



House of Commons

3rd Corby and East Northamptonshire SEND Roundtable Report on ‘Solving the SEND Crisis’

8th January 2026

Introduction

Purpose

The purpose of this session was to follow up on the two previous multi-agency SEND Roundtables held in January and July 2025. These earlier sessions contributed evidence to the Education Select Committee Inquiry: ‘Solving the SEND Crisis’ and considered how education settings can be supported to secure the foundations needed to be fully inclusive.

The aim of this third SEND Roundtable was to bring stakeholders together to inform the pre-publication stage of the Department for Education Schools White Paper proposals for SEND reform. The session provided an opportunity to explore key questions, set by the Department, using a solution-focused approach, drawing on specific examples of effective practice from education, health and employment sectors in Corby and East Northamptonshire, as well as wider national examples.

Theme 1: Early Intervention

How can we identify children’s and young people’s needs as early as possible?

There was strong agreement that identification of need must be front-loaded as close to birth as possible. Earlier, more accurate identification through greater health capacity enables earlier intervention and significantly improves outcomes upstream.

A key issue identified was the difficulty in distinguishing between environmental causes (such as trauma or adverse childhood experiences) and medical or developmental needs. Improved training and joint working were viewed as essential to ensuring accurate identification and subsequent effective early support interventions.

Proposed solutions

Education

- Universal screening in Early Years Foundation Stage (EYFS) and Year 1, including half-termly checks for language and communication, phonological awareness, simple fine and gross motor observations, and social communication checklists to flag emerging needs early.
- Structured Observe–Plan–Do–Review cycles, with clear expectations for what staff should try, how impact should be recorded, and when concerns should be escalated to the Special Educational Needs Co-ordinator (SENDCo).
- Fast, low bureaucracy ‘First Response’ plans, agreed within 10 school days of a concern being raised. These one-page plans would outline specific classroom strategies (e.g., visual schedules, reduced language load, sensory breaks), and a suggested 4–6-week review date, without requiring a diagnosis.

- Parent partnership from day one, supported through practical guidance that mirrors classroom strategies at home and a named point of contact.
- Incentives such as a wage premium to enable schools and early years settings to appoint highly qualified and experienced staff.
- Remove or significantly reduce business rates for private nurseries - currently around £65,000 per year for one participant. This would allow those funds to be redirected into direct support for children at an early age, helping to ease pressure on local authority-funded provisions and reducing the need for additional support and funding later in school.

Health

- An increase in the number of Health Visitors who have the capacity to work directly with families and other agencies e.g. safeguarding hubs.
- All children should have a named Health Visitor from birth who must provide very early support and signposting to other services.
- Improved training for Health Visitors to ensure accurate identification of conditions that are medical/developmental versus those which are caused or made worse by adverse childhood experiences to ensure early interventions have the highest possible impact.
- The reinstatement of community-based provision such as Sure Start centres with the continued national roll-out of Family Hubs for all areas.
- Universal access to Speech and Language Therapy (SALT) and Occupational Therapy (OT) assessments before age five was seen as critical to identifying early developmental indicators.
- Greater collaboration between private providers and the NHS to reduce pressures on diagnostic waiting times.
- Clear national guidance to Integrated Care Boards (ICBs) to accept accredited private assessments for early intervention SEN in children aged 0–5, provided these assessments meet NHS clinical standards. Introducing incentives such as allowing Tax-Free Childcare or similar schemes to cover clinically recognised diagnostic assessments and early intervention services. This would encourage families to seek support through this pathway.

How can children and young people get support quickly without needing a diagnosis?

There was consensus that the current system is too reliant on diagnosis and Education, Health and Care Plans (EHCPs) as gateways to support. Long waits for assessment and funding mean children often go unsupported for 12–18 months or longer.

Concerns were raised about inequality in a system where higher income families can access a diagnosis much sooner through the private system, not always recorded in formal statistics. Wide variations in the quality and cost of obtaining a private diagnosis exist which may reduce the effectiveness of early interventions and result in the wrong outcome for children.

Earlier access to funding was seen as likely to reduce the number of EHCPs required later by preventing escalation.

