National Network of Parent Carer Forums
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NNPCF Response to the DfE Consultation:
SEND Reform – Putting Children and Young People First

This response has been informed through extensive engagement and ongoing strategic involvement with SEND reform activity both prior to and throughout the formal consultation period. In the months leading up to publication of the consultation, the NNPCF engaged regularly with the Department for Education (DfE), Ministers, policy leads and wider stakeholders through national advisory groups, roundtables, regional engagement activity and implementation discussions focused on areas including inclusion, early years SEND, accountability, specialist provision, parental engagement, EHCPs, ISPs and workforce reform.

This included participation in the SEND Development Group with Minister Georgia Gould, meetings with the Secretary of State for Education Bridget Phillipson, engagement with DfE policy and implementation teams, attendance at regional SEND engagement events, and involvement in wider sector discussions with organisations including Contact, CDC, LGA, Ofsted, IPPR and others. NNPCF representatives also contributed to national discussions on SEND and AP implementation, inclusive mainstream practice, specialist sector reform and parental engagement through workshops, advisory groups and stakeholder events.

During the consultation period, feedback was gathered through six dedicated NNPCF Community of Practice (CoP) sessions focused specifically on the SEND Reform consultation proposals, alongside three further sessions exploring the development of local SEND Reform Plans. These sessions included representatives from the DfE, including Minister Georgia Gould, Dr Tim Coulson, Director General for the Regions Group at the DfE, and Claire Burton, Director for SEND and Alternative Provision at the DfE.

Regional perspectives were coordinated through NNPCF Regional Directors, drawing on intelligence, discussions and feedback gathered within each DfE region. Additional views and reflections were captured through the dedicated NNPCF SEND Reform Padlet, enabling PCFs to contribute throughout the consultation process. The response has also been shaped by thematic feedback gathered through workshops delivered at the NNPCF and Contact national conference in February of this year and through a follow up survey to all parent carer forums.

The response below reflects the thematic feedback gathered from Parent Carer Forums across England and is grounded in co-production, lived experience and the collective insight of families navigating the SEND system. While views and experiences naturally vary across local areas, consistent national themes emerged regarding the importance of strengthening inclusion, improving accountability, rebuilding trust and ensuring reforms lead to meaningful, sustainable improvements for children and young people with SEND and their families.

Response submitted 18th May 2026.

Question 1: We want children, young people and their families to be involved in making better, evidence-based decisions about SEND, both in their local area and across the country. How can we make sure children, young people and their families have a genuine say in these decisions?

The thematic feedback from PCFs strongly supports a strengthened role for children, young people and families in SEND decision-making at local, regional and national levels. Co-production must be embedded from the outset of policy design, commissioning and service planning, rather than families being consulted after proposals have already been developed.

Co-production should become a legal expectation, supported by a nationally coproduced and agreed: definition, standards and quality assurance framework that clearly describes what meaningful participation looks and feels like in practice. Local areas, schools, health partners and national bodies should be required to demonstrate how family and CYP feedback has influenced decisions through transparent "you said, we did" reporting and robust accountability measures.

PCFs must be adequately and sustainably funded beyond the current grant arrangements to enable independent engagement, broader representation and effective strategic participation. Their role as strategic partners should be formally embedded within the SEND system. SENDIASS services should also be strengthened to support families to participate confidently and challenge decisions where necessary.

Sustainable participation also requires investment in infrastructure, governance, administration and workforce capacity within PCFs. Feedback highlighted increasing strategic demands, volunteer burnout and succession challenges, with many forums operating beyond the capacity of largely volunteer-led models. Local authorities, ICBs and wider partners should also receive joint training on effective co-production and partnership working with PCF

Children and young people must have accessible opportunities to contribute in ways that meet their communication, sensory and emotional needs, including supported, non-verbal and creative approaches. Genuine participation means families and CYP are recognised as equal partners in assessment, planning, commissioning, accountability and evaluation, with clear routes to influence decisions and understand how their views have shaped outcomes.

Question 2: How can we make sure that high-quality evidence and best practice inform decisions about SEND? Please share examples.

High-quality evidence and best practice must combine professional, academic and lived-experience evidence. Families consistently report that the challenge is often inconsistent implementation of support and appropriate interventions, accountability and timely access to support. National Inclusion Standards should be evidence-informed, co-produced with practitioners, families and CYP, and regularly reviewed to reflect evolving understanding, particularly around neurodiversity and SEND.

There is currently limited robust evidence on “best practice” in SEND education, so standards and guidance must allow flexibility for schools and practitioners to adapt approaches to individual needs and remain innovative and individualised in supporting CYP. Best practice guidance should include practical implementation strategies for teachers, leaders and wider staff, not just theory. Schools should have access to evidence-based interventions, specialist outreach, peer networks and “Experts at Hand” support, while retaining flexibility to individualise provision. Approaches must include neurodiversity-affirming and trauma-informed practice, including (but not limited to) understanding of masking, PDA, EBSA, communication needs and complex co-occurring needs.

Evidence should draw on national research, local data, inspection findings, tribunal outcomes, family feedback and programmes such as ELSEC and PINS. Parent carers must be recognised as respected and valued partners whose lived experience provides important evidence. Local areas should demonstrate transparently how evidence informs commissioning, workforce training and provision planning, with greater clarity on who determines “best evidence” and how family feedback is weighted. Shared and interoperable data systems, alongside stronger independent oversight arrangements, would help improve consistency, transparency and accountability across local areas and support earlier identification of systemic concerns

Success measures should include attendance not just at school but include a measure of the amount of time a CYP is actively accessing lessons, reduced exclusions, effective use of part-time timetables, wellbeing, belonging, timely access to support and reduced friction for families navigating the system. Quantitative data should be considered alongside qualitative feedback and lived experience. Ofsted should evaluate experiences and outcomes for CYP and families, not solely written policies and processes.

Question 3: How can we ensure that children are best supported by the Universal offer?

A stronger universal offer is essential, but it must be more than guidance. Families need assurance that provision is consistent, funded, monitored and delivered universally across all schools, trusts and local areas, not determined by postcode or individual school practice. The current variation creates significant inequity and leaves too many children without timely support. Minimum national standards should be established to ensure a consistent baseline for inclusive practice.

The universal offer should sit within a clear legal framework with nationally consistent expectations for inclusion. Support should include reasonable adjustments, adaptive teaching, sensory-friendly environments, flexible curriculum delivery, inclusive school policies that promote belonging, strong communication with families and early intervention without requiring diagnosis. Schools must be expected to identify and support children early, including those who mask needs and/or are academically able.

Training should extend beyond teachers to include leadership teams, governors, teaching assistants and wider school staff, helping create a genuinely inclusive culture across the whole school community. Inclusion should also form part of wider education and awareness for pupils and families.

Clear, transparent and independent accountability is needed where universal provision is not delivered. Accountability expectations and inclusion standards must apply consistently across maintained schools, academies and MATs.

Families consistently report that routes for challenging SEN support must be independent of schools to help build trust and effective partnership working, especially where concerns about SEND provision remain unresolved. Complaints and gaps in delivery should be addressed transparently and inform local area partnership boards and improvement activity. Families need accessible routes to challenge poor practice, including support from Area SENCOs, SENDIASS and independent complaints processes. Accountability should focus on measurable outcomes and lived experience, not solely written policies or compliance measures.

Question 4: How can we ensure that children in the Targeted layer are best supported?

Targeted support must be needs-led, flexible and accessible without children having to fail or escalate before support is provided. Children with spiky or overlapping profiles may require support across multiple areas, so thresholds and criteria must not become barriers to access. Greater clarity is needed from DfE on thresholds, review timescales, escalation routes and accountability where needs are not being met.

Children in the Targeted layer should receive timely interventions and support without unnecessary delay. Access to assessment, diagnosis, health support and treatments, including ADHD medication where clinically appropriate, must be equitable and based on clinical need rather than local availability, to avoid postcode lotteries and long waiting times becoming barriers to education. Stronger health involvement is essential to ensure support can be accessed when needed.

Individual Support Plans (ISPs) should be co-produced with families and clearly outline identified needs, provision, responsibilities, review dates and SMART outcomes. ISPs should carry a strong legal accountability than proposed for delivering provision and be reviewed termly, rather than annually, so support can adapt quickly if needs change. Provision should be determined by identified need and outcomes, not simply by what a school already has available, or constrained by poor local commissioning. Where support is not improving outcomes, schools and trusts should be required to review and adapt provision accordingly.

Integrated digital systems and shared information platforms would also support more effective coordination, monitoring and review of provision across education, health and care services.

Schools should have access to specialist advice and practical implementation support through Experts at Hand teams and wider multidisciplinary input. Support must remain needs-led rather than diagnosis-led, with families recognised as equal partners in decision-making and clear routes to escalate concerns where provision is not effective.

National standards and quality assurance processes are needed to ensure Targeted support is delivered consistently across schools, trusts and local areas. Outcomes should be monitored regularly to ensure support is improving attendance, wellbeing, inclusion and progress for children and young people.

Clear escalation and accountability arrangements are also needed where support is delayed, unavailable or ineffective, ensuring children and young people receive equitable access to specialist support regardless of local area or school attended.

Question 5: How can we ensure that children in the Targeted Plus layer are best supported?

