

Public Accounts Committee

Oral evidence: [Support for children with special educational needs and disabilities](#), HC 2050

Monday 30 September 2019

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Members present: Meg Hillier (Chair); Chris Evans; Layla Moran; Anne Marie Morris; Gareth Snell.

Gareth Davies, Comptroller and Auditor General; Adrian Jenner, Director, Parliamentary Relations, National Audit Office; David Raraty, Audit Manager, National Audit Office; and Marius Gallaher, Alternate Treasury Officer of Accounts, HM Treasury, were in attendance.

Questions 1 - 48

Witnesses

I: Philippa Stobbs, Assistant Director, Council for Disabled Children; Richard Kramer, Vice Chair, Disabled Children's Partnership, and Chief Executive, Sense; Mrunal Sisodia, Parent Carer, and Co-Chair, National Network of Parent Carer Forums; Matt Keer, Parent and Contributor, Special Needs Jungle.

Report by the Comptroller and Auditor General
Support for pupils with special educational needs
and disabilities in England (HC 2636)
Examination of witnesses

Witnesses: Matt Keer, Mrunal Sisodia, Philippa Stobbs and Richard Kramer.

Chair: Welcome to the Public Accounts Committee on Monday 30 September 2019. Thank you to the National Audit Office for its report on support for pupils with special educational needs and disabilities in England. This panel and this session is to get evidence from people at the very front line about special educational needs and particularly how the new—they are not so new now—EHCs are working, the education, health and care plans for children with particular needs.

The report is very interesting and throws up some real challenges for the Government. Since the report was being put together, we have also seen an announcement by the Secretary of State of a review, so we are really keen to get into those issues. I should stress that we are not a Committee that looks at the policy around this. We are looking at the effectiveness, the efficiency and the economy of how support for pupils with special educational needs works in England. There are 1.3 million pupils in England with special educational needs and disabilities. That is 14.9% of all pupils. Around 20% of those have a legally enforceable EHC plan. We will be looking at both groups, but the EHCs are particularly interesting to us.

I am really interested to hear from you all. I am going to introduce our witnesses and then ask Layla Moran to kick off for us. We have Richard Kramer, who is the vice-chair for the Disabled Children's Partnership and the chief executive at Sense; Philippa Stobbs, who is the policy vice-chair of the Special Educational Consortium—perhaps you could explain in a moment who is in the consortium—and the assistant director at the Council for Disabled Children; Mrunal Sisodia, who is a parent and co-chair of the National Network of Parent Carer Forums; and Matt Keer, who is a parent and a contributor to Special Needs Jungle. It would be helpful if you could tell us, when you speak first, a little bit about your organisations, so we have a good context.

Q1 **Layla Moran:** Thank you, all of you, for being here. I will start by looking at the broad picture. What are we aiming for? What outcomes should the Department for Education be aiming for when it is dealing with this very important issue of students with special educational needs? If I may, I will ask everyone on the panel, starting with Mr Keer.

Matt Keer: Hi there, my name is Matt. I am a parent of two profoundly deaf children. Well, one is an adult; he has started university today. I occasionally write for a website known as Special Needs Jungle. What it



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does is in the title: it aims to give parents a chance to work their way through the morass of special educational needs policies and frameworks.

What are we aiming for? Frankly, the Department for Education's stated outcomes are very reasonable, given the vast breadth of need that has to be met and the extent of disability: physical, learning, not learning or cognitive. My eldest son does not have a learning disability. He was told by an outstanding special school at the age of 11 that GCSEs were not for him. As I said, he just started university today. That was an absolutely appropriate outcome. It was an outcome he had to work extremely hard to achieve. It was an outcome where high-quality special educational provision was absolutely crucial.

That type of outcome will hopefully lead to him having a career, an independent means of living, a social circle and confidence as a human being. Many of those things are transferrable to other children and young people with SEND; others are not. The breadth of the DfE's definition of outcomes, for me at least, is reasonable.

Mrunal Sisodia: Hi, I am Mrunal Sisodia. I am the father of two kids. My son Arun is 11; he has very complex needs. He has cerebral palsy, autism, learning difficulties and epilepsy, and he is an absolute delight. My daughter has no special needs. I am also the co-chair of the National Network of Parent Carer Forums. Parent carer forums are based in each local authority, and we are all parents and carers of children and young people with a disability or special educational need aged between nought and 25. Essentially, we represent the views of parents and careers to anybody who is foolish enough to sit down and listen to us, so thank you for taking the time to do that.

You asked about what outcomes the DfE has. Maybe I can answer a slightly different question that is relevant: what outcomes do parents want? This is building on what Matt said. As a dad of children with SEN and non-SEN, the outcomes I want for them are the same, and they are the outcomes that every parent wants for their kids: to be healthy, to be happy, to be independent and to be safe. All we are asking for from the SEN system is the appropriate bespoke and tailored support to allow our kids with special educational needs to do all those things.

If we try to measure long-term outcomes, what does success look like for the system? There is a really good framework in place already, which is the Preparing for Adulthood framework. That talks about four things. It talks about employment and training opportunities. What is their reason for getting out of bed in the morning? What do they do during the day when they have left education? It talks about community inclusion. Do they feel they have friends and are part of a community? What is their health like? Are they in good health? The last one is about being independent and supported living. If we want to measure how successful our system is, we have to go back to those four things. They are a pretty good measure of what we as families and parents want.



Q2 Layla Moran: As a follow-up to that question, do you feel that mainstream education right now is geared towards those outcomes for all children?

Mrunal Sisodia: You mentioned earlier that some of your focus is going to be on education, health and care plans. Across the whole picture at the moment, the biggest concerns we hear from our families are about mainstream education. They are about children who have lower-level SEN or are in the SEN support category being let down in mainstream education. I am happy to say more about what we think the reasons for that are, if you would like me to.

Layla Moran: We will look into that specifically. It is a very important point.

Philippa Stobbs: I am Philippa Stobbs. I am the policy vice-chair of the Special Educational Consortium, which is a consortium of about 35 organisations. Many voluntary sector organisations are part of that, but also some professional associations, parent groups and others with a particular interest. Some of the organisations along the panel here are represented within the Special Educational Consortium.

