

Implications of SEND reform in Bath & North East Somerset – paper for EYCY policy development and scrutiny panel

1 *About SEND reform*

1.1 SEND (special educational needs & disability) reform is a national programme of transformation of support for children and young people up to 25 with SEN or disabilities placing aspiration and personalisation at the heart of the system.

1.2 The Children & Families Bill 2013 will establish a new legal framework for SEN. Associated draft regulations and statutory guidance (SEN code of practice) are now out in draft for consultation. The new framework will become law from September 2014.

1.3 A project has been established in B&NES to deliver the operational changes required. This work is informed by the experience of 21 pathfinder areas across the country.

1.4 The framework includes new duties for local authorities, clinical commissioning groups and partners around strategic commissioning and governance.

1.5 The aims of SEND reform were set out in the green paper 'Support and Aspiration', published in 2011. The vision is to transform support for children and young people with SEN and disabilities based on the following principles –

- **High expectations and aspirations** for what young people can achieve, including employment and independent living
- The aspirations of **young people and their parent carers are central** to everything we do
- Early identification of needs, and **integrated early help**
- **Integrated assessment and planning 0-25**, focused on long term outcomes, bringing together education, health and care support
- **High quality provision** organised with clear pathways and providing choice and control to families
- **Excellent outcomes** achieved through the knowledge, skills and attitude of everyone working with children and young people.

2 *New duties*

2.1 The LA will have a duty to promote integration of special educational provision, health and social care provision for children and young people up to 25 where this would promote their well-being and improve the quality of provision. The CCG and other partners must cooperate. The LA and CCG must jointly commission all provision needed across education, health and social care to support this group of children and young people.

2.2 The CCG must ensure there is a designated health officer for SEN, with roles set out in detail in the draft code of practice. Children's social care should also designate an officer for SEN. There is no corresponding duty for the LA to have an education lead on SEN, however this gap is almost certainly based on the assumption that there is already such a lead and certainly the framework set out is unlikely to function well without one.

2.3 We need to ensure that these arrangements are linked to the JSNA and Health and Wellbeing Strategy. There must be robust arrangements to underpin the partnership for SEN and for accountability to councillors and senior commissioners. The draft code of practice suggests that local areas may wish to ensure this through establishing a programme board for SEN.

2.4 The Bill, draft regulations and code of practice provide more detail on these requirements and how they will underpin the delivery of

- Early identification and help – 'SEN support'
- Coordinated assessment, single integrated education health and care (EHC) plans and person-centred reviews
- The 'local offer' for children and young people 0-25 with SEN setting out all of the support available
- Increased choice and control for parents and young people with the option of personal budgets.

2.5 SEN support will be provided by early years settings, schools, colleges and other FE providers based on early identification of needs. This replaces the support currently provided for school age children under the headings of school action and school action plus. This support will be provided in partnership with other services as needed, working in an integrated way using the CAF and team around the child. This work will be centred on children, young people and their parent carers, their aspirations and desired outcomes.

2.6 We must publish a 'local offer', setting out in one place clear, comprehensive and accessible information about the support and opportunities available. Parent carers and young people will be fully involved in developing the local offer, reviewing and improving it over time. The local offer will include information from early years settings, schools, colleges and other providers about their arrangements for early identification and SEN support.

2.7 Integrated education, health and care plans will replace statements of SEN. Assessments and the resulting plans will be centred on children, young people and their parent carers and focused on their aspirations and outcomes. Assessments will be carried out in a well coordinated way, reducing duplication and repetition for families. This will bring together education, health, children's and adult care services working to produce a single plan for each child or young person with SEN aged 0-25.

2.8 These integrated plans will offer the same protections as statements do now, naming a school and providing additional resources based on needs. The new plans may now be put in place from birth and extend up to 25 as needed. Plans may now name a college or

other provider and provide additional support up to 25. Plans will be reviewed at least annually in a person-centred way, i.e. with the child or young person at the centre and fully involving both the young person and their parent carers in reviewing the plan.

2.9 Assessment, planning and provision of support will be jointly commissioned between the local authority and clinical commissioning group. There will be an option for personal budgets for support elements of the plan, but not the funding for a school or college place. This is intended to give families more choice and control over how their plan is delivered.