Targeted Plus support has the potential to improve earlier access to specialist input, including Educational Psychology, SALT, OT, mental health practitioners and specialist teacher advice. However, it will only succeed if supported by sufficient workforce capacity, funding and implementation planning. Clear workforce modelling, sustainable investment and delivery expectations will be essential to ensure effective and equitable support across all local areas.

Targeted Plus should provide rapid access to specialist expertise without families needing to reach crisis point. While Experts at Hand teams may strengthen whole-school inclusion and targeted support, there must also be capacity for more individualised specialist intervention where children's needs cannot be met through broader school-based approaches alone. Support should include both direct work with children and practical guidance for schools to adapt environments, teaching approaches and provision. It must remain Needs-Led and should not become an advice-only model where recommendations cannot realistically be implemented due to lack of capacity, funding or training. Families also need clarity on how support is requested, prioritised, delivered, monitored and reviewed.

Health and care services should play a stronger role in delivering support within education settings rather than relying heavily on clinic-based models. Consideration should also be given to how social care support, including direct payments, can help children and young people access extracurricular and community opportunities that improve inclusion and wellbeing.

Inclusion Bases should complement, not replace, mainstream inclusion and should never become spaces of segregation or exclusion. Staffing levels, specialist training, oversight and environmental suitability will be critical. National standards, quality assurance and feedback mechanisms are needed to ensure consistency across schools and local areas and to ensure provision evolves where outcomes are not improving. Schools must not use Targeted Plus to delay or avoid requesting an EHCP where one is needed. Outcomes should be monitored regularly so support can adapt quickly where progress, wellbeing, attendance or inclusion are not improving.

Question 6: How can we ensure that children in the Specialist layer are best supported?

Specialist provision must remain available for children and young people whose needs cannot be met in mainstream settings, even with significant support. While greater consistency across the system is welcome, there must be clear safeguards to prevent reduced access to specialist placements as a result of narrow support packages, local capacity pressures, poor sufficient planning or financial constraints. Provision must be determined by assessed need, not by what is locally available, and the rights of children, young people and parent carers to choose mainstream education where appropriate must remain protected and supported. Regional and national escalation mechanisms should also be available where local sufficiency gaps persist or where children and young people are repeatedly unable to access appropriate placements and support

Children and young people with the most complex needs require timely access to specialist placements, therapies and integrated provision packages. The definition of "complex needs" should be co-produced with children, young people, families and professionals, then nationally agreed and applied consistently to reduce variation between areas. Families must retain meaningful legal rights to request, challenge and appeal decisions relating to placements and provision.

Specialist settings and inclusion bases must remain genuinely specialist, with appropriately trained staff, therapeutic input, suitable staffing ratios and environments capable of meeting highly complex needs safely and effectively. Where inclusion bases are attached to mainstream settings, there should be clear national expectations and operational guidance to ensure they promote inclusion rather than segregation or exclusion. Bases must continue to provide access to quality first teaching, the full curriculum and wider school life, ensuring inclusion extends beyond the classroom into all aspects of the school community while maintaining high aspirations for children and young people.

EHCPs must remain legally enforceable, with clear accountability across education, health and social care partners for delivering agreed provision. Families should be fully involved in decision-making and have access to independent advice, advocacy and support where disagreements arise. Accountability arrangements should ensure placements are appropriate, outcomes-focused and regularly reviewed so children and young people receive the right support, in the right place, at the right time.

Question 7: How do you think early years settings, schools, and college can best support the mental health and wellbeing of children and young people?

Settings can best support the mental health and wellbeing of children and young people by embedding wellbeing within the whole-setting culture rather than treating it separately from SEND support. Mental health must remain fully integrated within the SEND system, recognising that mental health needs can both arise from and exacerbate barriers to education. Support should include trauma-informed and neurodiversity-affirming practice, relational approaches, anti-bullying strategies, reasonable adjustments, sensory support, flexible attendance and curriculum approaches, and early access to evidence-based mental health support. Preventing school-based trauma must be a key priority, alongside creating environments where children and young people feel safe, understood and included.

Staff across all roles require training to understand masking, PDA profiles, anxiety-based school avoidance and the impact of unmet need on wellbeing. Behavior policies should be reviewed through a SEND lens to ensure children are not punished for distress or unmet need. Children and young people should have access to safe spaces, trusted adults and flexible support that reflects their communication, sensory and emotional needs. Mental health education should be accessible to different learning styles and embedded across the curriculum. Greater opportunities for creativity, enrichment, social connection and therapeutic approaches, including art and music-based support, should also be recognised as important protective factors for wellbeing.

Mental Health Support Teams (MHSTs), CAMHS and wider health partners must form an integrated part of the support system rather than an optional add-on. MHSTs should work closely with CAMHS and operate through neurodiversity-affirming approaches, ensuring there are no gaps in support for children, young people and families. Greater clarity is needed regarding DHSC and health responsibilities, funding and workforce capacity, alongside stronger accountability for delivering timely support. Long waiting lists for CAMHS and therapies must be addressed, recognising these services provide far more than diagnostics alone. Robust early identification and intervention pathways are needed, alongside meaningful “waiting well” support while families await assessment or treatment.

Mental health conditions such as bipolar disorder, OCD and eating disorders must be recognised appropriately and not conflated into generalised anxiety. Settings should work closely with families and health services to identify concerns early, adapt provision quickly and prevent escalation of need. Families and children and young people should not have to “fight” to access support and their experiences and concerns must be listened to, believed and acted upon promptly.

Question 8: Do you agree that the refreshed 'areas of development' will support educators to understand and address barriers to learning and participation? Please explain your answer.

The thematic feedback showed cautious support for the refreshed areas of development where they help educators understand barriers to learning and participation more holistically.

However, there is a significant risk that new categories could unintentionally create additional thresholds to support or overlook children and young people with overlapping, fluctuating or less visible needs. The proposed areas are broad, meaning children and young people placed within the same category may still present with very different strengths, challenges and support requirements.

The framework must recognise the full range of factors affecting learning and participation, including trauma-informed understanding, masking, sensory processing differences, executive functioning, communication and interaction needs, physical health, cognition, emotional wellbeing and environmental barriers. Mental health conditions must remain clearly recognised within the framework and not be reduced solely to anxiety-related presentations. Difficulties with interaction and communication should also remain explicitly reflected, as these can present significant barriers to learning, participation and relationships, but risk becoming diluted within broader descriptors.

While refreshed areas of development may improve consistency, they will only be effective if they remain flexible and support an individualised understanding of need. Children and young people do not fit neatly into categories and may present differently across settings, at different ages or overtime. The system must avoid becoming overly standardised, diagnosis-led or reliant on rigid descriptors that narrow access to support.

Educators will need implementation guidance with practical examples, and timely access to specialist advice to understand how needs can present differently, particularly for children and young people who mask difficulties, experience anxiety or present with demand avoidance profiles. Workforce training and development will be critical to success and should focus on practical strategies that staff can confidently apply across each area of need. Without sustained investment in workforce capacity, training and specialist support, the framework risks improving terminology without delivering meaningful improvements in inclusion or outcomes.

Question 9: What arrangements would best support effective joint working between early years providers, Best Start Family Hubs, health, local authorities, and parents for children with SEND in the early years?

Effective early years support for children with SEND requires clear, joined-up pathways between health visitors, GPs, early years settings, Best Start Family Hubs, local authorities, Portage services and parent carers. Support should be coordinated around the child and family, with shared accountability across education, health and care services. Families should not be expected to navigate fragmented systems, coordinate services themselves or repeatedly retell their story to different professionals.

Best Start Family Hubs could provide a valuable and accessible “front door” for families if they are adequately funded, inclusive and closely connected with SEND, health, social care and early years services. A whole-family approach is needed, alongside effective support with navigation, timely identification of need, access to strategies, assessment and early intervention. Families need named contacts, timely referrals, clear communication pathways and co-produced local processes that are simple and consistent to navigate. Multi-agency meetings should happen early and regularly, with parent carers recognised as equal partners in decision-making.

Information-sharing systems across education, health and social care must be secure, accessible and interoperable to reduce delays, improve coordination and prevent families having to duplicate information across services. Shared digital infrastructure and common data systems across agencies would further strengthen joined-up working, reduce duplication and support clearer accountability across services.Greater consistency is also needed between health services themselves to ensure support is genuinely joined up. Feedback loops should be embedded within services so that lived experience informs continuous improvement and ensures provision remains responsive to family need.

Workforce capacity across health, early years and specialist services will be critical to ensuring timely intervention and preventing escalation of need. Health inequalities and variation in local provision must also be addressed to avoid a postcode lottery in access to Family Hubs and wider SEND support. National expectations, accountability measures and consistent standards are needed to ensure all families can access high-quality, joined up and inclusive early years support regardless of where they live.

Question 10: How can the early years foundation stage (EYFS) two-year old progress check and the Healthy Child Programme development review be improved so that children's needs are identified and supported more quickly? Please share examples.

The EYFS two-year-old progress check and Healthy Child Programme review should be better integrated through shared records, consistent SEND indicators and clear referral pathways where concerns are identified. These reviews should link closely with Family Hubs and wider early years support systems to ensure families receive consistent information, advice and access to support. Parents' observations and concerns must be recognised as important evidence and acted upon early. Identification should lead to timely intervention, support and practical strategies, rather than children simply being placed on long waiting lists with little interim help.

