

Official Response  
to the Government Consultation

## **SEND Reform:**

# **Putting Children and Young People First**



## About **Community Union**

This is an official response on behalf of members of Community Union

Community is a general Trade Union affiliated to the TUC. We provide legal and casework support to our members and regularly engage with them in determining our response to policy proposals.

Community's Education and Early Years sector represent thousands of serving teachers and support staff, headteachers, lecturers, nursery and early years workers, nannies and other education professionals in schools and academies, nurseries and early years settings, colleges, and universities across the whole of the UK.

This evidence was submitted on behalf of our members working in Early Years and Education in England and as such represents the collective view of our membership.

The information shared within this response may be used and quoted as appropriate for the purposes it was gathered, with Community Union acknowledged as the contributor. We would be happy to discuss the comments in this response further, please contact us using the details supplied.

This Official Response will be published on our website following the close of the consultation period.

This official response was prepared by:

**Martin Hodge**  
**Head of Education Policy**  
[MHodge@Community-TU.org](mailto:MHodge@Community-TU.org)

## **Community**

3rd Floor  
67/68 Long Acre  
Covent Garden  
London  
WC2E 9JD

020 7420 4002  
[www.Community-TU.org](http://www.Community-TU.org)

## **Part One**

### **Putting Children and Young People first**

**Q1. 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?**

---

Community Union believe that proper engagement is key to the success of all interventions. A system which puts children at its heart must, by rights, engage fully with children to ensure that their views are heard. This is especially important when the voices of children with SEND are often sidelined or ignored in favour of “people who know best.” It is also vital that engagement takes place with parents and carers and those who work closely with the families in a professional capacity. The voice of the family sometimes needs amplifying and the support of professionals working around the family can provide this necessary boost so that they can be heard.

One way of gathering the thoughts and views of families is through surveys and consultations. These do not have to be arduous. Data can be effectively gathered through simple phone apps and digital engagement, as well as more traditional paper forms and conversation. The key thing is to make sure that there is sufficient time for families to engage and for them to have the confidence their views will be listened to.

Engagement will only work if children and their families see that it contributes to improvements in the services and support that they receive. Parents feel they have had to fight to secure the support they feel is needed and so, going forward, it will be crucial that this conflict is avoided in any reformed system. By properly listening to and engaging with families and children, ensuring that their voice is heard and reflected in the support offer, tension, conflict and appeals will be reduced.

---

**Q2. How can we make sure that high-quality evidence and best practice inform decisions about SEND? Please share examples.**

---

What children and young people with SEND need is a system that works for them. What schools need is a SEND system that helps them to meet pupil needs, quickly and effectively.

Both of these things can be enhanced by the use of high-quality evidence and best practice examples, but ultimately, what is needed is effective practice that is fully funded. Effective practice that meets the needs of schools, their staff and the pupils and supports integration into mainstream schooling and, in the fulness of time, the world of work.

In order to achieve this an important first step will be to gather examples of good practice already in use in English schools and to listen to the advice of experts and professionals already working with children. It is this practical-based evidence that is the most useful as it can be exemplified in practice and described and reported through case-studies.

We appreciate that there is a desire to cast the net wide and gain understanding from other educational jurisdictions and countries, but different systems cannot automatically be transferred to UK as the underlying support is different and the funding model does not provide the same back-up.

Any “best practice” from outside the UK will need to be thoroughly investigated and trialled to ensure it works in the British education system too.

Community is clear that listening to the views of parents and carers is key to understanding the needs of those who the system is trying to help and support. Too many times, the system implements a plan or an intervention which is ineffective and which could have been prevented if that early conversation opportunity was taken.

Therefore, best practice can and does already inform others in a successful and cost-effective manner. Backed up with positive feedback from parent, pupils, and school staff it can provide the necessary high-quality evidence and mean that much needed funding is re-invested into our schools and professionals.

---

### **Q3. How can we ensure that children are best supported by the Universal offer?**

---

At its core, the Universal Offer will depend on inclusive teaching in every classroom, but this can only be realised with sufficient investment in workforce capacity and classroom resources. Community have raised concerns about shortages of teaching assistants, specialist teachers, and educational psychologists and the figures are worrying. Our schools and children need these reforms to be a success, but without a sustained workforce strategy that recruits high-quality new staff and retains the ones we already have, expectations on a universal offer across mainstream settings risk becoming unrealistic.

Whilst we note recent significant investment, projections of a multi-billion-pound shortfall raise legitimate concerns about whether schools can deliver meaningful universal provision. It is vital that funding allocated for inclusion is sufficient, clearly identified, and protected, rather than diluted through mechanisms such as GAG pooling, which risks redistributing resources away from individual schools and undermining their ability to deliver consistent universal support.

Community also has concerns about Early Years buildings, and school and college estates. Many settings lack the physical environments and resources, such as quiet spaces or sensory provision, needed to support a wide range of needs, because they have never been expected to provide them before. Therefore, without targeted capital investment, the Universal Offer risks being aspirational rather than operational. And there is worry that it could be bureaucratic too.

If schools are required to evidence compliance through extensive documentation rather than focusing on practice, the administrative workload demands would be extreme. When developing the implementation and accountability detail the Department needs to emphasise clarity and simplicity, to ensure that expectations are actionable and proportionate, and that accountability focuses on outcomes rather than process.

This will be especially important at the point where the Universal Offer and Targeted Support meet. This crossover must be carefully managed. Strengthening the Universal Offer must not lead to a reduction in access to targeted interventions, particularly for pupils who require additional, structured support beyond classroom adaptation.

---

#### **Q4. How can we ensure that children in the Targeted layer are best supported?**

---

In order for support to be as effective as it can it needs to be implemented as soon as the need arises, it needs to be appropriate to the need at the time and that support must be properly funded.

Understanding what pupils need and what families want from Targeted Support is critical. Evidence from parental engagement consistently highlights the importance of timely support, clear communication, consistency across settings, and confidence that provision will actually be delivered. Community feel that if this could be realised then many complaints and appeals could be avoided. It is important that The Department ensures the family voice is systematically captured and used to shape local delivery models, rather than relying on assumptions about need.

Community Union members have often spoken to us of their frustration at the delays around securing interventions and funding to meet the needs of the children they work with. Delays in intervention are too common, and this leads to worse outcomes and increased pressure on later stages of the system. All Early Years settings should therefore be both required and resourced to meet emerging needs, with clear pathways to secure additional funding where necessary. Initiatives such as Best Start in Life hubs provide a strong foundation and can offer support, but they are not yet widespread and available in every locality meaning they are not always consistently available. The whole education system needs to be integrated into the SEND pathways to ensure that support is available when it first emerges and does not continue to depend on a diagnosis or when a child reaches compulsory school age.

The proposed use of digital Individual Support Plans (ISPs) is a positive development. Standardised, portable plans that can be accessed across education, health, and care services – and hopefully viewed by parents – have the potential to improve continuity, transparency, and coordination, whilst driving down some of the excessive workload that exists in the system. However, this will only be effective if systems are designed to be streamlined and user-friendly, avoiding the excessive bureaucracy that could detract from time spent supporting children directly.

Where we have concern is in guaranteeing that Targeted Support is delivered in practice, particularly where it is not underpinned by an EHCP or associated funding. Without clear accountability and protected resourcing, Community feel there is a significant risk that Targeted Provision becomes inconsistent or worse, unavailable. The Department needs to ensure that funding for targeted support is both sufficient and clearly linked to delivery expectations, with mechanisms to hold schools, trusts and local systems accountable where provision is not in place.

Questions also remain regarding the development of inclusion bases. Practical considerations such as space and infrastructure must be addressed. Many schools already operate within constrained environments, and the creation of dedicated

spaces for targeted support may impact existing provision such as small group work or enrichment activities. Substantial capital investment and careful planning will therefore be necessary to ensure that the introduction of Targeted Support does not unintentionally reduce overall school capacity.

---

**Q5. How can we ensure that children in the Targeted Plus layer are best supported?**

---

Targeted Plus sits between Targeted Support and Specialist Support. It is not yet clear what it will mean in practical terms and Community fear that it in this misunderstanding it could be exploited in both directions: by settings seeking to manage children down from EHCP eligibility, and by families seeking to push children up from Targeted to access more resource.

The distinction between Targeted and Targeted Plus must be specified in statutory guidance and with sufficient precision that all education staff, parents, and other stakeholders such as Ofsted, understand what it means and why a child should be in that tier. This means the guidance must describe the distinction in terms of functional impact on learning or development, and in terms of what the setting can and cannot reasonably provide within its ordinarily available provision, perhaps using the national intervention framework as the reference point. In many ways this is not about the individual child but about setting clear boundaries before applying them. Without this precision, the Targeted Plus layer could become a cost-management tool used to defer EHCP assessment for children who genuinely need statutory protection rather than a genuine tier of support.

Community have concerns that this potential deferral of EHCPs could lead to a 'cobra effect.' Family's need to understand the distinction between Targeted, Targeted Plus and Specialist tiers in real-terms and provision and not feel like they are being prevented from securing an EHCP, otherwise this adds a gatekeeping conflict before any other prospective conflict, potentially producing more litigation at an earlier stage and is likely to drive the adversarial system that has seen a huge increase in SEND appeals.

Whilst we like individual support plans, they do lack the legal basis and recourse of EHCPs which means families whose children are in the Targeted Plus tier with an ISP, but no EHCP will have no meaningful legal remedy when provision is not delivered. Community fear this means that families will continue to fight for an EHCP.

The "value for money" amendment to EHCP placement criteria, whilst understandable when considered in the context of independent special school placements and spiralling costs could be interpreted by families as meaning support is too expensive and will not be provided. If families believe that reaching EHCP level still does not guarantee the placement they need, trust in the entire system collapses and legal challenges multiply.

Community believe that in order for the proposed system to succeed the ISP must carry a statutory delivery duty enforceable through an independent route, not just a school complaints process and that the threshold for EHCPs must be defined by individual need, not by resource availability.

Community have already mentioned the importance of systematically capturing family voice and this is directly relevant to the Experts at Hand too since the early signal that an Expert at Hand offer is not working is likely to be what families and schools report about whether specialist support is actually available when they need it. Some form of standardised, nationally consistent family and school experience survey, perhaps published at local authority level and benchmarked nationally, could create a transparency mechanism to drive consistency and reduce the postcode lottery many families report with the current system.

As we have already noted, support must be implemented as soon as need arises, must be appropriate to the need at the time, and must be properly funded. This is the thread that runs through every component of the Targeted Plus layer. But we know that this will be dependent on funding.

Funding sufficiency must be established before accountability expectations are set. It is irresponsible to hold schools accountable for delivering Targeted Plus provision through ISPs if the pieces of the jigsaw are not present or funded. This means the experts at hand must be available when required with funding through SEND (and high-needs) allocations must be sufficient to meet requirements.

We note that the funding for Experts at Hand is jointly held but not equally balanced. The primary funding source is the £1.8 billion locally commissioned support services fund (approximately £1 billion for specialist professionals and £800 million for special school outreach). The Department of Health and Social Care contributes £25 million to this fund, reflecting the expectation that health professionals form a core part of the offer. In practice this means the Local Authority holds the commissioning function and carries the primary financial risk, with the ICB as a co-commissioning partner. The Department for Education must publish a costed analysis of what Targeted Plus provision actually costs to deliver, considering the Specialist Provision Package framework, and set clear and transparent funding rates accordingly.