The outcomes both Matt and Mrunal have talked about are outcomes that the SEC would want to see for all children and young people as well. The difficulty we have is that the outcomes we take from the education system are not well measured for this group of children. For example, some of the standard measures by which schools are judged, Progress 8 and Attainment 8, do not necessarily reflect the really excellent progress that some children will have made in mainstream schools. There is no reward for a school that has really invested in good inclusive provision and provided good support for children. That is not recognised in terms of the outcomes that are then measured at the end of the key stage nationally. That is one of the problems. I am happy to provide some analysis of how we think that comes about.

Layla Moran: I will come back to that very important point.

Richard Kramer: I am Richard Kramer. I am chief executive of Sense, and we support children and adults who are deaf-blind and have complex disabilities. I am also vice-chair of the Disabled Children's Partnership, which is campaigning for greater investment in health and social care services for disabled children.

Building on what has been said, Sense and the DCP are looking at three outcomes. The first is the best and most appropriate education possible, so that education is really tailored to each and every pupil's needs and abilities, and assessments are woven into outcomes so you can track individuals' progress. The second thing is about making real the aspiration of education, health and social care to work collaboratively. Given that 83% of plans do not reference health and social care, there is a long way to go.



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The third area, building on an earlier point, is about transition. We have aspirations around transition, but we still have a very narrow focus on outcomes in the classroom and not looking at wider issues around independent living skills in terms of active citizenship, volunteering and employment. We need to look at that whole array of provision.

Q3 **Layla Moran:** You started to talk about this, but my next question is about the barriers. Perhaps let us focus specifically on mainstream schools first, given that we have heard that might be where some of the issue lies initially. Perhaps I could start with you, Mr Sisodia. What is going wrong in mainstream schools that prevents students from achieving those outcomes you would like to see?

Mrunal Sisodia: There are a number of factors. I will just step through them. The first is that very often parents do not feel as though they are listened to. Very often, parents will come along and say, "I have a concern about my child". Often the school or service they are looking for a response from does not respond quickly. They sometimes overrule or override the parent's concerns with their own better knowledge. That causes huge frustration.

This very often means that young people are left to get to a crisis point before that help arrives. A concern might be that Johnny is not getting this or is not getting that. They are left to fail before the intervention happens.

Q4 **Chair:** Are you talking specifically about secondary or primary, or both?

Mrunal Sisodia: It is both. One of the key things is that parents are not being listened to and early intervention is not happening.

The other thing, which Philippa touched on, is that the incentives for school leaders are not inclusive at the minute. If you look at the way in which schools are funded, the transparency of that funding around SEND and how schools are graded, success measures remain very academic. Academic measures are not right for a lot of our children, because we look at our kids very holistically. As parents, we always look at our kids holistically. Schools have had a very academic focus over the last few years.

The third thing to say is that the inspection regime for schools has been very academically focused. We welcome the new inspection regime that Ofsted has introduced, because there is a lot in it that is very positive and necessary, but it is still very early days. The last thing I would say is that some schools do get it. Some schools really do get it. If you go and talk to parents, they will know within a local area which schools are good for SEN and which ones are not welcoming. Often, the schools that are good at SEN become what we call SEND magnets. All the parents want to send their kids there, because they know they have a good reputation. That then puts further pressure on schools that are trying to do the right thing for the right reasons. A lot of this comes down to leadership and culture.



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Q5 **Layla Moran:** Ms Stobbs, you are itching to get in. We will let everyone talk to this.

Philippa Stobbs: I would quite like to build on what Mrunal has said. On that final point, some of the high-level messages we have given to schools have given schools the impression that they can choose whether they are going to be inclusive. That is an unfortunate message, but it is one that is relatively easily corrected. We have given schools the impression that they are independent professional decision-making bodies, and they go out there and make independent professional decisions.

Q6 **Layla Moran:** Do you have any experience of schools that decide they are not going to be inclusive? That has not been my experience when I have been in schools.

Philippa Stobbs: There is evidence of rising exclusions, an increased use of special schools, an increased use of alternative provision and an increased use of elective home education. All of that signals that there are children who have been accommodated in mainstream schools who are now not. All those indicators are moving in the wrong direction. You might say that it is not necessarily a choice to be not inclusive, but clearly it is an active choice on the part of schools that do decide they want to be inclusive and serve their local community, whoever is in that community.

There are constraints on schools' ability to respond to the range of needs. Everyone would point to funding. Obviously, that underlies this Committee's inquiry, but there are other things as well. The erosion of local authority funding means that specialist services have diminished. We cannot expect schools to be able to respond to the full range of needs that the children who want to come to that school may have. That is absolutely reliant on there being specialist advice and support beyond the school.

We have evidence from our members on this, including the National Deaf Children's Society, the RNIB, the Association of Educational Psychologists and the National Portage Association. They would all point to the erosion of that specialist expertise at a local level, which means that schools do not have the support they should have to respond to the full range of skills.

Q7 **Chair:** When you say "the local level", you mean the local authority.

Philippa Stobbs: Yes.

Q8 **Chair:** Is this partly to do with the mixed economy we now have in schools, with free schools, academies and some local authority schools?

Philippa Stobbs: Yes, but it remains a local authority responsibility for all children with special educational needs. I could point to the fact that we have not really articulated how local authorities should deliver that



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responsibility, given that many of the schools in their area do not have any obvious line of answerability to the local authority. Nonetheless, in the Children and Families Act, we have given them the responsibility for all children with special educational needs.

At the moment, it feels as if we have not really described how they should meet those responsibilities when those children are in a separate and independent organisation.

Matt Keer: I would echo some of Mrunal's points. I know of mainstream schools that are not just getting this right; they are excelling. The difficulty is how replicable those models are, how much they are built in the structure of the school itself. Typically, the special educational needs co-ordinator will be on the senior leadership team. Typically, the school's senior leadership team will be prepared to compel, in some cases, a local authority to deliver on its obligations with high needs funding in a way that other schools either cannot or will not.

Going to some of the systematic issues you raised, in the NAO report I was really interested to see reference to the size of the notional SEND budget. That is the budget within the schools block that schools should be able to rely on for initial SEND funding and for some of the EHCP. The £3.7 billion figure that is mentioned in the NAO report, spread among children with special educational needs in mainstream schools, from calculations I and a colleague have done, gets you to somewhere between £2,800 and £3,125 per pupil. As you probably know, from the way funding is structured, mainstream schools are expected to supply up to £6,000 of that. That is quite an important factor and something the NAO report has clarified.