The reviews should focus on meaningful early identification and support, not solely on recording concerns. Professionals carrying out reviews, including health visitors and early years staff, require sufficient SEND training, workforce capacity and confidence to recognise neurodivergent presentations, communication needs, sensory differences, social-emotional difficulties and less visible or fluctuating needs. A "SEND is everyone's business" approach should be embedded across universal services to move away from "wait and see" cultures that delay support and intervention.

Families should receive clear advice, signposting and timely referrals where concerns are identified, with follow-up support monitored through clear timescales and accountability arrangements. Early and equitable access to assessment, diagnosis and therapy services is also essential, recognising that for some children and families a diagnosis provides understanding, validation and a shared framework for recognising needs and strengths, supporting identity, self-advocacy, emotional wellbeing and improved understanding from others, as well as access to appropriate support, provision and medication (for example ADHD). Waiting lists across assessment and therapy services must therefore be addressed to ensure early identification results in meaningful intervention and improved outcomes.

Secure, consistent and interoperable data-sharing arrangements between health, early years settings and local authorities are essential to improve communication, reduce duplication and prevent children falling through gaps between services. Feedback loops should also be built into the system so lived experience informs service improvement and provision can adapt to changing local cohort needs. Consideration should also be given to strengthening later Healthy Child Programme reviews, including the Year 6 review, to better support transition planning and identify emerging needs before children move into secondary education

Question 11: What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?

The top three priority areas for building and sharing evidence within the National Inclusion Standards should be:

1. Early identification and intervention that prevents escalation of need.
2. Inclusive practice within real classroom and education environments, including neurodiversity-affirming and trauma-informed approaches, reasonable adjustments and adaptive teaching.
3. Accountability mechanisms that ensure early support is consistently delivered, monitored and improves outcomes for children and young people.

Evidence should focus on what works in practice and remain flexible enough to respond to individual needs, rather than promoting overly standardised approaches. It should include outcomes beyond academic attainment and basic attendance data, additional data such as access to lessons, exclusions, pupil wellbeing, belonging, successful transitions, family confidence and post-16 progression.

Family, child and lived-experience evidence must be valued alongside professional and academic research. Parent carers consistently tell us that understanding what support feels like in practice is essential to identifying whether provision is genuinely inclusive, effective and sustainable. Children and young people must also be meaningfully involved through “do with, not to” approaches, ensuring their voices shape how inclusion is defined, implemented and evaluated.

Families, children and young people should therefore be involved in co-producing, reviewing and evaluating the National Inclusion Standards. Parent carer representation should also form part of evidence governance and accountability arrangements to ensure standards reflect lived experience alongside research and policy evidence. Clear mechanisms are needed to demonstrate how evidence directly informs workforce training, commissioning, provision and continuous improvement across the SEND system.

Standards and accountability arrangements must apply consistently across maintained schools, academies, MATs and specialist settings to reduce variation and postcode inequity.

Question 12: What are the most important issues for national training to cover, to help support children and young people with SEND?

National training should cover SEND law and statutory duties, co-production with families, the social model of disability, inclusion by design, reasonable adjustments, neurodiversity, speech and language needs, sensory differences, mental health, trauma-informed practice, behaviour as communication, inclusive curriculum delivery and preparation for adulthood. Training should also include understanding masking, PDA profiles, EBSA, adaptive teaching, inclusive behaviour approaches and when to seek specialist advice.

Training must be mandatory, appropriately funded and tailored to different roles, including teachers, SENCOs, leaders, governors, trust leaders, teaching assistants, early years staff, lunchtime staff, caretakers and post-16 providers. It must not become an additional financial burden on education settings. There were significant concerns that less experienced or lower-paid staff, particularly teaching assistants, often work most closely with children and young people with the most complex needs. These staff must be properly trained, supported and valued as a critical part of the workforce.

Training should be practical, implementation-focused and supported by ongoing coaching, reflection and opportunities to embed learning into everyday practice, rather than relying on generic online modules alone. A strong focus on practical strategies that staff can confidently apply within real educational environments will be essential. Training should also cover EHCP and ISP quality, collaborative working with families and how to effectively hear, value and act upon the voices of children, young people and parent carers.

Lived experience must sit at the heart of workforce development. Families and children and young people bring vital expertise that can help staff better personalise support and understand the real-world impact of inclusive or non-inclusive practice. National training should therefore be co-produced with people with lived experience of SEND and should promote wider cultural change towards a more inclusive society. Training should also include effective partnership working with families and PCFs, alongside cultural awareness and understanding of the experiences of underrepresented communities navigating the SEND system. This includes developing inclusion-positive approaches for children, young people and families to reduce “them and us” attitudes between SEND and non-SEND communities and strengthen understanding, belonging and participation for all.

Impact should be measured through meaningful changes in practice, inclusion, relationships and family experience, rather than simply attendance or course completion rates.

Question 13: What practical actions can help teachers, educators and leaders manage workload whilst implementing these changes?

Practical implementation of SEND reforms must be realistic, phased and properly resourced to avoid adding further pressure to an already stretched workforce. Clear staged implementation plans, national standards, consistent templates, shared resources and streamlined digital systems would help reduce duplication and improve consistency across settings. Effective sharing of good practice, including stronger collaboration between mainstream and specialist settings, will also be essential to support confidence and sustainable implementation.

Settings need protected SENCO time, administrative support for ISPs and EHCPs, funded training time and adequate staffing capacity to deliver reforms effectively. A workforce and workload impact assessment should be undertaken to ensure expectations are achievable and sustainable in practice. Bureaucracy should be reduced wherever possible so staff can focus on meaningful support, relationships and outcomes for children and young people.

Shared digital platforms, templates, procurement systems and administrative infrastructure could further reduce duplication and workload pressures across education settings and strategic partnership organisations. Workforce planning should more widely recognise the sustainability pressures placed on volunteer-led strategic participation models, including PCFs, that may work alongside schools.

Training must be mandatory, practical and role-specific for teachers, leaders, SENCOs, teaching assistants, governors, early years and post-16 staff. Key areas should include neurodivergence, masking, EBSA, mental health, sensory needs, communication, trauma-informed practice, co-production and inclusive behaviour approaches. Training should be co-produced with families and children and young people and go beyond generic online modules to include practical implementation support, reflection time and opportunities to embed learning into practice.

There were also concerns that less experienced staff, particularly teaching assistants, often provide day-to-day support for children and young people with the most complex needs. These staff must be properly trained, supervised, supported and valued within the workforce. Quality assurance arrangements, including peer review and support-and-challenge models, could help embed genuine cultural change and provide greater clarity around what effective inclusive practice should look and feel like in practice.

Success should ultimately be measured through improvements in inclusion, workforce confidence, practice and family experience, rather than simply training attendance or completion rates.

Question 14: How should the Special Educational Needs Coordinator (SENCO) role evolve to better meet the needs of children and young people with SEND?

The SENCO role should become more strategic, influential and properly resourced, with protected time, administrative support and access to specialist advice, supervision and ongoing CPD. Parent Carer Forums were clear that SENCOs, or equivalent Inclusion Leads, should be part of senior leadership teams with meaningful influence over budgets, staffing, curriculum, policy and inclusive practice across the whole setting. This expectation should extend across academy trusts and MAT structures, with clear accountability where SENCOs are not appropriately supported. Consideration should also be given to how SEND leadership is reflected within trust inspection and accountability frameworks, including academy funding arrangements.

However, increased strategic responsibility must not come at the expense of direct relationships with families and children and young people. SEND should not be viewed solely as the SENCO's responsibility, but as a shared responsibility across leaders, governors and the wider workforce. SENCOs should lead and embed an inclusive culture throughout the setting, ensuring plans, adjustments and strategies are consistently understood and implemented by all staff.

SENCOs should hold, or work towards, appropriate qualifications shortly after appointment and receive ongoing training in inclusive practice, leadership and workforce development. They also need the authority to challenge poor practice and influence reasonable adjustments, interventions and environmental adaptations. During workforce transition and skills development, additional SEND practice leads or implementation support roles within schools may also help strengthen inclusive practice and support SENCOs in their strategic leadership role.

Effective implementation will require realistic workloads, protected time and clear responsibilities for quality assuring ISPs, EHCP delivery and inclusive practice. SENCO roles should be sufficiently protected and resourced, so they are not routinely diverted into unrelated operational duties, such as supply cover, or stretched across multiple settings in ways that reduce effectiveness and accessibility for families. Greater clarity is also needed regarding how expectations will operate within small schools and MAT structures where SENCO capacity and leadership arrangements vary significantly.

Question 15: What would provide assurance for families that an Individual Support Plan (ISP) is high-quality and contains the essential information?

Families will only have confidence in ISPs if they are genuinely individualised, co-produced and deliverable in practice. Parent Carer Forums consistently told us that plans must reflect the views, strengths and lived experiences of children, young people and parent carers, including motivators, communication preferences, sensory needs, triggers and how the child or young person learns best, rather than relying solely on professional assumptions or being shaped by the provision a setting already has available.

A high-quality ISP should clearly set out identified needs, agreed provision, SMART outcomes, responsible professionals, frequency of support, review dates and escalation routes where provision is not being delivered or needs change. Plans should include education, health and social care elements where appropriate and contain clear processes for increasing, reducing or adapting support in response to changing levels of need. ISPs must remain responsive, consistent and focused on ensuring support matches assessed need.

