN. The total proportion of pupils with SEN by local authority in January 2010 ranged from 11.9 per cent to 33.5 per cent.

29. The term SEN encompasses a wide range of types of need. The established categories of SEN are: specific learning difficulty, moderate learning difficulty, severe learning difficulty, profound and multiple learning difficulty, behavioural, emotional and social difficulties, speech, language and communications needs, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autistic spectrum disorder.[5]

30. The Equality Act 2010 defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. The definition of disability encompasses a broader range of impairments than might be commonly assumed, including children on the autistic spectrum, those with Tourette's syndrome and those with communication difficulties. Estimates of the proportion of children with a disability vary, some research suggests that around 6 to 7 per cent of children are disabled.[6] There is a significant overlap between disabled children and those with SEN; research suggests that around three-quarters of disabled children also have SEN.[7]

31. Unless otherwise stated, we refer to disabled children and young people and children and young people with SEN or with a learning difficulty aged birth to 19 years old, or up to 25 years old if they have a learning difficulty assessment. Where we refer to young people with SEN in the document, this includes young people aged 16 to 25 with learning difficulties and disabilities.

32. Under the Equality Act 2010, there is a duty on public sector bodies, including schools, to consider how they can eliminate discrimination, advance equality of opportunity, and foster good relations in relation to disability. This duty extends to pupils as well as employees and other users of the school, including parents,

5 DfE SEN SFR (2010)
6 Read (2007)
7 Porter et al (2008)

and covers a wide range of issues such as school admissions, providing education, bullying, exclusions, and school trips.

33. No one type of school placement (such as full inclusion in mainstream provision, special schools, or specialist units in a mainstream setting) is the most effective at meeting children's SEN. Ofsted reports that the most important factor in determining the best outcomes for children with SEN is the quality of the provision.[8]

34. There are, nevertheless, specific types of provision and support that individual children may require wherever they are placed. This can include specialist equipment such as an adapted computer or software, a different lesson plan, adapted physical environments with, for example a hearing loop or an adjustable desk, input from specialist support services such as speech and language therapists or mental health services, teachers with specialist knowledge, skilled job coaches, advice on mobility and getting around, or training for children and young people on managing their own behaviour and improving their social skills and understanding.

35. Children within the same category of SEN differ in the extent of their individual difficulties and in the type of provision they need. Autism, or an autistic spectrum disorder, for example, covers a broad spectrum: children with autism may require support with communication, social understanding and thinking and behaving flexibly, and may, to a greater or lesser extent, require support to carry out basic tasks such as eating, drinking, washing, dressing and going to the toilet.

The increase in SEN

36. Although the proportion of pupils with statements of SEN has remained relatively stable over time, there has been a considerable increase in recent years in the number of pupils with SEN without statements,[9] from 10 per cent of all pupils in 1995 to 18.2 per cent or 1.5 million pupils in 2010.[10]

37. There has been a marked increase in certain primary need types of SEN in recent years.[11] For example, the numbers of pupils with behavioural, emotional and social difficulties has increased by 23 per cent between 2005 and 2010, to 158,000 pupils; the number of pupils with speech, language and communication needs has increased by 58 per cent, to 113,000 pupils; and the number of children with autistic spectrum disorder has increased by 61 per cent, to 56,000 pupils.[12]

38. The Lamb Inquiry (2009) reported that SEN can sometimes be 'unhelpfully collated' with falling behind, and this may have contributed to the growing number of pupils at School Action and Action Plus.[13] This effect may be evident in the over-representation of groups such as summer-born pupils in the SEN

8 Ofsted (2006) and Ofsted (2010)

9 A new SEN Code of Practice in 2002/03 (the new Code of Practice replaced the previous five stages of SEN with a new system of three classifications: School Action; School Action Plus; and statement led to a drop in the proportion of pupils with SEN without statements, but this has been rising steadily since then).

10 DfE SEN SFRs (1995) to (2010) and DfES (2004). Note: the proportion of children without a statement is slightly higher than the proportion of children at School Action and School Action Plus.

11 Primary need type is only collected for School Action Plus and statement (not School Action).

12 DfE SEN SFRs (2005) and (2010)

13 Lamb (2009)

population. At the end of Key Stage 2, August-born pupils are 60 per cent more likely to be identified as having SEN than September-born pupils. This relationship is strongest for School Action, and weakest for pupils with statements.

Children with low-incidence needs

39. Low-incidence need is often used to refer to multi-sensory impairment, visual, hearing or physical impairment, profound and multiple learning difficulties, severe learning difficulties and autistic spectrum disorder. Low-incidence needs are defined not simply by their rarity but also because they have a functional element, with an emphasis on the complex nature of the support required and provision for the children concerned, and the nature of the skills and organisation that are required to ensure that all their needs are properly addressed.[14]

40. In January 2010, there were 9,480 pupils with profound and multiple learning difficulties; this had increased from 8,050 in 2005.[15] Research estimates that the number of adults with profound and multiple learning difficulties (currently around 16,000) is forecast to increase at 1.8 per cent annually.[16]

41. Evidence suggests that the prevalence of conditions normally resulting in reduced life expectancy and requiring palliative care services is increasing, at least partly due to improved survival of low-birth-weight babies and extremely pre-term babies (born before 26 weeks).[17] And children and young people with some very complex and life-threatening conditions appear to be living longer. Children with particularly complicated needs include an estimated 18,000 children needing palliative care.[18]

Where children with SEN go to school

42. Almost all children in special schools have a statement of SEN. Over time, the number of special schools has decreased from 1,161 in 2002 to 1,054 in 2010, but the proportion of pupils with statements placed in them has increased slightly in recent years, from 40 per cent in 2006 to 44 per cent in 2010. In 2006, 89,390 pupils were on roll in maintained and non-maintained special schools, this increased to 90,760 in 2010.[19]

43. The majority of children with statements of SEN attend maintained mainstream schools or Academies; in January 2010, 26 per cent of pupils with a statement were at maintained primary schools, 29 per cent were at maintained secondary schools and 38 per cent were at maintained special schools. Other pupils with statements attend independent schools (4 per cent), non-maintained special schools (2 per cent) or pupil referral units (0.8 per cent).[20]

14 Gray (2006)
15 DfE SEN SFRs (1995) to (2010)
16 Emerson and Hatton (2009)
17 EPICure (2008)
18 Cochrane et al (2007)
19 Ofsted (2006)
20 DfE SEN SFR (2010)

44. There is significant local variation in where children with statements of SEN attend school. In 2010, the percentage of pupils with statements placed by local authorities in maintained special schools varied from 7 per cent to 68 per cent; those placed in maintained mainstream schools varied from 16 per cent to 67 per cent; and those placed in non-maintained special or independent special schools varied from 1 per cent to 23 per cent. This variation is partly explained by the differences in local provision.

Destinations after school

45. 77 per cent of young people who had never been categorised as having SEN at school were in full-time education at age 16. Of those in school, 38 per cent were in maintained school, 11 per cent in 6th form college and 20 per cent in further education college. For those young people who previously held a statement of SEN, 24 per cent were in maintained school, 4 per cent in 6th form college and 28 per cent in further education college. Similarly, the majority of young people previously at School Action and School Action Plus were in further education colleges at the age of 16.[21]

46. 46 per cent of young people who had never been categorised as having SEN at school were in full-time education at age 18, 12 per cent were in a job with training, 23 per cent in a job without training and 13 per cent were not in any form of education, employment or training. For those young people who previously had a statement of SEN, 42 per cent were in full-time education, 7 per cent and 13 per cent in jobs with and without training, and 30 per cent were not in education, employment or training.[22]

Children and young people's outcomes

47. Compared with their peers, children and young people who are disabled or who have SEN are considerably more likely to be at risk of poorer outcomes. They are less likely to achieve well at school and are four times less likely to participate in higher education. Pupils with SEN are more than twice as likely to be eligible for free school meals than their peers; and pupils at School Action Plus are 20 times more likely to receive a permanent exclusion and seven times more likely to receive a fixed-period exclusion than pupils with no identified SEN. Looked after children are three-and-a-half times more likely to have SEN compared with all children.[23]

21 YCS and LSYPE (2007). Note: percentages may not add to the total number in full-time education as a small minority of young people were in other forms of education or an unknown institution.
22 YCS and LSYPE (2009)
23 DfE LAC SFR (2010) and DfE SEN an analysis (2010)

Figure 1: Children and young people with SEN or who are disabled and other factors[24]

Note: 'All SEN' has been used when the data could not be split into statemented or without statement.

Education

48. Evidence suggests that pupils with SEN are less likely to achieve five or more A*–C grade GCSEs or equivalent (Level 2 qualification) by the age of 19 than pupils with no identified SEN. Some groups of pupils with SEN are much further behind (see Figure 2).

49. If more effective support of disabled children and children with SEN prompted greater achievement, it could result in higher productivity gains and growth for the economy, thereby benefiting both the individual and society. For example, men with between one and four GCSEs at A*–C are expected to earn around £85,000 more over their working lives than those who do not achieve any GCSEs at grades A*–C, for women this figure is £60,000.[25]

24 DfE SEN SFR (2010); DfE LAC SFR (2010); DfE Exclusions SFR (2008/09); Read (2007); and ONS (2004)
25 These are best estimates and discounted lifetime earnings. Analysis based on Jenkins et al (2007)

Figure 2: Percentage of pupils achieving five or more A*–C grade GCSEs, including English and maths, in 2009[26]

Exclusion

50. School Census data from the academic year 2008/09 show that 64 per cent of all permanently excluded pupils were pupils identified as having SEN without a statement and 8 per cent were pupils with a statement of SEN.[27] Research evidence shows that the estimated cost of lost lifetime future earnings as a result of exclusions is approximately £14,000 in 2005 prices. If wider costs are included, the estimated total cost to society of one exclusion is £64,000 (this includes estimated costs of lost earnings plus health, education, crime and social services costs).[28]

Young people not in education, employment or training

51. Young people with SEN are more than twice as likely not to be in education, employment or training. Analysis in 2009 showed that 30 per cent of those who had statements of SEN at Year 11 and 27 per cent of those who were identified as SEN without statements were not in education, employment or training at the age of 18. This is compared with 13 per cent for those with no special provision at Year 11. This study also found that disabled young people are more likely not to be in education, employment or training at 18 than others.[29]

26 DfE SEN an analysis (2010). Full SEN categories set out in paragraph 7. 'Other' recorded as a primary need type in the School Census.
27 DfE Exclusions SFR (2008/09)
28 Brookes et al (2007)
29 Analysis based on DfE analysis of LSYPE and YCS (2009)

Crime

52. Research suggests that young people with statements are over-represented in the population of young offenders: 15 per cent of young offenders have a statement of SEN compared with approximately 3 per cent of the general population.[30]

Health and wellbeing

53. Parents with disabled children have higher levels of stress and lower levels of wellbeing than parents with non-disabled children.[31] There are a number of preventable costs that could be saved if the stress involved in caring were eradicated. These costs amount to around £5,600 per year per disabled child (made up of lost earnings, sick days, GP visits, residential care, foster care and family breakdown costs).

54. For example, short breaks can provide a number of benefits to a disabled child and their family, and wider society, mostly through costs avoided. Research has estimated approximately £2,500 of economic benefits per year per disabled child from preventing lost earnings, sick days, GP visits, school costs for siblings, residential care, foster care and family breakdown.

55. Due to the demands of caring and the accompanying stress, in 2000, the average weekly income of households with disabled children was £50 less than that of households with no disabled child.[32]

56. Children and young people with SEN are more likely to live in poverty than their peers. Free school meals eligibility is used as a proxy for deprivation, and, in January 2010, 28 per cent of children with an identified SEN were eligible for free school meals compared with only 13 per cent of children without SEN.[33]

57. Children and young people who report being disabled are less likely to say that they are happy (59 per cent said they felt happy compared with 67 per cent of other children and young people). A greater proportion of these children are worried about being bullied (38 per cent compared with 25 per cent of other children and young people) and are less likely to say they have friends (59 per cent compared with 92 per cent).[34] SEN status is the strongest predictor of a deterioration in wellbeing for boys and girls.[35]

30 Baker et al (2004)
31 Emerson et al (2004) and Robertson et al (2010)
32 In 2000 prices, Copps and Heady (2007)
33 DfE SEN SFR (2010)
34 Chamberlain et al (2010)
35 Gutman et al (2010)

The Call for Views

58. To help shape this Green Paper and ensure that the proposals we put forward reflect the experience and expertise of families and those supporting them, we launched a Call for Views which ran from 10 September to 15 October 2010. The six questions we asked were:

    1. Are the SEN and disability statutory frameworks – including the SEN statementing process – helping children and young people to get what they need? If not, what changes could help?

    2. How can we identify children's special educational needs earlier, and make sure that they get the support they need as quickly as possible?

    3. How can we improve the processes for special educational needs and disability – in schools, in assessments, and across all services – so that professionals can spend more of their time with children and their families?

    4. How can we ensure all schools and colleges have high expectations for children and young people with special educational needs and disabilities, including their future potential and contribution to society?

    5. How can we improve the choices of schools and services available to parents and improve opportunities for them to be involved in decisions that affect their family?

    6. How can we improve the transition from school to adult life for young people with special educational needs and disabilities and the support provided for their families throughout?

59. We received over 1,800 responses, 40 per cent of which came from parents of disabled children and children with SEN. We also heard from a range of professionals from health, education, social care and other areas, representative bodies, the voluntary and community sector, and talked to children and young people and their families and organisations that represent them.

60. The views and ideas we received and used throughout this document have reinforced the case for change and informed the development of the proposals set out in this Green Paper. Key areas of concern raised in the Call for Views included the following

    - the system for supporting children, young people and families is overly complex, bureaucratic and adversarial;

    - parents want better information on the services available and the choice of schools;

    - better training is needed for school staff to recognise children's needs and work better with children and their parents; and

    - education, health and social care services need to work better together to identify and deliver on children's needs.

61. Some of the quotes we received are set out below. The full report of the responses to the Call for Views can be found at: www.education.gov.uk/consultations

> 'I know from experiencing the mainstream sector of education that a lot of teachers are unaware of visual impairments; a lot of educational organisations look at disabilities being physical or extra learning difficulties and usually forget about deaf and blind people. I was lucky enough to attend the Royal Blind School where this was not the case.'
>
> *Young person*

> 'For some parents and children the system works well, but not for all. Children of articulate parents who understand the system tend to get the better deal, so disadvantaged children are further disadvantaged. The statementing process has become a goal in its own right for many parents and schools, who see it as the only means to get funded support. The system is therefore resource led rather than needs led, and the emphasis is on gaining more support not reducing it.'
>
> *Local authority*

> 'Many parents have spent the majority of their son or daughter's childhood fighting for access for support, to schools and services. As our children get closer to 16 or 19 there can be a lot of anxiety generated about what happens next. Services post-16 are few and far between in some areas and parents often have a sense of 'hurtling into a void'. We want more choice of services that reflect the needs our children have as they approach adulthood.'
>
> *Parent/carer*

> 'If I want to go somewhere I've never been before in my car – I get a map. A good map shows all the routes and the landscapes and the options. Where is the map for families to use if their child is identified with SEN? Here is our chance to create a map – one that all people can understand – using common language and well explained assessments.'
>
> *Head teacher*

> 'It needs to be clearer to parents what is available and what they are entitled to so they can make better decisions. Make sure that parents are truly consulted in the decision making process and let them have access to the professionals who have the knowledge, expertise and experience in the specific area their child has needs.'
>
> *Parent/carer*

1 Early identification and assessment

Chapter summary

1.1 Identifying children's support needs early is vital if they are to thrive, and enables parents and professionals to put the right approach in place quickly. Graham Allen's review of early intervention highlighted the value of intervening as soon as possible, not just for children and their families, but also for wider society.

1.2 Too often, the particular support that children and their families require is put in place needlessly late. Although some impairments are normally identified at birth or soon after, other types of need emerge as children grow up. Not knowing why children are developing differently can be tremendously stressful for the child and for their parents. And even when needs have been identified, parents tell us that it can feel like a struggle to get the right support for their family from education, health and social care services. It can be slow and complicated, with different services working in isolation and each having its own approach.

1.3 We must put in place a system which works well for every child and every family. The proposals in this chapter are intended to ensure high quality early identification and intervention for all children where they need it, such as the health and development review for children aged between 2 and 2½ years, as well as effective integrated support for children with the most complex needs. Our proposals would mean that:

- professionals from health services, such as health visitors, and from early years settings work with parents to assess the development of all children to clarify where they need additional support or a different approach;
- high quality early education and childcare is accessible to all children; and
- by 2014, children and young people who would currently have a statement of SEN or learning difficulty assessment will have a single assessment process and 'Education, Health and Care Plan' for their support from birth to 25. The new plan will afford parents the same statutory protection as the statement of SEN. All the services on which the child and their family rely would work together with the family to agree an 'Education, Health and Care Plan' which reflects the family's needs and ambitions for the child's future covering education, health, employment and independence. The plan will be clear about who is responsible for which services, and will include a commitment from all parties across education, health and social care to provide their services.

1.4 To work towards this:

- we will test how to reform radically the statutory SEN assessment and statement. Local assessment and plan pathfinders will explore the best replacement, including whether the voluntary and community sector could coordinate assessment and bring greater independence to the process; and
- before introducing the new single assessment process and 'Education, Health and Care Plan', we intend to reduce the time the current statutory assessment process takes and explore how to tackle delays in the provision of advice for the statutory assessment.

1.5 This chapter sets out our proposals for improving early identification of need, support in the early years from health professionals and accessible high quality early years provision, as well as our intention to introduce a new approach to statutory assessment for children and young people to replace the current process for statements of SEN.

Early identification of need

1.6 According to Ofsted, the current system is effective at identifying the most complex impairments, often at birth or soon after,[36] and there have been improvements in identifying some impairments at an earlier stage, such as through new hearing tests for all newborns.[37] As well as checks in pregnancy or in the first year of life, health visitors carry out a health and development review for children aged 2 to 2½ years and early years practitioners undertake ongoing assessment of children's development. But too many children are still falling through the net and starting school without the necessary skills or behaviours for more formal learning (particularly in speech, language and communication) because of a failure to spot or address a developmental problem.[38] This can also mean that support is put in put in place needlessly late.

1.7 Through effective early identification and intervention – working with parents and families – we can reduce the impact that SEN or disability may have in the long-run, and enable more young people to lead successful and independent adult lives.[39] For example, a young child can be frustrated if they have additional difficulties in learning words and their meanings. They might find it particularly difficult to be understood, which can affect their behaviour at home and in class.[40] When parents, early years professionals or teachers are able to identify this early on, they can try different approaches to help children's language development.

1.8 All professionals who come into contact with families have a part to play in identifying those children whose needs are not being adequately met. Many of these children will not need a formal statutory assessment, such as that for a statement of SEN, but may benefit from an informal assessment, with the family's

36 Ofsted (2010) and Lewis et al (2010)
37 Lindsey et al (2010)
38 Bercow (2008)
39 Bercow (2008), Goswami (2008) and Allen (2011)
40 Bercow (2008)

consent, using a format common to all local agencies and shared as appropriate. This can help to identify where support may be required from a range of services and can help put this in place at an early stage.

1.9 The approach we set out in this Green Paper aims to ensure that professionals working in health, early years and education assess the development of all children to enable parents and professionals to put in place quickly, for all children who need it, a different approach or additional support.

Support in the early years from health professionals

1.10 Health professionals are crucial to identifying children's needs early, and provide ongoing support to their families. We set out in our strategy for public health in England, the *Healthy Lives, Healthy People* White Paper, our aim to increase children's self-esteem, confidence and resilience right from infancy, with stronger support in the early years and key roles for maternity services, health visitors and other health professionals.

1.11 Maternity services help to prepare and support families who have a baby diagnosed with a foetal anomaly in prenatal screening, or where an impairment is diagnosed postnatally. In these cases, families should have the opportunity to talk to other clinicians and specialists knowledgeable about the child's condition or syndrome. The NHS White Paper, *Equity and excellence,* provides a framework for maternity services to concentrate on the outcomes that women and their families want, with a focus on personalised care that reflects women's individual health and wellbeing and encourages strong partnership working with other services. For some families with disabled children this care may involve other professionals from health and social care from when the child is very young. In many areas, professionals are using the popular Early Support approach to put in place effective arrangements for working together with parents (this approach is explained in chapter two).

1.12 Health visitors are well placed to identify children who need extra support.[41] However, Frank Field's review on poverty and life chances found that in some areas health visitors do not have the capacity to support all families.[42] The *Health Visitor Implementation Plan* sets out our vision for a transformed health visiting service and Government plans to recruit and train an additional 4,200 health visitors by 2015, in order to deliver a full service and family offer, ranging from community and family support to additional services related to SEN or disability. As capacity grows, every Sure Start Children's Centre should have access to a named health visitor, working with other health professionals and social workers where families have ongoing needs requiring multi-agency support.

1.13 **The expanded health visiting services will ensure as a priority that all families are offered the health and development review for children aged between 2 and 2½ years, so that children who need any additional support can be identified and appropriate support offered to the family.**

41 Lewis et al (2010)
42 Field MP (2010)

1.14 Where families need additional support – particularly the most vulnerable families – the health visiting service will have the capacity to provide it, working in partnership with GPs, midwives, Sure Start Children's Centres and other local and community organisations. When parents have concerns about their child's development and learning, they will be offered additional support and, where appropriate, referred to another health professional such as a speech and language therapist or a paediatrician.

1.15 Paediatricians have extensive knowledge of child health and development, and can help to identify any problems with development through consultation and clinical assessment. This may require ongoing observation and follow-up during childhood. Paediatricians will often need to work closely with other health professionals and colleagues from the local authority to put the right support in place.

1.16 Early identification by health professionals followed by appropriate support can make a significant difference to children's lives. The National Institute for Health and Clinical Excellence will publish guidelines later this year on the recognition, referral and diagnosis of autistic spectrum disorder in children and young people. The Department of Health will explore with the National Institute for Health and Clinical Excellence the scope for further guidance and quality standards.

1.17 School nurses play an important role in supporting the good health of children and young people at school, and the Department of Health is undertaking further work on both the public health role of school nurses and their role with disabled children and young people with illness in school.

Accessible and high quality early years provision

1.18 Good quality early years services can be crucial to ensuring that children's developmental needs are picked up and addressed early on, drawing in professionals across service boundaries. Too many children are starting school without the basic skills and behaviours to enable them to learn. We want to improve the opportunities available to children in their early years, and the Department for Education and the Department for Health will publish later this Spring a joint policy statement on the early years, setting out our vision for reform. We want a system that is led by the professionals who understand how best to deliver these services, and so we will be working closely with experts in the early years sector to produce our publication, collaborating on a new vision for the crucial foundation years of each child's life.

1.19 Staff in early years settings can help to identify SEN and impairments early on and provide all children with a broad range of stimulating learning experiences. The Tickell Review of the Early Years Foundation Stage is considering recommendations on the assessment of young children, as well as how to simplify and reduce the bureaucracy of assessment. Our intention is that early assessment should focus on those areas that are essential to young children's good development, such as communication and language; social and emotional skills; and physical development.

1.20 Such early assessment – specifically in connection with the 2 to 2½ year health and development review undertaken by health visitors – should help to facilitate health and early years professionals working together to provide the support that individual children require. Commissioners of children's centre services can ensure that their children's centre provision encourages this joined-up way of working.

1.21 In many cases, young children who are disabled or who have SEN receive effective support before school, which can help to reduce the need for special educational provision. Local authorities must not, however, have a blanket policy not to statement children under five. Parents have a right to request a statutory assessment of their children and local authorities must draw up a statement of SEN where it is necessary to do so in individual cases.