For early years settings specifically, the question of who funds Experts at Hand access is less clear. PVI providers do not have the same relationship with local authorities as maintained schools, and the current guidance does not explicitly guarantee access for all early years settings. This discrepancy must be resolved and the gap closed in the final legislation. Community would like to see all settings with a statutory ISP duty have a funded, named route to Experts at Hand, regardless of their governance model, to ensure clear pathways and robust accountability.

As already stated, the whole education system needs to be integrated into the SEND pathways from the moment need first emerges. Community are hugely supportive of Best Start in Life Hubs as they provide a strong foundation, but they are not yet universally available. The ISP duty, the right to access Experts at Hand, and a fast-track pathway to specialist provision must apply from the point of identification in any setting, including early years. It is not going to help children, families or those working with them to wait until school entry. Every month of delay in identifying and meeting emerging need in early childhood adds compounding cost and harm that the later system then struggles to address.

Community is positive about the concept of digital nature of ISPs. The portability, transparency, and potential reduced duplication they offer are genuinely valuable and could lead to a major reduction in workload and conflict. But as established earlier,

digitisation must simplify the process, not just move paperwork online. If ISPs can spell out what the child needs, what will be done, and by whom all on a single screen, rather than buried in a lengthy compliance document, this could be transformative.

Finally, accountability must be linked with delivery, not just planning. The accountability system must measure whether what was specified in the ISP was done and what difference it made. Ofsted's inclusion evaluation, the Local Inclusion Report, the family experience survey, and the Experts at Hand performance monitoring function all contribute to this but they must be connected and not operate as separate systems. Perhaps DfE regional directors should have an explicit function in reviewing Experts at Hand delivery data quarterly and escalating areas where provision is materially below the national specification.

Similarly, where a child in the Targeted Plus layer does not receive the provisions detailed in their ISP, they should be able to, with parental support where needed, point to a clear record of what was planned, what was delivered, and what the gap is. If the ISP is truly digital, it should be clear where the failure occurred. There can then follow a straightforward, independent route to redress. Without that, the Targeted Plus tier will likely become the place where the system's commitments go to quietly disappear.

---

**Q6. How can we ensure that children in the Specialist layer are best supported?**

---

According to the consultation information, EHCPs will remain valid until 2030, after which they will be replaced by a new statutory framework in which EHCPs guarantee entitlements to provision set out in nationally defined Specialist Provision Packages. Community are clear that the statutory delivery duty and legal rights enshrined within an EHCP must be preserved in whatever replaces it. It is also important that the independent right to arbitration through a tribunal be retained together with the tribunal's power to direct placements. With this deadline fast approaching, there is a risk that provision for some of the most vulnerable children could be affected because every child currently holding an EHCP will require reassessment against the new framework, placing enormous pressure on an already-stretched educational psychologists and local authority workforce precisely when that workforce is also being asked to build the new system.

This has to be the first priority in ensuring that children in the specialist layer remain supported.

Community has raised concerns before about lagged funding. The current practice of lagged funding, where schools start provision and wait to be reimbursed, is one of the most damaging features of the existing system and must not be carried into the new one. For children in the Specialist layer, where provision is intensive, costly, and frequently involves multiple-agencies, funding delays often mean gaps in support. What Community would like to see is a funding allocation mechanism that is triggered automatically when a Specialist Provision Package is confirmed, with interim funding available from the point of identification rather than the point of formal plan completion. This will help schools, colleges, and early years providers to initiate support knowing that the funding will be available to cover it. No child should wait for money to catch up with their assessed need.

As noted earlier, the specialist workforce simply does not exist at the scale the reform requires. Sadly, the local authority model which previously existed has been hollowed out through 15 years of cuts. Training an educational psychologist takes six to seven years; a speech and language therapist three to four. And whilst the £40 million workforce development fund is very welcome, it is only a start, not the whole solution. It will be important for The Department to prepare and commit to a specialist workforce plan covering the next ten-years and include specific trajectories for Education Psychologists, SaLT, OT, and specialist teacher supply. Alongside this, schools need funded, mandatory specialist SEND training, which will build on the initial training provided as part of the £200m already announced. This training must be an integral part of the annual professional development entitlement and embedded in career progression frameworks.

Mainstream schools cannot become specialists overnight, and even where provision is excellent there will be times when a child's need cannot be met in mainstream provision, no matter how inclusive. Special schools provide vital, irreplaceable expertise, therapeutic environments, and specialist staffing that no inclusion base can replicate for children with the most complex needs. The outreach function rightly positions special schools as system resources, not isolated provision, and helps to secure provision for all. But outreach capacity must be additional to core special school funding, not extracted from it. Special schools that are simultaneously delivering their own specialist provision and supporting mainstream colleagues need funding that reflects both functions. Special Schools must be protected and developed too.

---

**Q7. How do you think early years settings, schools and colleges can best support the mental health and wellbeing of children and young people?**

---

Identifying and managing mental health and wellbeing is a critical part of school, college, and early years work. The key person in early years, and the mental health lead in schools are vital as they ensure there is a trained individual in those settings to support pupil mental health needs. They build a secure bond, helping the child learn to self-regulate and communicate their emotional needs. Evidence shows that where these needs are able to be met in a timely manner, later problems can be avoided. Children with emerging Social, Emotional, and Mental Health (SEMH) issues, benefit from settings that can provide structured small-group work to build social skills and resilience. And through the Experts at Hand, settings can bring in educational psychologists and mental health professionals to provide advice or direct therapy without requiring a formal diagnosis or EHCP.

In Early Years settings the 2-year-old progress check is a useful tool for identifying early signs of trauma, anxiety and neurodiversity that may affect future mental wellbeing but it is not accessible for children who don't attend settings which means there can be a delay in identifying need due to a lack of available provision which can be exacerbated by geography and deprivation. Community feel that Best Start in Life hubs are ideally placed to begin to address this, but they are not yet widespread. In order for them to be the most effective, Best Start in Life hubs must have a dedicated SEND practitioner who can help identify "normal" development and provide access to or signpost help and support, but parents must access it.

Community have some concerns that a significant burden is being placed upon early years settings and that they do not have the time, expertise, or resources to identify need early and could fail to identify emerging needs and address them. It is vital that the proposals recognise the significant role that all those working in early years provide and that they are properly trained so that they have the skills and knowledge to implement interventions and the resources to access Experts at Hand – especially Educational Psychologists and behavioural support teams.

---

**Q8. 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.**

---

Diagnosis has been a key part of the EHCP model. This has led to parents in more affluent areas paying for private diagnoses to secure EHCPs and created an adversarial system between parents and schools with official statistics showing that 95–99% of cases decided at a tribunal hearing are in favour of parents or carers. Therefore, Community is cautiously optimistic about the change of focus away from a reliance on diagnosis and a move to establishing areas of need.

Community Union broadly welcomes the shift toward Areas of Development as the framework for understanding and addressing barriers to learning. Describing a child's challenges through functional developmental areas:

- Executive Function;
- Motor and Physical;
- Sensory;
- Speech, Language and Communication; and
- Social and Emotional

rather than through diagnosis has the potential to provide a significant improvement. It enables educators to implement adaptive teaching strategies immediately, without waiting for a formal medical diagnosis that may take months or years. The Areas of Development framework has genuine potential to reduce that conflict by shifting the question from "what has this child been diagnosed with?" to "what does this child need in order to learn?"

The move away from a reliance on diagnosis is significant and will require careful, sustained communication with parents and settings before it is properly understood across the system. Community note that there will inevitably be a crossover period which will create confusion, particularly where families have invested significantly in obtaining diagnoses under the current model and fear that framework change means losing ground already won. What must be clear is that no child should lose existing entitlements during the transition, and the Department must publish explicit transition guidance confirming that diagnosed conditions remain valid evidence within the new Areas of Development framework, not a competing alternative to it.

The Areas of Development provide a genuinely useful lens, and their integration into the digital ISPs is a robust design choice because we know the benefits of catching minor developmental delays at the Universal level before they become entrenched barriers. However, as Community have already noted, these areas currently carry no legal requirement. A school that applies them inconsistently or superficially faces no direct consequence. Without statutory force, the framework risks becoming advisory guidance that stronger schools use well and weaker schools ignore. To counter this,

thresholds for when identification triggers formal support must be clearly defined in statutory guidance, not left to local interpretation.

As already noted, the £200 million national training programme beginning September 2026 is a meaningful investment and a genuine start, but it is not sufficient to embed lasting change across the entire workforce from early years to post-16. Community are also clear that training must continue beyond year one as an integral element of annual CPD, and critically it must be strategy-focused rather than condition-focused. For example, equipping staff with adaptive teaching strategies that they can deploy across the Areas of Development framework is more valuable than diagnostic awareness training that requires a label before action follows.

Motor and physical needs are often the most obvious to identify and address although this can come at significant cost. Sensory spaces, breakout rooms, flexible classroom layouts, and other physical adaptations require capital investment and space. Few schools or EY settings have available space to create dedicated environments without displacing existing provision. Therefore, the Inclusive Design Guidance must be accompanied by a realistic capital programme, not aspirational standards applied to buildings that cannot meet them.

Early years settings face the most acute version of this challenge. As already identified, PVI providers are beginning from a zero-sum position, with restrictive infrastructure, limited specialist support access, and thin financial margins. The Areas of Development framework, the ISP duty, and the expectation of early identification together represent a substantial new responsibility for settings that are not yet equipped to carry it. Additional funded support beyond what the Inclusive Mainstream Fund provides is essential, especially for the early years.

The separation of health needs from education needs within the framework is welcome because it creates clarity about what each system is responsible for, but clarity of responsibility is not the same as accountability for delivery, and Community have real concerns about how this will actually work and who will 'carry the can' if it doesn't. Where Expert at Hand professionals do not materialise when expected, the SaLT who was commissioned but not appointed, the Educational Psychologist assessment that is delayed by six months... What does this mean for the child in a Targeted Plus ISP? The proposed system has no meaningful independent remedy and therefore risks children being stuck in stasis whilst the school does everything they can to meet the need but ultimately fail due to lack of support.

Community want to see much greater specificity built into the ISP. Deployment responsibility should be made explicit with a named professional, wherever possible. The local authority, as lead commissioner of the Experts at Hand offer, has statutory duty for SEND which could be extended to include a statutory duty of delivery, with the ICB jointly accountable for the health professional elements. And, where provision fails, there must be an escalation route that is accessible to early years, schools, and families alike, with a defined response time and an independent oversight function that can compel action rather than merely record failure. Without this, we fear, the Areas of Development framework will identify need clearly and accurately but much as now, leave schools and families watching that need go unmet, with no one clearly responsible for closing the gap.

### **Q9. What arrangements would best support effective joint working between early years providers, Best Start Family Hubs, health and local authorities and parents for children with SEND in the early years?**

---

As already noted with the Areas of Development, there needs to be joint responsibility and joint funding for provision, and this must be expected and encouraged from the outset. The current system struggles because of the failure of this triune path that requires education, health and care to work together but does not incentivise it. The proposed system will still need significant buy-in, and though the reforms propose a stricter legal "duty to respond" for health and social care partners, meaning they cannot simply ignore requests for support from an early years provider, it is not clear what sanctions might be able to be applied if they still fail to engage.