PCF's also highlighted the importance of accessible language and avoiding jargon so plans can be easily understood and used by children, young people, families and professionals alike. ISPs should be practical tools for day-to-day support while still providing accountability, transparency and consistency, including greater clarity regarding how provision and resources are being utilised to meet identified needs.

National templates, minimum standards and quality assurance arrangements would help improve consistency across schools and local areas. However, robust accountability and oversight are equally essential to ensure provision is actually delivered, with clear legal responsibilities attached to implementation, not simply producing a plan. Families also need access to independent routes for raising concerns or escalating issues where ISP provision is not being implemented effectively, including SENDIASS, Area SENCOs and independent review or complaints processes. Significant concerns were also raised that without independent oversight, challenges regarding delivery could negatively impact relationships with schools and settings at a time when trust in the SEND system is already fragile and needs to be rebuilt through transparency, accountability and genuine partnership working.

Question 16: How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?

Parent Carer Forums emphasised that ISPs must be practical, accessible and usable within everyday educational environments. Plans should be concise enough for day-to-day use, while detailed enough to provide accountability for the delivery of provision and support. A national template could help improve consistency, although sufficient flexibility must remain to reflect individual strengths, needs, aspirations and circumstances.

Plans should use plain English, avoid jargon and clearly specify assessed needs, reasonable adjustments, provision, interventions, outcomes, review dates and responsible professionals. Strategies should be broken down into manageable, realistic actions linked to routines, transitions and learning activities so staff can implement them consistently in practice. Generic wording should be avoided, with plans tailored to the individual child or young person and aligned with their aspirations and those of their parent carers.

PCFs also highlighted the importance of meaningful co-production, with a shared understanding of what effective co-production should look and feel like in practice. Plans should reflect the child or young person's strengths, communication preferences, motivators and support needs. Professionals should work closely with families and education settings to develop approaches that are realistic, workable and sustainable within the educational environment, rather than overly complex recommendations that are difficult to implement consistently.

ISPs should be accessible to parents, children, young people and all professionals working with the child, including mechanisms to ensure supply staff and wider school staff are aware of key adjustments and support needs where relevant. For example, children with agreed uniform or sensory adjustments should not face inappropriate challenge from staff unaware of their needs. Greater clarity is also needed regarding how ISPs will align with EHCPs ensuring clarity and consistency rather than duplication or confusion.

Further detail is required regarding digital access, ownership, consent, storage, security and information-sharing arrangements, including how health and social care information will be incorporated where appropriate. Concerns were also raised regarding digital poverty and the risk that overly digital systems could create barriers for some families. Any digital approach must therefore remain secure, inclusive and accessible, with clear arrangements for how professionals can securely access, review and contribute to plans in practice. National templates and digital systems must also ensure historical plans and supporting documents remain accessible and are not lost during transitions to new systems, with the ability to attach and reference previous plans and records so important information about a child or young person's needs, support and progress is retained over time.

Question 17: How can we best support transition for young people with SEND, so that they are well supported into post-16 provision and further education, training or employment?

Parent Carer Forums report that they consistently hear that transition into post-16 education, training and adulthood is inconsistent and too often dependent on individual practitioners rather than a coordinated system. Families report that planning frequently starts too late, information is poorly coordinated and young people are left without appropriate support at a critical stage of their education and development.

Transition planning should start early, be person-centered and involve education, health, social care, careers advice and families working together. Young people need clear pathways into further education, training, employment, supported internships, apprenticeships and independent living, with support continuing consistently across transitions rather than restarting at each phase change. Greater emphasis should also be placed on preparation for adulthood and life skills from an earlier age. National transition days, additional visits and gradual familiarisation arrangements for pupils with SEND should be built into school and college planning to reduce anxiety and improve confidence.

PCFs highlighted concerns regarding limited post-16 options for young people with neurodivergence, EBSA, learning disabilities, sensory or communication needs, particularly where mainstream college environments are unsuitable or insufficiently inclusive. Careers advice must better understand SEND and provide realistic, strengths-based guidance that reflects individual aspirations and support needs. Greater consistency in guidance and policy, including financial support such as home-to-school or college transport arrangements, is also essential to reduce barriers to accessing post-16 education and training opportunities.

Delays in accessing SALT, OT, EP and mental health support can significantly affect assessments, qualifications and post-16 opportunities, increasing the risk of young people becoming NEET. Transitions work best where there is a lead professional named and will support transition, predictable communication, gradual transition arrangements and ongoing support during the first year of provision. Families also highlighted the value of transition support that is not solely tied to an education setting, enabling young people to maintain trusted relationships and consistent support throughout periods of change.

Question 18: How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?

Inclusion Bases may help some children and young people if they are well-designed, properly resourced and embedded within a genuinely inclusive education system. However, they must not become containment spaces, exclusionary environments or a substitute for specialist provision where this is required. Provision should always be determined by assessed need rather than local availability or capacity pressures. Many Parent Carer Forums also expressed concern that the term “Inclusion Base” itself risks feeling contradictory or othering if the wider school environment is not genuinely inclusive.

Clear national definitions, published standards and transparent criteria are needed to ensure Inclusion Bases operate consistently across all areas. This should include expectations regarding staffing, curriculum access, therapeutic and health input, environmental adaptations, safeguarding, quality assurance and accountability. Robust minimum standards and oversight arrangements will be essential to prevent Inclusion Bases becoming forms of segregation or seclusion within mainstream settings. Staff working within Inclusion Bases must have appropriate specialist training and qualifications, supervision and ongoing support.

Local areas also require stronger sufficiency and place planning to ensure there is an appropriate balance of mainstream, targeted and specialist provision available to meet differing levels of need. Consideration should be given to how specialist support can be distributed effectively across areas, including the role of secondary settings, while recognising that Inclusion Bases alone will not meet the needs of all children and young people. Inclusion Bases should complement, not replace, inclusive mainstream practice and specialist placements where needed.

The whole education setting should ultimately operate as an inclusive environment, with lessons, extracurricular activities, social opportunities and wider school experiences remaining accessible and welcoming for all pupils, to support the aim of integration with the wider school community. Families and young people should be involved in designing, reviewing and evaluating Inclusion Bases to ensure they reflect lived experience and local need. Strong accountability and outcome monitoring will be essential to ensure Inclusion Bases improve inclusion, wellbeing, participation and belonging, rather than increasing separation from peers.

Question 19: How can we make sure that Inclusion Bases help children and young people succeed in mainstream settings?

Inclusion Bases should support children and young people to succeed within mainstream education, not isolate them from peers, learning opportunities or wider school life. Their purpose should be to strengthen inclusion, provide targeted support and improve access to mainstream curriculum and experiences, rather than creating separate or long-term parallel provision.

Children and young people should have planned and meaningful access to peers, lessons, extracurricular activities and specialist support, with flexibility based on individual need. Timetables and support arrangements must be personalised and responsive, rather than based on rigid "one-size-fits-all" models within a base. Proactive opportunities for inclusion, participation and relationship-building should be embedded throughout the school day to support belonging, mutual understanding and positive peer relationships.

Staff working within Inclusion Bases need appropriate specialist training and qualifications, supervision and sufficient capacity to support children effectively and promote inclusive practice across the wider school community. Curriculum adaptations should be proactive, individualised and ambitious, ensuring children can make progress while accessing learning in ways that best meet their needs. Schools should also promote understanding of inclusion across the wider pupil population, helping children and young people recognise the value that diversity, inclusion and different experiences bring to school life and wider society.

Success should be measured through wellbeing, belonging, participation, attendance, engagement, progress and family confidence, rather than simply whether a child is physically placed within a mainstream setting. Monitoring of mental health, exclusions, part-time timetables, attendance outcomes and pupil movement, should also be strengthened to ensure Inclusion Bases support positive long-term outcomes and do not contribute to hidden exclusion.

Schools must ensure children are not "othered" through overuse of separate provision and that curriculum access remains inclusive, meaningful and aspirational. Strong accountability, regular review processes and co-production with families and young people are essential to ensure Inclusion Bases remain flexible, needs-led and genuinely focused on improving inclusion and participation within mainstream education.

Question 20: Through the Experts at Hand offer, we want to ensure that mainstream settings can get quick specialist support for children and young people. What arrangements are needed between local area partners (education, health, social care) to deliver this Experts at Hand offer effectively?

Experts at Hand teams must be genuinely multidisciplinary, bringing together education, health and social care professionals to provide coordinated, timely and holistic support. Teams should include expertise such as Educational Psychology, Speech and Language Therapy, Occupational Therapy, mental health and specialist teaching, with clear roles, responsibilities and accountability arrangements across all partners. Joint commissioning, pooled budgets and shared ownership between agencies will be essential to ensure support is sustainable and not limited by organisational boundaries or fragmented funding arrangements.

Support should go beyond signposting and include coaching, modelling, environmental advice, direct intervention, review and practical implementation support for settings. Referral routes, prioritisation criteria and timescales should be transparent, proportionate and easily accessible without lengthy or overly complex processes. A whole-area approach is needed, recognising that some settings and communities may require more intensive support depending on the needs of the children and young people they serve.

Families should be involved in decisions throughout, with accountability where recommendations are not implemented. Parent Carer Forums (PCFs) should play an active and appropriately funded role within Experts at Hand delivery models, drawing on approaches such as PINS to provide peer support, lived experience insight, engagement and co-production training. PCFs can help identify emerging issues early, strengthen relationships between families and services, and ensure support remains accessible, responsive and grounded in local need. Ongoing feedback loops should also be embedded so services continuously learn from lived experience and evolve to meet changing local needs.

