

SEND reform: Putting children and young people first

Royal College of Occupational Therapists response, May 2026

About our response

In February 2026 the UK Government published its proposals to reform the special educational needs and disabilities (SEND) system in England: [SEND reform: putting children and young people first - GOV.UK](#). A 12-week consultation was launched seeking views on the proposals. Over the consultation period we spoke to occupational therapists working across health, education, social care and the independent sector, and carried out a member survey. This informed our response to relevant questions which we submitted online with an additional paper highlighting key issues of concern to occupational therapists. These are both detailed below.

Our response

The Royal College of Occupational Therapists (RCOT) welcomes the opportunity to respond to the SEND reform consultation and offer this feedback in addition to our online response.

We support the ambition to create a more inclusive, equitable and sustainable 0-25 education system that delivers improved outcomes for children and young people with special educational needs and disabilities and restores confidence among families.

Occupational therapists play a vital role across education, health and care systems by enabling children and young people to participate meaningfully in everyday activities wherever they learn, live and play. We believe the reforms present a significant opportunity to better use occupational therapy expertise to improve outcomes and reduce system pressures. While we support the ambition for a more preventative, inclusive education system focused on earlier intervention, we believe this can only be achieved if issues around workforce capacity, commissioning and equitable access are addressed.

Key recommendations

- ***The Department for Education, NHS England and the Department of Health and Social Care should jointly develop and implement a national workforce strategy*** to ensure sufficient children's occupational therapy capacity – including occupational therapy advanced practitioner roles - to deliver SEND reforms effectively.
- ***Integrated Care Boards and local authorities should jointly commission children's therapy services***, with clear accountability for access, quality and outcomes.
- ***Clear national expectations should be set for the role of occupational therapy – and other SEND specialists – across all levels of support***, ensuring consistent access and a focus on improving participation outcomes for all children and young people.

Workforce capacity to deliver

Workforce constraints are a critical barrier to the effective delivery of SEND reforms. In a recent [RCOT survey](#) of over 500 children's occupational therapists, respondents said there's insufficient occupational therapy capacity to meet current demand, let alone to support the SEND reforms:

- 72% said that demand had increased since January 2025
- 50% said their teams weren't fully staffed
- 64% said that even if all posts were filled, staffing wouldn't be sufficient to meet local need and demand.

Without targeted workforce investment there's a risk that early intervention ambitions won't be realised, inclusive mainstream education will be weakened and inequities in access to specialist expertise will increase.

For SEND reforms to be successful, the following are required:

- **Coordinated workforce planning across the Department for Education, NHS England and the Department of Health and Social Care**, including a clear assessment of the impact of the Experts at Hand model on the children's occupational therapy workforce
- **Investment in occupational therapy education and workforce supply**, including pre-registration training, apprenticeships, recruitment, and support for return-to-practice routes
- **Expansion of school-based placements for occupational therapy learners**, enabling exposure to education settings and supporting future workforce capacity (as set out in [RCOT guidance on practice-based learning](#) with children and young people)
- **Clear and structured career development pathways for children's occupational therapists**, including early career support and advanced practitioner roles to aid recruitment, retention and progression

Without these, there's a high risk that reforms will increase pressure on an already stretched occupational therapy workforce and fail to deliver their intended outcomes.

Workforce challenges aren't solely about numbers, however. They are also about how occupational therapy expertise is deployed. Occupational therapists should be enabled to work alongside schools to support a shift from diagnosis-led models to a needs-led, participation-focused approach, for example, by helping shape inclusive policies on behaviour, attendance and uniform, and by supporting the creation of accessible learning environments.

Enhancing wider workforce capacity and capabilities

Schools and settings can't deliver a strengthened inclusion agenda however, without increasing their own workforce capacity and capabilities. 78% of children's occupational therapists who responded to the RCOT survey said that a reduction in the availability of learning/teaching assistants impacted the ability of children and young people to access or benefit from occupational therapy expertise at school, while 69% reported a reduction in the capacity of teachers to implement occupational therapy recommendations. Without sufficient staffing and time, even high-quality specialist advice risks not being implemented in practice, limiting its impact on children's participation and outcomes.

Experts at Hand: commissioning and accountability

We strongly support the ambition of the proposed Experts at Hand model to improve timely access to multidisciplinary expertise in mainstream settings. However, its effectiveness will depend on how it's designed and implemented in practice.