Community agree that by separating health from education there is now clarity about what each system is responsible for, but, as already mentioned, clarity of responsibility is not the same as accountability for delivery, and we have real concerns about how this will actually work and who will 'carry the can' if it doesn't.

Some of this specificity could be designed into the ISP. And the fact that ISPs are digital and easily transferred between settings means parents only have to give the information once, and partners and experts can add to it making it easy to see what is proposed and what has yet to be delivered. Having named professionals and expanding a LAs statutory duties to cover delivery will help with this, as will an independent route to oversee and compel timely delivery.

This ISP will be critical to ensuring the support that has been tried and works can be maintained (where appropriate) and interventions which have been proven unsuccessful will not be needlessly repeated. This saves all settings time and money which can then be focussed on meeting needs in effective and evidence-based ways and recorded and shared with all those involved.

But funding will be critical. Incentives work best when everyone has "skin in the game." The proposed reforms encourage Integrated Care Boards (ICBs) and Local Authorities to pool their funding into a single pot for SEND, meaning they are financially motivated to solve problems early rather than passing the cost to another department. However, the sufficiency of that pooled funding will be tested due to the current demand for support. The current levels of demand have pulled many LAs into massive amounts of debt and others to insolvency. We must be sure that the quantum of funding is equal to or exceeds the demand in order to build a service which is agile enough to respond to the needs of the children, at the time that need is identified.

This will be critical for schools and colleges, but also vital in the Early Years. By 2027, Best Start Family Hubs will receive direct ring-fenced funding to act as the "middleman," providing a physical space where health visitors, speech therapists, and early years providers meet. This needs to also be a hub of excellence where families and EY providers can access knowledge, information and advice to help them meet the needs they have identified. Again, there needs to be a joined-up system of working together with sufficient resources and funding to meet the demand. This demand must be carefully assessed and modelled to build confidence in the system to encourage close partnership working and to ensure that the needs of the children are met.

---

**Q10. 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.**

---

Community Union believes that one of the ways that these two checks and balances can be improved is by bringing them together. This will make it easier for professionals to work together and reduce the burden on parents to attend two separate reviews which cover similar and related themes. Although we are mindful that it is important to ensure that any reforms to this must be sure to reach those difficult to reach families and the children who need support most.

The current separate two-year old progress check and Healthy Child review a progress check are completed by different teams from different services at different times with no shared record. This leads to duplication, gaps, and missed identification opportunities. By bringing health and early years partners together around a single integrated review at age two, a combined check would produce a more complete developmental picture and would ensure that support could be triggered immediately through a Targeted ISP, without waiting for diagnosis or formal referral.

Community know that this could work because models already exist. For example, Scotland's universal health visiting model, which includes a structured 27-30-month review. Linking health visitors directly with early years keyworkers, produces earlier identification of developmental delay than the equivalent English system. And in Wales, the Flying Start programme has demonstrated measurable improvements in school readiness and early SEND identification. These models are based on genuine co-working of health and education professionals and a shared accessible record.

Crucially they also have a proactive focus to reach families who otherwise would not engaging with services. We know that children with the greatest unmet need are disproportionately those whose families do not engage with formal services. Community Union believe that Best Start in Life Hubs are ideally placed to address this even though they are not yet universal. Outreach must be proactive, not passive. Families who are not engaging will not come to the Hub because a leaflet arrives through the door. Any combined review must include proactive outreach using health visiting networks, community health workers, and trusted community organisations, reaching families where they are, in their language, without implication of surveillance or blame.

All communication with families about their child's development must be written in plain language, focused entirely on the child's needs and what will help them, and never framed in ways that attribute responsibility or failure to parents.

The Personal Child Health Record (Red Book) is the one document following every child from birth regardless of service engagement, and it is significantly underused. Community supports digitalising the red book so that it can be more widely used. In the short-term this may mean a hybrid system to meet the needs of those with limited internet access to ensure the digital record is accessible to parents. Going forward there should be consideration of how it will interlink with the digital ISP so developmental information from the two-year check can flow automatically into early years settings without re-entering data. We acknowledge that consent frameworks

---

must be co-designed with families, particularly communities with justified concerns about data sharing with statutory agencies. However, a properly designed digital red book which connects health visitors, GPs, early years practitioners, and specialists in a shared record that the family can see and contribute to, could be a huge step forward in identifying need and ensuring continuity of support.

As we have already identified, these proposals place a huge and significant burden on Early Years settings and although the funding already announced is hugely welcome, on its own it will be insufficient. The proposals will also require considerable time, expertise, and resources to effectively realise them. PVI settings in particular are starting from minimal infrastructure, high staff turnover, limited qualifications, and thin financial margins. Asking these settings to identify emerging need across the Areas of Development framework, complete digital ISPs, engage with the combined check, and access Experts at Hand is a substantial professional responsibility that will require major investment.

The £200 million training programme is welcome, but as stated in our previous responses, it must extend beyond year one and be strategy-focused rather than condition-focused. Equipping practitioners with adaptive strategies they can deploy immediately is more valuable than diagnostic awareness that still requires a specialist to act. And CPD across the sector must be funded, timetabled, and protected not added to an already-stretched workload.

Early identification is the most cost-effective intervention in the entire SEND system and investing properly here will reduce pressure at every subsequent stage.

---

**Q11. What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?**

---

The National Inclusion Standards will be critical in ensuring that the system understands what inclusion looks like and have the potential to drive good practice if they are correctly defined and implemented.

Community would like to see a focus on identification of need, effective intervention and adaptive teaching and use of specialist advice and inclusion bases be priority areas as these will be likely to have the biggest impact on classroom practice and supporting the needs of the children.

The standards must prioritise tools that identify barriers to learning as soon as they emerge, moving away from a "wait and see" or "diagnosis-first" model. Evidence must be built specifically around the five new areas of development with exemplar and identification support tools to allow teachers and EY professionals to spot common and predictable needs, such as dyslexia or sensory sensitivities early on.

To support the government's goal for more needs to be met in mainstream provision, the standards must define what "good" looks like for the Universal and Targeted layers of support and settings must be supported to meet these definitions.

Once need has been identified staff should begin to implement evidence-based, high-impact classroom strategies, such as scaffolding, flexible grouping, and using assistive technology to make the curriculum accessible to all. It is unreasonable to

---

expect all staff to be the master of all available interventions, so it is essential that guidance within the standards provide a directory of structured, time-limited interventions (e.g., vocabulary pre-teaching or small-group social skills work) that have a proven track record of improving outcomes.

And where additional support is required, the SENCO can signpost and engage with Experts at Hand and the knowledge within the Inclusion Bases. As schools introduce Inclusion Bases, the standards must share evidence on how these spaces can best facilitate "graduated inclusion" rather than becoming segregated units and must promote community engagement beyond the immediate school and trust. Similarly, the standards need to illustrate good practice on how to effectively integrate external specialists directly into the setting's daily planning to upskill mainstream staff as well as meet the needs of the children.

Whatever priorities are finally settled upon, it is vital that these National Standards are crafted in such a way to drive effective practice rather than it just being a tick-box exercise.

---

**Q12. What are the most important issues for national training to cover, to help support children and young people with SEND?**

---

Community Union welcomes the £200 million national training programme as a significant and necessary investment. However, as stated previously, one year of training is insufficient on its own to embed the cultural and professional transformation these reforms require.

Only once training is embedded and established will staff be all able to identify accurately why a child is struggling. This means training needs to support all staff to look beyond surface behaviour, which often manifests itself in disruption, being withdrawn, or underperforming so that they can understand the underlying developmental, sensory, cognitive, or emotional causes. The Areas of Development framework provides the right structure for this, and training must equip every practitioner, from early years keyworkers, TAs, and teachers, to use it confidently as an identification tool.

Critically, this training must emphasise that identification does not require diagnosis. Staff need to understand that they are now *compelled* to respond to identified developmental barriers immediately, without waiting for an expert assessment or a medical referral.

However, it is no good identifying need if the skills needed to respond are not also developed. We have already suggested that the National Standards for Inclusion could contain a directory of evidence-based interventions and training could build on how to implement these to benefit all learners, not just those with identified SEND.

Community Union is clear that this training must be strategy-focused rather than condition-focused. Training staff to recognise autism, ADHD, or developmental language disorder is less useful than equipping them with strategies that work across the Areas of Development framework regardless of label. A teacher who knows how to reduce cognitive load, make instructions explicit, and create predictable routines is supporting those with needs and children with no identified SEND simultaneously.

---

One of the most persistent failures in the current system is the gap between specialist advice and classroom practice. Currently, a speech and language therapist produces a detailed report with specific recommendations but if there is no staff support or training it will never achieve its potential. Similarly, an educational psychologist might recommend metacognitive strategies, but it is wasted if the teacher has neither the training nor the time to know what that means in the classroom.

Therefore, training must specifically address how to take a strategy from a specialist report and weave it into everyday teaching. This requires teachers, TAs and Early Years professionals to understand the basics of what specialists are recommending and why, and to have practical, subject-specific examples of how those recommendations translate into classroom practice.

Community members consistently report that relationships with families are one of the most challenging aspects of SEND practice. Staff need structured preparation for having brave, honest, and compassionate conversations with parents where they share concerns about a child's development without apportioning blame, listen to what families know about their child that the setting cannot see, and work together to co-produce any ISP in genuine partnership rather than presenting a completed document for signature. This training is about communication skills but is also about developing the confidence, and the cultural competence to engage with families who are anxious, defensive, or have had previous negative experiences with school and statutory services.

As consistently highlighted in previous responses, early years settings represent the most acute training gap in the system. Many early years staff are young adults with limited specialist training, high workload, and minimal access to professional development. Yet they are now being asked to identify developmental delay across the Areas of Development framework, complete digital ISPs, and engage with the combined two-year check. This must be addressed. We have mentioned in our verbal evidence as part of the deep-dive process the importance of training being specifically designed for context rather than transplanted from a school-based model. It needs to be flexible in delivery and may use a hybrid or online approach to enable staff to complete training at a time which best suits them. And crucially, it must be funded so that PVI settings can release staff without financial penalty.

---

**Q13. What practical actions can help teachers, educators and leaders manage workload whilst implementing these changes?**

---

Community have real concerns that these proposals will have a significant workload impact and that despite the best intentions of the reforms this might be unavoidable in the short-term. What is essential is that this is recognised and that all reasonable steps are taken to minimise the impact on already overburdened education staff. To that end, properly funded time, generous resourcing, and intelligent system design will help to realise the reforms.

We have already covered the suggested content of training, but this will place a significant burden upon all staff. Training cannot be delivered on top of an already overloaded timetable. Careful consideration needs to be given to how it will be delivered and there must be no expectation that staff absorb it during PPA, after the

working day, or in the holidays. This applies equally to early years settings, where staff-to-child ratios mean releasing practitioners for training requires funded supply cover. The Department must confirm that training funding includes delivery costs, not just content costs.

Schools should build shared digital libraries of interventions and support linked to the National Inclusion Standards that any teacher can access and deploy immediately. There would still need to be training given on how interventions should be deployed, but this would be straightforward to implement, it would help teachers to develop adaptive practices whilst reducing some of the more time-consuming elements of adaptive teaching preparation.

