The special educational needs and disability review

A statement is not enough

This review was commissioned to evaluate how well the legislative framework and arrangements served children and young people who had special educational needs and/or disabilities. It considered the early years, compulsory education, education from 16 to 19, and the contribution of social care and health services.

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Executive summary

Just over one in five pupils – 1.7 million school-age children in England – are identified as having special educational needs. Pupils with special educational needs are categorised, using the 2001 Special Educational Needs Code of Practice, according to the degree of support they require. When pupils are regarded as requiring School Action, this usually means they have additional learning needs and that they should receive additional support from within the school, such as small group tuition.[1] When pupils are defined as requiring School Action Plus, staff working with them should receive advice or support from outside specialists.[2] Those in need of the most intensive support are given a statement of special educational needs. Since 2003, the proportion of pupils with a statement of special educational needs has slightly decreased from 3% to 2.7%, while the proportion identified as needing less intensive additional support at School Action or School Action Plus has increased from 14.0% in 2003 to 18.2% in 2010.

This report considers all the children and young people that the providers identified as having special educational needs (both with and without a statement of special educational needs) in early years provision and schools, as well as young people aged between 16 and 19 with learning difficulties and/or disabilities. However, we also recognise that as many as half of all pupils identified for School Action would not be identified as having special educational needs if schools focused on improving teaching and learning for all, with individual goals for improvement.

As a whole, pupils currently identified as having special educational needs are disproportionately from disadvantaged backgrounds, are much more likely to be absent or excluded from school, and achieve less well than their peers, both in terms of their attainment at any given age and in terms of their progress over time. Over the last five years, these outcomes have changed very little. Past the age of 16, young people with learning difficulties or disabilities comprise one of the groups most likely not to be in education, employment or training.

This review was commissioned by a previous Secretary of State to evaluate how well the legislative framework and arrangements were serving disabled children and young people and those who have special educational needs. The work of the review began in April 2009 and has considered provision for education up to the age of 19, as well as the contribution made by social care and health services. It has focused on

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[1] 'School Action' means that when a class or subject teacher identifies that a pupil has special educational needs, the teacher provides interventions that are 'additional to or different from those provided as part of the school's usual differentiated curriculum offer and strategies'. The term is defined in the *Special educational needs code of practice* (DfES/581/2001), DfES, 2001; www.sen.ttrb.ac.uk/viewarticle2.aspx?contentId=12386.

[2] As with 'School Action', the term 'School Action Plus' is defined in the Code of Practice: 'when the class or subject teacher and the SENCO [Special educational needs coordinator] are provided with advice or support from outside specialists, so that alternative interventions additional or different strategies to those provided for the pupil through School Action can be put in place.'

the accuracy and appropriateness of identification and assessment across settings and areas; expectations about potential; access to good educational provision and other services tailored to meet their needs; improvements in opportunities; and the progress made in preparing disabled children and young people and those with special educational needs for the future.

At the beginning of the review, inspectors held discussions with young people and parents to understand their perspectives and concerns. They also held discussions with representative groups and service providers. Inspectors then visited 22 local authorities between May 2009 and the end of March 2010. They visited 150 providers including those from the early years private, voluntary and independent sectors; the early years maintained sector; maintained nursery, primary, secondary and special schools; non-maintained and independent special schools, including residential schools; discrete and general provision in further education colleges; independent specialist colleges; work-based learning providers, and children's homes. Inspectors held interviews with a further 78 providers. The review team carried out 345 detailed case studies of young people's experience of the current system. These included meetings with the children and young people and their parents or carers, as well as with the organisations working for them.

The young people to whom inspectors spoke during the review were clear about what they wanted for the future: successful relationships and friendships; independence, including choice about who they lived with; choice about what to do with their spare time; and the opportunity to work. Meanwhile, parents were forthright that the current system was not helping their children adequately to achieve these goals. They were particularly concerned about what they saw as inconsistencies in the identification of the needs of young people, and getting fair access to high-quality services to meet those needs. Parents saw the current system as requiring them to 'fight for the rights' of their children, and they often wanted their child to be formally identified as having special educational needs – and especially to have a statement – as their guarantee of additional support.

The review found that, for some children and young people, the current system is working well. In some local areas, the identification of needs was well-managed and appropriate. In some of the best examples, the non-statutory Common Assessment Framework was being used effectively to coordinate the work of a number of different organisations around the needs of a single child.[3] Some schools and other organisations were working together and focusing on the outcomes for the young person rather than simply on what services were being provided or on their own internal priorities. What consistently worked well was rigorous monitoring of the progress of individual children and young people, with quick intervention and thorough evaluation of its impact. High aspirations and a determination to enable

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[3] The Common Assessment Framework is designed to help professional staff, across a range of services, to record and, where appropriate, to share with others their assessments, plans and recommendations for support for a child or young person. For further information, see: www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/.

young people to be as independent as possible led most reliably to the best educational achievement. However, this combination of effective identification and good-quality provision was not common. The review found both widespread weaknesses in the quality of what was provided for children with special educational needs and evidence that the way the system is currently designed contributes to these problems.

The review team found that, despite extensive statutory guidance, the consistency of the identification of special educational needs varied widely, not only between different local areas but also within them. Children and young people with similar needs were not being treated equitably and appropriately: the parental perception of inconsistency in this respect is well-founded. Across education, health services and social care, assessments were different and the thresholds for securing additional support were at widely varying levels. In some of the individual cases that inspectors saw, repeated and different assessments were a time-consuming obstacle to progress rather than a way for effective support to be provided. For children with the most obvious and severe needs, access to appropriate provision from a range of services was relatively quick and started at an early age. For young people aged between 16 and 19, identification of need and entitlement to additional provision varied across schools, colleges and post–16 training providers.

The review team found that when a child was identified as having special educational needs at School Action level, this usually led to some additional help from within the school. When a child was identified as having special educational needs at School Action Plus, or especially with a statement, this usually led to the allocation of further additional resources from within and outside the school. However, inspectors found that this additional provision was often not of good quality and did not lead to significantly better outcomes for the child or young person. For pupils identified for support at School Action level, the additional provision was often making up for poor whole-class teaching or pastoral support. Even for pupils at School Action Plus level and with statements, the provision was often not meeting their needs effectively, either because it was not appropriate or not of good quality or both.

Inspectors found poor evaluation by a wide range of public agencies of the quality of the additional support provided for children and young people. Too often, the agencies focused simply on whether a service was or was not being provided rather than whether it was effective. In particular, it was not enough for pupils to have a statement of special educational needs. The statement itself did not mean that their current needs were being met, but merely that they were likely to receive the service prescribed by their original statement.

The achievement of disabled children and young people and those who had special educational needs was good or outstanding in less than half the providers visited and in just over one third of the case studies that inspectors undertook. The review found that no one model – such as special schools, full inclusion in mainstream settings, or specialist units co-located with mainstream settings – worked better than any other. The effective practice seen during the review encompassed a wide range

of models of provision, often with significant flexibility in the way in which services were provided within any one local area. However, some providers visited during the review did not have a clear picture of the range of support available in their locality. The pattern of local services had often developed in an ad hoc way, based on what had been done in the past rather than from a strategic overview of what was needed locally.

The key implication of these findings is that any further changes to the system should focus not on tightening the processes of prescribing entitlement to services but, rather, on:

- improving the quality of assessment
- ensuring that where additional support is provided, it is effective
- improving teaching and pastoral support early on so that additional provision is not needed later
- developing specialist provision and services strategically so that they are available to maintained and independent schools, academies and colleges
- simplifying legislation so that the system is clearer for parents, schools and other education and training providers
- ensuring that schools do not identify pupils as having special educational needs when they simply need better teaching
- ensuring that accountability for those providing services focuses on the outcomes for the children and young people concerned.

The review found a high level of demand from parents and carers for additional services for their children, and this is not something that legislative or regulatory change in itself can address easily. However, such changes could make the system better focused on the outcomes that parents and carers want for their children, and more effective in its use of necessarily limited resources.

The legislation, guidance and systems around special educational needs have become very complex, and there have been significant changes to relevant legislation in education, social care and health over the last 30 years. Successive and sometimes minor additions to legislation and guidance have rarely replaced what is already there and, as a result, the system has become difficult for everyone, especially for parents and young people, to understand and navigate. Any further changes to legislation or guidance should therefore not add incrementally to the current arrangements. Instead, changes should simplify arrangements and improve consistency across different services and for children of different ages and levels of need.

The review team found that the language of special educational needs has become highly contentious and confusing for both parents and professionals. Health services refer to 'disabled' children; social care services to 'children in need'; education to 'special educational needs' or, after the age of 16, to 'learning difficulties and/or

disabilities'. The children and young people may find themselves belonging to more than one of these groups but the terms do not mean the same thing and they have different consequences in terms of the support that the young person will receive.[4]

At present, the term 'special educational needs' is used too widely. Around half the schools and early years provision visited used low attainment and relatively slow progress as their principal indicators of a special educational need. In nearly a fifth of these cases, there was very little further assessment. Inspectors saw schools that identified pupils as having special educational needs when, in fact, their needs were no different from those of most other pupils. They were underachieving but this was sometimes simply because the school's mainstream teaching provision was not good enough, and expectations of the pupils were too low.[5] A conclusion that may be drawn from this is that some pupils are being wrongly identified as having special educational needs and that relatively expensive additional provision is being used to make up for poor day-to-day teaching and pastoral support. This can dilute the focus on overall school improvement and divert attention from those who do need a range of specialist support. In the case of children and young people who need complex and specialist support from health and other services to enable them to thrive and develop, the term 'educational needs' does not always accurately reflect their situation. Both these considerations suggest that we should not only move away from the current system of categorisation of needs but also start to think critically about the way terms are used.

Key findings

Outcomes

- Achievement for disabled children and young people and those who had special educational needs was good or outstanding in 41% of the visited provision and in 36% of the case studies.[6] It was inadequate in 14% of the visited provision and 14% of the case studies.

- In the colleges visited, the young people who received additional learning support achieved as well as other students on the same courses. However, the colleges did not routinely keep data to show how far these students had become more independent as learners.

- Across all the education providers visited, the keys to good outcomes were good teaching and learning, close tracking, rigorous monitoring of progress with intervention quickly put in place, and a thorough evaluation of the impact of additional provision.

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[4] Definitions are discussed in paragraphs 2 – 5 below. Annex A provides the terms used by different services to describe these groups of children and young people.
[5] Annex B provides contextual data.
[6] Achievement in this context takes account of the progress made by learners and also their attainment, except where the cognitive abilities of the pupils are so severely restricted that it would be unreasonable to limit the judgement about achievement because of low attainment.

- High aspirations and a focus on enabling children and young people to be as independent as possible led most reliably to the best achievement.

Assessment and identification

- Around half the schools and early years provision visited used low attainment and relatively slow progress as their principal indicators of a special educational need.

- In some local areas, assessment and the identification of needs were well-managed and appropriate. In some of the best examples, the non-statutory Common Assessment Framework was being used alongside the Special Educational Needs Code of Practice to provide better assessment by coordinating the work of a number of different organisations. However, the majority of local areas found the Common Assessment Framework to be burdensome.

- For children with the most obvious and severe needs, assessment was relatively quick and carried out at an early age. However, this often depended on a clear medical diagnosis.

- Beyond the children with the most severe needs, assessments of special educational needs were found to be inconsistent both within and between local areas. Children with similar needs were being assessed as requiring different levels of additional support.

- Across education, health and social care services, the approaches to identification and the thresholds for intervention were very different. This made joint working across services difficult and led to confusion and a sense of unfairness among parents. It multiplied the number of assessments that some young people had to undergo, and created different and sometimes inconsistent plans for supporting them.

- The review identified weaknesses in transition planning for young people, and the need for greater knowledge and professional expertise in relation to special educational needs and disabilities in information, advice and guidance services.

Access to and quality of provision

- In the providers where assessment was good or outstanding, the achievement of just under two thirds of children and young people was good or outstanding. Where assessment was satisfactory or inadequate, achievement was good or outstanding for just over a quarter of children and young people.

- Good assessment and quick access to appropriate and high-quality services were being achieved in the best areas visited by the review, and this reduced the likelihood of poor achievement.

- However, even where assessment was accurate, timely, and identified the appropriate additional support, this did not guarantee that the support would be of good quality.

- When children and young people were identified as having special educational needs at any level, with or without a statement, they generally received some additional support or resources. However, the support they were allocated was

not always appropriate to their needs. For example, some were allocated support for their behaviour when, in fact, they had specific communication needs.

- For children with the most obvious and severe needs, access to appropriate provision from a range of services was relatively quick and carried out at an early age. However, some children were prevented from having access to specialist education provision unless they had a medical diagnosis, even when their needs were apparent.

- Inspectors saw the similar needs of different children being met effectively in a wide range of different ways. However, what consistently worked best was a close analysis of their needs, often as they changed and developed, matched to a clear view of the impact of intervention on outcomes for them.

- The review also found that no one model of educational support – such as special schools, full inclusion in mainstream provision, or specialist units co-located with mainstream settings – systematically worked better than any other.

- Where educational support for children and young people was most effective, the local authority had taken a strategic and coordinating role to ensure that a wide range of needs could be met effectively, right through to post–16 education.

- However, the real choice of education and training opportunities at 16 was limited for many disabled young people and those with special educational needs. Inspectors found few courses available for young people with the lowest levels of attainment.

- In the colleges visited, the assessment of students enrolled on mainstream courses was generally effective and led to a suitable level of additional support for learning. However, inspectors found the assessment of students for pre-entry and entry level courses was more variable, frequently leading to less effective specialist support.

- Inspectors found some colleges that provided a similar amount of education to that provided for young people who remained in school after the age of 16: around 25 hours a week. However, in most of the colleges visited, courses were for less time than this and, in some, were for only 16 hours a week.

- The review team saw just five local areas where a holistic view of children's needs was taken across children's services and access to out-of-school provision was part of carefully planned provision.

- The best learning occurred in all types of provision when teachers or other lead adults had a thorough and detailed knowledge of the children and young people; a thorough knowledge and understanding of teaching and learning strategies and techniques, as well as the subject or areas of learning being taught; and a sound understanding of child development and how different learning difficulties and disabilities influence this.

- In the schools where the best teaching was seen, the need for excessive additional interventions was reduced, enabling the most specialist staff to have more time to provide additional support for the smaller group of children and young people who were the most in need.

Evaluation and accountability

- Over half the early years providers, schools, colleges and local authorities visited placed little emphasis on improvements in progress or other outcomes, including destinations, as a measure of the effectiveness or the quality of provision.

- However, in the areas where there was close evaluation of the outcomes of different types of provision, additional support for children and young people was correspondingly more effective. Evaluation of this kind also supported more effective initial assessments of need.

- In the local authorities where smaller-scale systems – those below the level of the local authority area as a whole – had been established for allocating resources, there were usually better working relationships between providers and greater trust in the system from parents. This was more often seen in the early years.

- Once children and young people were assessed as having particular needs and consequent rights to specific support through a statement, the accountability system focused schools and parents on processes and on how much support was being provided.

- While the annual review process for statements and School Action Plus should focus sharply on the progress of the child and challenge the effectiveness of additional provision, this was not always the case.

- The legislative framework for special educational needs holds schools and local authority education services to account. Other agencies, such as the health service, are not held to account in any similar way.

- In turn, schools and other agencies had different expectations of people providing additional support for young people, such as physiotherapists or social workers. This led to confusion and frustration in these services and also for parents.

- The evaluation of progress made by disabled young people and those with special educational needs within post−16 provision was limited, and inspectors saw no consistent system for tracking the outcomes across transition from previous placements.

- At the time of the survey, acting on section 139a assessments was compulsory only for provision that was funded by the local authority and, as such, this arrangement did not hold to account those funded by the Learning and Skills Council and Department for Work and Pensions in the same way.[7]

- In eight of the 22 local authorities surveyed, inspectors found that the analysis and use of progress information for children and young people with the most

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[7] The Learning and Skills Council ceased in April 2010. Its functions have been taken over by local authorities, the Young People's Learning Agency and the Skills Funding Agency. For further information, see: www.ypla.gov.uk and www.skillsfundingagency.bis.gov.uk. The Apprenticeships, Skills, Children and Learning Act 2009 came into force on 1 April 2010, that is, after the inspections for this review were completed. The Act has not removed explicitly the anomalies in terms of which organisations are held to account for section 139a assessments.

complex needs were less well-developed than for pupils whose academic achievement could be measured using the levels of the National Curriculum.

- In the providers where there had been direct commissioning of services based on clear service-level agreements across health, education and social care and other partners, joint accountability for the outcomes of the children and young people was better.

Recommendations

Assessment and identification

- Any further changes to improve the system of assessment should focus on quality and improving outcomes for learners.

- Local areas should consider using the same assessment system across all services for all children and young people who are likely to need additional support from more than one service.

- The system of assessment and identification needs to avoid raising parental expectations unfairly about the level of available funding and range of provision.

- Schools should stop identifying pupils as having special educational needs when they simply need better teaching and pastoral support.

- When a child or young person is underachieving, the school or setting should begin by analysing the effectiveness of its generic teaching and systems for support before deciding that she or he has special educational needs.

Access to and quality of provision

- The first priority for all children should be good teaching and learning and good pastoral support.

- Early years providers, schools and colleges should be able to meet a wider range of additional needs as a matter of course, and their main funding should reflect local levels of need accordingly.

- Access to additional services should not always depend on a formal process of assessment or medical diagnosis.

- Specific rights to additional provision, enshrined in law, should apply only to disabled children and young people where the Disability Discrimination Act applies.[8]

- Where young people are protected by the Disability Discrimination Act, their rights to additional provision should not depend, as they do at present, on where they are being educated. In particular, young people aged between 16 and 19 should have similar entitlements, whether they are at school or college.

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[8] The Disability Discrimination Act will be superseded by the Equality Act 2010 but the duties remain.

Evaluation and accountability

■ Evaluation should focus on the outcomes desired for and achieved by children and young people with additional needs. It should not focus only on whether they have received the services prescribed.

■ Schools and other services should give urgent attention to improving the quality of their evaluation of additional provision. Similar considerations apply to post–16 providers in relation to young people with complex needs.

■ Good evaluation requires systems that track progress securely towards planned outcomes and information that is used rigorously and regularly to evaluate the impact of interventions.

■ School and national performance indicators should include the data that is now collected on the progress and outcomes of children and young people working below Level 1 of the National Curriculum.

■ Schools should not be the only organisations held to account legally for the outcomes of children and young people with special educational needs and disabilities. All the services involved in any common assessment should be bound equally by its terms.

■ The Code of Practice for Special Educational Needs and its statutory basis should be reviewed to reflect these recommendations across relevant departments.

■ Any further changes to legislation or guidance should not simply add to the current arrangements but, rather, should simplify them and improve their consistency across different services and for children of different ages and levels of need.

Context

1. Over the last 30 years, there have been numerous changes in legislation relating to disabled children and young people and those who have special educational needs.