1.22 Early learning can have a positive impact on children's SEN; research has shown that the number of children 'at risk' of SEN dropped from a third to one in five after receiving nursery education,[43] but, as described later, families who live in poverty or who have children that require different or additional support can find early education and childcare particularly expensive. For these reasons, the Department for Education is continuing to invest in the free entitlement to early years education, and extending this to all disadvantaged 2 year-olds from 2013. The Department is trialling with local authorities approaches for the expansion of the entitlement for 2 year-olds. **The Department for Education will ensure that the extended free entitlement of 15 hours of early education for disadvantaged 2 year-olds is developed to accommodate disadvantaged children with more complex support needs and their families.**

1.23 High quality early learning has a particularly positive impact on young children's development and a skilled early years workforce is a vital component of that quality.[44] There are now over 6,000 people holding Early Years Professional Status. The Department for Education is continuing to invest in graduate early years programmes, both the Early Years Professional Status and the New Leaders in Early Years programmes. As well as supporting the development of a graduate-led workforce, the National College will continue to support the development of children's centre leaders through the National Professional Qualification in Integrated Centre Leadership and the Children's Centre Network. Area SENCOs and others working in an advisory role with early years settings on SEN and disability support effective early assessment and intervention and can provide a link between settings, social care and health services.

1.24 Laying the foundations for early language development is at the heart of a high quality early years experience, and is an area of development where many disabled children and children with SEN can require a different approach or additional support. Many early years practitioners and local authorities have improved their support for early language development as part of the *Every Child A Talker* programme, and we will look at how we can provide further support in embedding these practices.

43 Sammons et al (2003)
44 Sylva et al (2004) and Every Disabled Child Matters (2007)

1.25 The Early Intervention Grant will give local authorities greater control over resources for early years training with scope to invest in the quality and qualifications of the workforce to meet local needs. Local authorities involved in the Disabled Children's Access to Childcare Programme have adopted a range of training approaches that have helped settings move away from costly one-to-one support to more effective and less resource-intensive models of support.[45]

1.26 Parents tell us that finding childcare for disabled children with can be difficult and much more expensive than for children who do not need any extra support or a different approach.[46] Families with disabled children are also more likely to experience poverty.[47] Every Disabled Child Matters found that: *'It costs three times as much to raise a disabled child and 93 per cent of families with disabled children have reported facing financial difficulty. One sixth of families have reported going without essentials such as food and heating'*.[48]

1.27 Families with disabled children are less likely to use early years and childcare settings even when it is free as they may feel that settings do not offer support appropriate for their particular needs.[49] For many parents, early years settings are often the first time that they entrust the care of their child to anyone outside their immediate family. For the parents of disabled children, this can be particularly challenging and it can be harder to build up the necessary level of trust with early years practitioners.

1.28 Local authorities, with their role as champions for vulnerable children and families, are in a unique position to commission appropriate services and must fulfil their duty from the Childcare Act 2006 to ensure sufficient childcare for disabled children. Local authorities also have a duty, through their Family Information Services, to provide advice for parents on childcare and early years services in their area and to help parents find a suitable early years setting.

1.29 Sure Start Children's Centres play a key role for disabled children and children with SEN and their families.[50] They can bring health, early learning and other early years services together and offer a space for an integrated response using, for example, the Early Support approach described in chapter two. In particular, health professionals can work alongside other professionals in Sure Start Children's Centres to improve early identification of SEN and impairments.

1.30 We have set out our intention to retain the national network of Sure Start Children's Centres with a core universal offer, while also ensuring that they deliver proven early intervention programmes to support families with the greatest needs. The core purpose of Sure Start Children's Centres is to improve outcomes and narrow gaps, particularly in terms of identifying, reaching and helping the families in greatest need to improve their parenting capacity, health and wellbeing, child development and school readiness. This focus on outcomes, rather than inputs, will give greater flexibility for children's centres to assess the

45 NatCen et al (2010)
46 Reported by parents in research by Campbell-Hall et al (2009)
47 Blackburn et al (2010)
48 Every Disabled Child Matters (2010)
49 *Early Education for Two Year Old Children Pilot Evaluation*, DCSF (2007) and Pinney (2007)
50 Pinney (2007)

needs of families in their area (including families with young disabled children) and to provide, or signpost, appropriate integrated support to meet those needs.

Question 1: How can we strengthen the identification of SEN and impairments in the early years, and support for children with them?

1.31 We know from programmes such as the Early Support programme for young disabled children described in chapter two, and Achievement for All concerning school's approaches to SEN described in chapter three, that many children's support needs can be met effectively without the need for a statement of SEN. These approaches involve professionals working together with parents right from the start to support the child's learning and development and can have huge benefits for the child's achievement and wellbeing. Learning from parents and sharing information with them can give professionals a much better understanding of how best to support a child. We say more in subsequent chapters about how we will ensure that families who need additional help know how to get it and in a timely way.

1.32 In addition to using effective approaches in the early years, such as Early Support, or in school, such as Achievement for All, it is important that all children can start school ready to learn, but we know that this can be a particularly difficult time for some children with SEN. We will say more in due course about how we might strengthen the transition between the early years and Year 1 in the light of recommendations from the Tickell Review.

A new approach to statutory assessment

1.33 Some children with SEN can require a very different approach and specific input from a number of different professionals that is not available in an early years setting, school or college. For these children, the statement of SEN describes the child's needs and provides a guarantee for families about how the child or young person will be supported, setting out in detail the special educational support they will receive. The statement can also describe the child's non-educational needs and the non-educational provision to meet those needs. However, parents tell us that there are serious problems with the statutory assessment process – it can be slow and it can feel like a battle to secure the right help.[51]

> 'The statutory assessment process is too bureaucratic, lengthy, time consuming and inaccessible to parents.'
>
> *Parent/carer*

1.34 SEN statutory assessment can be complicated, and for some disabled children it is just one of many assessments. Some of these might overlap with the statutory assessment of SEN, for example, where a looked after child has a personal education plan, or a disabled child has a short break. The Council for Disabled Children estimates that, on average, a disabled child experiences 32 assessments. This can result in inconsistent plans for their support,[52] and families are often

51 Problems with the statutory assessment process outlined in the Lamb (2009), Boddy et al (2006) and Ofsted (2010)
52 Ofsted (2010)

forced to repeat themselves by, for example, providing overlapping information for the SEN statutory assessment and their claim for the Disability Living Allowance.

1.35 Assessment and planning can be particularly complicated for looked after children, many of whom face barriers in several areas of their development.[53] Their lives often involve a number of different professionals and the assessment of their needs as part of the care planning and review process does not always fit well with assessment for SEN, even though it is important that looked after children should have any SEN identified early as part of the care planning process. Almost all local authorities have a virtual school head or equivalent champion of the education of looked after children and together with designated teachers, they can play a powerful role in making sure that the SEN of looked after children are appropriately assessed at the right time and with minimum delay.

1.36 The assessment process is different for young people with statements entering further education, who are supported by a different legal framework to those at school. They can be reassessed at age 16, possibly by a new person, and, too often, plans for their education do not build effectively on their arrangements at school or plan for their adult life.[54]

1.37 In many cases the length of the statutory assessment process means that a young person with SEN may not be receiving the right support for six months or more, often at a crucial point in their development. This can increase to over a year once any appeals to the First-tier Tribunal (SEN and Disability) are taken into account. Research commissioned by the Department for Education found that: '*Overall, even where the assessment process went relatively smoothly, it could be experienced as stressful by parents simply because of the length of time involved…*'.[55] Even when children or young people have a statement, if their needs change, or if a condition worsens or improves, the system is often too slow to adapt. This can be detrimental both for the child and family and can represent an ineffective use of resources, with local services providing more expensive support rather than intervening earlier and more cost-effectively.

1.38 The responsibilities of local services for supporting children with a statement of SEN and their families differ. Local authorities have a duty to ensure that services specified in the education part of the statement are provided. Health legislation takes a different form; there is no corresponding requirement on health agencies, and there are different routes for redress. It is often unclear who is responsible for the delivery of services such as speech and language therapy, which may appear in the education part of the statement although they are funded and commissioned by local health services.[56] This can lead to children with SEN not receiving the support that they need.

53 National Implementation Team (2010)
54 Ofsted (2007) found that there is often poor transition planning
55 Penfold et al (2009)
56 Ofsted (2010)

> 'Statements should be binding on health services (e.g. speech therapy and occupational health services) as well as local authorities, otherwise they are meaningless for those children who need services which are provided by health authorities rather than local authorities…'
>
> *Parent/carer*

1.39 Even though the local authority has a duty to ensure special educational provision, some parents tell us that local authorities holding this responsibility alongside their duties in relation to assessment can appear to present a conflict of interests in providing the right support for children.[57]

1.40 While it is important to retain the protection of support offered by a statement of SEN, we need a new approach. **We propose that children and young people who would currently have a statement or statutory assessment of learning difficulty for further education and skills training should have a single statutory assessment process and 'Education, Health and Care Plan', from birth to 25. All the services on which the child and their family rely would work together with the family to agree an 'Education, Health and Care Plan' which reflects their ambitions, for now and for the future; is clear about who is responsible across education, health and social care for which services; and includes a commitment from all parties to provide their services**. Under our proposal, by 2014, all children who would currently have a statement of SEN or learning difficulty assessment would be entitled to a new single assessment process and 'Education, Health and Care Plan' to identify their support needs.

1.41 We know that effective multi-agency assessments look at the child's overall needs and are used as a dynamic process rather than representing a snapshot of their support needs.[58] Our proposal is that the 'Education, Health and Care Plan' would, like a statement of SEN, specify in detail the child's needs and support, but would also set out the learning and life outcomes sought for children and young people, with reviews focused on their progress towards life outcomes across education, health, employment, and an independent life. The plan would include provision from education, health, social care and other services and the way in which the child is supported would evolve over time as the child progresses, including from primary to secondary education and as they prepare for adulthood, including employment. The 'Education, Health and Care Plan' would be transparent about funding for the package of support.

Question 2: Do you agree with our proposal to replace the statement of SEN and learning difficulty assessment for children and young people with a single statutory assessment process and an 'Education, Health and Care Plan', bringing together all services across education, health and social care?

Question 3: How could the new single assessment process and 'Education, Health and Care Plan' better support children's needs, be a better process for families and represent a more cost-effective approach for services?

57 HCESC (2006)
58 Boddy et al (2006)

1.42 This single process would replace the statement of SEN and the statutory learning difficulty assessment for further education and skills training, and could incorporate or reduce the need for separate assessments in relation to health, education, social care and employment. So, the new assessment process would apply to those in the 16 to 19 age group, and those aged 19 to 25 who would previously have had a statement of SEN or learning difficulty assessment.

1.43 Our proposals would involve fundamental changes for families and professionals, and **we will test how to reform radically the statutory assessment and statement of SEN. We will invite proposals from local areas to explore the best approach to a single assessment process and 'Education, Health and Care Plan', including whether the voluntary and community sector could coordinate assessment across the agencies involved, as well as the cost implications of this change.**

1.44 In order to reduce the number of assessments a family has to undergo, we will use learning from these assessment and plan pathfinders in local areas to explore whether the single assessment process might also be used to support claims for the Disability Living Allowance and Personal Independence Payment.

1.45 We will test this new approach to assessment, giving careful consideration to the cost and impact. We will test this alongside additional pilots, detailed in chapter two, which will further test approaches to personal budgets. We will ask local authorities to apply with their local partners to be assessment and plan pathfinders in collaborative groups.

Question 4: What processes or assessments should be incorporated within the proposed single assessment process and 'Education, Health and Care Plan'?

Question 5: What is the potential impact of expanding the scope of the proposed single assessment process and plan beyond education, health, social care and employment?

1.46 We intend to explore two different approaches through the pathfinders, working with local authorities and their local partners. We will test how to improve a multi-agency approach to assessment and planning. Currently, local authorities often take decisions based on correspondence with other agencies, and we would like to see a less bureaucratic and less adversarial approach where agencies come together to agree their support with parents, and the responsibilities of different agencies are clear.

1.47 Secondly, we will explore how we could use the voluntary and community sector to introduce more independence to the process. The local authority has a duty to arrange the special educational provision for a child with a statement. Some parents tell us that local authorities holding this responsibility alongside their duties in relation to assessment can appear to present a conflict of interests and lead to a lack of confidence in the process and in the decisions reached about the support for their child.

1.48 As well as ensuring that children have their support needs met, local authorities will always be responsible for using public funds efficiently, including their management of funding for special educational provision. We know that many families value support from charities and local support groups,[59] and in order to address the issues outlined above we want to explore with the voluntary and community sector, what roles they could play. These might include: providing information on the assessment process so that families know what to expect, acting as an advocate for families, supporting families through the process and putting together, with the family, a support package that reflects their circumstances and ambitions.

Question 6: What role should the voluntary and community sector play in the statutory assessment of children and young people with SEN or who are disabled? How could this help to give parents greater confidence in the statutory assessment process?

1.49 In both approaches we could include testing greater parental control through the use of personal budgets and a more coordinated approach to mediation for parents across education, health and social care when families are not content.

1.50 The assessment and plan pathfinders will test with colleges and other partners how to better manage assessment and planning when young people are nearing adulthood and how to improve progression and employment outcomes, as well as how to take a more holistic approach for looked after children, making better links between the process for reviewing their needs as part of care planning and processes for SEN and disability.

1.51 The pathfinders will also explore how to make sure that responsibility for the provision of services in the new 'Education, Health and Care Plan' is clear and that the services set out in it are provided in a timely way.

1.52 The Department for Education and the Department of Health will work together with other departments and with local areas to develop the scope of the pathfinders so that they can test how the 'Education, Health and Care Plan' can set out clearly the full combination of entitlements for families in relation to local authority and NHS services. The pathfinders will also explore how to make improvements so that services are put in place in line with the commitments set out in the plan.

1.53 Social care provision can be particularly important for disabled children and their families. As part of the Munro Review of Child Protection we are trialling a more flexible assessment processes in four local authority areas which will mean that single flexible assessments can be carried out rather than a two stage initial and core assessment, and that the assessment is conducted at a depth and timescale determined by a qualified and experienced social worker. We will review the outcome of the trials to see if there are lessons to be learned for the development of the Education, Health and Care Plan.

1.54 We know that, where disabled children receive social care support, they may experience a gap in provision when moving to a new area while the new local

59 Slade et al (2009)

authority reassesses the child's social care needs and arranges support. As well as the difficulties this can cause families, it also leads to a duplication of assessments. We believe that the single assessment process and 'Education, Health and Care Plan' will help address this difficulty. We would expect that local authorities will do their best to replicate the social care support set out in the plan, depending on the provision that is available in the area, until they decide to reassess the child's social care needs. The reassessment would be informed by the plan so that parents do not have to repeat themselves and the local authority is clear about previous arrangements. We will use the pathfinders to test out whether this leads to more continuous social care support when families move between local authority areas.

Question 7: How could the proposed single assessment process and 'Education, Health and Care Plan' improve continuity of social care support for disabled children?

1.55 It is often not clear for parents what eligibility their children have for social care support. Guidance is available, in particular in the advice which will accompany the new short breaks duty, but it is not brought together in one place or easily accessible. We intend make clear in a revised SEN Code of Practice what obligations there are on local authorities in relation to social care provision for families with disabled children.

1.56 The assessment and plan pathfinders will build on work already done to improve transition outcomes, including in the Getting A Life sites and Transition Support Programme explained in chapter four. **To support the pathfinders we will fund the voluntary and community sector to share good practice from the Getting A Life demonstration sites, the Individual Budget pilots and the Transition Support Programme**, providing the pathfinders with professional advice and support. We will encourage the pathfinders to link to local work to develop the new Health and Wellbeing Boards.

1.57 We will look carefully at the findings of the pathfinders with local partners, and take all necessary action to facilitate the improvements to the system which are required to bring about the change needed for children and families.

A more efficient statutory assessment process

1.58 It will take time to implement a new approach to statutory assessment so, in the meantime, we intend to make the current statutory assessment process faster. Efficient assessment processes can ensure that children and young people with SEN get the support that they need as soon as possible. Ofsted found that: *'Good assessment and quick access to appropriate and high quality services were being achieved in the best areas visited by the review, and this reduced the likelihood of poor achievement'* by children and young people.[60]

60 Ofsted (2010)

1.59 We know that there can be a delay in receiving the medical advice for statutory assessments from busy health professionals (normally paediatricians). Health advice is requested for every statutory assessment, but detailed advice is not always necessary as some children with statements of SEN do not require different or additional input from health services. Working with health professionals, **the Department of Health will explore how to improve the provision and timeliness of health advice for the statutory assessment.**

Question 8: How could the arrangements for provision of health advice for existing statutory SEN assessments be improved?

1.60 **We propose to reduce the time limit for the statutory assessment process from 26 weeks to 20 weeks** by reducing the maximum time local authorities have to decide whether to assess, to conduct the assessment, and to finalise the statement. However, this is the maximum time and we want to see the statutory assessment process happening faster than this wherever possible.

1.61 Our proposal involves reducing the time local authorities have to decide whether to assess a child from six to three weeks. The current six weeks includes 29 days when parents can make representations to the authority. Most parents are aware that the local authority is making an assessment, and this time is normally unnecessary. We believe that three weeks would allow sufficient time for parents to make representations if needed while allowing local authorities to move ahead with the statutory assessment process more quickly.

1.62 Our proposal for reducing the maximum time for the statutory assessment process also involves reducing from twelve to nine weeks the time local authorities have to assess children and young people and draft the statement. The current twelve weeks consists of six weeks for the local authority to gather advice, four weeks to decide whether to draw up a statement and two weeks to draft the statement. We believe that the local authority can consider the advice it has received and work towards the content of a draft statement in parallel, and we believe that the four weeks to decide whether to draw up a statement plus the two weeks to draft it can be reduced to three weeks overall.

1.63 We do not believe that our proposal to reduce the time limit for the current statutory assessment process will incur additional costs as it involves cutting out unnecessary time at the beginning of the process when local authorities are waiting to see whether parents will submit evidence and time towards the end of the process where local authorities can combine activities, with a possible saving in staff time.

Question 9: How can we make the current SEN statutory assessment process faster and less burdensome for parents?

1.64 Assessments, statements and annual reviews can place bureaucratic burdens on schools. For example, following an annual review meeting schools have to send a report of the meeting to the local authority and some schools feel that they need to provide an extensive report. We will develop a simple, short non-statutory pro-forma which schools and local authorities can use if they wish to for the annual review meeting reports.

2 Giving parents control

Chapter summary

2.1 Early intervention from all the services on which families rely is essential, but the effectiveness of this support is undermined if it doesn't reflect each family's unique circumstances. Parents know their child best. As well as giving their own love and care, parents rely on health services, early years settings, schools and other people to help look after their child and help him or her have a happy childhood and fulfil his or her potential. Disabled children and children with SEN may require a different approach in these health and education settings to their peers, or extra support from social care or specialist services. It is crucial to families that these services work well together and that parents are empowered to make decisions about their child. Unfortunately, this is not what many families experience.

2.2 Children, young people and their parents have a variety of different circumstances, but many families share a concern that the system can feel impenetrable, bureaucratic and inefficient, and does not sufficiently reflect their family life. Parents may feel that their choices are limited and their options don't always meet the basic needs of their child. This is particularly the case where a child relies on specialist services or equipment – such as incontinence pads, computer software and wheelchairs – to support their physical and communication needs to help improve the quality of their life. These problems may also be compounded by disadvantage, and some parents might have poor health, live in poverty, or have difficult family circumstances on top of juggling a range of support for their child.

2.3 Our aim is to give parents more control over support for their child and family. This will mean ending the frustration, complexity and confrontation inherent in today's system, which in itself can undermine family life. The proposals in this chapter are intended to extend parents' influence, build their confidence in the system and minimise its adversarial nature, and would mean that:

- local authorities and other local services communicate a clear local offer for families to clarify what support is available and from whom;
- parents have the option of personalised funding by 2014 to give them greater control over their child's support, with trained key workers helping them to navigate different services;
- parents have access to transparent information about the funding which supports their child's needs;

- parents of disabled children continue to have access to a short break from caring while their child enjoys activities with their peers;
- parents have a clear choice of school; and
- if local authorities and parents disagree, they always try mediation first, to resolve problems in a less adversarial way than having to take their case to the Tribunal.

2.4 As first steps towards this aim:

- local authorities and health services will explore how to extend the scope of personalised funding; and
- we will give parents the right to express a preference for any state-funded school, including Academies and Free Schools.

2.5 This chapter sets out our proposals to give parents better support and more control. Parents should feel well supported through the system with clear information on how it works and who does what, and what the funding is. Parents know their children best and should receive support that works flexibly with their family circumstances. They should have more influence over support for their child through personalised funding, be able to participate in local decisions, have a clear choice of school and access to short breaks from caring. When parents and professionals disagree on the right approach for a child, they should use mediation to resolve disagreements over their support.

Supporting families through the system

2.6 When children are identified as being disabled, often during pregnancy or shortly after birth, parents can feel overwhelmed. They may be coming to terms with a future very different from the one they had imagined, and can encounter an unfamiliar and seemingly complicated system. Bringing up a disabled child can be made difficult where families experience multiple problems, including poverty, mental health problems or poor housing, or parents may be disabled or have learning difficulties themselves.[61]

2.7 We want parents to feel well supported from the start. Approaches such as Early Support can help to improve the quality and coordination of services for young disabled children and their families. Early Support is particularly valuable where families are in contact with lots of different professionals.

2.8 Early Support involves professionals working in partnership with families so that parents are at the heart of any discussions or decisions about their child. It provides clear 'parent-friendly' information such as the Family File, which contains core information about the child, and a parent-held Family Service Plan, which sets out what support the child needs and who will provide it. And Early Support Developmental Journals enable parents to track and celebrate their child's progress. It also involves trained key workers to provide a single point of

61 Pinney (2007)

contact for families requiring support from a wide range of services. The Early Support training, for professionals from different services and parents, helps to underpin integrated working practice and partnership working between parents and professionals.

2.9 Early Support is highly regarded by parents and professionals alike and has been proven to make a significant difference to families. The programme was independently evaluated by Manchester University and was found to have positive effects on the quality of service provision, the wellbeing of families and the appropriate support and development of disabled children.[62] By 2009 over 10,000 families had used this service in the early years.

> 'It's [Early Support is] a brilliant and well coordinated service on which you can rely. It made a massive difference in helping us to get the relevant therapists involved with our child. It relieved any potential stress with having to find information and coordinating services ourselves, which has happened in the past. In the beginning, when I needed most help, my key worker was there at a drop of a call – she checked regularly how things were going and helped with paperwork. When I started to need less help, my key worker understood intuitively and drew back. She supported and encouraged me and we joined some new groups – we have not looked back since.'
>
> *Parent*

2.10 Early Support has been used by many local authorities for families with disabled babies or children under 5, but the approach of clear information and resources with parents holding the plan for their child's support is relevant to older children too. The existing Early Support resources have been developed in partnership with parents and voluntary and community sector organisations, using their expertise to develop resources that give families confidence. **The Department for Education will fund voluntary and community sector organisations to maintain the existing Early Support resources, including the training materials, and amend them in partnership with parents to extend their use to families with school-aged children.**

2.11 Parents with disabled children are likely to face higher levels of stress,[63] and they value the practical and emotional support of a key worker.[64] Key workers can help to reduce this stress, help parents to navigate the system and help them agree the right support for their child. Most local authorities are already using key working to some extent. Although some local authorities use dedicated key workers, most train professionals who are already in contact with the family, such as a health visitor or social worker, to act as a key worker.

2.12 In order to extend the use of key workers for families with disabled children, we need more people to be trained as key workers from a wider field of professionals with relevant knowledge about working with families and about disabled children and children with SEN. **The Department for Education will fund the voluntary**

62 University of Manchester (2006)
63 Pinney (2007)
64 University of Manchester (2006)

and community sector to provide free training on key working for a range of professionals. The Department will test the role of key workers in the single assessment process and 'Education, Health and Care Plan' in the pathfinder areas as well as their role in supporting parents with increased control over funding for their child's support.