Community Union recognises that the initial creation of digital ISPs will drive a workload spike and this must be explicitly acknowledged and planned for. However once established a well-designed digital ISP should reduce workload significantly. Early years staff already use photos and video to record developmental milestones – this approach should be formally incorporated into the ISP framework, enabling practitioners to document progress in ways that are natural to their existing practice rather than adding unfamiliar administrative tasks.

Finally, smaller classes improve staff knowledge of pupils, reduce behaviour concerns, better meet vulnerable pupils' needs, and directly reduce workload. Community Union urges the Department to treat class size reduction as a SEND intervention in its own right.

---

**Q14. How should the Special Educational Needs Coordinator (SENCO) role evolve to better meet the needs of children and young people with SEND?**

---

Community Union is largely supportive of the evolution of the SENCO role into a strategic leadership function embedded at the heart of school improvement. We have seen this start to work across schools in Wales and know the positive impact this can have across teaching and learning. But this means being part of the Senior Leadership Team with genuine decision-making authority and, where appropriate, influence over timetabling, staffing, curriculum design, and budget allocation.

If SENCOs are held responsible for SEND outcomes, it is reasonable for them to have control over SEND budgets and resources. This is not about stripping control away from the rest of the SLT, but it is about playing a defined role in managing the SEND budget with the authority to justify spending, challenge ineffective provision, and develop the school's universal offer strategically.

A distributive leadership role, in which the SENCO functions as an internal consultant, a contact point for experts and able to sign-post staff and parents to specialist will help to develop staff and build wider capability rather than personally managing every child's needs. But this requires mandatory training for every teacher and teaching assistant, establishing High-Quality Adaptive Teaching as a minimum for every lesson for the benefit of all children. This means that some staff will develop deeper expertise in specific areas and could be recognised and deployed as SEND Champions, and asked to lead peer training, and contribute to ISP tracking and evidence-gathering alongside class teachers. Class teachers who know their pupils well should normally

---

lead on day-to-day ISP monitoring with the SENCO providing oversight, quality assurance, and strategic direction supported by the SEND governor or trustee.

The current requirement for SENCOs to gather extensive evidence before a specialist will engage with a child is one of the most wasteful and demoralising features of the system. Community Union urges the Department to design Experts at Hand access as a professional referral pathway – a SENCO's professional judgement that a child needs specialist input should be sufficient to trigger that input, without an additional bureaucratic proof-of-need threshold. This respects professional expertise, reduces administrative burden, and most importantly gets support to children faster.

---

## **Part Two**

### **New Targeted and Targeted Plus support that is written into law.**

#### **Q15. What would provide assurance for families that an Individual Support Plan will be high-quality and contain the essential information?**

---

As has been previously mentioned, Communities are cautiously excited about the development of the digital Individual Support Plan as it has the capability to be a document that identifies needs, records support and interventions and is contributed to and monitored by all of those involved with the child – including experts, educational professionals, and most critically of all, parents. It is vital that parents are not just able to view the content of any ISP created for the child but need to be an instrumental part of its creation.

Whilst the intention is for ISPs to be legally required documents it is understandable that parents will fear that their rights are being taken away from them as they will have weaker rights to appeal than with EHCPs. For the majority of children supported through ISPs, disagreements about an ISP will be addressed through internal school processes or local authority review mechanisms, which do not provide the same level of independence or enforceability as a tribunal appeal. This could risk setting up conflict between schools and parents, with children caught in the middle. This is a significant reduction in families' ability to enforce what they believe is needed and will inhibit schools from engaging with parents to create a document that could start to see interventions and support put in place. Communication from The Department will be crucial here, as poor implementation will result in more fuel for the adversarial system that is currently in place.

We know that ISPs will need to be fairly specific. In order to meet the needs of the child the areas of development need to be properly understood and the needs identified. This process will need to be completed relatively quickly to serve both the intention for early intervention and to meet the expectations of parents. This will lead to adaptive teaching interventions in the lowest tier which can then be built upon. However, it is difficult to know how specific ISPs will be able to be at this level as they are not backed up with dedicated funding and resources meaning any support in the lower tiers will have to be generic.

The ISP itself will need a guaranteed minimum content starting with a clear description of the child's needs across the new areas of development, specific named interventions with frequency and duration, measurable outcomes, and named responsible professionals. It is important that this is co-created with families meaningfully shaping the plan from the outset, putting the child's voice central and not just consulted upon after a draft is written. The digital nature of this could mean parents are able to view the completion of ISPs which is likely to improve confidence in the process.

Early years settings and schools all need assurance that they will not be expected to meet needs that are outside of their jurisdiction. This co-production must include real commitments from health and social care as appropriate and not just words on the page. This links back to what we stated earlier about ensuring all parties share responsibility and can be held accountable for their part in the plan. This includes the

---

commissioning and involvement of Experts at Hand and support from local inclusion hubs. Although schools can be responsible for referrals and seeking support, they should not necessarily be expected to fund those things directly and cannot be held responsible if they do not materialise.

If parents have confidence about who is responsible for meeting each of the identified needs and can hold them to account this will hugely increase assurance in the proposed system. This is where there needs to be appropriate checks and balances, which include possible sanctions. The accountability system needs to focus on delivery, not just planning — an ISP that describes brilliant support but is not actually delivered provides false assurance.

Community believe that reviews of ISPs need to be at least annually, with a right to request urgent reviews, but there is no benefit in reviewing all ISPs at the same time. Some may need to be reviewed early – such as at times of transition, other should be spread throughout the year to lessen the workload burden. This is an important part of the accountability system too as it allows schools, health, social care, and critically, the child and their families to compare any support offer with the support that was delivered.

---

**Q16: How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?**

---

Community feels this is a potential area for tension within the process. ISPs will place significant responsibility on schools to gather information, coordinate input from families and specialists, and document interventions which will place the administrative and professional load largely onto school staff, particularly the SENCO, as schools navigate what is reasonable support versus what exceeds their resources or legal obligations. Getting the design right from the outset is critical.

Much of the information needed for an ISP is already held somewhere and should not require endless data entry. Digital systems should be able to pull necessary information in from health and education systems rather than requiring it to be re-entered. Teachers should not be manually transcribing assessment scores already sitting in the school's MIS. Use of a standard template, data sharing and the digitisation of the service can all potentially keep workload down. The fact that data would only need to be recorded to the ISP once, with everyone having appropriate access would be a huge step forward. But there will need to be significant safeguards put in place to protect such sensitive information.

The ISP should be a single shared document accessible to the class teacher, SENCO, specialists, and Experts at Hand, and crucially, parents who should be able to view an ISP at any time. Technology can be used to present different views of the same underlying record rather than requiring separate documents for each professional which will put the key information on screen rather than requiring complex navigational structures.

The most usable support plans are those a class teacher can read in around 90 seconds to refresh their memory before a lesson. Therefore, the core working document should fit on one page and list the key barriers to learning, the three or four specific adjustments required, and who is responsible for what. Supporting evidence,

assessment data, and review history can sit behind this in the digital record without cluttering the working document.

An ISP for a child with mild dyslexia on the Targeted tier, does not require the same depth as a one on a Targeted Plus plan. The template and statutory guidance need to use built-in proportionate expectations, and list proportionate interventions and scaffolds so that schools are not applying a complex EHCP-style framework to more straightforward needs.

As Communities have frequently noted, ISPs need to be living documents embedded in everyday practice – referenced in lesson planning, updated by education staff as well as SENCOs, and any other experts and visible to parents. But rather than the SENCO collecting reports, the digital system should allow professionals to contribute their section directly into a shared record with multidisciplinary teams from education, health and social care, working together to deliver swift, joined-up plans.

However good the plans are, they need to be actionable and result in real outcomes. Plans that list what will be done (e.g. "15 minutes of phonics intervention three times per week") are clear and concise and much more actionable than plans that describe the child's entire history and needs profile. Similarly, outcome-focused ISPs that describe what this child will be able to do in 12 weeks as a result of this support, give teachers and professionals a clear, shared goal without requiring narrative length.

Finally, £200 million has been committed by Government to support SEND training. As we have already noted this is a promising start but will need to be properly embedded within annual CPD in order for it to make a real difference. One of the first elements of the training will need to be how to read the ISP and understand what it means for the child they are working with, this is especially important in early years settings where training in SEND has historically been irregular.

---

**Q17: How can we best support transition for young people with SEND, so that they are well supported into post-16 provision, including further education, higher education, training or employment?**

---

Moving from school into a post-16 setting often causes anxiety for parents and young people with SEND and additional needs. Communities share this concern about vulnerability gap that currently exists where one set of support ends, but a new set of needs have not yet been determined and implemented. At every transition point, but especially at 16, children and young people with SEND face a cliff edge where the structures, relationships, and provision they depend on disappear before anything replaces them. Evidence shows there is a persistent gap of six to eight percentage points between young people with and without SEND sustaining a post-16 destination therefore we need to take steps to ensure the positive continuity of support to protect the students, support their mental wellbeing and raise their outcomes.

The current system's failure to plan early enough for post-16 transition is one of its most consistent and damaging features. By the time transition planning begins in Year 11, options have already narrowed, and yet relationships with receiving providers have not been established, this means families are managing a major life change without adequate preparation time and understanding of the options that exist.

Community Union believe that statutory transition planning must begin much earlier – maybe even as early as Year 9 for those with SEND to identify the opportunities that exist and to mentally prepare young people for the future. From Year 10, it will be reasonable for every ISP to include a dedicated post-16 destination section that outlines the areas of need and what support the young person might need in their next setting, what reasonable adjustments a receiving provider must make, and what the young person's own aspirations and goals are. The young person's voice must carry increasing weight as they move toward adulthood, with self-advocacy skills explicitly developed as part of the transition curriculum.

We note that the White Paper's proposals for post-16 are less developed than those for schools, and Community Union is concerned that FE colleges, sixth form colleges, training providers, and higher education institutions are again being treated as an afterthought. As has been mentioned in discussion, these settings are structurally quite different from schools, and we cannot assume that what works in schools will transfer automatically.

As identified, the vulnerability gap must be structurally eliminated. Receiving colleges must honour the ISP from day one of attendance. There must be no gap period while a new plan is drawn up, no requirement for the young person to re-prove their needs in a new setting, and no reduction in provision during any transition period. With better transition planning from Year 9 or 10, this would be much more likely to occur. The Experts at Hand service must be explicitly commissioned to cover the whole post-16 education landscape and this must be confirmed in legislation, not left to local commissioning discretion.

We acknowledge the plans for reassessment of EHCP eligibility at transition to post-16, but those previously identified needs do not simply disappear. The changing learning environment may mean that a young person assessed at 16 no longer needs an EHCP and instead hold only an ISP, but this should not be the default assumption. Instead, EHCP reassessment at 16 must take full account of the demands of the receiving environment rather than just the young person's current presentation and should carry a statutory presumption in favour of maintaining support. A young person who has been well-supported through secondary school must not be reassessed as not needing support from the moment they enter a more complex and less-structured educational environment. Community Union has concerns that reassessment at transition will be used as a cost-management tool rather than a genuine needs review to the detriment of the teaching and learning.

Community have already noted the benefits that a that well-designed digital ISPs could present especially in preserving continuity of support, but this will be unlikely to succeed if the system is proprietary or dependent on any individual setting. Community would like to see a cloud-based digital ISP so that when a young person moves from school to college, the ISP can transfer automatically with the post-16 provider inheriting a live, complete document, not a summary letter or a PDF export.