2. The term 'special educational needs' is used if children have a learning difficulty which calls for special educational provision to be made for them. A 'learning difficulty' means:

    ■ they have a significantly greater difficulty in learning than the majority of children of the same age; or

    ■ they have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority

    ■ they are under compulsory school age and fall within one of the definitions above or would do so if special educational provision was not made for them.[9]

3. The term 'learning difficulties and/or disabilities' is used for young people over the age of 16 in post–16 education and training if they are disabled as defined by the Disability Discrimination Act (1995) or, in the case of a learning difficulty, if they have 'a significantly greater difficulty in learning than the majority of people of that age, or have a disability which prevents the use of facilities generally provided by post–16 education and training'.[10] A person has a 'disability' if he or she 'has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.[11]

4. The term used by social care services, 'children in need', includes 'those who are disabled and those whose health (physical or mental) or development (physical, intellectual, emotional, social or behavioural) is likely to be significantly impaired or further impaired without access to additional services. The definition in the Children Act 1989 of a 'child in need' is as follows:

    ■ she or he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part [of the Act]

    ■ her or his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

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[9] Education Act 1996, section 312, TSO; www.legislation.gov.uk/ukpga/1996/56/contents.
[10] Learning and Skills Act 2000, TSO; www.legislation.gov.uk/ukpga/2000/21/contents.
[11] Disability Discrimination Act 1995, section 1 (1), TSO; www.legislation.gov.uk/ukpga/1995/50/contents.

■ she or he is disabled.[12]

5.   For the purpose of this review, the report uses the term 'special educational needs' as defined in paragraph 2 but, in addition, to refer to any child or young person identified by a provider as requiring additional support within school (School Action), involving external agencies (School Action Plus) or who has a statement of special educational needs. The term also encompasses young people over the age of 16 who have learning difficulties and/or disabilities. The term 'disabled children and young people' refers to those 'who have a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities' (as defined in the Disability Discrimination Act). This report uses the term 'disabled children and young people and those who have special educational needs' to include all the groups described above. When the term 'special educational needs' alone is used, this is specifically in relation to schools and early years provision.

6.   The legislation as a whole is complex and the thresholds for assessing need in health, education and social care are different. Different aspects of legislation are applicable to learners with different needs at different ages. For example, a young person with a statement of special educational needs that specifies a special school with provision up to 19 will receive full-time education until the age of 19, whereas a young person attending a special school with provision up to 16 will then undergo a section 139a assessment and the resulting full-time equivalent education provision is by no means guaranteed.

7.   A key part of the current legislation is the Special Educational Needs Code of Practice which sets out an approach to the assessment and identification of need.[13] All schools and early years providers receiving government funding are required to have regard to the Code. Where a pupil's progress is inadequate, and the arrangements normally provided for all pupils have not helped, pupils should be identified in line with the guidance as requiring 'School Action' (or Early Years Action) to enable them to learn more effectively. If the pupil's progress does not improve, or specific needs are identified that require specialist support, a pupil should be identified in line with the guidance as requiring 'School Action Plus' (Early Years Action Plus). These two levels of identification are intended to correspond with levels of support for the pupil concerned.

8.   If the needs appear to be more complex so that provision cannot be made within a mainstream school's or setting's resources, or a child does not make sufficient progress following support at School Action Plus or Early Years Action Plus, she or he will be assessed using the statutory process. This may involve a range of professionals with different expertise relative to the child's needs. If

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[12] Children Act 1989, Part III; www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_1.
[13] *Special educational needs code of practice* (DfES/581/2001), DfES, 2001; www.sen.ttrb.ac.uk/viewarticle2.aspx?contentId=12386.

this assessment confirms that the assessment and provision made by the school or early education setting are appropriate but the child, nonetheless, is not progressing sufficiently well, the local authority will consider whether a statement of special educational needs is necessary. Within a statement of special educational needs, the local authority will formally identify the child's needs, the full range of provision to be made and the review arrangements that will apply.

Undertaking the review

9.   Since the then Secretary of State's initial request to Ofsted to undertake the review, a number of other commissions have evaluated aspects of the system, most notably the Bercow report,[14] the Lamb Inquiry[15] and the Salt review.[16] All three commissions had common themes:

- communication with parents

- parental confidence in the system

- early identification of needs

- services that work around the family

- joint work across professional boundaries

- greater equity in access to additional provision

- the quality of training for staff, particularly for staff educating children and young people with the most complex needs.

10.   This review has taken account of the findings of these commissions and the report reflects some of these themes. However, this review has made extensive use of inspectors' judgements of the quality of provision and outcomes for young people. It has focused on the effectiveness of the systems that were in place to improve the outcomes for children and young people.

11.   The views of young people, parents and other stakeholders were central to this review. Before the inspection visits, inspectors held 19 events with groups of stakeholders to focus the review and identify key areas for investigation. The groups, of between 10 and 30 people, included young people who had special educational needs, learning difficulties or disabilities; parents; voluntary organisations; professional associations; local authority officers and advisers;

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[14] J Bercow, *The Bercow report: a review of services for children and young people (0-19) with speech, language and communication needs* (DCSF-00632-2008), 2008; www.dcsf.gov.uk/slcnaction/bercow-review.shtml.

[15] B Lamb, *Lamb inquiry: special educational needs and parental confidence*, 2009; www.dcsf.gov.uk/lambinquiry.

[16] T Salt, *Salt review: independent review of teacher supply for pupils with severe, profound and multiple learning difficulties (SLD and PMLD),* (DCSF-00195-2010), 2010; http://sen.ttrb.ac.uk/ViewArticle2.aspx?contentId=16375.

professionals working in education, care and health; advisers to the National Strategies, and academics working in the field of special educational needs.

12. The review was designed to evaluate the arrangements in areas for disabled children and young people and those who had special educational needs in 22 local authorities. This also tested out the views expressed in the focus groups, Some of the organisations visited in these areas undertook activity beyond the boundaries of the local authority.

13. Following a preparatory analysis of local arrangements, an inspection team visited education and early years provision or held telephone interviews and meetings with providers in each local area and also made some visits to social care provision. The purposes of the visits were to:

- evaluate the accuracy and the equity of identification of special educational needs across England and within local areas

- evaluate the extent to which the assessment of needs results in high expectations, swift access to tailored services and so improves outcomes

- establish, in different provisions and local areas, the strength of outcomes for disabled children and young people and those who had special educational needs as well as for children reaching the lowest levels of attainment

- evaluate, as part of this, the effectiveness of legislation, policy and the organisation of provision, following identification and assessment, in focusing on the improvement of outcomes for these groups of children and young people.

14. A total of 150 providers were inspected during the review. In each one, inspectors carried out up to three detailed case studies. These included disabled children or young people who had been identified as having special educational needs who were also looked after. The information from the case studies and the overall findings from the providers were used to inform an evaluation of the arrangements in the local area.

Assessment and identification

15. This section of the report discusses the appropriateness and timeliness of the identification of special educational needs at any of the three levels of School Action, School Action Plus and a statement of special educational needs. It also considers the importance of expertise in the identification process.

Summary

- Around half the schools and early years provision visited used low attainment and relatively slow progress as their principal indicators of a special educational need.

- In some local areas, assessment and the identification of needs were well-managed and appropriate. In some of the best examples, the non-statutory Common Assessment Framework was being used alongside the Special Educational Needs Code of Practice to provide better assessment by coordinating the work of a number of different organisations. However, the majority of local areas found the Common Assessment Framework to be burdensome.
- For children with the most obvious and severe needs, assessment was relatively quick and carried out at an early age. However, this often depended on a clear medical diagnosis.
- Beyond the children with the most severe needs, assessments of special educational needs were found to be inconsistent both within and between local areas. Children with similar needs were being assessed as requiring different levels of additional support.
- Across education, health and social care services, the approaches to identification and the thresholds for intervention were very different. This made joint working across services difficult and led to confusion and a sense of unfairness among parents. It multiplied the number of assessments that some young people had to undergo, and created different and sometimes inconsistent plans for supporting them.
- The review identified weaknesses in transition planning for young people, and the need for greater knowledge and professional expertise in relation to special educational needs and disabilities in information, advice and guidance services.

16. There were some common features of good practice in assessment and identification:

- careful analysis of progress and development made by all children and young people

- accurate evaluation of the quality of provision, both academic and pastoral, offered to all children and young people

- staff who could identify frequently found learning difficulties

- clear thresholds and referral routes to different services with higher levels of specific expertise

- good understanding of the thresholds for referral used by different services

- assessments with partner services carried out swiftly and in a streamlined way, working within good local protocols

- assessments accessible for children, young people, parents and families

- trust in previous assessments, built upon in a formative way.

17. These features were exemplified in a visit to a pupil referral unit.

Staff at the pupil referral unit did not regard identifying special educational needs as a priority because students were seen as individuals. Excellent

> assessment and planning meant that individual needs were accommodated well. Support for learning was so good it naturally embraced students working at all levels of attainment. There was no labelling and the place was 'enabling rather than interested in identifying the disabled'.
>
> The staff gained an excellent knowledge of all students and looked beyond presenting behaviours to identify each student's needs, regardless of the degree of need. There were clear thresholds for triggering the support of external professionals. The quick response to students' needs and advice from other services led to timely and accurate assessment, well-targeted provision and, in turn, to outstanding outcomes.

Appropriateness of 'identification'

18. At January 2010, 2.7% of school-aged children and young people had a statement of special educational needs. The proportion of such pupils had decreased very slightly from 3% in 2003.[17] At January 2010, 18.2% of school-aged children and young people were identified as having special educational needs without a statement, a steady increase from 14% in 2003 (see Table 1 in Annex B). This growth has been particularly pronounced in secondary schools where the proportion of students identified as having special educational needs without a statement has increased from 13% in 2003 to 19.7% in 2010.

19. There were nearly three times as many boys as girls with a statement of special educational needs in primary and secondary mainstream schools as at January 2010. In primary schools, approximately 245,000 more boys than girls were identified as having special educational needs including those with statements, at School Action Plus and School Action. In secondary schools, the figure was around 165,000 more boys than girls (see Table 2 in Annex B).

20. Schools record the category of the primary special educational need of their pupils. For pupils with statements, the largest categories as at January 2010 were autistic spectrum disorder (18.8%); moderate learning difficulty (18.2%); and behavioural, emotional and social difficulties (14.2%). For pupils without statements but at School Action Plus, the largest categories were moderate learning difficulty (26.8%); behavioural, emotional and social difficulties (26.3%); and speech, language and communications needs (17.6%) (see Table 6 in Annex B). However, it is important to note that evidence during the review showed that interpretations of need differed considerably within the categories established by the Department for Education.

21. The proportions of children and young people identified in mainstream schools as having special educational needs vary widely across the country, from over

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[17] This includes all maintained, non-maintained and independent schools.

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70% in some schools to below 5% in others.[18] Data from the mainstream schools visited during the review also showed a wide range. The percentages of pupils identified as having special educational needs (including those with and without statements of special educational need) ranged from 5% to 39%.

22. There are also wide differences between local authorities in the proportions of pupils identified with special educational needs. In 2010, the proportions of children and young people with statements ranged from 0.8% to 3.9% across all 152 local authorities. Of the 22 local authorities visited for this review, the range was 1.1% to 3.8%. For pupils identified with special educational needs but without statements, the range was 12.7% to 29.4% for all local authorities and 14.6% to 27.1% for the 22 visited.[19]

23. Despite national guidance and legislation, the review found that both within and across the different local areas visited, there were very different approaches to assessment. Inspectors frequently found that pupils with a statement in one local authority had a similar level of need to those provided for at School Action Plus in another. Inspectors found that where local authorities provided clear guidance and challenged levels of identification, using a provision map or matrix of need, schools were more consistent when identifying pupils with special educational needs at all levels.

24. Schools often considered that they needed additional help from professionals in health and social services earlier than they were able to secure it. Often, schools had identified a distinct decline in the performance or behaviour of a pupil which they had been unable to halt through their own strategies and therefore wanted to secure external support. However, in many cases, the severity of need at the time of referral was perceived to be insufficient to secure such support. The case study below illustrates the variation in thresholds between services.

> In one case study undertaken, a young person's carers had approached the school because they were having considerable difficulties at home and his attendance was declining in spite of high levels of additional support from the school. The school involved other services and it was agreed that social care professionals would consider opportunities for respite for the family. However, following a visit to the home, they did not consider it necessary to take any action. The family was still struggling and the boy's attendance at school and behaviour at home were getting worse. The carers once again asked the school for help as they felt they were heading

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[18] *Breaking the link between special educational needs and low attainment – Everyone's Business* (DCSF-00213-2010), DCSF, 2010; http://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00213-2010.
[19] *Special Educational Needs in England: January 2010* (SFR19/2010), DCSF, 2010; http:www.dcsf.gov.uk/rsgateway/DB/SFR/s000939/index.shtml.

for a crisis. The school managed to involve the youth offending team. There had been an improvement in the boy's behaviour and attendance, but the support was due to end very soon.

25. Around half the schools and early years provision visited used low attainment and relatively slow progress as their principal indicators of a special educational need. Having identified pupils with special educational needs in this way, some providers saw this as a reason for continued low attainment or slow progress. While the providers visited generally wanted to have access to the right support to help children and young people achieve more, in too many cases there was a culture of excuses.

26. Inspectors observed schools focusing on providing additional help for pupils with identified special educational needs rather than on improving the quality of their standard offer for all pupils. In some of their visits to schools, inspectors met pupils who were provided with significant additional support whose needs could and should have been met by appropriately differentiated teaching, good learning and pastoral support earlier on.

In a mainstream primary school with high proportions of pupils identified as having special educational needs at School Action and School Action Plus, the pupils' progress across the curriculum was poor. The way in which the additional support was organised meant that, for most of the time, the pupils were being taught by support staff, both in their main class and in the separate group work. When inspectors observed these pupils in one lesson, they were working on the analysis of a piece of text and being over-directed to ensure that they completed it correctly. At the same time, the other pupils in the class were enthusiastically researching a particular history topic using a wide range of interesting sources. Overall, the impact of the small group work on the progress of the pupils with special educational needs was not being analysed well. Its impact was not good enough.

27. Some schools visited believed that identifying more pupils with special educational needs resulted in a positive influence on the school's contextual value-added score.[20] This provided an incentive for higher levels of pupils to be identified as having special educational needs. In some of the less effective schools visited, this over-identification contributed to lowering expectations for children and young people.

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[20] In addition to the quality of the school's provision, many other factors are related to the progress pupils make. These include their prior attainment, their special educational needs, whether or not they are having to learn English as an additional language and levels of deprivation. Contextual value-added indicators reflect these and other factors. The indicators are used by inspectors to inform their judgements on the amount of progress individual pupils make and the overall effectiveness of a school.

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28. In local areas where the formula for funding schools took into account the proportions of children identified as having special educational needs, this gave an obvious motivation for schools to identify more such children. Five of the authorities in the survey had separated identification from funding. In the best local authorities visited, there was a well-developed system for evaluating the effectiveness of school provision and partnerships with other services before additional funds were allocated.

29. In some schools, inspectors found too much provision deemed to be additional to or different from that normally available to pupils. This often led to a high proportion of pupils being identified as having special educational needs in order that they might have access to such provision. The Special Educational Needs Code of Practice suggests that, when identifying whether a child requires special educational provision, the 'key test for action' is:

> '…evidence that the child's current rate of progress is inadequate. There should not be an assumption that all children will progress at the same rate. A judgement has to be made in each case as to what it is reasonable to expect that particular child to achieve. Where progress is not adequate, it will be necessary to take some additional or different action to enable the child to learn more effectively. Whatever the level of pupils' difficulties, the key test of how far their learning needs are being met is whether they are making adequate progress.'

30. When taken in isolation from other important sections of the Code, such as those that define a child with special educational needs as having 'a significantly greater difficulty in learning than the majority of children of the same age', this guidance can lead to pupils being identified without consideration being given to the effectiveness of the provision they are already receiving.

31. Many pupils may require additional support from time to time. When this leads to high proportions of pupils being identified as having special educational needs, the best schools looked to the range and effectiveness of the provision made for all pupils. Adjustments to the quality of teaching, the curriculum and pastoral support were made accordingly. The following examples seen by the review team illustrate where additional provision, which in itself could be valuable and was comparable to the usual provision in other schools, was inappropriately linked to designating pupils as having special educational needs.

> A high school identified all Year 11 students who were at risk of not achieving their expected grades as having special educational needs. This led to a doubling of the numbers of such pupils between Years 10 and 11. All the students were given additional mentoring from senior staff. The reason was to help improve the outcomes for the young people and 'give recognition and credibility to the mentoring system'. While the additional support was valuable for many of the young people, the identification of these students as having 'special educational needs' was inappropriate.

Similarly, in a primary school with a large proportion of families where the parents were in the Armed Forces, the school identified a group of pupils inappropriately as having special educational needs. This group was additionally vulnerable to underachievement because their fathers were all serving in Afghanistan. The school was very clear about why it had identified the pupils, the resulting additional support and monitoring were well-matched to their needs and involved the Army welfare service effectively. However, although these pupils had additional needs for a period of time, this should not have required special educational needs to have been identified.

32. The review team found that assessment for additional learning support on mainstream post–16 courses was generally good. However, the identification and assessment of young people for pre-entry and entry level courses were less effective.

33. So, does inconsistency in the identification of children and young people with special educational needs, at any of the three levels of School Action, School Action Plus and a statement of special educational needs, actually matter? The answers suggested by the review are:

■ yes, if the standard offer of education or care is insufficiently adapted for frequently found needs.

■ yes, if such identification is the only way parents and schools can gain access to expertise or support from a range of 'in-house' or external services.

■ yes, if special educational needs or disability are used as a reason for lower expectations and an excuse for poor outcomes.

■ no, if the total package of services and support is appropriately customised to each pupil's individual needs.

■ no, if the provision that follows identification is, in any case, of poor quality and is not effective.

Expertise

34. In just over half the providers visited, staff had good or outstanding expertise in special educational needs which meant that their assessment of needs was more secure. The best staff were also clear about their limitations and how to gain access to higher-level specialists when needed. The best practice distinguished clearly between pupils who were underachieving because of weaknesses in provision and those whose particular special educational needs were hampering their learning.

35. However, in just under half of the early years settings and schools visited, inspectors found a lack of understanding that underachievement may be the

result of poor teaching and learning. In these providers, there was a lack of professional expertise in assessment to help identify children's needs accurately, and the expertise that did exist was often concentrated in a small number of staff. Especially where this was compounded by poor leadership, this led to poor assessment and a lack of challenge about the purpose of identification.

36. In nine of the 31 special schools visited, there was insufficient knowledge and understanding to enable staff to assess specific and complex needs precisely. The result was that pupils were taught according to what was set out in their original statement and not according to a detailed understanding of their current individual needs.

37. When the expertise of the staff who were responsible for assessing additional learning needs or special educational needs was good or outstanding, they took full account of the quality of the overall provision. Rather than taking a route of increasing identification and thus specialist intervention, there was a strong focus on improving teaching and learning more generally. This approach therefore helped to meet a range of learning needs. A similar approach was used to improve both the general and the specifically targeted arrangements for pastoral support, as shown in the following example.

> A secondary school with resource-based provision[21] distinguished clearly between three groups of pupils with special educational needs:
>
> ■ those identified previously or by in-school assessments as having dyslexia and other similarly defined needs
> ■ pupils accessing the resource-based provision (with a statement of special educational needs and the necessary diagnosis)
> ■ young people facing a crisis (for example, an eating disorder or relationships breaking down at home).
>
> Actions and interventions – for example, access to highly specialist teaching staff or more individual pastoral support – were targeted at meeting the needs of each of the three defined groups. Staff had very clear information about the young people's varying needs and the differences in the interventions they needed to help them achieve their potential.