2.13 Many families with disabled children are frequently faced with unexpected events such as extra trips to the hospital, the need for a new washing machine or replacement bedding. The cost of responding to such events can be difficult for low income families to meet. The statutory sector cannot always provide financial support to meet these unpredictable needs, so for this reason we have announced our intention to continue to fund a direct grant payment programme, currently administered on our behalf by the Family Fund Trust. Over the next four years we will provide at least £27 million per year to help low income families with severely disabled children meet the additional costs of caring.

Clear information for parents

2.14 For parents to be empowered to take greater control over their support, they need to be clear about their options and understand how decisions are made that affect their child's support. We know from the Lamb Inquiry that providing this transparency reduces conflict and builds trust. Here we set out our approach to achieving this clarity by encouraging schools and local authorities to set out what provision is normally available and by streamlining the information that schools have to provide to parents.

2.15 There is already good practice in some areas. Many parents benefit from advice and information from their local Parent Partnership Services which exist to provide impartial information and advice to parents about their child's SEN. The National Parent Partnership Network provides training and guidance for Parent Partnership Services on SEN duties and on best practice. The most effective Partnerships provide an independent supporter for parents who want one and support to challenge local SEN policy and practice.

2.16 There is some excellent practice in schools, such as the approach used by Achievement for All schools which we set out in more detail in chapter three.[65] Through this project, teachers have been trained to have termly in-depth discussions with parents that focus on how to improve their child's learning at school and how parents can support this at home. Parents value this dialogue with their school and appreciate being involved as their child's needs are assessed and provided for. For looked after children with SEN, it is particularly important that foster carers receive the same information from schools or local authorities that birth parents do.

65 Humphrey and Squires (2010)

Case study: Chosen Hill School, Gloucestershire

At Chosen Hill School, Gloucestershire, in-school trained tutors (key teachers) were crucial to the success of structured conversations with parents of students with SEN or who are disabled. Following an information evening, appointments were made by telephone and key teachers met parents after school in most instances. Any issues parents raised were met with a positive solution either on the first call or in subsequent follow-up calls. Feedback from parents was very good, and the structured conversations have helped students develop self-esteem because parents, students and teachers are all involved in the process of learning on a regular basis.

2.17 However, parents tell us that, when they believe their child needs a different approach, it often is not clear what help their child is entitled to or who provides it.[66] They may not know who to ask if their child is not receiving the right support.

> 'It needs to be clear who should be contacted in any case. For instance, my son needed to see a psychiatrist. I had a leaflet that said he needed to be referred by his teacher, who told me to see our GP, who referred us to a doctor, who referred us to another doctor. This took several months and involved more people than necessary, simply because we did not know where to go in the first place.'
>
> *Parent/carer*

2.18 Local authorities are already required by *The Special Educational Needs (Provision of Information by Local Authorities) (England) Regulations 2001* to publish the provision they expect schools to make for children with SEN but without statements and the provision made available for those children by the local authority. Ofsted tells us that this information is rarely provided clearly or effectively. Clearer local information on what is available for families and from whom could help reduce the need for parents to invest their time and energy in an appeal to the Tribunal in order to get the right support, as well as saving local authorities and local services the expense of this process.

2.19 **We propose to ensure that local authorities set out a local offer of the support that is available for children with SEN or who are disabled and their families, and from whom**. In order to achieve this we intend to change the existing regulations covering what the local authority is required to publish and describing how authorities work with parents, local schools and colleges, and other local services including those on the Health and Wellbeing Board, to develop the offer. The Department for Education will work with the Tribunal to explore how it might take account of this local offer when dealing with registered appeals, in order to make it an offer on which parents can rely.

66 Lamb (2009), Campbell et al (2009) and Slade et al (2009)

2.20 In relation to school provision, we propose that this local offer would describe what additional or different provision schools make for children with SEN and that it covers four key areas:

- curriculum – how the curriculum offers breadth and balance and is tailored to meet children's individual needs;
- teaching – how teaching is adapted to meet children's SEN and how arrangements are made to secure specialist expertise;
- assessment – how ongoing teacher assessment is used to identify barriers to learning for children with SEN; and
- pastoral support – how parents are involved in children's learning and how the school supports the education and wellbeing of disabled children and children with SEN.

Question 10: What should be the key components of a locally published offer of available support for parents?

2.21 At the moment, schools have 17 different requirements to publish information on SEN, and we intend to implement the recommendations from the Lamb Inquiry to improve the information that they provide. Many schools do not meet all of these requirements, and these different sets of information are not always clear for parents. **We propose to slim down requirements on schools to publish information so that parents are clear about schools' approaches to SEN.**

2.22 To explore how to do this, the Council for Disabled Children has spoken to parents, schools, local authorities and parent groups about the information schools provide to parents. The Council suggests that it would be helpful to focus on core information that parents find essential:

- the school's statutory responsibilities;
- the school's approach to SEN;
- how this approach was consulted on; and
- the provision normally available in the school for children with SEN.

We therefore propose to simplify the mandatory content of schools' SEN policies as well as requiring pupil referral units to publish an SEN policy.

Question 11: What information should schools be required to provide to parents on SEN?

2.23 Longer term outcomes for children with SEN and disabilities are too often affected from an early age by low expectations about what they can achieve. The Aspirations for Life project has sought to tackle this, working closely with professionals and parents. We will be publishing a toolkit of free, practical resources from the project that have been well received, from posters and lesson plans to children's games.

2.24 In further education, colleges provide information on the range of their provision for learners with learning difficulties and disabilities. For health services, reforms being introduced to the NHS will help to clarify what families can expect from health services, with an NHS Constitution setting this out,[67] and GP consortia publishing their commissioning plans and presenting at a public meeting annual reports on how they have discharged their functions, in particular those relating to patient and public involvement.

2.25 Other elements of a more transparent approach for families set out in this Green Paper include: greater transparency of the current funding system set out in chapter five; and more accessible data on school performance, building on the measures set out in the Schools White Paper, *The Importance of Teaching,* outlined in chapter three.

Giving parents more control over support and funding for their child

2.26 Giving individuals personal budgets so that they can manage the services they receive is an approach we are already using across government in relation to a range of services. Through our proposed reforms, we will give parents greater choice and control over the support that their families receive.

2.27 Personal budgets for families with disabled children and children with SEN will enable parents to have a much greater say in the way their child is supported and give them a clear role in designing a personalised package of support for their child and family.

2.28 Evidence from the UK and internationally shows that where personal budgets work well they give families more flexibility and they feel empowered.[68] Giving families greater control may lead to innovative approaches to service provision, enable resources to be used more effectively, and improve families' relations with statutory services by ensuring that they are listened to.

2.29 In relation to families with disabled children and children with SEN, the Government is already testing approaches to personal budgets, through the personal health budgets pilots and the children's individual budget pilots.

2.30 The children's individual budget pilots have given parents control over funding for elements of their child's support. This involves a combination of notional budgets, where parents can say how the funding for their child is spent (but do not receive this in a cash payment),[69] and direct payments, where they receive the cash for the services they need and can then purchase the support they need directly. The pilots have focused on achieving greater control for parents over social care services, such as short breaks, and some health and education support services, as well as transport.

67 DH (2010)
68 Greig et al (2010), Glendinning et al (2008), Prabhakar et al (2008) and SCIE (2009)
69 Prabhakar et al (2010)

> 'Several families have changed their support provider when they have been in control of funds. Because the family see the performance and quality of the support provided each week they can make decisions on the ground to promote change. Families are aware of a range of community options because they have direct funding to purchase these opportunities.'
>
> *Local authority*

2.31 We want to build on the positive experiences of these pilots and extend the scope of what can be included in personal budgets in a way that is beneficial to families. In order to test what services should be included in personal budgets, **we will ask those local authorities already working with children's individual budget pilots, and a further wider group of local authorities, to work with schools, colleges, early years settings and health providers to test what other services could be included in a personal budget.** In particular, we want the pilot areas to test whether any school-based services could be included, and to provide more evidence about the cost and impact of providing support in this way. The evaluation of the personal health budget pilots will report in October 2012.

2.32 The current restrictions on direct payments are tighter than for notional budgets, but in recent years more parents have begun using direct payments, albeit from a small base.[70] We know that, where it is an option, parents often appreciate being able to control their funding for short breaks and that they are using direct payments to obtain provision that suits them better.[71]

2.33 From 2011, we will test how the scope of direct payments might be increased to include funding streams from education and health. This could include, for example, home-based education and advice for families with young children, and equipment such as wheelchairs and laptops.

2.34 In the NHS, the pilots are testing out personal budgets across a wide range of conditions and services, including services for young people in transition to adult health services. They include the options of notional budgets, budgets held by a third party, and cash direct payments to individuals.

2.35 We will use pilots to test the use of personal budgets across the whole range of support that disabled children and children with SEN receive. We know that individual budget pilots, and pilots to use personal health budgets and direct payments, may mean that we identify some areas which would be better commissioned collectively rather than at individual level. For example, if we were to provide parents with the funding for their whole school place this would remove the protection afforded by the statutory statement of SEN (which we are proposing will be replaced by a new 'Education, Health and Care Plan') which obliges schools to provide a school place when the school is named in the statement. There may also be areas of health support and funding where testing shows that individual-level commissioning is unlikely to work.

70 NHS Information Centre for health and social care (2008)
71 Welch et al (2010)

Question 12: What do you think an optional personal budget for families should cover?

2.36 In future we want to give more families the opportunity to take up this offer to control the funding and to design their own tailored package of support once their children's needs have been assessed as part of the new statutory 'Education, Health and Care Plan'. **By 2014, our intention is that all families with the proposed 'Education, Health and Care Plan' will be entitled to a personal budget. Subject to piloting, this would include funding for education and health support as well as social care.**

2.37 To support this entitlement, we will put in place the legal powers to allow parents of disabled children and those with SEN who have a new single plan to request that they should have control of the funding for the support identified in the plan. This would be backed by a parallel duty to offer families with a single plan a personal budget, which would, subject to piloting, apply to local authorities and NHS commissioners. The form and scope of this duty will be confirmed in the light of the evaluation of the personal health budget pilots, due for publication in October 2012, and in the light of learning from the extended children's individual budget pilots. A personal budget will be a choice for parents who want one.

2.38 Offering a personal budget would provide families with transparent information about the funding committed across different public services to support their child according to the support needs identified in the 'Education, Health and Care Plan'.

2.39 Some parents can feel that managing a personal budget is a burden,[72] but this can be mitigated to some extent with good support. We will continue to work with local authorities and health providers to understand the best ways to offer support to parents.

2.40 We know how important support will be. So we will continue to test the best ways to provide support to families who would like to access their child's support through a personal budget. We will fund training for key workers, as mentioned earlier in this chapter, and **we will encourage LAs to make use of new voluntary and community sector providers in order to increase the range of support available to families with a statement of SEN or 'Education, Health and Care Plan'.**

2.41 We have consulted on the introduction of patient choice of any willing provider that meets NHS standards and price for most NHS-funded services by 2013-14. This is likely to apply to many community health services. It will give families choice, where appropriate, from a range of providers who are qualified to provide safe, high quality care and treatment, and select the one that best meets their needs. It will mean that good providers that offer innovative and responsive services are able to grow.

72 Prabhakar et al (2008)

2.42 The Department of Health will explore with GP consortia pathfinders and their local partners how this approach could improve provision of, for example, wheelchairs and speech and language therapy services. The Department of Health will also work with children, young people and parents to review the quality standards within the national contract for continence supplies.

Question 13: In what ways do you think the option of a personal budget for services identified in the proposed 'Education, Health and Care Plan' will support parents to get a package of support for their child that meets their needs?

2.43 As well as taking up the option of greater control for their own family, parents can provide valuable advice on planning and developing local services that are both cost-effective and respond to the needs of local families. This kind of participation can also help them feel in control, and improve their own use and understanding of services.[73] Parents have reported that such participation can provide an opportunity to develop new skills and experience, sometimes leading to confidence to re-enter the workplace. There are already many parents involved in local decisions about provision. Almost all local authorities report having parent representatives sitting on decision-making bodies, which helps to support the effective provision of disabled children's services such as short breaks. **The Department for Education will continue to fund parent forums in every local area to build on the good practice that has been developed.**

Case study: Wiltshire Parent Carer Council

Wiltshire Parent Carer Council was established in 2008 by two local parents of disabled children, but the membership has since grown to over 300 parents. The parent forum has a positive working partnership with the local authority and other partners. Parent participation has led to a positive culture change in how parents and statutory services work together. The parent forum has been instrumental in developing and reviewing a range of services including:

- identifying simple, transparent eligibility criteria for accessing a short break through the Wiltshire Local Offer. This greater transparency and accessibility to short break services has been welcomed by parents who feel better able to cope with their caring responsibilities as a result. The local offer has also meant that the Council has been able to cut down on assessments;
- working effectively with the local authority to improve short breaks, including sports activities, music clubs, animation clubs and peer mentoring; and
- collaborating with the local authority in the development of arrangements for multi-agency support for young people moving into adulthood and a handbook on transition for parents of these young people.

73 HMT and DfES (2007)

A clear choice of school

2.44 One of the single most significant decisions for parents is where they want their child to go to school. For parents of children with SEN in particular, ensuring that their child is placed in the right school is vital if parents are to be assured and confident that their child will receive the education they need in order to be able to fulfil their potential. Parents of children with a statement of SEN have different views on the type of school that is right for their child's education; for some, a special school will be the right school for their child whereas for others it will be a place in a mainstream school, or in a special unit attached to a mainstream school.[74]

2.45 Some parents report that they have little choice in reality because they are not clear about their options, because their local mainstream schools are not able to offer appropriate provision for their child, or because there is a shortage of special school places locally.[75]

2.46 There should be real choice for parents and that is why we are committed to removing any bias towards inclusion that obstructs parent choice and preventing the unnecessary closure of special schools. We believe that real choice for parents requires a diverse and dynamic school system that offers a wide range of high quality provision and that has the autonomy and flexibility to respond effectively to parental choice; parents to be able to express a preference for a placement in any state-funded school; and good quality information that enables parents to make informed choices.

2.47 *The Importance of Teaching* set out our plans for a new school system. We are committed to enabling all schools to acquire greater autonomy and independence. The Department for Education has expanded the Academy programme and, starting with those judged by Ofsted to be outstanding, all maintained special schools will in due course have the opportunity to become Academies. The Department has also set out how it will be easier for teachers, charities, parent groups and others to open new Free Schools, including special Free Schools, in response to parental demand.

2.48 By injecting greater autonomy into the school system, we aim to create a system that is able to offer a range of high quality specialist provision for children with SEN; to innovate and pioneer new education pathways and curricula; and to offer parents a genuine choice of school for their child and to respond effectively to parents' choices.

2.49 Parents tell us that they want their children to get the package of support they need in local schools, in some cases this will include speech and language and other therapies. If this is not possible, parents may seek a place in a school able to provide this, often further away from home. We set out in chapters three and five how services can work together so that a broader range of support, including speech and language therapy, can be offered close to home.

74 Batten et al (2006)
75 HCESC (2006)

2.50 Over 15,000 children are taught in specially resourced provision in mainstream schools or in special units attached to mainstream schools. Where local authorities help to facilitate access to specialist expertise in local schools, this can help to meet the needs of children and families as well as make more cost-effective use of resources, often saving on expensive individual placements in independent provision where therapy support is provided by the school in-house. Many children attend a special school on a day or part-time basis to access therapy support while on the roll of another school, helping to increase flexibility of provision and meet children's needs.

2.51 If the local authority believes it is necessary to close a school, including a special school, it must consult parents. Under our reforms, groups of parents and others will have the option of applying to establish a Free School in these circumstances, using the same process as for all Free Schools. In chapter five, we consider further the important role that local authorities can play in an increasingly autonomous school system, acting as the champion for parents and families, vulnerable children and educational excellence.

2.52 We want parents to have a real choice of school in law and in practice. We have ensured through the Academies Act 2010 that mainstream Academies and Free Schools have the same obligations as maintained mainstream schools to accept children with a statement of SEN which names the school. And **we intend to introduce legislation to ensure that parents of children with a statement of SEN or 'Education, Health and Care Plan' have equivalent rights to express a preference for any state-funded school** – whether that is a special school, mainstream school, Academy or Free School. Children are all different and their parents have different views about the school they feel is right for them. Some want their child to attend a mainstream school but may feel frustrated that the school they seek is not able to take the reasonable steps to include their child. Others may want their child to attend a special school but feel frustrated by not being given that choice by their local authority. The statutory guidance *Inclusive Schooling* covers these and other issues and makes clear that a local authority must consider the parents' preference and cannot simply place the child in a school irrespective of the parents' wishes.

Question 14: Do you feel that the statutory guidance on inclusion and school choice, *Inclusive Schooling*, allows appropriately for parental preferences for either a mainstream or special school?

2.53 Parents often receive poor information on school choice. Currently local authorities have to provide parents with information about local maintained schools and a national list of non-maintained special schools and independent schools that cater for children with SEN. But parents need more than this basic information to make a good choice. Parents tell us they would like information about what support is available in mainstream schools – such as special units and resourced provision – and maintained special schools as well as non-maintained special schools and independent schools that cater for pupils with SEN.[76] As the

76 Out of 1,459 responses to the Call for Views question 'How can we improve the choices of schools and services available to parents and improve opportunities for them to be involved in decisions that affect their family?', 662 responses called for more parental involvement in choosing schools and 532 responses called for clearer information for parents on school choices.

commissioners of provision, this information will be readily available to local authorities, and we propose to require local authorities to publish clear information about what is available in local schools as part of the local offer.

Question 15: How can we improve information about school choice for parents of children with a statement of SEN, or new 'Education, Health and Care Plan'?

2.54 Many parents, and particularly the parents of children with SEN, turn to home education because they feel that the school system has failed to meet their child's needs. Where home educated children have a statement, local authorities have a duty to ensure that the child's SEN are being met and the local authorities have to review the children's statements annually. In some cases, parents on their own may not be able to make suitable provision for their children but could do so with some support from the local authority. We expect that when local authorities are considering whether parents are making suitable provision that they also consider whether to use their power under the Education Act 1996 to make special educational provision out of school to help the parents make their provision suitable for their child's SEN. We also expect local authorities to consider whether home educated children who had been in receipt of support at School Action Plus at school should continue to receive that support through local authorities using their power under the 1996 Act to make provision out of school.

Short breaks for carers and children

2.55 As well as education and health services, many families rely on the support of social care. We know that parents and disabled children value having short breaks.[77] For parents this means that they can do other things, like care for other siblings, take some time for themselves, or just catch up with household chores. For children, short breaks provide an opportunity to try out different activities, to make new friends, or just to do things other children take for granted, like going shopping or for a swim.[78] Local authorities can use short breaks cost-effectively to improve a range of outcomes for children and families. We know that, for example, some local authorities that have provided short breaks as early intervention, and not just in times of crisis for families, have seen a reduction in the numbers of disabled children being taken into care. **The Department for Education will continue to invest in short breaks, providing over £800 million over the period 2011-12 to 2014-15** as part of the Early Intervention Grant for local authorities.

2.56 The kind of short breaks being offered is changing because local authorities are, rightly, working with parents to design provision in their area to meet local needs.[79] In some local authorities that has meant that they have developed a local offer to allow parents to access breaks more easily, and with very little additional assessment. This has enabled local authorities to offer more breaks more quickly. Local authorities will need to continue to develop an approach to services which means that families know what is on offer and how to access it. That is why the new regulations include a statement of short breaks services which local authorities will produce to set out for families the short breaks services in each area.

77 HMT and DfES (2007)
78 Langer et al (2010) and Welch et al (2010)
79 Greig et al (2010)

2.57 The new regulations on breaks for carers of disabled children this year signal clearly that short breaks should be part of the normal offer from local authorities to the community, and this will be an important part of the local offer proposed earlier. Local authorities have all developed short breaks services over the last three years and can offer a range of breaks and provide parents with a choice.[80] Parents need to be confident that their child will be well cared for, and that the short break will fit with the child's interests and needs and their family life. Some families use a direct payment to employ their own short breaks carer.

2.58 Parents have a key role to play, in partnership with local authorities, in the development of appropriate short breaks services that meet the needs and aspirations of their local community. The new regulations support parents' engagement in, and knowledge of, local services because they require local authorities to publish a short breaks service statement detailing for parents the range of services on offer in each area and the eligibility criteria that apply to them. The new short breaks service statement will encourage a greater degree of transparency about short breaks services.

Mediation to resolve disagreements

2.59 Despite the best efforts of parents and professionals to agree on the special educational provision for children, sometimes they do not agree. We believe that it is important to have an independent forum where such disagreements can be resolved and that parents have the right to appeal; we have no plans to remove parents' right to appeal to the First-tier Tribunal (SEN and Disability) if they disagree with decisions made by local authorities. However, while it is important for this right to continue, we know that parents can find the appeal process stressful.[81]

2.60 It can be better for parents and a better use of public funds if disputes about assessments and statements are resolved earlier and through non-judicial means.[82] The Tribunal is already taking steps to encourage the resolution of cases well before the appeal hearing where appropriate.

2.61 We want to boost the role of mediation facilitated by an independent party in the appeal process. Where mediation has been used by West Midlands authorities, four out of five cases reached a settlement between parents and the local authority without going to the Tribunal. There are currently dispute resolution services but, despite the potential benefits of mediation, they are under-used and under-promoted, with an average of little more than one mediation per authority per year and more than half of authorities reporting no mediations during one year.[83]

80 Langer et al (2010) and Robertson et al (2010)
81 Runswick-Cole (2007)
82 Tennant et al (2008)
83 Harris et al (2009)

2.62 **We propose that parents and local authorities should always try mediation before a parent can register an appeal with the Tribunal**, but we do not want this to affect the time that parents have to appeal or to change parents' right to appeal.

2.63 Parents are able to use the local authority and NHS complaints processes, both informal and formal, if they are unhappy with the services they are getting. We want to use the assessment and plan pathfinders described in chapter one to test a more coordinated approach to mediation for parents across education, health and social care when parents aren't content.

Question 16: Should mediation always be attempted before parents register an appeal to the First-tier Tribunal (SEN and Disability)?

Question 17: Do you like the idea of mediation across education, health and social care? How might it work best?

2.64 Although the Tribunal must take into account the efficient use of resources when considering decisions on school placements, some decisions by the Tribunal can have significant financial implications for the local authority. For example, when the Tribunal rules that a child needs an expensive school place, this can represent a new large share of the local authority budget. Given the potential impact on the local authority budget, we would like to ensure that the Tribunal continues to give both priority to ensuring that children's SEN are met and full weight to the efficient use of resources when considering the best way to meet their needs.

2.65 The Ministry of Justice has been consulting on changes to the provision of legal aid. The proposals, as consulted on, would mean that legal help and advice would no longer be available to parents to help them prepare appeals to the First-tier Tribunal (SEN and Disability) in SEN cases. However, legal aid would continue to be available where it is now for parents to make disability discrimination claims on behalf of their children, that is, legal help and advice for First-tier cases and legal representation for cases that go before the Upper Tribunal. The Ministry of Justice is currently considering the responses to the consultation and will be publishing a response to the consultation in the late spring. The consultation also proposed that a new exceptional funding scheme should be introduced to provide legal aid for cases outside the scope of legal aid where the Government is satisfied that this is necessary for the United Kingdom to meet its domestic and international legal obligations. The Ministry of Justice and the Department for Education are working closely on this issue.

2.66 The new Courts and Tribunals Service will begin on 1 April 2011, and some parents are concerned about what the integration of the Courts and Tribunals Services might mean for the formality of the venues in which SEN appeals and disability discrimination claims are heard. The new Service will preserve the unique and distinctive features of tribunals and will continue to aim to hold SEN and disability hearings in appropriate settings.

