

ASCL response to the SEN Green Paper consultation

Support and aspiration: a new approach to special educational needs and disability

- 1 The Association of School and College Leaders (ASCL) consists of 15,000 members of the leadership teams of maintained and independent schools, academies and colleges throughout the UK. This places the association in a unique position to see this consultation from the viewpoint of the leaders of secondary schools and colleges. We welcome the opportunity to respond to the consultation on the draft standards for teachers.

Introduction

- 2 ASCL welcomes many of the proposals in this consultation paper but has serious concerns about their manageability and implementation in the context within which schools and colleges are operating.
 - The increasing diversity of provision will militate against schools and colleges working in partnership and will make it more difficult for provision to be offered for all children and young people with SEND.
 - Reductions in local authority staffing as well as the diversity of non-LA provision make it difficult to understand how LAs will play a central role in managing SEND provision and ensuring equality for all those with SEND.
 - For decades effective partnership working between education, social services, the health service and other agencies has been an aim of SEND provision. In the view of our members this laudable aim has never been met. Unfortunately, there are few practical suggestions within the green paper to encourage us to believe that this situation will improve.
 - Uncertainty over reforms in the health service will muddy the waters yet further.
 - All relevant services are going through a period of reduced funding. The shortage of available resources will conflict with the stated aims of this paper to ensure greater fairness, choice and transparency for children and young people with SEND and their families.

Question 1: How can we strengthen the identification of SEN and impairments in the early years, and support for children with them?

- 3 Children's special needs should be identified as early as possible and records should accompany children through early years, school and college. Too often our members find that when a child arrives in secondary school there are incomplete records or that no action has been taken; identification and assessment has then to start again, wasting valuable time. ASCL therefore supports the concept of a single "Education, Health and Care plan" which would last from birth to 25. We would have expected to see earlier identification and better record keeping as a result of the investment in early years and early support for families over recent years. It is therefore disappointing to observe the closure of many of these early years initiatives and to note, for example, that some areas of the country no longer have automatic checks on children at age two. This is a time when many of these issues could be picked up.

- 4 There are however many young people whose special needs develop or can only be identified later in their childhood or adolescence, particularly with issues such as mental health, it is therefore essential that identification processes can apply at all ages and that the identification and assessment process is simplified so that support can be accessed more quickly than at present.
- 5 Special consideration should also be given to the assessment of children arriving from overseas for whom poor understanding of English often masks SEN. Secondary schools are sometimes told at the age of transfer that a child is being held back only by a lack of English when actually no other assessment has been made and it is later found that there are other issues.

Question 2: Do you agree with our proposal to replace the statement of SEN and learning difficulty assessment for children and young people with a single statutory assessment process and an 'Education, Health and Care Plan', bringing together all services across education, health and social care?

- 6 ASCL supports this proposal but recognises that implementation will be a challenge. There needs to be greater agreement across the country on what constitutes SEND and a simple, nationally agreed, method of assessment which is transferable between local authorities and between schools and colleges. The proposed care plan should be owned by the child and parents and must be available to all educational institutions attended. As mentioned above poor record keeping and missing records often provide the biggest challenges to effective assessment and delay the provision of support. The ambition to bring together all services is laudable but in the recent past this has not always worked well as it requires very good organisation to avoid being heavy on time and resources. Experience of the Common Assessment framework (CAF) has provided much evidence of this including the expectation that for children of compulsory school age schools will almost always be expected to lead the process, even when the main issues are medical or social. This has placed a very great burden on school resources and personnel which is not sustainable at a time of diminishing budgets.

Question 3: How could the new single assessment process and 'Education, Health and Care Plan' better support children's needs, be a better process for families and represent a more cost-effective approach for services?

- 7 The care plan must be supported by transparent funding arrangements, must be deliverable within that funding and must be realistic. Up to now, difficulties have usually arisen where this has not been the case.

Question 4: What processes or assessments should be incorporated within the proposed single assessment process and 'Education, Health and Care Plan'?

- 8 In the experience of school and college leaders multi-agency working can be very beneficial but roles have to be absolutely clear for it to work effectively. The introduction of the CAF has provided evidence that the key worker role is crucial and that all services need to play their part, depending on the nature of the disability or special need. We agree with the proposal that these groups should not be making separate assessments.

Question 5: What is the potential impact of expanding the scope of the proposed single assessment process and plan beyond education, health, social care and employment?