Proposed solutions

- National front-loaded funding models, where settings receive early support funding before an EHCP is in place (which can take months or even years), as seen in some local authorities (e.g., Rutland County Council). Earlier funded support, ahead of any diagnosis, would potentially result in earlier effective support and may reduce the longer-term need for an EHCP.
 - Needs-led rather than diagnosis-led support, enabling timely intervention as children's needs change over time.
 - Clear graduated response pathways, ensuring staff are trained with the knowledge of how to act quickly using evidence-based strategies without waiting for formal thresholds to be met.
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What would help staff put support in place quickly?

Proposed solutions

- Improved and earlier funding for early years, schools and colleges*, including healthcare staff working directly with settings.
 - A ready-to-go toolkit aligned to the graduated approach*, including top universal adjustments by need type, short CPD videos, and SENDCo drop-in surgeries.
 - Multi-agency approaches with early access to specialist professionals, such as Educational Psychologists, SALT and OT, assigned to schools to support early assessment, interventions and transition planning.
 - A revised funding timetable, allowing settings to plan and staff provision with confidence rather than being placed in deficit due to late or uncertain allocations or because of fixed term contracts expiring and delays applying for continuation funding.
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The Disabled Children's Partnership recommends all children with SEND should have a written record of the support they need. Do you agree? What are the pros and cons of this?

There was strong agreement with the Disabled Children's Partnership recommendation that all children receiving SEND support should have an up-to-date written record, not just those with EHCPs.

Pros

- Improved accountability, continuity across transitions, and clarity for families and staff.

Cons

- Workload concerns, which could be mitigated through standardised, one-page formats integrated into existing management systems. To enable this, funding is required for non-teaching SENDCo roles, administrative support team, and protected staff time. It is important

that the paperwork is robust and detailed, but this should not be at the expense of working directly with children and families.

Should these written records follow a national format or be designed locally?

There was strong support for a multi-agency national template, with local flexibility, for record keeping, with a core template covering needs, strategies and outcomes. This would be shared across all agencies and local annexes (e.g., links to area health pathways) to support portability when families move.

Where local authorities use different portals for record keeping, if a family moves to a different area, the new authority and various providers have no easy access to historical records and often processes must be repeated. This duplicates workload and is a significant safeguarding risk for vulnerable children. Much more robust systems for multi-agency professional exist for Children in Care and this model should be replicated.

Proposed solution

- A centralised national digital record-keeping portal spanning education, health and care, improving safeguarding and reducing duplication with clear accountability within each setting to ensure records are maintained and reviewed.
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Theme 2: Local Provision

How can mainstream settings be more inclusive?

Solutions focused on both environment and workforce:

- Physical adaptations, including calm and sensory-friendly spaces, regulation rooms, zoned playgrounds, accessible classrooms, movement breaks and predictable routines.
- Staff capability, with trained Inclusion Leads in each year group and skilled Teaching Assistants trained in communication, sensory regulation and precision teaching.
- Smaller class sizes, to reduce sensory overload and enable more individualised support.
- A shift away from competitive accountability frameworks that unintentionally discourage inclusion.
- Adaptations to extra-curricular offers so that children with SEND travelling on transport do not face barriers to taking part in the wider curriculum offer.
- Reduce the over emphasis on an academic ‘heavy learning’ curriculum and ensure equal prominence is given to practical subjects such as music, dance, DT, etc. One size does not fit all!

- Develop high-quality vocational pathways for older pupils unable to access GCSEs or A Levels, supported by independent SEND-informed careers advice.
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The Sutton Trust suggests introducing ‘SEND Hubs’ in settings. What are your views on this?

SEND Hubs were viewed as potentially valuable if implemented carefully. Participants supported in-reach and outreach models, where specialists work alongside mainstream staff rather than segregating pupils.

Concerns were raised about hubs becoming ‘holding spaces’ without high-quality teaching. To mitigate this, hubs must:

- Be properly funded and staffed by qualified teachers.
 - Have clear accountability and curriculum expectations.
 - Operate as part of a joined-up local system rather than standalone units.
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The Education Select Committee suggests designating some high-quality specialist schools as ‘Centres of Excellence’ to share good practice. What do you think about this?