A fundamental requirement is that the Experts at Hand offer is **structurally embedded within existing NHS and local area services**, rather than commissioned as a standalone or parallel

provision. It should enhance and integrate with existing access to specialist professionals, rather than acting as a substitute for them. An integrated model will ensure continuity across universal, targeted and specialist layers of support, and reduce the risk of fragmented pathways, duplication and artificial thresholds for access. Integration will also enable children and young people to move more seamlessly between layers of support, aided by professionals who understand their needs and context.

Accountability for delivery and outcomes of the Experts at Hand offer must be shared across health, education and care. Governance arrangements should include defined access pathways, agreed thresholds for access, clearly defined escalation routes, and routine quality assurance measures that focus on impact not just whether a service has been delivered. Without clear accountability, there's a significant risk that provision will be inconsistent and that outcomes won't be realised.

For the Experts at Hand model to drive meaningful change, it must go beyond episodic or advisory-only input. Occupational therapists should have a regular, embedded presence within education settings, working alongside staff through coaching, modelling and joint problem-solving to build confidence and capability over time. While consultation and whole-setting approaches are efficient and valuable, they should be positioned as **expanding access to expertise rather than reducing provision**. Children and young people with more complex needs must continue to receive direct occupational therapy intervention where clinically indicated. A balanced model is required, combining system-level mainstream support with individualised intervention for those who need it.

Clarity is also required regarding **professional leadership and accountability** within the Experts at Hand model. Strong allied health professional (AHP) representation and leadership are essential, but it's important that each profession retains appropriate professional autonomy and leadership for its own areas of practice. Occupational therapists bring distinct expertise in participation, function, and the interaction between person, environment, and occupation. As such, they are well placed not only to contribute to delivery of Experts at Hand, but also to lead and shape the design of occupational therapy elements at a strategic level. Consideration should therefore be given to establishing Advanced Practitioner roles for occupational therapy (as well as for Speech and Language Therapy), and ensuring joint, multi-professional leadership models for Experts at Hand that reflect the full range of AHP expertise. Without this, there's a risk of unclear accountability, reduced professional autonomy, and underutilisation of occupational therapy's contribution to system design and workforce development.

Consideration should also be given to how high-cost or specialist resources, such as **equipment or adaptations**, are managed and accessed. In these cases, centrally coordinated or externally managed systems may be most effective, provided they are responsive and timely, enabling schools and settings to access necessary resources quickly without unnecessary delays. Occupational therapists should be integral to these processes to ensure robust assessment, appropriate specification and effective use of equipment and adaptations, and so that funding is used effectively to support participation and independence.

Clarity, participation and equitable access

We support the SEND reform ambition to create a system that is preventative, inclusive and focused on earlier intervention. We are concerned, however, that some of the current proposals lack clarity, may be overly prescriptive and could inadvertently limit children and young people's access to the specialist support they need to enable their participation, learning and independence.

Areas of development

While the proposed refreshed areas of development aim to improve clarity and promote a more strengths-based approach, there's a significant risk that the current framing may unintentionally reinforce medicalised, deficit-based approaches, shifting practice away from participation, inclusion and environmental adaptation.

The term 'sensory' is used inconsistently, and current descriptions risk conflating 'sensory impairments' with 'sensory processing differences'. We would welcome the opportunity for further discussion to explore how sensory needs can be appropriately differentiated and described to help practitioners support participation, learning and engagement in context. Without this clarity, there's a risk that practitioners and families are inadvertently directed towards deficit-focused interpretations, rather than approaches that enable participation and meaningful engagement in everyday activities.

Specialist Support Packages

Specialist Support Packages must be designed with sufficient breadth and flexibility to accommodate the full spectrum of special educational needs and disabilities. Achieving both equity and effectiveness requires a careful balance between national consistency and professional flexibility. While clear national standards will help ensure equitable access across the country, this must be balanced with professional autonomy, enabling provision to be tailored to individual needs, particularly for children and young people with complex or atypical presentations – including those who are educated other than at school.

There should be clear national expectations for the role of occupational therapy and other SEND specialists in the delivery of Specialist Support Packages. Packages should be co-designed with meaningful input from families and relevant professionals, including occupational therapists. This ensures a holistic understanding of children and young people's strengths, needs and environments, and supports the development of provision that translates into effective, participation-focused support within real-life contexts. As such, packages should incorporate environmental adaptations, access to meaningful activities, and support for independence and self-regulation as core components.

Robust quality assurance and accountability mechanisms are also essential to ensure that provision specified within packages is consistently delivered across settings, including specialist and independent providers. Without this, there's a significant risk of variation in both the quality of provision and outcomes for children and young people.