Teams must have sufficient capacity, funding and authority to both support and challenge schools where inclusive practice is weak. Clear arrangements are also needed for children and young people receiving EOTAS or experiencing EBSA to ensure equitable access to specialist advice and support regardless of educational placement. Success should be measured through improvements in inclusion, wellbeing, attendance, participation and family confidence, rather than solely through service activity or response times.

Question 21: What needs to be in place so that children and young people with low incidence, highly complex needs can always access the right specialist placement?

There must be robust regional and local sufficiency planning for specialist placements, therapies and highly skilled staff to ensure children and young people with low-incidence or highly complex needs can access appropriate support. Families are deeply concerned that children may increasingly be placed in mainstream or unsuitable specialist provision simply because the right placements or services are unavailable.

Children and young people with highly complex needs require timely expert assessment, specialist teaching, therapy input, communication support, transport planning and carefully managed transitions. Placements must be based on assessed need, expert advice and family views, not cost, local availability or system pressures. The definition of "complex needs" should be nationally agreed and applied consistently across education, health and social care so families are not receiving conflicting messages from different parts of the system.

Regional and cross-area commissioning arrangements should be considered where needs are rare or require highly specialist expertise, helping to develop sustainable provision and workforce capacity across wider geographical areas. However, children should not be forced into placements far from home due to gaps in local provision, as excessive travel can negatively affect wellbeing, attendance, family life and community inclusion. Transport planning must therefore be fully integrated with EHCP processes to ensure suitability, safety and timely access to education. Consideration should also be given to reviewing transport age criteria so they better reflect the current expectation for young people to remain in education or training until the age of 18, ensuring that 16–18-year-olds are not disadvantaged where they need to travel further due to the complexity of their needs.

Clear accountability arrangements are needed to ensure children are not denied access to education because of disputes or gaps between education, health and social care responsibilities. Health services and local authorities should share information on waiting lists, unmet need, demand and risks to support joined-up planning and earlier intervention while children await support or placement.

Local partnership boards should include meaningful parent carer involvement to ensure provision is informed by lived experience and emerging local need. Transparent data on demand, waiting times, tribunal outcomes and unmet need should also be published to strengthen accountability, strategic planning and continuous improvement. Families must remain fully involved in decisions and retain meaningful legal rights to request, challenge and appeal placements and provision.

Question 22: How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?

Specialist Provision Packages (SSPs) must set clear minimum expectations while remaining flexible enough to meet the unique, overlapping and fluctuating needs of children and young people. They must not become rigid or "off-the-shelf" models that reduce individualised support or restrict access to provision. Standardisation should improve consistency, quality and accountability, not create new thresholds or barriers to support.

Provision must remain personalised, trauma-informed, outcomes-focused and regularly reviewed, with integrated education, health and social care input rather than fragmented approaches. SSPs should clearly define the type, level, frequency and expertise of support required, including teaching approaches, therapies, communication support, sensory regulation, emotional wellbeing, personal care, assistive technology, transport and transition arrangements. Clear processes are also needed where a child or young person's needs span multiple packages or where support is delivered within mainstream settings.

Mental health needs must be explicitly recognised within SSPs, particularly where anxiety, masking, EBSA or emotional distress significantly affect engagement with education and participation in daily life. Packages should support a holistic understanding of need and recognise that children and young people may present differently across environments and over time.

Many Parent Carer Forums felt the current proposals lack sufficient detail regarding accountability, funding and delivery responsibilities. Families need clarity about what support is guaranteed, how decisions are made, who is responsible for delivery and how additional or changing needs will be met over time. Clear safeguards are essential to ensure SSPs do not become cost-control mechanisms or reduce flexibility in responding to individual needs. Transparent accountability arrangements, alongside meaningful routes for challenge and review where provision is not delivered, will be critical to building confidence in the system.

Question 23: We propose that EHCPs will guarantee educational provision set out in a Specialist Provision Package, with day-to-day provision captured in Individual Support Plans. What is needed to make these proposals work effectively?

EHCPs must retain clear, legally enforceable provision and ISPs should not dilute existing rights or reduce accountability. While day-to-day planning through ISPs could be helpful, families need absolute clarity regarding what support is legally guaranteed, who is responsible for delivery and how failures or disputes can be challenged. Greater clarity is also needed regarding tribunal powers, legal enforceability and how rights will operate within any revised system. Concerns were also raised that ISPs themselves may require stronger legal accountability to ensure agreed provision is consistently delivered in practice.

Clear accountability, robust oversight and transparent review processes will be essential. Oversight arrangements should feed into local partnership boards to support ongoing review, improvement and accountability across local systems. Families must have confidence that provision written into EHCPs, SSPs and ISPs will be delivered in practice, not simply recorded within plans. Documents and systems should align clearly so families and professionals can easily understand how ISPs relate to EHCPs and Specialist Provision Packages without creating unnecessary duplication, fragmentation or confusion. A joined-up digital system could help simplify processes and improve accessibility, provided it remains secure, inclusive and accessible for families.

Both EHCPs and ISPs must remain individualised, flexible and outcomes-focused, rather than forcing children and young people into standardised pathways or support "boxes". Schools, local authorities and services will also require sufficient funding, workforce capacity and training to implement changes effectively. Without this, reforms risk increasing inconsistency, confusion and mistrust within the system.

There must be a transparent process for reviewing existing EHCPs, with clear rights of appeal where support is reduced, removed or changed. Families and young people should remain fully involved in all decisions, with access to independent advice and advocacy where disagreements arise. Concerns were raised that disputes around ISP provision and delivery could increase adversarial relationships between families and schools at a time when trust already needs rebuilding.

Partnership working with families is essential, but this must be underpinned by clear national principles defining what meaningful co-production looks like in practice, alongside consistent quality assurance framework and clear accountability measures for deliver.

Question 24: We propose creating a more direct route to Specialist Provision Packages and EHCP assessments for children under 5 with complex needs. How can we make sure this works in practice?

The thematic feedback supported a more direct fast-track route for children under five with complex needs. The process must be simple, timely and based on professional and parent evidence without requiring a formal diagnosis. Clear national definitions of "complex needs", eligibility criteria and timescales are essential to ensure consistency, transparency and to avoid delay.

Evidence from paediatricians, health visitors, therapists, Portage services, Family Hubs and early years settings, alongside parent views, should be sufficient to trigger fast-track consideration. The route must also support children whose SEN may not yet be fully established but who already require significant health, care or educational support. Early intervention and practical support, including consideration of ISP arrangements where appropriate, should begin immediately rather than waiting for formal assessment or diagnostic processes to conclude, which may take many months.

Families should not be expected to coordinate systems themselves. Wherever possible, the process should be system-led with a named coordinator or key contact, potentially linked to Family Hubs, to oversee timescales, multi-agency working, interim support and accessible communication. Clear, accessible information about pathways, eligibility and available support will also be vital to ensure families can understand and navigate the process confidently. Clear links to existing Section 23 notification duties are needed so early identification consistently leads to timely support and intervention.

Parent Carer Forums should help co-produce local pathways and gather feedback on whether systems are genuinely reducing delay rather than creating further barriers. Early sufficiency planning is also essential, so children are not placed far from home or subjected to excessive travel due to gaps in local provision.

Consideration should also be given to whether similar fast-track approaches may be required across other age groups where there is clear evidence of escalating risk, significant deterioration in need or likely placement breakdown, to ensure children and young people can access timely support before crisis point is reached. This should include children and young people on the Dynamic Support Register (DSR), those subject to CETRs, those at risk of breakdown in education placements or family placements at home, and those at increased risk of exclusion, mental health crisis or involvement with the criminal justice system. Clear multi-agency escalation pathways and rapid access to support are essential to prevent avoidable crisis, family breakdown and inappropriate outcomes.

Question 25: What would you expect to be considered as part of the needs assessment, for example evidence and expert or professional input?

Needs assessments should take a genuinely holistic, trauma-informed view of the child or young person across education, health and care. Thematic feedback emphasised that evidence must include parent carer and child views, educational information, health and social care advice, specialist assessments, attendance and exclusion data, communication, sensory needs, mental health and wider family context. Assessments should reflect need across all environments, not just presentation within school, particularly for children who mask, experience EBSA, burn-out or appear to cope in education but cannot sustain the impact of this at home or within the wider community. Consideration should also be given to participation in extracurricular activities, school holiday provision, community access, independence and preparation for adulthood.

Assessments should draw on relevant professional advice including Speech and Language Therapy, Occupational Therapy, Educational Psychology, paediatric, mental health and social care input, alongside evidence from early years settings, alternative provision or EOTAS where relevant. Health input should be holistic and not solely focused on diagnosis, but also consider broader health inequalities and access needs, including dentistry, vision, immunisations and the need for adapted or specialist approaches to healthcare access. Assessments for older young people should also consider life skills, independence and preparation for adulthood across the 18–25 age range.

Services involved in assessments must provide meaningful, child-specific advice rather than generic responses or “not known to the service” statements. Professionals should consider what support or intervention a child or young person may benefit from, rather than limiting advice only to services already in place. While standardised approaches may support consistency, a “one size fits all” model does not reflect the complexity, overlap and fluctuation of many children and young people’s needs.

