

Written evidence from Chadsgrove Teaching School Alliance.

Executive Summary

1. Chadsgrove Teaching School Alliance(CTSA) is an alliance based in Worcestershire. We are the only special school within the group of 10 teaching schools in the county. We provide School Direct places on a bespoke SEN/Primary route into teaching validated by University of Birmingham as well as providing high quality CPD and school-to-school support.
2. As the Director of CTSA I work closely with colleagues across the county, especially SENCOs in mainstream schools. This evidence has been drawn from a number of our partners as well as from some parents.

Main submission

The assessment of and support for children and young people with SEND

3. Every local authority appears to have their own policies on SEND rather than following what the law actually states should happen. Many schools follow the LA rules, many of which are non-compliant. There is very little consistency between local authorities.
4. Although the reforms introduced new structures and expectations the paperwork and criteria has not changed significantly to make a huge difference. There is no consistent approach to the assessment process resulting in a post-code lottery.
5. Early identification and intervention needs to be embedded across all local authorities. Too many children are entering school with significant difficulties which have not been picked up by health visitors or early year's settings. The 0-5 aspect of SEND Code of Practice has not been widely developed at all, especially the introduction of the integrated 2 year check.
6. In many local authorities there is lack of clarity about the assessment process for parents. The Local Offer may not be easy to navigate and parents feel they have to keep asking, chasing and "nagging" to get anything processed

The transition from statements of special educational needs and learning disability assessments to education, health and care plans.

7. Although the process to move statements to EHCPs is now complete it was very slow to get going – in some local authorities they were asked to write the draft EHCPs – some were paid to do it. As the deadline of 31st March 2018 got closer so there was an increase in EHCP transfers being

- completed – possibly resulting in quantity over quality. This will now need to be addressed at annual reviews
8. There has been a lack of urgency across the country from local authorities following an annual review, especially when amendments needed to be made and a revised plan issued. There are cases where schools have carried out an annual review using the non-amended EHCP because it had not been returned by the local authority
 9. There is a lack of consistency in EHCPs across the country with very different criteria for assessing need, what provision to put in place and what outcome should we expect.
 10. Local authorities have also seen significant staff changes over the course of the four years of implementation. This has led to inconsistency, a number of case workers assigned to one child and a significant loss of time resulting in transfers taking far longer than the statutory 20 weeks
 11. In many instances parents have not felt they have been part of the process – co-production has not been part of the process. Mixed messages coming from school and local authorities mean parents mistrust those professionals they should be closely working with
 12. There has been an issue in many local authorities about the quality of assessments carried out by other professionals (EP, SALT etc) based on a very short time with the child – it has felt like a tick-box exercise to get to the next stage of the process

The level and distribution of funding for SEND provision

13. The High Needs Block in the majority of local authorities is overspent and there appears to be no way of addressing this with current financial constraints placed on local authorities
14. The notional SEN budget for mainstream schools should be ring-fenced and accountability for spending should be similar to that of Pupil Premium. SENCOs should know what their SEND budget is and be responsible for how it is being used to have an impact on the progress of their SEND pupils
15. There is a disparity between local authorities as to how and how much they allocate for “top-up” funding – this is based on local criteria/bands/matrix etc which means a significant inconsistency in how much schools receive for individual pupils
16. The funding for early years including the 30 hours offer is inadequate for settings to support children with SEND. This needs to be addressed if we are to embed early identification and intervention
17. There is a lack of special school places across the country mainly due to the lack of investment in specialist settings and poor forward planning of pupil numbers. Mainstream schools are requesting special school places as

they are unable to meet need and they are not receiving enough funding to do so but this is resulting in reduced inclusion within mainstream schools

18. With the demise of many local authority SEND services schools are having to pay for these, often through private, independent providers. This is not reflected in any additional funding being given to schools

The roles of and co-operation between education, health and social care sectors

19. Across the country there appears to be minimal input from health or social care. Representatives from these have had limited input into EHCPs and services have not been commissioned in the way the SEND Code of practice outlines. Schools have significant difficulties getting these professionals to engage
20. Provision from health and social care is often not quantified and specified in an EHCP and then it is really difficult to ensure they are providing adequate provision
21. There is still a very medical model to the way health engage with children – still very “clinic” based and if child does not attend then they are taken off the waiting list. There is some excellent practice in Worcestershire through the Speech and Language Service totally engaged with schools
22. Information sharing and communication is weak in many local authorities – often a reliance on parents passing on information. GPs and Paediatricians still use the data-protection excuse for passing on information even when parents have given permission
23. Schools are no longer educational institutions they are also dealing with and managing social care and health issues – the school workforce is not trained to pick up many of these new roles. Vulnerable children require the right professional to support them at the time when they need it – not six months later. All those working with our most vulnerable children need supervision in line with their health and social care colleagues
24. Education, health and social care constantly at odds about who is paying for their services – not about meeting a child’s needs
25. Provision for 19-25-year olds, including support for independent living, transition to adult services and access to education, apprenticeships and work
26. Very limited provision available for this group of young people and no additional funding/resource to increase that provision. Local authorities have had to develop new opportunities for the 19-25 age group with no

additional funding this has been taken from the high needs pot resulting in schools getting less

27. Untimely transfer from Learning Disability Assessment to EHCPs meant that a significant number of young people did not get the provision they needed on leaving school
28. Access to high quality transition advice is limited for this group of young people – schools are having to support careers advice and support work experience placements
29. Post-code lottery of availability for supported apprenticeships and supported employment
30. Special Schools are trying to meet need by developing 19-25 provision but there is no funding to support this – not able to set up a Free School for this age group

Recommendations

31. National recognition that there is an increase in children with complex needs who need either specialist settings or an alternative curriculum in mainstream school that meets their individual needs
32. Improved funded training for the school workforce including ensuring that SEND and Inclusion are an integral part of any route into teaching. Training for relevant health and social care staff to ensure they fully understand their role and responsibilities
33. Less pressure on schools in terms of national expected standards and a celebration of good inclusive schools and settings
34. Develop a national framework for SEND support and provision – this would ensure that all children, no matter where they lived were getting equitable services
35. Introduce a national EHCP document with rigorous information about how to complete to ensure equity across the country
36. Review funding allocations for 2018-19 to ensure that every local authority is able to provide for all their SEND pupils
37. Ring-fence the notional SEN budget in mainstream schools and hold them to account in terms of how it is spent (like the Pupil Premium)
38. Introduce a national formula for Top – Up funding following agreed bandings – exceptional cases could be allowed for within this
39. There needs to be greater clarification about the role and responsibilities of health and social care and professionals need to be trained to ensure they understand and are able to participate

40. Review good practice for the 19 – 25 age range and offer support and funding to those special schools who would like the opportunity to develop this aspect of educational provision

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