Designating high-quality specialist schools as Centres of Excellence was seen as beneficial if accompanied by:

- Funded outreach mandates, for example, the outreach work of Corby-based Maplefields, a specialist Academy which caters for pupils with social, emotional and mental health difficulties, SEMH, as their primary need. The Academy, which works with providers across North Northamptonshire, was highlighted as a strong model that could be scaled.
 - Coaching and joint planning with mainstream schools.
 - Clear criteria beyond inspection outcomes.
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How can specialist schools and colleges and mainstream schools and colleges work together to support children?

Effective collaboration included:

- Termly joint problem-solving clinics involving mainstream and specialist staff.
- Shared CPD programmes and peer observation.
- Time-limited dual placements for some pupils.

- Group consultation models to support EHCP placement decisions and reduce duplication.

The current EHCP consultation process in North Northamptonshire approaches multiple local providers individually (often for the same child). Finding the most suitable placement would be much more time efficient if education representatives were in a room together to preview needs, consider parental preference and discuss provision suitability.

Theme 3 Fairness

What support should every school routinely offer?

There was strong agreement that SEND should be approached proactively rather than reactively.

Participants agreed on a 'baseline of universal inclusive practice', including:

- Quality First Teaching with explicit scaffolding, metacognitive routines and visuals.
 - Assistive technology (e.g. speech-to-text software) and sensory regulation opportunities.
 - Social and emotional supports embedded into daily routines such as daily check-ins, predictable routines, and small group interventions such as emotion coaching led by an Emotional Literacy Support Assistant (ELSA).
 - Proactive use of national data trends (e.g. for Social, Emotional and Mental health (SEMH) to adapt environments before children fail.
 - Timely referrals with clearly mapped local pathways to external support services and specialists (e.g. Speech and language therapy (SALT)).
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What can be done to ensure parents are listened to and kept informed and that their experiences are shared to support their child's education?

Should the way settings work with parents change for families in different situations, like those experiencing poverty?

Participants emphasised the need for compassion, consistency and shared understanding, recognising that some families require additional support to engage effectively.

Effective practice included:

- Transparent timelines and clear communication.
- Co-produced support plans, for example, parents sign off the one-page plan and add strategies that work at home.

- Flexible engagement for families experiencing poverty or additional pressures. Practical ideas included flexible meeting times, access to interpreters where needed, and ‘family liaison’ Teaching Assistants who can check-in by phone or WhatsApp for families under strain.
 - Funding for family liaison roles or pastoral support workers, especially where families are experiencing poverty.
 - Parent support sessions (both for presenting need and post diagnosis) to ensure understanding of terminology, need, presenting behaviours and strategies they can try at home to help.
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How can we make sure children and young people get the same high-quality support wherever they live in the country?

Discussions centred on evidence of very different provision in areas in close geographic proximity. Examples used were a comparison between Corby Technical School (CTS) and Lodge Park Academy. Whilst SEND numbers are similar, CTS has a much lower number of TAs, but a higher number of Higher-Level Teaching Assistants (HLTAs) and is more needs-led rather than diagnostics-led. No child at CTS has 1:1 support and increased numbers of students with EHCPs in Year 7 afforded the opportunity for a Nurture group to be viable. Importantly, this is a blended learning model where students follow the same core curriculum as their peers so can re-integrate more successfully into mainstream lessons. Therefore, provision will look different in every school, dependent upon complex interacting factors.

Proposed solutions:

- A national SEND funding and support framework, not just guidance.
 - National digital systems to reduce bureaucracy.
 - Local SEND Partnership Charter (schools, health, local authority) agreeing minimum offers and escalation routes.
 - Published local dashboards (NOT the same as league tables) focused on collaborative improvement rather than competition.
 - Central government oversight to ensure consistency across local authorities.
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Theme 4: Effective Practice

Do you think mandatory CPD would help achieve high-quality support for children and young people?

There was strong support for mandatory, standardised CPD on inclusive practice, provided it is properly funded and integrated into workload. This is crucial against a backdrop of rising need and wide variations in presenting needs and attainment levels within the same classroom. CPD, bespoke to individual schools should be progressive, research-informed and refreshed regularly.