Assessments should be proportionate to the complexity of need and undertaken in person where necessary and appropriate to ensure an accurate and comprehensive understanding of the child or young person. While online approaches may offer flexibility and cost efficiencies in some circumstances, this must be carefully balanced against the quality, depth and reliability of information gathered, alongside the nature and purpose of the assessment being undertaken.

Concerns were also raised regarding the inconsistent approach to private reports within the current system, with many independent assessments being heavily challenged or not accepted. Responsibility for quality assurance of reports should sit with statutory systems, professional regulators and professional bodies, rather than parent carers being expected to judge professional credibility themselves. National guidance is therefore needed and should clearly set out when independent evidence can be accepted, including the qualifications, registration requirements and recognised professional bodies that practitioners must hold membership with for reports to be accepted. Providing clear information to families is essential so they understand these expectations and requirements before spending significant amounts of money obtaining private assessments or reports, helping to reduce conflict and improve transparency across the system.

Question 26: What factors should LAs take into account in proposing to parents and young people a list of potential settings to name on a plan?

Placement decisions must be clearly linked to identified need, with transparent information about the types of needs a setting can appropriately support. The thematic feedback gathered stressed that decisions must be evidence-based, lawful and focused on whether provision can genuinely meet the child or young person's full range of needs, rather than being driven primarily by cost, placement availability or system pressures. Parent carers should also be recognised as experts by experience who know their child best, with their views and preferences given significant weight throughout decision-making.

Local authorities should consider parental preference, the child or young person's views, professional advice, specialist expertise, peer group compatibility, therapeutic input, communication support, sensory environment, class size, mental health support, behaviour culture, accessibility, safeguarding, travel time, health needs and transition arrangements. For post-16 learners in particular, greater emphasis should be placed on young people's choices regarding setting, course and location to support preparation for adulthood and independence.

Families are particularly concerned about children being placed in unsuitable mainstream settings without the provision, staffing or expertise required to support them effectively. Local authorities should also consider the cohort composition within proposed classes or settings to ensure needs are compatible and environments remain safe, appropriate and supportive for all pupils. Placement decisions must not be restricted by local authority boundaries where the nearest or most appropriate provision is located in another area.

The thematic feedback gathered also highlighted the importance of clearly defining the purpose, offer and specialism of different settings so families understand which placements are suitable and are not encouraged to pursue provision that cannot meet need. Local authorities must also ensure robust sufficiency and place planning so children and young people who meet thresholds for specialist support can access appropriate placements within, or close to, their local communities wherever possible. Where particular settings are repeatedly oversubscribed or frequently requested through appeals and tribunals, this should trigger review and challenge through local partnership boards and wider sufficiency planning arrangements.

The process for identifying and proposing placements must be fully transparent, with clear information about local processes, available provision and decision-making criteria. This information should be co-produced with Parent Carer Forums to ensure it is accessible, understandable and reflective of local needs and lived experience.

Families must retain meaningful routes for challenge and appeal where they disagree with placement decisions, including maintaining tribunal powers to name placements where appropriate, rather than limiting tribunals solely to directing reconsideration by local authorities. There are significant concerns that proposed tribunal changes could create a prolonged "ping-pong" process between tribunals and local authorities, resulting in repeated reconsideration without resolution, increasing delays and negatively impacting outcomes for children and young people.

Tribunal oversight and enforceability must therefore remain strong, with local authorities required to evidence clearly how proposed placements can meet need in practice. Robust sufficiency planning, accountability arrangements and clear DfE intervention powers will also be essential to prevent continued delays, unsuitable placements and unmet need across the SEND system.

Question 27: What information and support do parents need to make a decision about which setting will be best for their child?

Families need clear, honest and comparable information about provision so they can make informed decisions about support and placements. The thematic feedback gathered highlighted the importance of accessible information on staffing, specialist expertise, therapies, inclusion models, behaviour policies, exclusions, attendance expectations, sensory environments, peer groups, transport, accessibility, outcomes and how settings work with families. Information should clearly explain both what a setting can provide and any limitations in meeting need.

Families also need clear information about the types of children and young people a setting is best equipped to support, including cohort profiles and how needs are grouped within classes or provisions, so families can better understand whether a placement is likely to be appropriate and compatible for their child or young person. For post-16 learners in particular, the views and preferences of the young person regarding setting, course and location must be fully considered and respected.

The thematic feedback gathered also emphasised that information should be co-produced with Parent Carer Forums to ensure it is accessible, meaningful and reflective of lived experience within local communities. Families should have opportunities to visit settings, experience the environment firsthand, speak directly with SENCOs and leaders, understand transition arrangements and ask informed questions, rather than relying solely on websites or promotional materials.

Families also need clear information about their rights, local processes, appeal routes and how EHCP, SSP and ISP provision will operate in practice. SENDIASS services and Parent Carer Forums play a vital role in providing independent advice, support, signposting and helping families navigate decisions within an increasingly complex system, and both require sustainable investment and strengthening as

Stronger national expectations around communication and information sharing are also needed, with clearer statutory duties using "must" rather than "should" to improve consistency, transparency and trust across the system. Further work is required to develop national quality standards for SEND information provided to families.

Question 28: What do you think is the right maximum length of time for a temporary placement in Alternative Provision (AP) schools? Please explain your rationale

Temporary Alternative Provision (AP) placements should be short, purposeful, evidence-informed and regularly reviewed. AP must always be used in the best interests of the child or young person and never as a way to manage unmet need, avoid exclusions or compensate for insufficient mainstream or specialist provision.

The thematic feedback gathered suggested a maximum placement length of around 12 weeks unless there is a clearly evidenced, co-produced plan demonstrating why a longer placement is necessary and in the child or young person's best interests. No placement should continue beyond one term without formal multi-agency review and parental agreement. Extended placements should also trigger consideration of whether a different placement, support package or long-term provision is required.

From the outset there should be clear aims, therapeutic support where needed, continuity of education, family involvement, regular review points and a defined reintegration or onward-placement plan. AP should provide meaningful educational and therapeutic support that addresses identified needs and barriers to inclusion, rather than offering low-aspiration or tokenistic provision. Where reintegration is the goal, both the child and family must be properly supported through restorative and relational approaches that rebuild trust, belonging and inclusion rather than placing blame on families or children.

Reintegration planning should also include structured reflection on whether changes are needed within the original school environment, staffing approaches or support arrangements to improve inclusion and prevent repeated breakdown. AP linked to mainstream schools may support more successful reintegration where relationships, communication and accountability are maintained throughout the placement. Temporary placements should not focus solely on changing the child or young person, but also on understanding what adjustments and support are required within the wider system.

However, in some cases reintegration may no longer be appropriate or achievable, and AP may be being used while suitable alternative education is identified. In these circumstances, forcing children and young people to continue working towards reintegration can be harmful, retraumatising and damaging to wellbeing, particularly where previous educational experiences have already broken trust and safety.

Access to AP provision must also be carefully considered. It is not appropriate to expect children, young people and families to travel excessive distances to access only a small number of educational hours, therefore transport arrangements, travel time and accessibility must form part of placement planning. The suitability of tutoring arrangements should also be considered on an individual basis. Home tutoring may not always be appropriate where the home environment represents a child or young person's safe space, while tutoring within busy community environments may be unsuitable for children with sensory or anxiety-related needs. Although the use of free community spaces may represent a cost saving for local authorities, these environments are not always in the best interests of the child or young person. Suitable, appropriate and needs-led environments should therefore be used, even where this carries additional cost, in order to support successful engagement, wellbeing and educational outcomes. Provision must remain flexible, individualised and responsive to the child or young person's ability to engage safely and effectively.

Longer-term therapeutic use of AP, such as equine therapy, forest school or other wellbeing-focused interventions, should not automatically be restricted by arbitrary time limits where provision is demonstrably supporting engagement, emotional regulation and access to education within mainstream settings. In these circumstances, provision should be linked to clearly identified long-term goals, outcomes and ongoing assessed need, rather than being viewed solely as a temporary intervention or short-term fix.

For some children and young people, AP or EOTAS may be the most appropriate longer-term provision through an EHCP. The key issue is whether provision is suitable, lawful, planned and genuinely meeting need. Greater evidence regarding AP outcomes, alongside stronger safeguards and accountability arrangements, is also required.

Question 29: We have set out our plans to regulate Independent Special Schools (ISS) sector. Do you agree that these proposed changes will lead to suitable placements being available at a fair cost? Please explain why.

Regulation of the Independent Special School (ISS) sector should improve quality, safeguarding, transparency, outcomes and value for money. However, cost control alone will not resolve wider issues relating to sufficiency, access and unmet need across the SEND system.

The thematic feedback gathered raised concerns that tighter regulation of fees could unintentionally reduce access to specialist placements where they are genuinely necessary, particularly for children and young people with complex or low-incidence needs. Independent provision is often used because suitable local authority or maintained specialist placements do not exist or are already full. Cost regulation without significant investment in maintained specialist provision, therapies, workforce capacity, local commissioning and effective place planning risks displacing children from existing placements, increasing placement shortages, reducing parental confidence and leaving more children without appropriate education.

Local authorities and regional partners must undertake robust sufficiency and place planning, linked closely to SEND Reform Plans, to proactively identify and address gaps in provision. In many areas, insufficient specialist capacity and limited long-term planning have contributed to increasing reliance on the ISS sector. Greater clarity is also needed regarding proposed fee controls and the potential impact on highly specialist placements, including the risk of some providers becoming financially unsustainable or closing, which could further reduce available placements and increase the number of children and young people out of education.

