



SEND reform consultation response

In this document we go through the questions in the SEND consultation document one by one so you know:

- What the question is
- What you might want to think about putting in your response
- What as a result of our conversations with PDAers, parents and professionals we intend to feedback in our organisational consultation response.

Because this is a long document, to help you navigate quickly you can click on the question you want in the contents to take you straight to the right part of this document.

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Question 1

We want children, young people and their families to be involved in making better, evidence-based decisions about SEND, both in their local area and across the country. How can we make sure children, young people and their families have a genuine say in these decisions?

To put together your answer to this question you might want to think about how you have experienced the involvement of children, young people and parents in decision making in the education system.

- What has worked well?
- What didn't work?
- What could involving children, young people and parents well look like? What would need to be in place for that to happen?

What we will be saying in our answer:

For PDA learners, having a genuine say in decisions requires approaches that go beyond standard participation models. Traditional mechanisms such as formal meetings or direct questioning in high-pressure environments can be particularly unhelpful, as they often place immediate demands on the child and may lead to masking or compliance-based responses rather than authentic views.

Evidence from engagement around the consultation highlights that PDA learners are more likely to communicate their needs effectively when approaches are gradual, relational and low-demand. This means creating opportunities for input over time, rather than expecting children to articulate their views in a single interaction. Regular, informal check-ins, supported by a trusted adult, are often more effective than formal consultation processes.

Children may also need time and space to reflect before sharing their views. Approaches such as journalling, whether written, visual or verbal, can help children identify what is working and what is not, and provide a basis for more meaningful conversations. This allows their views to be gathered iteratively and in a way that reflects their lived experience over time, rather than a response to a single situation.

It is also important to recognise that communication may be shaped by the context in which it takes place. Where children feel under pressure, they may prioritise reducing immediate demands, for example, by agreeing with suggestions or disengaging to get out of a situation quicker rather than expressing their true preferences. Ensuring that conversations take place in safe, familiar contexts, with people they trust, is therefore critical.

For families, meaningful involvement requires recognition of their expertise and lived experience, particularly where children mask in school settings.

Parents are often best placed to interpret patterns over time and to support communication in ways that reflect the child's needs. Parents have described to us feeling 'ambushed' in meetings, not receiving papers in advance, and seeing their contributions in meeting not minuted or misrepresented. For parents to be meaningfully involved there must be transparency about what is going to be discussed and why and space for them to prepare their thoughts ahead of and in other formats than meetings.

Parent specifically raised their concerns around the impact of parent blame on home school relationships and the harm it could cause.

To ensure genuine participation, systems must therefore:

- allow for iterative, relationship-based engagement over time
- provide flexible methods for communication, including indirect and reflective approaches
- ensure involvement takes place in low-demand, trusted contexts
- and recognise families as key partners in understanding and representing need

Question 2

How can we make sure that high-quality evidence and best practice inform decisions about SEND? Please share examples.

If you decide to answer this question you might want to concentrate on:

- How you can tell something is best practice/ high quality evidence in your opinion
- How that evidence/ practice is made available to everyone making decisions around learners with SEND
- How those people will understand how to apply this to children (like PDAers) whose support needs may not be well met by standardised approaches

What we will be saying in our answer:

Ensuring that high-quality evidence informs SEND decision-making requires a more deliberate and sustained investment in both research and the translation of that research into practice, particularly for less well understood profiles such as PDA and other complex or atypical presentations of need.

Current evidence bases remain limited in these areas. As highlighted in wider research, there is still relatively little formal study into profiles such as PDA, despite clear evidence of unmet need and poor fit within existing systems.

This gap contributes directly to inconsistent practice and, in many cases, ineffective or harmful support.

To address this, there must be a concerted effort to:

- invest in targeted research into under-recognised profiles and complex needs
- prioritise approaches that are grounded in lived experience as well as clinical and academic evidence

Crucially, evidence generation should not sit solely within academic or policy contexts. Instead, we recommend the development of co-produced evidence banks, bringing together:

- researchers
- expert practitioners
- and the lived experience of children, young people and families

This would help close the gap between research and practice, ensuring that evidence reflects what is both theoretically sound and practically effective.

There is also a need for a more accessible and usable model of evidence for frontline professionals. One potential approach, already being explored within NHS England, is the development of needs-led frameworks that link a child's profile to a structured "dashboard" of approaches. These models enable practitioners to understand:

- which strategies may be helpful for a given profile
- the potential benefits and limitations of each approach
- how to interpret outcomes and adapt support over time

This type of model supports informed, reflective decision-making rather than reliance on generic or one-size-fits-all interventions.

A national evidence infrastructure should therefore:

- provide all schools, trusts and local authorities with access to a shared, high-quality evidence base
- include clear guidance on identifying need, including less visible or masked presentations
- incorporate the voice of children and young people in defining what "effective" support looks like
- support evaluation of outcomes in a way that reflects wellbeing and engagement, not just attendance or attainment

Without this, there is a continued risk that decisions are made based on incomplete understanding, particularly for children whose needs do not fit established categories.

Strengthening the evidence base in this way would improve consistency, reduce conflict, and lead to more effective and appropriate support.

Question 3

How can we ensure that children are best supported by the Universal offer?

The consultation describes the universal layer as the support that should be available to all children in mainstream settings, without needing additional plans or specialist input. This includes everyday classroom practice, behaviour policies, and whole-school approaches.

When thinking about this, you might want to consider:

- whether typical school environments feel accessible or overwhelming
- how flexible schools are in responding to individual needs
- whether approaches based on routine, rules and compliance help or hinder your child
- what small adjustments make the biggest difference day-to-day

What we will be saying in our answer

Children with a PDA profile are consistently underserved by systems that rely on standardisation, compliance and escalation. Universal provision must be designed in a way that is flexible enough to include children whose needs do not align with standard expectations, including those with a PDA profile. Current approaches often rely on consistency, routine and compliance-based systems, which can be particularly challenging for these children.

Evidence from engagement with our consultation events and survey highlights that PDA learners are “unlikely to succeed within rigid, compliance-based systems” and instead require approaches that reduce perceived threat and support autonomy.

In practice, this means universal provision should allow for adjustments such as flexible start times, alternative entrances to avoid overwhelming transitions, and the removal of non-essential demands such as strict uniform or homework policies where these trigger distress. It also includes the use of low-demand communication styles and giving pupils more choice in how they engage with tasks.

Without these adaptations, universal provision can become a point of exclusion rather than inclusion. For PDA learners, distress often begins at this level, before additional support is introduced. Strengthening universal provision therefore requires a shift towards environments that are responsive and adaptable from the outset.

Question 4

How can we ensure that children in the Targeted Plus layer, are best supported?

The targeted layer refers to additional support provided when universal provision is not enough. This is usually school-led and may include small group support, adjustments to teaching, or short-term interventions.

When thinking about this, you might want to consider:

- how quickly support is put in place when difficulties emerge
- whether support is tailored to your child or follows a standard programme
- whether adjustments reduce stress or increase it
- what has helped (or not helped) your child engage in learning

What we'll be saying in our response:

As currently set out, there is a significant risk that ISPs will not be enforceable, and will not offer a right of appeal where provision is not delivered.