Conclusion

Occupational therapists are uniquely placed to support the successful delivery of these reforms through their training in physical and mental health, and expertise in participation, environment, and development. RCOT stands ready to work with government and system partners to ensure that these reforms translate into meaningful improvements in the lives of children and young people.

Response to online consultation questions

Part 1: Putting children and young people first

Q3. How can we ensure that children are best supported by the Universal offer?

The universal offer rightly emphasises participation, enabling environments and early support in everyday contexts, areas where occupational therapists (OTs) can contribute significantly. Success depends on a workforce equipped to deliver in universal settings, with a focus on inclusive environments over referral-led support. OTs should be embedded in the Universal offer, not introduced only once needs escalate. Their role is to build the capacity of education staff through consultation, coaching, training and practical support, enabling early identification and response to emerging needs in everyday routines. Workforce capability is critical. Teachers and SENCOs need ongoing access to OT-informed training and consultation to support practical adjustments to environments, routines and activities. The Universal offer must also prioritise inclusive, accessible environments. Schools need support to carry out environmental audits, adapt classroom layouts and provide inclusive play opportunities so all children can engage and thrive. Consistent, evidence-informed resources (e.g. on motor skills, independence, handwriting), co-produced and supported by national guidance, are needed to reduce variation. OTs are well placed to lead this, supporting the White Paper's aim to reduce reliance on specialist pathways. Government must underpin the Universal offer with clear expectations, OT-informed workforce development and consistent tools. Without this, early intervention won't be realised in practice.

Q4. How can we ensure that children in the Targeted layer, are best supported?

The Targeted layer should provide timely, needs-led support for children whose barriers cannot be met through the Universal offer, but who don't require more intensive provision. It must enable quick access to practical support in everyday education settings, avoiding slow referral routes and escalation of needs.

With expertise in physical and mental health and the built environment, OTs should be central to delivery. They need to be embedded in school-based consultation and coaching models, working with SENCOs and staff through regular contact, joint problem-solving, and in-class coaching. Their role is to identify barriers early, advise on practical adjustments, and build staff confidence.

Support should focus on participation and progress within everyday environments, using a graduated approach. This includes time-limited, outcome-focused group interventions (e.g. motor coordination, exam anxiety, independence skills), alongside targeted environmental adaptations and workforce development using a "train and sustain" model.

Access to OT input must be flexible and needs-led, avoiding delays from formal referrals. Evidence-informed, co-produced toolkits should support equity and consistency, ensuring timely, proportionate support that prevents escalation and enables sustained participation and independence.

Q5. How can we ensure that children in the Targeted Plus layer, are best supported?

Setting-based Targeted-Plus support must be delivered as part of an integrated, system-wide approach. It must be aligned with existing education, health and care services rather than a discrete or parallel offer. This must include timely access to OTs and other SEND specialists with sufficient capacity to deliver assessments, school-based interventions and regular review. This requires coordinated workforce planning and investment.

OTs should be embedded within multi-disciplinary teams, working collaboratively across education, care and health to inform the development and delivery of Targeted-Plus support and ISPs. OTs should play a key role in designing and supporting tailored learning environments including Inclusion Bases, through environmental adaptation, specialist equipment and strategies to support motor skills, self-regulation and independence. Where children and young people access outreach or short-term placements in alternative or specialist settings, OTs should ensure continuity of approaches and effective reintegration into mainstream. A strong model of coaching and support for school staff and families is essential to sustain impact. Clear coordination will reduce fragmentation and ensure joined-up delivery. Success should be measured through improved participation, independence and sustained engagement in education, enabling children with more complex needs to remain included and thrive in mainstream settings.

Q6. How can we ensure that children in the Specialist layer are best supported?

Specialist provision must be individualised, coordinated and integrated across education, health and care systems. Specialist support should align with existing services to ensure timely, joined-up provision that meets complex needs while promoting participation, independence and quality of life across all contexts. Children and young people must be guaranteed access to specialist OT expertise, supported by sufficient capacity for timely assessment, intervention and ongoing support where needed. OTs should play a central role in multi-disciplinary teams, contributing to the development and delivery of Specialist Provision Packages at local and national levels. Packages should be participation-focused and outcomes-driven and be tailored to real-life contexts rather than diagnosis alone. With proposed national thresholds, criteria for Specialist Provision Packages must be transparent, equitable and based on individual need with safeguards to prevent loss of support through rigid categorisation. OT input should support environmental adaptations, specialist equipment and tailored interventions alongside coaching for staff and families to embed consistent approaches. Transitions between phases of education and into adulthood should be proactively planned and carefully coordinated. OTs should contribute evidence relating to participation, independence, environmental needs and readiness for change to ensure continuity of provision and minimise disruption to progress and engagement.