Secondly, as Philippa said, it is increasingly difficult for mainstream schools to reach into specialist areas of support, particularly for low-incidence need. There are now 15% fewer teachers of the deaf employed by local authorities than there were five years ago. The mechanism by which local authorities ration and gate-keep that money has become increasingly elaborate and byzantine. Traded services models can often make it trickier for schools to access that funding. There are schools that do it right; there are schools that would like to do it right but cannot put the means in place to make it happen.

Richard Kramer: I would like to echo all the points made. More briefly, there are some brilliant school leaders in mainstream schools who get it completely, who create the right ethos, who are welcoming to parents and who do their best. As has been said, school leaders raise the fact that they are not routinely allocated additional SEN funding if they do it well. There is no incentive there in the system. We have the pupil premium that follows the individual; we need something equivalent that rewards schools that do it well and are committed to doing it well. That is a better use of money.



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The second point is about specialism. If you are in a mainstream school, you may not often come across someone who has a low-incidence need, who may have a sensory impairment, autism or global delay. Your training may be limited or it may be added to through attending courses or perhaps a work placement. That specialist support is really important: the specialist SEND workforce, who can come in and provide that one-to-one support in the classroom. We are seeing, in both mainstream and specialist settings, a cut in that support.

Q9 **Layla Moran:** That used to be provided by the local authority.

Richard Kramer: Yes, it is the local authority cutting that or, instead, providing training rather than one-to-one support. That is having a severe impact on the quality.

Q10 **Chair:** Mr Kramer, have you—or any of the other witnesses—done any evaluative work about the impact? You suggested a pupil premium for children with special educational needs and disabilities. Have you done any modelling on that? Do you have anything you could share with us? Have you lobbied the Department on it? Have you got anywhere with it?

Richard Kramer: We are here.

Q11 **Chair:** You are. Effectively, by being here you are lobbying the Department.

Richard Kramer: We are. We are trying to think of a mechanism that better rewards mainstream leaders who are committed to SEN. There is a lack of incentive there. The nearest one is a pupil premium, where funding follows the individual and recognises their individual needs.

Q12 **Layla Moran:** A review of this was announced in December 2018. Did any of you contribute to the review? Did you know it was happening?

Matt Keer: Yes.

Layla Moran: You did. That is great. Hopefully they heard you.

Mrunal Sisodia: You asked a question about funding. There is one thing that would make a huge difference. Clearly, we do not think there is enough money in the system going into mainstream schools, but there is also a lack of transparency about how that money is used. Mainstream schools are not required to publish what they spend their notional SEND budget on.

We hear so many stories of people going to talk to their SENCO and asking, “Can you explain how the notional £6,000 for my son is being spent and how it is being allocated?” SENCOs do not have line of sight to that either. We could move the ball without putting another penny in if we increased transparency around that, in the same way that there is transparency around how the pupil premium is spent.

Q13 **Chair:** I have to say that this Committee feels that we should have more transparency overall on school budgets, but we take that point. Mr Keer,



you are nodding in agreement.

Philippa Stobbs: Could I add a point? This is about the agreement that should be in place between local authorities and all schools in an area, including academies, about what they are expected to provide from the funds they have, whatever those funds are. That should be in place and it should be on the local offer. In practice, sometimes it is there on the local offer but it is either not widely publicised or not well understood. Therefore, it does not serve any really useful purpose. It needs to be absolutely embedded in the local understanding.

If you have clear agreement between the local authority and all schools in the area about what they are expected to provide, you have a better evidence base about what helps children learn and make progress; you have a better evidence base when it comes to making a decision about whether a child might need an EHC plan; and you have a much more coherent local agreement.

Certainly, local authorities with a well-publicised, well-agreed and well-embedded system of that nature do not have anything like the same friction in the system, because it is clear. Schools can be clear with parents: "We can do these sorts of things for your child. If none of those work, we may need to seek additional help". To me, that seems to be an absolute baseline in terms of the transparency issue.

Q14 **Anne Marie Morris:** If I may, I would like to probe a little bit into how you think this particularly impacts in rural areas. My constituency is in Devon. Having talked to colleagues, my understanding is that rural areas often find it very difficult to make adequate SEN provision. Much of it, as compared to urban, is provided outside their area, which clearly leads to expense, which then begins to cut yet further into the local authority budget.

Is there a particular issue for providing special educational needs support in rural areas? If so, what drives it? What could one do to change that? Mr Kramer, perhaps I could ask you to start.

Richard Kramer: In relation to Devon specifically—I will leave it to my colleagues to talk more widely—we have a local authority that is exceptionally committed to providing the right support for children with low-incidence disabilities, particularly visual and sensory impairment. They really want to engage with parents to make sure that education is informed by parent voices.

There was a specific issue, in that some of the provision around health, social care and education was outsourced to Virgin Care, and that specialism was lost. That impacted on individual plans, because there was no specialist assessment of somebody's needs that informed the assessment and review of a plan. The needs of someone with sensory or visual impairment were overlooked. Now the local authority has realised it got that wrong and wants to bring that provision in house again.



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The answer is that it does vary. Again, it comes back to leadership. If you have strong leaders, as there are in Devon, who are committed, you can bring about some real change.

- Q15 **Anne Marie Morris:** Since you know Devon so well, could I follow up before we move to Ms Stobbs? Are there particular issues if we do not just look at those with hearing or sight problems? Because you inevitably have small schools in rural areas and there is often not much special school provision, there is a lot of outsourcing. That adds to the problem.

Richard Kramer: Yes.

Philippa Stobbs: I wanted to point out that one of our most inclusive local authorities for some long time has been Cornwall, where the travel arrangements, which you might readily accept and be ready to undertake in a smaller geographical area, mean that we have some very inclusive schools. It means that any of the specialist services clock up vast, vast numbers of miles on their travel arrangements, but some of our most dispersed communities are some of the most inclusive.

You perhaps have a stronger sense of the village school being for everyone in that village and a greater commitment for a child with a special educational need to be included in that community, because there is not really anywhere else to go. That is only one of the larger and more dispersed local areas. Transport is particularly difficult with the up and down nature of Cornwall, as well as side to side, if you see what I mean.

- Q16 **Anne Marie Morris:** Does it have the impact that, if you are spending more money, something else has to go, whereas if you were in an urban area, where you were not paying for travel, it would not have to? Is what is being offered for SEN, therefore, suboptimal in some way?