- 9 This will need careful testing within the pathfinders in order to avoid undue workload.

Question 6: What role should the voluntary and community sector play in the statutory assessment of children and young people with SEN or who are disabled? How could this help to give parents greater confidence in the statutory assessment process?

- 10 Specialist voluntary and community groups with specific expertise can be helpful to this process but must be prepared to work with the institutions and families within the funding agreement. Having an expert present can provide information and advice for both families and institutions but it is imperative that such experts be familiar with the educational context and avoid raising expectations that cannot be met. Those assisting from voluntary and community groups need to be well trained.

Question 7: How could the proposed single assessment process and 'Education, Health and Care Plan' improve continuity of social care support for disabled children?

- 11 ASCL supports any move to ensure greater continuity and speed of support for children who move between authorities.

Question 8: How could the arrangements for provision of health advice for existing statutory SEN assessments be improved?

- 12 Our members have noted that delays in the provision of medical advice can slow processes considerably and hopes that it will be possible to improve this situation. Unless all services are subject to statutory requirements and timeframes the situation will not improve.

Question 9: How can we make the current SEN statutory assessment process faster and less burdensome for parents?

- 13 We support the shorter timescale but are concerned about the reduction of staffing levels in many authorities which will work against this aim.

Question 10: What should be the key components of a locally published offer of available support for parents?

- 14 ASCL agrees with the four components outlined but would add a requirement to include the statutory duties of authorities and schools. This will bring about greater consistency.

Question 11: What information should schools be required to provide to parents on SEN?

- 15 The school information would then focus on how the school would meet its statutory responsibilities under the headings outlined in 2.22. Any simplification of these requirements would be welcome.

Question 12: What do you think an optional personal budget for families should cover?

- 16 Without evidence from the pathfinders it is difficult to see how this would work in practice, and whether parents or young people would have any real choice. The most important aspect is to have absolute clarity in terms of what the personal budget is designated to fund. There are major issues to tackle in determining which departments are contributing to the personal budgets and in what proportion, related to the identified needs of the individual. There is logic in providing a budget that will cover all of the additional identified needs of the person as this is more likely to result in an integrated and coordinated package of appropriate education and support. The degree of flexibility, if any, of allowed expenditure will also need to be explicit. The culture of the current system which regularly leads to friction over who is providing, or will not provide, the funding to meet specific aspects of the person's requirements has to change. The case for a single integrated funding source should be examined fully.

Question 13: In what ways do you think the option of a personal budget for services identified in the proposed 'Education, Health and Care Plan' will support parents to get a package of support for their child that meets their needs?

- 17 Unless there is a significant culture change we find it difficult to understand how the budget will be sufficiently flexible to enable parents or young people to make real decisions when the needs identified in the plan will require the funding. The quality of advice to the family and young person is a critical factor and this needs to have a degree of independence from both funders and providers if real choice is to be achieved. It may well be that the family and young person requires the adviser also to be an advocate and negotiator in order to ensure the package of support is wholly appropriate. The question of "best value" and "value for money" of the determined package of support will also need to be addressed. As identified in the green paper there are likely to be significant training needs for those involved in this type of advisory role.

Question 14: Do you feel that the statutory guidance on inclusion and school choice, *Inclusive Schooling*, allows appropriately for parental preferences for either a mainstream or special school?

- 18 ASCL is pleased to note that Academies and Free Schools have the same obligations as maintained schools in accepting children with SEND. We support the ambition for parental preference but are aware that some local authorities no longer have special schools or units available and that parental preference can be extremely expensive.

Question 15: How can we improve information about school choice for parents of children with a statement of SEN, or new 'Education, Health and Care Plan'?

- 19 In our experience most local authorities already publish such information, so we would support such a requirement.

Question 16: Should mediation always be attempted before parents register an appeal to the First-tier Tribunal (SEN and Disability)?

- 20 We support this proposal provided that it is not merely a formality which delays the child's access to appropriate education or support.

Question 17: Do you like the idea of mediation across education, health and social care? How might it work best?

- 21 Yes.

Question 18: How can we ensure that the expertise of special schools, and mainstream schools with excellent SEN practice, is harnessed and spread through Teaching Schools partnerships?

- 22 ASCL supports a greater emphasis on the inclusion of SEND in both initial teacher training and professional development. Harnessing the expertise of special schools is an excellent idea but will not lead to consistency throughout the country since some areas no longer have this expertise.