Q7. How do you think early years settings, schools, and college can best support the mental health and wellbeing of children and young people?

Children and young people's needs are interconnected, with mental health, sensory, physical and participation challenges shaped by their environments. Occupational therapists take a whole-person approach, focusing on participation across education, home and community, making them well suited to early intervention and integrated support.

Education settings should adopt whole-setting, inclusive approaches that promote participation and positive outcomes. Mental health support should be embedded in everyday practice and aligned with the graduated approach. OTs bring a biopsychosocial perspective, addressing how physical, emotional and environmental factors interact to affect participation. Embedding OT supports early identification and consistent, context-based intervention.

Support should be layered and responsive. At a universal level, OTs help create environments and routines that promote regulation, inclusion and engagement. At a targeted level, they support staff

and young people at key pressure points, such as transitions or exams. For more complex needs, close integration with services like CAMHS ensures coordinated support.

This approach supports strengths-based, participation-focused practice, with children understood in context and supported to engage in learning. Building on OTs' role within Mental Health Support Teams offers a strong foundation for more integrated, preventative system-wide support.

Q8. 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 refreshed areas suggest an impairment-focused approach rather one focused on participation - it's unclear whether they'll help educators address barriers to learning and participation in practice.

A key concern is the framing of sensory development. Current descriptions risk reinforcing a medicalised view, focusing on individual systems rather than impact on participation. This doesn't reflect contemporary OT approaches and may shift practice toward deficit-focused assessment and remediation. In reality, barriers to participation arise from interaction between the child, environment and demands.

There's also a lack of clarity between sensory impairment and sensory processing differences, risking misinterpretation or inconsistent provision. More broadly, while categorisation may support identification, it doesn't help educators address participation barriers. Needs may be misidentified e.g. behaviour attributed to social and emotional factors rather than sensory or environmental influences, highlighting the importance of multidisciplinary working. Clearer, participation-focused definitions would support targeted responses and support addressing wider systemic factors such as curriculum design, school policies and workforce capability.

Q9. 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 requires an integrated system with shared responsibilities, aligned funding and workforce capacity to enable early intervention in practice. This should include colocated or closely linked teams across early years settings, Best Start Family Hubs, health services and local authorities with clear pathways for collaboration. OTs should be embedded in early years and Family Hub models, working across organisational boundaries. This supports early identification, shared problem-solving with practitioners and parents, and timely, context-based support in environments such as nurseries and the home.

To make this effective in practice, several system enablers must be in place, including:

- A shared understanding of 'early identification' including how to recognise and respond to emerging needs in diverse communities. Colocation and regular interaction between professionals can strengthen this and improve communication, ensuring support is well targeted.
- A shared, graduated approach with consistent language, tools and outcomes across education, health, and care.
- Joint training and OT-informed workforce development to build confidence to respond early.

- Clarity of roles, helping professionals work effectively together and enabling families to access the right support.
- Proactive outreach into community settings to reach underserved families.
- Meaningful family partnerships, supported through accessible information, coordinated communication and a trusted point of contact

Q11. What should the top three priority areas be for building and sharing evidence within the National Inclusion Standards?

Prioritise evidence showing how support improves real-life participation, not just discrete skills: This should include outcomes such as engagement in learning, participation in everyday routines (e.g. classroom activities, play, self-care), and sense of belonging. Measures should capture lived experience such as attendance, involvement, and child and family voice, rather than isolated tasks. Evidence should also capture the impact of adapting environments and contexts.

Strengthening the evidence base for integrated, context-based support models to demonstrate the impact of therapies delivered in mainstream early years and school settings, alongside education staff. This includes collaborative, team-based models; coaching and capacity-building for practitioners and families; and embedding functional skills within everyday routines. Evidence should show how these approaches improve outcomes and sustainability compared to isolated or clinic-based interventions.

Evidence for inclusive environments and universal provision: prioritise evidence on how environments and routines enable participation for all and reduce reliance on individual support. This includes sensory-informed, low arousal spaces, accessible communication, and opportunities for movement and regulation. Evaluating tools such as environmental audits will strengthen understanding of how universal provision improves inclusion and reduces demand on specialist services.