There is also concern that support at this level will largely be designed and delivered by non-specialist staff. For PDA learners, whose needs are often complex, context-dependent and not immediately visible, this presents a significant risk. Many children mask in school environments, meaning that without specialist understanding, their needs may be underestimated or misinterpreted. This can lead to support that focuses on surface behaviours rather than underlying causes such as anxiety and demand sensitivity, increasing the likelihood of inappropriate responses and escalating distress.

Targeted support must be available early and designed to respond to individual need, rather than introduced only after difficulties have escalated.

For PDAers, delays in providing appropriate support often leads to increasing anxiety and reduced engagement. Evidence indicates that effective support includes flexible timetables, reduced demands and greater choice in how learning is accessed.

In practice, this might include a reduced timetable to allow recovery from anxiety, opportunities to complete work in alternative formats such as verbally or through creative outputs, or structured breaks to manage overwhelm. It may also involve adapting how tasks are presented - for example, offering choices rather than direct instructions to reduce perceived demand.

Targeted support should be implemented proactively and delivered by staff who understand PDA-informed approaches.

Where support relies on standard interventions or behaviour-based models, it risks failing to address the underlying causes of need and may increase distress.

Question 5

How can we ensure that children in the Targeted Plus layer, are best supported?

The targeted plus layer refers to more intensive support for children whose needs are ongoing or more complex. This may involve input from specialists, more significant adjustments, or longer-term planning.

When thinking about this, you might want to consider:

- whether support adapts over time as your child's needs change
- how much flexibility there is in the timetable, curriculum and expectations
- whether there is a consistent adult who understands your child
- how well school and homework together

What we'll say in our response:

At the Targeted Plus level, where needs are more complex and persistent, the absence of EHCP-level legal protections is of particular concern. ISPs at this level must have clear statutory enforceability, including rights of appeal, if they are to provide meaningful assurance to families. Without this, there is a risk that children who would previously have met the threshold for an EHCP may instead receive support that is not consistently delivered or legally protected, increasing the likelihood of unmet need over time.

The proposals also suggest that provision at this level will be shaped within mainstream settings. Evidence from stakeholder engagement highlights concerns that this places significant responsibility on staff who may not have the training or experience to identify and respond to complex presentations such as PDA. Where children mask their difficulties, this risk is amplified, as needs may not be fully recognised until they escalate. Without specialist input, there is a danger that support remains reactive, based on observable difficulties rather than a deeper understanding of underlying need, leading to delayed or ineffective intervention.

Educational support needs of PDAers are often context-dependent and fluctuate over time, meaning support must be continuously adapted rather than fixed.

In practice, this level of support may include highly personalised timetables, access to a consistent, trusted adult who can support co-regulation, and significant flexibility in curriculum expectations.

For example, a child may engage in learning through interest-led projects, access quieter or separate spaces, or temporarily step away from formal academic expectations during periods of high anxiety.

Support at this level often requires close collaboration with families, who can provide insight into patterns of need and help shape approaches that are effective across different contexts.

Without this flexibility, there is a risk that support becomes reactive, introduced only after significant deterioration. Targeted Plus provision must therefore prioritise responsiveness and relational safety to prevent escalation.

Question 6

How can we ensure that children in the Specialist layer are best supported?

The specialist layer refers to the highest level of support, usually involving specialist provision, external professionals, or statutory plans. This may include EHCPs, specialist settings, or alternative provision.

When thinking about this, you might want to consider:

- whether specialist support reflects your child's actual needs or a category they've been placed in
- how easy it is to access appropriate support
- whether professionals understand your child's profile
- what happens when provision breaks down

What we will be saying in our response:

Specialist support must be sufficiently flexible and informed by specific expertise to meet the needs of children with complex and less well understood profiles such as PDA.

There is a risk that specialist provision, particularly where structured around predefined Specialist Provision Package (SPP) categories, will not align with the needs of this group. PDA profiles do not fit easily within standard categories and often require support that spans multiple areas. Expert analysis in our professionals' network indicated that proposed models risk creating a "reactive, crisis-driven model" where support is only accessed after significant breakdown.

In addition, the proposal to restrict access to EHCPs to those who meet the threshold for an SPP raises concerns about access to legal protections.

Where children with complex needs are supported at lower tiers without EHCP-level enforceability, including rights of appeal, there is a risk that provision may not be consistently delivered, increasing the likelihood of unmet need and escalation.

In practice, effective specialist support may include bespoke provision that combines elements of education, therapeutic input and family support. This could involve access to specialist practitioners who understand PDA, highly flexible or hybrid provision (including time in and out of school), and environments that prioritise low demand and relational safety. For some children, this may also include alternative provision or EOTAS arrangements where school-based environments are not currently accessible.

Without access to appropriate expertise, there is a risk that interventions focus on managing behaviour rather than addressing underlying anxiety and demand sensitivity. This is particularly problematic for children who mask in school environments, as their needs may not be fully recognised until they reach crisis point. Specialist support must therefore be both expert-led and adaptable to individual need.

Question 7

How do you think early years settings, schools, and college can best support the mental health and wellbeing of children and young people?

This question is asking about how the system supports children and young people's mental health.

You might want to think about:

- how school affects your child's anxiety and wellbeing
- whether support reduces distress or increases it
- how mental health is understood (behaviour vs underlying need)
- what has helped your child feel safe and able to engage

What we will say:

For children with a PDA profile, mental health and wellbeing are directly shaped by the demands and expectations of their environment. What is often interpreted as challenging behaviour is more accurately understood as a distress response. Stakeholder discussions emphasised that demand avoidance is best understood as a "fear response to demand."

Where environments are highly demanding, inflexible or unpredictable, this can lead to sustained anxiety, burnout and school avoidance.

Conversely, wellbeing is supported through approaches that reduce perceived threat, prioritise trust, and enable co-regulation. Survey evidence consistently highlights the importance of relational safety, flexibility and individualisation in supporting engagement and wellbeing.

In practice, this may involve flexible or part-time attendance, access to home-based learning during periods of acute distress, and gradual reintegration based on readiness rather than compliance. Behaviour policies that rely on sanctions are likely to exacerbate distress and should be replaced with approaches that focus on understanding underlying need.

Supporting mental health for this group therefore requires a fundamental shift in how behaviour is understood and responded to. Without this, the system risks contributing to poor mental health outcomes rather than preventing them.

Question 8

Do you agree that the refreshed 'areas of development' will support educators to understand and address barriers to learning and participation? Please explain your answer.

The consultation sets out a number of proposed areas of development intended to improve consistency, early support, and clarity within the SEND system, including the introduction of national standards, Individual Support Plans (ISPs), and new structures for specialist provision.

You might want to think about:

- whether "ordinarily available" support would meet your child's needs
- whether schools already provide this level of support
- whether complex needs (e.g. PDA) are likely to be recognised at this level
- whether there is a risk of needs being minimised

What our response will say:

A key concern is that several of the proposed developments rely on increased standardisation, including defining what support should be "ordinarily available" and structuring provision through national frameworks.

If these areas of development result in a system that is more clearly defined but less adaptable in practice, there is a risk that they will reinforce the existing mismatch between provision and need. In particular, children whose needs are context-dependent, variable, or less visible- such as those who mask in school - may be less likely to be identified as requiring additional support or may be expected to be supported within standardised frameworks that do not meet their needs.

