SEND Reforms

Main points to note regarding the reforms

- The new system is extended to children and young people aged 0-25.
- Statements to be replaced by Education Health and Care Plans (EHC Plans) over a 3 year period from September 2014.
- Planning to be centred around each individual child (person centred) and to focus on outcomes for the future.
- Information, support and advice to parents will be more joined up and structured.
- Services to work together, including commissioning the support a child needs.
- School Action and School Action Plus to be replaced with school based SEN Support.
- New duties on Health to provide the services written in the EHC Plan.
- Children, young people and their families to be more involved at all stages.
- The views of young people aged 16 and over and at the end of Y11 to be considered before the views of their parents as long as they are deemed to have capacity to make decisions.

NB. The information given was up to date but may change when the final SEN Code of Practice is published within the next few weeks. The Code of Practice is the document that lays out what professionals and services working with our children are supposed to do to meet the requirements of the Children and Families Bill, and how they should do it.

Why is the system changing?
The reason for the reforms was given and statistics on the achievement and long-term outcomes for children and young people (CYP) in Lancashire with additional needs were shared. It was clear that prospects for these children are far lower than for those without SEN/D (Special Educational Needs and/or a Disability) and they are twice as likely to end up NEET (Not in Education, Employment or Training).

How will the reforms make a difference?
The aim of the reforms is to improve long-term outcomes for CYP with SEN/D by changing the way in which they receive support and focussing not just on meeting the needs they have now but on meeting needs in such a way that the support works towards the outcomes that the child and family want for the future. This approach is described as personalised, and planning in this way, with the focus on the CYP and family instead of on services and support, is called Person Centred Planning. Sally described these outcomes as CYP achieving well throughout education, finding employment, leading happy and fulfilled lives, and having choice and control over their support.

How do the reforms make this happen?
- Support can be made available for CYP from aged 0-25 years if necessary.
- Emphasis and focus on outcomes and personalisation.
- A Local Offer, effectively a one-stop shop of support and information.
- Statements to be replaced by Education Care and Health plans which co-ordinate the input from all the services that a child requires.
- Joint commissioning of services to make sure all the support is put in place and delivered.
- The option of some funding being available as a Personal Budget.
- Planning long-term to include preparation for adulthood.
• Children and young people to be involved.
• Workforce development – this is a different way of working with families and professionals will need to be trained in this.
• Supporting families.
• Engaging with parent carers – parents can be involved at all levels from planning for their own child through to working with services through the forum or other groups, to influence what they provide and how.
• Information, advice and support will be provided in a far more joined up way.

What will happen to put all this in place?
• The Government has given funding to all Local Authorities to support the implementation of the changes.
• “Workforce Development” will take place through training and the introduction of different ways of working with families.
• Funding and training is available for 1800 Independent Supporters nationally to work with families and support them through the new system.

In Lancashire:
• Training of all IDSS staff in Person Centred Working has taken place.
• The SEND Reforms Governance Board and Work-streams are ensuring that systems, processes, policies, documentation and working practice are in line with the new law.
• Schools and colleges have been required to attend training and information days to make sure that they know what their role is and how to do it.
• Schools have been given funding to release teachers from their usual duties so that they can meet with families to fill in the “All About Me” profile document.

When are the changes going to happen?
A Timeline has been produced that shows how the changes will happen nationally because the Government wants to make sure that the conversion happens fairly across the whole country.
• September 2014 – September 2016: Young people in college with a Learning Disability Assessment (LDA) will transfer to the new system.
• September 2014 – April 2018: Children and young people with Statements transfer to the new system.
• April 2015: Young offenders with SEN come into the system. This is a new requirement.
• September 2016: LDAs cease.
• April 2018: Statements cease.

From September 2014 all CYP who need an assessment for SEN will be assessed under the new system.
It is expected that the majority of Statements will be converted to EHC Plans.