Q12. What are the most important issues for national training to cover, to help support children and young people with SEND?

Embedding child-led, participation-focused practice: Training should prioritise approaches that place children and young people's motivation, preferences, and meaningful engagement at the centre. Practitioners need skills to identify what matters to each individual and shape support within real-life contexts such as learning, play, and daily routines. This includes understanding participation as the key outcome, adapting tasks and environments, and focusing on functional impact rather than isolated skills.

Creating neurodiversity-affirming environments and approaches: developing neurodiversity-affirming practice, moving away from compliance-focused approaches that can lead to distress and masking. Training should build understanding of neurodiversity and its impact on learning and participation. It should support recognition and reduction of demands that contribute to anxiety, and promote inclusive environments that enable regulation, autonomy, and wellbeing. Strengths-based approaches should underpin practice, so children feel safe, understood, and able to thrive.

Adapting teaching, tasks, and environments: Practitioners need practical strategies to assess and adapt learning to achieve the 'just right challenge'. This includes analysing task demands,

grading activities, embedding functional skills into everyday learning, and designing environments and routines that support participation for all, reducing reliance on specialist input.

Part 2: New Targeted and Targeted Plus Support that is written into law

Q15. What would provide assurance for families that an Individual Support Plan (ISP) is high-quality and contains the essential information?

ISPs must be person-centred, accessible and focused on meaningful participation rather than deficit-based descriptions. They should show how support will enable engagement in everyday activities, with measurable and reviewable outcomes. ISPs should be co-produced with families and young people, reflecting their priorities and informed by professionals who know them well to ensure they are individualised, clinically informed and relevant to real life contexts.

Families are reassured when recommendations are evidence based and deliverable. This means providing practical advice aligned with school resources, with clear articulation of support across universal, targeted and targeted-plus levels, and transparency where additional specialist input is needed. Where schools clearly demonstrate support is already in place, families can better understand provision and what happens next.

Accessibility is key. SPs should be easy to understand and available in multiple formats that enable families to engage fully, supported by clear communication and access to independent advice. Clear standards should define expectations for quality, review and accountability with transparent appeal routes. Regular multi-disciplinary reviews with family involvement should keep plans responsive. Ultimately, assurance depends on implementation. This requires sufficient workforce capacity, clear accountability, consistent communication and mechanisms for families to monitor progress and contribute to review.

Q16: How can we ensure Individual Support Plans are clear, concise and practical for professionals to use?

There needs to be a nationally standardised ISP template, co-produced with young people, families, education staff and health professionals. This would reduce variation, avoid duplication, and ensure plans are consistently understood and transferable. ISPs should include a clear summary setting out strengths, needs, outcomes, and priority actions, enabling quick understanding.

Plans should be participation-focused, with specific, measurable actions for everyday practice rather than broad descriptions. Structured formats, prompts, and plain language will improve usability, with links to practical resources where helpful. Plans should be dynamic, with a 'live' format to allow regular updates and ensure information remains current. Clarity is needed on professional input, focusing on practical, context-specific recommendations, how these can be implemented within existing provision, and key factors supporting participation. This avoids lengthy reports and ensures relevance to day-to-day practice. High-quality ISPs depend on genuine multi-disciplinary input through co-production. Workforce capacity is essential to allow time for assessment, collaboration, and writing. Staff also need training, guidance, and shared tools to support delivery. Finally, ISPs must be realistic and deliverable. Clarity, consistency, and workforce confidence will ensure ISPs function as practical tools that support effective provision

Q17: 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? (1485)

Supporting effective transitions and preparing young people for adulthood requires:

- Early, coordinated, and person-centred planning focused on meaningful adult outcomes, including participation in education, employment, independent living, and community life.
- Being a phased process, not a single event, with clear goals that reflect the young person's strengths, aspirations, and participation needs.
- Embedded within everyday education, including the development of everyday skills such as organisation, communication, self-advocacy, and independence in real-life contexts. Occupational therapists can support this by helping to adapt tasks and environments to enable progression and participation.
- Strong multi-agency working with clear coordination across education, health, social care, and employment services, and a named lead to ensure continuity and accountability.
- Alignment between children's and adult services, with clear pathways into adult health, social care, community and employment support. This should include links with adult occupational therapy services, supported employment providers, disability employment services and wider services that support disabled people to prepare for adulthood and sustain participation over time.
- Support for receiving environments - such as further education settings and workplaces - through reasonable adjustments and inclusive practice.
- Clear information for young people and their families, advocacy, and opportunities for co-production

Q18. How can we make sure that every area can meet the full range of the needs of children and young people through Inclusion Bases?

