



Response to Consultation on SEND and AP: green paper

<https://www.gov.uk/government/publications/send-and-ap-green-paper-responding-to-the-consultation>

Institute of Health Promotion and Education

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General comments

This response follows the recent mental health and wellbeing consultation, which is closely linked, given the increased incidence of mental health difficulties in people with SENDs. We would again like to draw on outcomes from our 60th anniversary webinar, sharing the informed views of public health experts from across the UK.

Determinants of health discussed at this event are often lacking for people with SENDs. It is therefore vital that changes to the SEND system provide individuals with the sense of being valued. Importantly changes should address:

- a) employment
- b) social connections
- c) economic security
- d) life-long learning
- e) giving back, for example by engaging in voluntary work.
- f) a strengths and assets approach on which to build and empower people to find solutions within their means and values
- g) the collection of positive health information and targets set to measure outcomes.

Placing health and wellbeing at the centre of all public policies, can provide the foundation from which societies can flourish.

References

Neil K E and Tilford S (2021) IHPE Position Statement: Autism. Lichfield: Institute of Health Promotion and Education.

Watson M C, Tilford S and Lloyd J (2021) IHPE Position Statement: Health Promotion (May 2021). Lichfield, Institute of Health Promotion and Education.

<https://ihpe.org.uk/wp-content/uploads/2022/04/How-do-we-talk-about-health-webinar-summary-April-2022-.pdf>

<https://ihpe.org.uk/resources/consultations-and-ihpe-responses/>

Chapter 2: a single national SEND and alternative provision system

Questions:

1. What key factors should be considered, when developing national standards to ensure they deliver improved outcomes and experiences for children and young people with SEND and their families? This includes how this applies across education, health and care in a 0-25 system.

In accordance with the Ottawa Charter 1986, IHPE recommends a foundation of health promotion and education across all settings. The full adoption of the concept of health promoting settings should ensure that SENDs are recognised and provided for.

A 'whole school' approach to health in schools and colleges is important to deliver best outcomes and is also recommended in recent guidelines for 'Social, emotional and mental wellbeing in primary and secondary education' published by NICE. Some principles associated with this approach:

1. student voice
2. working with parents
3. staff development
4. an ethos that promotes respect and values diversity
5. identifying need and monitoring impact
6. targeted support.

School nurses could play crucial roles and should be trained to ensure that they can recognise and support those with health issues and can recognise when a problem is serious and needs referral.

A health promoting setting approach is needed in all workplaces to ensure that those in the 18 to 25 age group who are in employment have optimal environments. It is also needed in supported living environments for this age group.

SEND awareness training should be made available for all education, health, social care, police officers, and other professionals. School SENCOs should have recognised SEND qualifications.

GPs, health visitors, educational and clinical psychologists, teachers, and other professionals need to recognise children who may have SENDs as early as possible. 'Masking' or 'camouflaging' as a barrier to identifying both autism and any associated distress need to be recognised and children promptly assessed and supported.

The observations of parents and voices of young people themselves are vital in identifying difficulty that may not be visible at school.

When children are diagnosed/identified as having SENDs, the support needs of the whole family need to be met and carers introduced to local services and support groups. There are concerns about an institutional culture of 'parent blame,' and there is a need to work with and support parents.

When difficulties are identified, **needs should be addressed in advance of any diagnosis**. The current reliance on diagnosis is resulting in delays to needs being met, with further deterioration in health and access to education.

Expansion of access to creative arts is needed, including music, art, writing and drama therapy. For example:

<https://writingeastmidlands.co.uk/projects/beyond-the-spectrum/>

<https://firststory.org.uk/lives-changed/>

<https://www.autism.org.uk/advice-and-guidance/professional-practice/music-therapy>

References

[Overview](#) | [Social, emotional and mental wellbeing in primary and secondary education](#) | [Guidance](#) | [NICE](#)

Neil K E and Tilford S (2021) IHPE Position Statement: Autism. Lichfield: Institute of Health Promotion and Education.

Thompson S R, Watson M C and Tilford S. (2018) The Ottawa Charter 30 years on: still an important standard for health promotion. International Journal of Health Promotion and Education. 56(2), 73-84.

Watson M C and Lloyd J. (2021) Creating health promoting schools will improve population health and help to reduce inequalities. BMJ 2021;373:n1290 <https://www.bmj.com/content/373/bmj.n1290>

Watson MC, Neil KE and Tilford S. (2021) Improving support for children with autism and their families using a 100 day challenge framework. BMJ 2021;375:n2954

Watson M C, Tilford S and Lloyd J (2021) IHPE Position Statement: Health4 Promotion (May 2021). Lichfield, Institute of Health Promotion and Education.