When will my child’s Statement/LDA be converted?
Because there are so many EHC Plans to be written in Lancashire (about 8000, that’s 200 a month over 3½ years) a timetable for conversion is being drawn up by IDSS. Priority will be given to CYP with very complex needs and to CYP who are transferring between significant points in their education, such as Primary to Secondary, Secondary to College, or between different types of school such as mainstream to special school.
What is the “All About Me” for?
To prepare for the Statement conversion and to help schools be ready, families are being asked by their school to come in and work together to fill in an “All About Me” document. This is designed to give an accurate picture of the child and family at this moment in time. It includes sections for the child, if appropriate, and for you to write what you and your child would like them to achieve both now and in the future. It is intended as a starting point for designing the right sort of support for your CYP and is the first section in the EHC Plan. The bullet points on the form are guidelines and suggestions of the sort of thing you might want to include.

Many parents have already received their form because for most schools all of the profiles must be completed by 30\textsuperscript{th} June. Some larger special schools have until mid September because all of their children will need an All About Me profile.

Many Early Years settings are run privately or may be a voluntary group. Instead of receiving money to write the “All About Me” in the same way as schools, funding has been allocated to pay for Lancashire’s Specialist Early Years Teachers to go into the nurseries and groups and work with staff on the profiles.

The All About Me template has been designed to meet legal requirements. If parents have queries they can contact the Special Educational Needs Officer (SENDO) who is part of their local team. Their name is usually on the bottom of paperwork relating to the Statement. Sally explained that this is opportunity to “Tell your story the way you want to tell it”.

What are the criteria for an EHC Plan?
The definition of Special Educational Needs is in the new Code of Practice and is the same as under the current system. This should mean that the criteria for an EHC Plan are the same as for a Statement.

So how will an EHC Plan be different from a Statement?
Instead of looking how needs can be met the new plan will be outcomes focussed. This means that the purpose of planning and support is to work towards achieving these outcomes; they result from what is put in the plan. The outcomes are ideally short, medium and long-term and must take into account the long-term dreams and aspirations of a child or young person and their family, and may be about other areas of life, not just education targets.

There is a duty to provide the education and health provision specified in a plan.

A plan may potentially last up to the age of 25 if education and training outcomes are not yet achieved.

Certain sections must be included in an EHC Plan but there is no national template about how it should look.

My child has a Statement. How will they be assessed for an EHC Plan?
IDSS are drawing up a timetable for converting Statements to EHC Plans over the next 3\textsuperscript{1/2} years. A full re-assessment may not be necessary as any recent and relevant evidence can be used.

My child has a disability but no SEN. What support can I expect?
To qualify for an EHC Plan a CYP must have SEN because that is the focus of the plan. Children who have a disability but no SEN are covered by the Equality Act of 2010. However, some children may have health or social care needs that must be met to enable them to make the same educational progress as other children of the same age. It has been suggested that this type of provision could
count as educational and that the CYP may be eligible for an EHC Plan but it isn’t clear yet. It is hoped that when the Code of Practice is published this question will be answered.

**My child is on School Action/School Action Plus. Will I still have regular meetings to set targets and look at how they are progressing?**

It isn’t clear yet if there will be a process like the IEP (Individual Education Plan) review meetings. What is clear is that there is a requirement for schools to identify and support children and young people with SEN and so some record of the additional support they need should be kept and reviewed. Sally suggested that an All About Me profile that specifies how school meets the identified needs of a child might be used, though with a name such as School Support Plan. This would fulfil the purpose of an IEP and, like the IEP would be guidance. It would not be a legal document like a Statement or EHC Plan. It is hoped that there may be more information when the Code of Practice is published.

**I’m concerned that my views won’t count once my child reaches 16.**

There is now a legal difference between “child” and “young person”. From September a child is anyone up to the age of 16 until they reach the end of Year 11. After this point, when an individual enters Year 12 or the equivalent, they are classed as a young person.

This is important because at this point the law says that the views of the young person are more important than the views of their parents. However, some YP cannot convey their views and so parents may need to actively manage the situation. A “Mental Capacity Assessment” may be required. Sally stated that “Together we will work on this”.