While regulation may improve consistency and transparency, it must sit alongside sustained investment in local specialist provision and stronger mainstream inclusion. Families must continue to have access to appropriate independent specialist provision where this is the placement best able to meet the child or young person's assessed needs.

Question 30: How should settings be held accountable for how they spend their Inclusive Mainstream funding?

Settings should be held accountable through transparent reporting on how Inclusive Mainstream funding is used, including clear links between funding, provision and outcomes for children and young people with SEND. Funding should not be absorbed into general school budgets without clear evidence of impact. Governors, academy trusts and leadership teams should be required to scrutinise SEND spending and demonstrate how resources are improving inclusion, participation and support for children and young people with SEND.

Schools should publish accessible information about SEND funding, ISP delivery, interventions and the impact on attendance, persistent absence, suspensions, exclusions, wellbeing, participation, family confidence and progress, not solely academic attainment. Accountability measures should focus on whether children and young people are receiving meaningful support and experiencing positive outcomes within inclusive environments. Progress should not be judged purely through standard attainment measures, but through how well children and young people are progressing on their individual educational journey, recognising that progress and success may look different for pupils with SEND. Greater transparency, similar to pupil premium reporting, could help families better understand how funding is being allocated and provide opportunities for parent carers and young people to contribute views regarding priorities and provision.

Data relating to pupil movement, attendance, part-time timetables, suspensions, exclusions and the frequency of challenges or complaints regarding ISP provision and delivery should also form a central part of accountability arrangements. These indicators can provide important insight into the culture of a setting, the effectiveness of inclusive practice and whether SEND investment is genuinely improving outcomes for children and young people.

Ofsted and local area SEND inspections should evaluate whether funding is leading to effective provision, timely support, inclusive practice and improved lived experience for families. Parent and pupil feedback should form part of accountability arrangements alongside outcome data, workforce practice and evidence of meaningful inclusion.

There must also be clear improvement processes and consequences where funding is not being used effectively or where agreed support is not being delivered. This should include stronger intervention and challenge arrangements where settings consistently fail to meet need despite receiving SEND funding. Transparent oversight, robust accountability and clear evidence of impact are essential to rebuild trust that SEND funding is being used appropriately and improving outcomes for children and young people.

Question 31: Do you agree that more SEND funding should sit directly within mainstream budgets? Please explain why.

Yes, additional funding within mainstream schools could improve early intervention, inclusive practice and timely support for children and young people with SEND, but only if funding is sufficient, ringfenced and subject to robust accountability. The thematic feedback gathered expressed significant concern that SEND funding could otherwise be absorbed into wider school budget pressures without leading to meaningful improvements in outcomes or inclusion.

Any shift in funding towards mainstream inclusion must not reduce specialist capacity, access to therapies or legal entitlements for children and young people with more complex needs. Strong safeguards, workforce modelling, clear expectations regarding provision and robust accountability arrangements will be essential to ensure funding strengthens support rather than diluting provision or creating additional thresholds to access help.

Schools should demonstrate transparently how SEND funding is being used and whether it is improving inclusion, attendance, wellbeing, progress and family confidence. Funding should support reasonable adjustments, adaptive teaching, specialist advice, workforce development and early intervention, rather than simply maintaining existing systems. Schools should also regularly review whether provision is effectively meeting need, rather than expecting children and young people to fit within existing structures, staffing models or resource limitations.

Robust oversight through Ofsted, local area inspections, governance arrangements and transparent reporting will be needed to reduce inconsistency and ensure support remains genuinely needs-led. Accountability should focus not only on academic attainment, but also on inclusion, participation, wellbeing, reduced exclusions and how effectively schools are enabling children and young people with SEND to progress within their individual educational journey.

Question 32: In relation to pooled funding, we propose that every school becomes part of a Local SEND group. Do you agree that this proposal aligns with our aim for all schools to be part of high quality, community-based trusts?

The thematic feedback gathered supported stronger collaboration between schools where this improves inclusion, shared expertise and consistency of support for children and young people with SEND. Local SEND groups could help schools work more collectively around early intervention, workforce development, specialist support and inclusive practice, while encouraging greater shared responsibility for SEND across local systems.

However, Local SEND groups must not become another layer of barriers, bureaucracy or delay within decision-making processes. Clear governance, transparent funding arrangements and strong accountability will be essential, particularly across maintained schools, academies and MATs. Greater clarity is also needed regarding how Local SEND groups would relate to academy trusts, local authorities, health localities and existing SEND accountability structures, to avoid creating additional locality arrangements that do not align effectively.

Questions were also raised regarding how Local SEND groups would operate where academy trusts span multiple local groups, or where a single large trust dominates decision-making within a group. Safeguards will be needed to ensure equitable decision-making, consistent approaches and fair distribution of resources between settings, rather than increasing inequity or creating conflicts of interest.

Parent carer representation, such as Parent Carer Forums, alongside meaningful children and young people's voice, should be embedded within Local SEND groups and wider trust governance arrangements to ensure lived experience, family feedback and co-production are central to planning, decision-making and evaluation. Trust boards and governance structures should also include lived experience perspectives to strengthen accountability and ensure decisions remain grounded in the realities facing families and children and young people with SEND.

Collaboration should strengthen local inclusion and shared responsibility for SEND rather than creating systems where schools can avoid responsibility for children whose needs are more complex. Robust oversight, transparent review processes and clear escalation routes will also be needed where support is not being delivered effectively or where disagreements arise between schools, trusts and local authorities.

Question 33: How should disagreements about membership, provision, or funding in groups of schools for SEND be resolved?

Disagreements about SEND membership, provision or funding within groups of schools should be resolved through transparent, time-bound and genuinely independent processes. Families must have confidence that decisions are evidence-based, Needs-Led and not primarily influenced by financial pressures, school budgets or local capacity issues.

Processes should include education, health, local authority and parent carer representation, with clear accountability and published decision-making criteria. Greater clarity will also be needed regarding the factors used to determine funding distribution and provision decisions, including how levels of need, demographics, staffing pressures and existing school resources are taken into account. Funding decisions must remain equitable and transparent, ensuring schools supporting children and young people with the highest levels of need receive appropriate resources and support.

Oversight arrangements should focus on whether funding and provision are meeting assessed need and improving outcomes for children and young people, rather than simply monitoring financial compliance. Transparent reporting, review processes and accessible communication will be important to build confidence and reduce conflict between families, schools and local systems.

Where disagreements remain unresolved, there should be access to independent review and escalation mechanisms with the authority to challenge decisions, require action and ensure accountability where support is not being delivered appropriately or fairly.

Question 34: How can we ensure the most effective use of these local partnership groups?

Local Partnership Groups should have a clear purpose, defined decision-making responsibilities and transparent accountability arrangements. Minimum national expectations and quality assurance measures are needed to ensure consistency in how groups operate, use data and drive improvement across local areas, while avoiding the creation of new postcode lotteries in SEND support and provision.

Groups should focus on strategic planning, strengthening inclusion, sharing expertise and identifying gaps in provision and sufficiency. There should also be clear shared responsibility across partners for identifying and meeting the needs of children and young people, including accountability for ensuring support outlined within ISPs is delivered effectively. Decision-making should be informed by robust local data and quality assurance dashboards, including attendance, exclusions, part-time timetables, tribunal outcomes, complaints, family feedback and lived experience, alongside learning from inspections and reviews. This information should directly inform commissioning, workforce planning, provision development and service improvement.

Parent Carer and children and young people's voice must be equal partners within Local Partnership Groups, with funding and support available to enable meaningful participation and co-production. Parent Carer Forums are best placed to support by bringing strategic lived experience and insight into local areas, working directly with local families, helping ensure decisions remain responsive to the needs of children, young people and families in their locality.

Transparent "you said, we did" reporting should demonstrate how family and community feedback has influenced decisions and led to change. Groups should also publish clear action plans, progress updates, outcome measures and improvement priorities to strengthen accountability and public confidence. Success should be measured through improved inclusion, reduced conflict, stronger accountability, better outcomes and increased family trust in local systems.

Question 35: Which stakeholders are important for the success of local partnership groups, and why?

Stakeholders should include Parent Carer Forums, children and young people's voice, local authorities, schools, early years providers, FE colleges, specialist settings, Alternative Provision, health services, social care, SENDIASS, voluntary and community sector organisations, transport providers, commissioners and trust leaders. Effective reform depends on genuine multi-agency collaboration, shared accountability and a whole-system approach across education, health and care to ensure children and young people's needs are met holistically.

Health and social care involvement is particularly critical. Without clear DHSC and ICB accountability, there is a significant risk that reforms will remain overly education-focused and fail to address the wider needs of children and young people with SEND, including health, wellbeing, family support and preparation for adulthood.

Children, young people and families must be involved as equal partners within planning, delivery and review processes, with co-production embedded throughout. Clear terms of reference, accountability arrangements and communication routes will be essential to ensure strategic parent carer and young person voice meaningfully influences decision-making, alongside opportunities for wider family feedback and engagement.

Local systems should also ensure all stakeholders have clearly defined roles, shared responsibilities and transparent routes for communication, challenge, escalation and improvement. Open communication regarding work underway, priorities, decisions and outcomes will be important to strengthen trust, accountability and confidence across local systems.