Furthermore, ISPs should include a historical section including a record of what support has been tried, what has worked, what has not, and why. For all receiving settings this is useful, but it is invaluable at transition. A college SEND team who can see that a particular intervention was tried and found ineffective two years ago does not waste time and resource repeating it. This record allows both professionals and

the young person themselves to understand their own journey and advocate effectively for what they need next.

As we have noted, families, and perhaps the young people themselves, must be able to view and contribute to the ISP at all times. As young people approach adulthood, the ISP should increasingly be their document, not their parents' document. Transition planning for post-16 can actively build the young person's capacity to understand their own needs, communicate them to new settings, and hold those settings accountable for delivering what has been agreed, which will be of real-world value once statutory education has concluded.

---

**Q18. How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?**

---

Community supports the principle of inclusion bases as part of a broader, well-resourced continuum of provision, but we still have concerns about the gap between ambition and delivery. The lack of detail in the proposals around funding or dates when inclusion bases can be expected gives us real pause for thought and needs quickly addressing before students can be properly supported by these plans.

To start with, it is important to audit the current provision of inclusion units, SEN bases, enhanced resource provision, and internal pupil support units. This is not just about the physical space, but should also include any dedicated specialist staff, equipment and outline the disabilities and needs the space is currently expected to meet. We fear that such an audit will almost certainly confirm what our members already know from experience: specialist provision is unevenly spread across England, with significant regional gaps.

We also need to consider the real purpose of any inclusion base. Is a base a space to put children somewhere, or is it a service actively supports children's participation in mainstream education, connects specialist staff to subject teachers, and measures its success by the quality of children's learning and belonging? We know that the proposals indicate the latter, but how will this be achieved in practice? The expected National Inclusion Standards, must define what an inclusion base is expected to do, specifying the minimum proportion of time children spend in mainstream classes, the required relationship between base staff and subject teachers, and the outcomes by which bases are evaluated. Whilst standards will also be needed to describe facilities and staffing ratios, these alone will not produce effective, functioning, and integrated spaces.

Similarly, the system needs to guard against creating a two-tier experience within the same building. Being visibly withdrawn from mainstream classes carries social costs that can undermine the very inclusion the base is meant to support. Physical presence in a mainstream school is not the same as genuine participation in it, therefore, inclusion bases must be designed and operated so that movement between the base and mainstream classroom feels ordinary and every day. This requires specific considerations such as timetabling that normalises flexible movement, and whole-school SEND awareness that builds a culture of inclusion across the entire school community. It might also be worth looking at how this sense of belonging can be measured and reported as it can be an important part of successful inclusion.

There is also the consideration of available space and which schools have it. The ambition is for all secondary schools to have inclusion bases, but not all secondary schools will have the necessary unused space to realise this. Furthermore, with most secondary schools now part of multi-academy trusts, there needs to be some incentive to require trusts to work with local authorities to develop specialist provision that serves the wider community rather than just their own pupils. A MAT's accountability is to its own trust performance, not to local area sufficiency. Without a clear legal duty on trusts to contribute to local inclusion provision the aspiration of an inclusion base in every secondary school will collide with the structural reality of academy governance. The legislation must address this directly.

Community is particularly concerned about the education workforce and has repeated outlined the issues affecting pay, workload, flexible working amongst other issues. This recruitment and retention issue extends to specialist teaching and support staff too. In order to protect children, families and those working with them, every inclusion base needs to have a defined staffing model that outlines the qualifications and training required for both teachers and support staff within the base, and the timetabled co-planning time between base staff and mainstream subject teachers to protect those staff.

However successful and effective inclusion bases are, Community Union is unequivocal: specialist schools must be preserved and properly funded. For children with profound and multiple learning disabilities, complex communication needs, or highly specialist requirements, no inclusion base in a mainstream school is an appropriate substitute. It is critical that these proposals guarantee that the expansion of inclusion bases does not erode specialist school capacity or endanger the paces of those already attending them. Specialist schools and inclusion bases must be complementary components of the same system, with clear, needs-led criteria for when each is the right answer. Getting that distinction right, and building the provision to support it, is likely to be the test by which this reform will ultimately be judged.

---

**Q19. How can we make sure that Inclusion Bases help children and young people succeed in mainstream settings?**

---

As already mentioned, the most significant risk with inclusion bases is that they become physical spaces where children are placed, rather than safe spaces from which to support inclusion into mainstream classrooms.

When a base operates as a space rather than a service, it effectively becomes a small special school bolted onto a mainstream building and although children may be physically present in a mainstream school but are not genuinely participating in it. True inclusion demands increasing participation in the curriculum with appropriate adaptations and access to services, tailoring provision to meet their individual strengths and needs.

The inclusion base model works best when educational settings offer flexibility and support, providing "the best of both worlds" when it comes to inclusion. But that requires bases that are intelligently designed, properly staffed, properly connected to mainstream teaching, and used for children whose needs genuinely fit the model. If there is any attempt to short-cut this or for bases to be used as a cost-driven substitute

---

for specialist placement, they will fail children and confirm families' worst fears about the reform.

---

**Q20. 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?**

---

Community is cautiously optimistic about the commitment to Experts at Hand (EaH) and welcomes the £1.8 billion investment. The ambition to give mainstream settings quick access to educational psychologists, speech and language therapists, occupational therapists, and other specialists is the right one, and the expected equivalence of roughly 40 days of specialist time per year for an average primary school and 160 days for a secondary, if delivered, will provide real support to some of the most vulnerable children and families and enable schools to better meet their needs. But we do have concerns about the difficulties in achieving this.

The fundamental challenge for EaH is not governance but supply. Health waiting lists already stand at more than a million people, including hundreds of thousands of children. There are not enough speech and language therapists (SaLT) to meet current demand, let alone the additional demand the EaH offer will likely generate. Training a speech and language therapist takes three to four years; an educational psychologist six to seven. The £40 million workforce development fund is a very welcome start, but the specialist workforce needed to make EaH fully functional will take considerable time and sustained investment to build.

The most persistent failure in SEND delivery over the past decade has been the inability of health and education to function as a joined-up system at the level of the individual child. EHCP health sections are routinely late, thin, or simply not completed and NHS waiting lists have become a barrier to children accessing education support. Health professionals commissioned into education settings have found themselves navigating two different governance systems, two accountability frameworks, and two professional cultures. EaH must not repeat this.

Community recommend three specific arrangements to support education and health co-working.

First, shared information systems – the digital ISP. Health professionals contributing to an ISP must be able to read and write to the same digital record as the school. The current situation of repetition, duplication and interpretation must not be replicated. This is a big ask as it requires genuine interoperability between NHS systems and the DfE's digital ISP platform, with appropriate consent and data sharing agreement. However, this single change could be transformative for children and families and significantly reduce the workload of professional supporting them.

Education referrals from schools, early years settings and colleges – especially those made through Experts at Hand, must carry real weight. If a child can access a SaLT through EaH in six weeks but remains on an NHS community waiting list for eighteen months, the system has failed. This will require close working between the Local Commissioning Boards and the Local Authority who will need to jointly agree how commissioned health support through the Experts at Hand, relates to and links in with

the statutory NHS provision pathway, and what happens when a child's needs exceed what EaH can offer.

Thirdly, the system needs true accountability. The reason so many EHCPs fail is because schools are left holding the pieces when the other services fail to deliver. This cannot be allowed to happen with digital ISPs and Experts at Hand. But there is currently no mechanism to hold the health side to account. As we have already proposed, there must be a statutory duty for Integrated Care Boards to report on EaH health delivery, so that both health and education are accountable.

Even with these accountability structures, Community has concerns about the consistency of approach and delivery. Different local areas will undoubtedly develop different EaH approaches, and where those local area boundaries do not align with NHS commissioning areas, MAT boundaries, and LA SEND groupings, unnecessary bureaucratic complexity will multiply. More troubling still, this misalignment could mean that a child in one part of a school's catchment can access specialist support while another child in the same school cannot simply because of where they live. This is a fundamental equity failure that the reform must design out, not manage around.

Finally, Experts at Hand professionals must work alongside education staff to build staff capability in addition to working directly with children. When a speech therapist or psychologist visits a school, their time should include structured coaching for teachers and support staff so that interventions continue independently between visits. This multiplies specialist impact, reduces dependency on external referral, and addresses the specialist workload and capacity concerns that run through every aspect of this reform. However, there must also be recognition of the fact that this workload burden could very easily be placed on equally over-stretched support staff, and consideration must be given to how this burden is addressed. These proposals are likely to mean that schools require additional support staff, and Community would expect budgets to be increased to meet this demand.

---

## **Part Three**

### **Specialist Support for those with Complex Needs**

**Q21. 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?**

---

Children with profound and multiple learning disabilities, rare genetic conditions, complex communication needs, are deaf and or blind represent a small proportion of the SEND population but place some of the greatest demands on commissioning, specialist capacity, and cross-area cooperation. In many cases they are easy to identify but they are the children most at risk when systems are redesigned around the 'average' case.

For children with low incidence, complex needs, the EHCP is an essential legal instrument that names a specific provision, specifies what must be provided, and gives families enforceable rights despite its bureaucracy. This is why the proposals to scale back tribunal powers and reduce placement direction are of particular concern, since families of children with rare and complex needs are precisely those most likely to need independent adjudication when a local authority's commissioning choices and a child's assessed needs diverge. Community recommend that EHCP rights are strengthened, not diluted, for children such as these.

Local authorities retain overall responsibility for SEND provision and care and together with Integrated Care Boards must jointly maintain a live, disaggregated picture of low incidence need in their area and the projected demand over 5–10 years based on birth data, early identification, and demographic trends. But no single LA can sustain viable specialist provision for every low incidence condition. Therefore, there will always be a need for regional or national commissioning for those with complex trauma alongside severe learning disability or need a highly specialised communication environment.

For children with the most complex needs, the proposals outline new nationally defined, evidence-based Specialist Provision Packages that will be developed by an independent expert panel, but at the time of writing these have not been defined or costed, and it is unknown how they will be deployed. We are clear that these packages must explicitly cover low incidence needs and must be backed by a regional placement commissioning function that operates across LA boundaries.

Distance from family and friends is itself a harm. The current system's tendency to place children out of area at high cost and far from family cannot be continued. Commissioning frameworks must include an explicit requirement for placement decisions to consider proximity to home. Any out-of-area placements should trigger automatic reviews which will need to explain why no suitable local or regional alternative exists. The ambition that fewer children will need to travel long distances to specialist settings must be operationalised as a measurable standard, not left as an aspiration.

---

**Q22. How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?**

---

Community have already commented that the danger with support packages is that whilst they might look good on paper and offer a tempting blend of support, they risk being generic. Every child is unique and their needs can be complex and overlapping. It is not yet clear how those who need elements of support from more than one package will be able to secure this provision. We are pleased that the Government proposals state that they will work with expert panels to develop the design of packages, we would also encourage them to work with representatives from schools, early years, and specialist support services to consider how they will actually work in practice. This is essential otherwise these packages will fail to meet the specific need for individual children.

The main packages proposed do seem to cover the main broad areas, but as noted it is rare for children to only have one type of need. Overlapping needs must be the starting assumption, not the exception. Many with sensory needs have already been disadvantaged and will have experienced some delay in learning. Similarly, those with physical needs may have already had to wait for specialist help which has delayed the start of their learning. The modular architecture of packages must be designed so that multi-package entitlements are routine and straightforward to describe in an ISP or EHCP, not exceptional cases requiring special justification.