2.67 We believe it is important to open up the right to appeal for children, as recommended by the United Nations Committee on the Rights of the Child, so that those, such as looked after children, whose opportunity to have their cases heard at the Tribunal is restricted by their circumstances are not disadvantaged. Government has previously consulted on giving secondary school-aged children the right to appeal SEN cases to the First-tier Tribunal and to make disability discrimination claims. The responses to the consultation were overwhelmingly in favour of giving children this right.

2.68 **The Department for Education, working with the First-tier Tribunal (SEN and Disability), will pilot giving children the right to appeal and make disability discrimination claims in two or three local authorities with a view to extending the right to all children across England.** The pilot will test whether the right to appeal is something that children would use, the best way to handle these appeals, and the cost implications of this change.

3 Learning and achieving

Chapter summary

3.1 Parents' confidence that their child's needs are being met is vital to making the system feel less adversarial. A central piece of this jigsaw is the capacity and commitment of the education system to give every child and young person the chance to succeed. Every child, whether in a mainstream or special setting, deserves a world-class education to ensure that they fulfil their potential. Everyone who works with disabled children and children with SEN should have high expectations of them and the skills to help them to learn.

3.2 But the system doesn't always work in the way it should for disabled children and young people and those with SEN. Too many face significant barriers to their progress and achieve less well than their peers at school and in further education. Disabled children and children with SEN are more likely to be bullied or excluded than their peers. They also tell us that they want to be educated by people who understand their impairments, without fear of being stigmatised by their peers and in an environment where poor behaviour is not tolerated.

3.3 To provide the best opportunities for all children and young people we must confront the weaknesses of our education system. Children's needs should be picked up as early as possible, but teachers tell us that they have not always had training to identify children's needs, or to provide the right help. Head teachers have been overwhelmed with top-down initiatives rather than having the freedom to drive improvements.

3.4 Previous measures of school performance created perverse incentives to over-identify children as having SEN. There is compelling evidence that these labels of SEN have perpetuated a culture of low expectations and have not led to the right support being put in place.

3.5 In our Schools White Paper, *The Importance of Teaching*, we set out our vision to match the best education systems in the world. Building on that, our proposals in this Green Paper will mean that:

- teachers and other staff in schools and colleges are well trained and confident to: identify and overcome a range of barriers to learning; manage challenging behaviour; address bullying; and intervene early when problems emerge;
- schools will have additional flexibility to support the needs of all pupils, and will have additional funding to support disadvantaged pupils through the pupil premium;

- teachers feel able to identify effectively what a child needs to help them to learn and to plan support to help every child progress well, reflecting the specific needs of children with SEN and those who may just be struggling with learning and need school-based catch-up support which is normally available;
- parents have the information they need about how the school is supporting their child;
- schools are more clearly accountable to parents, governors and Ofsted; and
- special schools share their expertise and services to support the education, progress and development of pupils in other special and mainstream schools, leading to a greater choice of specialist provision.

3.6 To work towards this:

- we intend to tackle the practice of over-identification by replacing the current SEN identification levels of School Action and School Action Plus with a new single school-based SEN category for children whose needs exceed what is normally available in schools; revising statutory guidance on SEN identification to make it clearer for professionals; and supporting the best schools to share their practices. This will help teachers to spot quickly and accurately any barriers to learning and provide the right support to help each child progress;
- we will introduce an indicator in performance tables which will give parents clear information on the progress of the lowest attaining pupils;
- starting with those judged by Ofsted to be outstanding, all maintained special schools will in due course have the opportunity to become Academies; and
- parents and members of local communities will be able to establish new special Free Schools.

3.7 While parents are the single biggest influence on a child's life and development, schools play a vital role in educating children and young people and preparing them for the future, including for training and employment and to play a constructive role in society. In this chapter we set out our approach to ensuring that teachers, lecturers, and school and college leaders have the right training and professional development to identify and meet the needs of disabled children and children with SEN. This chapter describes the importance of special schools in supporting quality in the special education sector and how we will ensure sharper accountability for all pupils' progress at school to parents, local communities, governors and inspectors.

3.8 International evidence shows that the most important factor in effective school systems is the quality of teachers and teaching.[84] For those children that face the

84 Sanders and Rivers (1996)

greatest educational challenges, high quality teachers trained to support pupils with a wide range of SEN will be the most powerful way to drive up attainment. Here, we set out our approach to improving the initial training and ongoing development of teaching staff and school leaders in special and mainstream schools, sharing excellent teaching practice in supporting pupils who are disabled or who have SEN, and identifying and developing special school leaders.

Developing excellent teaching practice for SEN in schools and colleges

3.9 Delivering our vision depends on every teacher having excellent knowledge and skills. However, at present teachers' initial training does not always equip them with the tools to identify and meet a broad range of needs. Children and young people have told us that they find it frustrating when those who help them in school or college have an insufficient understanding of their conditions or needs. Teachers tell us that understanding different types of SEN helps them to teach effectively and that more could be done to make specialist training available.[85]

> 'The initial training of all teachers should include a substantial component of SEN. Full-time advanced courses should be re-established for teachers specialising in SEN. All secondary schools should have special trained teachers on their staff...'
>
> *Special needs governor*

3.10 Recent evidence highlights gaps in teachers' initial training in supporting pupils with SEN and effective behaviour management.[86] To address this, *The Importance of Teaching* set out plans to give a stronger focus on support for children with additional needs, including those with SEN, in the standards for qualified teacher status. We will ensure that SEN training resources for initial training also include learning from the effective Achievement for All programme, which aims to support school leaders and teachers to improve achievement for disabled children and children with SEN. Further details on the Achievement for All approach are set out in more detail later in this chapter.

3.11 Working in special schools can also provide a unique opportunity for teachers to develop their skills in teaching children with particular support needs. To ensure that those entering the profession can develop this specialist knowledge from the start, **we will provide additional funding for initial teacher training providers to secure a greater number of placements for trainee teachers in special school settings.**

3.12 We have acknowledged that there should be better recognition of the professional skills needed to support children and young people with SEN or who are disabled in further education. We know that where colleges have focused on developing the expertise and skills of their staff this has had a direct impact on

85 DfE Call for Views (2010)
86 Ofsted (2007) and Steer (2009)

improving outcomes for young people with SEN or who are disabled.[87] **The Department for Education will work with the Department for Business, Innovation and Skills and the Learning and Skills Improvement Service (LSIS) to support the development of SEN and disability training for those teaching in colleges.** As described in chapter four, this will also help to improve transition and access to post-16 qualifications and learning for young people who are disabled or have SEN. This will build on the work that LSIS is already undertaking to enhance further education sector support, resulting in a range of tools and resources.

3.13 Following initial training, teachers undertake continuous professional development to extend their skills and knowledge. Building on our plans to strengthen initial training, we will also boost the availability of advanced-level continuous professional development. We have asked the Training and Development Agency for Schools to commission online training materials for teachers about profound, multiple learning disabilities, severe learning disabilities, and complex learning difficulties and disabilities. We will make available free training materials focused on autism; dyslexia; behavioural, emotional and social difficulties; and speech, language and communication needs. These resources will be nationally recognised and flexible so that they can be used for accredited professional development. Teachers have undertaken higher-level professional development in SEN for many years, including the well established mandatory qualifications in teaching children with sensory impairments.

3.14 *The Importance of Teaching* introduced a competitive national scholarship scheme which will allow teachers to deepen their subject knowledge through higher-level professional development including post-graduate qualifications. **We also propose to fund scholarships for teachers to develop their practice in supporting disabled pupils and pupils with SEN, including in specific impairments.**

3.15 Once in the classroom, research shows that the most effective way for teachers to develop is by learning from each other.[88] Teachers who have specialist knowledge and experience in working with young people with SEN are often well placed to develop the skills of their colleagues. *The Importance of Teaching* sets out proposals to develop a national network of Teaching Schools, to lead and develop sustainable approaches to teacher development across the country and drive school improvement. **Outstanding special schools will be able to apply to become Teaching Schools, or members of a Teaching School partnership, developing their own staff alongside staff in schools throughout their network and sharing their expertise.**

Question 18: How can we ensure that the expertise of special schools, and mainstream schools with excellent SEN practice, is harnessed and spread through Teaching Schools partnerships?

3.16 The Teaching Schools network will play a proactive role in brokering partnerships between schools, quality assuring and supporting high calibre professional

87 Ofsted (2010)
88 HMIE (2009)

development for school staff. We know that it is sometimes hard to attract head teachers to lead special schools and, as these networks develop, Teaching Schools will increasingly provide a means through which those with the potential for special school headship can be identified and developed. This should support better local succession planning.

3.17 Evidence shows the value to schools of this partnership approach to growing SEN knowledge and skills, particularly when coupled with the effective use of specialist resources.[89] We intend to help local networks of schools develop teachers with specialist skills and knowledge who can be deployed across local clusters of schools. Requirements will vary across each cluster and it will be for groups of schools to identify their priorities. Teaching School partnerships will provide an excellent way for local areas to develop specialists, for example in behavioural and emotional support, who are able to work across school clusters, including with and between special schools. We believe that locally led approaches will have greater impact and will help to expand and better deploy the expertise that exists within our special schools.

Case study: Lampton School and the London Leadership Strategy

Lampton School (which acquired Academy status in September 2010) and the London Leadership Strategy have identified outstanding SEN practitioners in both mainstream and special schools across London. These lead practitioners, who include SENCOs, teachers and senior leaders with responsibility for SEN, support over 40 schools across London.

'The opportunity for outstanding SENCOs and Inclusion Leads to share their knowledge and good practice with other colleagues is limited and in this respect we are ignoring our greatest resource in raising standards for children with SEN. We need to unlock this knowledge and move it freely around schools. Utilising the skills of special school colleagues to support curriculum development, improve behaviour and raise the attainment of SEN pupils in mainstream schools has been an important part of the strategy.'

Lampton School and London Leadership Strategy

3.18 In further education, we will consider how best to encourage this type of partnership working between independent specialist colleges, special schools and colleges. This will help spread knowledge, improve expertise, build capacity, and share delivery arrangements so that colleges and training providers can respond effectively to the needs of learners, employers and communities to whom they are increasingly accountable. The Association of Colleges currently recognises colleges that are exemplars in teaching students with learning difficulties and/or disabilities. **The Department for Education is exploring the possibility of an award run by the Association of Colleges for those colleges that demonstrate best practice in working with young people with SEN**.

89 Lindsey et al (Interim Report, 2010) and Salt (2010)

Question 19: How can we ensure that we improve SEN expertise, build capacity and share knowledge between independent specialist colleges, special schools and colleges?

Effective leadership is critical to changing ethos and approach in schools and colleges

3.19 It is school and college leaders who drive the ethos and direction of their institutions. None of the ambitions highlighted here are possible without strong and effective leadership.

3.20 School leaders are best placed to lead improvements in their own schools and to provide help to others. *The Importance of Teaching* announced that the content of the National Professional Qualification for Headship (NPQH) will be reviewed. As part of this process we will ensure that SEN and disability are considered appropriately.

3.21 Through the National and Local Leaders of Education (NLE and LLE) designations we are able to recognise those head teachers who share their outstanding practice through direct school-to-school support or through peer-to-peer coaching and mentoring. There are currently 37 Special NLEs and 34 Special LLEs. The National College will double the overall number of NLEs and LLEs by 2015 and expand the numbers of Special NLEs and LLEs. We will work to ensure that they continue to be deployed effectively within and across local authority boundaries, building productive working partnerships. We believe this programme will continue to help drive improvement for all children, including those who are disabled or who have SEN.

3.22 Building on the success of NLEs and LLEs we will create a new designation of Specialist Leaders of Education. These will be serving middle and senior school leaders who are outstanding at what they do and who are able to play a role beyond their school, supporting others to improve, including those who work with children with SEN and disabilities. We envisage that by the end of 2014 there will be 5,000 Specialist Leaders of Education.

Question 20: How can we continue to build capacity and SEN specialist skills at each tier of school management?

3.23 School governors are vitally important in improving outcomes for children with SEN. Many good schools have dedicated SEN governors whose remit is to ensure that the school is held to account for improving outcomes for pupils with SEN or disabled pupils. In *The Importance of Teaching*, we set out the key questions that governors should ask, including how schools can raise standards for children with SEN. We will ensure that governors have more data so that they can provide effective support and challenge to schools, holding them to account for the progress of pupils with SEN. The National College will also provide high quality training for the chairs of governing bodies to ensure that they can carry out their role effectively.

Getting the best from all school and college staff

3.24 While head teachers and governors have the responsibility for ensuring that disabled pupils and pupils with SEN get the right support, it is frequently the SENCO who has the day-to-day lead. In many cases SENCOs work with teachers on mapping the provision for all pupils who need additional support, advising staff on appropriate and alternative interventions as a child moves through school, and modelling effective practice. The relationship between the SENCO and the senior management team within the school is critical to the effectiveness of this pivotal role.[90]

3.25 All maintained schools and Academies are required to have a designated teacher to champion the educational attainment of looked after children on roll. In some schools this role will be undertaken by the same teacher as the SENCO. Where these roles are done by different people it is particularly important for the SENCO to work closely with the school's designated teacher for looked after children in order to understand a child's individual support needs. It is therefore important that SENCOs have appropriate training to equip them for their role. **The Department for Education is continuing to fund the training of new SENCOs in the academic year 2011/12.**

3.26 Within schools, support staff can make a real difference to the achievement of pupils with SEN, but they need to be deployed and used effectively in order to do so.[91] Some schools have helped to achieve significant improvements in the outcomes of their pupils with SEN by reviewing the amount of time spent with, and type of support from, teaching assistants. Evidence published in 2009 showed how teaching assistants can have a positive impact on pupils' self-esteem. However, teaching assistant time should never be a substitute for teaching from a qualified teacher. Too often, the most vulnerable pupils are supported almost exclusively by teaching assistants:

their routine deployment to pupils most in need seems to be the heart of the problem. Pupils with the most need can become separated from the teacher and the curriculum.[92]

This practice is not acceptable. Children with SEN need more, not less, time with the school's most skilled and qualified teachers.

90 Two sets of regulations came into force on 1 September 2009 which placed a duty on governing bodies to ensure that SENCOs are qualified teachers and that newly appointed SENCOs undertake nationally approved training for SEN coordination. The Department has supported the new requirements by making £10 million available for nationally approved SENCO training (delivered by partnerships involving local authorities, universities or private providers) for those new to the role. This training will cover their strategic role within the school.

91 Alborz et al (2009)

92 Blatchford et al (2009)

Case study: Lyng Hall School, Coventry

Lyng Hall used the Achievement for All project to improve the outcomes for pupils identified with SEN and disabilities.

As part of the long-term development of the school, a major cultural change within the staffing structure has redefined the role of support staff and how they work with pupils and their families. Teaching assistants, learning mentors, cover supervisors and family support workers have all been replaced by a group of 20 associate teachers. Associate teachers work with students and their families and intervene and provide support in class, around school and at home.

Associate teachers have developed a close working relationship with families linking them with key support agencies and providing whatever assistance is needed to enable the family to better support their children's education. Over the past year collaboration between the staff, pupils and their parents has improved behaviour, and attendance has risen to 93 per cent. Persistent absence has dropped from 12.5 per cent to 3.6 per cent. At Key Stage 4, the proportion of pupils achieving at least 5 GCSEs at grades A*-C has risen from 61 per cent in 2008 to 79 per cent in 2010.

3.27 For teaching assistants to have a positive impact they need to be trained, supported, deployed and managed effectively. This is not only a matter for the teaching assistants, or the class teachers working with them in the classroom, but one of effective school organisation and, crucially, leadership. *The Importance of Teaching* set out how we will enable schools to make best use of the talents of support staff, by giving schools the freedom to decide how to deploy them and on their responsibilities and their pay. School leaders and teachers will need to continue to think about how best to deploy their support staff and how to ensure that children with the greatest levels of need experience the best quality teaching.

3.28 There are talented support staff currently working with disabled children and children with SEN who have the potential to develop further in their role and potentially pursue a career in teaching. **We will launch an additional scholarship fund, open to the most able teaching assistants and other support staff, to enable them to build on their SEN support roles and develop their careers further.**

Question 21: What is the best way to identify and develop the potential of teachers and staff to best support disabled children or children with a wide range of SEN?

The Achievement for All approach

3.29 Achievement for All has shown that the engagement of effective school leadership, high expectations, greater and more constructive involvement of parents, clear target setting and careful tracking of pupil's progress leads to an improvement in the outcomes pupils achieve – including improvements for those children and young people who have experienced barriers to learning. As well as

better educational outcomes and accelerated progress, schools say that the programme is also leading to parents feeling more confident about the support that their child is getting and to children and young people reporting a sense of personal achievement in their education.

> 'My son is now more confident, he interacts better, he is learning more about himself. He used to really struggle and was so clingy with me.'
>
> *Year 1 parent*

3.30 The Achievement for All programme has led to schools declassifying children previously identified at School Action, because with a culture of high expectations and provision of personalised school-based support the label itself is no longer necessary. Schools involved in the programme are looking more systematically at moving children out of SEN categories when their needs have been addressed and are re-examining how they identify children with SEN. Key to this is teachers having a good understanding of where children are in their learning, what their support needs might be and how these needs fit with the school's normally-available, targeted, offer for children who fall behind.

Haverstock School, Camden

Haverstock School, Camden, has 1,300 pupils: over 70 per cent are from minority ethnic backgrounds, and over 60 per cent are bi-lingual. In 2009, over 50 per cent of pupils were on the SEN register. Through the introduction of Achievement for All in Years 7 and 10 this has been reduced by 11 per cent. Achievement for All has been a core part of the school improvement plan. The head teacher has reported an increase in attainment in Year 10 and 11 reflecting a focus on pupil outcomes, and indications suggest that there will be significant improvement in GCSE results in 2011. For Haverstock, Achievement for All has been a priority, fundamental to improving practice and supporting staff in raising the aspirations and achievement of all disabled pupils and pupils with special educational needs.

3.31 **We know that the approaches used in Achievement for All can have a hugely positive impact on pupils. We have launched a tender for bids from external organisations to spread the practices that those involved with Achievement for All have developed.** We believe that it is important for the school and SEN sector to lead the way in delivering excellence in SEN and school improvement support. **We will ask the successful bidder to work with the voluntary and community sector to develop a quality mark for those schools that are developing excellent and innovative SEN support**.

Challenging low expectations of, and targeting support for, children with SEN

3.32 All children deserve a good education, with staff in schools giving them the confidence, self-belief and teaching that they need to fulfil their potential. To date the education system has failed to address barriers to learning and does not show

the same unremitting commitment to every child's progress that is seen in the best schools.

3.33 This situation is unacceptable and there is compelling evidence that problems are exacerbated further for children and young people with SEN.[93] Our fundamental reforms to the school system, set out in *The Importance of Teaching*, give greater freedom and flexibility to schools, teachers and school leaders, alongside sharper accountability for supporting every child to achieve their potential.

3.34 As part of this we have given schools greater flexibility over their resources, removing ring-fences and specific grants so that schools can choose how to use their money to maximise benefits to pupils. Through the pupil premium we will introduce £2.5 billion of funding a year on top of existing school spending by 2014-15 to help schools offer additional and targeted support for pupils from the most deprived backgrounds, and almost a third of pupils with SEN are also in receipt of free school meals. Schools will have the freedom to use this money as they choose, for example, for extra one-to-one tuition or catch-up support.

3.35 Funding previously held centrally for the Every Child programmes, targeted at those children in the bottom five per cent in early reading and mathematics, has now been made available to schools through the Dedicated Schools Grant**. In addition we will provide funding to facilitate the transition to the open market of the Every Child a Reader and Every Child Counts programmes. This will make it possible for those schools that want to use these approaches to do so through ensuring training is available. We will also provide funding for phonics-based training and resources which will support those children who need additional help in reading to catch up. The Department for Education will work with SEN specialists as we develop the Year 1 phonics screening check so that it helps to identify children, including those with SEN, who require additional support.**

3.36 Schools, local authorities, parents, voluntary and community sector organisations, charities and social enterprises will be able to bid for a share of the new £110 million Education Endowment Fund in order to turn around the lowest performing schools. This will include support for innovative approaches to raising the attainment of disadvantaged pupils and sharing this learning.

3.37 We want teachers to have greater freedom to use their professionalism and expertise in order to help all children progress. This is why we have launched a review of the National Curriculum. We will develop a new National Curriculum which sets out only the essential knowledge that all children should acquire, and leaves teachers to decide how to teach this most effectively and to design a wider school curriculum which best meets the needs of their pupils. We will ensure that the new National Curriculum takes account of the needs of all pupils, including disabled children and children with SEN, and is designed in such a way that it will be easier for parents to understand the progress their child is making and, therefore, to support their education.

3.38 As we set out in chapter one, there are clear benefits to early intervention and where possible children's SEN should be identified as soon as they emerge so that

93 Ofsted (2010)

the right support can be put in place. For many young people, these needs may emerge and change once they go to school or move from primary to secondary school. Teachers and staff in schools must be equipped to identify correctly barriers to children's learning and understand whether this is a special educational need so that every child can be given the best opportunity to succeed by professionals who know how to support them. At present, the way that schools identify children with SEN is not achieving this. In particular, children are often identified as having lower-level SEN (at School Action) when in fact the barrier to their learning could and should be addressed through normal day-to-day classroom practice.

3.39 Whilst no additional resources are provided to schools for children with a low-level SEN (at School Action), for too long our school system has perpetuated perverse incentives to over-identify children as having SEN through performance markers such as contextual value added measures.[94] Ofsted's recent review into SEN and disability noted the high proportion of children incorrectly identified as having SEN when they may have other non-SEN related difficulties, or where the term SEN is used as an excuse for low achievement.[95] At School Action in particular Ofsted commented that difficulties that would typically be accommodated by good class teaching and the sorts of targeted support that schools should already routinely provide as part of their normally-available offer to all pupils, were being labelled as SEN.

3.40 Current practice harms children who do not have SEN, but who are identified as having SEN. Too often the label excuses inaction: slow progress by some children is deemed satisfactory because of a non-existent special need. This problem of over-identification sustains a culture of low expectations for these children and can mean that they do not get the right help. It can distract teachers away from their main priority of teaching pupils, assessing where they are in their learning and ensuring they get the right help where needed. SEN should not be used as a label or as an excuse for failing to understand the challenges to achieving their potential that some pupils face. We have clear evidence of the benefits to children and their families where this problem is effectively addressed by schools, notably from the Achievement for All programme. In order to embed this approach more widely we propose to disseminate best practice, change statutory guidance on how SEN should be identified, reassure parents that their children's barriers to learning are being addressed by the school, and enforce sharper accountability.

3.41 We are developing new measures in the performance tables on the progress of disadvantaged pupils and the lowest attaining 20 per cent of pupils and on the destinations of young people post-16 (set out in greater detail later in this chapter) which will provide sharper accountability to parents, governors and inspectors for the achievement of these groups.

3.42 As well as spreading best practice, we propose to be much clearer in guidance for professionals about how to identify SEN accurately. Statutory guidance is set out in the SEN Code of Practice (which, as chapter five explains, we will make shorter and clearer for professionals).

94 Ofsted (2010)
95 Ofsted (2010) and Lamb (2009)

3.43 **We propose to replace the SEN Code of Practice categories of School Action and School Action Plus with a new single school-based SEN category, providing clear guidance to schools on the appropriate identification of SEN.**

3.44 Our proposal would help professionals to differentiate between children who need additional support to catch up with their peers and those who need a tailored approach to address a special educational need. We believe that a single category will help to avoid the confusion inherent the current framework which identifies children's needs on the basis of how appropriate support is provided (from within school resources or from external sources). It will mean fewer children are identified as having SEN, while deterring a low expectations culture and allowing teachers and schools to focus on providing the help that every child needs. The most important thing for any child and their family is that the right support is put in place, no matter what barrier to learning a child experiences, and how appropriate support is to be provided.