38. In the provision seen where the skills of all staff were at a high level, many of the pupils did not require additional or alternative provision. Continuing assessment of their needs ensured that intervention and support were provided without the pupils needing to be identified as having special educational needs.

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[21] 'Resource-based provision' is a generic term for any additionally resourced mainstream school in which the provision for special educational needs and/or disabilities is sometimes a 'specialist facility' or 'designated special provision' or even a 'unit'.

39. Expertise within the Connexions services was also found to be variable and the lack of expertise was found to have a considerable negative impact on the quality of planning for transition to post–16 provision.[22] Too many Connexions staff who were not specialists in this area had been involved in assessment and transition planning for disabled young people and those who had special educational needs. In 55 case studies of young people in this age group, inspectors found that aspirations for them were not high enough and the choice of courses or training was often limited. This was because of a lack of suitable provision as well as a lack of knowledge about learners' needs and the range of local provision that might meet those needs. Where there were good plans, specialist Connexions staff had involved the young person successfully and enabled her or him to consider a range of provision.[23]

The drivers for formal assessment

40. At points of transition, particularly between primary and secondary school, protecting existing provision or ensuring access to specific future provision for a pupil was usually a driver for seeking a statement and was often instigated by staff in the primary school. In six of the local areas visited, there were reports, both from local authorities and from providers, of a sharp increase in the numbers of those for whom a statement was being sought at Year 5 when pupils were between the ages of nine and 10.

41. Parents and carers of children and young people who frequently moved from area to area, for example, those from families in the Armed Forces or children who were in public care, often felt it was necessary to seek a statement so that their needs were acknowledged and recorded formally and to ensure that information was available for the local authorities that received the child or young person.

42. When a statement was not in place, the transience of these pupils and the varying arrangements in local areas sometimes led to a delay if a receiving local area would not accept previous non-statutory assessments and examples of work carried out elsewhere. In four of the case studies conducted, for example, before there was any move to statutory assessment, the local system required the current school to identify the additional support it had already provided for the pupil and the outcome of this. The contributions of previous schools in other local areas were not initially accepted; parents and current school staff had to argue to have the needs of a transient pupil recognised.

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[22] The Connexions service offers information, advice and guidance to young people.
[23] This mirrors a finding in an earlier report by Ofsted. Inspectors found that the Connexions services 'were particularly effective where individual personal advisers had a specialist focus, such as providing targeted support for a particular group of vulnerable people, rather than being generalists'. *Reducing the numbers of young people not in education, employment or training: what works and why* (090236), Ofsted, 2010; www.ofsted.gov.uk/publications/090236.

43. Identification of need in post−16 establishments differs in some significant ways from the systems of assessment and identification between the ages of two and 19. After the age of 16, a young person may refer herself or himself for an assessment of 'additional learning needs' (as defined in the post−16 sector) or have a section 139a assessment.[24] This is an assessment, required under the Learning and Skills Act 2000, to provide a comprehensive report of the support a young person with learning difficulties and/or disabilities needs to ensure that she or he is able to succeed in post−16 education, training or higher education.

44. In the more effective colleges visited, section 139a assessments were set alongside well-established self-referral systems as well as, in some of the colleges, a college's own systems for screening and assessment. Use of section 139a assessments at the time of the survey was compulsory only for learners who were attending provision funded by a local authority. Provision funded by the Learning and Skills Council, such as foundation learning, or the Department for Work and Pensions, such as 'Workstep', an employment-related programme, sat outside this system of accountability. The Apprenticeships, Skills, Children and Learning Act 2009 has not removed this anomaly. Inspectors noted that these differences were often confusing for families and professionals working in other sectors.

Timeliness

45. As well as the variability in the appropriateness of identification, inspectors noted the timeliness of identification was also very variable. For children with the most complex disabilities, although there might not be a comprehensive diagnosis straightaway, the identification of special educational needs was usually quick and clear. There was clarity about which services were required to help with a more detailed assessment of need and to support the child and family. These services were put into place swiftly. Although this was well-established in most of the sampled areas, there were different approaches to how this was arranged and how it occurred in practice.

46. Some of the most effective practice observed concentrated on reducing the numbers of appointments and the places families had to visit. In half of the local authorities where inspectors made a full range of visits, the review found good systems where professionals from different services carried out collaborative assessments of need. This enabled a holistic view of the child in the context of her or his family and often a pre-school setting.

47. Confidence in this type of approach, however, was rarely found to survive transition to the next stage of education. For children who had needs that were

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[24] Sections 139A to 139C of the Learning and Skills Act 2000 (the 2000 Act) which were inserted into that Act by section 80 of the Education and Skills Act 2008 place statutory responsibility on local authorities in relation to assessments relating to learning difficulties. This replaces Section 140 of the 2000 Act, which no longer applies to England.

less complex or obvious, the timeliness of identification and assessment was more variable and had a greater or lesser impact, depending on how support services were allocated and organised.

48. Of the 345 case studies undertaken, at least 37 parents or carers of the 308 interviewed, mentioned that they felt 'pushed' towards gaining a diagnosis or a statement of special educational needs in order to gain access to even low-level support. Inspectors also found that, in some areas, particular education support services were available only for children and young people with specific diagnoses. This meant that, in some cases, access to education expertise relied on diagnosis by health services rather than on support being accessible when an educational professional identified a child or young person's learning difficulty.

49. In the example of good practice below, a local area had organised an assessment approach at two levels that was effective in supporting the swift identification of need and timely support for parents.

> The MAISEY approach (Multi-agency Intervention and Support in Early Years) in a local authority was complemented by a system known as ARCHEY (Action and Review for Children in Early Years).
>
> The MAISEY approach used social workers from the disability team, educational psychologists, community paediatricians, therapists and area special educational needs coordinators to monitor and plan for children with complex needs from birth to compulsory school age (and the following two years). The team met in each locality of the larger area to consider the children. A database of involvement and provision had been established, helping to identify any gaps that needed to be filled. Action planning, including family services, was for individuals as well as at a strategic level to ensure that a suitable range of provision was available to meet the needs of the community.
>
> ARCHEY had been established for children without complex needs, that is, those who did not meet the threshold criteria for MAISEY but who were vulnerable and also required a coordinated approach from services.

50. Good outcomes were observed from the two local authorities using this approach, both in relation to pupils' progress and well-being and in parents' confidence in the system. The approach reduced the need for continuing high-level support for the families and yet the children's needs were still being met. Parents developed confidence in supporting their children and the duplication of services was reduced. The school staff and the majority of Early Years and care professionals spoken to were familiar with the approaches and found them helpful and easy to use. Officers had identified that there were a few cases where private, voluntary and independent early years settings felt less included than the maintained sector and they were working hard to ensure that this did not disadvantage some children.

51. Timeliness was often adversely affected when re-assessments were carried out because of a lack of trust in an assessment undertaken by colleagues or previous providers. Inspectors noted this both in visits to different types of provision and in the case studies they undertook. This lack of professional trust often led to full re-assessments rather than work with the original assessment and review of it when appropriate. Full re-assessment was time-consuming; it also diverted resources away from what might have been quicker, more flexible interventions, as well as improvements to existing provision. This is illustrated in the examples below.

> Physiotherapy in a special school was provided by the local health trust, but the policy for job rotation (in the health services) led to a change of therapist approximately every three months. Because of the conflicting views of the different therapists, repeated re-assessments took place, leaving less time for improving the interventions. The rotation of therapists also prevented the therapist from taking a lead role in the school to help to ensure that therapy underpinned the curriculum.

> A child attending a mainstream primary school had been assessed by an educational psychologist 18 months before the inspectors undertook a case study. Since the assessment, a new educational psychologist had taken on the role with the school and had carried out a different assessment. The results of the two assessments differed and showed a decline in competence. The parents, when interviewed, were very concerned. The psychologist, also interviewed, said that the significant drop was mostly due to the difference between the two styles of assessment. The resulting confusion for the parents and school when the psychologist used a preferred assessment rather than building on a previous assessment had not been considered.

Inspectors observed that when effective continuing review was shared by a group of professionals, less time was spent on carrying out 'stand alone' assessments and more time was devoted to working with the providers and the child or young person in order to improve outcomes.

52. In addition, inspectors found that while assessments after the early years stage involved a variety of agencies, there was rarely an holistic approach that identified the needs of a child within the context of her or his family or community. The system was less geared up to provide such an all-round approach for older children than for those in the early years.

Access to and quality of provision

53. This section of the report discusses the extent to which accurate and efficient identification and assessments of needs ensured access to high-quality provision for children and young people.

Summary

- In the providers where assessment was good or outstanding, the achievement of just under two thirds of children and young people was good or outstanding. Where assessment was satisfactory or inadequate, achievement was good or outstanding for just over a quarter of children and young people.
- Good assessment and quick access to appropriate and high-quality services were being achieved in the best areas visited by the review, and this reduced the likelihood of poor achievement.
- However, even where assessment was accurate, timely, and identified the appropriate additional support, this did not guarantee that the support was of good quality.
- When children and young people were identified as having special educational needs at any level, with or without a statement, they generally received some additional support or resources. However, the support they were allocated was not always appropriate to their needs. For example, some were allocated support for their behaviour when, in fact, they had specific communication needs.
- For children with the most obvious and severe needs, access to appropriate provision from a range of services was relatively quick and carried out at an early age. However, some children were prevented from having access to specialist education provision unless they had a medical diagnosis, even when their needs were apparent.
- Inspectors saw the similar needs of different children being met effectively in a wide range of different ways. However, what consistently worked best was a close analysis of their needs, often as they changed and developed, matched to a clear view of the impact of intervention on outcomes for them.
- The review also found that no one model of educational support – such as special schools, full inclusion in mainstream provision or specialist units co-located with mainstream settings – systematically worked better than any other.
- Where educational support for children and young people was most effective, the local authority had taken a strategic and coordinating role to ensure that a wide range of needs could be met effectively, right through to post−16 education.
- However, the real choice of education and training opportunities at 16 was limited for many young people with learning difficulties and/or disabilities. Inspectors found few courses available for young people with the lowest levels of attainment.
- In the colleges visited, the assessment of students enrolled on mainstream courses was generally effective and led to a suitable level of additional support for learning. However, inspectors found the assessment of students for pre-entry and entry level courses was more variable, frequently leading to less effective specialist support.

- Inspectors found some colleges that provided a similar amount of education to that provided for young people who remained in school after the age of 16: around 25 hours a week. However, in most of the colleges visited, courses were for less time than this and, in some colleges, were for only 16 hours a week.
- The review team saw just five local areas where a holistic view of children's needs was taken across children's services and access to out-of-school provision was part of carefully planned provision.
- The best learning occurred in all types of provision when teachers or other lead adults had a thorough and detailed knowledge of the children and young people; a thorough knowledge and understanding of teaching and learning strategies and techniques, as well as the subject or areas of learning being taught; and a sound understanding of child development and how different learning difficulties and disabilities influence this.
- In the schools where the best teaching was seen, the need for excessive additional interventions was reduced, enabling the most specialist staff with additional qualifications and experience in teaching pupils with special educational needs to have more time to provide additional support for the smaller group of children and young people who were the most in need.

54. No single model of support or particular pattern of provision worked better than any other. What consistently worked well were:

- high aspirations for the achievement of all children and young people

- good teaching and learning for all children and young people

- provision based on careful analysis of need, close monitoring of each individual's progress and a shared perception of desired outcomes

- evaluation of the effectiveness of provision at all levels in helping to improve opportunities and progress

- leaders who looked to improving general provision to meet a wider range of needs rather than always increasing additional provision

- swift changes to provision, in and by individual providers and local areas, as a result of evaluating achievement and well-being.

Links between identification and access to provision

55. In the local areas visited, identification of a special educational need at any level, in all phases of education, usually led to additional resources being allocated. However, identification did not necessarily guarantee access to high-quality services or to support that led to improved opportunities and progress.

56. The review found a virtually unanimous feeling that the special educational needs system as it stands now is unfair: those who are able to make sense of it have quicker and greater access to resources and support.

57. A quarter of the sampled providers said that the Common Assessment Framework was an important factor in improving the way in which different agencies worked together.[25] Inspectors found that where it had been introduced with strong commitment, it was effective in making sure that access to services was fairer. The framework also helped to streamline other assessment and referral systems if local areas had introduced a robust system for the joint assessment of needs. This was seen in seven of the local areas visited. In the local areas that had appointed staff to ensure that all agencies met their commitments, the education providers visited felt more supported and positive about the system.

58. In two thirds of the case studies undertaken, timely and efficient assessment of need led to a specific intervention or provision which otherwise might have been unobtainable. However, it was the quality and not the type of the provision that made the most difference. Interventions that were carried out in isolation from the range of contextual factors influencing the development of a child or young person, for example their home or community, did not make enough of a difference to progress or well-being, particularly in the long term.

59. As noted earlier, for children who had more obvious disabilities (for example, children who were deaf or blind), access to some specialist services, including those within education, was swift in the local areas visited. Information was shared between health professionals and education services at the point of diagnosis, often within the first few months of a child's life, and specialist services were involved quickly. Similarly, information about babies born with severe and complex physical disabilities (or readily identifiable syndromes) was shared efficiently, enabling access to a range of coherent specialist support early in the child's life.

60. However, the case studies undertaken showed that where diagnosis was more complex, for example, autistic spectrum disorders, access to services was not as straightforward. In some local areas visited, education support services for children and young people could not be accessed without a formal (medical) diagnosis. In other areas, a working diagnosis was enough to trigger support and gave the children and young people more opportunities for help before a crisis occurred. Such inconsistency of practice across different areas, alongside variable rates of diagnosis, prevented many of the children encountered during the case studies from having the timely and well-targeted help they needed.

61. In 62 of the 82 case studies analysed where children and young people had the least success with the system, insufficient collaboration across agencies was a

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[25] The Common Assessment Framework is designed to help professional staff, across a range of services, to record and, where appropriate, to share with others their assessments, plans and recommendations for support for a child or young person. For further information, see: www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/.

contributory factor, even though the different agencies were aiming towards common goals.

Organisation of provision

62. The proportion of children and young people in England educated in special schools has remained constant at 1.1% between 2001 and 2010 (see Tables 7 and 8 at Annex B). Over this period, the number of special schools has decreased from 1,175 to 1,054, and the number of pupils educated in them has also decreased from 96,570 to 90,760.[26] This decline in the number of pupils by 6% can be compared with a decline in the total pupil population over the same period of 4%.

63. Support services and the range of specialist providers were organised in different ways across the local areas visited. Although no single model was found to work best, the evidence from the local areas visited showed that too much provision was organised in an ad hoc way. Too frequently, the range and nature of provision in areas were based on what had happened in the past. Local reviews of special educational needs provision occurred with very little reference to improving the outcomes for children and young people. A well thought-out strategy that included a range of provision was more likely to happen where current outcomes as well as needs had been analysed closely alongside a clear view of what could be expected from every mainstream school and from post–16 provision.

64. Five of the 22 local authorities visited demonstrated to inspectors a design for their services and provision based on a well-articulated vision for the future of the children and young people. This increased parents' confidence in the system.

65. In a further 12 local areas a review of provision had been carried out in the light of known needs and there had been a pragmatic view of the range of provision which the local authority had the capacity to provide. Officers also considered successful local independent or non-maintained provision which might be available to them. Consequently, some had commissioned from an independent provider regular access to specialist places for a few pupils with highly complex needs, recognising that the cost was less than having to set up such a specialist resource themselves. In such examples, value for money as well as how best to meet the needs of young people were considered more important than trying to reduce out-of-authority placements in order to meet an arbitrary target.

66. Inspectors observed six areas where local networks worked effectively and flexible provision matched local needs. Funding from different sources was pooled in order to design interventions that met the needs of the children and

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[26] Table 1 in Annex B shows a decline in overall pupil population from 8.36 million pupils in 2003 to 8.06 million in 2010.

young people in each area rather than trying to fit them into a particular model of provision. There was evidence of improving outcomes for some children and young people in these areas, because greater flexibility enabled them to do simple things effectively that had not been possible before.

> One local area visited, supported by the local authority, had developed networks to pool some funding and services. The aim was to provide a more customised approach in the area to needs that were common. Although the work was in its early stages, there were promising signs that it was making a difference.
>
> For example, the schools needed to work with parents on communication and social skills. Employing family support workers who were shared across the small schools that were unable to fund the provision on their own and using educational psychologists to develop the work had helped to strengthen what could be provided for families. The headteachers said that the teachers had more time to focus on teaching and that children's needs were being met, in partnership with the parents. Children were starting at school with higher levels of language skill than previously. Inspectors found that having a range of personnel in schools ensured that teaching staff spent more time on their core roles.

67. The review found that providing funding which was available only if services worked together made a difference. For example, in 12 of the local authorities visited, the Aiming High initiative had improved the analysis of provision for disabled children and had promoted effective working relationships between health and social care services. It was less common, however, for frontline education staff to be involved fully. Three local authority areas had initiatives that focused on improving the access of children and young people to extended schools provision alongside other provision.

68. Funding devolved to schools for pupils with special educational needs was used flexibly by some providers. However, if the services and other provision that could be purchased by such funding were not equally flexible, the needs of the pupils in schools were not necessarily being met.

> Funding in one of the areas visited had been allocated for some time to 'families' of schools. Nearly all the schools in this network felt that this worked. Pooling funds provided services that could be shared and allocating additional resources according to a child's needs was more equitable than the previous system. Access to funds for needs at a higher level was gained through a bid to the local authority and decided on by a panel that included headteachers.
>
> Accountability focused firmly on progress and attainment. The schools were expected to assure the quality of any intervention provided by evaluating it in terms of the progress the pupil made and her or his

> attainment. This model prevented additional resources from being focused on interventions that did not maximise progress.

> Another local area visited had recently introduced arrangements to share decisions about additional funding for higher-level needs, aimed at improving joint accountability for children and young people in a community. However, in this example, the schools in the networks were less committed to the system. In three of the networks, although the primary schools were in favour of the new arrangements, the larger schools, particularly secondary schools, felt the system was bureaucratic and time-consuming, relative to the additional resources that might be made available. The additional funding was not being used as creatively and as flexibly as it was in well-established areas using the 'pooled money' approach described above.

69. Additional barriers to accessing services were found from case studies and local authority visits where a child might have care or education provided by one local area and yet the doctor was registered in another, preventing easy access to health provision (from the primary care trust). This occurred particularly where thresholds and entitlement were different in different areas.

70. The visits to providers and the case studies showed that the identification of special educational needs often paid little regard to a young person's needs in relation to their family or social contexts. When this was the case, access to services focused only on educational needs and not enough emphasis was given to dealing with other needs at the same time. In the best authorities visited, there was a shared understanding across services of the desired outcomes of any package that was designed to address a child or young person's needs. The necessary contributions from social care, education and health were clearly identified. From this, a comprehensive package was developed to meet the needs rather than fitting the needs of the child into the provision that was usually offered. This was often at less cost than if services operated separately and without flexibility.