There are also concerns about how these developments will operate in practice. For example, the introduction of ISPs has the potential to improve planning, but without clear mechanisms for accountability and delivery, they may not lead to meaningful change. As currently proposed, Individual Support Plans do not appear to carry the same level of enforceable legal protection as Education, Health and Care Plans, particularly in relation to rights of appeal and redress where provision is not delivered. This creates a risk that children may be recognised as having needs but lack the mechanisms to ensure those needs are consistently met, representing a potential weakening of families' ability to secure appropriate support.

Similarly, proposals relating to specialist provision risk introducing further categorisation without ensuring that support remains responsive to individual need.

To be effective, the proposed areas of development must be underpinned by:

- a clear emphasis on flexibility within all levels of provision
- recognition of complex and less well understood profiles such as PDA
- and systems that prioritise understanding underlying need rather than responding to surface-level presentation

Question 9

What arrangements would best support effective joint working between early years providers, Best Start Family Hubs, health, local authorities, and parents for children with SEND in the early years?

This question is asking how different services in the early years (such as nurseries, health visitors, family hubs, and local authorities) should work together with parents to support children with SEND.

You might want to think about:

- how well services worked together when your child was younger
- whether information was shared effectively between professionals
- whether you had to coordinate support yourself
- how early support was put in place and whether it was joined up
- whether professionals understood your child's needs at that stage
- what would have made support feel more coordinated and responsive

PDA Society is not responding to this question as we have limited data to draw on.

Question 10

How can the early years foundation stage (EYFS) two-year old progress check and the Healthy Child Programme development review be improved so that children's needs are identified and supported more quickly? Please share examples.

This question is asking specifically about two early identification tools:

- the EYFS two-year-old progress check (done by early years settings)
- the Healthy Child Programme development review (done by health visitors)

What you might want to think about

- whether your child's needs were picked up at age 2–3
- whether these checks reflected your child accurately
- whether professionals recognised less typical or more subtle presentations
- how much weight was given to your views as a parent
- whether concerns led to meaningful support, or just monitoring
- whether masking or variable behaviour affected how your child was understood
- what would have helped professionals identify needs earlier
- whether your child appeared "fine" in structured or brief observations but struggled elsewhere
- whether anxiety or demand avoidance was misunderstood or missed
- whether early signs were explained away rather than explored
- whether professionals had enough understanding of more complex or less well-known profiles

Our response will say:

The EYFS two-year progress check and Healthy Child Programme review provide important opportunities for early identification. However, for PDA learners and other less typical presentations, these processes often fail to identify need accurately or early enough.

A key issue is that both assessments tend to rely on brief observations in structured or unfamiliar environments. For PDA learners, presentation is highly context-dependent, and many are able to mask difficulties in these settings. This can result in children appearing to meet expected developmental milestones during assessment, while experiencing significant difficulties in less structured or more demanding situations.

Evidence from engagement with our consultation events and survey highlights that needs are often missed or misunderstood at this stage, particularly where behaviours are interpreted at a surface level rather than understood in terms of underlying drivers such as anxiety, demand sensitivity and a need for autonomy. Early signs may be explained away or attributed to personality, rather than recognised as indicators of emerging need.

To improve early identification, these processes must:

- place greater emphasis on parental insight, recognising that families often have a more complete understanding of how the child functions across contexts
- include longer-term and context-based observation, rather than relying solely on snapshot assessments
- ensure professionals are trained to recognise less well understood and variable presentations, including masking
- focus on understanding the function of behaviour, rather than simply recording observable milestones

There must also be a clearer pathway from identification to support. In many cases, concerns raised at this stage do not lead to meaningful intervention, resulting in delays that allow difficulties to escalate before appropriate support is put in place.

Improving these early years assessments therefore requires both better recognition of complex and context-dependent needs, and stronger links between identification and timely, appropriate support.

Question 11

What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?

What do we need to better understand, research, or measure so that decisions about SEND are based on good evidence?

- where there are gaps in understanding (e.g. PDA, masking, complex needs)
- whether current research reflects real-life experiences
- what we need to know about what actually works in practice
- how children's outcomes should be measured (e.g. wellbeing vs attendance)
- how lived experience (families, children, practitioners) should inform evidence
- whether professionals are using the right evidence to make decisions

Our response will say:

A key priority must be investment in research into less well understood profiles of need, including PDA, where there is currently a significant gap between lived experience and the formal evidence base. Without this, decisions about identification, support and provision risk being based on models that do not reflect the needs of a substantial group of children.

There is a clear need to develop evidence that focuses on:

- how to identify children whose needs do not align with standard models
- which approaches are effective in reducing distress and enabling engagement
- how to support children who are unable to access school due to unmet need

This aligns with wider calls for research programmes focused on understanding unmet need and improving early identification and intervention.

Evidence generation must also include co-produced approaches that bring together researchers, practitioners and families. This is essential to ensure that evidence reflects real-world complexity and can be applied in practice.

Without this, there is a continued risk that policy and practice will be shaped by incomplete or non-representative evidence, limiting the effectiveness of the proposed reforms.

Question 12

What are the most important issues for national training to cover, to help support children and young people with SEND?

This question is about what training and development staff need.

You might want to think about:

- whether staff understand your child's needs
- how consistent knowledge is across professionals
- what training would have made a difference
- whether advice has been appropriate or harmful

Our response will say

The most consistent finding across our engagement conversations was the need for comprehensive training in PDA-informed practice for all staff.

Respondents emphasised that training must not be limited to specialists but embedded across the workforce: “Training for all staff working with the child.”

There is concern that generic SEND training will not be sufficient. There is a lack of clarity about what broad SEND training encompasses and whether it can meet the needs of specific profiles.

Training should prioritise understanding demand avoidance as a distress response rather than wilful behaviour, alongside practical strategies such as the use of indirect or declarative language, co-regulation approaches, and collaborative problem-solving. It must also include recognition of masking, where children may appear to cope in school while experiencing significant distress outside of it.

Training must therefore include specific content on PDA profiles, be mandatory for all staff in setting where PDA is suspected by parents or staff in one or more pupils and be embedded in everyday practice. Without this, even well-designed policies are unlikely to be implemented effectively.

Question 13

What practical actions can help teachers, educators and leaders manage workload whilst implementing these changes?

This is about how schools can manage workload while delivering SEND reforms.

You might want to think about:

- whether staff have time to understand your child
- whether systems allow flexibility
- whether workload pressures limit good practice
- what would help staff respond better

We are going to respond by saying:

A central issue in managing workload is that the current system leaves teachers with insufficient time to understand and respond to the individual needs of the children they teach. Any reform that seeks to improve SEND outcomes must therefore be accompanied by structural changes that create time for professional reflection, learning and adaptation.

At present, teachers- particularly in primary and early years settings - are required to deliver a highly prescribed curriculum with limited flexibility. This restricts their ability to take a child-led or needs-led approach and leaves little time for meaningful professional development.

As a result, teachers are often expected to meet increasingly complex needs without the time or capacity to develop the necessary understanding of those needs.

To address this, there must be a shift towards a more flexible curriculum model that allows space for:

- observation and understanding of individual children
- adaptation and differentiation of teaching approaches
- child-led and interest-based learning where appropriate

Reducing the emphasis on tightly prescribed content and direct instruction would enable teachers to focus on what is most effective for the learners in front of them, rather than on delivering a uniform programme at pace.

In parallel, there must be explicit investment in teacher learning. This includes protected time for:

- professional development focused on SEND and neurodivergent profiles
- collaboration with colleagues and specialists
- reflection on practice and outcomes

Without this, teachers are placed in an impossible position: expected to deliver personalised support within a system that is structurally designed for standardisation.