Question 36: How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?

Local SEND strategic plans should be genuinely co-produced with Parent Carer Forums, children, young people, families, schools and wider partners, using transparent local data to identify priorities, gaps and areas for improvement. Plans should be clearly linked to sufficiency, workforce capacity, funding, inclusion and outcomes, with measurable actions, milestones, equality impact assessments and clear escalation routes where delivery slips.

Co-production, transparency and shared accountability must be central to the process. A nationally agreed definition and quality assurance framework for co-production is needed to ensure consistent and meaningful involvement across all areas. Families, children and young people should be involved from the outset, not consulted after plans have already been developed. Schools and education settings should also play an active role in challenging and supporting one another to strengthen inclusive practice and continuous improvement across local systems.

Health and social care must be central partners within strategic planning, rather than remaining perceived as “add-ons” to education-led reforms. Social care involvement should include a stronger focus on practical family support and wellbeing, without automatically approaching SEND families primarily through a safeguarding lens.

Plans should draw on family feedback, inspection findings, tribunal outcomes, complaints data and lived experience alongside quantitative data. Transparent “you said, we did” reporting should demonstrate how feedback has shaped decisions and improvements. Evaluation should focus not only on service delivery, but also on whether children, young people and families experience improved support, reduced conflict and easier access to appropriate provision without needing to escalate concerns or challenge the system repeatedly.

Strategic plans should promote a culture of continuous learning, development and evolving provision, rather than relying on short-term pilots that fail to embed sustainable change. Inspection and accountability systems should support continuous improvement, shared learning and system development rather than focusing solely on blame.

Parent Carer Forums, which the consultation itself states should be strengthened through “sustainable funding” and also states “expand[ing] parent carers in strategic partnership roles to support system-wide improvements”, must be properly funded and supported to participate meaningfully within local planning, governance and accountability arrangements. Clear DfE and health accountability will also be needed where local areas fail to involve Parent Carer Forums or children and young people appropriately, or where co-production is weak, inconsistent or absent.

Question 37: What information, advice and guidance can best support children, young people and their families to ensure greater fairness across the system?

Families need accessible, independent and consistent advice, information and support from early years through to adulthood. The thematic feedback gathered highlighted the important role of SENDIASS, Parent Carer Forums, peer support networks and trusted voluntary and community sector organisations in helping families understand rights, pathways, ISPs, EHCPs, placements, complaints and local processes. These services must be sustainably funded and embedded throughout transition into any new system

Information should be provided in plain language and in multiple accessible formats, including websites, videos, downloadable resources, telephone advice, online support and face-to-face guidance. It must be inclusive of community languages, families with additional needs, and those who are digitally excluded, overwhelmed or navigating complex systems. Nationally produced guidance explaining any revised SEND Code of Practice and system reforms would help improve consistency across local areas and reduce variation in interpretation and implementation.

Local authorities should be required to provide clear, localised information co-produced with SENDIASS and Parent Carer Forums to ensure it reflects local needs and experiences. Communication with families should be proactive, transparent and demonstrate clearly how family and young person feedback has influenced strategic decisions, service development and improvements.

Families also need transparent information about timelines, decision points, responsibilities and the evidence and information required at different stages of the process. Advice and support services must remain independent from decision-makers to maintain trust and confidence. The Local Offer should be accurate, accessible and regularly updated. Nationally consistent templates, guidance and quality standards would help improve clarity, reduce regional variation and support families to navigate increasingly complex systems more confidently. Greater focus is also needed on proactively supporting underrepresented groups to access information, contribute their views and participate meaningfully within local systems.

SENDIASS services need to be resourced to provide the support required in local areas, including supporting families with the potential SEND Reforms and changes with ISPs and EHCPs. There must be a duty on Local Authorities to ensure that the staffing is sufficient, that vacancies are replaced quickly and that staff are sufficiently trained in order to provide support and advice required.

The thematic feedback gathered also raised concerns about the growing number of unregulated advocacy and advice services, with some families paying significant amounts of money for support from individuals who may be unqualified, unsupervised or providing inaccurate legal or SEND advice. Poor-quality advice can negatively impact children and young people's outcomes, increase conflict, delay access to appropriate support and place additional emotional and financial pressure on families. Stronger regulation, quality assurance and workforce development are therefore needed to ensure families receive accurate, reliable and ethically delivered advice and support.

Further clarity is needed regarding sustainable funding arrangements and national quality standards for independent advice and support services.

Question 38: Do you agree that a SEND specialist (e.g. a SENCO) should sit on the school complaint panel, when the complaint relates to SEND support and provision? Please explain why.

Yes, a SEND specialist with relevant expertise should be involved in complaint processes where complaints relate to SEND provision. They should have a strong understanding of SEND law, reasonable adjustments, inclusive practice and the National Inclusion Standards. However, the thematic feedback gathered strongly emphasised that complaint processes must also be genuinely independent so families can have confidence that concerns are reviewed fairly, transparently and without conflicts of interest.

Many families felt that SEND complaints should sit independently from the school itself, rather than relying solely on one independent professional joining a school-led panel. There were concerns that existing school complaint arrangements do not provide sufficient impartiality, particularly where relationships have already broken down or trust is low. Consideration must be given to including trained lay representatives, such as trained parent carers, within complaint processes to strengthen lived experience insight and confidence in fairness. Some feedback suggested SENDIASS may be well placed to contribute due to its SEND expertise and understanding of family experiences. However, others raised concerns that this could create a conflict of interest if families later needed to seek independent advice, advocacy or redress through SENDIASS following the complaints process.

Clear expectations are needed regarding training, independence, authority and accountability within complaint processes. Panels should include appropriate SEND expertise and robust oversight arrangements, alongside mechanisms for identifying patterns of complaints across schools, trusts and local areas.

Consideration should also be given to whether complaints data should be recorded through a more consistent local or national system to strengthen transparency, identify recurring issues and reduce variation in local practice. Clear quality assurance and oversight arrangements will also be needed to ensure each complaint is considered on its own merits while maintaining equitable and consistent decision-making, so that families in similar circumstances do not receive significantly different outcomes depending on differing panel members.

Complaints processes should focus not only on resolving individual cases, but also on driving learning, accountability and continuous improvement across the SEND system. Outcomes and learning from complaints, including required improvements, should be shared more widely across local systems where appropriate to support stronger practice development and prevent repeated failings.

Question 39: This consultation outlines a series of measures intended to reform the SEND system. Some of these measures have already been finalised, and this is clearly indicated within the document. With this in mind, is there anything further you would like to contribute to help inform the remaining proposals that are still under consideration?

The thematic feedback gathered welcomed the ambition to improve early support, strengthen inclusion and reduce the need for families to fight for help. However, confidence in the reforms will depend on whether they strengthen, rather than dilute, legal rights, accountability and access to appropriate provision. Clear safeguards are needed around ISPs, EHCPs, tribunal powers, workforce capacity, health involvement, specialist sufficiency and the implementation of inclusion bases. Support must remain genuinely needs-led and not become limited by local availability, funding pressures or inconsistent interpretation of thresholds.

Implementation must be properly funded, phased, transparent and genuinely co-produced with children and young people, families, Parent Carer Forums and wider stakeholders. Success should not be measured solely through attendance and attainment, but through wellbeing, belonging, safety, inclusion, independence and long-term outcomes. Greater consideration is also needed regarding post-16 provision, EOTAS, EHE, adopted and fostered children, and the wider impact of SEND on family wellbeing and stability.

Significant concerns were raised regarding proposed tribunal changes potentially creating prolonged delays, repeated reconsideration processes and reduced access to timely resolution. Tribunal oversight and enforceability must remain robust, with local authorities required to evidence clearly how placements and provision can meet need in practice. Concerns were also raised about additional "ping-pong" points emerging between schools, Experts at Hand teams, health partners and families regarding escalation from Targeted Plus support into EHCP assessment processes. Clear escalation routes, accountability mechanisms and dispute resolution pathways will be essential to prevent children and young people being left unsupported while professionals disagree.

Thematic feedback also highlighted concerns that complaints processes sitting primarily with schools could contribute to fractured or adversarial relationships between families and settings, increasing the risk of placement breakdown. There were concerns that inconsistent expertise across school clusters or local groups could result in poor practice becoming embedded where there is insufficient understanding of effective inclusive practice. Some also highlighted the risk of unintended incentives for schools to avoid admitting or retaining children and young people with SEND where accountability, funding and inclusion expectations are not sufficiently robust.

The importance of timely diagnosis within a need-led system was also strongly emphasised. While diagnosis should not be required to access support, timely assessment can provide understanding, validation, identity, self-advocacy and improved mental health outcomes for children, young people and families. Concerns remain regarding the absence of stronger national commitments from health partners to reduce diagnostic waiting times and improve timely access to assessment, intervention and therapy support.

Robust sufficiency planning, workforce investment, interoperable data systems, stronger independent accountability arrangements and clear DfE intervention powers will also be essential to prevent continued delays, unsuitable placements and unmet need across the SEND system. Consistent accountability expectations must apply across maintained schools, academies, MATs, health and local authority partners to reduce postcode variation and improve trust in the SEND system. Sustainable infrastructure and funding for Parent Carer Forums will also remain critical to ensuring meaningful co-production and effective system oversight throughout implementation.