

SEND Reforms - the countdown to change



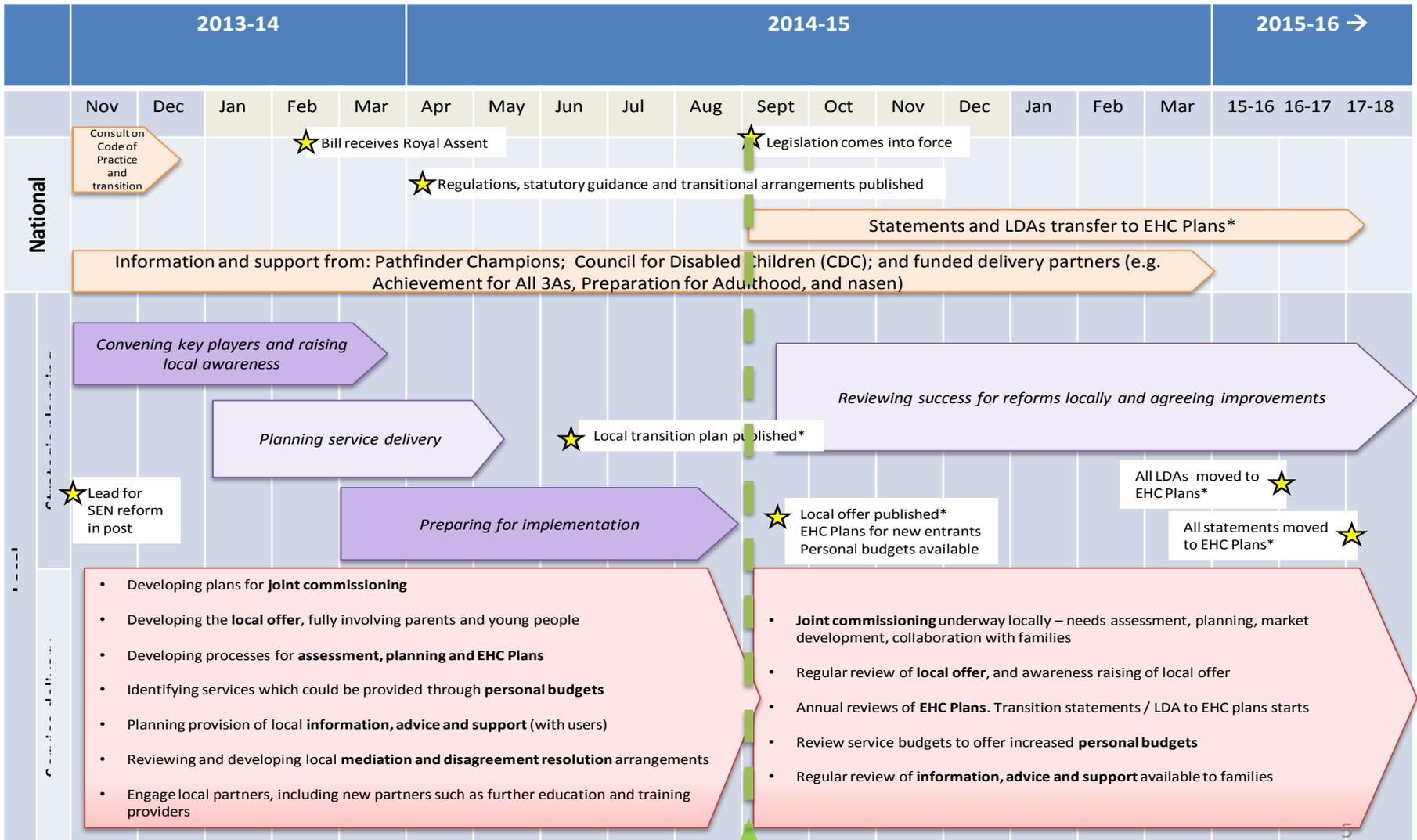
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Government's Vision

- Children's SEN are picked up early and support is routinely put in place quickly;
- Staff have the knowledge, understanding and skills to provide the right support for children and young people who have SEN or are disabled;
- Parents know what they can reasonably expect their local school, college, LA & local services to provide, without having to fight for it;
- Aspirations for children and young people are raised through an increased focus on life outcomes, including employment;
- For more complex needs, an integrated assessment and a single Education, Health and Care Plan are in place from birth to 25; and
- There is greater control for parents and young people over the services they and their family use.