Practical actions should therefore include:

- building protected time for professional development and reflection into the school week
- reducing curriculum rigidity to allow for responsive, needs-led teaching
- enabling collaborative planning and shared problem-solving across staff teams
- aligning accountability measures with inclusive practice, rather than solely attainment metrics

These changes would not only reduce workload pressures but also improve the quality of support for children with SEND, by enabling teachers to work in a more informed, responsive and sustainable way.

Question 14

How should the Special Educational Needs Coordinator (SENCO) role evolve to better meet the needs of children and young people with SEND?

This question is asking how the role of the SENCO (Special Educational Needs Coordinator) should change to better support children and young people with SEND in schools and settings.

You might want to think about:

- whether your SENCO has enough time and capacity to understand your child's needs
- how well they understand complex or less well-known profiles (e.g. PDA)
- whether they are able to influence classroom practice, or are mainly managing paperwork
- how effectively they communicate with families
- whether they can access and interpret specialist advice
- how consistent support is across staff, or whether it depends on individual teachers
- whether the SENCO role feels strategic (driving change) or administrative (managing plans)

We are going to say:

To meet the needs of children with complex and less well understood profiles such as PDA, the SENCO role must evolve from a primarily administrative function to one that is sufficiently resourced, expert-led, and able to influence practice across the whole setting.

Evidence from engagement with our consultation events and survey highlights that, in many cases, SENCOs do not have the time or capacity to develop a deep understanding of individual children, particularly where needs are complex, context-dependent, or masked within the classroom. This limits their ability to ensure that support is appropriately designed and consistently implemented. For PDA learners, whose needs may not be immediately visible and often differ significantly across environments, this presents a particular risk.

The role must therefore include:

- protected time to work directly with children, families, and staff
- access to high-quality, ongoing training, including on less well understood profiles such as PDA
- the authority to influence whole-school approaches, including behaviour policies and curriculum flexibility

There is also a need for SENCOs to play a stronger role in translating specialist advice into practical, day-to-day strategies that can be implemented consistently by teaching staff. Evidence suggests that, where this does not happen, support can become fragmented, with individual teachers applying inconsistent approaches that do not reflect the child's needs.

In addition, the SENCO role must be supported by access to appropriate external expertise. Expecting SENCOs to design and oversee provision for complex needs without specialist input risks reinforcing a system in which support is based on generalised approaches rather than a clear understanding of underlying need.

For children who mask in school environments, this is particularly important. Without the time, expertise and relational understanding to recognise less visible presentations, there is a risk that needs are underestimated and support is introduced too late, often at the point of escalation.

Strengthening the SENCO role therefore requires a combination of increased capacity, enhanced expertise, and a clearer strategic function within the school. Without these changes, there is a risk that SENCOs will continue to be constrained by workload and system pressures, limiting their ability to drive meaningful improvements in support for children with SEND.

Question 15

What would provide assurance for families that an Individual Support Plan (ISP) is high-quality and contains the essential information?

This question is asking what would give you confidence that your child's ISP:

- properly reflects their needs
- includes the right information
- and will actually lead to meaningful support

You might want to think about:

- whether previous plans (e.g. SEN Support plans) were accurate and followed
- what information was missing or unclear
- whether strategies were specific and workable
- whether you felt involved in creating the plan
- what would make you trust that support will actually happen

What our response will say:

There is significant concern that Individual Support Plans may replicate existing ineffective approaches unless they are explicitly designed to meet the needs of PDA learners. Survey respondents warned that “ISPs risk replicating the failures of existing school-based plans that are poorly implemented and not meaningfully different from current SEN support arrangements.”

For families to have confidence in ISPs, they must be clearly differentiated from current SEN Support plans in both content and enforceability. A high-quality ISP must go beyond describing need and instead set out specific, practical, and individualised strategies that can be consistently implemented.

PDAers this requires a strong emphasis on flexibility and relational approaches. Plans must include clear detail on how support will be adapted in practice, including flexibility in attendance, curriculum and expectations, and approaches that reduce perceived demand and support autonomy.

Practical examples of what this looks like in effective provision include:

- allowing alternative methods of recording work, such as voice notes or visual formats
- removing or adapting subjects that are a significant source of distress
- enabling pupils to step away from situations without sanction
- using phased returns following periods of burnout
- identifying a named, trusted adult to support co-regulation and engagement

A key issue raised through engagement is that plans often fail not because of their content, but because they are not implemented consistently. As such, assurance for families must include a clear legal duty not only to produce ISPs, but to deliver the provision set out within them, alongside routes for challenge where this does not occur.

Co-production is also critical. Families must be recognised as essential partners in developing ISPs, particularly where children mask in school environments and needs may not be immediately visible. Without this, there is a risk that plans reflect assumptions made in school rather than the child’s full lived experience.

Without these elements - clear, practical content; enforceability; and genuine co-production - ISPs are unlikely to provide meaningful assurance or improve outcomes.

Question 16

How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?

This question is asking how ISPs can be written in a way that:

- is easy for staff to understand
- can be used day-to-day in the classroom
- and leads to consistent support

You might want to think about:

- whether current plans are easy to follow
- whether staff use them in practice
- whether strategies are realistic and specific
- whether different staff respond consistently
- what would make plans more usable

Our response will say:

To be effective in practice, Individual Support Plans must be designed as working documents that translate directly into day-to-day support, rather than static descriptions of need. Evidence from engagement with our consultation events and survey highlights that existing plans are often too generic, overly detailed in the wrong areas, or insufficiently practical to guide staff behaviour.

For PDA learners, clarity and usability are particularly important, as support depends on consistent, low-demand and relational approaches being applied across all staff. Where plans are unclear or open to interpretation, there is a significant risk of inconsistent responses, which can increase anxiety and reduce engagement.

ISPs should therefore:

- prioritise clear, actionable strategies, written in a way that all staff can follow
- focus on what to do in practice, not just what the need is
- include examples of how to respond in specific situations
- be regularly reviewed and adapted as needs change

For example, rather than stating that a child “finds demands difficult”, an effective ISP would specify approaches such as offering choices instead of direct instructions, reducing non-essential demands, or allowing flexible routes into tasks. Similarly, plans should clearly outline how staff should respond when a child becomes overwhelmed, including the use of agreed exit strategies or access to a safe space.

There is also a risk that, without appropriate expertise, plans will reflect behaviourist interpretations of need, focusing on managing observable behaviours rather than addressing underlying drivers such as anxiety and demand sensitivity. This can lead to strategies that are ineffective or escalate distress. Ensuring that ISPs are informed by staff with appropriate training and access to specialist advice is therefore essential.

Finally, plans must be realistic within the context of school systems. If strategies are not feasible within staffing, timetabling or training constraints, they are unlikely to be implemented. Ensuring clarity, practicality and alignment with staff capacity is therefore critical to making ISPs usable in practice.

Without this focus on clarity, specificity and real-world application, there is a risk that ISPs will not be used consistently by professionals, limiting their impact on outcomes.

Question 17

How can we best support transition for young people with SEND, so that they are well supported into post-16 provision and further education, training or employment?

This question is asking how the system can better support young people with SEND when they move on from school into further education, training or employment.