2. How should we develop the proposal for new local SEND partnerships to oversee the effective development of local inclusion plans whilst avoiding placing unnecessary burdens or duplicating current partnerships?

It would be helpful to review what is going wrong in current partnerships, any conflicting incentives, such as pressure on school attendance, and why the SEND system is not working. Continued consultation and review with experts in SENDs, including specialist groups, clinical psychologists, and especially CYPs and their families would help to inform the way forward, together with shared accountability for meeting need.

3. What factors would enable local authorities to successfully commission provision for low-incidence high-cost need, and further education, across local authority boundaries?

We think that the need for children to be educated a long distance from home should be avoided.

There is no reference within the Green Paper to personalisation or personal education budgets, which have seen success in some areas of the country. This is needed.

4. What components of the EHCP should we consider reviewing or amending as we move to a standardised and digitised version?

Digitalised EHCPs could enable an efficient way of recording need, how needs are met, what has been most effective, and a positive record of progress over time. This learning could also help inform future SEND strategy as 'success builds on success.'

5. How can parents and local authorities most effectively work together to produce a tailored list of placements that is appropriate for their child, and gives parents confidence in the EHCP process?

Crucially, Choice must be retained by parents in deciding appropriate placements, in a collaborative relationship with LAs, including home education, focussing on the needs and strengths of each child and how these can be met and developed, respectively.

A flexible schooling approach, or part-time attendance, may help to maintain connection with the education system, reducing the need to resort to full time Elective Home Education (EHE). Any changes to EHE should continue to allow for flexibility and an individual approach that prioritises mental health.

A limited list of placements is potentially restrictive, and contradictory to an individual approach. Public health experts emphasise the importance of 'meeting people where they are, listening to what matters to them and what is likely to make a difference, 'at the right time.'" This may include time out of formalised education, to enable recovery of mental health.

The importance of recognising the changing nature of health and SEND needs over time for individuals, together with the value of identifying strengths and assets on which to build is recognised as the basis for empowering people to find solutions within their means and values. It is therefore vital to provide a range of flexible options and ongoing liaison with families.

<https://ihpe.org.uk/wp-content/uploads/2022/04/How-do-we-talk-about-health-webinar-summary-April-2022-.pdf>.

6. To what extent do you agree or disagree with our overall approach to strengthen redress, including through national standards and mandatory mediation?

Mandatory mediation is causing concern about further delays to access of appropriate support for children and young people. Emphasis on the timely production of EHCPs, with close collaboration between LAs, families and experts such as educational psychologists and health professionals, is preferable to a frequent need for mediation and tribunals, and a better use of funds.

Case study

A parent informed us of her ongoing fight to access educational support for 2 children with SENDs, which started in 2016. The initial application for an EHCP assessment for the first child was refused by the local authority, as deemed 'not complex enough' despite an autism diagnosis and severe dyslexia.

The young person now has a further 5 formal diagnoses and requires expensive specialist provision, following legal advice concluding that the LA had used unlawful criteria.

To date, 3 tribunals and 2 pre-action protocol letters for judicial review have been sent to the LA, plus threats to send other pre-action protocol letters with a cost to the parent approaching £80,000 and significant impact on her mental health.

We know of other parents who also find themselves at the centre of an extremely bureaucratic system. These lengthy "battles" can take a huge toll on the mental health of the entire family. It also prevents parents from contributing fully to society, and results in many having to spend a huge amount of their own money.

Data showing that 95% of tribunal decisions are made in favour of parents, demonstrates that the current system is not working.

References

The SEND Money Survey <https://letuslearntoo.com/the-send-money-survey/>

Special Needs Jungle report <https://www.specialneedsjungle.com/95-decisions-favour-parents-nobody-wins-send-tribunal/#:~:text=Tribunal%20panels%20upheld%20local%20authority,9%25%20of%20local%20authority%20decisions.>

[SEND reforms: Mandatory mediation in administrative justice | UKAJI](#)

7. Do you consider the current remedies available to the SEND Tribunal for disabled children who have been discriminated against by schools effective in putting children and young people's education back on track? Please give a reason for your answer with examples, if possible.

The trauma to CYP with SENDs and their families from the tribunal process takes considerable time to recover from. It is vital to adopt a preventative approach to make tribunals a rare occurrence and ensure that schools are incentivised and supported to improve SEND provision.

There should be an inclusive ethos and a focus on what is in the best interests of each individual, with support and adaptation, rather than separation and isolation of individuals with SEND. School behavioural policies currently contradict this approach, and they need to align with understanding and supporting the needs of SEND pupils. We welcome findings of the recent government consultation bringing attention to these issues.