Question 19: How can we ensure that we improve SEN expertise, build capacity and share knowledge between independent specialist colleges, special schools and colleges?

- 23 Whilst the YPLA exists it should act to bring these various groups together, and it has the leverage of 16-19(25) funding to assist it in doing so. When YPLA is replaced by the Education Funding Agency our understanding is that the agency will have no locus for development as distinct from funding. It will then be necessary for there to be a programme

aimed specifically at such coordination, and that will require joint action between DfE and BIS, as some of the institutions are funded by each department. LSIS could work effectively in this area, but only if it has a remit to do so in schools and other institutions within the orbit of DfE, not just those that are sponsored by BIS.

- 24 With regard to funding, there is a need for funding to be better aligned to the need of the young person rather than institutional barriers; at present the funding of mainstream schools, special schools, specialist colleges, sixth form colleges and general FE and tertiary colleges are all different and can distort the choices that young people and those caring for them can make.

Question 20: How can we continue to build capacity and SEN specialist skills at each tier of school management?

- 25 ASCL supports a greater focus on SEN and disability in the NPQH and the introduction of specialist leaders of education. Schools and colleges should be able to organise their staff in the way which best suits them and there should be a greater recognition that staff who do not have a teaching qualification may have considerable specialist skills in SEND and SEND management.

Question 21: What is the best way to identify and develop the potential of teachers and staff to best support disabled children or children with a wide range of SEN?

- 26 As stated above ASCL believes that it is not necessary for a SENCO to be a qualified teacher as long as there are teachers working within the team. ASCL members find that the most challenging issue is the need to provide training and information to all staff about such a wide range of SEN and disabilities since all staff will come into contact with these children.

Question 22: What is the potential impact of replacing School Action and School Action plus and their equivalents in the early years with a single category of SEN in early years settings and schools?

- 27 ASCL is happy to see a single category.

Question 23: How could changing the school- and early years setting-based category of SEN embed a different approach to identifying SEN and addressing children's needs?

- 28 This should lead to a child-centred approach rather than an attempt to put children into categories, but will depend on the effectiveness of the guidance about SEN identification mentioned in 3.42.

Question 24: How helpful is the current category of BESD in identifying the underlying needs of children with emotional and social difficulties?

- 29 ASCL members find this category extremely helpful, not necessarily the specific name but the fact that the description exists. They find that the number of young people with mental health problems is increasing and that this issue cannot be ignored within the SEND terminology.

Question 25: Is the BESD label overused in terms of describing behaviour problems rather than leading to an assessment of underlying difficulties?

- 30 This label is not overused since the purpose of categorising children is to be able to analyse their problems and to access appropriate support. Unfortunately, in many parts of the country it is in this area that support is the most difficult to access. Classroom teachers are not trained to deal with these issues and children with these problems have an undue

impact on the education of other children. There is both a need for early intervention as soon as problems are identified and also the opportunity to identify new problems as they arise during adolescence. In the experience of our members Educational Psychologists and CAMHS professionals are usually spending all of their time carrying out assessments and are then unable to work with children and their families in order to manage the support necessary.

Question 26: How could we best ensure that the expertise of special schools in providing behaviour support is harnessed and shared?

31 This is essential as their staff could provide training for mainstream class teachers and could share models of good practice. However, the removal of so many schools from LAs and the consequent disintegration of behaviour partnerships in many areas are working against this. Financial arrangements for training and joint work will need careful consideration.

Question 27: What are the barriers to special schools and special academies entering the market for alternative provision?

32 Problems will arise if such schools are able to choose which particular needs and disabilities they will cater for. It is unlikely that such a model would result in equal coverage of all needs in all areas.

33 There are good examples of in-house provision for SEND pupils within mainstream schools and we have appended such examples at the end of this response.

Question 28: What are the ways in which special academies can work in partnership with other mainstream and special schools and academies, and other services, in order to improve the quality of provision for pupils with SEN and disabilities?

34 As stated above there will still be a need for centralised planning and yet, with the independence accorded to academies, it is unlikely that there will be bodies with the power to manage this effectively.

Question 29: What are the barriers to special academies becoming centres of excellence and specialist expertise that serve a wider, regional community and how can these be overcome?

35 If such schools choose to work in this way this could be an effective process but academies have the right to choose who they work with and some are not working at a regional level. Will there be a statutory requirement for them to work in this way? Again it is difficult to understand how there will be good provision for all in all areas with such a free market approach. We fear that this will result in a new postcode lottery.