Timeline for implementing a new approach



New 0-25 SEN system becomes available

* Subject to (national) consultation



Key SEND Reforms

- Work with health and social care colleagues *jointly to commission services to deliver integrated support for children and young people with SEN aged 0-25.*
- *Consult children, young people and their parents, and cooperate with a range of local providers* across education, health and social care partners *to deliver the new system,* including post-16 education providers such as further education colleges and training providers.

Key SEND Reforms

- Engage local partners in, ***co-producing*** with parents and young people, and publishing, ***a local offer of SEN services and provision*** to assist young people in finding employment, obtaining accommodation and participating in society.
- Provide a ***co-ordinated education, health and care assessment for children and young people aged 0-25, and new Education, Health and Care (EHC) plans*** that will replace the two existing systems of SEN statements (in schools) and Learning Difficulty Assessments (in further education and training).

Key SEND Reforms

- Offer those with EHC plans the *option of a personal budget*.
- Consider the *transition from children's to adult services* and whether to use *a new power to provide children's services to young people over 18 to smooth their transition*.
- Provide a *new system for resolving disputes* including disagreement resolution and complaints procedures, mediation, First-Tier Tribunals (SEND) and NHS Complaints-Healthwatch.

Person centred planning

- Not new and is at the core of good practice in working with CYP with SEND and their families
- Takes time to embed into practice
- Person centred planning is a way of enabling people to think about what they want now and in the future.
- It is about supporting people to plan their lives, work towards their goals and get the right support

Co-production

“Co-production happens when all team members together agree outcomes, co-produce recommendations, plans, actions and materials as a collective. It is an approach that builds upon meaningful participation and assumes effective consultation and information sharing.

Parent carers are not just there to illustrate the experience of service users, but rather to take responsibility to help shape future experiences and be an active part of delivering the solutions”

Before ...



After...



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Joint Commissioning

New Health duty

- Amended at Committee stage to introduce new duty on the health service.
- In particular, the Bill has been amended to state that:
“if the plan specifies health care provision, the responsible commissioning body must arrange the specified health care provision for the child young person”.
- This means there is a direct duty on health services to deliver the provision set out in a plan.
- Use JSNA for SEND to inform joint commissioning and addressing gaps in provision

Education, health and care provision: integration and joint commissioning

- A local authority must work with health and social care services to ensure '*the integration of educational provision and training provision*' where this promotes the well-being of children with special educational needs or a disability and improves the quality of special educational provision for them.
- In particular, the local authority '*and its partner commissioning bodies*' (the local clinical commissioning groups and where relevant the NHS Commissioning Board) must make arrangements ("*joint commissioning arrangements*") about education, health and care provision to be secured for children and young people with special educational needs and those who have a disability (s.26).