You might want to think about:

- how your child manages change and new environments
- what support is needed before and during transitions
- whether preparation starts early enough
- how well different settings communicate with each other
- whether provision continues in a consistent way after transition
- what has helped (or would help) your child feel safe and able to engage

Our response will say:

Transitions into post-16 provision must be understood as a process rather than a single event, particularly for young people with PDA profiles, where changes in environment, expectations and relationships can significantly increase anxiety and reduce engagement.

Evidence from engagement with our consultation events and survey highlights that transitions are often unsuccessful where they are time-limited, insufficiently planned, or focused primarily on placement rather than readiness.

For young people with PDA, successful transition depends on establishing relational safety and a sense of autonomy before expectations around learning or participation are introduced.

In practice, this requires early and gradual preparation, including opportunities to build familiarity with new environments, develop relationships with key staff, and engage at a pace that reflects the young person's readiness. Effective approaches may include phased transitions, part-time or hybrid timetables, and flexibility in how provision is accessed during the initial period.

There is also a need for continuity of understanding across settings. Where receiving providers do not have sufficient awareness of PDA or similar profiles, there is a risk that support reverts to more standardised approaches, leading to breakdown in placement. Ensuring that information is clearly shared, and that staff are supported to implement appropriate strategies from the outset, is therefore critical.

Without this level of planning and flexibility, there is a risk that transitions will trigger renewed distress and disengagement, undermining access to further education, training or employment. Transition support must therefore prioritise relational safety, flexibility and continuity to be effective.

Question 18

How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?

This question is asking about the proposed use of Inclusion Bases (specialist units within mainstream schools) and whether they can meet the full range of SEND needs locally.

You might want to think about:

- whether your child would be able to access a mainstream setting with additional support
- whether specialist spaces within schools would meet their needs
- how your child responds to being part of a mainstream environment, even with adjustments
- whether support needs to be fully integrated or more separate
- what has worked or not worked in similar settings
- whether local provision has been able to meet your child's needs

Our response will say:

For some PDA learners, Inclusion Bases will not be an appropriate form of provision.

Their needs are often not limited to specific lessons or tasks, but are triggered by the wider school environment, including sensory demands, social expectations and perceived lack of autonomy. In these cases, remaining within a mainstream setting, even with access to a specialist base, may continue to generate levels of anxiety that make engagement in learning difficult or unsustainable.

Evidence from engagement with our consultation events and survey consistently highlights that, where underlying drivers such as anxiety and demand sensitivity are not addressed, adaptations that sit alongside a mainstream offer may have limited impact. While Inclusion Bases may support some children, they are unlikely to meet the needs of those who require more fundamental changes to their environment.

It is therefore important that Inclusion Bases are understood as one option within a broader continuum of provision, rather than a universal solution. A system that seeks to meet the full range of need must retain access to a diversity of provision, including specialist and highly flexible models, to ensure that children are supported in environments where they can genuinely engage and thrive.

Question 19

How can we make sure that Inclusion Bases help children and young people succeed in mainstream settings?

This question is asking how Inclusion Bases (specialist units within mainstream schools) can be designed and used in a way that genuinely supports children to access and succeed in the wider school environment.

You might want to think about:

- whether your child can tolerate being in a mainstream school environment at all, even with a quieter space available
- whether having a separate base within school reduces anxiety, or whether the wider environment still feels overwhelming
- how your child copes with the expectations of being “part of” the school, even if not always in the classroom
- whether support needs to be continuous, rather than limited to a specific space
- whether your child needs a fundamentally different environment, rather than an adapted space within the same one

We will respond by saying:

For PDAers, the effectiveness of Inclusion Bases depends on whether they meaningfully reduce the overall demands of the school environment, rather than simply providing a separate space within it.

Evidence from engagement with our consultation events and survey highlights that, for many PDAers, distress is not limited to specific lessons or activities, but is driven by the wider environment, including sensory input, social expectations, and the perceived lack of autonomy within the school setting. In these cases, the presence of an Inclusion Base within the same environment would not be sufficient to make that environment accessible.

There is a particular concern for children who are already anxious or experiencing burnout. For these children, remaining within a mainstream school environment - even with access to a base- may continue to generate levels of distress that limit engagement. Where the underlying drivers of anxiety are not addressed, an Inclusion Base risks becoming a space for withdrawal rather than a meaningful route to participation.

To be effective, Inclusion Bases would need to operate with a high degree of flexibility, allowing children to access provision in a way that reflects their individual tolerance of the wider environment, and without assumptions that they will increase engagement with mainstream expectations over time. They must also be supported by staff with a strong understanding of PDA and similar profiles, ensuring that approaches reduce perceived demand and prioritise relational safety.

However, it is important to recognise that, for some children, particularly those experiencing significant anxiety or burnout, the mainstream school environment itself may not be appropriate, regardless of adaptations within it. Inclusion Bases should therefore be understood as one option within a wider continuum of provision, rather than a solution that can meet the needs of all children within mainstream settings.

Question 20

Through the Experts at Hand offer, we want to ensure that mainstream settings can get quick specialist support for children and young people. What arrangements are needed between local area partners (education, health, social care) to deliver this Experts at Hand offer effectively?

This question is asking how schools can get quick access to the right specialist support, and how education, health and social care should work together to make this happen.

You might want to think about:

- how easy it has been to access specialist advice
- whether support was timely and appropriate
- whether professionals understood your child's needs
- whether services worked together or separately
- whether advice was practical and used in school

You might also consider whether the “experts” involved had the right expertise for your child, and whether their input helped prevent problems escalating.

Our response will say:

The principle of providing rapid access to specialist support is welcome, but there are significant concerns about how expertise will be defined and delivered. Stakeholders questioned whether generic SEND expertise would be sufficient, noting: “How do you identify an expert in PDA? ... you don't [have generic expertise for every child].”

There is a clear risk that advice may be provided by professionals without specific understanding of PDA, leading to inappropriate or ineffective recommendations. Evidence suggests that support is most effective where professionals have deep, practical knowledge of PDA and are able to work collaboratively with schools and families.

In practice, this often involves a knowledgeable professional mediating discussions, helping to move beyond identifying problems towards implementing effective strategies.

To be effective, this model must ensure access to genuine specialist expertise, including practitioners with experience of PDA-informed approaches. It must also provide ongoing support rather than one-off input, enabling sustained change in practice.

In addition current proposals do not sufficiently address workforce capacity. There is already a shortage of professionals in key roles like Educational Psychologists and SALTs. This shortage will not fix itself there needs to be a realistic plan for increasing professional capacity that is available to schools that doesn't remove people from other crucial frontline roles. A realistic plan for building expertise would involve funding for training and a recognition that expertise is developed over years of training and practice – so would have a clear understanding of how experts at hand could scale up to meet need over time, and how expertise could be made available while this is happening.

Question 21

What needs to be in place so that children and young people with low incidence, highly complex needs can always access the right specialist placement?

This question is asking how the system can make sure children with more complex needs are able to access the right level and type of support, at the right time.

You might want to think about:

- whether your child has been able to access appropriate support
- whether thresholds for support are too high
- whether support comes early enough or only after things escalate
- whether provision matches your child's needs
- what happens when support isn't working

You might also consider whether the system is flexible enough to respond to complex or less typical needs, rather than expecting children to fit into standard categories.

Our response will say:

Children with complex needs, including those with PDA profiles, require a system that is genuinely needs-led and capable of responding to variability and complexity.