Question 30: What might the impact be of opening up the system to provide places for non-statemented children with SEN in special free schools?

36 ASCL members are interested to know how free schools will be monitored for the effectiveness of their outcomes and what information will be provided to parents to assist them with their decision making. Many of the free schools already founded have stipulations about faith or other beliefs and attitudes which may not be appropriate for all families and they are able to select their pupils. We find it difficult to understand how this approach would provide value for money, or fairness and transparency.

Question 31: Do you agree with our proposed approach for demonstrating the progress of low attaining pupils in performance tables?

- 37 ASCL finds it difficult to understand the connection between the notion of the lowest attaining pupils and SEND. The two are not synonymous. Children and young people with SEND might attain at high levels. We need performance tables which show the progress of all pupils in the school.

Question 32: What information would help parents, governors and others, including Ofsted, assess how effectively schools support disabled children and children with SEN?

- 38 A clear statement containing information about the progress made by every child or young person who has an Education, Health and Care plan.
- 39 Performance tables and other accountability measures can have a negative effect on expectations as they encourage schools to focus on a narrow range of indicators. Young people need to develop personal skills as well as to achieve qualifications if they are to be successful in employment and life and yet these skills are not recognised and valued in judgements made on schools. Parents appreciate information about the development of these skills.

Question 33: What more can education and training providers do to ensure that disabled young people and young people with SEN are able to participate in education or training post-16?

- 40 Education and training providers should enlist the support and services of people within their local community who have direct experience of disability. It is good practice to include at least one person with this experience in the governing body of a school or college in order to ensure that all strategic decisions consider these learners. The development of links with local employers, many of whom will know the families of the young people involved, should create a network of opportunities for supported employment. In some schools or colleges, there are arrangements for joint staffing appointments, where a teacher or support worker is employed between the two organisations and has a detailed knowledge of the young people pre-16 and transfers for part of the week to the college, accompanying new students. There are examples of effective practice among ASCL members' colleges. Education and training providers should consider the value of role models amongst their teaching, training and support staff. It is important that students with LDD understand that they can aspire to responsible positions. If there are no staff within the school or college that have disabilities, every effort to introduce people with disabilities to the learners through visiting speakers or the involvement of local community groups should be made.

Question 34: When disabled young people and young people with SEN choose to move directly from school or college into the world of work, how can we make sure this is well planned and who is best placed to support them?

- 41 Transition arrangements between the school or college and employment should be carefully managed. Rather than moving suddenly from learning to working, the young person should be gradually introduced to the new environment through two-way visits, followed by part-time attendance and eventually full time transfer. At present, it is difficult to organise this because of funding and related attendance requirements, and such arrangements are often undertaken over too short a time. Flexibility and patience is required here and a less rigid approach to funding. If possible, a member of staff should be appointed to act as a link contact for the young person during and after their transfer. If feasible, a person who is disabled or who has learning difficulties and who is already employed at the young person's place of work should be appointed as a workplace mentor

and receive training to carry out this job. This will be advantageous to both new and established employees.

Question 35: Do you agree that supported internships would provide young people for whom an apprenticeship may not be a realistic aim with meaningful work opportunities? How might they work best?

- 42 Yes. It will be necessary to have a clear definition of what a supported internship involves in order to ensure that it provides a meaningful experience for the young person. If young people are not to gain qualifications from the experience, they must have some other aim established. The introduction of retired people to act as mentors is a good idea especially if they are part of a network of voluntary agencies that might provide further opportunities for the young person to contribute meaningfully to society once the internship ends.
- 43 Many young people with LDD have been working in the equivalent of internships and have then moved on to full apprenticeships. The ability to fund this ceased in April 2011, but this demonstrates that in future many interns should be capable of progressing to apprenticeships.
- 44 It is hugely confidence building for young people with disabilities to be involved in helping others through charity efforts or local community visits. Good practice includes young people volunteering to visit old people in community homes; providing concerts; running special events for national charities like Red Nose Day.

Question 36: How can employers be encouraged to offer constructive work experience and job opportunities to disabled young people and young people with SEN?