3.45 Our proposal for a single category of SEN would make it easier for schools to plan and deliver the right support and provide clarity for families on the help their child can expect to receive, whether it is a normally available tailored approach (such as support delivered through one of the Every Child programmes) or something specific to SEN.

3.46 In chapter two we set out details of the local offer. Ensuring that schools are clear about their provision that is normally available for all children, including targeted help routinely provided for those falling behind and the additional provision they make for those with SEN, should simplify the process of planning the right help for pupils at school level, using the additional resources that they may be receiving from the pupil premium and their delegated SEN budgets (which will be unaffected by any changes to the school-based SEN category). To provide parents with clarity about the support their child could receive, local authorities would be required to work with schools to set out this information for parents.

3.47 The current differences between Early Years Action and Early Years Action Plus are not easy to assess. Our proposed revision to the Code of Practice on the appropriate identification of SEN will help early years settings identify and address children's needs.

Question 22: What is the potential impact of replacing School Action and School Action plus and their equivalents in the early years with a single category of SEN in schools and early years settings?

Question 23: How could changing the school- and early years setting-based category of SEN embed a different approach to identifying SEN and addressing children's needs?

3.48 In light of the consultation responses and any changes that we put in place, the Department for Education will ask Ofsted to review the impact of the changes to the ways in which pupils' SEN is identified.

Identifying and tackling the causes of difficult behaviour

3.49 Some 26 per cent of young people at School Action Plus and 14 per cent of pupils with statements have a behavioural, emotional or social difficulty (BESD) identified as their primary need.[96] Many more may have a SEN or impairment that means they may require different support from their teacher.

3.50 School behaviour policies are of particular relevance to disabled children and children with SEN and this issue is highly emotive for families. Disabled children and children with SEN are more likely to experience bullying than their peers and are also more likely to be excluded, whether on a fixed-term or a permanent basis. Here we set out our approach to helping schools identify children at risk of bullying or exclusion because of their SEN or disability and how we will ensure that appropriate support can be put in place early.

3.51 The behaviour of other children can cause particular distress for disabled pupils and pupils with SEN. Disabled children and children with SEN are more likely to experience bullying than their peers and evidence suggests that the incidence of bullying for this group is increasing.[97] As part of our Call for Views for this Green Paper we have met groups of disabled children and young people and those with SEN to find out what would improve their experiences of school and the wider support system. We have heard that, too frequently, these children report being bullied or singled out because of their impairment. They want to be listened to, their concerns to be taken seriously, and schools to tackle incidents of bullying as soon as they arise.

3.52 Training teachers in a range of behaviour management techniques and enabling them to intervene early are crucial to ensuring that they can establish a culture of respect and safety with good pastoral care. This is what good schools do. We are determined that all schools should instigate a zero tolerance approach to prejudice-based bullying. **We will work with the Anti-Bullying Alliance to share best practice that will help teachers identify those pupils who are disabled or have SEN and are at risk of bullying, and to tackle this effectively where it arises.**

3.53 Identifying the root causes of behavioural issues can be difficult. For example, evidence suggests that some children with BESD have underlying communication problems and the presenting behavioural problem is caused by frustration with their education.[98] [99] Other children may display challenging behaviour, labelled as SEN, which is actually the result of other issues, including difficulties in their home lives. Ensuring that teachers are well equipped to identify whether children have SEN, or other barriers to engaging with learning and school life, and to provide appropriate early support, is key. Where children and young people do not receive the appropriate support this can lead to poor long-term outcomes for them and their families. They can be more likely to be excluded, achieve less well at school

96 DfE SEN SFR (2010)

97 Chamberlain et al (2010)

98 3.9 per cent of children with BESD as their primary need type have SLCN as a secondary need type; and 6.5 per cent of children with SLCN as their primary need type have BESD as a secondary need type. Analysis from DfE SEN SFR (2010)

99 Some studies suggest that over 55 per cent of pupils identified with BESD have underlying communication difficulties. ICAN Talk Series (2006), Giddan et al (1996), Jones and Chesson (2000) and Cross (1997)

and less likely to go into future employment and training. This has inherent wider social and financial costs. It is sometimes suggested that the term 'behavioural, emotional and social difficulties' puts too great an emphasis on the presenting behaviour. We want to ensure that assessments of SEN and any assessments of children displaying challenging behaviour, by any professional, identify the root causes of the behaviour rather than focus on the symptoms.

Question 24: How helpful is the current category of BESD in identifying the underlying needs of children with emotional and social difficulties?

Question 25: Is the BESD label overused in terms of describing behaviour problems rather than leading to an assessment of underlying difficulties?

3.54 While effective early intervention can help to reduce exclusions, there will still be occasions where schools will decide that excluding a pupil for a period is necessary. In *The Importance of Teaching* we set out an intention to trial a new approach to permanent exclusion, through which schools will remain accountable for the placement and progress of excluded pupils when they are in alternative provision, and receive the funding that is currently allocated to local authorities. While head teachers must not be constrained in excluding when necessary, we believe that this change will create a strong incentive for schools to intervene early to support pupils and thus reduce the need for exclusion. It will also encourage schools to collaborate on the provision of early intervention and alternative provision to ensure that the most vulnerable children receive the highest quality of education. **Our trial of a new exclusions approach will consider the needs of, and impact on, disabled children and children with SEN.**

3.55 We know that there is a group of children with SEN who are currently excluded on multiple occasions on a fixed-term basis, and there may be other excluded pupils whose SEN have not yet been identified. Incidents which prompt multiple exclusions will often be an indication that a pupil has underlying difficulties that may not have been correctly identified or met. There could be a range of causal factors for behavioural problems including underlying mental health or family problems. Exploring wider family circumstances is often crucial to identifying the root causes of behavioural problems. A whole-family approach to the assessment of needs and delivery of services can ensure that the children from families facing multiple problems, which may be the underlying reason for their behaviour difficulties, are effectively supported. In order to offer routinely more effective early support, **we will recommend in exclusion guidance that children are assessed through an effective multi-agency assessment for any underlying causal factors.** We will suggest that schools trigger this assessment in instances in which a pupil displays poor behaviour that does not improve despite effective behaviour management by the school. **We will also use the trial of the new exclusions system to test out the effects of this type of early assessment of need.**

3.56 A total of 72 per cent of all permanently excluded pupils have identified SEN.[100] Pupils at School Action Plus were about 20 times more likely to receive a permanent exclusion in the academic year 2007/08 than those with no SEN, and seven times more likely to receive a fixed-period exclusion in the academic year

100 DfE Exclusions SFR (2008/09)

2007/08 than those with no SEN.[101] Young people with SEN are also over-represented in the offender population. The recent Ofsted report emphasised the importance of schools having strong pastoral systems and access to specialist services such as Child and Adolescent Mental Health Services (CAMHS) which can intervene early to reduce the risk of exclusion. Many special schools also have significant expertise in providing this kind of preventative support.

Case study: New Woodlands School, Lewisham

New Woodlands School in Lewisham has been central to the authority's strategy of minimising exclusions. It is an integrated school and outreach service for pupils aged 7 to 14 years who have emotional, social and behavioural difficulties. Pupils are referred directly from mainstream schools to the outreach service and support is often arranged in their mainstream setting.

Where pupils attend the school, they receive individualised, supportive, short-term programmes designed to address behavioural and learning needs and to prepare pupils for a successful return to mainstream school, which is achieved in most cases. The outreach services work with many primary and all secondary schools in the authority. The numbers of permanent exclusions of pupils in Key Stage 2 and Key Stage 3 have reduced significantly since the school offered its wider outreach role, and mainstream school head teachers report positively on the early intervention role provided by the school. In 2009 Ofsted rated the school as outstanding.

Question 26: How could we best ensure that the expertise of special schools in providing behaviour support is harnessed and shared?

Improving access to wider behaviour support

3.57 Special and mainstream schools have used evidence-based therapeutic interventions as part of the Targeted Mental Health in Schools (TaMHS) approach for children with emerging mental health and behaviour problems. The interventions are often provided by voluntary or community sector organisations. Schools involved with the programme have reported improved behaviour, attendance, attainment and fewer exclusions among targeted pupils as well as better links to local CAMHS. In particular, for children with behavioural difficulties, it has helped schools consider the underlying issues and provide appropriate support early.

101 DfE SEN an analysis (2010)

> 'TaMHS has made a significant shift in the practice culture of school-based staff, giving them the knowledge and skills to assess and support children with lower level needs who would otherwise be referred to agencies such as CAMHS leading to improved behaviour and reduced exclusions. TaMHS is now firmly embedded in our strategic plans for early intervention, with a recurring budget from our Early Intervention Grant secured to continue the work post-March 2011.'
>
> *Local authority strategic commissioner for children with additional needs*

3.58 Through the recent *Mental Health Strategy* the Department of Health set out the Government's intention to secure better outcomes from high quality mental health services for children, young people and their families across the spectrum from universal to specialist provision.[102] The Early Intervention Grant for local authorities includes resources which can be used to commission and provide the kind of support delivered through TaMHS. Over the next four years **the Department for Education will be providing support to build the capacity of the voluntary and community sector, including in the delivery of targeted mental health support**.

3.59 We know that delivering intensive whole family support can be particularly effective for families with multiple problems. Local authority family intervention services provide intensive and persistent support, coordinated by a single key worker.[103] Local authorities will have resources through the Early Intervention Grant which can be used to provide these sorts of interventions should they choose to do so.

3.60 High quality alternative provision is key to ensuring that excluded pupils fulfil their potential. This will often involve support from other agencies and services. We know that some special schools have particular expertise in this area, and some local authorities are harnessing this to improve quality and diversity in the local alternative provision market, using BESD special schools to deliver this. **We will explore ways to make it easier for special schools and special Academies to enter the market to offer alternative provision.**

102 DH *Mental Health Strategy* (2011)

103 http://www.education.gov.uk/rsgateway/DB/STR/d000956/osr09-2010.pdf Evidence from the first 1,788 families to exit a family intervention showed that truancy, exclusion or bad behaviour at school reduced by 54 per cent

Case study: East Sussex BESD provision

East Sussex BESD provision is a federation comprising three special BESD schools and a number of PRUs including a comprehensive range of alternative programs, working under one management structure led by an executive head teacher. The federation arrangements offer the local authority specialist expertise within their alternative provision, give schools flexibility to share resources and respond sensitively to young people's needs, and provide the ability to cater for a wider range of needs than if the schools were operating on their own. The federation and local authority work closely in partnership. The local authority report the effectiveness of the provision which has led to improvements to the curriculum and to standards across all schools and the PRU; better post-16 placements for young people with BESD; and reductions in the NEET population of schools leavers.

Question 27: What are the barriers to special schools and special Academies entering the market for alternative provision?

Special schools

3.61 Special schools, including maintained, non-maintained, and independent special school sectors, play a vital role in our school system, providing specialist expertise in educating children and young people who are disabled or who have SEN. Over 40 per cent of children and young people with statements of SEN attend special schools, independent schools and non-maintained special schools.[104] Special schools play an important role as a hub for wider services, for example offering after-school and family provision, including access to short breaks and particular therapies for disabled children and children with SEN and their families. Many special schools also offer specialist advice and services to mainstream schools. Flexible placements in more than one type of provision, over time or simultaneously, can be beneficial for children with SEN. It may be helpful for some children attending mainstream school, for example, to spend some time in a specialist setting for their learning needs to be thoroughly assessed, or for specialist support or to help them catch up. Strong links between schools improve support for the child and develop the skills of staff in both settings so that they are able to meet a broader range of needs.

104 DfE SEN SFR (2010), 38 per cent of children with statements of SEN attend maintained special schools, 4 per cent attend independent schools, and 2 per cent non-maintained special schools.

3.62 The profile of disabled children and children with SEN is changing. Children who may not previously have survived birth are now entering school. These children include those with co-existing conditions such as autism and attention deficit and hyperactivity disorder, or profound and multiple learning difficulties and others who may be affected by other factors such as multi-sensory impairment or mental ill health. This presents new opportunities and challenges for staff in finding the right approaches to enable these children to learn. The Specialist Schools and Academies Trust (SSAT), with support from the Department for Education, is taking forward a project involving staff in special schools working together with parents, other schools (mainstream and special), universities, local authorities, and health professionals. The project will research, devise and test new approaches to teaching and learning for children with emerging complex learning difficulties and disabilities, and share these widely. The project has developed an Engagement Profile and Scale and Inquiry Framework for Learning which enables teachers and other staff to observe, record and chart the engagement in learning of a pupil with complex learning difficulties and disabilities. This leads to a personalised learning target and supports pupils to progress.

Case study: Riverside Special School, Kent

Six year-old Lucy (not her real name) attends Riverside Special School in Kent. She has been diagnosed with Angelman syndrome (a chromosome disorder that causes severe learning difficulties), autistic spectrum disorder, global developmental delay and seizure disorder. In art activities Lucy's teacher struggled to overcome Lucy's compulsion to put paint and other materials in her mouth and this was preventing Lucy from learning from sensory play. When verbal and physical prompting proved unsuccessful, Lucy's teachers used the Specialist Schools and Academies Trust's Engagement Profile and Scale and Inquiry Framework for Learning to find alternative approaches. By providing Lucy with these her teachers found that she responded readily to verbal and physical prompts. Lucy was able to focus on, and engage fully in, learning from sensory activities.

3.63 We want to give parents, local communities and the private and voluntary sector the freedom, choice and flexibility to expand the special school market. In *The Importance of Teaching*, we set out our priority to extend greater autonomy to all schools. **Under legislation we have introduced, all maintained special schools will in due course have the opportunity to become Academies**. We have invited the best maintained special schools in the country to convert to Academy status first, and at present we are considering applications from maintained special schools judged to be outstanding by Ofsted. We are also considering applications to convert from other special schools that are seeking to work in partnership with an outstanding special school, or a mainstream school judged outstanding or good with outstanding features.

3.64 Extending greater autonomy to special schools will inject more dynamism and innovation into the special school sector. Special Academies will have the freedom and the responsibility for shaping their own vision, to teach, innovate, provide services and target funds based on what they think will enable the pupils in the Academy and across its community to achieve. Special Academies will help

to offer parents a greater choice of high quality provision from which to choose the school that offers the right learning environment and that will enable their child to fulfil their potential and make the transition to a successful and fulfilling adult life.

3.65 Special Academies will have the opportunity to play a leading role in transforming the educational experiences of disabled pupils and pupils with SEN. Special schools that become Academies will enjoy greater freedom to explore new and innovative arrangements for working with other schools and Academies, both mainstream and special, as well as with other services and agencies. We would welcome views on the ways in which the new special Academies can improve the quality of special educational provision and can serve their local communities most effectively.

Question 28: What are the ways in which special Academies can work in partnership with other mainstream and special schools and Academies, and other services, in order to improve the quality of provision for pupils with SEN and disabilities?

Question 29: What are the barriers to special Academies becoming centres of excellence and specialist expertise that serve a wider, regional community and how can these be overcome?

Special Free Schools

3.66 One of the areas in which we are keen to offer greater choice for parents is where they want to have more specialised support for their child than is available in a mainstream setting. We are also aware that existing special schools are constrained in their ability to offer a wider range of services and we think that there could be value in enabling Free Schools to broaden their offer.

3.67 The Department for Education will streamline the process for applying to open a Free School and will publish details in due course. September 2012 will be the first opportunity from which special Free Schools can be established. Initially we intend to focus on proposals to establish special Free Schools catering solely for children with statements of SEN.

3.68 However, we are keen to introduce new and innovative ways of improving outcomes for disabled children and children with SEN. We support the move to a more integrated education system where children can move more flexibly between mainstream and special provision to access the support they need, whether for a day a week or a short-term placement. This approach can help schools access early intervention activities for children, particularly with lower level needs, and would support re-integration back to mainstream education where appropriate. There has already been interest from groups coming forward with proposals to open Free Schools which cater for children with a particular SEN, seeking to provide education to both children with statements as well as those without statements of SEN. Careful consideration is being given to this model and particularly to how admissions to such schools would work and how to ensure that resources are not diverted away from those who need them the most.

Case study: The Harbour School, Portsmouth

The Harbour School is a community special school in Portsmouth which opened in 2007 as a result of the amalgamation of a BESD school, three pupil referral units and multi-agency behaviour support services under a single management and governance structure. A Power to Innovate Order was granted to relax the requirement to admit only children with statements of SEN. The school works with outside agencies and mainstream schools. It provides a flexible service and supportive short-term programmes to improve behaviour and address the underlying learning needs of targeted children, regardless of whether they have a statement. The school works with mainstream secondary schools to increase their capacity to address BESD issues, share good practice, and agree the placement of Hard to Place pupils and pupils returning from The Harbour School.

This approach has led to extremely low levels of permanent exclusion in Portsmouth (eight since September 2007) and a significant reduction in fixed-term exclusions. 21 children with BESD statements have been re-integrated back into mainstream schools compared with zero in the preceding three years. Attendance has increased within the school. The school uses social and emotional development approaches to support students to make good progress and there is a strong emphasis on achieving accredited qualifications.

Question 30: What might the impact be of opening up the system to provide places for non-statemented children with SEN in special Free Schools?

3.69 We know that the quality and availability of SEN provision varies across the country and we want to ensure that there are more equitable opportunities to access high quality provision, regardless of need or location. We will, therefore, over time, encourage proposers of Free Schools to come forward in particular areas of the country to provide education for particular SEN or disabilities, encouraging a greater diversity of provision while driving up quality.

Stronger school accountability

3.70 Public services are more likely to improve when autonomy is coupled with accountability for outcomes.[105] In *The Importance of Teaching* we described how we will dismantle the apparatus of central control and in its place make schools more directly accountable to parents, governors and the local community for the ways in which they help every child to progress and achieve. Here we set out our approach to delivering stronger accountability to parents, local communities and inspectors through clear information for parents and governors on school performance in the performance tables and in Ofsted inspections, and through ensuring that governing bodies are confident to support and challenge the school to improve.

105 OECD (2010)

3.71 Many children with SEN are among the lowest attaining and, too often, do not make the expected levels of progress, thereby perpetuating low attainment from key stage to key stage. We also know that post-16 young people with SEN are more than twice as likely to be not in education, employment or training (NEET) as those without.

3.72 **To address this we will put in place Key Stage 4 and Key Stage 5 Destination Measures** to ensure that schools and colleges are accountable for helping all their pupils prepare for success post-16 and post-18 by showing young people and parents how many of schools' and colleges' former pupils progress into further education, employment or training.

3.73 We have also set out how we will improve the school system so that schools and teachers can focus on helping children to fulfil their potential. We also need to make sure there is accountability for this improvement and that parents have clear information about their child's attainment and progress that is meaningful at school level.

3.74 **We propose to introduce new indicators into the performance tables relating to the progress of the lowest attaining 20 per cent of pupils. This would focus on those pupils entering a key stage who have not reached the expected national curriculum level.** The progress indicator would help show parents and the public how well schools do in supporting those pupils who start with low attainment to progress, by showing the proportion of pupils who started in the key stage from behind the nationally expected level and who have gone on to make expected levels of progress between national assessments, or even better. That is, it would show the proportions achieving at least two levels of progress from Key Stage 1 to Key Stage 2, and three or more levels of progress or the equivalent between Key Stage 2 and Key Stage 4.

Question 31: Do you agree with our proposed approach for demonstrating the progress of low attaining pupils in performance tables?

3.75 We now have in place the statutory collection of 'P Scale' assessment data which breaks pupils' progress down into smaller steps, and helps teachers to track the progress of those pupils with SEN who are working below level 1 of the National Curriculum. In order to help schools work together to improve their use of 'P Scale' assessments, teachers will have clear information that they can use to help them track pupils' progress, identify strengths and areas for development, and improve teaching and learning.

3.76 In addition, to help special schools track the performance of those pupils operating below the level of Key Stage 2 assessments (and put in place the right support), we have trialled school-level reports in the RAISEonline school and pupil tracking programme. Two reports are now available on RAISEonline for all special schools that have Key Stage 2 pupils.

Case study: Hodge Clough School, Oldham

Hodge Clough School has been a part of Achievement for All. The school used the project's framework to support assessment for learning. This has helped staff to moderate and standardise their assessments of pupils' learning and progress and to make judgements about any additional support that is needed. Staff also used the SEN Progression Guidance to ensure that pupils with SEN were set appropriately stretching targets. This has had a significant effect on staff confidence and pupil outcomes. The school has seen an 11 per cent increase in the proportion of pupils with SEN achieving expected levels for their age in Year 1 in both numeracy and reading. Overall pupil results have also increased.

3.77 We are committed to reforming school inspection so that it focuses on the core areas of pupil achievement, the quality of teaching, leadership and management, and the behaviour and safety of pupils. In reporting on these areas, we want a stronger focus by Ofsted on how well the education provided for disabled children and those with SEN meets their needs so that schools are properly held to account for both the outcomes and experiences of these children. Ofsted will shortly consult on proposals for the new school inspection arrangements and will be considering how best to achieve this within the new framework.

3.78 In addition, for mainstream schools that run resourced provision or special units, the Department for Education and Ofsted want to ensure that this provision is appropriately assessed by inspectors with the necessary specialist expertise.

3.79 We also want to recognise and reward the strongest performing schools by freeing outstanding special schools from routine inspection as long as they maintain their high standards. The Department for Education is working with Ofsted to identify suitable approaches for identifying performance and other factors that might indicate the need for inspection.

3.80 In creating a self-improving school system, we have made it clear that all schools, including special schools, will be freed from highly centralised approaches to school improvement but will have strengthened accountability for pupils' outcomes. Where the evidence shows that schools, including special schools, are failing to help pupils to progress and achieve their full potential, we will ensure that the school is able to draw on the necessary support and expertise to put in place a comprehensive plan to turn the school around. **In the most serious cases of long-term underperformance and little sign of improvement, special schools, like mainstream schools, will be converted into Academies and partnered with a strong sponsor**.

3.81 To ensure that schools are directly accountable for pupils' progress and attainment, we will make more information about schools available in clear, standardised formats and online where possible, for example, attainment trends, and levels of attendance. This will help parents to make informed decisions and exercise genuine choice about the school that is right for their child, as well as allowing parents, governors and others to hold the school to account where they feel the school is not doing enough to assist children to progress and achieve.

Question 32: What information would help parents, governors and others, including Ofsted, assess how effectively schools support disabled children and children with SEN?

4 Preparing for adulthood

Chapter summary

4.1 By 2015, all young people will continue in education or training until the age of 18. Schools and colleges play a key role in helping young people make successful transition to adulthood, but young people also need wider opportunities and support to make the most of their future and give them the best chance of a fulfilling adulthood with employment, good health and independence. However, many young people who are disabled or who have SEN can face additional challenges during their teenage years. Too often the opportunities and support available to disabled young people and young people with SEN fall short of what they need to make a successful transition to adult life.

4.2 Like school-aged children, young people who are disabled or who have SEN and their parents tell us that to get the help they need they have to cope with disjointed and confusing assessment processes from their local authority, school or college and health providers. Too often, professionals working with these young people are not encouraged to focus on young people's ambitions for adulthood and how best to help them prepare. Such poor planning of support is exacerbated by a lack of choice and opportunities for young people: for example, a limited choice of entry-level courses in further education that do not build on what has gone before, or prepare young people for life and work; poor quality work experience; and a lack of supported employment opportunities to help them prepare for, find and retain work. In addition, the transition from children's to adult health services is often badly coordinated, which can lead to a deterioration in young people's health.

4.3 Our goal is for disabled young people and young people with SEN to have the best opportunities and support so that as far as possible they can succeed in education and their careers, live as independently and healthily as they are able to and be active members of their communities. For a small number of young people, independent living may not be possible, and their families may be anxious about their ongoing care responsibilities. For these young people, we want to ensure the best quality of life with support for them to fulfil their potential and support for their parents and carers.