Philippa Stobbs: If you are starting with that commitment from local schools to include all children, you are starting in a very much better place. You are recognising and seeking the specialist expertise when you need it and you are not creating such a high cost to the local authority because of the children you are not including. It is a Catch-22 in a sense. If those children are not included, they are already going to be a higher cost in the system, which might constrain you in other ways where you can include children. Therefore, the local authority has a little more flexibility to deploy the support to keep children there.

Anne Marie Morris: That is very helpful. Thank you.

Mrunal Sisodia: As a national organisation, we do not, in my experience, see a correlation between rural areas and a worse SEN position as opposed to urban areas. We do see that, clearly, there are different challenges in rural areas and urban areas. What works in Tower Hamlets does not work in Devon, Cornwall or Norfolk, for example.

One of the challenges, which we have explored a little bit, is transport. If you are talking about a population dispersed over a large physical



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geography, getting children to and from specialist provision is more difficult and takes longer. Again, where we see that commitment to do it well, it works. Equally, we see some awful transport stories in urban areas as well. We certainly do not see that correlation. That is perhaps not very helpful.

Anne Marie Morris: That is very helpful.

Matt Keer: Talking to parents who contact us at Special Needs Jungle, where we have seen problems with rural areas, they are about the distance and the transport. We have seen some, let us say, creative local authority attempts at remodelling transport arrangements that were not legally compliant.

There are other solutions that some local authorities have taken in rural areas to remodel special school provision. Lincolnshire, for example, has decided to create special schools that cater for a wide array of needs, which is not a standard model. That seems to be quite an inclusive approach to getting people's views on that. It is unclear how that has worked.

Wiltshire has had a plan to create a new-build special school to cater for many needs pretty much in the middle of nowhere. That has been fairly unpopular. I believe it has been contested at council level, because it effectively means transport costs are lower, but everyone is travelling outside their own community, whereas at the moment, if you are in a special school, you may have to travel but, for the most part, you will at least be relatively close to your community.

There is not easy way to meet this problem. Pretty much every local authority I know with a large catchment area per school is struggling, particularly those that are dependent on peripatetic services for specialist outreach into mainstream.

Q17 **Anne Marie Morris:** If I could follow up, Mr Keer, has anybody looked at what might be, in rural areas, a better model of meeting special educational needs? It sounds like Lincolnshire has come up with something different and legal, yet you have other local authorities doing things that are illegal and others doing things that are unpopular.

Chair: Is it a square you can circle?

Anne Marie Morris: Is there best practice? Does best practice need to be found?

Matt Keer: Crudely, a lot depends on geography. Devon will have particular difficulties, given the extremities of north and south population areas. A lot depends on how good your relationships are with your neighbouring county or borough, where there may be more specialist provision that is geographically closer.

Q18 **Layla Moran:** The statutory obligation to provide transport stops at 16. Is there regional variation in which local authorities provide this? We do



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not necessarily have to go through everyone each time. If anyone wants to jump in, maybe that would be the easiest way.

Philippa Stobbs: That is problematic for young people who are in FE and are required to continue in education and training. It is an anomaly, and we should make sure that is put right.

Q19 **Layla Moran:** I want to dive down into impacts. I will start with Mr Kramer, because you mentioned health and social care and care as being important parts of this, too. We see a lot of regional variation in both who gets a plan and then, potentially, outcomes. Can you comment a bit further about your view? Is there regional variation in the package around the child and not just what is happening in the classroom?

Richard Kramer: This is an issue on a national and local level. The general picture is that people's health and social care needs are not integrated at all into education, health and care plans. I talked earlier about the 83% who do not have—

Q20 **Layla Moran:** Why is that? Could it be that the people who have plans are the ones who are identifying neurodiversity issues that would not be covered by that? Are we sure that they are not there because people are not considering them? Is it just about who is going to get a plan?

Richard Kramer: They are in the plan when health and social care come together to look at somebody's assessment and review within their plans. If someone has a known health or social care issue and is known to health or the local authority, there is more likely to be joint planning in place. When we are talking about people with complex needs, we need to talk about joint planning and provision.

What is happening is that health and social care does not have a designated lead inputting into those plans. In practice, it is very unusual for someone from health and social care to come to those meetings. That has a real impact in terms of funding at a local level. Somebody may have been assessed as needing speech and language therapy. That should be funded by the CCG, but, because there is nobody from health coming from those meetings, that provision needs to be met by the school through a pupil premium, for example. There may be somebody who is assessed as needing additional therapy, but that funding is not following that individual at all. There is no additional funding to meet those individuals' needs.

Q21 **Layla Moran:** Do you feel the CCGs, therefore, are not paying their fair share towards these plans?

Richard Kramer: Neither CCGs nor social care are paying sufficient attention to those plans. This is some of the work the DCP has done. We spoke to 3,300 families and only 4% of families felt they were able to care for their son or daughter. This has a huge impact in terms of the support that can be provided in school. If a family is not getting that very early intervention support, pre-school, there is no support for that



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individual to develop language or communication skills or mobility skills. Therefore, teachers are put at a disadvantage when the child arrives at the school, because that support is not there prior to their being at school. That is then compounded by the lack of support during that child's life at school.

Q22 **Layla Moran:** If you had a magic wand and you could change one or two things to fix this, what would they be?

Richard Kramer: The DCP has said that there needs to be an additional investment in health and social care services for disabled children. For social care, there is a funding gap of £434 million, as judged by Development Economics.

We have also said that we need to test out examples of good practice. We are calling for an early-development family resilience fund to test out that innovation. This would bring health and social care together; it would be co-designed with parents. It would be aimed at providing that early intervention support, which drives efficiencies in the whole system. We are also calling for a fund there.

The third element is the lack of leadership nationally. If I go a meeting with the Minister of State for Education, the reply will be, "I am actually not responsible for social care". If I go to the Minister of State for Social Care, they will say, "I am responsible for adult social care, but I am not responsible for children in social care". If I go to the Disability Minister, they will say, "You need to go somewhere else. Actually, where do you go?" There is a gap nationally. We said at the beginning that we need a holistic approach to children that looks at their whole lives. We need a dedicated Minister for Disabled Children, who can straddle health, social care, education, independent living skills, transport and so on.

Philippa Stobbs: Could I add to what Richard has said? He has picked up the issue at the level of the individual plan, but the Children and Families Act requires local authorities and CCGs to work together to jointly commission services. Where that works, it works very well because all the local agencies have some investment in that service and, by and large, they tend to have some measure of its success. If you invest in something jointly, you perhaps harbour a dark suspicion that the other half is not contributing their fair share, so you have to hold to account the investment in that jointly commissioned service.