Education, health and care provision: integration and joint commissioning

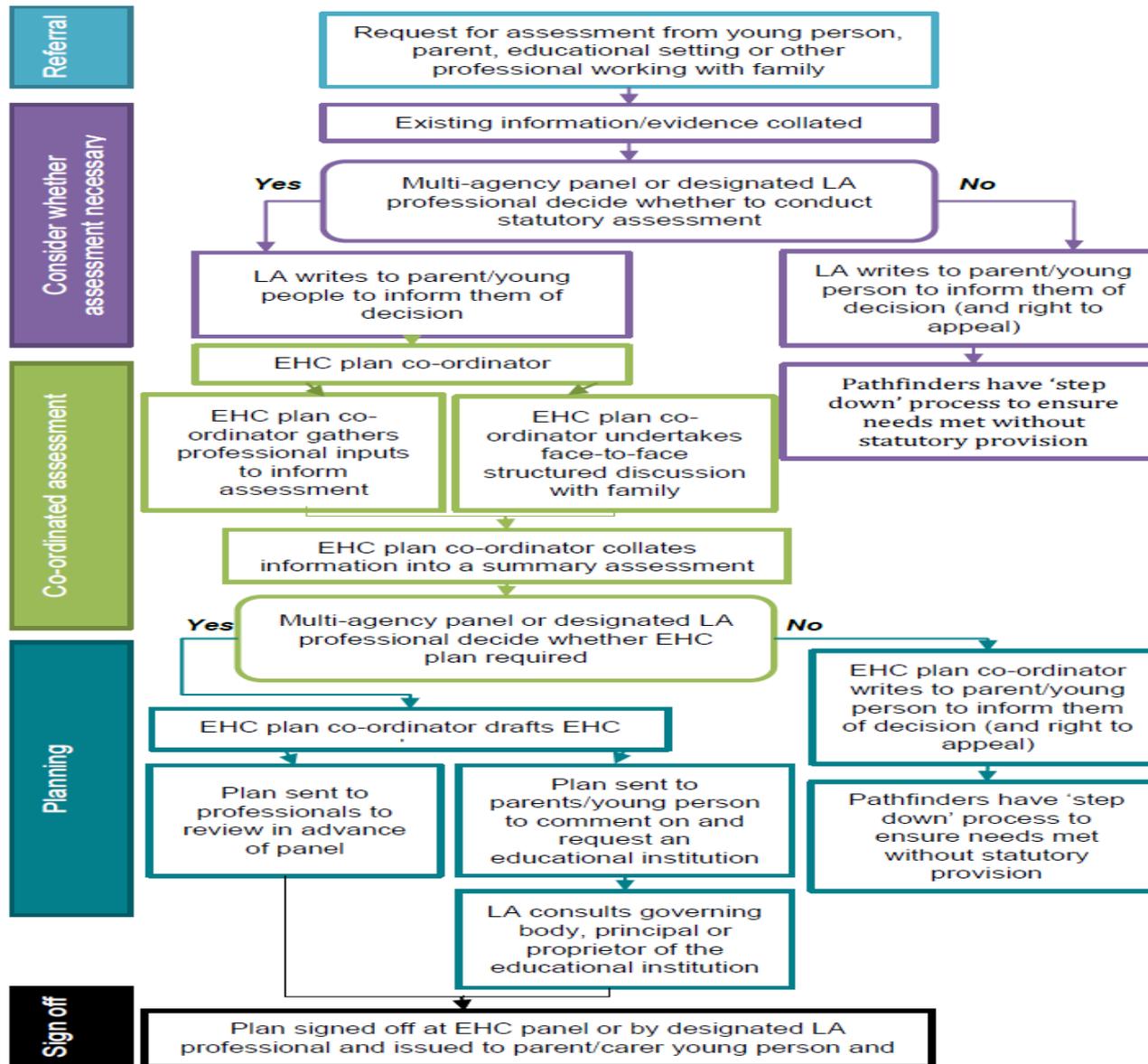
- Joint Commissioning Arrangements '*must include arrangements for considering and agreeing*' EHC provision 'reasonably required' by the learning difficulties and disabilities of children and young people having special educational needs.
- A late Government amendment also requires the Joint Commissioning Arrangements to include the *EHC provision for children and young people with disabilities* in the local authority area who do not have special educational needs.

Education, health and care provision: integration and joint commissioning

- The Joint Commissioning Arrangements *must include what, and by whom, EHC provision is to be secured, what advice and information is to be provided and by whom, how complaints are to be dealt with, and how disputes between the commissioning partners are to be resolved.*
- The local authority and NHS commissioning bodies must have regard to the *Joint Strategic Needs Analysis* (JSNA) prepared by the local authority and the *Health and Wellbeing Strategy* agreed by the Health and Wellbeing Board.

Co-ordinated assessment pathway for Education Health and Care Plans

Figure 1 The EHC planning pathway



Education Health and Care Plans

Education Health and Care Plans

4 sections:

1. Listen and understand (including All About Me)
2. Explore and plan
3. Agree and allocate
4. Review

All About Me

- What is it?
- What does it look like?
- What do you need to do?
- What support is available for you?

What is it?

- The All “About Me” profile enables the child/young person to set out ***what is important to them and for them and how they wish to be supported*** to manage their special educational needs and/or disability as well as their ***hopes and ambitions*** for the future
- The “All About Me” profile also enables ***parent/carers to put forward their views*** on their child’s needs and how they may be met and their aspirations for the future
- The “All About Me” profile must enable the child/young person and their parent/carers ***to tell their story once***

What is it?