Each package must specify the floor, not just the aspiration. As we have already commented, the greatest risk is that national definitions become zero-sum frameworks that are interpreted minimally to manage cost. Whilst every package must contain a minimum entitlement specified in terms of hours, qualifications, and named interventions, on its own this is unlikely to address the totality of any one child's needs and will need additional specific interventions, reasonable adjustments, and discrete provision.

As with all aspects of these proposals, regular reviews must be built in from the start. Once established, Specialist Provision Packages will be regularly reviewed by the independent panel. The review cycle, the evidence standard required to trigger revision, and the mechanism for families and disabled people to initiate a review must all be specified in the governance framework before the packages go live and not left to be determined later when problems arise.

---

**Q23. 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?**

---

The question of whether this will work in practice is perhaps more pertinent. Community Union recognises the elegance of the proposed architecture: the EHCP provides the statutory guarantee of what a child is entitled to, nationally standardised through the Specialist Provision Package; the ISP describes how that entitlement is operationalised day to day by the setting. But there is already significant tension before ISPs are even launched. School leaders are worried about what this will mean for secured funding and the ongoing deployment of vital support staff. Parents are concerned that whilst EHCPs are legal guarantees of support backed with funding.

---

ISPs are not. That distinction is not a technical detail; it is the foundation on which families' trust in the entire system rests and is something that must be resolved explicitly before implementation begins.

The reason most EHCPs fail is because the language makes provision unenforceable in practice. Vague commitments to "access to" or "as appropriate" support are unmeasurable and evaporate the moment a family tries to hold a school to account. If Specialist Provision Packages define the floor of entitlement with real specificity by detailing interventions, establishing the minimum number of hours, and outlining the cost of provision and how this is covered, this gap would close leaving the system to get on with delivery.

As already noted, the extension of ISPs to all children identified with SEND is welcome in principle, however, a statutory duty to create an ISP is not the same as a statutory duty to deliver it. The legislation must explicitly specify who holds the delivery duty, what the consequence is when provision is not delivered, and whether there is an independent appeal route beyond school complaints procedures. This has led to concerns amongst parents that complaints processes will be less robust, less independent, and less legally grounded than tribunal appeal routes and schools are concerned that this will leave them arbitrating against something they are actually in favour of due to circumstances beyond their control, such as funding. Community worry about the independence and transparency of such a process since redress will vary enormously between areas and trusts, and the families with the least capacity to navigate complex complaints systems will be the least protected. Without a clear, independent enforcement route, the ISP risks simply becoming a document families have a right to receive but no meaningful power to enforce.

Under the current system needs and diagnoses go hand in hand and provision to meet those needs is hard-fought for. Community Union is clear that the legislation must include an explicit anti-downgrading provision to remove the risk the new tiered structure could be used as a cost-management tool. This means the statutory duty sits with local authorities to assess for EHCP eligibility using a needs-led individual assessment, not a resource-led or package-availability test. It means parents have the right to appeal at key decision points and it means a statutory presumption in favour of the higher tier in favour of the child which in itself would lead to reduction in appeals and tribunals.

As already noted, the weakest elements of the current EHCP, from an education perspective, have always been the health and social care sections and their integration and practical realisation. Community are pleased that the White Paper proposes guaranteed statutory entitlements to both educational and health provision from the Specialist Provision Package, but we are still unclear on how health duties will be made enforceable at the level of the individual child. For example, if a package specifies that a child needs 40 hours of speech and language therapy per year and the ICB does not commission it, there is currently no legal framework to remedy this for the family. Legislation is needed to create a duty on all parties to fund and deliver their components otherwise the Specialist Provision Package will be systematically undermined.

And we also need systemic change. These proposals have the potential to improve early help and clarify expectations, but there needs to be real motivation for schools, local authorities, and health bodies to work collaboratively in children's interests. This

is where accountability can often fail. The proposed accountability architecture made up of Ofsted, tribunals, and the Local Area Partnership Board, must be sufficiently robust and independent to change systemic behaviour. It must not accidentally drive perverse incentives but must set out the expectations clearly, backed up with evidence and encourage and motivate the system to realise them. We need carrots to drive the changes, not just sticks to enforce them. This is why it is critical that funding, staffing, and other resources are in place before any provision is criticised over its failure to deliver.

---

**Q24. 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?**

---

Community like the proposed 'fast-track route' to specialist provision for children under five with the most complex needs. This is one of the most genuinely positive elements of the proposals. For too long the identification of SEND within Early Years has been poor and children and their families have had to fight for support, so embedding SEND provision in early years and meeting the needs of children and families much earlier has the potential to meet the needs of children and families much sooner rather than waiting for a formal diagnosis before support can begin. As we have already noted, many EY settings have inadequate specialist resources and have never been properly funded to meet the additional needs of those with profound SEND so we are pleased to note that Early years settings will receive a share of the Inclusive Mainstream Fund and will carry the same new duty to produce ISPs. And the commitment to a dedicated SEND practitioner in every Best Start Family Hub is the right foundation.

However, how this works in practice across all early years providers, including mainstream, PVI settings, and childminders needs to be carefully considered as not all settings have the same staffing requirements nor access to specialist support pathways. And it will be necessary to confirm the maximum timeframe from identification to Specialist Provision Package assessment, so that "fast-track" has a legally meaningful definition rather than being a relative improvement on an unacceptably slow baseline.

For maintained nurseries and school-based early years provision, the ISP duty and fast-track pathway will sit within a familiar statutory framework. These settings already operate under school-equivalent accountability, have established SENCO structures, and have experience of working with local authority SEND services. Therefore, assuming that funding is sufficient and support is available, the challenge is probably manageable.

For private nurseries, childminders, and voluntary pre-schools and other diverse settings where the majority of children aged two to four spend their early years the picture is substantially more complex. Many of these settings are smaller, operate on thin financial margins, and are less likely to have a dedicated SENCO or even specialist trained SEND staff as there is currently no requirement for them to have one. Instead, many settings rely on mostly young, female workers paid at the minimum wage.

This is the root of the problem. If the needs of a child are not correctly identified in the first place, needs cannot be met. Funding might be available but will not reach the

---

child it is intended for. And although the £200m of funded training is very welcome, it cannot hope to train every early years practitioner in one fell swoop. A PVI setting without trained staff, specialist knowledge, or a clear identification framework cannot reliably trigger the fast-track pathway, however well-designed that pathway is.

The dedicated SEND practitioner in every Best Start Family Hub is potentially the most powerful lever available for early identification in PVI settings. This trained professional can identify need, support children and families, and help early years settings to complete the ISP and initiate the fast-track route to specialist assessment. But it will only work if the SEND practitioner in the Hub has genuine authority to trigger the pathway, not merely to advise. A practitioner who can identify need and recommend action, but whose recommendation can be declined by a PVI provider or ignored by a local authority commissioning team, is not an effective safeguard. The legislation must give the Hub SEND practitioner a formal referral function backed up with safeguards such as specified time frames for response and complaints processes.

Early identification is and always has been an important part of addressing need, reducing classroom disruption, and improving pupil outcomes. The differences in the early years landscape should be recognised and understood so that SEND support is available for all children when it is needed with support from Experts at Hand, as necessary. It must not be provider dependent.

---

**Q25. What would you expect to be considered as part of the needs assessment, for example evidence and expert or professional input?**

---

A high-quality needs assessment is the foundation on which everything else in the proposed system will rest. In the experience of our members, a poor assessment produces a poor plan, inadequate provision and does not lead to improved outcomes. And although there is a tendency to consider the needs assessment as a bureaucratic exercise it is the most important investment the system can make in a child's future, and it is important to get it right.

The SEND proposals put children at the centre, and this is where any needs assessment should start. A child's experiences, preferences, what helps and what does not, must be captured in an age-appropriate and communication-appropriate way. Similarly, parents and carers know how their child functions at home, in the community, during health appointments, and in the spaces between school, college and other provision and understanding the child's needs across all settings and contexts is a critical component of the assessment. Gathering this information is critical in recording the genuine voice of the child and their family and consideration needs to be given to developing a supported process that does not assume parental literacy or confidence with professional systems and might mean using native languages, sign language or communication devices or any other means to give the child a genuine voice.

But there may be divergence between what the child wants and what the child needs and this is often the case as young people get older.

The current ISP, any history, assess-plan-do-review cycles, and progress data across all Areas of Development must demonstrate that graduated response has been

---

genuinely exhausted, not simply attempted once, and abandoned. This evidence should show what was tried, at what intensity, for how long, and what impact it had. An assessment that proceeds without this evidence risks duplicating provision already shown to be insufficient.

The assessment should also draw on independent professional expertise across all relevant disciplines. For example an Educational Psychology assessment covering the child's full profile of strengths and difficulties, any health or medical reports, especially where they address functional impact on learning, and where social care is involved, input from children's social workers, early help practitioners, or virtual school heads to capture how wider social circumstances interact with the child's SEND.

Because many children mask their difficulties in familiar environments, relying purely on evidence from one source risks underrepresenting need. Community would recommend that observations and reports be gathered from more than one setting wherever possible. Finally, and critically, the assessment must include a view of any anticipated future need, developmental trajectory, and what provision will be required to prevent deterioration. An assessment that only describes where a child is today, without considering where they are heading, risks arriving too late.

---

**Q26. What factors should LAs take into account in proposing to parents and young people a list of potential settings to name on a plan?**

---

Local authorities have ultimate responsibility for SEND and they must approach the identification of potential settings with a clear focus on statutory duty, educational suitability, and system sustainability. Community appreciate that funding will play a role, but that must not be a restricting factor if there is suitable and available provision.

Once potential settings have been identified and assessed it is critical that the views of parents (and children) are sought so that the process is a partnership and not an arrangement which is imposed. This ensures that parental choice is informed, fair, and grounded in available provision.

Any proposed setting must be able to meet the child's assessed needs as set out in the ISP and EHCP or emerging assessment, including educational, social, emotional, and health-related requirements. The starting point should always be local, mainstream and specialist provision that can reasonably deliver the provision specified, with evidence of capacity and expertise. This will help to support families to stay together and maintain a sense of community and friendship that might otherwise be stripped away from a child.

LAs must also consider availability and accessibility of local maintained and academy provision, including whether existing schools or specialist units could reasonably adapt or expand support with appropriate resourcing.

In proposing settings, authorities should also take into account educational impact and stability, including whether a placement supports long-term progress, attendance, and wellbeing, and whether it avoids unnecessary disruption through excessive travel or out-of-area placement unless clearly justified. Community have concerns that some LAs do not seem to have their own local specialist provision and make excessive use of expensive private provision which could be an indicator of why the SEND budget

---

has become so large so quickly. Authorities should consider the strategic development of their own local provision, ensuring that placement decisions do not inadvertently weaken incentives to build or maintain specialist local services. Community's position is that all children must have access to appropriate local provision wherever possible and an over-reliance on external provision risks undermining long-term system resilience.

Community appreciate that financial sustainability and value for public money are factors that must be considered but they are just another aspect. Therefore, cost must never override need, although we note that LAs are expected to demonstrate efficient use of the high needs budget.