Teachers have told us that in-class support used to be effective in enabling SEND children to thrive in the school system, but provision has reduced over time. Investment is needed.

References

Neil K E and Tilford S (2021) IHPE Position Statement: Autism. Lichfield: Institute of Health Promotion and Education.

[Government response to Behaviour guidance and Exclusions guidance consultation July 2022 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/consultations/government-response-to-behaviour-guidance-and-exclusions-guidance-consultation)

Chapter 3: excellent provision from early years to adulthood

Questions:

8. What steps should be taken to strengthen early years practice with regard to conducting the two-year-old progress check and integration with the Healthy Child Programme review?

Early intervention must be a priority.

Include broader screening for SEND by health visitors, for example to identify difficulties with sensory processing to enable early mitigation, particularly in education environments.

There is a need for increased funding for health visitors to broaden this role, which could also include liaison with educational psychologists, families, and teachers in a managed transition from nursery to school, with appropriate support in place and monitoring for SEND that may become more apparent in the school environment.

References

Neil K E and Tilford S (2021) IHPE Position Statement: Autism. Lichfield: Institute of Health Promotion and Education.

<https://ihv.org.uk/wp-content/uploads/2021/11/State-of-Health-Visiting-Survey-2021-FINAL-VERSION-25.11.21.pdf>.

9. To what extent do you agree or disagree that we should introduce a new mandatory SENCo NPQ to replace the NASENCo?

SEND awareness training should be made available for **all** staff working in education and a compulsory component of teacher training.

School SENCos should have recognised SEND qualifications and oversee CPD for the whole school community to enable more SEND children to thrive in mainstream education.

10. To what extent do you agree or disagree that we should strengthen the mandatory SENCo training requirement by requiring that headteachers must be satisfied that the SENCo is in the process of obtaining the relevant qualification when taking on the role?

It is vital that SENCos have relevant qualifications to undertake this role, with the aim of all SENCos being in receipt of appropriate qualifications before taking up post. Significant stress is caused to both SENCos and families due to lack of understanding of difficulties and process.

11. To what extent do you agree or disagree that both specialist and mixed MATs should be allowed to coexist in the fully trust-led future? This would allow current local authority maintained special schools and alternative provision settings to join either type of MAT.

A flexible approach is key to optimising the possibility of CYP with SEND accessing education in mainstream schools. There is no 'one size fits all' in enabling SEND children and young people to achieve their potential. To flourish in mainstream education at secondary level there should be an increased understanding of needs, which then informs adaptive support, for example:

- moving around the environment
- access to quiet spaces- indoors and outdoors
- peer understanding and support
- tools to aid coping with lesson changes throughout the day
- rest breaks and mental health days
- funded in-class support.

It is vital to move to understanding barriers to attendance, which can then be accommodated, as opposed to current descriptor of 'school refusal.'

The IHPE, in collaboration with experts in education, strongly recommends moving to an assets-based approach for every child, identifying strengths, rather than the use of the current deficit model, which focusses on difficulties.

In many cases, SEND may be viewed as difference rather than pathological disorders to be treated, resulting in disability due to societal demands. We therefore recommend greater use of the terminology neurodiverse/neurodiversity and cautious use of the word disability.

References

Neil K E and Tilford S (2021) IHPE Position Statement: Autism. Lichfield: Institute of Health Promotion and Education.

<https://notfineinschool.co.uk/>.

12. What more can be done by employers, providers and government to ensure that those young people with SEND can access, participate in and be supported to achieve an apprenticeship, including through access routes like Traineeships?

Transition from school should be supported by staff, empowering CYP to convey and vocalise individual strengths, skills, and reasonable adjustments required, with references as needed. Careers guidance in school can help match strengths and assets with suitable roles and signpost to further resources for advice, advocacy, and support.

Academic support staff in higher education have told us that students with SEND are often determined, hardworking and excellent problem solvers, because of experience in understanding and overcoming difficulty, compared with their peers.

There may need to be additional incentives for employers to offer opportunities to SEND CYP who need flexible working arrangements such as rest breaks and additional time for some tasks.

Chapter 4: a reformed and integrated role for alternative provision

Questions:

13. To what extent do you agree or disagree that this new vision for alternative provision will result in improved outcomes for children and young people?

It is important to consider the impact of transition between settings. Change needs to be minimised as much as possible, with careful management. Early intervention and in-school support, as described above, could reduce the need for AP.

Basic needs must be met, addressing social issues such as food and heating poverty, along with the need to feel safe and understood. Consistency of named, trusted adults and peers accessible when needed can help to bring about a sense of safety.