- It is a *pen picture of the child/young person* and should be sufficiently informative to enable it to be *shared with others*
- Completed "All About Me" profiles will *be used to inform the co-ordinated assessment* to transfer Statements of SEN and/or Learning Difficulty Assessments (LDA) to Education Health and Care (EHC) Plans
- Completion of this profile *does not automatically lead to an EHC Plan* for the child/young person.

What is it?

- For those who do not progress to EHC Plans, the "All About Me" profile will be used to agree the **SEN Support Plan** where additional and different needs can be met from resources within the setting/school/college.
- The "All About Me" profile should be **completed for all children and young people who have a Statement of SEN** including those who may be in transition to other provision. (e.g. transitions from nursery to primary school, primary to secondary (Y6-7), secondary to college/sixth form/employment/training, college to employment/training etc.)

What does it look like?

- Part 1 – Listen and Understand (includes All About Me)
- All About Me includes:
 - My name
 - Me - Pen Picture
 - What is important to me
 - What is important for me
 - How best to support me
 - My life aspirations

What does it look like?

- My Family – Pen Picture
 - Our child's story so far
 - What is important to our family now
 - What our family want our child to achieve in the future
- Personal information
- People who support me
- Consent
- Each section has prompt questions to assist completion

What do you need to do?

- *Complete in partnership with the child/young person and their parent/carer* the "All About Me"/ personal profile forming part one of the Education Health and Care (EHC) Plan for all children and young people who currently have a Statement of SEN *by 30 June 2014.***
- The "All About Me" profile must be completed in partnership with the child/young person and their parent/carers, not sent out separately for parent/carers to complete the family section

What do you need to do?

- It should be *countersigned and dated* by all parties
- When completed, please save in the following format:
 - **AAMP-SURNAME-FIRSTNAME-DOB (as DDMMYY)**
 - E.g. AAMP-SMITH-JANE-010708
- Email completed profiles to:
 - **IDSS.SENDReforms@lancashire.gov.uk**

All About Me Profile (AAMP) exemplar

What is important to me:

- **How I communicate**
 - **What I like to do**
 - **How I stay healthy**
 - **What is important to me in nursery/school/college life**
 - **What I like to do through my social activities and involvement in my local community**
-
- **It is important to me that you know as much about me as you can find out. I need you to understand me because I find it difficult to make myself understood easily by others.**
 - **I like to vocalise and make sounds. I use consistent sounds to mean some things but if you don't know me you won't recognise these. I have a small number of signs that I am able to use – usually to ask for things I want: 'food', 'drink' and 'more'. I am beginning to copy the speech of others, by doing this I am beginning to say some single words but I don't use these spontaneously myself yet.**
 - **I don't always understand the words you use when you talk to me but I like it when we share a communication exchange, I will look at you. It helps me to understand if you use gestures and signs but I am still learning that objects and actions have names and that sometimes when you talk to me you are asking me to do things or giving me choices.**
 - **I love nursery. I like to watch the other children. Sometimes I need you to encourage me to experience all the things that are available to me – first of all by just letting me watch and then by helping me to join in. It is important to me that you encourage me to try new things but that you respond to my reactions to them – there is a difference between me rejecting things because I haven't experienced them or don't understand them and me rejecting things because I am fearful of them.**

How best to support me:

- **What support I need to make progress in my education**
 - **What support I need to access community activities**
 - **What support I need to stay healthy and safe**
 - **How I want to be supported**
 - **What support I need to make decisions**
-
- **Although I am able to walk by myself and use the large play equipment in nursery I need you to check my splints and shoes fit and are on properly. When I am wearing them my balance is better which means it is easier for me to join in with physical activities. Sometimes I need you to encourage me to 'have a go' and to help me to know what to do with my body, for example where to put my feet on the climbing frame. Patterning me through skills like these helps me to learn.**
 - **I need you to support my communication and interaction with others. I need you to break things in to smaller steps to support my understanding. I need you to use signs to help me to understand and also to give me another way to express myself. I need you to use words to label things so I can learn to link them together and also to encourage me to use words. I need you to help me to develop relationships with the other children in nursery. I like to watch them but I am not really sure about how to get involved. Because I don't use words very well I need you to bridge the gap between me and my friends, to help them to understand me, this will help us to play together more easily.**