> In one area, a family that was having difficulties with their child at home, particularly on his return from school, had asked for support. Initially, after-school care, available in the area, and transport to and from this was offered. The parents were unsure about this level of support and felt it would prevent their child from being a full part of the family. After discussions with the family, the social worker identified that the desired outcome was for family life to be calmer and for the mother to be able to cook a family meal after school. Following this discussion with the parents and involving staff at the child's school, a solution was found. The child enjoyed using a trampoline. By providing some funding for the family to level the garden outside the kitchen window and provide this equipment, the child was able to return from school and enjoy an activity. This was

supervised by his mother and she was also able to work in the kitchen at the same time. This helped to ensure that evenings were calmer and one of the parents was able to cook the family meal. The cost was far lower than daily after-school care, with transport provided, and the intervention met the desired outcomes for the child and the family.

71. In the local areas that took a holistic view of disabled children's needs, the range of out-of-school provision was also planned carefully to meet the needs of the local community. Areas that had used the programme Aiming High for Disabled Children to review provision, analyse need and ensure greater equity were more successful in offering provision that met the expectations of a wider group of parents and young people.[27]

In one area visited, work initiated by Aiming High had triggered a review of out-of-school provision for short breaks as well as social opportunities for disabled children and young people. Project leaders had involved parents and young people successfully in identifying the gaps and what was required. The flexible provision that was developed responded to the young person's needs as well as those of the rest of the family. There were opportunities for young people to attend youth clubs, supported by other young people trained as buddies, and opportunities for some family events as well. One young man expressed his enjoyment of going to events and activities with 'friends and not too many adults'. The fact that parents could use the resource allocated for care support in different ways to suit their needs was viewed very favourably. The review found that this approach supported the individual by supporting the wider family. The needs of the disabled young person were seen in a wider social context.

However, access to some of the provision depended on a particular diagnosis. This disadvantaged young people who had similar needs to those of others but who did not have a medical diagnosis.

In another area, an Aiming High project initiated a review of short break provision for all disabled young people. The development of a comprehensive database enabled project leaders to map what disabled children and young people were receiving. As a result, support for families was found to be disproportionate: some had considerable access while others had very little or none.

Action to tackle this and ensure greater equity had been started. Redistributing resources had led to challenge from parents but this had been managed well. A partnership board for parents was developed at which the area support groups were represented. Through these

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[27] For further information on Aiming High for Disabled Children, see: www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/AHDC/.

> arrangements and through clear and open communication from project leaders, even some of the families losing elements of their established care provision could recognise that the changes were fair.
>
> The mapping of resources also identified any duplication between health and social care. This was being reduced. The appointment of a consultant nurse resulted in better training for all staff in care establishments in providing interventions that, in the past, had been seen as the role of health professionals and parents. The project, triggered by the Aiming High initiative, was given full backing by the director of children's services and elected members of the council. The project leaders said that this political and high-level support had been very influential.

72. The statement of special educational needs, as it stands in the established Code of Practice is, obviously and understandably, strongly focused on education, even though other services contribute to the statutory assessment, for example, a medical assessment. Support from other agencies was often viewed by the parents, schools and local authorities surveyed as an 'add-on'. It was in order to secure what was seen as peripheral support that parents most often needed, or perceived the need, to argue for provision to be made.

73. In areas where speech and language therapy was funded jointly by education and health (case law has established that speech and language therapy can be regarded as either educational or non-educational provision, or both), access to it was found to be more readily available for a wider range of pupils, particularly at primary school age. [28] In three of the local areas, more input at secondary age, based in schools, was also being developed in response to identified need.

74. In the early years providers visited, inspectors found many examples of speech and language therapists working with larger groups of children rather than in a clinical one-to-one model. The providers' records showed the positive impact that this had on improving the communication of disabled children and those with special educational needs when they started school. Parents' understanding of the importance of their interaction with their children had grown as a result of their involvement in the sessions. There were similar ways of working in other providers. For example, therapists worked with care staff from children's homes to develop a child's communication skills or, in some of the schools visited, therapists worked alongside school staff and provided

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[28] The Special Educational Needs Code of Practice says: 'Since communication is so fundamental in learning and progression, addressing speech and language impairment should normally be recorded as educational provision unless there are exceptional reasons for not doing so' and 'Where the NHS [National Health Service] does not provide speech and language therapy for a child whose statement specifies such therapy as educational provision, ultimate responsibility for ensuring that the provision is made rests with the LEA [local education authority], unless the child's parents have made appropriate alternative arrangements.'

advice and guidance on how to help children and young people to develop their physical or communication skills.

75. Parents and carers of children attending the independent schools and colleges visited where the providers employed their own therapists often cited the seamlessness of this approach as a main driver for them in seeking such provision.[29] Inspectors found examples of this type of seamless provision in maintained schools as well.

> In a maintained special school visited, the speech and language therapist had a central role in the school's curriculum development. Nearly all the pupils had some form of communication difficulty and the headteacher had created a central role for the therapist in the school's planning and organisation. This had enabled better and continuing training for the staff, so that the intervention from a specialist was reinforced throughout the day by the whole staff team with expertise in this area. The curriculum was designed to maximise opportunities for communication. This was reflected both in the planning of all lessons and informally during the school day.

76. For children who had physical disabilities, many examples were seen of local collaboration across education, social care and health services to share equipment. Where this worked well, a swift assessment of need was carried out and the necessary equipment was supplied very quickly. Sometimes it was as a 'stop gap' until something more individually designed could be provided. This helped to use resources efficiently and was valuable in ensuring that all children and young people had access to care, education and respite or other provision.

> In one of the areas visited, outreach work by the area's special school was part of the physical disability advisory service. All providers, including private and voluntary-funded early years settings, had easy access to its assessment service at no cost. The well-developed system for lending equipment meant that access to resources was timely. This had improved the early identification of needs and meant that more children were able to participate in a wider range of activities.

> Another area had an augmentative communication service, funded jointly by health and education. Therapists and education professionals worked alongside technicians. The service was highly responsive in assessing children who were identified as having particular communication needs.

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[29] The Bercow report recommends that a range of information, advice and support should be readily available to families, particularly at key stages in a child's life. It also emphasises that families are central to improving outcomes for children and young people.

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> The review's case studies found plenty of evidence of children's and parents' satisfaction with this augmentative communication service. Not only did the service assess and supply supportive technology, but it also worked closely with its partners to identify weaknesses in the current systems and improve what was available. The pooling of equipment gave children and young people quick access to temporary equipment when they were waiting for tailor-made solutions to meet their individual needs.

77. In the providers visited, staff working with children and young people with social and emotional difficulties often struggled to get external support from agencies other than their local authority's education-based behaviour support services. Access to child and adolescent mental health services was very variable. In the areas where education providers were well supported, the child and adolescent mental health services worked closely with education and social care staff. This enabled providers to have a better understanding of how to provide support for less complex needs or before difficulties became more acute. Such support reached more children, so enabling specialists who had the highest levels of expertise to concentrate on the children with the most complex needs.

78. Support for some young people with behavioural, emotional and social difficulties and for their families depended on their attending appointments in unfamiliar places that were not always nearby, such as a specialist health centre. There were instances where families had not attended appointments and so they had been removed from the waiting list of the service. The best services actively sought to prevent this happening by working in different ways, for example by offering appointments at a familiar school site. Where the child and adolescent mental health services lacked the capacity to provide sufficient and continuing support, the best of the providers sampled had been successful in finding their own ways of providing support, as in this example.

> The headteacher of an independent special school for students with severe and complex behavioural, emotional and social difficulties reported problems working with the child and adolescent mental health services. He had made many referrals but 'about only 1% have engaged'. He found his students were unwilling to engage themselves with a service that offered appointments only at their clinics. 'They [the students] find it difficult to go to see a stranger in a strange place.'
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> In the absence of effective work with the service, the school had employed a drama therapist and a music therapist. The students had programmed sessions according to their needs, following careful assessment and, while they also had access to the onsite drama therapist at any reasonable time, this was sensibly discussed and reviewed daily to avoid 'learned helplessness', over-dependency or avoidance of other aspects of the education offered. The headteacher showed that the school was able to provide more effectively for students with more complex

needs. He said, 'The most important thing that we have done is that we can now provide for [students] here what we were not able to provide before.'

79. In the providers visited, collaboration was more effective where protocols for sharing information were clear and where those involved had developed a high level of trust based on understanding and shared accountability.

80. As with other interventions, any therapy designed to support a young person's emotional well-being was more effective when it was integrated into the rest of the provision and took account of the child or young person's family and social context. Often, the schools visited identified pupils as having special educational needs where the impact of the family or the child's social context within or outside school were considerable barriers to learning. When attempting to make good provision for such pupils, these schools often found that neither the Common Assessment Framework nor the Special Educational Needs Code of Practice were effective in engaging social care or other professional staff, such as those from youth offending teams.

81. The Code of Practice states that when pupils are identified as having special educational needs, they should receive 'interventions that are additional to or different from those provided as part of the school's usual differentiated curriculum offer and strategies'. However, nearly one fifth of the schools visited suggested that they provided many interventions that could be considered 'additional' and 'different' when, in other schools, such provision was regarded as the norm. Frequently, this provision then became the justification for defining a pupil as having special educational needs – a misinterpretation of the Code of Practice. Further, identifying special educational needs was sometimes viewed as the only legitimate route to gaining additional provision.

82. In the local areas where there were complex social issues but also the necessary expertise, the most successful providers met the needs of very many children and young people, including learners who were potentially vulnerable, without having to define pupils as having special educational needs or learning difficulties. This in turn enabled higher-level expertise to be directed towards those pupils whose needs were the most complex. Inspectors found that weaker providers did not always evaluate their own provision rigorously enough to identify whether what they were providing for individual pupils was sufficiently effective. They also did not make a clear distinction between provision for pupils who genuinely had special educational needs and those who simply needed some short-term help.

83. In the case studies of disabled children and young people and those who had special educational needs and who were also 'looked after', consistency in placements and minimal turbulence were important. If one part of their life remained stable, such as their carer, school or their social worker, this provided security and a firm basis for managing other changes.

84. The case studies undertaken included studies of looked after children who had statements of special educational needs. Nearly all the professionals to whom inspectors spoke who had key roles for these children in health or social care felt that a statement of special educational needs gave assurances that the looked after child would always have access to specific provision. They acknowledged that statements did not focus on the outcomes for a child, but they saw a statement as an important safety net for looked after children, particularly when a care placement had to change. This view of statements was also often held by staff when children who had complex needs were due to move from one school to another or into school from early years provision.

Transition

85. In all the local areas visited, the staff to whom inspectors spoke commented that the sharing of information at transition points about pupils who had special educational needs had improved over the last few years. From the early years to post–16 provision, inspectors found examples of planning that anticipated cohorts of young people moving through the system. In the better examples, providers were prepared to make provision for young people with more complex needs.

> In one area visited, the boundaries of the local authority matched those of the post - 16 college provision. The area and the college had used this to their advantage, ensuring that planning for the changes in 14 to 19 arrangements was well-developed. The local authority systematically shared information about the needs and numbers of young people coming through the system and the college had acted on the information. Expertise in the college and facilities to enable access had been improved before the young people were admitted. All this enabled a higher proportion of young people to have access to appropriate local college provision after the age of 16 and success rates for students gaining qualifications were high. The college was good or outstanding across a range of its provision.

86. The sharing of information in plenty of time was also critical at an individual level. Inspectors found that, at all ages, where information-sharing had been given suitable time, with input from specialist staff and involvement from the parents and the young person, preparation usually went well and transition was more successful. (Post–16 data are provided in Table 9 at Annex B.)

87. Many of the disabled students that inspectors spoke to who wanted to progress to higher education at the age of 18 said they had difficulties in the transition period and were uncertain whether the support they would require in order to be successful would be available. Arrangements to support their transition and to obtain the disabled students' allowance (DSA) were variable. The following example illustrates some of the difficulties encountered and the good strategies used by a college to overcome them.

A further education college carried out a survey to identify the barriers which were discouraging disabled students from gaining access to higher education. One of the barriers identified was the lack of understanding about the process for applying for the disabled students' allowance. This was perceived by respondents as lengthy and complicated. It was difficult to find a specialist assessor who could confirm the students' disability and determine the cost and extent of the support required. The college worked very successfully with a local university to establish an independent accredited centre to carry out the assessments. In 2008–09, 'Aimhigher' funding contributed to an event at the college to raise awareness of the support available for disabled students in higher education.[30] It provided information about applying to higher education and included workshops in assistive technologies and information about other support.

The independent accredited centre has now been extended throughout the area and works with further education and higher education to provide a one-stop shop for students at this transition stage.

88. In all the local areas visited, access to appropriate and effective provision from the age of 14 to 16 was improving, and the range of educational opportunities for young people was widening, often as a result of local partnerships with colleges. However, only in two of the areas visited was this having a substantial impact on the young people over the age of 16 who had the most complex needs. A great deal of work still needed to be done to ensure that, at Year 11, all young people had real choices. For many of those with complex learning difficulties and/or disabilities at the age of 16 and over, the choices of courses and other opportunities were very limited.

89. It was rare to find education provision equivalent to 25 hours over five days for a college course for young people with learning difficulties and/or disabilities, although this was common for post–16 students in the schools and independent specialist colleges visited. Some young people with the most complex needs who wanted post–16 provision in colleges were offered only 16 hours a week. This gave them insufficient learning time to develop and apply new skills. Where the colleges visited were able to provide 25 hours of education or training, this was done through cooperation with and additional resources from social care services. Alternatively, the college itself made extra provision outside the accredited programme.

90. At the post–16 stage and particularly for students from the age of 18, different providers and services had very different levels of additional support or

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[30] Aimhigher is a national programme which aims to widen participation in higher education by raising awareness of higher education, as well as the aspirations and attainment of young people from under-represented groups. For further information, see:
www.direct.gov.uk/en/EducationAndLearning/UniversityAndHigherEducation/DG_073697.

intervention. For example, in a special school, there is likely to be on-site provision for speech and language therapy, but this is unlikely to be so for learning provision at a workplace. At the same time, the workplace provision might be more appropriate even for a learner with particular speech and language needs. This variability was often a cause of frustration for students when considering their future options.

91. The foundation learning pathway was designed to extend and improve access to high-quality, post−16 provision.[31] However, the post−16 providers visited were concerned that the focus on qualifications was disadvantaging young people with the most complex needs and the lowest attainment because the qualifications available did not meet the needs of all young people.[32] Moreover, inspectors found no systematic support for students who had completed a level 2 or 3 qualification but whose disabilities made it more difficult for them to learn the necessary 'job skills'. Visits to the post−16 providers also confirmed that some awarding bodies were not meeting the requirements of the Disability Discrimination Act, since some online assessments for qualifications were not accessible.

92. The funding for certain work-based programmes is often related to an expectation of achievement of an accredited level within a specified time. Disabled young people and adults may take longer than the expected time, so employers and training organisations were often reluctant to make commitments, finding it more advantageous to accept people who were more able to achieve within the prescribed time. There was concern that the funding agreed for some programmes would be sufficient only for three days each week, even when the section 139a assessment of learning difficulty had suggested a possible 'package' of learning for a full week.

93. Nine of the Learning and Skills Council offices visited used development funds for projects that encouraged young people with learning difficulties and/or disabilities to move on to sustained employment or meaningful supported employment. However, such projects were often short term and could not be funded from established and permanent budgets. The following is an example of good practice seen by inspectors during the review.

> A project, under licence to Project Search USA, offered an employment-focused education programme, designed to give students with learning

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[31] Foundation learning pathways aim to 'establish more flexible and coherent qualifications that recognise achievement at Entry level and level 1'. Further information on the foundation learning pathway is available at: http://www.excellencegateway.org.uk/foundationlearning.
[32] In June 2010, the Young People's Learning Agency published *A guide to funding foundation learning*, in part to address some of the issues raised. Ofsted will be considering the impact of these changes in its forthcoming survey on provision for young people with learning difficulties and/or disabilities aged 16 to 25. http://www.ypla.gov.uk/publications/latest/Detail.htm?id=b19e39a4-51dd-459a-b890-bc7428607687.

difficulties and/or disabilities the opportunity to learn about the world of work. The aim was that they should develop employability skills and try out real jobs with an employer.

All the activity, including specific employment training and preparation, was provided on the employer's site. The programme required those involved to have high aspirations for and expectations of disabled young people that would help to support them towards employment. Placements involved time and commitment from the manager of the section where the student was working, the workplace mentor, the job coach, the tutor and the student. All these had a written statement of their responsibilities and the agreed systems for communication.

Each morning, students started in the workplace with an hour with their tutor. This time was used to look at employability skills such as job applications and specific literacy or numeracy skills related to the placement. After that session, the students started the work placement, supervised by a mentor who was an employee of the company. After five hours, the young person returned to the training room to reflect on her or his experiences and to raise any issues with the tutor.

The job coach worked with the employer to identify the opportunities for work trials (known as rotations). Each student had three placements of 12 weeks for each rotation. The job coach and the employer identified roles that students could carry out and developed a job description. Mentors provided regular feedback to students and tutors and the job coaches used systematic training models of instruction and coaching, adapted for each student as required.

Of the six students who completed the programme in a local hospital in 2009, four gained employment and two left for personal reasons. When inspectors visited the next year, a further eight young people had joined the programme

94. Effective links between agencies to prepare young people to move on at age 18 and above were insufficient, particularly between education provision, adult social care, health services and Jobcentre Plus. Job coaches and other initiatives to support employment were successful in helping young people with learning difficulties and/or disabilities to get access to work.[33]

95. Where transition to adult services post–18 was most effective, schools and colleges were preparing students well for independence with practical courses relating to everyday life and an emphasis on strengthening their functional

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[33] Job coaches are trained specifically to identify the skills and competencies needed to complete tasks in particular jobs and they train people to develop those skills in the workplace. In some of the most effective practice, this may be provided for several months or up to a year.

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literacy and numeracy skills. This independence was often achieved by a considered reduction of additional learning support and rehearsal of everyday living skills. Specific projects introducing supported employment were found to make a considerable impact on the aspirations of young people and their carers. Opportunities for supported employment or other gainful and meaningful activity post−19 were variable across the country and, in some areas, were very limited.

96. Many parents and carers – and the young people themselves – had limited understanding of the range of possibilities open to their child post−18. The review found that the majority of local authorities were not providing easily accessible information about the transition to adult services. This caused high levels of anxiety, particularly when parents, carers and the young people did not understand the differences in funding arrangements or why particular support stopped or changed. A change of social worker on transition to adult services often contributed to their anxiety. In the best practice found during the review, there were carefully planned handover procedures and a consistent key point of contact oversaw the transition.

Teaching and learning

97. During the visits to providers, the lessons observed for disabled children and young people and those with special educational needs, of all ages, varied in their quality. The characteristics of the best lessons were:

- teachers' thorough and detailed knowledge of the children and young people[34]

- teachers' thorough knowledge and understanding of teaching strategies and techniques, including assessment for learning

- teachers' thorough knowledge about the subject or areas of learning being taught

- teachers' understanding of how learning difficulties can affect children and young people's learning.

These were the essential tools for good-quality teaching with any group of children or young people.