4.4 We recognise the challenge of realising our ambitions, and we will take forward a programme of action across government and with local partners, setting out more detail by the end of this year, so that by 2015 disabled young people and young people with SEN will have:

- early and well-integrated support for, and advice on, their future as part of the proposed birth to 25 single assessment process and 'Education, Health and Care Plan', spanning education, health, social care, and support into employment;
- access to better quality vocational and work-related learning options to enable young people to progress in their learning post-16;
- good opportunities and support in order to get and keep a job; and
- a well-coordinated transition from children's to adult health services, and we will explore the feasibility of annual health checks from GPs for all disabled young people from the age of 16.

4.5 This chapter sets out our proposals to give young people the best possible opportunities and support as they prepare for adulthood. We want to enable professionals to: support young people to plan for their future, give young people access to a broad range of appropriate education and learning opportunities as well as employment opportunities and support, coordinate an effective transition from children's to adult health services, and to enable young people to have more control and independence in their lives.

4.6 In order to realise this ambition, we need to address a number of longstanding issues. We will work across government and with local and national partners to develop a clear programme of action and by the end of this year, we will set out clear commitments as part of our response to this Green Paper consultation.

Planning for young people's futures

4.7 At the heart of our proposed reforms is a single assessment process and 'Education, Health and Care Plan' bringing together support for children and young people from birth to 25, and focusing on outcomes beyond school or college. All young people can feel anxious or unprepared for their future as adults, particularly if they face additional challenges related to SEN or being disabled. Discussions about their future beyond school could start as early as Year 7, helping young people to make good choices about their life after school.

4.8 Ofsted found that many parents and carers of disabled young people and young people with SEN are not clear about the range of possibilities open to their child post-18, nor are young people themselves.[106]

106 Ofsted (2010)

> 'My son has been getting ready to be 18 for 17 years and we still don't know what is available after school.'
>
> *Parent*

4.9 The Education Bill, currently before Parliament, includes provisions giving schools responsibility for securing access to independent, impartial careers guidance for their students, including those with SEN or who are disabled. In time, we intend that this duty should be extended to colleges. In addition to careers guidance, young people may benefit from links between schools and employers, 'tasters' of courses and careers, and 'next step' events, so that they and their parents are aware of all the options open to them.

4.10 Local authorities will retain their duties to provide young people (and young adults with learning difficulties or disabilities up to the age of 25) with targeted support to enable them to participate in education or training. The Learning and Skills Improvement Service (LSIS) is developing resources to support colleges and other providers to deliver effective careers support and will be doing further work on careers support for those who are disabled or have mental health problems.

4.11 Some areas already have effective arrangements for supporting transition, with well coordinated planning and advice. Evidence shows that this makes a positive difference to young people's futures.[107] We intend to build on existing good practice and developments from approaches such as the Transition Support Programme, which has sought to improve outcomes and coordinate services for disabled young people in transition to adult life, as well as the 12 Getting A Life demonstration sites. These sites have used person-centred planning to bring together support from across children's and adult social care, education, health and employment support to enable young people with severe learning disabilities leaving education to achieve paid employment and fulfilling lives. We will use learning from these approaches to raise aspirations and set an expectation for the way in which services should support this group of young people to make a successful transition to adulthood. In the meantime, we will publish tools and materials from Getting A Life and other elements of Valuing People Now employment activity for local areas to use.

107 Commission for Social Care Inspection (2007)

Case study: Beacon Hill School, Thurrock

Beacon Hill School in Thurrock has adopted a whole-school personalised approach to equip, prepare and excite young people with severe learning disabilities and profound and multiple learning difficulties and their families about their future opportunities.

All young people transferring to Key Stage 4 are encouraged and supported to make a DVD and display that tells their story, who they are, what they like and dislike, and what their hopes and aspirations are. The DVD and display are shared at the start of the Year 9 review and give professionals valuable information about the young person. The person centred review process is adapted to meet needs, with the full involvement of the young person and family and anyone else who supports them to gain the views of the young person particularly where there is no verbal expression. Feedback is sought from all on the process. Personalised accreditation routes are identified from this.

An individual transition programme is planned for each student in the summer term before they move to the post-16 unit and some familiar teaching assistants move with the students. The same approach applies when the student moves on post-19 to personalised supported programmes or college. Transition to a new setting is planned carefully and over time with regular visits, as well as social activities, for new staff to see the students in a range of situations.

All students in Year 10 take part in a two week block of work experience, leading to Year 11 students being given the opportunity to follow a personalised work experience programme for one day or half-a-day a week. Students select what they want to do and placements are found in a variety of settings including catering, retail, and working with animals. Students from Key Stage 4 and post-16 are also given the opportunity to work with a local independent resource centre to take part in a work preparation programme before choosing placements. As a result of this personalised approach, students have become much more independent and autonomous in their learning. They also have more of a voice and feel empowered to make themselves heard.

A broad range of education and learning opportunities

4.12 We want all young people with SEN or who are disabled to be able to access education and training so that at each stage of their education they are able to progress by building on what has gone before. We want to see a greater focus on outcomes, particular employment, currently something that is often lacking. Ofsted noted that: '*A great deal still needs to be done to ensure that, at Year 11, all young people had real choices. For many of those with complex learning difficulties and or disabilities at the age of 16 and over, the choices of courses and other opportunities were very limited*.'[108] Ofsted is carrying out further work focused on the sector providing for young people with learning difficulties and disabilities

108 Ofsted (2010)

over the age of 16, and the Department for Education will take account of its findings.

4.13 Whether young people stay in education or learn at work, perhaps through an apprenticeship, continuing to learn post-16 has positive effects on their future income, health and wellbeing. That is why we are raising the participation age for young people so that everyone has the opportunity to continue in education or training, including disabled young people and young people with SEN who are currently disproportionately likely not to be in education, employment or training. From 2013 all young people will continue in education or training to age 17, and from 2015 they will continue to age 18.

4.14 This full participation in education or training will mean that schools, colleges and training providers will have to adapt to the demands of more young people with SEN or who are disabled remaining in education or training post-16. Through the Spending Review process, we have ensured that there is funding for sufficient places in education and training to enable all young people to participate.

4.15 Where the costs of meeting young people's support needs, including the needs of disabled young people or those with SEN, are below £5,500 a year, colleges are able to use the Additional Learner Support funds provided to them for this purpose. The Department for Education will explore how this fund is being used to support young people aged 16 to19, identifying where best practice has had a positive impact on both educational and life outcomes.

Question 33: What more can education and training providers do to ensure that disabled young people and young people with SEN are able to participate in education or training post-16?

4.16 The Department for Business, Innovation and Skills has set out how it will fund a better range of high quality education and training for young people aged 19 to 25 in the investment strategy for further education and skills, *Investing in Skills for Sustainable Growth*. In addition, the proposals set out in chapter three of this Green Paper for increasing the knowledge of the further education workforce will build their confidence in teaching young people with SEN, enabling colleges to offer improved support and access to mainstream courses and opportunities.

4.17 Professor Alison Wolf's independent review of vocational education recommended incentivising young people to take the most valuable vocational qualifications pre-16; introducing principles to guide study programmes for young people on vocational routes post-16; evaluating the delivery structure and content of apprenticeships to ensure they deliver the right skills for the workplace; making sure the regulatory framework moves quickly away from accrediting individual qualifications to regulating awarding organisations; removing the requirement that all qualifications offered to 14- to 19-year-olds fit within the Qualifications and Credit Framework and enabling FE lecturers and professionals to teach in schools, ensuring young people are being taught by those best suited to teach them.[109] **The Department for Education will build on the findings of the Wolf Review of vocational education to improve vocational and work-related learning options for young people aged 14 to 25 with SEN or who are disabled.**

109 Wolf (2011)

4.18 We know that, for disabled young people and young people with SEN, taking part in high quality, appropriate and tailored work experience opportunities can be crucial to their successful transition to adulthood.[110] For some young people, experience of work and on-the-job training is more likely to help them secure employment than qualifications or classroom-based learning. Too often, these opportunities are not available or do not offer a structured and supported approach that genuinely helps the young person to make progress.

4.19 We want more disabled young people and young people with SEN to be able to have constructive experiences of the world of work while they are still at school, to help prepare them for the transition to adult life. We will promote innovative practice such as that seen in some of the Getting A Life sites, where young people with learning disabilities receive help and support to enable them to access paid work in the evenings and at weekends.

4.20 The National Citizen Service is a new six to eight-week programme that will bring 16-year-olds from different backgrounds together in a residential and home-based programme of activity including volunteering that will enable them to develop as individuals and make a difference in their communities through direct social action. It will help to build the confidence of young people with SEN or who are disabled, and they will have the opportunity to access the National Citizen Service when they are ready, up to the age of 25, recognising that some of them may not be ready at age 16.

4.21 We anticipate that some disabled young people and young people with SEN will take part in the National Citizen Service pilots from 2011, and the Department for Education and the Cabinet Office have selected lead pilot providers partly on the basis of their approach to supporting young people with additional needs. The Department will monitor the national roll-out of the National Citizen Service and learn from the pilots to make sure that disabled young people and young people with SEN can participate at the right time for them.

4.22 Higher education helps many young people fulfil their potential, and the Department for Business, Innovation and Skills will help disabled students with talent and ability to access higher education through appropriate targeted funding and support. The Department is establishing a new framework, with increased responsibility on universities to widen participation in higher education. It has also established a new £150 million National Scholarship Programme, which forms part of a package of measures (including the pupil premium) to support disadvantaged young people to achieve at school or college and turn that into success at university. One of the national criteria for the programme will be support for disabled students.

4.23 Within *Skills for Sustainable Growth* and *Investing in Skills for Sustainable Growth* the Government has set out the overall vision for informal adult and community learning. We have confirmed that within the Adult Safeguarded Learning budget of £210 million each year, informal adult and community learning will be protected. During 2011, the Department for Business, Innovation and Skills will work with stakeholders and partners to reform informal adult and community learning so that it helps build the Big Society, through learning for personal,

110 Beyer et al (2008)

family or community development and engages, motivates and supports the most disadvantaged people in our communities, including people with learning difficulties and disabilities, to learn and progress.

Employment opportunities and support

4.24 Too often, disabled people living in poverty may want to work but can't because they don't have the right support at the right time. Employment rates for disabled young people remain too low, and those with moderate to severe learning disabilities are even less likely to be employed.[111] Although young people with more complex needs can face additional challenges finding and securing work, creative and innovative approaches can support them to make a valuable contribution to society. Here we set out our approach to helping disabled young people and young people with SEN find and retain work, working with employers and ensuring that our welfare reforms are sufficiently flexible to support young disabled people effectively.

4.25 For many disabled people work is the best route out of poverty and we are determined to do all we can to ensure that everyone who can participate in work has the opportunity to do so. This is why we are radically overhauling the benefits system and creating an innovative new Work Programme. We will focus on what people can do, not on what they cannot. And where a person's health condition or disability means they are not able to undertake work related activity, we will provide unconditional support. Taken together, we believe these changes will increase employment opportunities for disabled people and reduce benefit dependency. Disabled young people and young people with SEN will have a range of support available to them.

4.26 Complicated welfare regulations can act as a barrier to employment,[112] and the Department for Work and Pensions is introducing the Universal Credit in 2013 to simplify the system and to make work pay. **The Department for Work and Pensions will work with stakeholders – including those with expertise in SEN and disability – to ensure that our welfare reforms, and in particular the development of the Universal Credit, are flexible enough to support young people with SEN or who are disabled as they attempt to find work.** The Department for Work and Pensions will establish a working group including SEN and disability representatives to inform the development and implementation of the Universal Credit over the next few years.

4.27 A key barrier for many disabled young people and young people with SEN entering work is the lack of available support.[113] The duration and intensity of that support will vary depending on their specific needs. Some disabled young people and young people with SEN may require occasional additional help when learning new tasks, whereas others may need help from an appropriately skilled supported employment practitioner such as a job coach trained in systematic instruction who can help break down tasks into simple steps. Ofsted found that high quality employment support can have a considerable impact on young people's

111 Labour Force Survey (2010) and NHS Information Centre for health and social care (2008)
112 Joseph Rowntree Foundation (2002)
113 Beyer et al (2008)

aspirations and careers,[114] and the Government will publish guidelines for supported employment and job coaching later this year. Investment in good quality employment support can save local authorities money,[115] and we will continue to work with local partners on how they can use their resources differently to fund this type of support.

4.28 Jobcentre Plus will ensure that disabled young people receive support to get back to work which is tailored to their particular circumstances. This includes access to the Work Experience offer, launched in January this year, which will enable young people aged 18 to 21 who have little or no recent work history to volunteer for work placements lasting between two and eight weeks with a host employer. Disabled young people will be able to access the Work Programme or, where their support needs are more complex, specialist disability programmes such as Work Choice. These programmes will have the freedom to design tailor-made back-to-work support built around the needs of the individual, and providers will be incentivised to focus their resources on those people who need more support to find and stay in work. The Department for Work and Pensions' evaluation of Work Choice will investigate the experiences and outcomes of disabled people looking for work and will report from 2012-13.

4.29 Jobcentre Plus is also modernising the way it delivers its services. Responsibility is being handed back to the Jobcentre Plus advisers who work with customers day in, day out, to assess customers' individual needs and offer them the support they need. Disability Employment Advisers offer extra employment support for people who need it because of a disability, and **the Department for Work and Pensions will explore how the role of Disability Employment Advisers might be used more effectively to help disabled young people and young people with SEN make a smooth transition from learning to the world of work.**

Question 34: When disabled young people and young people with SEN choose to move directly from school or college into the world of work, how can we make sure this is well planned and who is best placed to support them?

4.30 We know that services working together to provide skilled employment support and clear pathways into work can be effective in helping young people with learning disabilities into paid employment. Evidence from strands of our employment strategy for people with learning disabilities, including Getting A Life and Jobs First demonstrate this.[116] We will publish shortly learning from these approaches. **We will explore whether we could introduce supported internships for those for whom an apprenticeship may not be a realistic aim, including enabling retirees to volunteer to train as job coaches.** For young people with learning difficulties and autism we have made it possible for more areas to seek licences to run the Project Search model where young people take a one-year school or college course via an internship with a large employer, alongside support from a job coach, to help them find work there or with another employer.

114 Ofsted (2010)
115 Kilsby and Beyer (2010)
116 DH *Valuing People Now Summary Report* (March 2009 – September 2010)

Question 35: Do you agree that supported internships would provide young people for whom an apprenticeship may not be a realistic aim with meaningful work opportunities? How might they work best?

4.31 Apprenticeships are paid jobs, with training designed by employers offering skills, experience and recognised qualifications that businesses value, and that can lead to higher-level education and skills. In order to improve access to apprenticeships, we are working with a group of external experts to develop ways in which disabled young people and young people with SEN can demonstrate their suitability for an apprenticeship through alternative forms of evidence, other than qualifications. The National Apprenticeship Service is funding 16 Diversity in Apprenticeship pilots starting in 2011, forecast to involve up to 5,000 apprentices, to test new ways of helping under-represented groups, including disabled young people, succeed in apprenticeships.

4.32 Some employers have a clear focus on the capabilities of disabled young people and provide them with good opportunities to demonstrate their capabilities in the workplace. **We will work with employers of all sizes to champion the benefits of employing disabled people, build on their existing good practice and ensure that their advice and input inform our thinking as we develop our ideas further**. As part of this work, we will explore with employers and others how we might recognise achievements in this field and increase work experience placement opportunities for young students who are disabled or who have SEN, in order to build their confidence and to help change the attitudes of employers, managers and staff.

4.33 The Department for Work and Pensions is working with employers to develop their understanding of the support disabled people might need and to tackle some of the myths around employing disabled people. It will continue its work, already under way through the Work Programme, to engage employers and listen to their views on how we can help them to provide employment and work experience opportunities for disabled people.

Question 36: How can employers be encouraged to offer constructive work experience and job opportunities to disabled young people and young people with SEN?

A coordinated transition to adult health services

4.34 The experience of adult health services can feel very different for young people moving on from using children's health services, and this transition can sometimes feel like a 'cliff-edge' for many disabled young people, especially those with complex health needs. A poorly managed transition can lead to deterioration in the young person's health.[117] Coordination through the transition from children's to adult health services is normally provided by a paediatrician in children's services but is often difficult to find in adult health services.

4.35 The GP maintains the medical link with the young person through their transition to adulthood, and the Kennedy Review emphasised the need for GPs to take a

117 DH *Transition: Getting it right for young people* (2006)

more active role in the care of disabled children.[118] Planning for health needs is integral to effective transition planning, so that a young person's health needs can be taken into account when considering the wider support they require in relation to independent living and employment.

4.36 Annual health checks by GPs have been used to improve care for learning disabled adults over the past three years. These checks have been an effective way of identifying unmet health needs so that they can be dealt with, and have also helped to improve information sharing and multi-agency working.[119] For young people starting to use adult services, these checks could help with providing continuity and to re-introduce the young person to the primary care service. **The Department of Health will explore how to improve joint working across children's and adult health services for young people aged 16 to 25. As part of this, the Department will explore the feasibility of GPs providing annual health checks for all disabled young people from the age of 16.**

Question 37: How do you think joint working across children's and adult health services for young people aged 16 to 25 could be improved?

Question 38: As the family doctor, how could the GP play a greater role in managing a smooth transition for a disabled young person from children's to adult health services?

4.37 We want to enable young disabled people to take as much ownership of their healthcare as possible. Approaches such as the Expert Patients Programme could help them build self-esteem and independence. And approaches such as Health Action Plans (which set out what a young person can do to remain healthy) and Health Passports (which help to inform health staff of key details about the young person) can help them to get the best out of adult healthcare.

4.38 We know that the transition for young people moving from child and adolescent mental health to adult mental health services can be particularly difficult, especially because referral and treatment thresholds often vary between the two.[120] Our mental health strategy, *No health without mental health,* promotes early planning for transition, listening to young people and the importance of providing appropriate and accessible information and advice so that young people can exercise choice effectively and participate in decisions about which services they receive.

4.39 Working with national partners, the Department of Health is funding support for services to improve the experience of young people moving from child and adolescent to adult mental health services. This will provide practical tools and materials for commissioners and service providers, and information for young people and their families, so that they know what to expect, their rights, and how to access appropriate support.

4.40 The Learning and Skills Improvement Service is working with the further education sector on effective support for learners with mental health problems,

118 Kennedy (2010)
119 DH *'Six Lives' Progress Report* (2010)
120 *CAMHS Review* (2008)

and is continuing the Healthy FE programme to support the health and wellbeing of young people in further education, including those with mental health problems, SEN or who are disabled.

4.41 The adult autism strategy, *Fulfilling and rewarding lives*, and its accompanying guidance for health and social care, *Implementing fulfilling and rewarding lives*, set out the building blocks for a smooth and successful transition to adult services for those who have been diagnosed with autism, including Asperger syndrome, as children.

Support for independent living

4.42 Education, employment and health are all key to giving young people the skills and confidence to live as independently as possible. In the Call for Views, parents, young people and SEN and disability sector organisations asked for better links and support for adult living, including: clarity about the thresholds for support from adult services; an improved focus on life skills and skills for work; and the involvement of the young person and their family in planning for the future.[121]

4.43 Disabled young people want the same opportunities as non-disabled young people: to plan where they will live, enjoy their leisure time, travel and train for work. Where they don't have these opportunities, young people can become isolated, can feel less independent and this can detrimentally affect their health. Some areas already help young people to plan effectively for this next step in their lives, and some young people are using a personal budget to purchase support that enables them to live independently. However, we know that young people often don't get what they need in order to live independently and may receive poor information.[122]

4.44 During adolescence, young people go through a period of rapid physical and emotional development. They become increasingly independent, form new relationships and can face pressure to engage in risky behaviour and start drinking and smoking. Young people with SEN or who are disabled may require different or additional personal, social and health education to help them make safe and healthy choices, form positive relationships and know where to go for further advice and support. For example, some young people with learning difficulties may need specific help to understand appropriate physical contact, how their behaviour may impact on other people's feelings, or what to do if somebody touches them in a way that they think is wrong or they do not like. There is already a wide range of resources available from the voluntary and community sector to support young people, schools and parents.

4.45 Too many care leavers are expected to cope with independent living too early and without proper support. Where disabled and vulnerable care leavers transfer to and become the responsibility of adult social care services, local authority leaving

121 Out of 1247 responses to the Call for Views question 'How can we improve the transition from school to adult life for young people with special educational needs and disabilities and the support provided for their families throughout?', 39 per cent called for better coordination between children's and adult services; 23 per cent called for a stronger focus on teaching life skills; 21 per cent thought that post-16 training and career opportunities should be improved; 18 per cent called for early planning for transition to adulthood; 16 per cent wanted more involvement of children in planning their future; and 15 per cent called for clearer information to parents.

122 Sloper et al (2011)

care teams and personal advisers have an important role to play to make sure that the young person knows what funding and support are available and how to access them. And from April 2011 we will be implementing provision in the Children and Young Persons Act 2008 which allows care leavers to resume their entitlement to leaving care support up to the age of 25 where they take up education or training.

4.46 We recognise the important role that cash benefits such as Disability Living Allowance play in supporting disabled young people from age 16 onwards to overcome the barriers they face. We are committed to simplifying the benefits system to ensure that it is fair and sustainable and supports disabled people to live full and active independent lives. From 2013, the Disability Living Allowance will be replaced with a Personal Independence Payment, a new, more active and enabling benefit which will take account of changes in individual circumstances and the impact of disability, as well as wider changes in society such as social attitudes and equality legislation.

Case study: The City of York Council

The City of York Council runs a scheme for young people to develop the skills and knowledge for independent travel. Travel training is built into the curriculum at the local secondary special school and whole class travel training is included. Students progress to an individual travel plan enabling them to gradually move from taxis to school or college to independent travel by walking, cycling or using public transport.

Feedback from participating young people included that they had developed their independence, confidence and self-esteem, and that they felt safer, more adult and more able to socialise by travelling on buses. Parents reported that the service provided more independence and freedom for their child and flexibility for the family.

Building travel into the multi-agency transition team helps to ensure that the holistic needs of young people are included in transition plans. The travel team are planning to share the learning and approaches with families to support wider independence beyond school. The travel team have plans to use a similar approach with older adults to increase their social mobility and independent travel.

4.47 Transition to adulthood for disabled young people covers curriculum choices in school, external interests and also planning for life after school. Many local areas provide support for young people to achieve independent living; this may include training in independent travel, preparation for college, linking their interests to employment, maintaining friendships after school, and future accommodation or housing plans. We want discussions about independent living to become a standard and early part of the transition process, and we will reflect this in our forthcoming disability strategy.

4.48 However, for a small number of young people, independent living may not be possible, and their families may be anxious about their ongoing care responsibilities. For these young people, we want to ensure the best quality of life with support for them to fulfil their potential and support for their parents and carers. Carers, including life-long carers, make a valuable contribution to those they care for and to society. Our priorities for supporting carers are set out in *Recognised, valued and supported: next steps for the Carers Strategy*.

4.49 Some young people will continue to require social care during adulthood. We set out our plans for adult social care at the end of last year in *A Vision for Adult Social Care: Capable Communities and Active Citizens*. These plans included the extension of personal budgets, increasing preventative action to keep people independent, breaking down barriers between health and social care funding, and encouraging care and support to be delivered in partnership between individuals and services.

4.50 Many of the problems with the system to support young people with SEN or who are disabled are complicated and longstanding. We must tackle these in order to provide young people with the best possible opportunities, but we are clear that this is not an easy task. We have set out proposals, many of which involve further work over the coming months across government and with local and national partners. Following the Green Paper consultation we will set out in more detail, by the end of this year, clear commitments to ensure that disabled young people and young people with SEN receive the best possible support as they prepare for their lives as adults.