Suggested CPD themes included:

- Early identification and graduated response.
 - Understanding areas of need across phases with specific CPD in Early Years to support speech, language and communication needs in the classroom.
 - Metacognition skills, emotional regulation, and understanding all behaviour as communication.
 - Adaptive responsive Quality First Teaching strategies.
 - Transition planning and preparing for adulthood.
 - Special school and early years placement for trainee teachers.
 - Understanding the role of assistive technologies in the classroom and beyond.
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What changes do you think are required to support and enhance the role of SENCOs in education settings?

Standardisation of the role nationally was seen as essential.

Participants believed strongly in the core principle ‘Every teacher is a teacher of SEND’ and children with SEND are everyone’s responsibility. Therefore, a key recommendation is that there must be mandatory CPD, for all those supporting children with SEND, on inclusion and needs-based approaches, delivered through funded training pathways.

The issue of SENDCo workload is not new. In 2015, the Bath National SENDCo Workload survey (DfE and DoH, 2015), concluded that whilst statutory guidance has detailed suggested responsibilities for the SENDCo role there has been a clear disparity between the description of the post in policy and the practical execution of the role.

Participants raised concerns about the current legal requirement to hold EHCP Annual Reviews. There was consensus that very little, if any, feedback is received each year from the local authority and that the whole process takes an inordinate amount of time and lacks purpose.

Throughout discussions, it was consistently highlighted that the SENDCo role must be:

- Non-teaching, with protected time and supported by an Assistant (operational) SENDCo.
- Supported by funded administrative staff and capacity for trained assessors in baseline assessments. However, assessors in schools must not replace highly trained specialist professionals (such as Educational Psychologists).
- Positioned within senior leadership teams with control over the notional (which needs to be ring-fenced) and high needs budgets.
- Backed by clinical supervision and access to evidence gathering assessment tools.
- National research to build a stronger evidence base for SEND interventions.
- SENDCo refresher CPD annual training.

- Reduce the administrative burden of formal EHCP Annual Reviews, which is unsustainable by converting to key stage reviews. This would mean less formal reviews were replaced with more meaningful informal reviews.
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What areas should we focus on when collecting evidence about SEND support?

What kind of evidence would you want education settings to use when deciding how to help a child or young person?

Settings should draw on a combination of screening tools, diagnostic testing, professional judgement, observations, external advice, parent voice and the voice of the child themselves.

Priority areas included:

- Implementation evidence, not just “what works”, but under what conditions and with what level of fidelity.
 - Holistic measures beyond attainment, including communication improvements, attendance patterns, parental confidence, engagement and independence.
 - National standardised SEND identification criteria – this does not exist and therefore the definition of SEND is wide open to interpretation and results in a postcode lottery of different offers.
 - Rapid-cycle evaluation to test, scale and revisit the impact of interventions.
 - In-situ evidence collected by teachers and teaching assistants and any involved internal and external professionals over time.
 - Voice of parents (as the ‘real’ expert) – they know their children best of all.
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Theme 5 Shared Working

What does good joined-up across local services look like?

Effective models included:

- A ‘single front door’ for education and health referrals.
 - Transition CPD - primary schools need some training on pre-empting the needs that students may have during transition and in the secondary setting, so that students are sufficiently flagged to the secondary schools.
 - Termly multi-agency panels to agree priorities and share capacity.
 - Clear service standards and response times.
 - One centralised shared record accessible to all professionals and families.
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What are the main barriers stopping services from working well together?

Key barriers included:

- Capacity constraints (everyone in the SEND system is overstretched).
- Recruitment challenges.
- Challenging data-sharing systems.
- Misaligned budgets.
- Inconsistent thresholds.

Proposed solutions

- Pooled commissioning and block booked therapies shared across providers to increase capacity.
 - Standardised data-sharing agreements.
 - SEND Accountability and Improvement Boards with published KPIs.
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How should we make sure services are held accountable for working together?

Participants agreed that the current system feels fragmented, with the move away from the previous maintained model, which had a single point of responsibility and greater uniformity, to a much more disparate approach, particularly with the rise of academy trusts.