Clear national expectations, sufficient infrastructure and consistent access to specialist expertise are needed so provision is driven by need rather than local capacity. Inclusion should not be understood solely as provision, but by relationships, shared knowledge and inclusive attitudes across the whole school.

Inclusion Bases should sit within a wider system that supports mainstream settings to adopt flexible, responsive approaches, rather than relying on separation or fixed categorisation. Moving away from rigid gateways would enable timely and flexible support as needs change. Inclusion bases require adequate funding, staffing and resources to deliver flexible, individualised timetables and support a wide range of needs. This includes well-designed environments (e.g. quiet, outdoor and creative spaces) that promote regulation, engagement and participation.

Access to specialist expertise, including OT, must be consistent, supported by clear commissioning and national guidance on evidence-based support. On-site or closely linked professionals enable timely consultation, intervention and review. While bases may develop specialist expertise, they must remain connected to the wider school community, supporting belonging, peer interaction and shared experiences. Workforce capability is critical, with skilled staff and ongoing professional development supported by specialist input. Inclusion Bases should also be welcoming for families, with clear engagement and review processes.

Q19. How can we make sure that Inclusion Bases help children and young people succeed in mainstream settings?

Inclusion Bases are most effective where child-centred, responsive practice is embedded, allowing provision to adapt as needs change. Support should follow a graduated, time-limited model, combining individual and group interventions to build skills for participation.

Provision should include access to sensory friendly environments, flexible learning approaches and targeted interventions that support emotional wellbeing, self-regulation, motor skills, social participation and readiness to learn. Support should focus less on compliance and more on understanding and reducing barriers to participation within the learning environment. Occupational therapists can play an important role in helping schools understand how environmental, sensory, emotional and physical factors interact to affect engagement and participation.

Strategies and interventions introduced within the Base must transfer consistently into mainstream classrooms and wider school activities to sustain impact and avoid dependence on separate provision. Specialist support should be embedded and accessible, including consultation, in-school modelling and workforce development.

Support should be regularly reviewed and consistently implemented. Additional adult support should promote independence over time. Staff training, particularly for teaching assistants, is vital. To avoid stigma, Inclusion Bases should promote peer interaction and shared learning, maintaining connection with the wider school community.

Q20. 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?

The offer must be embedded in existing NHS and local systems, not delivered as a standalone service ensuring continuity across universal, targeted and specialist support, to avoid fragmentation and artificial thresholds.

To deliver early intervention effectively, increased workforce capacity is vital, with sustained investment in recruitment, training pathways and skill-mix roles. The model should enable regular, embedded therapy presence in education settings, with OTs working alongside staff through coaching, modelling and joint problem-solving.

Cluster-based models can support continuity, relationships and understanding of local need.

Strong, multi-agency arrangements are critical. Colocation and shared working across education, health and care are also critical, enabling consistent communication and coordinated support. Clear pathways, referral systems, escalation processes and regular multi-disciplinary review are essential for effective joint working.

Strong multi-agency collaboration, including the involvement of families must underpin delivery. National or regional guidance must ensure consistency of approach, reduce local variation and support evidence informed practice. OTs should also contribute to the strategic design, commissioning and evaluation of the model. To succeed, the Experts at Hand offer will need to be

relationship based, integrated, well-resourced and supported by clear pathways, strong collaboration, and effective professional leadership.

Part 3: Specialist support for those with complex needs

Q21. 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?

To ensure children with low-incidence, highly complex needs can access appropriate specialist placements there must be a fair, transparent and nationally consistent approach to assessment and decision-making based on need rather than diagnosis or local capacity.

Clear, consistently applied thresholds are essential to reduce inequity. Timely access depends on sufficient assessment capacity and workforce infrastructure, including OTs and other professionals to deliver high-quality, holistic assessments without delay. Children and families should have equitable access to multi-disciplinary assessment and regular review to ensure decisions reflect a full understanding of need. There must also be adequate specialist placement capacity locally and regionally to avoid children being placed far from home or in unsuitable settings. This requires strategic planning, investment and collaboration with providers, alongside clear oversight of quality and value.

Placement decisions should reflect a whole-system perspective, recognising that complexity arises from the interaction between the child, their environment and the demands being placed on them.