- 45 Employers need to have good information on what disabled young people and those with SEN can contribute to their organisation. Very often, the presence of young people with LDD in a work environment has a positive effect on other workers who take on more responsibility for their roles and appreciate the contribution their employment is making to the community.
- 46 We must remember that many learners with LDD are able to carry out exactly the same employment tasks as other employees. It is frequently assumed in this green paper that young people with learning difficulties or disabilities are not able to contribute fully to the world of work. This is sometimes true, but sometimes not.
- 47 Obviously, financial incentives would encourage more employers to participate. Other reputational incentives like special charter marks or extra points for IiP etc would also help.
- 48 Publicity for employers that are themselves disabled would encourage others to consider the option of employing those with disabilities.

Question 37: How do you think joint working across children's and adult health services for young people aged 16 to 25 could be improved?

- 49 The annual health check will help here. In addition, the appointment of one member of staff per practice with particular responsibility for maintaining records and contact with disabled young people as they approach adulthood would assist continuity of approach and treatment and provide an automatic single access point for enquiries etc.

Question 38: As the family doctor, how could the GP play a greater role in managing a smooth transition for a disabled young person from children's to adult health services?

- 50 It is difficult to respond to this question at a time when GP roles are changing. It may be that GPs would need to be offered incentives to undertake this work.

- 51 Most if not all GP practices now have websites and these should be developed to provide a one-stop access for any patients with disabilities.
- 52 Use of social networks like Facebook or Twitter could be developed in order to ensure that the GP keeps in touch informally with the young people involved as they go through the transition stage. The responsibility for ensuring this could be given to the specialist member of staff nominated by the practice (see question 37 above).

Question 39: Do you agree that our work supporting disabled young people and young people with SEN to prepare for adulthood should focus on these areas: ensuring a broad range of learning opportunities; moving into employment; independent living; and transition to adult health services? What else should we consider?

- 53 Yes. ASCL agrees with these areas.
- 54 We should like to see more emphasis on supporting the whole family as well as on the young person concerned as this affects the progress of the young person. Probably the best way to see the whole picture is through the involvement of the local GP practice.
- 55 Every opportunity should be given to encourage young people with disabilities to mix freely within their community. This is of enormous value to those who are in contact with them as well as to the young person concerned.
- 56 Young people with disabilities are often encouraged to develop by helping others and this should be built in to any programme designed to support them.

Question 40: We have identified three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families: strategic planning for services, securing a range of high quality provision, and enabling families to make informed choices and exercise greater control over services. Do you agree that these are the three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families, or are there others?

- 57 ASCL agrees with the core features identified but is concerned that few local authorities will have the resources and staffing to enable them to carry out these functions effectively.

Question 41: How can central government enable and support local authorities to carry out their role effectively?

- 58 Central government can help by providing clear and concise guidance to ensure that local authorities are clear about their role and providing sufficient funding. Central government appears to be giving mixed messages about the role of local authorities, encouraging them to slim down, shed staff and relinquish control and yet this is an area which needs planning if there is to be equality of provision across the country.

Question 42: What would be the best way to provide advice to GP consortia to support their commissioning of services for children and young people with SEN or who are disabled and their families?

Question 43: What would be the most appropriate indicators to include in the NHS and public health outcomes frameworks in the future to allow us to measure outcomes for children and young people with SEN or who are disabled?

Question 44: What are the ways in which the bureaucratic burdens on frontline professionals, schools and services can be reduced?

59 While we support the recommendations in paragraph 5.20 and 5.23 our members find that they are unable to access support for young people unless they have an IEP. The bureaucratic burden is often a result of local requirements rather than national regulation. We are surprised that there is no mention of the CAF in this paper. The CAF process has brought different services together but has been overly bureaucratic and burdensome. With regard to children of compulsory school age most of this burden has fallen on schools. Other services have frequently attended the meetings but refused to do any other work associated with the CAF, whilst voluntary organisations normally insist that they cannot provide administrative support. In order to access support for the young person the teacher present at the meeting then has to take on the workload. In one case recently quoted by a member, she was asked why she hadn't been assisting the family to find housing. Teachers and school leaders are employed primarily to educate young people and, at a time of reducing resources when school leaders are being urged to shed non-teaching staff, this must be their priority.

Question 45: In addition to community nursing, what are the other areas where greater collaboration between frontline professionals could have the greatest positive impact on children and young people with SEN or who are disabled and their families?

60 Good multi-professional working between all front line professionals is the most important factor. At present, it is often difficult to gain information from medical services. Whilst we understand the need for medical confidentiality, there should be clearer guidelines about the need for services to work together for the benefit of the young person.