98. Where children and young people's learning was good or outstanding, there had been careful assessment. Teachers had used this to focus their teaching and to ensure that they tackled any gaps in children and young people's earlier learning. Where the children and young people were learning faster or more slowly than originally expected, the best teachers seen were confident to adjust the lesson to take account of this. A focus on what children and young people

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[34] The term 'teachers' includes tutors and instructors.

were learning, rather than on just keeping them busy, was also critical to success. This included giving children and young people time to think and work out problems for themselves. Where children and young people felt they had failed in their earlier learning, feedback from staff was particularly important. For example, in the outstanding lessons seen, careful, unequivocal feedback built on success and what pupils could do. The most effective lessons had a clear structure that was explained well to the children and young people, so that they knew what they would be doing and what they were aiming to learn. Teachers knew how to adapt the structure to fit what the children and young people needed to learn.

99. Barriers to learning which were observed by inspectors included lack of careful preparation and poor deployment of adults to support children and young people. Where additional adult support was provided in the classroom for individuals, this was sometimes a barrier to including them successfully and enabling them to participate. In too many examples seen during the review, when a child or young person was supported closely by an adult, the adult focused on the completion of the task rather than on the actual learning. Adults intervened too quickly, so preventing children and young people from having time to think or to learn from their mistakes.

100. Learning was better when the children and young people were given a say in deciding the support they needed at any particular time, often including identifying times when they would like to be left alone. The students in the secondary schools and colleges visited usually preferred low-key support that did not make them feel different from the other students.

101. Disabled children and young people and those with special educational needs made good or outstanding progress in 130 of the lessons observed by inspectors. In all but two of these lessons, opportunities had been planned for them to work with their peers in pairs or small groups. This was observed across all ages. For those who found it difficult to collaborate, there was as much preparation to help them to learn to work with others as there was on the academic content of the lesson. However, inspectors saw too many lessons where children and young people were prevented from working with their peers. This was because, even when the teacher had planned collaborative activities, it was assumed that those with special educational needs would work with the additional adult in the class, as illustrated in this example from one of the secondary schools visited.

> A partially blind pupil found socialising with her class mates difficult. In lessons she needed to sit at the front and she had a member of the support staff with her in all her lessons. The inspector watched a good humanities lesson. It was well planned to include a range of pupils with different needs, and collaboration in pairs and small groups was integral to the lesson. However, the partially blind pupil was only ever partnered with the learning support assistant. When the inspector talked to the

pupil, the pupil confirmed that this was always the case and suggested it was because of her disability.

102. The following characteristics were found in the best lessons observed. Although these features are true for good teaching generally, they are particularly true for the teaching of disabled children and young people and those with special educational needs.

103. When children and young people learned best:

- they looked to the teacher for their main learning and to the support staff for support

- assessment was secure, continuous and acted upon

- teachers planned opportunities for pupils to collaborate, work things out for themselves and apply what they had learnt to different situations

- teachers' subject knowledge was good, as was their understanding of pupils' needs and how to help them

- lesson structures were clear and familiar but allowed for adaptation and flexibility

- all aspects of a lesson were well thought out and any adaptations needed were made without fuss to ensure that everyone in class had access

- teachers presented information in different ways to ensure all children and young people understood

- teachers adjusted the pace of the lesson to reflect how children and young people were learning

- the staff understood clearly the difference between ensuring that children and young people were learning and keeping them occupied

- respect for individuals was reflected in high expectations for their achievement

- the effectiveness of specific types of support was understood and the right support was put in place at the right time.

104. When children and young people's learning was least successful:

- teachers did not spend enough time finding out what children and young people already knew or had understood

- teachers were not clear about what they expected children and young people to learn as opposed to what they expected them to do

- the roles of additional staff were not planned well or additional staff were not trained well and the support provided was not monitored sufficiently

- expectations of disabled children and young people and those who had special educational needs were low

- communication was poor: teachers spent too much time talking, explanations were confusing, feedback was inconsistent

- language was too complex for all children and young people to understand

- the tone, and even body language, used by adults was confusing for some of the children and young people who found social subtleties and nuances difficult to understand

- activities and additional interventions were inappropriate and were not evaluated in terms of their effect on children and young people's learning

- resources were poor, with too little thought having been given to their selection and use

- children and young people had little engagement in what they were learning, usually as a result of the above features.

105. The schools visited where the teachers and support staff had enough knowledge and understanding to meet the needs of the majority of pupils as a matter of course had fewer pupils who required additional intervention. There was therefore more time for specialist staff to assist teachers and help meet the needs of pupils with more complex difficulties from a base of very good teaching and learning.[35]

106. These schools usually had a rolling programme of learning and development for all staff that included extending the teaching strategies that had been found to be successful, particularly for children and young people with special educational needs. The main aim of the National Strategies' Inclusion Development Programme was to improve 'quality first teaching'.[36] In a few of the schools visited, this resource had been used to improve the knowledge and understanding of all staff. Similarly, in the post-16 providers visited, a focus on developing the expertise and skills of staff was helping to improve outcomes for the young people. Inspectors also found good practice in post-16 provision, as exemplified below.

> A further education college had an exceptionally well-qualified team of specialists, including the services of an educational psychologist, who supported learners with a wide range of learning difficulties and disabilities.
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> The college developed an innovative Foundation degree in Inclusive Practice, validated by a university. To begin with, the degree was seen as

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[35] The Salt Review found that although there had been significant investment in the wider special educational sector, there had been insufficient focus on severe and profound and multiple learning difficulties. The best-quality teachers were not being consistently attracted to work in provision of this type. Many felt they were inexperienced or ill-prepared to teach learners with specific learning difficulties or profound and multiple learning difficulties.

[36] For further information on the Inclusion Development Programme, see: http://nationalstrategies.standards.dcsf.gov.uk/node/116691.

a professional development route for staff, taught by staff at the college. However, staff in other local organisations who were working with disabled learners showed an interest in opportunities for this form of professional development. The degree offered the college's partners, such as schools, social care services, the health authority and voluntary organisations, a qualification which increased staff's skills in ensuring that a young person's needs and choices were at the centre of all planning.

The qualification focused on work-based theory and practice, relevant to a range of disciplines. All the participants worked with people with learning difficulties and/or disabilities and were required to complete a range of tasks as part of their learning, reflected in the assessment criteria. Work-based mentors supported them in the workplace, taking responsibility for ensuring they had the relevant experiences to meet the requirements of particular course modules.

The first cohort completed the degree and was very positive about the benefits of the course, particularly in terms of their practice. The college has created new posts at a higher level for support staff to recognise the significant contribution they make to the quality of learners' experiences and the college's success rates.

Outcomes

107. The outcomes for children and young people across broad areas of learning and development were inspected.

Summary

- Achievement for disabled children and young people and those who had special educational needs was good or outstanding in 41% of the visited provision and in 36% of the case studies. It was inadequate in 14% of the visited provision and 14% of the case studies.
- In the colleges visited, the young people who received additional learning support achieved as well as other students on the same courses. However, the colleges did not routinely keep data to show how far these students had become more independent as learners.
- Across all the education providers visited, the keys to good outcomes were good teaching and learning, close tracking, rigorous monitoring of progress with intervention quickly put in place, and a thorough evaluation of the impact of additional provision.
- High aspirations and a focus on enabling children and young people to be as independent as possible led most reliably to the best achievement.

Academic progress

108. At Key Stage 2, the proportion of young people achieving Level four in English and in mathematics has increased for those with and without special educational needs in recent years. In English, between 2005 and 2009 the increase was one percentage point for students with a statement of special educational needs, six percentage points for students identified as having special educational needs but without a statement, and one percentage point for all students. The attainment gap at Key Stage 2 has narrowed by five percentage points for pupils without a statement in both English and mathematics during the last five years (see Tables 3 and 4 in Annex B). The attainment gap, however, has remained similar to the 2005 figures for pupils with a statement.

109. At Key Stage 4, the proportion of young people achieving five A* to C grades at GCSE including English and mathematics has also increased for those with and without special educational needs in recent years. Between 2005 and 2009 the increase was 2.6% for students with a statement of special educational needs, 9.6% for students identified as having special educational needs without a statement, and 8.2% for all students. On this measure, the attainment gap against national outcomes has therefore increased over the last five years by six percentage points for those with statements of special educational needs and narrowed slightly, by one percentage point, for those identified as having special educational needs but no statement (see Table 5 in Annex B).

110. Children and young people who have special educational needs continue to be over-represented in disadvantaged groups:

   ■ free school meals: pupils with special educational needs (with and without statements) in maintained primary and secondary schools are twice as likely to be eligible for free school meals as their peers.

   ■ looked after children: at 30 September 2009, approximately 27% of the 32,300 looked after children who had been looked after continuously for at least 12 months and were eligible for full-time schooling had a statement of special educational needs.

   ■ minority ethnic groups: Travellers of Irish heritage and Gypsy/Roma children, Mixed White and Black Caribbean, Black Caribbean, Black African, Pakistani children and young people are largely over-represented as having special educational needs.

111. High aspirations and a focus on enabling children and young people to be as independent as possible led to the best achievement and preparation for the future. Leaders asked challenging questions about the progress and attainment of every young person, using whatever information was available to compare their progress against that of others, and a range of guidance and systems for supporting pupil progression. None of the most effective providers made excuses for lower rates of progress. However, too many of the schools visited

quickly dismissed the expectations in the National Strategies' Progression Guidance as too high, without proper consideration. [37]

112. Inspectors found good or outstanding outcomes for children and young people both in providers where there were high proportions of pupils identified as having special educational needs and in those with lower proportions. There was no benefit in identifying high or low proportions if the school had a clear grasp of the interventions and resources needed to improve progress.

Progress in other areas

113. Children and young people who have special educational needs are much more likely than their peers to be excluded and to be absent from school.

■ Permanent exclusions: pupils identified with special educational needs (both with and without statements) are over eight times more likely to be permanently excluded than pupils without special educational needs. In 2008/09, 24 in every 10,000 pupils with statements of special educational needs and 30 in every 10,000 pupils identified as having special educational needs but without statements were permanently excluded from school. This compares with three in every 10,000 pupils without special educational needs.

■ Fixed-term exclusions: pupils with statements of special educational needs receive eight times more exclusions than those with no identified special educational needs. Those pupils identified as having special educational needs but without statements receive six times more exclusions than pupils without such needs.

■ Around one in five pupils with a statement of special educational needs, and one in seven pupils with special educational needs but no statement had a fixed-term exclusion during 2008/09 compared with about one in 45 pupils with no special educational needs.

■ Attendance: the percentage of pupils in 2008/09 who had special educational needs who were persistently absent from school (20% of the time) was 9.3% compared with 3.3% for all pupils. [38]

114. In the good and outstanding providers, alongside high aspirations for academic achievement there was a very well-understood view of how to help an individual become as self-reliant and as independent as possible. The ambitions expressed by the young people were taken into account when devising the curriculum and

[37] The National Strategies developed Progression Guidance with the former DCSF to provide better data for schools on how well pupils with special educational needs, learning difficulties and disabilities are progressing. Further information on the guidance is available in: *Progression guidance 2009-10* (00553-2009BKT-EN), DCSF, 2009; http://nationalstrategies.standards.dcsf.gov.uk/node/190123.
[38] *Pupil absence in schools in England, including pupil characteristics: 2008/09* (SFR07/2010), DCSF, 2010; www.dcsf.gov.uk/rsgateway/DB/SFR/s000918/index.shtml.

support. For some young people, having someone to help with their personal care may be a lifetime requirement but, in the most effective provision, learning to manage this and have choices and control over how this was done were very important in developing independence.

> A special school for children and young people with a range of disabilities and with a high proportion of pupils who had autistic spectrum disorders made increasing independence a high priority. Applying the skills learnt at school in the home and community was critical to success for the pupils. So, too, was the ability to cope with the unexpected.
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> The curriculum had been designed in close collaboration with speech and language therapists to establish sessions to learn and rehearse skills to cope with anticipation and surprise. The pupils were making good progress and the carefully staged approach to work enabled them to learn their own ways of behaving acceptably in situations they would face.
>
> In a similar way, learning to travel independently was managed through a carefully structured programme that involved parents and carers fully. Although a few parents were still anxious, the majority were extremely supportive and worked hard with the school to reinforce these steps in learning at home.

115. Good attendance was seen as key to maximising achievement. Good strategies, based on high expectations for attendance, and rewarding activities used by children's homes were found to be very important for children who were looked after and reluctant to attend school. The following is an example of effective strategies used in one of the children's homes visited.

> A teenage boy had a history of absconding and not attending school at all. When he started at the children's home, the staff made a concerted effort to find activities that he found motivating. In conjunction with the school, the boy and the care staff negotiated a system where these activities were planned into the latter part of the school day as a reward for attending the more academic lessons in school. The activities were designed to provide opportunities for using literacy and numeracy in everyday situations. For example, before a bike ride he had to plan the route, including map-reading, calculating mileage and speeds, servicing his bike, and preparing drinks and food that supported energy levels and gave the right levels of nutrition. He also undertook a First Aid qualification. Alongside this work, the staff at the children's home and school helped him to raise his aspirations about what he could achieve. At the time of the inspection visit, the boy's attendance at school was 90%. He was relying less on frequent rewards and, in the previous two months, had lost only two favoured activities as a result of missing the academic aspects of school.

116. Even when a child's health needs made it particularly difficult to improve attendance, the better schools worked around this in other ways. For instance, the schools made the most of liaison with the home or hospital during absence and, when the pupil returned to school, they made catching-up a priority. In the best schools, parents and carers were confident that any health or medical needs would be provided for and so were happy to enable their child to return to school as soon as her or his health permitted. The following case study of a disabled young person attending a maintained secondary school illustrates how medical staff had made changes that benefited the young person.

> The student had a wide range of medical appointments and attendance at school was therefore sporadic. The parents raised their concerns and medical consultants agreed to arrange appointments in groups and, as frequently as possible, also arranged them at times that minimised school absence. This simple solution helped to improve attendance considerably and minimised the need to catch up with missed work without any detriment to the pupil's health.
>
> The student was helped to achieve his full potential and, having passed numerous GCSEs with A and B grades, had moved on to study for A levels to further his ambition to become an architect.

117. Understanding that expertise did not lie with only one service was important in ensuring that children and young people made the best possible progress. The providers that used a team approach across services to analyse need and develop programmes were more effective. The analysis of the case studies showed that when children and young people faced difficult circumstances, education provision alone could not produce good achievement or attainment. It was found to be extremely important to ensure joined-up support across education, care and health in order to tackle all potential barriers to learning.

118. Recognising the community in which children live as well as the one in which they are educated was found to be important when planning for successful intervention, particularly for those in the most complex circumstances and those that had complex social and emotional needs. For example, it was more effective for a school to work jointly with voluntary agencies to tackle a young person's behaviour in the home or community than to try to tackle the problem alone.

> A special school providing education for young people with behavioural, emotional and social difficulties from an inner-city area worked effectively with a local voluntary agency dealing with gang culture. By recognising that others had more knowledge about the context to which some of the pupils were returning at the end of the school day, joint work with the voluntary agency had increased the understanding of the school's staff. In turn, this enabled the school to reflect on how its work related to the young person's life more widely.

119. In the more effective social care providers visited, the relationships between staff in the children's home or residential part of a school and the educational provision were seen as crucial to helping a young person who was looked after make as much progress as possible. The distinctions between home and school were clear, but consistent approaches towards behaviour and support for learning were well established and valued. Efficient communication based on trust and recognition of the importance of everyone's role was essential for this to happen.

120. For children and young people who attended residential schools or colleges away from their home, it was particularly important to understand their local context. The focus groups raised this as a concern at the beginning of the review. Inspectors found that preparation for moving 'back home' when education finished was of variable quality. The visits to the small number of residential providers for secondary-aged and post-16 students showed that too few of them had links with services in the 'home' authority that were good enough for choices about destinations to be clear and options to be realistic. Some students had to rely on their parents visiting the Connexions services in their home area, not always accompanied by the students themselves.[39]

121. All the providers carried out some preparation for children and young people who were moving to a new institution or setting, but they rarely built in the skills that might be required at the next stage of their life. Opportunities were often missed for children and young people to practise dealing with some of the more difficult situations that they might meet in their next setting or outside school. Importantly, an over-cautious approach or lack of understanding meant that schools could be in breach of the duties of the Disability Discrimination Act in making reasonable adjustments.

> In two secondary schools, pupils with complex needs were achieving well academically but opportunities for them to learn more about what they might have to face outside school were not maximised. A well-intentioned concern about too much challenge for the pupils reduced the opportunities for them to learn. For example, one of the schools thought that a pupil who found coping with change and noise difficult might have found a school trip to the theatre to be challenging. However, the pupil's parents felt that this was an important opportunity for learning and asked that, if they prepared him, he could join the trip. Letting him know about what to expect and a visit to the theatre in advance enabled him to join the trip and enjoy the experience.

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[39] In March 2010, Ofsted reported on the importance of high-quality information, advice and guidance to enable young people, as well as their parents and carers, to make well-informed choices about the next steps in education, training or employment, particularly at age 16 and beyond. See: *Moving through the system – information, advice and guidance* (080273), Ofsted, 2010; www.ofsted.gov.uk/publications/080273.

> In contrast, in another school, the parents had agreed with the school's view and the pupil did not join any additional events or activities outside the core curriculum, although she told inspectors that she would have liked these opportunities.

Participation in events and other activities

122. Inspectors asked headteachers and other senior leaders to tell them about the extent to which disabled children and young people and those who had special educational needs participated in activities and events outside the usual curriculum. A fifth of the providers visited were unable to provide any evaluation of this.[40] In the 112 providers that could provide information, inspectors found that levels of participation in eight of these were inadequate – that is, the proportions of disabled children and those with special educational needs who were involved in a range of additional opportunities were much lower than for young people who did not have special educational needs. The providers that were judged to be good or outstanding took positive action to help these children and young people to become more involved in activities, but such action was rare in the 45 providers judged as no better than satisfactory in this aspect.

> In one of the schools visited, senior staff had analysed the participation of different groups of pupils. They found that pupils who had special educational needs participated well in the activities and clubs that took place during and after school but, compared with other pupils, they took less part in residential trips and full-day educational visits. The senior staff were already planning to work with parents and the young people to identify why the take-up of these opportunities was lower.

123. Senior staff in providers that took a holistic view of a child or young person's life held very useful information about how she or he was involved in activities outside school, as in this example.

> A special school for pupils with behavioural, emotional and social difficulties monitored closely their involvement in constructive activities outside school. The information gained was used to make sure that other agencies could intervene outside the school day. It was also used to identify where a pupil might benefit from a wider range of activities and was used to shape the curriculum.
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> The success of this was demonstrated by the number of pupils who took up new constructive activities outside school time. For some, there was

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[40] In nine of the 150 providers visited, inspectors did not make a judgement on levels of participation overall for a range of reasons: good practice visits focusing on one element of provision; young people were in secure provision; inspectors carried out only case studies because of the very low numbers of children and young people at a particular provider.

also a boost to their self-esteem, generated by their success in unfamiliar activities. Tracking the pupils' involvement was important and the pupils themselves knew their participation mattered.

124. Previous institutional inspections had found formal safeguarding training and practice in place in all the providers visited as part of the review and inspectors found nothing to raise any concerns about safeguarding on the survey visits undertaken for the review itself. However, although the parents have primary responsibility for the safety of an excluded child, providers rarely considered the impact of exclusions and low attendance on the child's safety. Even some of the special schools visited were not always robust in challenging the reasons for absence and paid insufficient attention to what the pupil was missing when she or he was absent from school.