Current proposals risk limiting access to support through categorisation and thresholds. Evidence highlights concern that grouping children into predefined packages may result in a “loss of a child’s right to support tailored to their individual and unique needs.”

For PDA learners, whose needs may fluctuate and span multiple domains, this creates a significant risk of unmet need.

To ensure access to appropriate support, the system must:

- retain a strong focus on individual assessment
- allow flexibility across support categories
- ensure access to specialist expertise
- and maintain clear pathways for escalation where needs are not met

Attendance must be understood as an outcome of whether a child’s needs are being met, not a measure of compliance.

There is concern that strict attendance expectations and punitive approaches may worsen outcomes for children with SEND.

Sector feedback highlights that inflexible policies “risk worsening attendance rather than improving it.”

For PDA learners, where anxiety is driven by perceived demand and lack of autonomy, pressure to attend can increase distress and lead to complete disengagement.

A more effective approach is to:

- treat absence as an indicator of unmet need
- respond with support rather than sanction
- and provide flexible pathways, including part-time or alternative provision where required

There is a significant gap in the proposals regarding children who are not currently able to access education due to unmet need. This is particularly relevant for PDA learners, many of whom experience severe anxiety and school-based trauma that prevents attendance.

The system must:

- recognise that non-attendance is often the result of unmet need
- provide structured support pathways for children outside of school
- and ensure access to flexible provision, including EOTAS and hybrid models
- Without this, reforms risk excluding the very children they are intended to support.

Question 22

How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?

This question is asking how the proposed Specialist Provision Packages (SPPs) should be designed so they meet children’s needs.

You might want to think about:

- whether your child’s needs fit into clear categories
- whether their needs overlap different areas
- how much their needs change over time
- whether standardised packages would work or not
- what has happened when support has been based on a “type of need” rather than your individual child

Our response will say:

There are significant concerns that the proposed model of Specialist Provision Packages will not adequately meet the needs of PDA learners. Evidence from stakeholder discussions highlights that “the government proposes 7 SPP categories, but PDA doesn’t fit well,” reflecting a broader issue that needs do not always align with fixed categories.

PDA profiles are characterised by variability, context-dependent presentation, and complex patterns of need, including masking and fluctuating capacity. These features make it difficult to define need within a single category and increase the risk that provision will only partially align with what is required.

There is also concern that categorisation may reinforce simplified or behaviour-based interpretations of need, particularly where mental health categories are framed in ways that focus on observable presentation rather than underlying drivers such as anxiety and demand sensitivity. This creates a risk that support is shaped by what is seen, rather than what is causing the difficulty.

To be effective, Specialist Provision Packages must:

- allow provision to work across categories, rather than requiring children to fit within one
- include explicit guidance on complex and less well understood profiles, including PDA
- prioritise understanding underlying need, not just presentation
- and retain sufficient flexibility to respond to change over time

Without this, there is a significant risk that SPPs will reduce individualisation and limit the system’s ability to respond effectively to complexity.

Question 23

We propose that EHCPs will guarantee educational provision set out in a Specialist Provision Package, with day-to-day provision captured in Individual Support Plans. What is needed to make these proposals work effectively?

This question is asking how the new system where, EHCPs guarantee the overall package (SPP) and ISPs set out day-to-day support and if this can work effectively in practice.

You might want to think about:

- whether you trust schools to deliver support without legal enforcement
- what happens when provision isn't followed
- whether plans you've had in the past were implemented
- whether support needs to be flexible day-to-day
- whether your child would qualify for an EHCP under the new system

Our response will say:

There is significant concern that the proposed division between EHCPs (guaranteeing SPPs) and ISPs (setting out day-to-day provision) will weaken the effectiveness and enforceability of support for children with complex needs, including those with PDA profiles.

While EHCPs would guarantee access to a Specialist Provision Package, much of the practical, day-to-day support would sit within ISPs, which do not currently appear to carry the same level of legal protection, including rights of appeal. This creates a risk that children may have access to a defined package in principle but lack enforceable mechanisms to ensure that the detailed support they rely on is consistently delivered.

This is particularly concerning given evidence that existing school-based plans are often poorly implemented. As reflected in engagement, there is a risk that "ISPs replicate the failures of existing school-based plans," resulting in support that is documented but not meaningfully realised in practice.

There is also a structural risk within the proposed model that access to Specialist Provision Packages, and therefore EHCP protections, may be limited to children who meet clearly defined thresholds. Evidence from stakeholder discussion highlights concern that this may reinforce a system in which support is only triggered after crisis, such as school breakdown or sustained absence, rather than being preventative.

To work effectively, this model would require:

- clear legal enforceability of ISPs, including routes for challenge where provision is not delivered
- strong alignment between EHCPs and ISPs, ensuring that day-to-day support reflects the child's actual needs
- safeguards to prevent children with complex but less easily categorised needs from being excluded from EHCP-level protection
- and access to appropriate expertise to ensure that provision is correctly designed and implemented

Without these elements, there is a significant risk that the proposed system will increase structural clarity while reducing the ability of families to secure and sustain appropriate support in practice.

Question 24

We propose creating a more direct route to Specialist Provision Packages and EHCP assessments for children under 5 with complex needs. How can we make sure this works in practice?

This question is asking how the system can make it easier and quicker for very young children (under 5) with complex needs to access specialist support and EHCP assessments, without long delays.

You might want to think about:

- how early your child's needs were recognised
- how easy or difficult it was to access support before school
- whether you had to wait for needs to escalate before help was offered
- how well early years settings, health services and local authorities worked together
- whether you felt listened to as a parent when raising concerns

Our response will say:

While we recognise the importance of improving early access to specialist support for young children with complex needs, we do not have sufficient evidence from our engagement and consultation responses to provide a detailed or specific view on how this proposal should be implemented in practice.

We would emphasise, however, that any approach in the early years must be grounded in a strong understanding of variability in presentation and the importance of parental insight, particularly for children whose needs may not be immediately visible.

Question 25

What would you expect to be considered as part of the needs assessment, for example evidence and expert or professional input?

This question is asking what information should be used to understand a child's needs properly when decisions are made about support.

You might want to think about:

- whether your child has been accurately understood in assessments
- what evidence was used (e.g. school reports, observations, professional reports)
- whether your views as a parent were taken into account

- whether different settings (home vs school) gave different pictures of your child
- whether professionals had the right expertise
- what important information was missed

Our response will say:

Needs assessments must be sufficiently holistic and nuanced to capture the complexity of children whose presentation varies across contexts, including those with PDA profiles. Evidence from engagement with our consultation events and survey highlights that current assessment processes often rely too heavily on school-based observations or single-point-in-time assessments, which can result in needs being underestimated or misunderstood.

For PDA learners, this is particularly problematic. Many can mask difficulties in structured environments, meaning that assessments based primarily on school reports may not reflect the level of distress experienced. As a result, there is a risk that need is judged on observable behaviour rather than underlying drivers such as anxiety, demand sensitivity and a need for autonomy.

Assessments must therefore draw on a wider range of evidence, including:

- detailed parental input, recognising that families often have the most complete understanding of patterns over time
- observations across multiple contexts, including less structured environments
- input from professionals with relevant expertise in complex and less well understood profiles
- evidence of how the child responds to different approaches, not just descriptions of difficulty

There is also a need to ensure that assessments move beyond descriptive reporting to a clear understanding of what support is required in practice. Evidence from engagement with our consultation events and survey indicates that where assessments do not adequately identify underlying need, this can lead to inappropriate or ineffective provision.