**My YP is at risk of being NEET. How will the changes help him?**

IDSS have a duty to identify CYP with SEN aged 0-25 and CYP with a disability aged 0-25. This is different to the FIND Children with Disabilities Database which is voluntary. YP who are NEET and fit one of these 2 categories will be picked up but it could take time.

**What is the Local Offer?**

Parents often want to know how to find out about services and support that could help them. The Local Offer is all the information that families and CYP with additional needs might need, all in one place, a sort of “one-stop shop”. It should include contact information, eligibility criteria, type of support/service, age of CYP who can access it, complaints procedures, a feedback facility etc., for Health services, Social Care, Voluntary and Community services, clubs, short breaks like LBT, services that councils offer, schools and colleges. It will be web-based but must be made accessible in other ways too. Face to face support will be available from Parent partnership Service and Liaison Officers, and through local Parent Carer Forums.

A system for comments and feedback must be included in the Local Offer. This may identify a gap in services. The process is to include development of services wherever possible to address issues like this.

Schools and colleges are required to publish a Local Offer on their own websites by May 31st. This must specify how they identify and meet the needs of CYP with SEN. A template has been sent out so that the type of information is the same for each school. This will make it easier for families to compare schools.
What is a Personal Budget?
The Children and Families Act says that if your CYP receives additional funding to pay for the support in the EHC Plan then some of this could be taken as a Personal Budget. This means that, instead of the service being provided for the CYP, the family will have responsibility to find, employ and pay for support that will work towards an outcome. This must be agreed and details written into the plan. It is not clear yet how this will work. The Budget may be paid into a dedicated bank account or may be “virtual money”.

Some families already use Direct Payments for Social Care. With Education the funding is split into 3 parts. The first part is given to the school for every child on their registers. The second part will provide additional funding up to a total of £10,000 for CYP with SEN, which is equivalent to the funding currently attached to a Statement of Band D. These 2 elements of the funding cannot be taken as a Personal Budget.

For CYP who need funding above £10,000 the school or college must show how they have used the first £10,000 to meet the outcomes. Funding from the services that the CYP needs will be allocated through joint commissioning so that plans in the EHC Plan can be carried out. It is thought that it is some of this “Top-up Funding” that might be taken as an Educational Personal Budget. For CYP in special school the funding works slightly differently because of the higher level of support needed and it is unlikely that a Personal Budget will be an option.

Over the past 2 years some Local Authorities (LAs) in England have been trying out the new way of working and reporting the results to all other LAs. Very few trialled Personal Budgets for Health or Education and those that did struggled to find a way to make it work.

I don’t understand “Joint Commissioning”.
One of the reasons that the Children and Families Bill has been introduced is because parents struggled to get the right services for their child, and often there was disagreement about who should pay for what. Joint Commissioning means that there is a requirement for services to agree responsibility for the provision in the plan, including the funding. There is a legal duty for health to provide their services as specified and for all the commissioners from different service areas to work together. (Commissioners allocate funding to buy services from providers.)

I’ve heard about changes in the way health services are organised. Will this affect my child’s support?
Health services have been re-organised. Many of the services that our children will receive are now commissioned by Clinical Commissioning Groups (CCGs). This means that GP Surgeries are organised into clusters (the CCGs) that have responsibility for identifying the needs of their patient population and then commissioning the heath services they need.

There are 6 CCGs in the Lancashire County Council area and then 2 others which overlap at the edges. These are Blackpool, Fylde and Wyre, and Blackburn, which also covers part of East Lancs. Sally stated that IDSS has been working with all the CCG Strategic Commissioners to agree a standard approach when it comes to support and provision for CYP with SEN/D within the requirements of the Children and Families Act. This means that their will be a single system for commissioning the Health provision in an EHC Plan across the county.

It sounds like a lot needs to be done. Will everything be ready for September?
Schools have been informed about what they need to do. The SEND Reforms Governance Board has responsibility for making sure that everything complies with Government requirements and that includes making sure that everything is ready to come into effect in Lancashire on 1st
September. Although it is a huge undertaking Sally stressed that “We are stronger together” and that joint working is essential. Parents are seen as a very important part of that partnership.