Question 46: What more do you think could be done to encourage and facilitate local services working together to improve support for children with SEN or who are disabled?

61 Our members agree that access to additional support from external professionals is an issue. Advice and information from the voluntary sector could help but when children need the services of an expert professional such as a speech therapist or an educational psychologist then schools and colleges should be able to access these services much more quickly. Essentially, this is a question of funding.

Question 47: How do you think SEN support services might be funded so that schools, academies, free schools and other education providers have access to high quality SEN support services?

62 There are very few areas of the country where our members would qualify the support services available as "high quality", mainly because they are simply insufficient for the need. There are some examples of good practice and these should be examined to see whether they can be replicated. As indicated in our response to the funding consultation the association believes that high cost special needs pupils should be funded totally through a local authority budget from which all providers, maintained, academy and free schools derive relevant resources for individual students attending their institution. If academies feel that this contradicts the total independence from an LA then a similar model could be pursued with the Education Funding Agency (EFA) being the sole holder of funding for high cost special needs pupils. In essence, we think there should be one funding provider for such pupils. The local authority appears to us to be the most sensible one in terms of their accountability to parents.

Question 48: What are the innovative ways in which new models of employee-led organisations, such as mutuals and cooperatives, could improve services for children and young people with SEN and their families?

- 63 The current system focuses on bringing together a range of different services from many providers all working with the same individual. One way forward may well be to develop organisations that provide an integrated service of education, health and care. Such an approach could enhance the focus on the needs of the individual, limiting the number of people directly involved with the young person and hence creating a less fragmented and more coherent provision from the individual's perspective. This may well involve staff developing skills across a range of areas to support individuals. This approach could best be supported by an integrated funding stream, which could also result in a significant reduction in bureaucracy and a better focus on frontline services.

Question 49: In addition to their role in the assessment process, what are the innovative ways in which educational psychologists are deployed locally to support children and young people with SEN or who are disabled and their families?

- 64 Educational psychologists are better able to provide support for children and their families when they are freed from spending the majority of their time on assessment. This generally seems to operate most effectively where they are employed directly by a cluster of schools or colleges who can then direct their work. The major factors that limit educational psychologists being involved in more innovative ways include the lack of funding to support work beyond the assessment process and the national shortage in trained educational psychologists. There are many good examples where educational psychologists have worked alongside health and care workers and teachers to develop the integrated programme of support to improve the young person's mental health and enhance their progress educationally.

Question 50: How do you envisage the role and service structures of educational psychologists evolving to meet local demands?

Question 51: What are the implications of changes to the role and deployment of educational psychologists for how their training is designed and managed?

- 65 The current model for training would have to change if they were no longer employed by local authorities.

Question 52: What do you think can be done to facilitate and encourage greater collaboration between local authorities?

- 66 There could be greater sharing of expertise and specialist provision particularly where local authorities are small. One of the major barriers to collaboration in general is the "who pays for what" argument that frequently dominates SEN and disability discussions in the current system. It is because of this that we consider the provision of an integrated budget is worth considering. Developing ways in which best practice can be shared across local authority boundaries may well also promote collaboration. The development of shared facilities between local authorities could well result in better value for money. One of the major issues that need addressing, however, is not so much improving the collaboration between local authorities as developing a shared culture and improved collaboration between health, care and education services within the same geographical area.

Question 53: What do you think are the areas where collaboration could have the greatest positive impact on services for children, young people and families?

- 67 When local authorities share expertise and specialise in specific impairments or share services. The effectiveness of this will depend on the context and size of the authority. This

is also essential in areas where large numbers of children cross LA borders for their education. When the two authorities refuse to collaborate the result is huge additional workload for school and college staff and frustration for parents.

Question 54: How do you think that more effective pooling and alignment of funding for health, social care and education services can be encouraged?

68 As indicated earlier, we consider that the provision of an integrated budget is worthy of examination. This approach could reduce bureaucracy significantly. The way the system currently operates is to consider how the various funding streams may contribute to the provision at individual level. The provision of an integrated budget would mean integrating these budgets at a far higher level and this could remove many of the time-consuming and frequently unproductive discussions that take place over many individuals in terms of “who pays for what”. A pooling approach supports the government's move to strip away unnecessary bureaucracy and will enhance the ability of professionals to be innovative in determining the provision for individuals

Question 55: What are the ways in which a community budget approach might help to improve the ways in which services for children and young people with SEN or who are disabled and their families are delivered?