For families, timely pathways, clear communication and strong legal safeguards are essential to build trust. Ultimately, access relies on consistent criteria, sufficient capacity, joined-up decision-making and flexible pathways that enable children to receive the right support, in the right place, at the right time.

Q22. How can Specialist Provision Packages be designed to effectively support the main types of need we currently recognise?

SPPs must be evidence-informed, consistently implemented and flexible enough to respond to individual strengths, needs and circumstances rather than requiring children and young people to fit fixed categories. While greater national consistency is important, overly standardised packages risk limiting the ability to tailor support, particularly for those with complex or overlapping needs.

Provision should be needs-led, participation-focused and outcome-driven, reflecting what children need to engage in education and daily life. OT emphasises activities, environments and strengths, rather than deficit-based approaches. Packages should therefore include environmental adaptations, meaningful activities and support for independence and self-regulation.

Coproduction with children, families and staff is important to ensure provision remains responsive and flexible over time. Support should change with need, focusing on impact rather than fixed levels of input. High-quality packages require access to skilled staff, including OTs, appropriate staffing ratios, integrated multi-disciplinary input and ongoing training and coaching for educators. Packages must be regularly reviewed and adapted to reflect changing needs. National standards should promote equity and consistency, while allowing professional autonomy to tailor support. A strong

focus on transitions and continuity is also important. Robust quality assurance is needed to ensure consistent delivery.

Q23. 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 approach could improve responsiveness, but requires strong alignment, clear accountability, and sufficient system capacity to ensure support remains consistent and coordinated. EHCPs and ISPs must align in structure, language, and outcomes to translate long-term goals into specific, measurable actions that can adapt to changing needs. A shared framework and consistent terminology are essential to avoid duplication or fragmentation.

Clarity is needed on legal protections. Families must be confident that support in ISPs will be delivered and not reduced without review, with clear links to EHCP entitlements and routes for challenge.

Delivery depends on strong multi-disciplinary collaboration, with children, families, and professionals such as SENCOs and occupational therapists actively involved. Planning should be needs-led and focused on participation, with practical recommendations suited to real-life contexts.

Adequate resourcing and workforce capacity are critical. Without sufficient investment in staffing, training, and specialist input, there is a risk of ISPs becoming administrative exercises rather than effective tools.

ISPs should be dynamic documents that are regularly reviewed and updated collaboratively as needs evolve. To avoid the development of a two-tier system, there must be clear national standards, consistent delivery, and strong accountability mechanisms across local areas.

Q24. 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?

To work in practice, there must be sufficient workforce capacity, clear referral pathways and strong systems for early identification and intervention. Increased capacity across health and education, including OTs and early years specialists, is essential, alongside strengthened training pathways to ensure practitioners can assess and provide support for complex needs.

Access to assessment should be clear with minimal local variation and thresholds. Families should be able to access support through existing and trusted touchpoints such as health visitors, GPs, early years settings and Family Hubs, with no unnecessary delays.

A strong multi-disciplinary approach is critical. Assessment processes should bring together information from relevant professionals and settings to build a holistic understanding of the child's strengths, participation needs and environmental factors affecting development and engagement. Where appropriate, assessments should involve multiple professionals to ensure a holistic understanding of need.

Greater clarity and consistency around the definition of "complex needs" to support equitable access and earlier identification is needed and processes should be streamlined with clear timelines, reduced duplication, and alignment with existing systems.

Families should receive accessible information, including guidance or workshops while assessments are underway. Early, joined-up planning is essential to inform school placement decisions.

Q25. What would you expect to be considered as part of the needs assessment, for example evidence and expert or professional input?

A high-quality needs assessment must be holistic, multi-disciplinary and grounded in understanding the young person's participation in everyday life, rather than a single perspective or evidence type. Assessment should combine clinical and professional input, including standardised tools and observational approaches to understand how needs present in real-world contexts. Direct observation in education settings is essential to identify barriers and the impact of environmental factors. Input should involve a full range of relevant professionals, including OT, speech and language therapy, physiotherapy, educational psychology and medical professionals where appropriate.

OTs contribute a whole-child perspective, considering physical, sensory, cognitive and emotional factors and their interaction with the environment. Family and child voice are equally important. Assessments should reflect the views, experiences and priorities of the young person, parents, carers, and education staff to ensure a realistic understanding of strengths and needs.

Ultimately, the purpose of assessment should be to inform practical, evidence-informed support planning. Assessments should clearly identify barriers to participation, the support and adaptations required, and the strengths and opportunities that can be built upon to enable meaningful engagement and positive outcomes.