Nicola Murray, LCC Transitions Co-ordinator, East Lancashire

There are three specialist Transition teams across the county based in North, East, and Central Lancs. The teams work with the most complex YP, currently those with a Statement banding of E or above, from their Year9 review. (Bands A-D are supported by the Young People’s Service, YPS.) Their aim is to bridge the gap between children’s and adult’s services.

The service works with the YP and their family at many stages. They complete the Learning Disability Assessment for college. When a YP reaches 16 they start a Continuing Health care plan. At 17 they carry out an Adult Social Care Assessment so that becomes 18. If necessary they carry out a Mental Capacity Assessment in regard to current decisions.

The teams can offer support and advice on:
- Direct payments for personal assistants
- Home based care
- Respite
- Supported living for those ages over 18
- Shared Lives (for adults)
- Further Education (college)
- Leisure
- Day services
- Volunteering
- Supported employment opportunities

The teams meet to discuss individual YP at Transition panels. They look at specialist colleges and alternatives when local colleges cannot meet a YP’s needs.

The main focus is best outcomes.

Claire Sheehan, Parent Representative

Claire is the representative for parents of YP aged 16 and over. She feels that parents bring to the Governance Board their expertise and perspective. She has valued the opportunity raise awareness of family issues and anxieties, and is pleased that parents have had a voice that has been listened to and heard.

Whilst acknowledging that every parent will have their own opinion, from her own experience she believes that there is a real willingness with LCC and other SEN/D partners to “get it right” and that working together is a powerful approach in achieving the best outcomes for children and young people with SEN/D.

Helena Hounslow, Commissioner for Health

A short presentation outlined the new NHS focus of putting the patient at the centre of health care. For a child this was widened to include interaction with and support from friends, family, faith, community, education and the wider world. Early identification and appropriate intervention are seen as important. This is most effective when delivered in through Person Centred Planning. Coproduction with parent carers involved will be supported and encouraged.
Questions

Will there be clear guidelines to challenge an EHC Plan if I am not happy with it?
The EHC Plan should be co-produced with the family and the outcomes should be agreed at this point. It would be hoped that differences could be however, if differences arise that cannot be resolved there is mediation and the dispute resolution service to enable a solution to be found.

If the family is not able to speak out who will advocate for them?
Part of the reforms includes key workers to support families. In addition the Independent supporters can advise families as can the parent partnership Service and Liaison Officers.

How will you get feedback on the Local Offer and how will you respond if it highlights a lack of service?
It will be possible to leave comments and a contact address via a “Trip Advisor” type system. This will enable the Local Authority to write to the provider, obtain feedback, and then publish the comment and response anonymously.

How can parents get services to TAC (Team Around the Child) meetings? How will this change under the new system?
A TAC meeting is usually called before SEN is officially recognised. If there are concerns raised by the meeting a “Common Assessment Framework” is begun as a precursor to a formal SEN assessment. It is important have the right people at meetings and just as important for professionals to attend the right meetings.

Are there any clear job descriptions for the lead professionals that we may come into contact with then we know who to go to and when?
The Local Authority also has a requirement to produce a Local Offer and this information will be included there.

Are therapies such as Speech and Language and Occupational Therapy counted as Health or Education provision within an EHC Plan? There seems to be a process of active discharge from these services happening at the moment.
This is a national grey area. It depends on an individual child and on whether the therapy is education based or a health treatment. Going forward there are issues to deal with on this. The nature of the evidence should identify where it fits in the plan. We need to work with commissioners on this.
As to the issue of discharge, this question should be put in a FAQs information sheet.

If there is no service on the Local Offer for a YP what happens?
Mapping will identify these gaps. There is no duty to plug gaps but the feedback will raise the question of how to address the situation and make services more equitable across the country. Ongoing development is a feature of the Local Offer.

I haven’t heard from my child’s special school/mainstream college about the “All About Me” for over 16s. What is happening?
More work is being done with colleges to prepare them for completing the profile. We have not yet fully met with all special schools. All those with a Statement/Learning Disability Assessment should hear as soon as possible.