69 As will have been realised by our previous comments we consider that a community budget approach (which we have termed an integrated budget) is worthy of being trialled. We consider that it will make it easier at local level to take an overview of the needs of the community, families and individuals.

Question 56: What are the ways in which we could introduce greater local freedom and flexibility into the ways in which funding for services for children and young people with SEN or who are disabled is used?

70 We have already indicated that an overall integrated budget for an individual will enable greater local freedom and flexibility. The current system of separate funding lines does not facilitate such flexibility and indeed works against it.

Question 57: What are the areas where the voluntary and community sector could have the greatest positive impact on services for children and young people with SEN or who are disabled and their families, and what are the ways we can facilitate this?

71 The “care” area is probably the area in which the voluntary and community sector can have the greatest impact, although there are probably also opportunities for them to contribute in the educational and health areas. One of the keys to success here will be ensuring that the key workers involved in advising the individual, or their family, is fully aware of the provision offered by the voluntary and community sector. This will require an up-to-date database of available services. There will also need to be an appropriate level of quality assurance in place to ensure that the providers on any database are of the highest standard.

Question 58: How do you think a national banded funding framework for children and young people with SEN or who are disabled could improve the transparency of funding decisions to parents while continuing to allow for local flexibility?

72 The association supports the idea of exploring a banded framework for high cost SEN if, on implementation, it will clarify the situation and improve the use of information from the assessment process in the allocation of resources. One of the advantages of this banded approach would be to improve transparency, as the criteria on which decisions are made will be in the public arena. As with all banded systems there will however need to be some form of appeal procedure for those who feel that an individual has been placed in the wrong band.

Question 59: How can the different funding arrangements for specialist provision for young people pre-16 and post-16 be aligned more effectively to provide a more consistent approach to support for children and young people with SEN or who are disabled from birth to 25?

- 73 Again, we refer back to the idea of an integrated budget. This approach would also hopefully mean that decisions would be made in good time to enable providers to put the appropriate provision in place. There are significant weaknesses in the transfer of young people at age 16. At present many decisions are made very late as to whether funding is available for young people moving into specialist colleges or other post-16 provision. This is most unsettling for the young people and does not enable institutions to have all the appropriate provision in place when the young person arrives.
- 74 We attach two outline case studies as appendices to further illuminate the points made above.
- 75 As ever, ASCL remains willing to be further consulted and to help in any way that it can.

Martin Ward
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Association of School and College Leaders
1 July 2011

Case study 1 of a school providing in-school support (with reference to question 27)

76 Thistley Hough High School is a local comprehensive community school that serves an area of high level deprivation. Many of our students are from a diverse community which means that at this time we have around 27 different languages within the school. We also have a high level of SEN and FSM students.

Out of 799 on role, we have:

192	24%	FSM
231	29%	BME
164	21%	EAL
20	2.5%	GRT
95	12%	School Action
54	6.8%	School Action Plus
33	4.1%	Statemented

77 This means that for SEN 182 children or 23% are on school action/school action plus or are statemented. In addition to these students, we also have the language barrier with in particular our Eastern European EAL community where many do not speak any English. In order to meet the diverse needs of these children the school has implemented four key strategies.

78 We have a KS3 and KS4 inclusion centre. The children are taken off the national curriculum and alternative provision is delivered through Asdan and Cope, although core subjects are still looked at. Some children stay in the centre at KS3 on a permanent basis where others receive an intensive course of nurture and support. At KS4 their place in the inclusion centre is complemented with work placements. This has been incredibly successful and some of the students have been offered places of work as a result of their work experience. They are mainly BESD students in these centres and the majority do not have statements.

79 The 'LILAC' facility is for the students with little or no English. They work in small groups and are able to access GCSE or equivalents in their own language. If their acquisition of language improves then they are reintegrated in to mainstream school.

80 Finally, we operate a 'mini school' for our low ability KS3 students. This helps with the transition from primary as those students have one classroom and a small number of teachers. If, again they progress sufficiently, then they join their peers in mainstream.

81 None of these initiatives have been funded by the Local Authority. They are areas that we had to address on our own as the nature of our students demanded a strategy for a fully inclusive school. We are, however, victims of our own success as we are now a target school for any students with an additional need. As the money is tighter and tighter we find it increasing difficult to operate to support all of the children within our school.

82 We also have three deaf children; three wheelchair bound students (one who is a quadruple amputee) and two with cerebral palsy. All of these students are supported on a one to one basis.