Part 4: Reforming the system to reward inclusion

Q31. Do you agree that more SEND funding should sit directly within mainstream budgets? Please explain why.

We support increasing SEND funding within mainstream budgets, given rising levels and complexity of need. Schools are well placed to understand the needs of children and families, enabling more responsive use of funding. However, this must be supported by strong safeguards, accountability and sufficient investment to ensure funding improves outcomes.

Funding should be protected and ringfenced with clear expectations on use. Schools should evidence how funding is used, outcomes achieved, and how provision is adapted. Placing more funding in mainstream increases pressure on schools and risks tension with families if expectations are unclear. Schools therefore require guidance, training and specialist support to make informed decisions, including promoting independence rather than over-reliance on adult support.

Access to specialist expertise, including OT, is critical to help schools use funding more effectively, supporting early intervention and helping to reduce escalation of needs. Some elements, such as specialist equipment, may benefit from central coordination to ensure timely access. Investment must reflect the real cost of inclusive education; without this, devolving funding risks increasing strain. Clear expectations for inclusive practice are essential, alongside national guidance and oversight to ensure equity. Funding reform must form part of a whole-system approach, supported by specialist services and focused on inclusion, participation, and belonging.

Q35. Which stakeholders are important for the success of local partnership groups, and why?

Successful local partnership groups require involvement from the full range of stakeholders working with children and young people with SEND, with shared accountability and influence. This includes children, young people, and families; education partners (early years settings, schools, colleges, and trusts); local authorities; health services (including NHS providers and therapies such as occupational therapy); social care; and the voluntary and community sector. Independent providers and advice services (e.g. SENDIAS) also play a key role in supporting families and ensuring transparency, alongside regulators and system leaders who provide oversight and alignment with national policy.

Each stakeholder brings valuable expertise, supporting holistic, informed decision-making grounded in real-world delivery. Representation from across occupational therapy services can further strengthen a whole-child, participation-focused approach.

For partnership groups to be effective, involvement must be meaningful rather than tokenistic. This requires clear mechanisms to enable co-production with families and young people, support shared decision-making and accountability, and ensure feedback loops for continuous improvement.

Strong links between local and national systems are also essential, enabling learning from practice to inform policy, and ensuring local areas are supported to adapt where approaches are not achieving intended outcomes.

Q36: How can we build stronger collaboration and a culture of improvement through local SEND strategic plans?

This requires shared understanding, meaningful co-production and protected time for joint working. A key foundation is developing clear understanding across services of roles, responsibilities and expertise, reducing duplication and supporting effective collaboration.

A key foundation is developing a stronger understanding across services of different professional roles, expertise and contributions. This can reduce duplication, improve communication and support more effective multi-disciplinary working around children, young people and families. Regular face-to-face engagement, joint training, shared learning opportunities and cross-sector networking are all important in building trust, relationships and collective ownership of improvement.

Collaboration must be resourced, with protected time for professionals to contribute to planning without impacting core roles. Without this, joint working risks becoming superficial rather than impactful. Active involvement of young people, families and frontline practitioners is essential. Plans should be genuinely co-produced, ensuring lived experience and day-to-day practice shape decisions. Keeping children and families at the centre is critical to achieving meaningful outcomes. A culture of improvement requires ongoing dialogue between strategic and operational levels. OTs bring valuable system-wide insight, supporting inclusive environments, participation-focused approaches and workforce development through training and coaching.

Q39. 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? (1399)

The proposals emphasise putting children and families at the centre, but this must be consistently realised in practice. Some groups need more consideration, including children who move between areas e.g. military families or those in care, who often face disruption and delays. More nationally consistent approaches to transitions, including designated roles could improve continuity and reduce inequity.

Improved system infrastructure is also critical, especially interoperable IT systems that allow information sharing across education, health and care.

School culture and workforce capability remain key challenges. Behaviour is often linked to unmet needs, yet some children with SEND continue to be excluded. Schools need support to adopt inclusive, neurodevelopmentally informed approaches, with increased training and less reliance on compliance-based policies.

Maintaining family confidence is essential. While inclusion is welcomed, EHCPs provide important legal assurance. Reforms must retain strong protections and fair routes for challenge to avoid undermining trust.

Greater flexibility is also needed for children whose needs don't fit standard provision, such as those requiring EOTAS.

Finally, while streamlining processes is positive, quality can't be compromised. Professionals and educators need time and support to ensure effective assessment, planning and implementation.

Contact

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