Our child's story so far:

- **Explaining our child's story so far (E.g. premature birth, relevant medical history, other, etc.)**
- **Explaining our family (E.g. who are our child's parents/carers? For some children and young people - who our child lives with or where if outside the family home?)**
- **Who are the siblings in the family and the nature of their relationships with the child/young person**
- **Are there extended family members who support the family and in what way?**
- **Explaining relevant issues about parent(s)/carer(s)' work arrangements which impact on care for our child**
- **Explaining relevant issues about friends/relationships for our child with others**

- **I live with my Mum and Dad. I see my Grandma regularly and sometimes my aunty comes to see me at the weekend.**
- **I was born via a planned C-section but there were no concerns when I was born. I was slow to reach lots of developmental milestones; though my Mum and Dad didn't realise to begin with. My mum and Dad didn't have much experience of young children so they had nothing to compare my progress with. When I was two I started nursery. After a few weeks my key person did my 2-3 year progress check. At about the same time my health visitor did my developmental check. They both talked to my Mum about some concerns about my development. I was referred to XXX and now have lots of therapists that support me – a speech and language therapist, a physiotherapist and an occupational therapist. My key person talked to my parents and with the SENCO at nursery they asked the Inclusion Teacher to visit me. My parents were worried but wanted to do whatever was best for me and whatever would help me to progress. The Inclusion teacher suggested Portage, which my Mum thought would be a good idea. I had weekly visits from my Portage home visitor and then, when I was 3, I stopped having Portage but had some support in nursery instead.**
- **My Dad works during the day. My Mum would like to go back to work but she thinks that it would be better to wait until I start school. My Mum wants to try to help me as much as she can and feels that staying at home to look after me is the best way to help me progress and develop.**

What our family want our child to achieve in the future:

- **My/our wishes, aspirations and goals for the future for my/our child**
 - **What I/we wish for around my/our child's health in future**
 - **What I/we wish for my/our child's education and learning (for life and work) in future**
 - **What I/we wish for my/our child's friendships, relationships and being part of the community in future**
 - **What I/we wish for to enable appropriate support (by myself/ourselves and others) for my/our child to be as independent as possible in future**
 - **What is important to keep my/our child safe in future**
-
- **My Mum and Dad want me to be happy and to do the best I can. They want me to enjoy school, make friends and learn like other children do.**
 - **My Mum would love me to be able to tell her what I want using words, my Dad would love it if could speak so that I didn't get upset when he didn't understand me.**

What support is available?

- Letters informing you what to do on Schools Portal
- Templates for completion available on Schools Portal
- AAMP exemplars for different age groups will be posted on the Schools Portal after all school/college briefings have been completed
- Funding has already been allocated to schools/colleges to assist you in completing your responsibilities; this will not be subject to clawback
- Email IDSS.SENDReforms@lancashire.gov.uk with queries

Local Offer

Local Offer

- What is it?
- What does it look like?
- What do you need to do?
- What support is available?

What is it?

- The Local Offer will be *one place where all information about provision children/young people and their parent/carers expect to be available in their area* for children and young people from 0-25 who have Special Educational Needs and/or Disabilities
- It is being introduced to respond to concerns from parents and others that they find it *hard to access* information about what support is available

What is it?

The local offer has two key purposes:

- To provide *clear, comprehensive and accessible information* about the provision available; and
- To make provision *more responsive to local needs and aspirations* by directly involving children and young people with SEN, parent carers, and service providers in its development and review.

The local offer should not simply be a directory of existing services

What does the LO look like for schools/colleges/sixth forms?

- Guidance for completion
- Promoting good practice and successes
- Accessibility and inclusion
- Teaching and learning
- Reviewing and evaluating outcomes
- Keeping children safe
- Health (including emotional health and well being)

What does the LO look like for schools/colleges/sixth forms?

- Communication with parents
- Working together
- What help and support is available for the family?
- Transitions from primary school and school leavers
- Extra curricular activities

What do you need to do?