83 For a school like ours a depletion of funding for SEN would be catastrophic as we currently receive approximately half a million pounds a year for this work.

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Case study 2 of a school providing in-school support (with reference to question 27)

Additional Needs Provision at Abraham Moss High School

Abraham Moss High School is a richly diverse, inclusive community. It reflects the cultural, linguistic and social variety of the local area. The school community has a roll of 1,200 including young people from over 60 different countries speaking more than 50 languages. It includes well above average numbers of new international arrivals, asylum seekers, refugees, children with physical disabilities and children with special learning needs. Everyone benefits from this diversity. All children, whatever their background or individual circumstances, are encouraged to achieve their best. Positive attitudes and the rich diversity of the school community contribute to the good quality of relationships and the inclusive ethos of the school.

The index of multiple deprivation for the wards in which the majority of our pupils live place the school among the 10% most disadvantaged in the country. Although our pupils enter the school with standards of attainment that are below the national average they make outstanding progress.

Our profile is

- Pupils speak more than 50 languages
- Pupils have over 60 different countries of origin.
- Over 80% of pupils have English as an additional language.
- 35.2% have additional provision to meet their special educational needs, 15.8% on School Action and 16.1% on School Action Plus. 3.4% (40) of pupils have a Statement of SEN.

We offer a resourced provision for physical disability so include pupils with complex medical conditions. Pupils who form part of this Barrier Free cohort are supported in lessons and receive on site support with eating, personal care and physiotherapy as part of their core provision. For pupils with deteriorating conditions we also offer ongoing counselling and preparation for the future work. All our TA team (39 staff) are fully trained in moving and handling techniques and the implementation of personal care plans. Pupils with physical disabilities are fully involved in all aspects of school life and the school funds additional support where this is needed for success eg on residential 24 hour cover is provided.

We also offer a provision within school for pupils who are working significantly below the level of the national curriculum. In key stage 3 this provision is called ACE, whereas in key stage 4 the provision is called KAL. Pupils are taught in small groups of no more than 15 pupils and have the benefit of specialist teacher and specialist TA support. The provision is offered when their peers are taking English, Maths and Modern Foreign Languages. The emphasis is on developing key skills in the areas of literacy and numeracy as well as providing opportunities for success and progress in a nurturing environment. In key stage 3 the ACE pupils then attend all other lessons with TA support. In key stage 4 we also offer the ASDAN suite of courses and Entry Level courses in a range of supports including PSD to complement the mainstream offer. We also have a team of 5 Learning Mentors who work primarily with pupils with SEBD.

From September 2012 we will be expanding the Barrier Free provision to include an even greater range of pupils with disabilities and will be opening a new resource base for pupils with ASD and/or complex SLCN.

When we began the Barrier Free and ACE provision all pupils accessing the provision were statemented. As time has progressed we have had fewer statements but a greater level of need. The LA funds some of the provision but the school match funds to ensure that all pupils can have their needs met. Each year we attract a higher than expected number of pupils with SEN some of whom travel past other schools to get to us. For many parents, medical professionals, social workers and indeed the LA we are attractive because they can see successful inclusion at work. However, it is clear that we are becoming a "victim of our own success" as more children and children with more complex needs want to come to a place where they can be successful.

We believe that the curriculum offered to pupils must match their needs. We are concerned that the proposals in the Green Paper do not have joined up thinking with statements issued by the DfE about success criteria. Low attaining pupils is not a term we use. We measure success for each person and celebrate it! With the ever increasing emphasis on crude measures of success, the inclusion of young people with SEN and/or disabilities becomes a challenge that some schools will not want to meet.

The complexity of the young people with whom we worked has also brought a significant rise in the amount of time which must be spent on multi-disciplinary meetings, including CAFs. Increasingly it is the school that is expected to take the lead in convening, chairing, taking minutes and following up from these meetings. We can see this becoming even more complex if the Green Paper proposals were implemented and feel that in a school such as ours we would have to use more time having meetings than directly supporting young people.

In fact, the Green Paper does not really offer us much in terms of hope. There is far too much emphasis on the role of academies and free schools instead of developing good practice and using successful schools like ours as a template. If the plans in the Green Paper were implemented it could result in a dilution of money coming into schools. This would be disastrous for young people who already face great challenges due to their personal circumstances and SEN to then lose provision which so clearly meets their needs.

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