Finally, proposals must be made transparently and in partnership with parents, children, and young people, ensuring that they are fully informed about the rationale for each option, including how it meets need, what alternatives were considered, and how decisions align with statutory duties.

---

**Q27. What information and support do parents need in making a decision about which setting will be best for the child?**

---

As we have already noted, parental choice is only real and meaningful when it is genuinely an informed choice. A parent presented with options they do not fully understand, supported by information they do not have access to, and advised by professionals who have an interest in achieving a particular outcome, is not exercising real choice. Every family navigating a placement decision for their child with SEND deserves honest, accessible, independent information and the time and support to use it.

To be clear, this is absolutely not about a prospectus but is about presenting clear information on how settings can specifically meet the child's identified needs. This can be evidenced through explanations of what the setting does, what the staffing profile is (teachers, support staff, specialist provision, therapy etc.), the frequency of specialist support and what happens in emergencies and critically what this means for pupil outcomes – especially pupils with similar needs. Where settings are part of a mainstream school or where there is an inclusion hub it is important to detail how integration works in practice, perhaps by outlining a typical day. And it is crucial that everything is presented in plain and accessible language.

Parents should receive transparent explanations of how the curriculum is adapted for children with SEND in each setting, how the graduated response is implemented in practice rather than described in policy, and what a typical week looks like for someone with their child's profile of needs. The gap between what a school's Inclusion Strategy says and what a child actually experiences is one of the most common sources of family disappointment and breakdown of trust.

Practicalities really matter. It is important to consider realistic travel time and explain any necessary transport arrangements to and from the setting. How will school communicate with home and is there any support available to address transition and develop friendship groups? These are the details that determine whether a placement is sustainable for the whole family, and yet they are regularly missing from the information parents receive.

SENDIASS services are vital. Not only are they independent bodies but they can make recommendations without being influenced by external factors or influences, but they are inconsistently resourced and not universally accessible. Every parent navigating a placement decision should have access to some form of independent adviser who can help them interpret professional reports, understand EHCP recommendations, and explore all available options without being steered toward the most convenient or least costly one.

Most importantly, parents need an honest comparison of options. Even where there are several options that are suitable one will often be more appropriate. Where a setting cannot fully meet a child's needs, parents must be told this clearly and early, with a straightforward explanation of what provision would need to be supplemented and how.

---

**Q28. What do you think is the right maximum length of time for a temporary placement in Alternative Provision (AP) schools? Please explain your rationale.**

---

Community's view is that the right maximum length for a temporary Alternative Provision placement cannot and must not be determined by some artificial, universally imposed timeframe. The whole of this SEND consultation is about putting the needs of the children first, therefore the needs of the child must be the primary and overriding consideration.

Alternative Provision do amazing work with children with a wide variety of needs. If a slightly longer placement is required to successfully support a child's return to mainstream or specialist education, then that flexibility must be available. A rigid deadline that forces a child back into a setting before they are ready serves no one and risks undoing the progress made.

That said, we acknowledge that an indicative timeframe is useful as a planning framework and a safeguard that ensures that AP does not become a de facto permanent placement. Community recommend that any timeframe set must be understood to be a prompt for review which considers the progress made and what further support and intervention might be needed. It should not automatically be an administrative deadline that overrides professional judgement and the child's individual needs.

---

**Q29. 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.**

---

Community agree that the proposed regulation of independent special schools is a necessary and overdue intervention, but we are not convinced that the levers around price transparency, statutory quality standards, and control over new provision are sufficient on their own. The problems they seek to address are financial and regulatory ones, but there is an underlying issue of supply, which these levers do not affect. Until there is sufficient capacity of the right kind in the right places, it is likely

that independent schools will remain the only viable option for thousands of families, and this will continue to be served at a premium.

Price bands could be a useful step towards managing spiralling costs and will likely constrain the most extreme profiteering that exists in the sector. They will also give LAs a legal basis under which they can challenge fees that they do not currently have. But if price bands are set too low it is likely that many independent providers will have to withdraw their service due to a lack of funding and a failure to cover costs. We have seen this happen with other services that have been conceived to meet a price point, rather than address the need. Therefore, government must ensure that prices are set at a level which is sufficient to meet the needs of children who require significant support, and these must be regularly reviewed to ensure they continue to be sufficient.

There are also significant regional discrepancies that affect provision, with around 25% of secondary schools in the South East having formal specialist bases compared with just 12% in the Midlands. And despite this consultation, local authorities such as Leicestershire are proposing reducing their specialist provision and closing special nursery schools despite clear demand which outstrips current supply.

This lack of available state provision is what drives families to independent schools in the first place. The promised £3.7 billion in capital investment that underpins the creation of 60,000 new specialist school places, will undoubtedly have an impact in ensuring there is more locally available provision. But the question is what is considered “local” and are these new places being created in the right locations, for the right need types, and at the pace the reform requires. Even if it is, the independent sector will likely continue to fill gaps where local capacity simply does not exist and provide valuable specialist places quickly and without upfront capital risk to the public purse. So, we do need to be careful to not damage current provision before real alternatives exist.

---

## **Part Four**

### **Reforming the system to reward inclusion**

#### **Q30. How should settings be held accountable for how they spend their Inclusive Mainstream funding?**

---

Few in education would say that settings should not be accountable for how they support children and young people with additional needs and this extends to how the funding for Inclusive Mainstream is used. However, it is crucial that the focus on accounting does not eclipse the aim of meeting need.

According to the proposals, Schools are required to develop and publish an Inclusion Strategy setting out how they will use all of their resources, including their Inclusive Mainstream Funding (IMF), to identify and meet need and embed inclusive practice. Colleges will similarly set out their plans within their Accountability Agreements.

The funding pushes schools towards improving the quality of universal provision and revised Ofsted accountability will see inclusion performance form part of report cards, with schools assessed on how effectively they meet the needs of pupils with SEND. Community appreciate that without clear financial guardrails, there is a risk that funding could be absorbed into existing budgets and interventions, therefore there will need to be monitoring through the accounting process and reporting to governors and trustees as a minimum. We are not convinced that using Ofsted is the right sole mechanism for monitoring the effectiveness of SEND provision and IMF spending.

Accountability for how IMF funding is spent and accountability for what happens in classrooms for individual children are fundamentally different functions that could appropriately be monitored by different organisations. Financial accountability for IMF spending is properly a function of local authority oversight, with the Education and Skills Funding Agency, and potentially the National Audit Office providing systemic assurance.

Classroom-level accountability is a part of a school's Ofsted inspection, but there is insufficient clarity about how Ofsted defines inclusion in practice and what evidence base inspectors will use to evaluate its effectiveness. Ofsted's inclusion evaluation needs to explicitly assess the proportion of children with SEND accessing the full curriculum alongside peers and consider exclusion and managed move rates to examine how inclusive the school is, as well as the quality of written Individual Support Plans (ISPs). The big question to be considered is whether day-to-day provision reflects what is written in the plan. A school that scores well on documentation but poorly on every lived experience measure has not demonstrated effective inclusion and inspection outcomes must reflect this distinction clearly.

There also needs to be strong local accountability. The Local Authority already has responsibility for SEND and therefore it is both appropriate and efficient that they carry a formal function in scrutinising how IMF is being used and whether Inclusion Strategies are credibly demonstrating impact. This creates a continuous accountability signal that is visible to schools, families, and the public and could enable earlier identification of underperformance and earlier intervention, before children have spent months or years in a setting that is not delivering. Combined with periodic Ofsted evaluation at the pupil outcome level, this would likely create an accountability

---

architecture that is proportionate, continuous, and genuinely focused on children's experiences rather than institutional compliance.

The accountability framework must extend explicitly to further education colleges and early years settings too. Colleges occupy a critical position in the SEND pathway, particularly at the post-16 transition point that Community has consistently highlighted as one of the highest-risk moments for young people with SEND, yet the White Paper's proposals for college accountability are notably vaguer than those for schools. Ofsted's further education inspection framework and the school inspection framework operate differently, and this will need to be considered to avoid inconsistencies in assessment and reporting. This inconsistency could be even greater in early years settings, especially PVI settings. Currently these settings operate with minimal SEND-specific accountability, yet they are now being asked to carry significant identification and support responsibilities, and it is not yet clear how the system will work across all the different phases, fairly and proportionately.

SEND governors and trustees also have a part to play and their role must be clarified as part of this reform. Every governing body and academy trust board should have a named SEND governor or trustee with specific responsibility for scrutinising the school's Inclusion Strategy, challenging leadership on spending decisions, and assuring the board that provision described in ISPs is actually being delivered. In multi-academy trusts specifically, where SEND governance can often seem remote and distant from individual schools, a named trust-level SEND trustee with oversight across all settings in the trust is essential. Again, we need clarity on how this will work in practice following the reforms.

And despite these safeguards, as with much contained within the proposals there remains significant room for interpretation. A school that publishes a strategy on its website describing broadly inclusive intentions, receives its IMF allocation, and spends it on a TA timetable which looks identical to last year's provision may have technically met the requirement yet failed to meet the needs of the children. Community is unequivocal that accountability must not become a tick-box exercise.

---

**Q31. Do you agree that more SEND funding should sit directly within mainstream budgets? Please explain why.**

---

Community feel that devolving more SEND funding directly into mainstream budgets is the right direction of travel, and the current reforms are moving appropriately in that direction. But we have legitimate concerns that without ring-fencing or clear accountability there is a risk that the money will fail to achieve what it is intended to do.

We are clear that the current system where schools funding the first £6,000 from their notional SEN budget, with top-up funding covering anything above that threshold, does not work. It also generates perverse incentives that actively undermine early intervention because top-up funding is often only available once a child secures an EHCP. Therefore, schools are incentivised to pursue EHCPs because of the funding they can deliver, rather than investing in building internal inclusive capacity. This frustrates teachers, support staff and parents as children frequently wait months for provision that could have begun immediately.

For this proposal to work, funding for inclusion must be paid promptly, ring-fenced, clearly identified, legally protected, and subject to both inspection scrutiny and public reporting. The proposed requirement for schools to annually publish how their inclusion funding has been spent, at pupil group level, as part of their Inclusion Strategy would achieve some of this.

Even if more funding is devolved to schools, if it is insufficient, there will be insufficient provision – except now, schools will also be financially accountable. It is vital that per-pupil inclusion funding rates are reviewed and adjusted annually. They need to be benchmarked against the actual cost of delivering the provision specified in Specialist Provision Packages with automatic uprating when costs increase. And this funding needs to belong to the school and not be withheld by LA or trust and deployed elsewhere.

Children with profound and multiple learning disabilities, low incidence needs, or requirements for multi-agency intensive support will need shared commissioning capacity at local authority level. We have already noted that LAs also need sufficient funding to sustain specialist provision within reasonable travel distance for those who need it. High Needs Block funding must be explicitly preserved for this function. The reform's ambition to reduce reliance on the High Needs Block by building mainstream capacity is probably correct but it must not mean less funding for schools, nor must it mean less funding for specialist provision. Community's consistent position throughout this consultation response is that specialist schools must be preserved and properly funded, and that the sufficiency of specialist provision must be managed strategically at local authority level for the benefit of all vulnerable pupils.