Question 39: Do you agree that our work supporting disabled young people and young people with SEN to prepare for adulthood should focus on these areas: ensuring a broad range of learning opportunities; moving into employment; independent living; and transition to adult health services? What else should we consider?

5 Services working together for families

Chapter summary

5.1 The reforms we set out in this Green Paper aim to provide families with confidence in, and greater control over, the services that they use and receive. For too many parents, their expectations that services will provide comprehensive packages of support that are tailored to the specific needs of their child and their family are not matched by their experiences, just as frontline professionals too often are hampered and frustrated by excessively bureaucratic processes and complex funding systems.

5.2 Rather than directing change from Whitehall, we want to make it easier for professionals and services to work together, and we want to create the conditions that encourage innovative and collaborative ways of providing better support for children, young people and families. The proposals in this chapter would mean that:

- by developing stronger local strategic planning and commissioning arrangements, local authorities and local health services will play a pivotal role in ensuring that children and young people with SEN or who are disabled receive high quality support, and that parents are able to make informed choices about what is right for their family;
- frontline professionals will have the freedom to work together to develop better services for children, young people and families; and
- the way in which services for children and young people with SEN or who are disabled are funded will facilitate integrated and collaborative approaches by local professionals, be more transparent to parents, and secure better value for money.

5.3 To work towards this we propose to:

- work with the health sector and with the new Health and Wellbeing Boards to consider how the needs of children and young people with SEN or who are disabled can best be taken into account through the Joint Strategic Needs Assessment, joint health and wellbeing strategies, guidelines and standards from the National Institute for Health and Clinical Excellence (NICE), and health service outcomes frameworks;
- work with the GP consortia pathfinders to explore the best ways of providing support for the commissioning of healthcare services for children and young people with SEN or who are disabled and their families;

- reduce bureaucratic burdens by simplifying and improving the statutory guidance for all professionals working with children and young people from birth to 25 with SEN or who are disabled so that it is clear, accessible and helpful, and withdrawing guidance that does not provide useful support to professionals;
- work with the educational psychology profession and local commissioners to review the future training arrangements for educational psychologists;
- encourage greater collaboration between local professionals and services and across local boundaries;
- extend the freedom and flexibility with which funding can be used locally;
- provide targeted funding to voluntary and community sector organisations that have a strong track record of delivering high quality services, and publish a national SEN and disabilities voluntary and community sector prospectus that will set out the key areas in which we will make further funding available to voluntary and community sector organisations;
- work with a group of local authorities to explore whether and how a national banded framework for funding provision for children and young people with SEN or who are disabled could improve transparency to parents while continuing to allow for local flexibility; and
- explore how the different funding arrangements for special educational provision pre-16 and post-16 might be aligned more effectively so as to provide a more consistent approach to support for children and young people from birth to 25.

5.4 This chapter sets our proposals for enabling local leaders and frontline professionals to shape and deliver responsive, integrated and high quality local services that give parents greater confidence in and control over the support their family receives. In this chapter, we set out the pivotal role that local authorities and local health services will play in delivering the reforms set out in this Green Paper, including shaping the strategic planning and commissioning of local services. We go on to propose ways of reducing bureaucratic burdens on professionals in order to create conditions that encourage collaboration between professionals and services within and across local areas, as well as the development of innovative and high quality local services. An important contribution to this will be ensuring that there is local freedom and flexibility across services in the use of funding, and in this chapter we explain how we propose to create an approach to funding services for children with SEN or who are disabled that will facilitate joint working and be transparent to parents.

Local authorities and local health services will play a pivotal role in delivering change for children, young people and families

5.5 Local authorities and local health services will play a pivotal role in delivering change for children and young people with SEN or who are disabled, and enabling local professionals to work together to put in place integrated packages of support for families.

5.6 Local authorities have a democratic mandate to champion the interests of their local communities and ensure that services work effectively for children, young people and families. The Schools White Paper, *The Importance of Teaching*, sets out the strong strategic role that local authorities will play in the new school system, acting as the champions for parents and families, vulnerable children, and educational excellence.

5.7 As reforms of the school system and health services come into effect, the role of local authorities is likely to change. For children and young people with SEN or who are disabled and their families, there will be three core features of the local authority role:

- **strategic planning for services that meet the needs of local communities**: working with local partners (for example, through the Health and Wellbeing Boards in drawing up the Joint Strategic Needs Assessment), local authorities are uniquely placed to maintain a strategic overview of the needs of their local communities and to ensure that local services reflect these needs;[123]

- **securing a range of high quality provision for children and young people with SEN or who are disabled**: as local authorities move to a more strategic commissioning role, they will need to work collaboratively with a range of providers to secure high quality provision for children and young people with SEN or who are disabled, and to identify and challenge services that are letting down families;[124] and

- **enabling families to make informed choices and exercise greater control over services**: local authorities will set out the local offer of provision for children and young people with SEN or who are disabled and their families, to help them make choices about what is right for them and exercise greater control over the services that their family receives, including, as we set out in chapter two, through the use of personal budgets.[125]

5.8 In addition to carrying out these key strategic responsibilities, local authorities will continue to play a vital role in supporting individual children and young people with SEN or who are disabled and their families. As we set out in chapter one, working with partner agencies, local services and professionals, and the voluntary and community sector, local authorities will continue to play an integral part in identifying and assessing children's SEN, ensuring that children and young people

123 Ofsted (2010) and Audit Commission (2007)
124 Ofsted (2010) and PricewaterhouseCoopers (2009)
125 Lamb (2009) and Penfold et al (2009)

receive the full range of services that they need, and reviewing and monitoring their progress and development.

Question 40: We have identified three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families: strategic planning for services, securing a range of high quality provision, and enabling families to make informed choices and exercise greater control over services. Do you agree that these are the three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families, or are there others?

Question 41: How can central government enable and support local authorities to carry out their role effectively?

5.9 We know that it is essential that local authorities work effectively and collaboratively with local health services. That is why our health reforms envisage new local Health and Wellbeing Boards bringing together leading local councillors, the NHS, public health services, and local authority education and social care services. The new Boards will develop and maintain a joint analysis of the needs of their local community, which takes account of the views of children and adults who use local services. This analysis, called the Joint Strategic Needs Assessment, will shape the development of health and wellbeing strategies and commissioning plans for local authorities and local GP consortia.

5.10 Through the work of the Health and Wellbeing Boards, local authorities and local health services will have a key role in ensuring that the health needs of all children and young people with SEN or who are disabled and their families are taken into account. **The Department of Health will work with the health sector and with the new Health and Wellbeing Boards, as they develop, to consider how the needs of all children and young people, including those with SEN or who are disabled, can best be taken into account through the Joint Strategic Needs Assessment, joint health and wellbeing strategies, guidelines and standards from NICE, and health service outcomes frameworks**.

5.11 This work will include identifying how aggregated intelligence from individual plans, such as the new 'Education, Health and Care Plan', should be used to inform strategic commissioning of services for children and young people through the Joint Strategic Needs Assessment. It will inform a detailed development support document for Joint Strategic Needs Assessments and joint health and wellbeing strategies, which will be co-produced with local government and the NHS, building on existing experience, and published later this year.

5.12 Our health reforms will give GP consortia a central role in the commissioning of health services. It will be vital that GP consortia have the necessary expertise to commission healthcare services for children with SEN or who are disabled and their families. **The Department of Health will work with GP consortia pathfinders to explore the best ways of providing support for the commissioning of healthcare services for children and young people with SEN or who are disabled and their families**.

Question 42: What would be the best way to provide advice to GP consortia to support their commissioning of services for children and young people with SEN or who are disabled and their families?

5.13 We know that it is important that the views of children, young people and families, and their experiences of local services, are taken into account by commissioners when considering how to develop and improve local services. Our health reforms propose that a new organisation is created to act as a voice for the interests of local communities in relation to health and social care services. This new body, HealthWatch, will be one of several channels through which children and young people with SEN or who are disabled and their families, can influence the development of local health and social care services, for example by presenting the views of the local community to the Health and Wellbeing Board in order to inform local strategic and commissioning decisions.

5.14 In rural areas, communities are smaller and more dispersed, and facilities such as schools and GP surgeries tend to be fewer and further apart. This can present challenges when it comes to ensuring that children and young people are able to access schools and that families receive the support services that they need, particularly for families without their own transport or for whom there are fewer public transport options available. It is important for local strategic planning and commissioning to take account of the needs and choices of all families in the local area, including those in rural areas.

5.15 While it is vital that the planning of services is informed by and reflects the needs and choices of local communities, it equally important that services can be held accountable for the quality and effectiveness of the support they provide. We have set out in chapter three the ways in which we propose to strengthen school accountability for the progress of pupils, including those with SEN. Our reforms of the health service will also introduce a stronger focus on improving outcomes for children, young people and families, with new outcomes frameworks for the NHS and public health.[126] The Department of Health welcomes views on how outcomes for disabled children can best be reflected within the further development of these frameworks, and how these can inform and incentivise the NHS, local authorities and other partners to ensure local services meet the needs of children and young people.

Question 43: What would be the most appropriate indicators to include in the NHS and public health outcomes frameworks in the future to allow us to measure outcomes for children and young people with SEN or who are disabled?

Reducing bureaucratic burdens on professionals

5.16 As well as encouraging better strategic planning and commissioning of services that are responsive to local needs, we know that parents want services to focus on helping children and young people fulfil their potential, rather than following bureaucratic processes. In order to achieve this we need to strip away unnecessary bureaucratic burdens on professionals.[127]

126 The consultation on the proposed public health outcomes framework closes on 31 March 2011.
127 DfE Call for Views (2010)

5.17 We know from the responses to our Call for Views that the SEN statutory framework in its current form is bureaucratic and complicated, and does not reflect recent developments in teaching practice.[128] Parents tell us that the bureaucracy involved can make the process of securing the right package of support for their child and their family complex and daunting. Professionals tell us that improving and streamlining these processes, particularly those relating to carrying out statutory assessments, and cutting down bureaucratic burdens would enable them to spend more of their time working directly with children and families.[129]

5.18 Currently, there is extensive primary and secondary legislation relating to children and young people with SEN or who are disabled from birth to 25, as well the statutory guidance for professionals in the SEN Code of Practice and *Inclusive Schooling* (2001), and the statutory guidance on section 139a learning difficulty assessments for young people aged from 16 to 25.

5.19 While we will reduce bureaucracy, we know that it is important for professionals to have a clear understanding of their duties in relation to children and young people with SEN or who are disabled and, where it is considered helpful, to be able to access straightforward, practical advice on carrying out these duties. We know that it is important for parents to have a clear and accessible explanation of the current statutory framework and who within it is responsible for what.[130]

5.20 Therefore, **we will simplify and improve the statutory guidance for all professionals working with children and young people with SEN or who are disabled from birth to 25 so that it is clear, accessible and helpful, and we will withdraw guidance that does not provide useful support**. We propose to retain a SEN Code of Practice that will continue to provide practical advice for local authorities, maintained schools, Academies, Free Schools, early education settings and others in carrying out their statutory duties and in meeting the needs of children and young people with SEN or who are disabled. We aim to modernise and improve the Code of Practice by shortening it and incorporating into it other guidance that is considered helpful to professionals, and we will review and update the Code of Practice to reflect reforms introduced following this Green Paper.

5.21 If schools are to take advantage of the greater freedoms we outlined in chapter two and to pioneer new approaches to teaching and learning, we need to reduce the burdens that are currently placed on our schools, particularly on SENCOs.

5.22 We know that parents value the use of non-statutory Individual Education Plans (IEPs), which are recommended by the Code of Practice. In the period since 2001, when the Code was last revised and published, we know that many schools have developed new approaches to planning, reviewing and tracking the progress of all pupils that have enabled them to achieve what IEPs aimed to do without many of the associated bureaucratic burdens. These approaches have included new ways of tracking pupil progress, involving pupils in setting their own targets,

128 DfE Call for Views (2010)
129 DfE Call for Views (2010)
130 DfE Call for Views (2010)

engaging regularly and effectively with parents, and using individual profiles and provision mapping.

5.23 In order to reduce bureaucratic burdens on schools, in reviewing and updating the Code of Practice, we will remove advice on using IEPs and encourage schools to explore the ways in which these and other new approaches can be used to enable pupils with SEN to develop, progress and fulfil their potential.

Question 44: What are the ways in which the bureaucratic burdens on frontline professionals, schools and services can be reduced?

5.24 Following work across all government departments, we are publishing a list of all statutory duties placed on local authorities, and we are seeking the views of local professionals as to how we can reduce bureaucratic burdens on local authorities. Responses to this will be considered alongside consultation responses to this Green Paper as we seek to strip away bureaucratic burdens and free up local professionals.

Empowering local professionals to develop collaborative, innovative and high quality services

5.25 By improving local strategic planning and reducing bureaucratic burdens, we aim to create the conditions in which local professionals are able to work together to pioneer innovative and more effective forms of support for children and young people with SEN or who are disabled and their families.

5.26 Parents tell us that when individual services and agencies work together effectively, it can make a real difference to families' experience and the quality of the support they receive, including how their needs are assessed.[131] For parents of children with severe autism, for example, we know that joint working between the school, speech and language therapy services and short breaks providers is essential to meeting their child's needs.

5.27 This is why, as we have set out earlier in this Green Paper, we propose to explore how professionals can work together to assess children's SEN, to plan how to provide the full range of support, and to provide parents with greater control over services for their family, including through a key worker and a personal budget.

5.28 While there are many examples of local professionals and services working well together, we know that there are areas where better joint working between services would lead to more timely identification of SEN or disability and earlier intervention. For example, we know that not all disabled children and young people who need it are able to access a local community children's nursing service. This can result in them staying in hospital longer or being admitted to hospital unnecessarily, parents not receiving the help and support they need to care for their children, and delays in accessing schooling.

131 DfE Call for Views (2010), Campbell-Hall et al (2009), University of Manchester (2006) and Ofsted (2010)

5.29 To address this, the Department of Health will publish *NHS at Home: Community Children's Nursing Services*. This will set out the key contributions community children's nurses can make to pathways of care for disabled children and young people, in order to help both commissioners and providers improve services.

Question 45: In addition to community nursing, what are the other areas where greater collaboration between frontline professionals could have the greatest positive impact on children and young people with SEN or who are disabled and their families?

Case study: The Rotherham Complex Health Needs Team

The Rotherham Complex Health Needs Team is a nurse-led service providing support to children and young people with a long-term condition or life-limiting or complex health needs that fits in with the child's everyday life. The team consists of community children's nurses, respite nurses and carers, specialist nurses in diabetes, oncology and palliative care, generic children's healthcare assistants, special school nurses, an education nurse adviser, a discharge facilitator and a children and family counsellor.

Five years ago, services looked very different. Staff groups were minimal, fractionalised, disparate and working in isolation. Children and families wanted support that fitted around their lives, families wanted their children to be able to access school with the same ease as children who were well, and they wanted confident nurses and carers who would walk their path with them. They wanted services that followed the child 'wherever they may be', were available 24 hours a day and seven days a week, and enabled access to on-call services. Many children were technology-dependent and could not access short breaks provision through social care.

Currently, 658 children are being supported by the team. Feedback from children and families indicates that this nurse-led, integrated approach and the ability to follow the child 'wherever they may be' have 'significantly improved continuity and quality of care', 'given assurance' and 'enhanced coping'.

5.30 In addition to identifying children's needs early and enabling parents to access the right support quickly, we know from the recent reviews carried out by John Bercow, Sir Jim Rose, Brian Lamb, Toby Salt and Ofsted that, where schools are able to draw on the advice and guidance provided by specialist support services, this can make a powerful difference to a child's progress and their happiness in school.[132] This includes services that help schools to identify and address pupils' SEN before a statutory assessment or a statement of SEN is required, as well as support services that focus on low-incidence need, such as multi-sensory impairment, visual, hearing and physical impairment, profound and multiple learning difficulties, severe learning difficulties and autistic spectrum disorder.

5.31 We know, however, that schools and colleges can find it difficult to access the range of additional support from external professionals that they need and when

132 Bercow (2008), Rose (2009), Lamb (2009), Salt (2010), Ofsted (2006) and (2007)

they need it most. This includes, for example, advice and support from speech and language therapists, child and adolescent mental health services, and educational psychologists, as well as, as we set out in chapter three, in some instances places in alternative provision.[133]

> 'An increasing number of children and young people need professional mental health services and these are rarely sufficient. Schools and colleges need to be able to make referrals to such services and know that support will be available.'
>
> *Professional association*

5.32 In order to improve the specialist support and advice available to schools and other professionals working with children and young people with SEN or who are disabled, we are supporting the work of the voluntary sector Trusts that bring together the key organisations for speech, language and communication needs, dyslexia and autism to offer information and training. Since the first was established in 2007, these Trusts – the Communication Trust, the Dyslexia Trust and the Autism Trust – have brought together the key organisations in each of their respective fields to share knowledge and expertise, and have a strong track record of providing specialist advice and support to parents, professionals, services and local leaders.

5.33 Furthermore, we have asked organisations from the voluntary and community sector to help to improve the availability of specialist advice for parents and teachers in relation to specific impairments. This will complement the work to be carried out by the Training and Development Agency for Schools to commission online training materials to help teachers support the learning of pupils with a range of SEN, as we set out in chapter three.

5.34 In order to promote and support approaches to developing children's speech, language and communication skills, in 2011 we are working with the Communication Trust and their partners to support *Hello*, the voluntary sector-led National Year of Communication.

5.35 We also want to ensure that local services are able to meet the specific communication needs of children and young people. Some children and young people communicate with other people through electronic communication aids, referred to as augmentative and alternative communication aids (AAC). We know, however, that children and young people who require these high cost, high-tech aids can face a particular struggle to have their needs met under the current commissioning arrangements.

5.36 Timely provision of such aids, along with the necessary training and aftercare, can make a great difference to a child's quality of life, their relationships and their learning. Subject to parliamentary approval, the commissioning of highly specialised services, including AAC, will become a core responsibility of the NHS Commissioning Board.

133 DfE Call for Views (2010)

Question 46: What more do you think could be done to encourage and facilitate local services working together to improve support for children with SEN or who are disabled?

5.37 We know it is important that schools and other education providers have access to specialist SEN support. This is why the Department for Education has acted to ensure that local authority funding for these services will not be affected by schools converting to Academy status in 2011-12.

5.38 We announced in *The Importance of Teaching* that the Department for Education would undertake a review of school funding so that the funding system is fair, clear to understand, and carefully managed. The Department will publish a consultation on this in spring 2011, and will consider specifically how special educational provision for pupils with SEN in schools, Academies and Free Schools (mainstream and special), can be funded in a transparent, integrated and cost-effective way. The review will also consider how high quality specialist support for pupils with SEN or who are disabled in schools, including Academies and Free Schools, might be funded most effectively from 2012-13 onwards. We would welcome views on this in order to inform the forthcoming consultation on school funding.

Question 47: How do you think SEN support services might be funded so that schools, Academies, Free Schools and other education providers have access to high quality SEN support services?

5.39 One important way that we can give greater freedom to the professionals who deliver public services, and greater choice to families who use them, is by enabling professionals to develop innovative delivery models such as mutuals, cooperatives and other types of employee-led organisations. We would like to encourage professionals to explore how applying these and other models could help to deliver better services for children and young people with SEN or who are disabled and their families.

Question 48: What are the innovative ways in which new models of employee-led organisations, such as mutuals and cooperatives, could improve services for children and young people with SEN and their families?

Supporting the development of a high quality speech and language therapy workforce

5.40 We know that speech and language therapists can play a key role in supporting children and young people to develop their speech, language and communication skills working across a range of services and settings. In the context of growing numbers of speech and language therapists and numbers of children and young people who need their support, the Department of Health is considering currently the future training and development system for healthcare professionals, which includes speech and language therapists, through the consultation entitled *Liberating the NHS: Developing the Healthcare Workforce*.[134] The consultation sets out proposals for a new framework for planning and developing the healthcare workforce to ensure that there is the sufficient number of professionals providing a high quality service.

5.41 The proposals are for transferring workforce functions from the Strategic Health Authorities to local healthcare providers, and the consultation proposes that local workforce planning and development is coordinated through skills networks that will bring together all providers of NHS services to plan for the future. A new national body, Health Education England (HEE), will be established to provide national oversight and leadership for workforce planning and education and training. HEE will take on the role currently carried out by the Allied Health Professions Professional Advisory Board, and may also have a role in commissioning education and training for smaller professions.

5.42 This new framework will need to deliver:

- security of supply, having people with the right skills in the right place at the right time;
- responsiveness to patient needs and changing service models;
- high quality education and training that supports safe, high quality care and greater flexibility;
- value for money; and
- wider participation, greater diversity and equitable access to services and education, training and development opportunities.

5.43 The consultation closes on 31 March 2011 and the Department of Health welcomes views from a wide range of stakeholders across health, social care and the education sector.

134 NHS Information Centre for health and social care (2009) and (2010) – the number of speech and language therapists has increased. In 2008 the number of therapists was 7,118, and a year later this had increased to 7,486. This represents a 5.2 per cent rise in the number of therapists.

Case study: The West Kent Community Health Children's Speech and Language Therapy Service

The West Kent Community Health Children's Speech and Language Therapy Service is one of 30 services that participated in a national allied health professions service improvement project.

Following consultation with service users and partner agencies, this service now provides a school-based service, when previously there was none, and offers intervention at the time of assessment with no wait inbetween. Clear pathways for early years and school-aged children actively involve staff as well as parents through:

- a rolling programme of parent workshops;
- training on the new referral protocol for early years staff;
- specialist support for SENCOs;
- a prioritisation tool that involves others in determining the child's needs; and
- a referral process that prompts the professional who made the referral to consider the strategies already trialled and outcomes achieved.

Specialist care packages, devised following research of relevant evidence-based practice where such evidence is available, are integrated into the pathways, for example for children with autistic spectrum disorder.

Service improvement was achieved through collaboration. Sustainability of these improvements will rely on continued collaboration, the next step of which will be to pilot the multi-agency Common Assessment Framework as the point of access to speech and language therapy services for school-age referrals. This will further improve multi-agency discussion about the child's needs to determine who is most appropriate to see the child and will help to avoid duplication of work between agencies.

Supporting the development of a high quality educational psychology profession

5.44 We know that educational psychologists can make a significant contribution to supporting families and enabling children and young people to make progress with learning, behaviour and social relationships. At present, however, the ways in which the expertise and skills of educational psychologists are utilised, in addition to the important role they play in the statutory assessment process, vary between local authorities. We want to encourage educational psychologists, as well as local authorities and schools that commission their services, to work in a more flexible manner that is responsive to the needs of the local community.

5.45 For example, educational psychologists working with early years settings and schools can help to improve early identification of children's SEN and therefore ensure that the appropriate support is put in place quickly. In schools and other education settings, educational psychologists can help to develop the skills of teachers and other professionals working with pupils with SEN. Where educational psychologists are deployed to work directly with families, this can help parents to understand their child's needs and the support that will enable the child to fulfil his or her potential.[135] Increasingly, local services are responding to this by providing direct access to educational psychologists for parents, for example through helplines.

Case study: The Leicester City Targeted Mental Health in Schools (TaMHS) project

The Leicester City TaMHS project has helped to move the focus of educational psychologists' work towards practical intervention following assessment, helping children and families where there is a risk of the child not achieving learning outcomes, and identifying and intervening where there are mental health concerns.

This approach has involved direct work with targeted groups of children, working alongside a school partner, which has increased the ability of schools to work with children and families experiencing behavioural and mental health difficulties. This has allowed educational psychologists to work in collaboration with other professionals in multi-agency teams to maximise their contributions by combining their skills. It has also allowed educational psychologists to engage in activities in addition to statutory assessments, thereby making more effective contributions to pupils' progress and achievement.