Relationships

125. Inspectors found that very few children over the age of eight who had a disability or special educational needs were without friends. However, the opportunity for children to meet friends outside school was severely limited in a fifth of the providers visited, especially for children with the most complex needs. In the local areas where the Aiming High initiative had prompted a more detailed review of access to activities outside the school day, including short breaks, more children and young people said they were satisfied with how they were able to meet friends outside school.

126. Very few children and young people reported any concerns to inspectors about bullying; those that did do so felt that any incidents of bullying had been dealt with suitably and rapidly. Nearly all the providers monitored the extent to which children and young people were bullied but few considered that they might evaluate the experiences of disabled children and young people or those with special educational needs as a separate group. Work had recently begun in one of the local areas visited to encourage better practice in monitoring but, at the time of the review, it was too soon to see the impact of the monitoring other than noting an initial increase in the number of incidents being recorded.

127. Inspectors found it was not enough simply to make sure that bullying did not happen within the provision itself; disabled children and young people also needed to be prepared for what they might encounter elsewhere. In the best examples, drama and film were used to help teach children and young people how to react in different circumstances and give them opportunities to rehearse their responses.

Monitoring, evaluating and recording progress

128. The monitoring of the academic progress of disabled children and young people and those with special educational needs varied in quality within and across all the types of provision visited.

129. Most of the providers visited recorded the progress made by disabled children and young people and those who had special educational needs, but the quality of their analysis was variable. The special schools visited frequently collected a wealth of information, for example from continuing assessments, but staff found it difficult to use such information to question and challenge what they provided.

130. In the less effective providers visited and in the case studies collected where children and young people had made less progress, monitoring and evaluation and the subsequent challenge were usually absent. A culture of excuses was common, as was a lack of drive and ambition to ensure that the pupils grasped every opportunity to learn. A number of comments to inspectors made by staff in a range of types of provision highlighted low expectations. This was starkly evidenced in the comments made by a teacher in a special school who said: 'You wouldn't expect to see progress, would you, with such difficulties?'

131. Across all the providers visited, information other than anecdotal accounts about the success and destinations of previous students was limited. In all phases, the lack of such information made it difficult to evaluate what the provider had contributed to ensuring the longer-term success in education, as well as in employment and training, of young people after the age of 16.

Accountability

132. The systems of accountability encountered during the review were more effective when they focused on the outcomes for children and young people over time. The most effective providers and areas applied themselves to improving their provision, based on a very clear view of the outcomes they wished to see for children and young people.

Summary

- Over half the schools, colleges and local authorities visited placed little emphasis on improvements in progress or other outcomes, including destinations, as a measure of the effectiveness or the quality of provision.
- However, in the areas where there was close evaluation of the outcomes of different types of provision, additional support for children and young people was correspondingly more effective. Evaluation of this kind also supported more effective initial assessments of need.
- In the local authorities where smaller-scale systems – those below the level of the local authority area as a whole – had been established for allocating resources, there were usually better working relationships between providers and greater trust in the system from parents. This was more often seen in the early years.
- Once children and young people were assessed as having particular needs and consequent rights to specific support through a statement,

- the accountability system focused schools and parents on processes and on how much support was being provided.
- While the annual review process for statements and School Action Plus should focus sharply on the progress of the child and challenge the effectiveness of additional provision, this was not always the case.
- The legislative framework for special educational needs holds schools and local authority education services to account. Other agencies, such as the health service, are not held to account in any similar way.
- In turn, schools and other agencies had different expectations of people providing additional support for young people, such as physiotherapists or social workers. This led to confusion and frustration about these services and also for parents.
- The evaluation of young people's progress within post-16 provision was limited, and inspectors saw no consistent system for tracking the outcomes for students following section 139a assessments.
- At the time of the survey, acting on section 139a assessments was compulsory only for provision that was funded by the local authority and, as such, this arrangement did not hold to account those funded by the Learning and Skills Council and Department for Work and Pensions in the same way.[41]
- In eight of the 22 local authorities surveyed, inspectors found the analysis and use of progress information for children and young people with the most complex needs were less well developed than for pupils whose academic achievement could be measured using the levels of the National Curriculum.
- In the providers where there had been direct commissioning of services based on clear service-level agreements across health, education and social care and other partners, joint accountability for the outcomes of the children and young people was better.

133. The best practice in evaluation seen by inspectors ensured that:

- there was analysis of outcomes for individuals and cohorts of children and young people
- the views of young people and their parents or carers were taken into account
- there was regular challenge to the possible achievement and destinations of children and young people
- all services 'signed up' to the provision and monitored resulting outcomes
- distinctive roles were recognised while understanding the need to work flexibly to achieve joint goals.

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[41] The Apprenticeships, Skills, Children and Learning Act 2009 came into force on 1 April 2010, that is, after the inspections for this review were completed. The Act has not removed explicitly the anomalies in terms of which organisations are held to account for section 139a assessments.

134. In the most effective providers and areas visited, where there were positive or rapidly improving outcomes for disabled children and young people or those with special educational needs, there were clear lines of accountability between services and providers as well as stakeholders. Outcomes were regularly evaluated and inspection was seen as an important driver of improvement.

135. Legislation and guidance in the area of special educational needs and disability are far-reaching and there has been a tendency to add to rather than replace what is already there.[42] The statutory duties relating to children and young people with special educational needs, originally developed in the social and legal context of 1981, and the subsequent amendments to those duties do not always sit comfortably with more recent legislation and policy. The local authorities visited were generally struggling to find ways around these difficulties. In addition, it was difficult for providers and local authorities visited to distinguish between what was statutory and what was for guidance only.

136. The framework for special educational needs dictates that the work of different agencies is coordinated and provided by education services. Only schools and education services within local authorities are held to account by the system of special educational needs Tribunals (see Annex B).[43] Therefore, although collaborative work across different services is encouraged, the ultimate accountability rests within education.

137. However, the local authorities visited felt that some government policies worked against others. For example, community schools were held to account for developing partnerships to tackle behaviour and attendance but these relied on the willingness of academies and voluntary aided or foundation schools to cooperate.[44]

Accountability across services and the national indicators

138. The current system of accountability across services is problematic for three reasons:

- Accountability focuses more on what is provided rather than the outcomes for disabled children and young people and those with special educational needs.

- The prime driver for meeting the needs of children and young people with the most complex needs is through a statement of special educational needs

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[42] Annexes A and C outline some of the legislative background.

[43] The Tribunal hears and decides upon parents' appeals against decisions by local authorities on their children's special educational needs. The Tribunal system relates only to school-age children under the age of 16 and has no brief for health services and social care. For further information, see: www.sendist.gov.uk/.

[44] The importance of cooperation is noted in *Children missing from education* (100041), Ofsted, 2010; www.ofsted.gov.uk/publications/100041.

(and different services are not held accountable for their contributions in the same way) or a section 139a assessment which holds only local authority-funded post-16 provision to account.

■ Although there is one set of national indicators, education, social care and health services are held to account in different ways and for different aspects, some of which are judged by outcomes, some by the timeliness of processes and some stem from self-assessment.[45]

139. Outcomes for children and young people were more positive in the nine local areas where providers and different services had been working together effectively for some time. Accountability was robust, based on the outcomes for all children and young people, including those who were disabled. The analysis of outcomes and provision for disabled children and young people and those who had special educational needs went well beyond looking at the national indicators and included stakeholders' views. When developing their provision, the areas considered carefully the outcomes children and young people needed, as well as those wanted for them by their parents.

140. In nine of the local authorities surveyed, joint work between agencies was well-established. However, this did not always transfer to the providers themselves. In over half the sampled provision, arrangements for holding other agencies to account for their contribution to improving the outcomes for disabled children and young people and those who had special educational needs were poor or non-existent. In 62 of the 82 case studies analysed where children and young people experienced the least success, collaboration across different services, even though different agencies were aiming towards common goals, was insufficient.

141. Inspectors found that as long as accountability measures operated separately across services, children's needs would not be met by a suitably holistic assessment and a common requirement to act upon that assessment. Government departments and services within the local authorities visited had different and conflicting expectations of a single provider. For example, staff from some services expressed concern that the requirement to reduce waiting times for assessment conflicted with the need for a service to support children and young people who had already been assessed.

142. Conflicting expectations were often exacerbated by funding arrangements and some inflexible funding criteria. These did not encourage services to work

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[45] The 198 'national indicators' making up the National Indicator Set were, at the time of these inspections, the then Government's way of measuring the work of local government, either in its work alone or with local partners. Many of the indicators apply also to the police, primary care trusts and other local bodies because the indicators focus on the impact of what has been provided. For a list of the indicators, see: *The new performance framework for local authorities and local authority partnerships: single set of national indicators* (07 LGSR 04876), Department for Communities and Local Government, 2007; www.communities.gov.uk/publications/localgovernment/nationalindicator.

together. Leaders of the providers visited often felt unable to challenge or hold other agencies to account for their input for children and young people, because these agencies were constrained by what they were permitted to do or funded to provide. Inspectors found too few examples of where an agreement on the aims for children and young people in terms of their progress and well-being led to a flexible approach to provision and funding across a range of providers.

143. Work across different agencies was more effective and embedded more securely in the early years; shared accountability for children in the community was easier to find. Children's centres inspected as part of this review provided some good examples of provision that enabled children and their parents or carers to have access to therapy and additional support early in their child's life without time-consuming assessments. When professionals shared a site and worked as a team, informal interventions, as well as higher-level, more formalised intervention, were more readily forthcoming and more efficient. In seven of the local areas visited, inspectors found there had been considerable efforts to involve childminders and privately and voluntary-funded early years providers and this had been successful in helping children to make better progress. In nine local areas, all the early years providers visited for the review felt they could access services and additional support in a straightforward way.

144. Visits to the providers showed that, without shared accountability across services, the needs of the most vulnerable children facing the most complex circumstances could be missed, as illustrated here:

> A child who was looked after had behaved inappropriately at a previous school. School support to help the child behave more appropriately had been unsuccessful. He was excluded from his class and educated separately from his peers but still within the school, thus avoiding permanent exclusion. There was no timely support available from the child and adolescent mental health service, the local area's behaviour support team or the child's social worker. The situation continued over several weeks. After nine weeks, the carer went on her own initiative to a different local school and asked if it would admit her foster child. She had previous knowledge of the school, as well as knowledge of the staff's expertise and willingness to work with children with special needs who were also facing difficult circumstances. The school agreed. The child was fully integrated into the mainstream class with additional support provided by the school and in consultation with an educational psychologist commissioned by the new school.

145. It was common for looked after children with a statement of special educational needs to have a forward plan which combined the personal education plan (their entitlement as a looked after child) with an individual education plan (arising from the annual review of their statement). This was found to be practical and effective, particularly where there was shared agreement between

carers, social workers, education staff and the child or young person, about the priorities. However, a few carers of children with severe and complex needs found the many different meetings and the complexity of the answers needed to complete forms were daunting. This was especially the case when a child was fostered and also received respite care.

146. In six case studies of looked after children considered for this survey, there was no updated personal education plan and poor exchange of information between carers and professionals.

147. In some local authorities, professionals supporting looked after children with special educational needs had continuing professional development in order to help them analyse the progress of these pupils, including those working below National Curriculum levels. The review found that where looked after children with special educational needs were the responsibility of a different team from other looked after children, expertise was insufficiently shared. This led to a lack of challenge about the progress they were making, particularly for those who were working below National Curriculum levels.

148. Inspectors also previously identified accountability as a concern in relation to children and young people who have special educational needs and who are educated at home. Ofsted's report in 2010, *Local authorities and home education*, found that 'almost all the parents surveyed who had children with special educational needs and/or disabilities had removed them from school because they believed their child's needs were not being met. However, once they were educating their children at home, there was often a lack of specialist support. Children did not always receive any support such as speech and language therapy or physiotherapy unless the parents commissioned and paid for it'. [46] This calls into question why education services alone are held to account for ensuring that services meet a child's additional needs.

Outcomes versus provision

149. In most examples where the local authorities visited had established smaller-scale, local area-based systems for allocating resources and evaluating outcomes, trust between providers and different services was better. Influencing allocations and solving problems creatively together within an area led to a more positive outlook. It reduced suspicion that any one group might have a hidden agenda. Different services were clear about their contribution. Early years provision, schools and, in some cases, colleges recognised the difficulties often faced by children when they moved from one provision to another and they worked collectively to minimise this barrier. This was made easier where boundaries were shared and, particularly, where secondary schools and colleges had fewer and more easily identified 'feeder' schools.

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[46] *Local authorities and home education* (090267), Ofsted, 2010; www.ofsted.gov.uk/publications/090267

However, joint working was seen not to be effective where bureaucracy took up too much time in proportion to the action or resource that resulted from it.

150. In the local areas that had strong evaluation of the progress made by pupils in schools, such evaluation was supported by a good programme of moderation between schools and across areas for assessing P levels.[47] Schools from different neighbouring authorities compared pupils' work and video footage of their responses and skills to moderate the achievement levels given using the P levels. This was often led by the schools but it was not widespread. Inspectors found eight of the 22 local authorities where the analysis and use of progress information for children and young people with the most complex needs were less well-developed than for pupils whose academic achievement could be measured by using the levels of the National Curriculum. In the schools visited across all the local authorities included in the review, there was similar variation.

151. A few of the local authorities and schools visited used provision mapping to improve provision and outcomes for children and young people with additional needs.[48] The best provision mapping observed did not simply list what was available; it also showed which interventions were particularly effective. This contributed to efficient planning to meet the needs of individuals or groups, kept pupils and their parents up to date with progress following an intervention, and helped a school or a local authority to evaluate its overall effectiveness, as illustrated below.

> The local authority had prepared a simple electronic 'provision mapping' tool that was used by all its schools. This enabled the schools to keep, in one place, details of all the provision they made for pupils with special educational needs and/or disabilities. The resources in terms of staff, time and equipment and costs were included. The system automatically kept an account of ongoing expenditure against the school's annual budget for special needs. This provision map linked directly to the individual targets for each pupil and to the school's tracking system. The impact of support could therefore be monitored and evaluated effectively, and changes to provision made on the basis of robust evidence.
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> The local authority expected schools to do this analysis formally and in depth at least twice a year, in addition to the usual continuing monitoring of all pupils. A new extension to the programme was to make it even

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[47] 'P levels' are attainment targets for pupils aged five to 16 who have special educational needs and who are working below Level 1 of the National Curriculum. For further information, see: *Performance – P level-attainment targets: for pupils with special education needs who are working below level 1 of the National Curriculum* (QCA/07/3315), QCA, 2007; www.qcda.gov.uk/curriculum/sen/537.aspx.

[48] Provision mapping is an audit of how well planned interventions meet needs; it also identifies any gaps in provision. For further information, see:
http://nationalstrategies.standards.dcsf.gov.uk/node/41691.

> easier for the school to analyse the progress of groups of pupils who were receiving different types of provision, for example all those in Year 7 who attended a support class for their reading.

This type of tool improved accountability and provided greater openness, but it was seen infrequently across the sample.

152. Too often, in the schools and early years provision visited, and in the case studies undertaken, the annual review of statements focused on what had been provided for the child or young person rather than on its actual impact. The personalised targets seen as part of the case studies in this review often lacked ambition. In addition, unless a significant problem faced by an individual child was highlighted during the annual review, none of the local authorities visited used individual annual reviews to evaluate and drive improvements in local provision more widely.

153. Providers welcomed the requirement to review the statement each year. However, many of them found it difficult to reconcile setting targets relevant to current need and educational progress across the whole curriculum and the obligation to set targets linked to the objectives set out, often many years previously, in the statement of special educational needs. Although the annual review is designed to be both a summative and formative process, parents and providers rarely perceived it as such.

154. In six special schools, outcomes for all children or young people were still, or until very recently had been, evaluated only in terms of whether they had met the targets on their individual education plan, with the proportion of targets met being used as a crude measure of the school's effectiveness. Inspectors found that the challenge represented by the targets in the individual education plans scrutinised was highly variable. Without any internal or external benchmarking, using these targets to judge whether children or young people were making good progress was extremely subjective. Using targets in this way was not always informed by an analysis of previous rates of progress so, in these schools, the targets were not effective. This case study, contrasting the use of targets in two different providers, shows that the way the targets are used is key.

> In one of the special schools visited, targets in individual education plans about behaviour and social skills, rather than identifying the good behaviour needed simply said what the pupils should stop doing. Although the pupils knew their targets, they were not motivated by them and many of them had low aspirations.
>
> In contrast, a pupil referral unit that educated pupils with behavioural, emotional and social difficulties made sure that all the targets were related to learning in specific subjects and based on a careful assessment of what the pupils needed to learn next. The staff believed that promoting good behaviour was part of such learning and that the learning had to take

priority. The pupils were motivated and had high aspirations, especially when compared to how they had considered themselves when they had arrived at the centre.

155. Inspectors found there was better accountability from different aspects of provision when providers had a mixed team of professionals from different disciplines. Often in special schools, health and care professionals took an active part in the leadership and management of the education provision and joint accountability for the outcomes of the children and young people was better. This was found in maintained day and residential schools as well as in some of the independent special schools visited.

In a day and residential special school there were some extremely good multi-agency arrangements. All pupils at the school had complex physical disabilities and many had additional learning needs. The senior leadership team of the school included members of the multi-disciplinary health team employed by the local community health trust and the residential care team. This in itself is not unusual in a residential school but the focus on improving outcomes from a multi-disciplinary perspective was excellent. The school's wider health team included nurses, physiotherapists, occupational therapists, and speech and language therapists. Staff worked hard to involve each other, as well as the children and young people themselves, in agreeing short-term and long-term objectives. A good example of this was agreement on a shared strategy to improve the attendance of particular students.

Health colleagues contributed to a more regular and cohesive interaction with the family, supporting this by enabling health reviews and appointments to be held at the school, including annual medical reviews, regular consultant clinics from the specialist hospital, input from the dentist and dietician. In the same school, there was also a weekly wheelchair repair clinic for NHS wheelchairs, and other wheelchair services ran clinics throughout the year based at the school. This was beneficial to the children attending the school and prevented regular absence from school to attend numerous medical appointments.

156. Section 139a assessments were used to varying degrees in the providers visited. There was no necessity for some providers to act upon the assessments and staff used them only when they had confidence in the skills and aspirations of those who had administered the assessments. The post-16 providers visited had no consistent systems for evaluating the extent to which any provision made following section 139a assessment had been effective. It was not possible to say whether the provision had had any impact on the learning and destinations of the young people involved.

Evaluation and the Code of Practice

157. There was a degree of confusion and duplication between the assessment processes within the Special Educational Needs Code of Practice, based in statute, and the development of the Common Assessment Framework, a non-statutory system. Practice within the statutory framework focused, more often than not, on provision and not outcomes. This review found that the statement of special educational needs was seen by parents, carers, professionals in schools and those in other services as the guardian of the provision rather than as a package of support that was focused on meeting the needs of the child or young person. Inevitably, this was linked to funding for the educational placement. The statement was seen by many as a suitable and necessary document that allowed families to hold schools and the local authority to account for the quality of the provision. However, this was not the case: inspectors observed that not only were the annual reviews focusing too little on outcomes, but the impact of provision from other services such as health was also not sufficiently represented.