Reference

Maslow AH. Psychological Review. Vol. 50. 1943. A theory of human motivation; pp. 370–396.

14. What needs to be in place in order to distribute existing funding more effectively to alternative provision schools, to ensure they have the financial stability required to deliver our vision for more early intervention and re-integration?

Review how outcomes are measured. Ensure that meeting need, and positive health outcomes are prioritised and conflicting measures such as attendance, behaviour policies, and attainment data in schools are addressed.

15. To what extent do you agree or disagree that introducing a bespoke alternative provision performance framework, based on these 5 outcomes, will improve the quality of alternative provision?

Mainstream schools should work with the pupil in the AP setting and to comprehensively invest in the reintegration process. There needs to be significant joint planning.

Providers should be held to account on rates of reintegration and on the impact of outreach in terms of maintaining pupils in mainstream.

16. To what extent do you agree or disagree that a statutory framework for pupil movements will improve oversight and transparency of placements into and out of alternative provision?

Chapter 5: System roles, accountabilities and funding reform

17. What are the key metrics we should capture and use to measure local and national performance? Please explain why you have selected these.

18. How can we best develop a national framework for funding bands and tariffs to achieve our objectives and mitigate unintended consequences and risks?

Chapter 6: Delivering change for children and families

19. How can the National SEND Delivery Board work most effectively with local partnerships to ensure the proposals are implemented successfully?’

The Delivery Board needs to have people who have the right knowledge, skills, and experiences. There needs to be SEND experts on the Board to properly quality assure the system.

Local partnerships should be serving the interests of children and families. They should include parent groups.

20. What will make the biggest difference to successful implementation of these proposals? What do you see as the barriers to and enablers of success?

Funding is the most significant barrier to success, together with the need to upskill the workforce in this challenging area. Delays to assessment and support and reliance on diagnosis, mean that families are too often reaching crisis point, requiring more extensive and costly intervention.

Urgent financing of services, such as educational and clinical psychology, CAMHS, SENCo training, and in-class school SEND support, together with collaborative working across sectors such as health and schools are essential. Further development of early intervention schemes linking health and education, such as mental health support teams through CAMHS, is a vital way forward. For example, [CAMHS - Mental Health Support Teams \(nottinghamshirehealthcare.nhs.uk\)](https://www.nottinghamshirehealthcare.nhs.uk/camhs-mental-health-support-teams).

Current school attendance policies are adversely impacting SEND families and should be reviewed and the mental health and wellbeing impact addressed. A workable proposal, the ‘3 Asks’ has been suggested by <https://notfineinschool.co.uk/home> see: <https://img1.wsimg.com/blobby/go/a41082e1-5561-438b-a6a2-16176f7570e9/Square%20Peg%20NFIS%20Asks.pdf>.

21. What support do local systems and delivery partners need to successfully transition and deliver the new national system?

Urgent funding for services and research to capture evidence of effective intervention *in situ*. Collaboration with the DfE to balance the academic curriculum with access to the arts and inclusion of measures of wellbeing alongside academic and attendance data. For example, <https://firststory.org.uk/>, which has demonstrated impact of creative writing on wellbeing, cognitive ability, attainment in maths and English, and ‘skills and behaviour that lead children to do better in school.’ **Academic achievement is closely linked to mental health.**

References

<https://firststory.org.uk/wp-content/uploads/2022/03/First-Story-Impact-Report-2020-21.pdf>

<https://www.ncbi.nlm.nih.gov/books/NBK553773/>
<https://www.intechopen.com/chapters/74883>

22. Is there anything else you would like to say about the proposals in the green paper?

We are aware that, whilst the SEND Review has generally been very well received, the green paper has triggered concerns across many SEND organisations and affected families. Clearly there is a need for an emphasis on collaborative cross-sector working to ensure that the needs of CYP with SENDs are identified and met at an early stage. Current legislation must be adhered to, preventing lengthy delays, and reducing the frequency of costly tribunals.

Over time, early intervention should reduce the number of families reaching crisis, the need for costly specialist provision, demand for additional health service support and the broader societal impact of parental time out of the workplace caring for SEND children. We recommend that the broader impact of unmet SEND needs is also considered.

We concur with the SEND Review vision of 'Right support, right place, right time.' Vital to this being realised is an emphasis on early intervention, addressing barriers to school attendance and the **urgent provision of funding** for assessment, training, and service provision. The priority for us all, improving access to education, and working to improve the quality of life and prospects of CYP with SENDs and their families.

References

Watson MC, Neil KE and Tilford S. (2021) Improving support for children with autism and their families using a 100 day challenge framework. BMJ 2021;375:n2954
<https://www.bmj.com/content/375/bmj.n2954/rr>

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