For example, where speech and language therapy services are jointly commissioned, by and large they are more effective and secure better outcomes, because that joint investment has to be justified up two trees, up two food chains, rather than just one. There is a much clearer mutual accountability around that.

Q23 **Layla Moran:** Is this being commissioned by the local authority and the CCG, for example?

Philippa Stobbs: Yes.



- Q24 **Chair:** Can I ask about one particular specialist service, speech and language therapy? I have come across examples where parents have had the means and wanted to buy it in, maybe for other members of the family, if it is Makaton or something like that, or just because they feel their child would benefit from more, but they are unable to buy from the state provider, because there are ethics issues there. Either with that or, indeed, with any other specialist skills—I perhaps look to Mr Keer, particularly with a profoundly deaf child—is there a lack of skills necessary to provide the specialist support either overall or in any specific parts of the country? Is there anything in particular around deaf children?

Matt Keer: Was your question specifically about health or education?

- Q25 **Chair:** Your child, for instance, who is profoundly deaf, would need BSL or Makaton, sign language interpretation support for the family, support for the child or support for other children who are deaf, whether profoundly or partially so. Are there enough specialists out there to provide the amount of support that a profoundly deaf child would need, for example?

Matt Keer: The simple answer is no. It is a low-incidence disability; it is heavily reliant on a small number of specialist teachers. Over half of mainstream schools in England do not have any deaf children at all. The quantity of training given as part of initial teaching training in SEND, as a whole, is very small and even smaller for sensory impairments.

Early on, I and my wife learned BSL. We had to pay for that. There was no funding available for that at all. The speech and language therapy at an early stage was not available. This is well before austerity. The money was there. Neither commissioning group was prepared to pay for it. We eventually got more and more specialist help, which we had to press our local authority to provide. We had to go to a specialist tribunal to get it. That has been key to my children's success. It is still extremely hard to get initially with speech and language therapy. For the vast majority of cases in deafness, it is an educational need.

It has been an established point of law for 20 years that education pays for it, and yet month in, month out, I see debates between CCGs and local authorities about who pays for that. Inevitably in those cases, it is the child who loses out.

- Q26 **Chair:** One of you talked about social inclusion; it might have been you, Mr Sisodia. If you have a profoundly deaf child and other members of the family are unable to communicate with that child using either Makaton or BSL, that is an isolation issue. Presumably—I am just throwing out the question here—there is not an easy way of getting that support to learn the language of BSL for other members of the family.

Matt Keer: No, there is not.

Richard Kramer: There are two things here. First, there is a lack of investment in those types of early intervention services. If someone's son



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or daughter cannot see or hear too well, it can be very disorientating. They do not know how to communicate with their son or daughter. They need that specialist who can develop that bond.

Some of the issues facing families are much more basic and fundamental. It is right to say that there is a lack of specialist services, and that is true, but there is also a lack of basic support in the home. Families are facing rising costs and less financial support. It is access to basic things that can stop people getting to school. It could be a lack of access to personal care, where a family is struggling. It could be a lack of access to basic equipment or adaptations such as a hoist. It may be a lack of access to short breaks or respite, which could be provided by health or social care in addition to those specialist services that we have talked about.

Q27 Chair: I will throw in one more question. Please feel free to answer both. Do you have evidence of inequality of provision depending on people's economic or other background, for example? Are they perhaps linguistically disadvantaged because English is not their first language? For some of my constituents, it is their fourth language. I know there are challenges there.

Mrunal Sisodia: The simple answer is yes. If you are able to articulate your case in a way that makes sense and fits in with the policies of the local area, you stand a much greater chance of getting the services that you think you deserve. There is a real issue here. We also find that there are lots of cultural issues around disability within different creeds and cultures. That is very difficult to overcome. Very often, we find that families from different cultures are not as forthcoming as they could be to get the help they need for their family.

Q28 Chair: We are challenging the Department on this. Ms Stobbs, you could come in on this point or any others you want to raise. I wonder whether there is anything the Department should be doing to identify that inequality and make sure there is support?

Mrunal Sisodia: A term that has been around for a long while but has lapsed is "key working". When my son was tiny, we had a key worker who helped co-ordinate services and who understood the family. That key worker does not have to be from social care or education. In our case, it was his physiotherapist, because when he was tiny his primary needs were physical disability needs. His physiotherapist acted as his key worker, and it made a big difference.

Chair: So it is one person looking out for the child.

Philippa Stobbs: Could I raise a slightly broader point about communication more generally? We have talked about some of the specialist areas of communication for children and young people. There is a much broader point about the early development of communication skills and how well we are addressing those.



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For example, are we giving children the skills where their spoken language is not developing rapidly? Are we supporting them with Makaton? Makaton is very simple, and a lot of early-years providers will provide it. What happens when they move into school? We have some examples of children who have gone into school and have lost Makaton, their behaviour has deteriorated and they have finished up being excluded. That is happening in reception year. We have rising exclusions of five year-olds.

If you look at the number of exclusions and compare that with the number of children excluded, you can see that the average is between two and a half and three times. About 7,000 exclusions relate to between 2,500 and 3,000 children. These are children who are being repeatedly excluded at that very young age. They are perhaps sometimes communicating through their behaviour because of frustrations in the development of other forms of communication.

We cannot overestimate the importance of getting this communication right really early on. We are seeing the exclusion data going in the wrong direction for very young children. We know that children get excluded for behaviour, but that is very often linked to failures in terms of providing ways of communicating that are more acceptable for those young children.

Q29 Chair: To be absolutely crystal clear, if a child needs Makaton or BSL, in your view, is it acceptable that they are placed in a school where there is nobody who can communicate with them in their own language? Does that happen? From what you are saying, that happens.

Matt Keer: I am aware of a family who eventually had to move. They had a profoundly deaf son, who was entirely reliant on British Sign Language. The local authority would only fund communication support for 15 hours. The assumption was that he would not be deaf for half of his time at school.

Q30 Chair: On the one hand I get the funding issue, but that completely cuts somebody off from their own language. They cannot communicate.

Matt Keer: Yes, there are statutory obligations.