To address this, clear structures for accountability are needed:

- SEND Accountability and Improvement Board: A cross-sector board with representatives from education, health, and social care.
 - Uniform expectations: Consistent standards across all aspects of the system, including how locality funding is managed within a secure framework.
 - Reduce variation: There is currently too much difference between councils and counties in SEND, social care, and education. We need national standards to ensure consistency which should extend to the private sector also.
 - Publicly reported KPIs: Metrics such as timeliness of assessments, start of interventions, EHCP process completion, and parent-reported experience scores.
 - Clear escalation routes: Named leads in each service and mediation available within published timescales.
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What would good independent advocacy look like, both in mediation services and in other areas of SEND resolution?

Participants strongly supported access to properly funded regulated, independent advocacy, available to all families, particularly those least able to self-advocate.

Advocates should be neutral and trained to:

- Explain processes plainly.
- Support families at meetings.
- Help resolve disagreements early.
- Maintain a case log that feeds learning back to the local partnership.

Throughout mediation and resolution meetings, there needs to be better understanding about what schools can deliver. For some parents, their knowledge of schools is limited to their own experience. However, schools have changed significantly since then, and each school is different. A proposed solution inviting parents into settings and lessons during the school day, has been tried in a local school with positive results.

Parents are experts in their child, and this expertise should be valued. At the same time, children's needs must be identified by professionals. When these two perspectives come together, they create the best foundation for educational decisions.

However, there are challenges. Sometimes a parental viewpoint or preference can unintentionally hinder the best educational outcomes for the child. Conversely, some processes place too much weight on parental involvement, meaning children without strong advocates, or parents who feel unable to navigate the system, can miss out.

How can early years, schools, colleges, and employers work together to support children as they move through different stages of education.

Recruitment challenges across school support staff were discussed between DWP employment representatives and schools with positive solutions proposed.

Education providers were unaware of the opportunity to work collaboratively with the local job centre for recruitment of TAs and other support staff. The sector-based work academy programme (funded by the Department for Work and Pensions (DWP) can design a recruitment process for each school and a plan to upskill suitable candidates for up to six weeks, with the only commitment the guarantee of an interview at the end of the course. There was a commitment to revisit this opportunity through a pilot project across the constituency.

A broader discussion about the value of Teaching Assistants included the following recommendations for change:

- Maximising input of Teaching Assistants through professionalising the role.
- Alter title to 'Assistant Teacher'.
- Increase the woefully low salaries paid to support staff and invest in high-quality training.
- There needs to be recruitment pathways for TAs for graduates, to come in as TA, develop to HLTA, then do the assessment only route into teaching.
- Transitions as children move between phases were identified as a persistent weakness.

Proposed solutions

- Extended and supported transitions at all stages.
 - Earlier and better-quality EHCPs (secured before secondary school), consistently written to the same high standard to enable secure judgements about whether needs can be met to be made.
 - EHCP funding must match Section F provision (e.g. where a 1:1 is stated £8000 will be insufficient).
 - SEND case worker roles to coordinate transitions particularly between Year 6 and Year 7, and increased awareness of difficulties in masking with greater demands on the child.
 - Stronger Preparing for Adulthood pathways for all learners, not only those in specialist provision.
 - Preparing for Adulthood workshops for students and parents (such as the one being held by IASS in Northamptonshire), with information centred on access to work.
 - Post-16 and Post-18 education providers working closely with local job centres to identify students at risk of being ‘Not in Education or Training’ and create Education, Health and Employment Plans in conjunction with each young person and parents over time.
 - Employability must be a cornerstone for all education providers. Corby Technical School has developed a successful Business Partnership model with over 100 local businesses, to provide students with career knowledge and work experience opportunities from Year 7.
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Conclusion

Across all themes, there was a clear and consistent message: early, front-loaded, needs-led support; national consistency with local flexibility; and properly resourced, joined-up systems are essential to improving outcomes for children and young people with SEND. SEND is everybody’s responsibility, and reform must focus on enabling professionals to act early, work together with each other and parents, and deliver inclusive, high-quality provision wherever a child lives.