A robust needs assessment process must therefore prioritise triangulation of evidence, appropriate expertise, and a clear focus on understanding the function of behaviour. Without this, there is a significant risk that children with complex and context-dependent needs will not be accurately identified or supported.

Question 26

What factors should LAs take into account in proposing to parents and young people a list of potential settings to name on a plan?

This question is asking how local authorities should decide which schools or settings to suggest for your child when creating a plan.

You might want to think about:

- whether suggested schools would meet your child's needs
- whether your child can tolerate the type of environment offered
- what has worked or not worked in previous settings
- whether your child's views and experiences are considered
- whether options feel realistic or just what is available locally

Our response will say:

We have not gathered sufficient direct evidence through this engagement to comment in detail on how local authorities should create lists of potential settings.

However, it is essential that any proposed options are grounded in a clear understanding of the child's needs, as communicated by both the child and their family. Settings should not be selected solely based on availability or category, but on whether they are likely to provide an environment in which the child can meaningfully engage.

This includes consideration of factors such as the child's tolerance of different environments, the level of flexibility required, and whether previous placements have been successful or have contributed to distress or disengagement.

Without this, there is a risk that proposed options do not reflect the child's actual needs, leading to placements that are unsuitable and unlikely to be sustained.

Question 27

What information and support do parents need to make a decision about which setting will be best for their child?

This question is asking what information and support you need to feel confident choosing the right school or setting for your child.

You might want to think about:

- whether you were given clear, honest information about different settings
- whether you understood what support each setting could provide
- whether you were able to visit and see how settings work in practice
- whether professionals helped you understand what would suit your child
- whether your child's needs and preferences were taken into account
- whether you felt supported to make a decision, or pressured into one

You might also consider what would have helped you make a better decision, such as clearer guidance, access to other parents' experiences, or more detailed information about how support is delivered day-to-day.

Our response will say:

Parents require clear, accurate and meaningful information to make informed decisions about educational provision. Government proposals recognise that "parents know their children best. Parental insight is essential."

However, current information often focuses on the type of provision rather than how support is delivered in practice. For children with a PDA profile, this distinction is critical.

Parents need transparency about:

- how flexible a setting is in practice
- the level of staff understanding and training
- how distress-based needs are recognised and supported

Without this, there is a risk of mismatch between placement and need, which can lead to breakdown in provision.

Question 28

What do you think is the right maximum length of time for a temporary placement in Alternative Provision (AP) schools? Please explain your rationale.

This question is asking how long a child should stay in Alternative Provision (AP) when it is meant to be temporary.

You might want to think about:

- whether your child needed time to recover before they could learn again
- how long it took for them to feel safe and able to engage
- whether moving them on too quickly would have caused setbacks
- whether progress is based on time or on readiness
- what happened if a placement ended before your child was ready

You might also consider whether a fixed time limit makes sense, or whether placements should last as long as needed for the child to stabilise and re-engage.

Our response will say:

A fixed maximum time limit for Alternative Provision placements is not appropriate for children with a PDA profile. Evidence from lived experience and practitioner discussions shows that progress in AP is not linear.

The consultation proposes time-limited placements to support reintegration; however, this assumes that children are ready to re-engage within predictable timescales. In practice, PDA learners often enter AP following significant trauma and burnout caused by previous educational experiences. Recovery from this cannot be rushed.

Stakeholder discussions highlighted that relational safety is the precondition for any engagement in learning, and that this can take substantial time to establish. One practitioner described working with a child who had been so traumatised by school expectations that:

they “had to play pick up sticks with pencils for weeks before that child felt comfortable enough to... touch a pencil to write”

This illustrates that before academic learning can begin, time must be invested in rebuilding trust and reducing perceived threat.

Similarly, concerns were raised about proposed limits such as 12-week placements, with practitioners noting that such expectations are unrealistic where children may take many months simply to re-engage at a basic level.

The key issue is that AP for this group is not simply a short-term intervention, but often a therapeutic, recovery-focused environment where:

- trust is rebuilt
- autonomy is restored
- the child rediscovers a sense of safety in learning

Premature transitions or enforced reintegration risk:

- re-triggering trauma
- undoing progress made
- reinforcing disengagement from education altogether

While some children may benefit from short-term placements, others will require longer-term support. The determining factor should not be time, but whether the child has reached a point of genuine relational safety and readiness to engage.

There should be no fixed maximum length for AP placements. Instead, placements should be:

- needs-led, not time-limited
- reviewed based on readiness and wellbeing, not compliance or attendance targets
- designed with flexibility to move between short-term and longer-term provision as required

AP should be understood not only as a route back to mainstream education, but in some cases as a necessary longer-term provision that enables safe, meaningful engagement in learning.

Without this flexibility, the system risks prioritising throughput over recovery, and in doing so, failing the children it is intended to support.

Question 29

We have set out our plans to regulate Independent Special Schools (ISS) sector. Do you agree that these proposed changes will lead to suitable placements being available at a fair cost? Please explain why.

This question is asking whether regulating independent special schools will:

- improve the availability of suitable placements
- ensure they are good quality
- and make costs more reasonable

You might want to think about:

- whether independent placements have been necessary for your child
- whether suitable placements were available locally
- whether cost affected decisions about placement
- whether quality has been consistent

We have not gathered sufficient evidence through this engagement to provide a detailed or evidence-based response to this question.

Question 30

How should settings be held accountable for how they spend their Inclusive Mainstream funding?

This question is asking how schools should be held responsible for how they spend SEND funding within mainstream settings.

You might want to think about:

- whether funding has resulted in meaningful support for your child
- whether support has been visible and consistent
- whether you understand how funding is used
- what happens when provision is not delivered

We do not have sufficient direct evidence from this engagement to comment in detail on funding accountability mechanisms.

Question 31

Do you agree that more SEND funding should sit directly within mainstream budgets? Please explain why.

This question is asking whether more SEND funding should be given directly to mainstream schools rather than held centrally.

You might want to think about:

- whether your child's school has been able to meet their needs
- whether funding decisions feel fair and appropriate
- whether support depends on school capacity
- whether funding has translated into effective provision

We have not gathered sufficient evidence through this engagement to provide a detailed response on the structure of SEND funding.

Question 32

In relation to pooled funding, we propose that every school becomes part of a local SEND group. Do you agree that this proposal aligns with our aim for all schools to be part of high quality, community-based trusts?

This question is asking whether schools working together in local SEND groups (sharing funding and responsibility) is a good idea.

You might want to think about:

- whether schools currently work well together
- whether support feels consistent across settings
- whether collaboration would improve outcomes
- whether there are risks of inconsistency or conflict

We do not have sufficient evidence from this engagement to comment in detail on the proposed structure of local SEND groups.

Question 33

How should disagreements about membership, provision, or funding in groups of schools for SEND be resolved?

This question is asking how disagreements between schools (about funding, provision, or membership) should be resolved.

You might want to think about:

- what happens when professionals disagree about your child's needs
- whether disputes delay support
- whether there are clear ways to challenge decisions
- what would make resolution fair and timely

We have not gathered sufficient direct evidence through this engagement to provide a detailed response on dispute resolution mechanisms within SEND groups.

Question 34

How can we ensure the most effective use of these local partnership groups?