Mrunal Sisodia: Perhaps I could just build on that. It is not just about things such as sign language or whatever. It is about making reasonable adjustments to enable a child to participate in school life. They can be really, really simple things. Again, it can be speech and language therapy; it can be occupational therapy adjustments. That input will enable a child to be comfortable in a school environment, which may be very challenging for them for any number of reasons. With the right support, the child will be comfortable.

I will share a story of a mum I met before Christmas, whose child was on the brink of exclusion. She was absolutely in tears. Three months later, I met her and her child was happily integrated into school, because two



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tiny things had changed that meant he suddenly felt comfortable in that school environment. All it required was the will of the head teacher to make those tiny adjustments, which did not cost a lot of money.

Q31 Layla Moran: There is a financial pressure, though, is there not, as Mr Keer alluded to? Often a plan is only funded for a certain number of hours when the disability is there the whole time, and the school needs that support too.

Can I dive into the plans in particular? Maybe I will ask Mr Keer this question. Is this one of the reasons why the number of tribunals is increasing for EHC plans?

Matt Keer: Yes, to a large extent. It is the reason why outcomes are frequently so poor for children with EHCPs. It is often because the plans are poor. I have probably seen 150 draft EHCPs since the SEND reforms. I am in contact with parents, and parents ask me, "Is this any good?" I have seen two lawful draft EHCPs in that time, both from the same authority. They were very good.

The vast majority of draft educational plans I see are vague. They do not give an accurate description of needs. My own youngest son's education, health and care plan did not say he was deaf, for example, until I asked them to put it back in. There are key pieces of detail around provision that are vaguely phrased in terms of "access to" or "will benefit from". Frankly, my son's statements of special educational need back in 2005 to 2007 contained similarly vague language. It was only when I realised provision was not happening that I had them tightened up.

What has changed now is that resources are so much tighter that the difference a wishy-washy, non-committal plan makes to the day-to-day support and long-term outcomes of a child is much starker and more apparent now.

Mrunal Sisodia: Perhaps I would build on that. That is entirely correct. The quality, particularly from health and social care, of input into EHCPs is often wanting. As Matt says, it is often very vague. That lack of specificity is key. There is often no input at all, going back to an earlier point. The other thing that has changed is that we are hearing more and more that what is written into EHCPs just is not being delivered. Again, that is a driver for the rate of parents going to tribunals.

Chair: Ms Stobbs, do you want to chip in? If you agree, you can always say you agree with the previous person.

Philippa Stobbs: I wanted to pick up a slightly earlier point from Mrunal, which was about the very small adjustments that may need to be made. We were on the theme of communication earlier, and this picks up on that point about communication. With a tiny amount of training, very small adjustments in teacher language could prevent a whole range of students being excluded either from the teaching and learning in the classroom or from the school.



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I did an analysis of some of the disability discrimination cases that have gone to the tribunal, particularly the ones where there has been a subsequent appeal to the Upper Tribunal. It can be the tiniest thing. For example, a teacher at the classroom door saying to a young man on the autism spectrum, "Are you going to sit down?" rather than saying, "Please sit down" led to an altercation at the classroom door, which led to him using language that the tribunal probably hesitated to record in the judgment. For that reason, he was excluded. It needed a tiny adjustment to language. That teacher was a supply teacher who had not had the training, but nor had staff across the school been reminded of the importance of being really clear in instructions and in setting out what is expected of pupils. Tiny things like that can make the difference.

There was one young man with a communication difficulty and some learning difficulties who was repeatedly excluded in his final year of school, which clearly affected his outcomes at GCSE. These are not big things, and nor is it costly to have a little bit of training in how to communicate with children with different types of impairment.

We have to ask ourselves a question: where is the commitment to make sure these very small adjustments are made? This is not children and young people with an EHC plan. This is just in the weft and warp of everyday activities in schools. Other than a personal or moral commitment to make sure those children get a good education, where are the incentives in the system to make sure those things are in place?

Layla Moran: That sounds like exactly the sort of question we might well ask the Permanent Secretary.

Richard Kramer: I agree with what was said: outcomes are based on what is available rather than need. We talked about the difficulties in people navigating the system, particularly those from low-income backgrounds. It is very difficult to get someone to commit to something specific in a plan that needs to be followed up. People avoid being held up about some specific provision like the plague. It is actually parents who have to police the system themselves to ensure that detailed support is followed through. We have talked about the lack of health and social care references.

Q32 **Layla Moran:** Can I quickly ask you about timeline? One of the things I am hearing from people in my constituency is that the time it takes from first referral to the plan to delivery can be incredibly long. Has anyone done any work on how long that is taking on average?

Mrunal Sisodia: It really varies. It really does vary. Why do parents want a plan? Actually, most parents do not want a plan. They end up having a plan because the plan is seen as the golden ticket to accessing the support their families need. The piece of paper means little for most parents; it is what it represents that is key.



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Going back to some of the things we were saying about health engagement, very often we hear a lot of stories of really, really, really long diagnosis pathways, particularly around things such as autism. We hear about really long waits for things around child and adolescent mental health services. As an example, everybody has heard the stories of two-year waits for autism diagnoses and then, on top of that, a wait to get an EHCP and the provision that is required.

Q33 Layla Moran: That is probably because CAMHS is not terribly efficient in that area.

Mrunal Sisodia: Yes. We have seen some really good examples, where systems have wrapped around a child or a family very early on and provided that help. We have seen transformative results, where families get help from six to seven weeks after first expressing a concern, rather than two or four years.

Q34 Chair: Some people might think we are just a bean-counting committee, among other things, but it is presumably more efficient and effective. It saves money in the long run.

Mrunal Sisodia: It is more efficient. It saves so much money, not just financial capital but emotional capital.

Q35 Chair: Is there any pattern about when statements are agreed? Sometimes in the past I have come across cases where social services have put off and found ways of rationing delivery until the beginning of the financial year. Do you have any anecdotal or empirical evidence about the timings of agreeing an EHCP?

Philippa Stobbs: The percentage of plans that are completed within the 20-week period—I think I am right in saying this—is around about 64%.

Mrunal Sisodia: Yes.

Philippa Stobbs: It is much, much lower than it was with statements, because you had 26 weeks. We do not have any measurement of the time to implementing the provision in the plan. That is obviously what matters to the child or young person and the family.

Matt Keer: To what Philippa is saying, you have a riotous variety of performance within that metric. You have some that are putting together plans within that 20-week deadline 95% or 100% of the time; you have others at the other end of the scale where it is 1.5% or 2%. You look at the data year on year and there is no sustained progress. It varies vastly from year to year. Frankly, it is fairly chaotic.

