

SSAT's Special Schools and SEND Network is the largest and longest-standing independent network of special schools in the UK.

There are presently well over 240 active members. Some are individual community special schools, others MATs.

Graham Quinn, the chair of our National Network, was also a founder member of Special Schools Voice (SSV), a group that works closely with various government agencies.

Along with SSAT officials, Graham has collated these responses following consultation with the wider network.

The views noted below aim to portray some of the excellent practice that has developed since the Children and Families Act. They also highlight a number of the ongoing challenges and pressures that school leaders face.

Many schools would welcome the opportunity to open conversations and/or showcase their work to any interested member of the Select Committee.

1. Assessment of and support for children and young people with SEND
  - 1.1. SSAT members welcome the recommendations from the Rochford Review. However, we remain concerned about how limited its scope appears to be (KS1 and 2 children) with a significant focus on learners working at emerging levels. Secondary colleagues report that they still remain frustrated at the lack of clear direction for KS3 and 4 learners.
  - 1.2. Curriculum models and assessment models vary massively across the country. This has the potential to lead to a real lack of rigour within the system.
  - 1.3. Many schools are frustrated with the insistence on the collection of p level data when, they perceive, nothing is done with it!!
  - 1.4. Schools report frustration that the revised GCSEs are moving away from a modular/continuous assessment model to an 'end of course' exam. This has the potential to significantly discriminate against learners with SEND.
  - 1.5. An evidence base appears to be emerging that shows the revised curriculum and assessment model within mainstream schools appears to be pushing young people with SEND into the special school sector. There is a significant rise in the numbers of children that are being home educated and a worrying trend of children being 'lost' to education.
  - 1.6. Professionals believe that there has been too much emphasis placed upon school based processes to the detriment of a clearer understanding of published/evidence based adult outcomes. Schools report that it is notoriously difficult to utilise relevant and accurate data to set key performance targets (for instance how many young people with SEND, both locally and nationally, move into apprenticeships, paid employment, volunteering, independent living, being valuable members of their communities, semi supported living etc. etc.)
  - 1.7. Members report an over-reliance on home schooling. For example, a head of a secondary school has recently admitted a Year 7 pupil who had been out of education since Year 2.

- 1.8. Schools across the country report a continued reluctance from mainstream to accept learners with SEND due to the impact this can have on data. There is an urgent need to review data sets (and who is included in them). As LA high needs block funding continues to be under pressure, allowing more young people with SEND, where appropriate, access to mainstream provision should become a priority.
  - 1.9. Many LAs report an increase in the number of 'out of county' placements being used - the pressure this puts on the high needs pot of money should not be underestimated.
2. The transition from statements to EHCPs
    - 2.1. Some areas do report improvements in joint working and commissioning but a majority feel frustrated by the lack of cohesive partnerships. There is a general consensus that very little has changed following the move from statements to EHCPs. If anything, SSAT members report that more pressure has been placed upon schools. School leaders' perceptions appear to be borne out by the recently published Ofsted/CQC report – Local Area SEND Inspections – one year on (October 2017)
    - 2.2. Schools from all over the country report concerns regarding being 'forced' to admit pupils over planned places, even when schools register concerns over their ability to meet the needs of the pupil and the impact on other pupils etc. One small metropolitan LA reported that in May of 2018, it was trying to process over 250 'new' EHCP requests in just one month.
    - 2.3. Many members report that LAs continue to rescind EHCPs at post 18 – they argue that as 'education' is no longer the most significant priority in relation to a young person's needs, they will not continue to support it. An SEN and Cognition and Learning College raised an issue that was not uncommon; their LA was discontinuing the EHCP at age 18 for their learners. They had concerns over the legality of this in terms of the learners' right to education until age 25 as per the Code of Practice. Schools would welcome clarity here.
    - 2.4. Some specific issues relating to EHCPs have been:
      - 2.4.1. Not receiving receipt of acceptance of placements from the LA, meaning schools receive a call from parents/other schools asking why they have not been in contact to arrange a transition etc.
      - 2.4.2. Consultation requests are poorly written (consultation requests have the wrong year group, are requesting placement at an alternative provision, are missing information such as the EHC Plan and contain extremely out of date information)
      - 2.4.3. The updating of EHCPs, once a placement has been agreed, appears laboured and often does not reflect a change in provision.
3. The level and distribution of funding for SEND provision
    - 3.1. Schools report significant frustration that the proposed national funding formula discussions continue to be delayed.
    - 3.2. Members inform SSAT that the present £10k (high needs funding) has not been subject to inflationary uplift for the past number of years.
    - 3.3. There is a general view that children and young people attending special schools are becoming more complex. The funding system has not been able to keep pace with the advances in medical science. Schools report that the lack of clinical support, with some of the young people with the most significant medical needs, has the potential to lead to catastrophic conclusions.
    - 3.4. A small number of schools are concerned about how and when out of county placements are being used - the drain on the high needs pot of money and how, with the right kind of investment, many of these pupils could be educated within the LA.
    - 3.5. There continue to be huge disparities between local areas regarding funding.
    - 3.6. Anomalies continue to frustrate where schools take children and young people from varying LAs.

4. The roles of and co-operation between education, health and social care
  - 4.1. Members report a distinct lack of joined up working in most areas of the country. It is difficult to cite best practice.
  - 4.2. There are a small number of schools that employ teams from social care and the health authority within the schools. This emerging practice appears to be very positive.
  - 4.3. Members report frustration at the lack of access to mental health services. Although welcomed, there is a concern that the recent financial investment in and training centred around promoting positive mental health will be lost within future budget cuts.
  - 4.4. Staff in schools are particularly concerned about the changes in legislation regarding the dispensing of controlled medication. The document 'Supporting Children at School with Medical Conditions' (DfE 2015) places an onus on school staff to dispense.
  - 4.5. Many roles traditionally carried out by trained nurses in hospitals are now taught to family members and others in the community, to enable children to live less restrictive lives and access services local to them in their own community. This process has been supported over decades by the developing infrastructure of the SEND Code of Practice, which is a thoroughly positive development and welcomed by the vast majority of headteachers and governing bodies.
  - 4.6. A specialist nursing service is required in schools with large populations of children with EHCPs that identify medical needs and vulnerability. This will ensure that children and young people can be kept safe and healthy every day. The new treatments and interventions available for them should only be carried out by qualified medical staff.
  
5. Provision for 19-25 year olds under adult services – access to education, apprenticeships and work
  - 5.1. SSAT welcomes the relaxation of qualifications required to move into apprenticeships for those young people with the support of an EHCP
  - 5.2. The introduction of personal budgets has, in some areas, led to innovative solutions to community and volunteering opportunities.
  - 5.3. Some examples of excellent employment practice can be found in Oldham, Derby, Bolton, Hartlepool and Walthamstow.
  - 5.4. There are some excellent developments in relation to supported work internship programmes.
  - 5.5. SSAT welcomes the opportunity for special schools to bid to become SPIs (Specialist Post 16 institutions) - this has the potential to really engage learners within a work environment.
  - 5.6. Members welcome the work carried out on the Preparation for Adulthood initiative.
  - 5.7. Despite all of the above excellent work, there is still too low a number of adults with SEND in the workforce (5%-6%). Effective measures should be found to incentivise employers to support these people into work.