This question is asking how local groups of schools and services can work well together to support children with SEND.

You might want to think about:

- whether services currently work together effectively
- whether support feels joined up or fragmented
- whether collaboration improves outcomes
- what has helped or hindered joint working

We do not have sufficient evidence from this engagement to comment in detail on how local partnership groups should operate.

Question 35

Which stakeholders are important for the success of local partnership groups, and why?

This question is asking who should be involved in local SEND decision-making groups.

You might want to think about:

- which professionals have been important in supporting your child
- whether families are included in decisions
- whether expertise is available where needed
- who has been missing from discussions

We have not gathered sufficient evidence through this engagement to provide a detailed response on stakeholder composition within local SEND partnership groups.

Question 36

How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?

This question is asking how local areas can improve collaboration and long-term planning for SEND.

You might want to think about:

- whether support in your area feels planned or reactive
- whether services work together effectively
- whether there is a clear vision for improving SEND support
- what would improve coordination across services

We do not have sufficient evidence from this engagement to provide a detailed response on local SEND strategic planning.

Question 37

What information, advice and guidance can best support children, young people and their families to ensure greater fairness across the system?

This question is asking what kind of information and support would help families better understand the SEND system and make fair decisions for their child.

You might want to think about:

- whether you understood how the system works and what your rights are
- whether information you received was clear, accurate and consistent
- whether you knew what support your child was entitled to
- whether you had access to independent advice
- whether information helped you make decisions or added confusion

You might also consider what would have made things feel fairer, such as clearer guidance, consistent information across services, or better support in navigating the system.

Our response will say:

There is a clear need for improved information, advice and guidance that reflects the realities of PDA learners. Current provision is inconsistent, and families often report a lack of understanding across services.

Guidance should include specific information on PDA, including how needs may present, how they differ from other profiles, and what effective support looks like in practice. It should also support families to understand their rights and navigate the system.

Improving access to accurate, consistent guidance would help to reduce conflict, support better decision-making, and improve outcomes for children and young people.

Question 38

Do you agree that a SEND specialist (e.g. a SENCO) should sit on the school complaint panel, when the complaint relates to SEND support and provision? Please explain why.

This question is asking whether someone with SEND expertise (like a SENCO) should be involved when complaints about SEND support are reviewed.

You might want to think about:

- whether complaints about your child's support were properly understood
- whether decisions felt informed or lacked expertise
- whether the people reviewing complaints understood your child's needs
- whether having a specialist involved would have changed the outcome
- whether the process felt fair and balanced

Our response will say:

In principle, the involvement of a SEND specialist in complaint panels is a positive step, as it increases the likelihood that decisions are informed by an appropriate understanding of SEND. However, this will only be effective if the specialist has sufficient independence and relevant expertise.

There is a risk that, if the SEND specialist is part of the same school or system being complained about, they may not provide the level of challenge or objectivity required to ensure a fair outcome.

For families, confidence in the complaints process depends not only on the presence of expertise, but on the perception that decisions are impartial and evidence based.

For children with complex and less well understood profiles, such as PDA, it is also essential that any specialist involved has appropriate knowledge and understanding of these needs. Evidence from engagement with our consultation events and survey highlights that where needs are misinterpreted, particularly where behaviour is viewed without understanding underlying drivers such as anxiety and demand sensitivity, decisions can reinforce ineffective or inappropriate approaches.

To be effective, complaint panels should therefore include:

- access to independent SEND expertise, not solely internal staff
- assurance that panel members have relevant and up-to-date knowledge, including of less well understood profiles
- clear processes that enable families to challenge decisions where provision is not being delivered appropriately

Without these safeguards, there is a risk that the inclusion of a SEND specialist becomes procedural rather than meaningful and does not improve outcomes for children and young people.

Question 39

This consultation outlines a series of measures intended to reform the SEND system. Some of these measures have already been finalised, and this is clearly indicated within the document. With this in mind, is there anything further you would like to contribute to help inform the remaining proposals that are still under consideration?

This is an open question giving you the chance to raise anything else that hasn't been covered.

You might want to think about:

- the most important issues affecting your child
- the biggest risks in the proposed changes
- anything you feel has been overlooked

Our response will say:

We welcome the ambition of this consultation to create a more inclusive and effective SEND system.

However, the evidence gathered through PDA Society engagement indicates that, without significant change, the proposed reforms risk continuing to underserve a substantial group of children with complex and less well understood needs, including those with a PDA profile.

There are at least 18,000 school-aged children in England with a PDA profile, many of whom are currently unable to access education safely or consistently. Evidence from the PDA Society's 2023 survey highlights the severity of this issue:

- 91% experience severe anxiety
- 85% have experienced emotionally based school avoidance
- 40% have considered taking their own life
- 49% of those in school receive no emotional or practical support for school anxiety

These figures demonstrate that the current system is not simply underperforming for this group - it is, in many cases, causing significant harm.

A central concern is that the system continues to be built around assumptions that do not hold true for all neurodivergent children. Approaches based on consistency, routine, compliance and behavioural reinforcement can be intolerable for PDA learners, where anxiety is driven by perceived loss of autonomy and demand.

As a result, many children experience escalating distress, leading to school avoidance, burnout, and in some cases complete disengagement from education. Families are often left making impossible choices between enforcing attendance at the cost of their child's wellbeing or withdrawing them from school and facing financial penalties or legal consequences.

The consultation proposals recognise the need for earlier intervention and improved consistency. However, there is insufficient focus on:

- how the system will respond to children whose needs do not fit standard models
- how flexibility will be enabled in practice
- and how expertise in less well understood profiles will be developed and embedded

Evidence from stakeholder discussions consistently highlights that effective support for this group depends on:

- relational safety as the foundation for engagement
- flexibility in curriculum, attendance and provision
- staff with specific understanding of PDA-informed approaches
- and genuine co-production with families

Without these elements, structural reforms alone will not improve outcomes.

We are particularly concerned that proposals around Alternative Provision, standardised packages, and time-limited interventions may inadvertently reinforce a system that prioritises throughput and categorisation over recovery and individual need. Evidence shows that for many children, rebuilding trust and engagement can take significant time, and cannot be meaningfully constrained by fixed timelines or standard pathways.

We are really concerned that these proposals don't properly account for children who are already out of education because their needs haven't been met. Without clear, practical pathways and support for this group, there is a real risk that the reforms will end up entrenching exclusion rather than addressing it.

To address these issues, we recommend:

- A funded national research programme focused on PDA and related profiles, including identification, effective practice, and pathways back into education
- Development of a national evidence base co-produced by researchers, practitioners and families, ensuring that best practice is both evidence-informed and practically applicable
- System-wide training on PDA and complex needs for all professionals involved in education, assessment and placement
- Greater flexibility within statutory frameworks, enabling schools to adapt provision (including hybrid and EOTAS models) in response to need
- Reframing attendance and behaviour as indicators of unmet need, rather than outcomes in themselves

The current system is failing a substantial number of children, not because their needs are inherently difficult to meet, but because the system is not designed with sufficient flexibility or understanding to meet them.

This is not inevitable. There is clear evidence from practice that, when the right approaches are used, PDA learners can re-engage, learn and thrive. The opportunity now is to ensure that the national system reflects that understanding.

Without this, there is a risk that reforms will improve processes without addressing the underlying causes of exclusion and disengagement, and that the most vulnerable children will continue to be left behind.