Q36 Layla Moran: Who is really good at getting the plans done in time and then implementing them well? Where are they in the country? You guys see a bigger picture than us. Where does this well? If I am going to have a kid with a plan, where should I go?



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Philippa Stobbs: We could probably put our heads together subsequently and identify that. There would be many different criteria by which you would judge this. The time criterion is probably not, in all honesty, the biggest consideration.

Mrunal Sisodia: No, it is not.

Philippa Stobbs: A high-quality plan that has taken a couple of weeks longer is probably worth much, much more than a plan completed in the 20 weeks where parents were not consulted or involved in the process until about week 12. There are so many criteria by which you might judge good quality.

Richard Kramer: We will certainly come back to you. It is not about looking for the best example; it is about how we can drive up standards across the piece. There is a lack of consistency in the plans. If there was a more universal template approach that drove consistency, we would not need to be—

Q37 **Layla Moran:** That could be provided by the Department, for example. Would that be helpful?

Matt Keer: Arguably, it could be provided by the inspection agencies.

Q38 **Layla Moran:** It could be the CQC as well.

Matt Keer: It could be Ofsted or the CQC. At the moment, the only dependable regulator of the quality of an EHCP is the First-tier Tribunal (Special Educational Needs and Disability), and that is overly expensive and intimidating.

Q39 **Chair:** Can I ask about the tribunal issue? Again, this goes back to the inequality issue. If a parent with means has been able, for example, to buy a place at a very specialist special school and gets the child in there because they can afford that, and then they go to a tribunal and get that agreed, once the child is in school, I have heard anecdotal evidence that the tribunal is unlikely to recommend that the child is removed. That is obviously costly to the local authority. It may or may not be the right decision, but it takes money out of the budget, which makes it potentially harder for parents who cannot argue in the same way because they cannot afford to pay for provision in the short term.

Matt Keer: I have heard that from local authorities. I have yet to see a single one of them substantiate that with any actual evidence, frankly.

Mrunal Sisodia: I would almost reverse it. If you talk to parents about their journey, there is usually a point in the journey where they go, "I have had enough".

Q40 **Chair:** If they have the means, they will buy it.

Mrunal Sisodia: Yes, and I will give you an example of that. Recently, I was talking to a parent who had fortnightly occupational therapy and speech and language therapy baked into their son's EHCP. Because of



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issues with the provision provided locally, their child was not getting that and had consistently not had that for a long time. There is an independent special school up the road that has that wraparound service. At the independent specialist school, the child essentially ends up costing the public purse £20,000 to £30,000 a year more. It was not residential; otherwise, it would have been a great deal more.

This was literally for the sake of fortnightly speech and language therapy and occupational therapy sessions. It is the lack of joined-up working between the CCG and, in this case, the local authority that led to that.

- Q41 **Chair:** Again, it is partly because you have lots of different agencies. If you are relying on just social services, community health nurses or something, the one service will often be focused. When you have a lot, it gets more complicated.

Mrunal Sisodia: The parent, of course, is absolutely right to insist on that provision for their child, because that is what they are entitled to.

Matt Keer: I would like to make the point that, for non-maintained or independent special schools, it really is not possible to buy a place. As a family, you may have the resources that can pay for a solicitor, for a barrister or potentially for independent specialist advice that is regulated, as local authority ones are. But you cannot bully your way into that.

I have been to a tribunal. I have been successful; I have been unsuccessful. I did not have financial resources of note to put in on the legal side. The tribunal ultimately decides on the weight of evidence and, on either side, no amount of high-priced legal help will be able to overturn that evidence, in my experience and that of the parents I help.

- Q42 **Chair:** A parent without a good education or with language issues might not be able to navigate the tribunal process.

Matt Keer: Absolutely, that is certainly an issue of equality of arms, if you like. As Mrunal will know, there is an array of volunteer services that are able to support parents. Those services—charities, volunteers and parents with experience—are completely swamped. It is now extremely difficult to access services that are free at the point of delivery in the way that you could possibly quite easily three or four years ago.

Philippa Stobbs: I wanted to pick up the point about parents with the means, whether that is the means to find the organisations that can support or the means to buy the support to go and fight a decision.

The problem is that the public discourse around this is that parents with the means fight and get what they want for their child and that somehow disadvantages other children. We need to be really clear that the best defence for any local authority at the tribunal is to be able to point to the equivalent-quality provision in their local area. Then there is no decision for the tribunal to make. It is the local one that will cost less, because of the transport costs attached. The best defence for any local authority is



to have that local provision it can point to and say, "This is the provision that we can make locally".

The difficulty is that we have rather deprived local authorities of the ability to create the provision locally that they need. A local authority on its own cannot create a new school, and it has reducing influence over the quality of the provision made in local schools.

- Q43 **Layla Moran:** Following up on that, I was struck by what you said, Mr Sisodia, about the "golden ticket" mentality of the EHCP. Has that led inadvertently to local authorities and schools focusing on those who have a plan and focusing a bit less on those who do not? Ms Stobbs, would that be your experience?

Philippa Stobbs: That is precisely the problem. In the implementation of the reforms, the focus has been on EHC plans. There has been a lot of discussion about co-production. That has worked out variably, admittedly. The problem is that there has been less focus on SEN support at a time when schools budgets as well as local authority budgets have been reducing. Therefore, there has been a pressure that we can see eventuating in increased exclusions and the whole range of different ways that children have fallen out of school.

That failure to focus on what schools should be expected to do before approaching a local authority for any kind of assessment or plan is wanting in the system. That is recognised now. That is recognised in messages from the DfE, but it is unfortunate that it is only being addressed now.

- Q44 **Layla Moran:** I have two final questions, to all the panel members. First, do you still think that EHCPs are a good idea? Secondly, if they are, what needs to change so they are done really well?

Chair: What are your top three things?

Richard Kramer: They are a good idea in terms of involving parents: the idea of co-production and the child or young person being at the centre of the process. There needs to be a consistent approach to development, assessment and review. There needs to be full collaboration with education, health and social care so it reflects all the child's needs.

- Q45 **Chair:** Do you support the point about key workers that was made earlier?

Richard Kramer: Yes, very much so. At a very local level, the therapy service, the social worker and the school should come together and plan. At its most basic, that is what should happen. We have got lost in this array of planning. It is actually something very basic about people coming together and agreeing the provision. The key worker is essential to help people navigate the system, keep them in the system and prevent them being passed from one service to another.