- You need to have a “Local Offer” for your establishment completed by **31 May 2014**
- The information required is prescribed through the new SEN Code of Practice and should be readily available within the setting.
- Your Local Offer should act as the prospectus of your SEND provision.
- It should enable parent/carers to compare and contrast what is available to meet SEN and Disability needs at your establishment with other settings.

What do you need to do?

- When completed, please save in the following format:
 - ***LO-SETTINGNAME***
 - E.g. ***LO-LEAFYVILLAGESCHOOL***
- Email completed pro-formas to:
 - ***IDSS.SENDReforms@lancashire.gov.uk***

Health Local Offer

- The Health LO has to set out the health provision available to CYP with SEND.
- CCGs, NHS England, NHS Trusts and NHS foundation Trusts and providers must cooperate with the LA in providing information on their services including:
 - clinical treatments and delivery of medications
 - therapies such as speech and language therapy, occupational therapy and physiotherapy
 - services assisting relevant early years providers, schools and post-16 institutions to support children and young people with medical conditions nursing, portage, continence services
 - Child and Adolescent Mental Health Services

Health Local Offer

- palliative and respite care and other provision for children with complex health needs, specialist equipment such as wheelchairs, splints and continence supplies
- emergency healthcare provision
- information about Continuing Health Care Funding
- support for young people when moving between healthcare services for children to healthcare services for adults
- It should also include highly specialist services commissioned centrally by NHS England including:
 - alternative communication systems
 - services for rare conditions
 - specialist mental health services
 - provision for young offenders in the secure estate

Local Offer (LO) exemplars

Accessibility and Inclusion

- How accessible is the school environment?
- How accessible is your information - including displays, policies and procedures etc.
- How accessible is the school?
- Do you have specialised equipment (eg; ancillary aids or assistive technology?)

What the school provides:

- The school environment is fully accessible to both wheelchair users, ambulant students and those who use a variety of mobility equipment. The car park areas maintain disabled parking spaces close to the reception entrance. There are several fully accessible hygiene suites c/w ceiling hoists as well as disabled and standard toilet facilities; serving each department within school.
- School has all required policies and guidance in place. These are based closely on LCC model policies and guidance modified to account for individual school circumstances. These can be accessed via the website or alternatively from the school office. Information can be made available on request in different formats including, where necessary, other language formats. For parents whose first language is not English the school will seek to provide an interpreter to attend meetings. School aims to ensure all communications in written format are clear and concise, but will inform parents, carers and family members verbally where appropriate.
- The school provides a total communication environment including visual timetables using techniques ranging from objects of reference to photos, pictures and sign/symbol communication. Rise and fall tables, specialist seating and specific specialised equipment to support access to the curriculum are available in liaison with health professionals eg. Physiotherapy, Occupational Therapy. Specialist subject rooms such as food technology or ICT suites utilise height adjustable equipment and individual student accessibility requirements or needs will determine how lessons are differentiated or activities are presented and the resources required supporting full inclusion for all students. This includes access to and availability of both low-tech and high –tech communication aids and assistive technology.

Keeping Children Safe

- **How and when will risk assessments be done? Who will carry out risk assessments?**
- **What handover arrangements are made at the start and end of the school day?**
- **Do you have parking areas for pick up and drop offs?**
- **What support is offered during breaks and lunchtimes?**
- **How do you ensure children stay safe outside the classroom? (e.g. during PE lessons and school trips)**
- **What are the school arrangements for undertaking risk assessments?**
- **Where can parents find details of policies on anti-bullying?**

What the school provides

- **Preliminary assessment made by the school safety officer/SENCO at school visit before student starts at school. LA and present school attend this meeting and assist with the assessment.**
- **Full risk assessment made and stored in school office when place at school is confirmed. This is subject to regular review and/or when need changes.**
- **Sheltered reception area at front of school is safe place for students to be dropped off or picked up by responsible adult. Children are released to adult subject to safeguarding procedures having been carried out. However, parking in school is very limited and so the only designated parking/waiting space is for emergency vehicles.**
- **XXXX Centre provides safe-haven and supervised support for children at break and lunchtimes.**
- **All school trips are processed through “evolve” system and risk assessments are attached to forms, checked by EVC and delivered by group leaders/responsible staff.**
- **School policy on safeguarding is clear. It is inclusive and comprehensive and specifies additional requirements for SEN students.**
- **The school’s anti-bullying policy is available by a direct link on the school website and hard copies are available on request.**