158. Of the providers visited that were required to use the Special Educational Needs Code of Practice, nearly two thirds did not regard it as a useful tool for tracking and evaluating the outcomes for children and young people. Although the Code of Practice is not designed as an evaluation tool, it is intended to 'set out a framework for effective school based support … and an emphasis on monitoring the progress of children with special educational needs towards identified goals'. Inspectors found it was not used effectively to challenge the outcomes for children and young people. A further 12% of the providers visited did not have a view of whether it was a useful tool for judging outcomes and had always focused simply on complying with it. However, parents and some professionals thought the Code of Practice was a useful way of determining the amount or type of provision to be allocated. Similarly, there was no tracking of outcomes following section 139a assessments in the post-16 provision (outside the school sector) visited.

Accountability through inspection

159. Inspection is one element of the accountability framework for schools. The new inspection framework for maintained schools and non-maintained special schools, introduced in September 2009, has increased the focus on evaluating how well different groups of learners are doing across a range of indicators and how the school's provision supports improvement.[49] However, the false perception that attainment was a limiting grade in the new framework and the perceived impact of this on the position of the school in published tables of results have led to anxiety in schools about the number of lower-attaining pupils

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[49] *Framework for the inspection of maintained schools in England from September 2009* (090019), Ofsted, 2010 (revised); www.ofsted.gov.uk/publications/090019.

they had.[50] The survey found two examples where this perception had worked against the plans of a local authority to develop specialist resource-based provision within a mainstream school.

160. Inspection also evaluates the effectiveness of arrangements for partnerships. The review found that inspecting individual providers did not always enable robust evaluation of the contribution of different services, particularly their contribution to the outcomes for children with special educational needs. For example, some difficulties reported during inspections could be resolved only by a contribution from other partners, but the school had no powers to compel other partners to act.

161. Inspections that focus on single providers are not designed to take a wider view of the impact of all provision on the longer-term outcomes for disabled children and young people and those with special educational needs.

162. For the maintained special schools visited and some non-maintained special schools, challenge to the effectiveness of provision relies on Ofsted inspections and reports from school improvement partners. There are no national performance data for progress which include all pupils, although data are being collected by the Department for Education. Therefore, there is little validated information for headteachers to use when challenging the view of pupils' achievement.

163. It is the responsibility of local authorities, schools and early years providers to review each statement of special educational needs and evaluate the effectiveness of the provision that a pupil has received. It is Ofsted's responsibility to consider the effectiveness of providers' policies and practice and the extent to which they have had regard to the Special Educational Needs Code of Practice.[51] The inspection framework for schools enables Ofsted to fulfil part of this latter obligation. There is a distinct judgement made about the quality of learning for pupils with special educational needs and/or disabilities and their progress. In addition to reviewing policies and considering the outcomes, including progress and attainment, for disabled pupils and those with special educational needs, inspectors also take a case study approach. While this can inform the other judgements on inspection, it cannot provide an

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[50] A 'limiting grade' is a graded judgement that contributes to and affects other judgements, including the judgement on overall effectiveness. Limiting grades apply to judgements on only a small number of critical aspects that Ofsted considers to be essential in assuring the quality of education and the well-being of pupils.

[51] The Special Educational Needs Code of Practice says: 'There is scope for flexibility and variation in the responses adopted by schools, early education settings and LEAs [local education authorities]. However, early education settings, schools and LEAs will need to be able to demonstrate, in their arrangements for children with special educational needs, that they are fulfilling their statutory duty to have regard to this Code. Ofsted will consider the effectiveness of their policies and practices and the extent to which they have had regard to this Code.'

individual review of the outcomes for and effectiveness of provision for each child who has a statement.

Young people, parents and carers

164. During the focus groups, young people aged between 14 and 25 expressed their view of success:

- to have relationships and friendships

- to have choice about whom they lived with

- to have choice about what they do with their spare time

- to work.

For parents in the focus groups, their priorities for their children were for them:

- to be happy

- to be safe

- to have access to work/purposeful activity

- to improve their communication and basic skills.

Stakeholders from the voluntary sector and maintained sectors of education, care and health identified similar priorities.

165. The findings of the review bear out the concerns of parents expressed during the focus groups, namely that certain groups were disadvantaged by the current system, especially children from families who were less able to advocate for their child and those who had behavioural, emotional and social difficulties. This was the case across all provision, including post-16 provision, where there was frustration that some young people were able to attend a specialist college and others not, with no consistent explanation about why this was so. However, the views of parents and carers about particular provision were not always based on an understanding of the effectiveness of provision to improve outcomes for the child but, rather, on a pre-conceived notion about particular methods.

166. Many parents and carers participating in the focus groups felt that an adversarial approach was often established from the beginning of the assessment of special educational needs. Parents and carers who attended the focus groups felt the need to argue to have their child's needs formally recognised in order to gain the resources or support required. The review itself found that parents and carers had often fought for identification or diagnosis in order to have access to a particular kind or level of provision.

167. Through the case studies, inspectors found that parents and carers of pupils were very positive about the early years provider, school or college when communication between the home and the setting attended was good and their

child was safe and happy. The parents and carers of those who attended special schools often cited good staffing levels and access to a range of professionals from different services as their reasons for their satisfaction. This was the case even where the inspection of the provision had found that progress and growing levels of independence for pupils were, at best, satisfactory.

168. When staff recognised the importance of children and young people being able to transfer learning to other aspects of their lives, they prepared experiences that helped this to happen. In these providers, support was used effectively to promote learning but staff also helped pupils to apply that learning in other contexts. Excellent communication and consistent support between school and home were established. These helped parents or carers and school staff to develop consistent ways of working with young people with complex needs and enabled the children to transfer their social learning to different situations. The schools recognised that having a very structured environment was not enough to support children and young people without understanding the family and social context to which they returned at the end of the school day or school term.

169. Inspectors found that many of the local authorities worked hard to gain the views of families and young people, particularly at the initial stages of identification and in the time leading towards the drawing up of a statement of special educational needs. However, in seven of the 22 local authorities visited, there was evidence that insufficient account was taken of the views expressed by families; even where these were given due regard, it did not necessarily lead to good application of the legislation.

170. Where children and young people were fully involved in decision-making and had a clear perception of their aims and aspirations, good outcomes were more likely to be secured. The self-image of disabled children and young people and those with special educational needs as capable and life-long learners was a considerable contributor to their engagement in learning and their ability to meet challenging targets. In the best examples, children and young people took a central role in planning and running their own annual reviews.

171. The many restrictions on young people with special educational needs mean that schools and colleges are an important provider of informal social opportunities. Where these opportunities were maximised, were not artificial and were provided sensitively, they were a significant motivation for children and young people to attend and do well. For example, in one case study, a student with physical care needs could text his assistant when required and did not need her to be in constant attendance. This enabled him to have social time with his peers, free from an adult presence. Some providers set up email messaging systems for students. When these were particularly successful, they led to increased opportunities for young people to meet up outside school or college.

172. Many providers found it difficult to gain suitable external support from other services for children with behavioural, emotional and social difficulties or mental health difficulties. Parents, carers and professionals participating in the focus groups before the review began had expressed particular concern about finding support for these children, suggesting that they attracted less sympathy and understanding, even where their behaviour was the result of other specific needs, such as communication or mental health problems.

173. Positive advocacy often had a strong influence upon improving outcomes for disabled children and young people and those who had special educational needs. In the 37 case studies where children and young people made good or outstanding progress across a wide range of outcomes, there had nearly always been a positive advocate, that is, an adult who had a well-developed understanding of how to review the progress made by a child or young person and who had a good understanding of the national system as well as local arrangements. The advocate had been able to act when needed and challenge when necessary, making sure the child or young person had a strong voice. This was because the advocate had a clear idea not just of what provision was needed but also of what outcomes were sought on behalf of the individual being represented.

174. In all the phases of education visited, where providers supported parents, carers and young people to move towards growing independence, inspectors found stronger outcomes. In the best practice observed, young people had been well taught to make decisions from an early age, were given increasing responsibility as they grew up and were fully involved in making decisions that affected them. They were given excellent help to prepare for annual review meetings and even organised how the meetings were conducted. Parents and carers were key partners in helping the goal of independence to become a reality.

175. Parents and carers, both in the focus groups and those parents and carers whom inspectors met when they conducted the case studies, considered that the complexity or perceived complexity of the system was a barrier for all parties in feeling they were able to work together. In most of the local areas visited for the review, a cooperative and effective approach for children under the age of five gained the confidence of parents. However, except in the special schools and other special provision visited, when pupils reached statutory school age, there was often confusion around which agency was accountable for action and intervention. This caused a great deal of frustration, particularly for parents and also for many of the providers. Parents were often frustrated that, despite the fact that their child was identified as needing additional services beyond the school, these services were not being provided.

176. Parents were generally of the view that systems for funding and accountability focused too heavily on a 'tick box' approach to compliance rather than on the outcomes for the children and young people. They felt that key drivers of the system should be the views of the children and young people as well as their

parents and carers; a long-term view of the outcomes for young people and shared accountability from all the organisations that contributed to the provision and not just education. The review found similarly. Where there were the best outcomes, or those that were improving the fastest in the provision visited, inspectors noted that these key drivers were common features.

177. Parents and carers from the focus groups welcomed the move towards local cooperation of different services. However, they identified many barriers to achieving successful cooperation, not least that they perceived a lack of coordination across education, social care and health at the level of government departments. Inspectors concurred with this view and found that the framework for special educational needs was too focused on education services at the expense of evaluating contributions from a range of services.

Conclusion

178. It will always be a challenge to meet the expectations of parents and the needs of all children and young people, especially in a context of constrained resources. The barriers faced by some children are very significant, and it requires skill and sensitivity from professionals working together to overcome them. This review has found numerous examples of schools and other organisations providing outstanding services to their children and young people, including those with special educational needs and/or disabilities. As well as highlighting individual examples, it has sought to draw out the common characteristics of the best provision.

179. The challenge for the review has been not just to judge the quality of provision and to celebrate good practice but to consider the effectiveness of the system around special educational needs and disabilities as a whole and to propose improvements. The review has seen a wide range of evidence that suggests this system can be improved, including reducing the level of inappropriate identification of children as having special educational needs and focusing the system more effectively on the outcomes of the children it serves. This evidence from inspection aligns with data showing some poor outcomes and a wide range of levels of identification, including examples of very high levels of identification by some schools and local areas of children with lower levels of need.

180. The recommendations of the review apply to many organisations and are also intended to inform the way we think about the needs of children and young people. They are set out in detail at the front of this report, but the key points are summarised below.

- A focus on the quality of assessment will improve the quality of outcomes.
- The right support must be available when and where it is needed.
- Schools should focus on improving teaching and pastoral support early on so that additional provision is not needed later.

- Specialist provision needs to be developed strategically so that it is available regardless of where children receive their education, for example in a maintained or independent school, an academy or a college.

- Legislation should be simplified so the system is clearer for parents and schools.

- Schools should stop identifying pupils as having special educational needs when they simply need better teaching and pastoral support.

181. These recommendations sit alongside the need for a continuing focus on and the highest expectations for disabled children and young people and those with special educational needs. This is not just an issue for schools and colleges, or even for all local services, but also for national bodies, including Ofsted itself.

Notes

Before the inspections for the review began, views were collected from focus groups of parents; young people; voluntary agencies and organisations; academics in the field of disability and special educational needs; education, care and health professionals working with children and young people aged two to 19; school governors; local authority representatives; representatives from the National Strategies; professional associations and representatives of the former DCSF. Ofsted also received additional written submissions to the series of questions asked at the focus groups. After analysing the range of views expressed, inspectors designed the inspection methodology to gain evidence in local areas and providers.

Inspectors visited 22 local authorities and 10 Learning and Skills Council offices between April 2009 and March 2010 to collect evidence for this review of special educational needs and disability. The local areas were selected to represent a geographical spread, areas of different sizes and different social contexts, and those having different proportions of children and young people who were identified as having special educational needs.

In each area visited, inspectors examined the effectiveness of the strategies and policies of the Children's Trusts, local authority children's services and Learning and Skills Council. Across 13 local areas, they visited 150 providers including those from the early years private, voluntary and independent sectors; the early years maintained sector; maintained nursery, primary, secondary and special schools; non-maintained and independent special schools; discrete and general provision in further education colleges; independent specialist colleges; work-based learning providers, and children's homes. Inspectors also held focused interviews with senior members of staff from a further 78 providers from nine local authority areas.

Inspectors carried out 345 individual case studies. For the case studies, through briefings to providers, inspectors ensured that children and young people with a range of needs and facing different circumstances were included in the sample. The case studies included meetings with the children and young people and their parents or carers as well as with the professional staff from education and other services who worked with them. Inspectors made observations and reviewed documentation.

Additional evidence was gathered from the Audit Commission, Association of Directors of Children's Services, the Special Educational Needs and Disability Tribunal (SENDIST) and the Care Quality Commission (CQC).

Inspectors also drew on evidence from other surveys conducted by Ofsted, and from local authority and institutional inspection reports.

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Annex A: Defining special educational needs and disability

The Disability Discrimination Act (1995) provides the legal definition of disability: 'a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.' The Act aims to end discrimination for disabled people and was extended in 2005 to include education.

The Special Educational Needs Code of Practice says that children of school age have special educational needs if they 'have a significantly greater difficulty in learning than the majority of children of the same age; or have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local authority'.[52] Children with special educational needs require different levels of support. Those with less complex needs are usually identified as requiring 'School Action'. This means that the child will receive interventions that are 'additional to or different from' those provided as part of a school's usual differentiated curriculum and strategies. 'School Action Plus' is identified when a child requires more specialist support, and the class or subject teacher and the special educational needs coordinator are provided with advice or support from outside specialists, so that alternative interventions or provision in addition to that given through School Action can be put in place. When a child's needs are more complex so that provision cannot be made within the resources of a mainstream school or setting, or a child does not make sufficient progress following support at School Action Plus or Early Years Action Plus, she or he will be assessed using the statutory process and, as a result, may be given a statement of special educational needs.

Not all disabled children have special educational needs. Having a special educational need does not relate to a level of expected attainment. Children and young people with statements of special educational needs, for example, may be working towards gaining 10 A* to C grades at GCSE at the age of 16 or working within the P levels 6 and 7.

Social care services use the term 'children in need'. This includes 'those who are disabled and those whose health (physical or mental) or development (physical, intellectual, emotional, social or behavioural) is likely to be significantly impaired or further impaired without access to additional services'.

In the learning and skills sector, the definition used was determined by the Learning and Skills Act (2000). In this context, young people who have learning difficulties and/or disabilities are defined using the Disability Discrimination Act (1995) or (in the case of learning difficulty) as 'having a significantly greater difficulty in learning than the majority of people of that age, or having a disability which prevents the use of

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[52] *Special educational needs: code of practice,* DfES, 2001; www.sen.ttrb.ac.uk/viewarticle2.aspx?contentId=12386.

facilities generally provided by post - 16 education and training'. Thus, although the name used to describe the needs is different, the definition incorporates disability and there is a close alignment to the definition of 'special educational needs' in pre-16 education.

Annex B: Contextual data

Table 1: All schools – pupils with and without statements of special educational needs, as at January each year (number and percentage)

	Pupils with statements	%	School Action	School Action Plus	Total without a statement	%	Total number of pupils on roll
2010	220,890	2.7	915,850	496,410	1,470,900	18.2	8,064,300
2009	221,670	2.7	902,670	469,150	1,434,020	17.8	8,071,000
2008	223,610	2.8	885,940	444,270	1,390,670	17.2	8,102,190
2007	229,110	2.8	859,730	415,690	1,333,430	16.4	8,149,180
2006	236,750	2.9	843,320	393,080	1,293,250	15.7	8,215,690
2005	242,580	2.9	801,960	365,780	1,230,800	14.9	8,274,470
2004	247,590	3.0	785,850	351,780	1,197,490	14.4	8,334,880
2003	250,550	3.0	784,340	332,730	1,169,780	14.0	8,366,780

Source: DfE, Special Educational Needs in England January 2010.

School action and school action plus figures do not equal the total number of pupils without a statement as the independent schools and general hospital schools data collected are not broken down by SEN provision type.

School action and school action plus figures were not collected for maintained nursery schools between 2003 and 2005.

Table 2: Number of pupils with special educational needs in England, by school phase and gender as at January 2010

	Boys		Girls		Total	
	Number of pupils	Percentage of school population	Number of pupils	Percentage of school population	Number of pupils	Percentage of school population
Primary						
Pupils with statements	41,620	2.0	15,660	0.8	57,280	1.4
Pupils without a statement	489,250	23.4	269,890	13.5	759,140	18.5
Secondary						
Pupils with statements	47,090	2.9	16,540	1.0	63,640	2.0
Pupils without a statement	386,730	23.6	252,470	15.7	639,200	19.7

Source: DfE, Special Educational Needs in England January 2010.

Includes city technology colleges and academies.

Percentage figure is based on the number of SEN pupils expressed as a proportion of the total number of pupils of the same gender.

Table 3: Percentage of pupils with special educational needs in England achieving Level 4+ in English at Key Stage 2, 2005–09

	Number SEN pupils with a statement	% achieving English	Number SEN pupils without a statement	% achieving English	All pupils	% achieving English
2009	18,097	17	123,468	47	567,430	80
2008	18,420	19	124,700	49	578,920	81
2007	18,112	18	118,058	46	569,100	80
2006	18,820	17	117,900	43	576,370	79
2005	20,018	16	114,666	41	609,633	79

Source: DCSF Key Stage 2 Attainment by Pupil Characteristics, in England 2008/09

Table 4: Percentage of pupils with special educational needs in England achieving Level 4+ in mathematics at Key Stage 2, 2005–09

	Number SEN pupils with a statement	% achieving mathematics	Number SEN pupils without a statement	% achieving mathematics	All pupils	% achieving mathematics
2009	18,101	21	123,467	50	567,450	79
2008	18,440	21	124,820	49	579,360	79
2007	18,115	20	118,097	46	569,240	77
2006	18,820	19	117,900	43	576,350	76
2005	20,071	18	114,697	41	609,867	75

Source: DCSF Key Stage 2 Attainment by Pupil Characteristics, in England 2008/09

Table 5: Percentage of students with special educational needs in England, achieving GCSE benchmarks, 2005–09.

	Number SEN students with a statement	5+ A*-C	5+ A*-C incl. English and mathematics	Number SEN students without a statement	5+ A*-C	5+ A*-C incl. English and mathematics	All students	5+ A*-C	5+ A*-C incl. English and mathematics
2009	22,355	14.9	6.1	114,842	40.3	18.5	578,845	69.8	50.7
2008	22,913	11.2	5.3	105,735	30.5	14.9	598,102	64.4	48.2
2007	23,246	9.4	4.5	92,871	23.7	11.8	600,659	59.9	45.8
2006	23,707	8.7	4.4	84,390	19.8	9.9	594,134	57.3	44.0
2005	23,474	7.1	3.5	76,573	17.0	8.9	584,259	54.9	42.5

Source: DCSF GCSE Attainment by Pupil Characteristics, in England 2008/09

Data based on results from pupils at the end of Key Stage 4 in each academic year.