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Philippa Stobbs: Yes, EHC plans are better than statements, because they have a better tie-in to social care and health. They are intended to be developed through the principles in section 19, which is about involving parents and children or young people in decision-making. They are a better framework to start from. They are not that different from statements, but those features that are different are really important.

They will never work if we overload them, if we ask for too many, because we are not meeting enough needs without a plan. If we overload the system, we cannot do it. We can only do it where we are really clear that, actually, this sort of provision is beyond what we can reasonably expect mainstream schools to provide for a child. At the moment, we are not clear enough about that, and nor are we clear enough about the ability of the local authority to influence what schools do before they come to it for an EHC needs assessment.

Mrunal Sisodia: Yes, EHCPs are a good thing. The principles in the current system are absolutely right. It is a system based on co-production rather than confrontation and joint working rather than silo working; it is a system based on the idea of person-centred services rather than provision-led services. All of that is a good thing.

If we are talking about what needs to change to make the system work, this is where I would start. Our forums and our members talk about a lack of alignment of priorities in local areas. Local areas do not have a shared understanding of what their needs are. We did a survey of our forums in December of last year, and we asked them, "To what extent does your local area, including health, education and social care, have a joint understanding of needs?" Only a third of forums said that they felt their local area had a joint understanding of need. If you do not have a joint understanding of the needs of the local population when it comes to SEND, you are not going to have joint priorities and you are not going to have jointly delivered services. It all flows from there.

The other thing I would say is about incentives. There need to be an alignment of the incentives across the system, across education, health and social care, to make sure that what is important in the system around co-production, joint working and person-centred services is driven through the incentivisation of the system. At the moment, it is not.

Q46 **Layla Moran:** To clarify that specifically, you have alluded to this as a panel but I would like someone to say it. Is there a specific financial disincentive for schools to take on students who have SEND issues? Would it be fair to say that?

Mrunal Sisodia: Yes.

Philippa Stobbs: There are other disincentives. The assessment regime is not helpful. There are questions about whether we are clearly articulating curriculum entitlement for children who come in below the expected level on an assessment at the end of the previous key stage.



We are asking schools to do a more complex task without providing them with either a framework or the funding, and giving them an easy way of getting out of those responsibilities.

Matt Keer: Yes, I am another person who thinks the EHCP principle is a good one that has been patchily executed at best. What would I do to improve it? First, there is a tension in the system, which the Education Committee explored in its inquiry, in that the responsibility for assessing need and the responsibility for meeting that need financial largely fall on the same organisation. It is up for debate about whether you keep that conflict of interest in place. If you do, the system of accountability around the quality and legality of those plans simply is not good enough at the moment.

I would like to see every single EHCP have outcomes and provision that are tight and measureable, in the same way that the pay package for each local authority's director of children's services has. Unless we get people at senior level taking the quality of these plans that seriously, we will be in the same position 10 years on.

Q47 **Chair:** There is one last question from me. My notes do not tell me who, but someone raised the perverse incentive for schools, which we were just touching on, including in results recording. It might have been you, Mr Sisodia. A child with special educational needs may not have the same attainment level. You cannot assume that; we have heard about the risks of assuming that. However, because they are not in school results, it takes quite a lot to be exempted from exams for the school records.

How do you square that? Is there a risk? If you say that a child who is excluded should not be counted in school academic results, will there be an attempt to off-roll them or maybe exclude them because that would then improve the school's results in a perverse way? How do you protect against that?

Mrunal Sisodia: That clearly does happen, does it not? It is one of the things. For those children with EHCPs and good EHCPs, EHCPs are based on a framework of outcomes. You identify specific outcomes for a child based upon what their needs are and put the provision in place to deliver those outcomes. We need a system whereby we can track those outcomes, which are not always academic. To share a personal example, one of the outcomes from my son's EHCP is being able to get dressed by himself. That is not an academic outcome, but it is fundamental to his sense of self-worth and his opportunity to live independently later in life.

We could have a national system where we tracked whether outcomes are being met or delivered. An outcome is usually a two to three-year piece of a child's life. There are normally five or six of them per child. If we could track how many of them are being delivered, it would be a great, holistic and personalised way of tracking progress for this cohort.

Q48 **Chair:** That is interesting. When we as parents visit secondary schools,



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they produce all their statistics about their exam results in rather different ways, and not always accurately. There is very little about SEN provision. What you are suggesting, going back to the transparency point raised earlier, would be a clear outline of what money is spent on SEN and which children have met the outcomes that are set out in their EHCP. Is that broadly what you mean?

Layla Moran: Would it also mean a change in the outcomes?

Mrunal Sisodia: The outcomes are personal to a child by definition, so they would be very, very personal.

Philippa Stobbs: We need to increase the range of outcomes that we do measure as well. If we are not recognising what might be regarded as a lower-level vocational qualification, for example, that might be the very thing that enables a young person to go on to a supported internship or even, ultimately, supported employment with further training and study. If we are not recognising some of those qualifications because they are not regarded as academically rigorous, we are not providing ourselves with any kind of measure of success for the whole cohort of children.

The EHC plan process is designed to look at those individual outcomes, but we also need to hold systems more accountable for the broader outcomes for whole cohorts of children. If you are below that A to C measure at GCSE, how else can we recognise the outcomes that this group of children may achieve? How do we measure them across whole cohorts as well as that individual measure for children with a plan?

Chair: We could get into a debate about measuring school attainment, foundation papers and so on, but we will not be tempted down that route, and of course we are not a policy committee.

It has been a really instructive session. Thank you all enormously for coming at relatively short notice, because none of us expected that Parliament would be sitting today a week ago. Please feel free to add any evidence. We will be seeing the Secretary of State and his team on 6 November, so there is plenty of time. If you think of something you would like to add, or if parents on forums you are involved with would like to contribute, we very much welcome personal evidence as well as institutional evidence. We will be getting to grips with that. Ms Moran will be leading on that one as well, just to warn Mr Slater what he is up against.

The transcript of this session—thanks to Hansard, here in virtual form today—will be put up on the website. I think they are a bit short-staffed because they were not expecting to be here. It will probably be up at the beginning of next week. It goes up uncorrected. If there are any major changes, you need to let us know straightaway. Can I thank you very much indeed for your time?