This has also enabled the educational psychology service and its partners to move towards a more practical, intervention-focused way of working in order to help children and families deal with psychological wellbeing and mental health issues, as well as shifting the emphasis to school-based early assessment and therapeutic interventions.

5.46 The current scheme for funding the initial training of educational psychologists relies on voluntary subscriptions from local authorities, as well as on local authorities providing a sufficient number of placements for trainees. At present, however, the contributions towards funding and the availability of trainee placements are unevenly spread across the country. To address this, **the Department for Education will work with the profession and local commissioners to review the future training arrangements for educational psychologists**. While the review is being carried out, we are making provision for the current training arrangements to continue in order to secure a continuing flow of new entrants to the profession. The final year of the current arrangements will be for those whose courses commence in September 2012.

135 DfE Call for Views (2010)

5.47 To inform this review, the Department for Education is consulting on the ways in which educational psychologists can be deployed most effectively, the current and future roles of educational psychologists in supporting children, young people and their families and the implications of this for local commissioning and service delivery. Full details of the scope of the review and how to respond to the consultation can be found on the Department for Education's website. Responses to the review and this Green Paper will be considered together to inform the future training arrangements for educational psychologists.

Question 49: In addition to their role in the assessment process, what are the innovative ways in which educational psychologists are deployed locally to support children and young people with SEN or who are disabled and their families?

Question 50: How do you envisage the role and service structures of educational psychologists evolving to meet local demands?

Question 51: What are the implications of changes to the role and deployment of educational psychologists for how their training is designed and managed?

Case study: The Somerset Educational Psychology Service and Ups and Downs Southwest

The Somerset Educational Psychology Service and Ups and Downs Southwest, a local Down syndrome voluntary and community sector organisation, are working in partnership to improve parental access to psychological advice, develop and implement new practices, and create new ways of working effectively with parents.

As a result of this approach parents are able to consult directly with educational psychologists, and educational psychologists now take part in the Ups and Downs Bridgwater youth group and pre-school group. In addition, parents, young people, schools and professionals are working together to develop transition packs, focused on the transition from primary to secondary school, in order to increase the number of successful secondary placements by improving parental confidence and reducing the anxiety that can be associated with the transition process.

Encouraging greater collaboration between local areas

5.48 We know that greater collaboration between local areas can also help local professionals to plan, commission and deliver the best services for children and young people with SEN or who are disabled and their families, as well as helping to secure best value for money. Some local areas are already sharing expertise, pooling resources, and commissioning services, and following this Green Paper consultation we will explore how we can encourage greater collaboration between local areas, such as:

- jointly commissioning and managing services, or combining services across a group of local authorities within a single management structure, for example, sensory support services or educational psychology services;
- jointly managing fair and equitable access to places in special resourced provision, special schools and special Academies across a number of local authority areas; and
- jointly commissioning places in independent and non-maintained special schools to deliver value for money and the right services for children.

Question 52: What do you think can be done to facilitate and encourage greater collaboration between local authorities?

Question 53: What do you think are the areas where collaboration could have the greatest positive impact on services for children, young people and families?

Case study: The Berkshire Sensory Consortium Service

The Berkshire Sensory Consortium Service provides specialist educational support to children and young people with visual and multi-sensory impairments, as well as deaf children, on behalf of six unitary local authorities: Slough, Bracknell, Wokingham, Reading, West Berkshire and the Royal Borough of Windsor and Maidenhead, which is the host authority.

The Berkshire Sensory Consortium Service began over thirteen years ago, and its contract is renewed every three years. By joining forces, the six local authorities in the Consortium are able to provide comprehensive coverage across the whole area in a way that would not be possible for them to do individually. For example, the Consortium Service provides pre-school groups, parent workshops and social activities for pupils, of all age ranges, with visual impairment and multi-sensory impairment.

The members of the Consortium believe that consortia like this can also deliver valuable economies of scale and effective partnership working which challenges, supports and enables best practice. The local authorities involved in the Consortium Service have found that taking decisions together has delivered real benefits to all of its members.

Extending local freedom and flexibility over the use of funding

5.49 To facilitate greater collaboration between local services and across local areas, and to enable local leaders and professionals to plan and deliver responsive services, **we will extend significantly the freedom and flexibility with which funding can be used locally**.

5.50 At present, multiple separate funding streams spread across different services make it difficult for parents to get the package of support that is right for their child and their family, for professionals to work together effectively, and for commissioners to secure better value for money.

5.51 We want to ensure that central government funding is allocated in a way that is fair and transparent, focused on stimulating innovative and cost-effective ways of addressing local needs, and will support new providers, including those from the voluntary and community sector, to take on a greater role in the running of local services.

5.52 The new Early Intervention Grant, which will replace a number of existing centrally directed grants that are coming to an end, will not be ring-fenced. This will allow local leaders to commission early intervention services that are tailored to the needs of their local communities, and will increase the opportunities for local authorities to collaborate and combine funding with other local authorities and partners in order to deliver better services.

5.53 Furthermore, we aim to introduce greater flexibility into the ways in which funding for different services, including health, social care and education services, can be used locally. While local authority social care services and health services have been able to pool their budgets for a number of years, we know that not all local areas have taken advantage of this opportunity and some have encountered difficulties in aligning different funding arrangements effectively.[136] As we set out in chapter two, we propose to extend the use of personal funding and explore the ways in which we can incorporate services beyond those already covered by individual budgets, such as additional school-based support, into the combined fund in order to give parents greater control over the funding for their child's support.

Question 54: How do you think that more effective pooling and alignment of funding for health, social care and education services can be encouraged?

5.54 To enable local service transformation, in addition to the removal of ring-fences, we are introducing Community Budgets in 16 local areas from April 2011. A Community Budget is a way of organising public spending through a place-based approach, rather than through individual organisations or services. This makes it much easier for local leaders, working with their communities, to take an overview of the needs of their community, decide how money should be spent more effectively and provide innovative solutions to difficult problems. This approach can enable more effective, integrated approaches to cross-cutting issues across a local area. It can also deliver significant efficiencies by removing

136 NHS Information Centre for health and social care (2008)

duplication of work and functions between services, and through the development of more effective interventions. While the first phase of Community Budgets will focus on approaches to families with multiple problems, the intention is for Community Budgets to be rolled out more widely so that they are available to all areas and address other local priority issues.

Question 55: What are the ways in which a Community Budget approach might help to improve the ways in which services for children and young people with SEN or who are disabled and their families are delivered?

Question 56: What are the ways in which we could introduce greater local freedom and flexibility into the ways in which funding for services for children and young people with SEN or who are disabled is used?

Enabling the voluntary and community sector to take on a greater role in delivering services

5.55 We want to enable voluntary and community sector organisations to take on a greater role in delivering public services, including the reforms set out in this Green Paper. **We will provide targeted funding to voluntary and community sector organisations that have a strong track record of delivering high quality services and the confidence of families and local communities**.

5.56 As we have set out in chapter one, we propose to explore how the voluntary and community sector could take on a central role in coordinating the assessment process and provide the support of a key worker for families of children with SEN or who are disabled.

5.57 We have already announced the award of grants for 2011-12 worth up to a combined £6.5 million to voluntary and community sector organisations that provide effective advice and support to children and young people with SEN or who are disabled, their families and local professionals. These grants were awarded following the launch of a bidding prospectus which set out our criteria for funding voluntary and community sector organisations that work with children, young people and families.

5.58 In addition to this, **the Department for Education will publish shortly a further national SEN and disabilities voluntary and community sector prospectus that will set out the key areas in which we will make funding available and guidance for voluntary and community organisations that wish to bid for grants or contracts**. This will enable the voluntary and community sector to play a key role in putting into practice the reforms set out in this Green Paper.

5.59 Furthermore, the Office for Civil Society has announced a new £100 million Transition Fund to help voluntary and community sector organisations to build their capacity to deliver local services. The sector will also be able to access funding from the Big Society Bank, which will bring in private sector funding in addition to receiving all funding available to England from dormant bank accounts. The Big Society Bank will start operating in April 2011, and up to £100 million of the £400 million from dormant banks accounts is being made

available in 2011-12. High street banks will lend the Big Society Bank a further £200 million on commercial terms.

5.60 The Department for Education has appointed strategic partners from the voluntary and community sector in a number of areas, including a strategic partner for SEN and disabilities. The Department's strategic partners will begin their work from April 2011. The SEN and disabilities strategic partner will act as a representative of the SEN and disabilities sector, and will work in partnership with the Department for Education to:

- provide specialist advice on key issues and developments that impact on voluntary and community sector organisations working with children, young people and families;
- help to build capacity in the voluntary and community sector; and
- disseminate information and enable the voluntary and community sector to engage in the delivery of new policies and programmes for children and young people with SEN or who are disabled and their families.

Question 57: What are the areas where the voluntary and community sector could have the greatest positive impact on services for children and young people with SEN or who are disabled and their families, and what are the ways in which we can facilitate this?

Exploring a national banded funding framework

5.61 As well as increasing local freedom over the use of funding, we want to ensure that decisions about funding for services their family receives are clear and transparent to parents.

5.62 We set out in chapter one how we propose to create a single approach to the assessment process that will bring together the full range of professionals involved, and will lead to an 'Education, Health and Care Plan' setting out the support that will be provided for the child and their family. One potential obstacle to achieving this is the number of different funding streams involved, and the different ways in which they work.

5.63 One way in which we could improve parents' experience of the assessment process and make funding decisions more transparent to them is through developing a national banded framework for funding high-cost provision for children and young people with SEN or who are disabled, in addition to what is normally available in schools.[137] This would help to make it clear to parents how funding would be allocated to provide the support for their child's development as set out in the child's statement of SEN or their 'Education, Health and Care Plan', as we set out in chapter one. By increasing transparency to parents, we envisage that such a framework would also help to give parents greater control over funding including, as we set out in chapter two, through the use of a personal budget.

137 We are working with the Department for Education's research centre, the Centre for Understanding Behaviour Change, to assess the current research around banded funding.

5.64 While a number of local authorities use local banded frameworks at present, the way in which the bands are defined and the financial tariffs that are associated with each band differ between local authorities. Often these differences reflect the fact that the availability, and therefore the cost, of a particular service varies between local areas, as well as reflecting the decisions taken locally about how best to meet needs. It is not, however, always clear to parents why children in different areas with similar needs receive different levels of provision.[138]

5.65 A national banded funding framework might set out high-level descriptions of the different types of provision for children with more severe and complex SEN or who are disabled, including, for example, additional curriculum support, therapy services, physical requirements, equipment, home-to-school transport, and family support (including short breaks). The framework would not, however, determine the financial tariff associated with a particular type of need. This is because it is not the case that any one child with a particular category of need, for example autistic spectrum disorder, will require exactly the same support as another child with the same category of need.

5.66 We have set out earlier in this chapter that we want to give local leaders and professionals greater freedom and flexibility in the use of funding. We consider that any national banded funding framework should continue to allow local leaders the flexibility to determine the levels of funding to be associated with each level and type of provision and, therefore, to put in place personalised packages of support for children, young people and families.

5.67 To consider this approach, **we will work with a group of local authorities to explore whether and how a national banded framework for funding provision for children and young people with SEN or who are disabled could improve transparency to parents while continuing to allow for local flexibility**.

5.68 We want to ensure that changes to the ways in which special educational provision is funded in special and mainstream schools, including maintained schools, non-maintained and independent special schools, Academies and Free Schools, which may be introduced following the review of school funding announced in *The Importance of Teaching*, would fit together with and support the development of a national banded framework for funding services for children and young people with SEN or who are disabled. As we have said earlier in this chapter, the review of school funding will consider how special educational provision for pupils with SEN in schools, Academies and Free Schools (mainstream and special), will be funded from April 2012 onwards. The Department for Education welcomes views on the proposal to develop a national banded funding framework, which we will use to inform further consideration of funding for special educational provision in schools following the forthcoming consultation on school funding.

Question 58: How do you think a national banded funding framework for children and young people with SEN or who are disabled could improve the transparency of funding decisions to parents while continuing to allow for local flexibility?

138 Ofsted (2010) and Audit Commission (2003)

Bringing about greater alignment of pre-16 and post-16 funding arrangements

5.69 We know that developing an approach to funding that is transparent to parents and encourages effective integrated working between services and professionals will require that we bring about greater alignment of the different funding streams for children and young people with SEN or who are disabled from birth to 25.

5.70 At present, there are separate systems of funding provision for children and young people with SEN or who are disabled pre-16 and post-16. There are also three different funding streams for learners with learning difficulties and disabilities post-16.[139]

5.71 In chapter four, we set out our long-term ambition of creating an integrated and streamlined approach to supporting children and young people with SEN or who are disabled from birth to 25. We aim to bring about greater alignment of these different funding arrangements in order to enable better planning and improved cost-effectiveness of provision. To achieve this, **we will explore how the different funding arrangements for special educational provision pre-16 and post-16 might be aligned more effectively so as to provide a more consistent approach to support for children and young people from birth to 25.**

5.72 Furthermore, it is intended that from 2013-14 the Young People's Learning Agency, and later the new Education Funding Agency announced in *The Importance of Teaching*, will bring together the three different funding streams for children and young people with SEN or who are disabled aged 16 to 25. Local authorities will have responsibility for determining how to use the combined funding for children and young people with SEN or who are disabled from birth to 25 in order to commission and plan provision most effectively. Responses to this proposal will inform further consideration of how we can more effectively align funding for children and young people with SEN or who are disabled from birth to 25, following the consultation on school funding.

Question 59: How can the different funding arrangements for specialist provision for young people pre-16 and post-16 be aligned more effectively to provide a more consistent approach to support for children and young people with SEN or who are disabled from birth to 25?

139 The three funding streams are the 16 to 18 SEN block grant for learners in sixth forms or sixth form colleges, the Additional Learner Support (ALS) funding for learners in further educational settings, and the Specialist Placement budget for learners with complex needs and requiring specialist provision.

Case study: London Councils

London Councils, which brings together all 33 London local authorities, the Metropolitan Police Authority and the London Fire and Emergency Planning Authority, is developing a common model for planning and commissioning provision for children and young people aged from 16 to 24 with learning difficulties and disabilities, and is exploring options for managing resources and budgets across the region. This links with current collaborative work by London Councils focused on SEN and transition into adulthood. London Councils is gathering data about SEN across the capital and is working closely with the Association of Colleges to assist local authorities with planning sufficient post-16 provision to meet the needs of every learner with a learning difficulty.

Next steps

1. Many of the problems identified in this Green Paper are long-standing. Successive reviews have drawn attention to them and our Call for Views has given us a clear and comprehensive view of what needs to change.

2. The proposals we set out offer a commitment to long-term change to better support parents, the voluntary and community sector, early years settings, schools, colleges, health and social services and their partners in improving outcomes for children and young people with SEN or who are disabled and their families.

3. This Green Paper marks the start of a four-month period of consultation. We want to make sure that we have the views of all those who will be affected by our proposals before we publish detailed plans.

4. By June, we will invite expressions of interest from groups of local authorities to start piloting, from September 2011, a new approach involving a single assessment process and plan for children and young people and their families. The assessment and plan pathfinders test the key changes we want to see, including how the voluntary and community sector can support this process and bring greater independence to assessment, and exploring a right of appeal for children, so we can be confident they will work and have lasting impact.

5. By June, we will also invite expressions of interest from local authorities to join the existing Individual Budget Pilots from September 2011 and test how the scope of personal budgets might be increased to reflect the wide range of support in an 'Education, Health and Care Plan'; in particular, to identify the costs of providing funding in this way, the cost of provision, and the cost of supporting parents properly and appropriately.

6. We will work with local authorities and other partners to test a system of banded funding to bring about greater transparency of funding and to compliment the work on personal budgets.

7. And we have further work to do across government, particularly in relation to ensuring that disabled young people and young people with SEN have good quality opportunities and support as they prepare for adulthood.

8. We will look to take forward any legislative changes needed from 2012 to secure the delivery of the new 'Education, Health and Care Plan' and the offer of a personal budget, and any other necessary improvements to the system identified by pilots.

9. A summary follows of the questions we are asking in this Green Paper.
   We welcome your views on the issues they raise and the proposals we make.

Consultation Questions

Question 1: How can we strengthen the identification of SEN and impairments in the early years, and support for children with them?

Question 2: Do you agree with our proposal to replace the statement of SEN and learning difficulty assessment for children and young people with a single statutory assessment process and an 'Education, Health and Care Plan', bringing together all services across education, health and social care?

Question 3: How could the new single assessment process and 'Education, Health and Care Plan' better support children's needs, be a better process for families and represent a more cost-effective approach for services?

Question 4: What processes or assessments should be incorporated within the proposed single assessment process and 'Education, Health and Care Plan'?

Question 5: What is the potential impact of expanding the scope of the proposed single assessment process and plan beyond education, health, social care and employment?

Question 6: What role should the voluntary and community sector play in the statutory assessment of children and young people with SEN or who are disabled? How could this help to give parents greater confidence in the statutory assessment process?

Question 7: How could the proposed single assessment process and 'Education, Health and Care Plan' improve continuity of social care support for disabled children?

Question 8: How could the arrangements for provision of health advice for existing statutory SEN assessments be improved?

Question 9: How can we make the current SEN statutory assessment process faster and less burdensome for parents?

Question 10: What should be the key components of a locally published offer of available support for parents?

Question 11: What information should schools be required to provide to parents on SEN?

Question 12: What do you think an optional personal budget for families should cover?

Question 13: In what ways do you think the option of a personal budget for services identified in the proposed 'Education, Health and Care Plan' will support parents to get a package of support for their child that meets their needs?

Question 14: Do you feel that the statutory guidance on inclusion and school choice, *Inclusive Schooling*, allows appropriately for parental preferences for either a mainstream or special school?

Question 15: How can we improve information about school choice for parents of children with a statement of SEN, or new 'Education, Health and Care Plan'?

Question 16: Should mediation always be attempted before parents register an appeal to the First-tier Tribunal (SEN and Disability)?

Question 17: Do you like the idea of mediation across education, health and social care? How might it work best?

Question 18: How can we ensure that the expertise of special schools, and mainstream schools with excellent SEN practice, is harnessed and spread through Teaching Schools partnerships?

Question 19: How can we ensure that we improve SEN expertise, build capacity and share knowledge between independent specialist colleges, special schools and colleges?

Question 20: How can we continue to build capacity and SEN specialist skills at each tier of school management?

Question 21: What is the best way to identify and develop the potential of teachers and staff to best support disabled children or children with a wide range of SEN?

Question 22: What is the potential impact of replacing School Action and School Action plus and their equivalents in the early years with a single category of SEN in early years settings and schools?

Question 23: How could changing the school- and early years setting-based category of SEN embed a different approach to identifying SEN and addressing children's needs?

Question 24: How helpful is the current category of BESD in identifying the underlying needs of children with emotional and social difficulties?

Question 25: Is the BESD label overused in terms of describing behaviour problems rather than leading to an assessment of underlying difficulties?

Question 26: How could we best ensure that the expertise of special schools in providing behaviour support is harnessed and shared?

Question 27: What are the barriers to special schools and special Academies entering the market for alternative provision?

Question 28: What are the ways in which special Academies can work in partnership with other mainstream and special schools and Academies, and other services, in order to improve the quality of provision for pupils with SEN and disabilities?

Question 29: What are the barriers to special Academies becoming centres of excellence and specialist expertise that serve a wider, regional community and how can these be overcome?

Question 30: What might the impact be of opening up the system to provide places for non-statemented children with SEN in special Free Schools?

Question 31: Do you agree with our proposed approach for demonstrating the progress of low attaining pupils in performance tables?

Question 32: What information would help parents, governors and others, including Ofsted, assess how effectively schools support disabled children and children with SEN?

Question 33: What more can education and training providers do to ensure that disabled young people and young people with SEN are able to participate in education or training post-16?

Question 34: When disabled young people and young people with SEN choose to move directly from school or college into the world of work, how can we make sure this is well planned and who is best placed to support them?

Question 35: Do you agree that supported internships would provide young people for whom an apprenticeship may not be a realistic aim with meaningful work opportunities? How might they work best?

Question 36: How can employers be encouraged to offer constructive work experience and job opportunities to disabled young people and young people with SEN?

Question 37: How do you think joint working across children's and adult health services for young people aged 16 to 25 could be improved?

Question 38: As the family doctor, how could the GP play a greater role in managing a smooth transition for a disabled young person from children's to adult health services?

Question 39: Do you agree that our work supporting disabled young people and young people with SEN to prepare for adulthood should focus on these areas: ensuring a broad range of learning opportunities; moving into employment; independent living; and transition to adult health services? What else should we consider?

Question 40: We have identified three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families: strategic planning for services, securing a range of high quality provision, and enabling families to make informed choices and exercise greater control over services. Do you agree that these are the three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families, or are there others?

Question 41: How can central government enable and support local authorities to carry out their role effectively?

Question 42: What would be the best way to provide advice to GP consortia to support their commissioning of services for children and young people with SEN or who are disabled and their families?

Question 43: What would be the most appropriate indicators to include in the NHS and public health outcomes frameworks in the future to allow us to measure outcomes for children and young people with SEN or who are disabled?

Question 44: What are the ways in which the bureaucratic burdens on frontline professionals, schools and services can be reduced?

Question 45: In addition to community nursing, what are the other areas where greater collaboration between frontline professionals could have the greatest positive impact on children and young people with SEN or who are disabled and their families?

Question 46: What more do you think could be done to encourage and facilitate local services working together to improve support for children with SEN or who are disabled?

Question 47: How do you think SEN support services might be funded so that schools, Academies, Free Schools and other education providers have access to high quality SEN support services?

Question 48: What are the innovative ways in which new models of employee-led organisations, such as mutuals and cooperatives, could improve services for children and young people with SEN and their families?

Question 49: In addition to their role in the assessment process, what are the innovative ways in which educational psychologists are deployed locally to support children and young people with SEN or who are disabled and their families?

Question 50: How do you envisage the role and service structures of educational psychologists evolving to meet local demands?

Question 51: What are the implications of changes to the role and deployment of educational psychologists for how their training is designed and managed?

Question 52: What do you think can be done to facilitate and encourage greater collaboration between local authorities?

Question 53: What do you think are the areas where collaboration could have the greatest positive impact on services for children, young people and families?

Question 54: How do you think that more effective pooling and alignment of funding for health, social care and education services can be encouraged?

Question 55: What are the ways in which a Community Budget approach might help to improve the ways in which services for children and young people with SEN or who are disabled and their families are delivered?

Question 56: What are the ways in which we could introduce greater local freedom and flexibility into the ways in which funding for services for children and young people with SEN or who are disabled is used?

Question 57: What are the areas where the voluntary and community sector could have the greatest positive impact on services for children and young people with SEN or who are disabled and their families, and what are the ways we can facilitate this?

Question 58: How do you think a national banded funding framework for children and young people with SEN or who are disabled could improve the transparency of funding decisions to parents while continuing to allow for local flexibility?

Question 59: How can the different funding arrangements for specialist provision for young people pre-16 and post-16 be aligned more effectively to provide a more consistent approach to support for children and young people with SEN or who are disabled from birth to 25?

How to get involved

We welcome your views on how we can put in place a radically different system to support better life outcomes for young people with SEN or who are disabled; give parents confidence by giving them control; and transfer power to professionals on the front line and to local communities.

Consultation responses can be completed online at www.education.gov.uk/consultations, or emailed to send.greenpaper@education.gsi.gov.uk, or by downloading a response form which should be completed and sent to:

Consultation Unit
Department for Education
Area 1C, Castle View House
East Lane
Runcorn WA7 2GJ

This consultation will run for 16 weeks between 9 March and 30 June 2011, exceeding the Government's Code of Practice on Consultation which recommends a minimum period of 12 weeks.

Following consideration of consultation responses, we will publish the Government's response on the DfE e-consultation website later this year. This will set out our next steps in taking forward this work.

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