Health (including Emotional Health and Wellbeing)

- **How do you manage safe keeping and administration of medication**
- **How do you work with the family to draw up a care plan and ensure that all relevant staff are aware of the plan?**
- **What would the school do in the case of a medical emergency**
- **How do you ensure that staff are trained/qualified to deal with a child's particular needs?**
- **Which health or therapy services can children access on school premises?**

What the school provides

- **Medication is routinely administered by trained First Aiders but in emergencies may be authorised by members of SLT.**
- **All medication is kept under lock and key in a central place in the school office. For the safety of all the community, students are not allowed to carry medicines in school. The locked drawer is clearly labelled and designated staff have access to the key.**
- **Medications in the drawer are all clearly labelled to identify the student it belongs to. Names are checked carefully and instructions read before a record of any administration is noted.**
- **Instructions for administration are kept with the medication/ Care Plan.**
- **All medication is checked regularly for expiry dates, and parents contacted to replace if necessary.**
- **Some rescue medications are required to be kept refrigerated. These are kept in a clearly marked area of the refrigerator.**
- **A Care Plan is drawn up in conjunction between the parents, child and medical professional. The school nurse does a home visit and a meeting is called in school when the plan is agreed and signed by responsible staff. The Headteacher agrees all care plans personally.**
- **Care Plans are held centrally in the school office. They are reviewed by the School Nurse at least annually or if circumstances change.**
- **The Staff are briefed by the school nurse regularly about students with medical needs. Additional training for staff or first aiders is arranged via the school nurse, or specialist nurse practitioners.**
- **In the event of a medical emergency, the member of staff is instructed to make an initial assessment, contact a first aider, the first aider will make the decision regarding treatment on the spot, or whether to call for an ambulance. The Headteacher is contacted immediately. Key staff have walkie-talkies to contact the main switchboard if necessary. In the event of a serious incident an ambulance is called immediately, along with the emergency contact adult.**
- **The school does not have any health or therapist in residence. Any service can make an appointment to visit a child on site, with parental permission and subject to the school safeguarding protocols.**
- **There are regular visits from the school nurse, who has drop in sessions, Speech and Language services, CAMHS workers, Educational Psychology Service, Barnardo's workers, MIND.**

Communication with Parents

- How do you ensure that parents know “who’s who” and who they can contact if they have concerns about their child/young person?
 - How do parents communicate with key staff (eg do they have to make an appointment to meet with staff or do you have an Open Door policy?)
 - How do you keep parents updated with their child/young person’s progress?
 - Do you offer Open Days?
 - How can parents give feedback to the school?
-
- A full staffing structure of the school is available via the website or within the school prospectus.
 - Individual communication diaries offer named contacts for students and the details relating to contacting them. Staff are very flexible in contact with parent/ carers; should they not be available they will return calls as soon as possible.
 - Parents and Carers are welcome into school. Appointments are made for specific meetings, however, should a parent arrive to see someone unannounced we will do our best to accommodate.
 - For information about keeping up to date with progress refer to the section on Teaching and Learning.
 - School seeks parents views and feedback anecdotally, via communication diaries, through annual questionnaires, annual review parent advices and signpost to the OFSTED parent view website.
 - The school holds ‘open day’ type events in relation to option choices particularly for Key stage 4 and post 16 and in terms of information advice and guidance about opportunities both within school and for school leavers.
 - All September admissions will have had transition visits in the term before the Summer holiday to become familiar with staff, other peers and their environment. Those joining mid year are also offered the opportunity for transition visits if appropriate to aid the transition process from one school to another.
 - There is a ‘Friends of [school name]’ Association and Parents/Carers and families are encouraged to actively support and participate.

Personal Budgets

PBs – what are they?