Excludes non maintained special schools, independent schools and pupil referral units.

Figures for 2009 are based on provisional data

Table 6: Pupils' primary type of need in maintained primary, secondary and special schools in England, as at January 2010 (number and percentage)

	School Action Plus		Statement of SEN		Total	
	Number	**%**	**Number**	**%**	**Number**	**%**
Specific Learning Difficulty	67,760	13.9	11,850	5.7	79,610	11.4
Moderate Learning Difficulty	130,460	26.8	38,120	18.2	168,580	24.2
Severe Learning Difficulty	3,490	0.7	25,280	12.1	28,770	4.1
Profound & Multiple Learning Difficulty	710	0.1	8,770	4.2	9,480	1.4
Behaviour, Emotional & Social Difficulties	128,250	26.3	29,760	14.2	158,000	22.7
Speech, Language and Communications Needs	85,780	17.6	27,620	13.2	113,400	16.3
Hearing Impairment	9,100	1.9	6,420	3.1	15,520	2.2
Visual Impairment	4,920	1.0	3,660	1.7	8,580	1.2
Multi- Sensory Impairment	410	0.1	470	0.2	870	0.1
Physical Disability	12,210	2.5	14,270	6.8	26,490	3.8
Autistic Spectrum Disorder	16,930	3.5	39,320	18.8	56,260	8.1
Other Difficulty/Disability	27,110	5.6	3,910	1.9	31,010	4.5
Total	**487,120**	**100.0**	**209,440**	**100.0**	**696,560**	**100.0**

Source: DfE, Special Educational Needs in England January 2010.

Includes city technology colleges and academies.

Includes maintained and non-maintained special schools. Excludes general hospital schools.

Percentages expressed as a proportion of all pupils at School Action Plus or with a statement of SEN..

Information is not collected for pupils at School Action.

Table 7: Number and percentage of special schools and pupils in England as at January each year

	Number of special schools	Number of pupils on roll	% of pupils on roll
2010	1,054	90,760	1.1
2009	1,058	90,080	1.1
2008	1,065	89,480	1.1
2007	1,078	89,410	1.1
2006	1,105	89,390	1.1
2005	1,122	90,370	1.1
2004	1,148	91,770	1.1
2003	1,160	93,880	1.1
2002	1,161	94,470	1.1
2001	1,175	95,600	1.1
2000	1,197	96,570	1.2

Source: DfE Schools, Pupils and their Characteristics, January 2010

Includes maintained and non-maintained special schools.

Includes general hospital schools.

Table 8: Placement of children with a statement maintained by the local authority, 2006-10

Type of provision placed	2006 Number	%	2007 Number	%	2008 Number	%	2009 Number	%	2010 Number	%
Registered early years education settings	820	0.3	830	0.4	820	0.4	900	0.4	940	0.4
Resourced provision in maintained mainstream schools	11,580	4.7	10,220	4.3	9,070	3.9	9,040	3.9	8,760	3.8
SEN units in maintained mainstream schools	8,890	3.6	7,910	3.3	7,820	3.4	7,150	3.1	6,940	3
Maintained mainstream schools (including foundation schools)	123,570	50.6	116,970	49.5	111,210	48.2	107,640	47	105,190	46.1
Maintained special schools (including foundation schools)	81,970	33.5	82,540	34.9	82,470	35.8	83,820	36.6	84,820	37.2
Non-maintained special schools	3,790	1.6	3,920	1.7	3,590	1.6	3,640	1.6	3,490	1.5
Independent special schools	5,030	2.1	6,390	2.7	6,620	2.9	6,800	3	7,350	3.2
Other independent schools	2,710	1.1	1,600	0.7	1,540	0.7	1,870	0.8	1,950	0.9
Hospital schools (including foundation schools)	160	0.1	120	0	130	0.1	130	0.1	140	0.1
Pupil Referral Units	2,140	0.9	2,180	0.9	2,040	0.9	1,870	0.8	1,710	0.7
Academies	-	-	-	-	1,690	0.7	2,480	1.1	3,640	1.6
Pupils permanently excluded and not yet placed elsewhere	210	0.1	160	0.1	110	0.0	80	0.0	80	0.0
Other arrangements made by the Local Authority	1,700	0.7	1,580	0.7	1,370	0.6	1,400	0.6	1,170	0.5
Other arrangements made by the parents	1,060	0.4	1,240	0.5	1,320	0.6	1,350	0.6	1,360	0.6
Awaiting provision	770	0.3	850	0.4	830	0.4	720	0.3	700	0.3
Total number	**244,400**	**100**	**236,510**	**100**	**230,640**	**100**	**228,900**	**100**	**228,220**	**100**

Source: DfE, Special Educational Needs in England January 2010

Table 9: Further education success rates for 16–18-year-olds by disability, in percentage and number of starts

	2005/06 %	Starts	2006/07 %	Starts	2007/08 %	Starts	2008/09 %	Starts
Has disability	74.3	235	76.9	248	79.5	261	79.9	261
No disability	75.4	1,323	77.5	1,271	80.1	1,302	80.7	1,318
No information	73.6	129	76.4	115	78.7	98	79.8	84
Total	**75.1**	**1,688**	**77.4**	**1,634**	**79.9**	**1,661**	**80.6**	**1,662**

Starts in the 000s

There were 26,490 children for whom statements were made for the first time during the calendar year 2009.[53] According to the annual report of the Tribunal service, registered appeals have declined since 2003. The Tribunal service registered 3,527 appeals in 2003 and 3,016 in 2009. [54] In 2009, the highest proportions of appeals were against 'refusal to assess' and against 'contents of the statement – parts 2, 3 and 4'. The registered appeals since 2007 varied between three and 282 appeals for the 22 local authorities included in this review.[55]

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[53] Statistical First Release: Special Educational Needs in England, DfE, 2010; www.dcsf.gov.uk/rsgateway/DB/SFR/s000939/index.shtml.
[54] Data are taken from *Annual report and accounts 2009–10*, Tribunals Service, 2010; www.tribunals.gov.uk/tribunals/News/news.htm.
[55] Types of appeal include: Against refusal to assess; Against refusal to make a statement; Against refusal to re-assess; Against refusal to change name of school; Against decision to cease to maintain statement; Against school named in statement; Against failure to name a school; Against contents of the statement – parts 2 and 3; Against contents of the statement – parts 2, 3 and 4; Against contents of the statement – part 4.

Annex C: Historical context – legislation and guidance

Over the last 60 years, legislation and guidance on special educational needs and disability have originated from the various previous government departments for education (known currently as the Department for Education). There have also been some contributions from other areas of central government with responsibility for health and social care.

The reforms of the 1944 Education Act, which brought about free state education, supposedly for all children, focused on the medical model of disability.

The Warnock Report in 1978 was a key milestone in the history of special educational needs and still underpins current legislation. The Warnock Committee's research suggested that only 2% of the school population required separate, very specialist, educational provision, but that a further 18% of children would require special provision in ordinary mainstream schools. This formed the basis of the 1981 Education Act. It said that the education of children with special educational needs should be carried out in mainstream schools where possible. The emphasis was on inclusion and integration rather than separation and isolation. This Act introduced statements of special educational needs for those children and young people with the most complex needs.

A major difficulty in developing provision and guidance on special educational needs has been confusion around accountability. For example, the Further and Higher Education Act 1992 placed responsibility for students with learning difficulties and/or disabilities on the Further Education Funding Council. Under the same Act, colleges of further education and sixth form colleges became incorporated and they were not subject to the legal framework relating to statements of special educational needs that were a requirement for local authorities. The private providers of post - 16 education and training, who were funded mainly through the Training and Enterprise Councils, were also not required to implement any statements of special educational need.

The Education Act of 1993 continued to emphasise an inclusive approach. Legal requirements were introduced which obliged schools to provide for children with special educational needs (in line with a Code of Practice established in 1994). All schools had to publish special educational needs policies and name a special educational needs coordinator on their staff. Sixth form colleges and colleges of further education had to appoint an inclusive learning coordinator, find ways of improving education and training for those with learning difficulties and/or disabilities, and of widening participation among people under-represented in further education.

In 1996, the FEFC published the Tomlinson report, *Inclusive learning*, which provided the cornerstone of provision in further education for learners with learning difficulties and/or disabilities.[56] The funding methodology was based on assessing a learner's need to enable her or him to have access the curriculum, no matter what level of programme was to be studied. However, this methodology was not used by the Training and Enterprise Councils responsible for the private providers of post - 16 education and training.

In 1997, in the Green Paper, *Excellence for all children: meeting special educational needs,* the new Government gave public support to the United Nations statement on special needs education in 1994 which called on governments to 'adopt the principle of inclusive education', going on to say that this 'implies a progressive extension of the capacity of mainstream schools to provide for children with a wide range of needs'.

The Special Educational Needs and Disability Act (SENDA) in 2001 built on the existing special educational needs framework, establishing legal rights for disabled students in education, pre- and post - 16. The 2004 Special Educational Needs Strategy, *Removing barriers to achievement*, set out the Government's vision for the education of children with special educational needs and disability.

Alongside *Removing barriers to achievement*, a Green Paper in 2003 identified the outcomes that matter to all children and young people, not specifically to those with special educational needs, setting out a universal entitlement in Every Child Matters that children and young people should:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

However, at the same time, the Government identified specific concerns, such as teenage pregnancy, young people who were not in education, employment or training on leaving compulsory education, and the gap in achievement between vulnerable learners (including those with special educational needs) and their peers. The Children Act 2004 provided the legal underpinning for children's services as set out in the Every Child Matters: Change for Children programme.[57]

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[56] J Tomlinson, *Inclusive learning: the report of the committee of enquiry into the post-school education of those with learning difficulties and/or disabilities, in England, 1996,* HMSO, 1996.
[57] *Every Child Matters: Change for Children* (D16/6222/0805/103), DCSF, 2005; www.dcsf.gov.uk/everychildmatters/about/.

Special educational needs and disability: towards inclusive schools, published by Ofsted in 2004, found that the revised inclusion framework had contributed to a growing awareness of the benefits of inclusion, and that there had been 'some improvement in practice' in schools.[58] However, there had also been an increase in the numbers of pupils placed in pupil referral units and independent special schools. A key recommendation was that schools should evaluate their provision for special educational needs thoroughly and act on the findings to improve outcomes for this group of children and young people.

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[58] *Special educational needs and disability: towards inclusive schools* (HMI 2276), Ofsted, 2004; www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Documents-by-type/Thematic-reports/Special-educational-needs-and-disability-towards-inclusive-schools.

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Annex D: Local authority areas and providers visited

Local authority areas

Blackburn with Darwen

Blackpool

Bradford

Bromley

Coventry

Derbyshire

Gateshead

Gloucestershire

Hampshire

Hertfordshire

Kent

Lambeth

Lancashire

Leeds

Manchester

North Somerset

Nottinghamshire

Somerset

Southampton

Southwark

Staffordshire

Waltham Forest

York*

* Evidence was drawn from another survey undertaken at the same time as the review.

Providers

3 Dimensions, Somerset

ABC Nursery, Coventry

Ashcombe Pre-school, North Somerset

Aycliffe Young People's Centre, Durham

Backwell School, North Somerset

Bensham Grove Nursery School, Gateshead

Beormund Primary School, Southwark

Bessemer Grange Primary School, Southwark

Bishop Thomas Grant Catholic Secondary School, Lambeth

Blue Mountain Children's Home, Nottinghamshire

Bolling Special School, Bradford

Bradford Central PRU, Bradford

Bradford College, Bradford

Brandling Primary School, Gateshead

Brighter Beginnings Educational Day Nursery, Manchester

Broad Heath Community Primary School, Coventry

Broadfield Special School, Lancashire

Brookside Community Primary School, Somerset

Buttercross Pre-School, Nottinghamshire

C.Y.C.E.S School, Stockport

Cannock Chase Children's Centre, Staffordshire

Canterbury College, Kent

Castle Batch Community Primary School, North Somerset

Castle Wood Special School, Coventry

Cedar Mount High School, Manchester

Chace Extended Learning Centre, Coventry

Chedzoy Pre-School, Somerset

Cherrytree Nursery School Ltd, Kent

Childminder, Hertfordshire

Childminder, Nottinghamshire

City College, Norwich

Coin Street Family and Children's Centre, Lambeth

Collyhurst Nursery School, Manchester

Colnbrook School, Hertfordshire

Coppice School, Staffordshire

Corley Centre, Coventry

Court Fields Community School, Somerset

Cranmer Pre-School, Nottinghamshire

Critchill School, Somerset

Crossacres Primary , Manchester

Edlington and Shapwick School, Somerset

Eslington Primary School, Gateshead

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Ethelred Nursery School and Children's Centre, Lambeth

Fairlawn, Kent

Fearnley Private Day Nursery, Bradford

Five Bridges, Lambeth

Forsbrook CofE Controlled Primary School, Staffordshire

Fountaindale School, Nottinghamshire

Foxford School and Community Arts College, Coventry

Garstang Pre-school, Lancashire

Gateshead College, Gateshead

Giles Junior School, Hertfordshire

Gordano School, North Somerset

Greenhall Nursery, Staffordshire

Hereward College of Further Education, Coventry

High Down Infant School, North Somerset

High Hopes Children's Centre Nursery, Gateshead

Hill Farm Primary School, Coventry

Hill Top School, Gateshead

Hitherfield Primary School, Lambeth

Hockerill Anglo-European College, Hertfordshire

Hollies Children's Centre, Somerset

Howard House, Northumberland

Jubilee Primary School, Lambeth

Kinder Haven Ltd, Bradford

Kintore Way Children's Centre, Southwark

Ladybird Day Nursery, Staffordshire

Laisterdyke Business and Enterprise College, Bradford

Lambeth College, Lambeth

Lapage Primary School and Nursery, Bradford

Larwood School, Hertfordshire

Learning Works for Children Ltd, Nottingham

Lister Lane Special School, Bradford

Little Stars Pre-School, Hertfordshire

Littlewaves Community Nursery, North Somerset

Loreto College, Manchester

Lyng Hall School, Coventry

Meade Hill School, Manchester

Meadows School, Kent

Meldreth Manor School – A Scope School, Hertfordshire

Michael Faraday School, Southwark

Morecambe High Community School, Lancashire

Morley College, Lambeth

Mosaic Nursery Canley Children's Centre, Coventry

New College, Nottingham

Newcastle-under-Lyme College, Staffordshire

Nottingham E2E, Nottingham

Nottinghamshire Learning Centre, Nottinghamshire

Oak Hill, North Somerset

Ollerton Community, Nottinghamshire

Orchard Primary School and Nursery, Nottinghamshire

Parkhead Community Primary School, Gateshead

Parmiter's School, Hertfordshire

Pilgrims' Way Primary School, Southwark

Poulton-le-Fylde Carr Head Primary School, Lancashire

Preston College, Lancashire

Queen's Croft High School, Staffordshire

Ravenswood School, North Somerset

Richard Crosse CofE (A) Primary School, Staffordshire

Roots and Shoots, Lambeth

Rotherhithe Primary School, Southwark

Selworthy Special School, Somerset

Serendipitys Day Nursery and Pre-school, Nottinghamshire

Sherbrook Primary School, Staffordshire

Sherwood Junior School, Nottinghamshire

Simon Langton Grammar school for Boys, Kent

Skills Solution, Manchester

Somerset College of Arts and Technology, Somerset

South Street Community Primary School, Gateshead

Spa School, Southwark

Springboard Opportunity Group, North Somerset

St Bartholomew's CofE Primary, Lancashire

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St Clare's RC Primary School, Manchester

St Elizabeth's College, Hertfordshire

St George's Church of England Foundation School, Kent

St Mary's and St Benedict's Roman Catholic Primary School, Lancashire

St Matthew's RC High School, Manchester

St Michael's RC School, Southwark

St Nicholas, Kent

St Thomas More Catholic School, Gateshead

Staunton (Montessori) Nursery School, Nottinghamshire

Stowe Teaching Unit, Staffordshire

Strong Close Nursery School and Children's Centre, Bradford

Tadworth Pre-school Playgroup, Southwark

The Birches, Birchwood Children's Centre, Hertfordshire

The Broxbourne School, Hertfordshire

The Brunts School, Nottinghamshire

The Charter School, Southwark

The Holgate Comprehensive School, Nottinghamshire

The OLIVE (Open Learning Initiative for Vocational Education) School, Lambeth

The Park Education Support Centre, Hertfordshire

The Sophie Centre, Lambeth

The Taunton Centre, Somerset

The University Day Nursery, Hertfordshire

Thomas Alleyne's High School, Staffordshire

Tong High School, Bradford

Tor View Special School, Lancashire

Turney Primary and Secondary Special School, Lambeth

Valence School, Kent

Walmer Science College Secondary, Kent

Weeton Primary School, Lancashire

Wellsprings Primary School, Somerset

Weston College, North Somerset

Whalley Range Family Centre, Manchester

White Oak Pre-school

Whitehill Primary School, Kent

Wilnecote High School, Staffordshire

Windchimes Resource Centre, Kent

Woolmer Drive Children's Residential Home, Hertfordshire

Yeoman Park School, Nottinghamshire

Annex E: Focus groups, meetings and other contributions

Parents, carers and young people

Parents (individual)

Parents from Getting A Life project

Parents via Cornwall Parents Partnership

Parents via Shropshire Parents Partnership

Young people from Getting A Life project

Organisations represented at focus groups

ACT (Association for Children's Palliative Care)

Afasic

Alliance for Inclusive Education

Ann Craft Trust

ASCL (Association of School and College Leaders)

Association for Spina Bifida and Hydrocephalus (ASBAH)

Association of Hospital School Leaders

Barnardo's

Children's Hospices UK

Council for Disabled Children (CDC)

Department of Health: Getting A Life project

Dyspraxia foundation

East Region National Strategies SEN Hub

East Midlands National Strategies SEN Hub

EQUALS

ICAN

Joint Epilepsy Council

Learning and Skills Council

Local authorities (via regional special educational needs hubs: eight represented)

MENCAP

NAHHT (National Association of Hospital and Home Teaching)

NASUWT

National Association of Independent Schools and Non-Maintained Special Schools

National Bureau for Students with Disabilities

National Governors' Association

National Union of Teachers

NDCS

Parent and Carer Councils: Shropshire, Cornwall

Parents for Inclusion

Parents Partnerships: Cornwall, Cheshire West and Cheshire, Sandwell

RNIB

Royal College of Nursing

SENSE

Shared Care Network

Social, Emotional and Behavioural Difficulties Association

Specialist Schools and Academies Trust (SEN)

The British Association of Teachers of the Deaf (BATOD)

The Federation of Leaders in Special Education (FLSE) (five headteachers)

The National Autistic Society

The National Strategies (Special educational needs)

TreeHouse

Whizz-Kidz

Specific contributions and meetings

Audit Commission

Care Quality Commission

College principals (seven colleges represented)

Department for Children, Schools and Families (former): Special educational needs and disability division

The Association of Directors of Children's Services

The Implementation Review Unit

Training and Development Agency for Schools

Tribunals Service (Special educational needs and disability)

Written contributions or telephone conversations

East Region National Strategies SEN Hub

Joint Epilepsy Council

MENCAP

National Bureau for Students with Disabilities

The Communication Trust

Whizz-Kidz