---

**Q32: 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?**

---

This question speaks to the Government's aim for all schools to be part of a high-quality trust working on the assumption that trusts can share expertise, pool resources, and improve outcomes. The 2026 Schools White Paper explicitly states that pooling resources across groups of schools can “unlock innovation and maximise value for pupils”. However, Community is yet to be convinced of the exclusive benefits of trusts. There is no strong empirical consensus that MAT structures systematically improve outcomes for pupils with SEND. Similarly, wider system analysis notes uncertainty about optimal trust size and structure, undermining claims that scale alone delivers better outcomes. Therefore, Community believe that an independent education authority, accountable to the local community still has a significant role to play.

Community strongly supports collaboration between schools as a principle but have a fundamental objection to pooled funding as it reduces the school's direct control over their own resources, stripping away agency and introducing additional decision-making layers at trust or group level. This is particularly acute in SEND provision, where a child, whose needs have been identified and whose ISP has been written, cannot wait for a trust-level funding committee to convene before intervention begins. The more decision-making layers that sit between identified need and delivered support, the worse the outcomes for children.

---

This question follows the government's aim for all schools to be part of a high-quality trust, but the policy position of pushing more funding directly into schools sits at odds with a funding model which simultaneously allows pooled models to move control away from those same schools to trust or group level. And Community do not believe that this contradiction works in anyone's best interests.

Pooling at trust or group level effectively creates a secondary redistribution mechanism that overrides the intent of the National Funding Formula, leads to internal cross-subsidy between schools, and significantly reduces transparency for parents and communities. Community has consistently argued throughout this consultation that SEND funding must be genuinely ring-fenced and publicly accountable. Pooled models make both of these conditions harder, not easier, to achieve. Public funding intended for some of the most vulnerable children in the system must not disappear into a collective pot where its use cannot be demonstrated or challenged.

Community is also concerned about the breadth and quality of local collaboration. Research consistently shows that MATs tend toward intra-trust partnerships, which can come at the cost of collaboration with maintained schools, local authority SEND services, health partners, and community organisations. This runs directly counter to the SEND reform's stated ambition of place-based, multi-agency working. If pooled SEND models strengthen intra-trust partnerships while weakening wider local collaboration, they will undermine the Local Area Partnership Boards, the Experts at Hand commissioning arrangements, and the joined-up approach to needs assessment and provision that the reform depends upon. This will be of particular importance in the creation of inclusion hubs which must provide local provision and support for all local settings, not just those within a particular trust.

<https://files.eric.ed.gov/fulltext/ED627701.pdf>

---

**Q33: How should disagreements about membership, provision, or funding in groups of schools for SEND be resolved?**

---

It is vital when answering any questions about resolution processes that the needs of the child are reiterated and placed front and centre.

Community supports a formal dispute resolution process built around staged escalation, in which each stage has a defined and limited timeframe to prevent the delays that currently cause such harm to children in the SEND system. Rather like the way conflict is often resolved in schools, the first stage should be through structured dialogue with a facilitated conversation between the parties in disagreement, convened and chaired by the Local Partnership Group.

Where this fails to produce resolution, the second stage should involve independent oversight from the local authority or an independent body that has the authority to review the decision against transparent criteria for funding allocation and provision. If necessary, a further stage could provide access to external mediation or independent adjudication, with a neutral body empowered to make a binding determination.

In the Netherlands, SEND funding is allocated through regional partnerships of schools with an independent review panel convened to adjudicate funding disputes,

---

applying nationally defined criteria, and publishing its decisions to ensure consistency and accountability. In Canada, school districts in British Columbia manage SEND resources through locally constituted panels with mandatory parent representation, a structured appeals process, and provincial oversight that can intervene where local processes fail. Both these models share the features that we would recommend – transparent criteria, independent adjudication, and a clear duty to prioritise pupil need over all else.

The key thing is that arbitration must sit with a neutral body that is genuinely independent of all parties to the dispute. This means that the local authority, trust, or health commissioning board cannot act as judge in a case where it may itself be a party or have a financial interest in the outcome. It is a big ask because this body must have the statutory authority to make binding decisions, the expertise to evaluate SEND provision against legal duties and national standards, and the obligation to publish its determinations so that consistency can be monitored across areas.

Finally, it is important to ensure that throughout all this, the child is not disadvantaged. A child whose support is caught in a funding disagreement between institutions must not experience any reduction in provision while adults resolve their differences. This protection must be written into the dispute resolution framework as a non-negotiable condition, not left to goodwill.

---

**Q34: How can we ensure the most effective use of these local partnership groups?**

---

To ensure the most effective use of local SEND partnership groups (LPGs), it is essential to firstly establish a clear and tightly defined purpose. It is also important to determine how they will work alongside health services and the NHS, schools, colleges and Early Years providers and the local authority care services.

Oversight should be independent, perhaps through a local authority-linked body, to ensure that decisions are fair and consistent, and to ensure statutory responsibilities are met. And, as with other aspects of the proposals, decision-making must be informed by evidence based on need, outcomes, and timeliness.

Each service is independent and though they will interact through the LPG the partnership structures should support and enhance the capacity of individual schools, not replace their ability to make timely decisions about meeting pupils' needs. This will mean using funding arrangements, such as the National Funding Formula, which are transparent and predictable and avoid any potential for redistribution between schools. And all schools and providers in a local area should be included, not just those within particular federations, trusts, or groupings. Access to specialist expertise should be shared and coordinated so that all pupils can benefit, regardless of where they are educated.

As with all aspects of these proposals, it is prudent to build in mechanisms for regular review and challenge to ensure they remain effective and continue to improve the outcomes for children with SEND.

### **Q35. Which stakeholders are important for the success of local partnership groups, and why?**

---

The make-up of Local Partnership Groups will be fundamental to their effectiveness. Effective local partnership groups require representation from school leaders and SENCOs, local authorities, health services including ICB commissioners, early years providers across all settings, specialist professionals, and post-16 providers. Each brings vital knowledge and expertise in funding, provision, assessment, and multi-agency coordination. Without all of these voices, the group's understanding of the local SEND landscape will be incomplete, and decisions might not adequately address children's needs.

Parent and carer groups are the single most important stakeholder Community would identify but are typically unrepresented in such high-level discussions. Parents provide the real-life, lived experience and can ensure accountability, as well as keeping decisions focused on children's actual needs rather than institutional priorities. Where parent groups have been involved this has been consistently shown to improve trust, reduce conflict, and strengthen provision design. This is a critical part of any partnership and will support schools through reduced complaints and more effective interventions.

---

### **Q36: How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?**

---

Building stronger collaboration lies at the heart of the proposed SEND reforms and other current government programmes such as RISE but we need to address the inherent competition within the current system in order to achieve this. The current accountability system pits schools against each other, using achievement data and Ofsted outcomes as marketing tools. And whilst there are examples of collaboration, they typically exist within trusts rather than for the benefit of the local area.

Local collaboration is critical in improving local SEND systems, but this will only succeed if all partners are equally invested in its success. The local strategic plan needs to be a product of this collaboration, not the reason for it. Therefore, before any plan can be devised there needs to be a shared commitment to improving outcomes for children and young people with SEND. Establishing a shared moral and operational direction to ensure that collaboration is a core expectation rather than an optional one.

Strategic plans must set out what is expected at the level of individual schools, what is best delivered through local partnerships, and what remains the responsibility of local authorities and health partners. By clarifying roles and responsibilities each partner is aware of their duty and can mutually hold other to account for achieving theirs. This strengthens trust between stakeholders and supports more efficient and coherent delivery of services.

Strategic plans should include shared outcome measures, clear governance arrangements, and mechanisms for challenge and escalation. This ensures that all partners retain ownership of system-wide performance and are collectively responsible for improving outcomes.

No matter how impressive the plans are, they will fail without investment in and development of the workforce. The government has committed £200m for staff training but it is incumbent upon employers to embed this training and to roll out further opportunities including leadership development for SENCOs as they move into the leadership team.

Access to specialist support must be fair and transparent, be integrated into mainstream provision, and critically it must be timely. Strategic plans must support the concept of early intervention and ensure that services such as educational psychology, speech and language therapy, and outreach are coordinated in a way to meet pupil needs without the need to escalate processes. Working to ensure that early years provision, schools, and health services identify and recognise emerging needs and address them promptly, will enhance the long-term outcomes for the child, improve communication, and address many classroom behaviour concerns and reduce pressure on external specialist systems.

And, as has been repeatedly stated, across all of these reforms, the voice of parents and carers is critical at all levels. Their participation in co-production, governance, and feedback processes ensures that the system remains grounded in the lived experiences of children and families, which not only improves the relevance and quality of provision but also builds trust and reduces conflict.

---

**Q37. What information, advice and guidance can best support children, young people and families to ensure greater fairness across the system?**

---

As has been stated repeatedly throughout this response the key features to ensure greater fairness across the SEND system, are access to clear, consistent, and accessible information, advice, and guidance at every stage of their journey.

This starts by outlining what support is ordinarily available in schools and early years settings, without needing an EHCP, including explanations of provision, thresholds for additional support, and what they can reasonably expect from mainstream settings, all set out in easy-to-understand language.

Families, children, schools, and specialists all need to understand the system, how it works and the pathways through it. This is especially important when it comes to identifying need, understanding how support is determined and reviewed and when specialist support is appropriate. This guidance must be consistent across local areas to reduce the current “postcode lottery,” where experiences vary significantly depending on where a child lives.

SEND information, advice and support services (SENDIASS) should be well-resourced and visible, enabling families to understand their rights, navigate disagreements, and make informed decisions. This is particularly important for families who may be less confident in engaging with services or who face additional barriers, and guidance should also be accessible and inclusive, available in multiple formats and languages, and designed with the needs of children and young people in mind. Young people themselves should be supported to understand their support plans, contribute to decisions, and develop self-advocacy skills.

Critically, information must be easily accessible, not buried on an inaccessible webpage or restricted to protect commercial interests. Access to clear and unambiguous information is at the heart of a fair and transparent process and making it available and providing it early, especially in early years and at key transition points, can prevent escalation, reduce conflict, and ensure that support is timely and appropriate.

---

**Q38. 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.**

---

Community agrees that a SEND specialist should sit on the school complaint panel when the complaint relates to SEND support and provision wherever possible.

SEND is a specialist area, and many of the complaints received by schools require knowledge of provision inside and outside of the setting to resolve as well as understanding legislation and funding. The SENCO is probably best placed to manage this situation by having a strong understanding of education and teaching whilst also bringing knowledge of health, social need, and legal obligations. Complaints about whether provision is appropriate, proportionate, and evidence-based requires someone with the professional knowledge to make that assessment. The SENCO, operating under the new proposals as a strategic leader with oversight of the school's entire SEND offer, is uniquely placed to evaluate whether the support provided reflected best practice, met the child's identified needs, and was consistent with what the ISP or EHCP required.

But the SENCO must not be positioned as the sole responsible party when complaints arise. Under the proposals, support and interventions are planned and delivered through Specialist Provision Packages and Experts at Hand which are outside the direct control of the school and funded externally through local authority commissioning and ICB agreements. Where a complaint relates to provision that was not delivered because of a failure by an external provider, a funding shortfall, or a local authority commissioning decision, the school must be able to demonstrate clearly what it controlled, what it requested, and where responsibility for any gap lies.

Having a SEND specialist such as the SENCO on the panel also helps to keep the discussion focussed on the needs of the child.

---

**Q39. 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?**

---

No.

---