- **A personal social care budget:** This refers to the budget that will be made available if it is clear that a young person or child needs additional and individual support at home and when out and about in the local and wider community.
- **A personal health budget:** This refers to the budget that will be made available should a young person or child have complex, long-term and/or a life-limiting condition/s. A personal health budget may also be made available to help with equipment costs or other health services. Children, who are supported through 'Continuing Care' funding, will be offered a personal health budget from April 2014.
- **A personal SEN budget:** This is a sum of money made available by a local authority because it is clear that without this additional (*top-up*) funding it will not be possible to meet the child's learning support needs. The school involved will already have funding for learning support across the school; only pupils or students with more complex learning support needs are likely to need a personal SEN budget. In some circumstances the head teacher and school may choose to offer some funding towards a personal SEN budget; this will always be the decision of the head teacher.

Personal Budgets

- Managed by local authority or health – “*an organised service*”
- Managed by a provider/VCS on family’s behalf – “*an individual service fund*”
- Managed by the family as a *direct payment*
- A mix of these three options for all three elements (health, education, social care)

A parent's view of PBs

“If you are open and honest with us about what funding is available, then maybe we can start to work together; we might not like what you are telling us but at least you are being honest and we may start to trust what you are telling us ...

But if you continue to withhold information, make decisions behind closed doors and not give us the information we need to make good decisions about support for our sons and daughters, how can we ever trust what you say?”



What are the challenges we face in Lancashire?

Culture change

- New culture, new way of working – co-production with children, young people and their families
- Significant workforce development challenges
- Raised expectations for children and young people with SEND and their parent/carers
- Scaling up to 0-25 provision
- Integrating 19-25 adult social care and adult health
- Agreeing co-ordinated assessment pathway
- Agreeing Education Health Care Plan (EHCP) format - national v local
- New protections for CYP with SEND in 6th forms, Further Education colleges and for Young Offenders with SEN

New systems

- Estimated 8,000 Education Health and Care Plans will be required; 40% increase
- Reduction in statutory assessment from 26 to 20 weeks
- 3 years to transfer from Statements of SEN and Learning Difficulty Assessments to Education Health and Care Plans
- Means co-producing 200 Education Health and Care Plans per month for next 3 years (currently approx 350 new Statements of SEN per year)
- Delivering the Local Offer (LO) of services – not 'yellow pages'

New processes

- Schools' / local colleges' engagement and inclusivity
- New Inspection Framework and Ofsted floor targets
- Parent/carers' levels of confidence in Lancashire schools and early years settings, 6th forms and colleges
- Key working and Independent Supporter Scheme
- Commissioning IT system to host Education Health and Care Plans and Local Offer and information security/sharing issues
- Re-commissioning block contracts for therapy, nursing, community and specialist equipment
- 6 + 2 Clinical Commissioning Groups (CCGs) and the Commissioning Support Unit (CSU)
- New Clinical Commissioning Groups Designated Health

Officer duty

Resources and legal duties

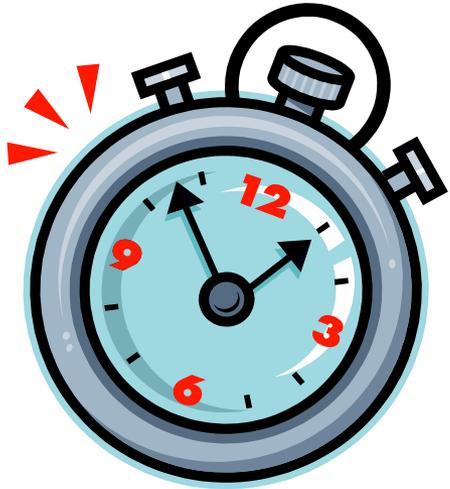
- New SEN funding formula with High Needs Block funding in schools/colleges
- Resource Allocation System in education, health and social care
- Personal budgets and systems to support these in education, health and social care
- Different legislation in social care, health and education and between children and adults services
- Two concurrent legal systems and potential challenges
- New independent mediation/dispute resolution system

For strategic leaders

- Readiness to implement the changes from 1 September 2014 when Children and Families Act and new SEN Code of Practice published end of March 2014
- Striking a balance between wanting to develop flexible, innovative services at a time when there is a reduction in public sector funding; and
- Balancing the desire to offer choice and flexibility whilst at the same time managing expectations.

Countdown to change

- SEND reforms take effect from



1 September 2014

Questions