3 Delivering SEND reform in Bath and North East Somerset

3.1 A stakeholder event to launch the local SEND reform project was held on 23rd September. An initial consultation event with parent carers was held on 22nd October. Work to implement the reform in B&NES is being organised in 5 workstreams..

3.2 **Engagement and communication.** An engagement strategy is being developed to involve parent carers, young people, the full range of learning places and all relevant services both statutory and the voluntary and community sector. A webpage and Facebook page have been set up to facilitate publication of updates and other information and to facilitate engagement by the public.

3.2 **Workforce development.** Training will be planned and delivered to ensure the workforce has the skill required to deliver new ways of working. This will need to include training in integrated working, assessment, planning and review and person-centred working as well as introducing the new framework for SEND. Training will be provided in partnership with teaching schools to ensure full support to SENCOs and other staff in schools.

3.3 **Integrated assessment and planning.** We are learning from the work of the pathfinders to design and test the best way to achieve integrated, child and parent carer centred education, health and care plans. This work will build on existing local good practice for example one page profiles that are done now with young people as part of transition to adulthood. The aim is to achieve one joined up person centred plan for each child or young person that runs from age 0 to 25.

3.4 This way of working will be piloted for some new statutory assessments and also some annual reviews to convert statements into the new integrated plans. We will also look at how we can make sure disabled young people without SEN can benefit from new ways of working.

3.5 **Joint commissioning and personal budgets.** We already have a pooled budget in B&NES for a small number of children with very complex needs. We can learn from this in looking at how decision-making and budget allocation need to work to support integrated plans. We should build on experience with personal budgets in adult care to introduce this option for children and young people with education, health and care plans. Personal budgets, together with the local offer, are intended to enable parent carers and young people to have more choice and control over how support is provided.

3.6 The local offer. Using lessons from pathfinder authorities and building on our existing service directories we will develop our local offer in B&NES. The aim is to provide information about services in a way that helps parent carers and young people to find their way through the maze to get the right support.

3.7 The work is planned to happen in three stages –

1) Engagement and design – autumn 2013

- Getting out information about the changes and asking people to get involved
- Designing the integrated assessment and planning process
- Planning the training
- Designing the local offer
- Reviewing the budgets and decision-making processes that will support integrated education, health and care plans

2) Testing – spring 2014

- Piloting integrated education, health and care assessment and planning
- Piloting reviews of statements to convert them to the new plans
- Testing new ways of taking decisions and allocating budgets to plans including the option of personal budgets
- Developing the local offer with local settings, schools, colleges, training providers and services
- Start training about the changes.

3) Refinement and launch – summer 2014

- Continue piloting and use lessons from it to refine the assessment, planning, decision-making and review processes
- Continue training
- Make decisions about any changes to the ways services are organised in the future
- Complete and launch the local offer (this may not need to be fully in place for Sept 2014 – timescale subject to consultation)
- Launch the new ways of working for Sept 2014.

September 2014 and beyond

The changes in the law will come into effect in September 2014. The project to make these changes in B&NES will be complete, but work will continue –

- Converting old statements of SEN into new integrated education health and care plans over a period of up to years
- Changes to training programmes to reflect the new ways of working
- Any changes needed to how services are organised
- Reviewing the local offer regularly with parent carers and young people to make sure it keeps improving.

4 Issues and implications

4.1 The implementation project including a pilot of new ways of working will help to quantify precise implications locally, but information from pathfinder authorities is already providing some indication.

4.2 There are 760 school age children in B&NES with statements of SEN who will need EHC plans. However it is likely based on both national and local data that 18-20% of all children and young people in B&NES have some level of SEN, most of whom are supported in schools and other universal and targeted services with specialist input when needed.

4.3 The arrangements we establish in response to the new framework will need to be capable of addressing the needs of all of these children and young people.

Capacity & resources

4.4 The reform will raise a number of capacity and resource issues -

4.5 To deliver coordinated person-centred assessment and planning – pathfinders have identified that working in this way requires more capacity, which can be mitigated by integration of services and/or processes and resulting efficiencies

4.5 To deliver/support person centred review – working with settings/schools/colleges – this has capacity implications both for the service(s) supporting reviews and for learning places themselves

4.6 To deliver the services required by children & young people with SEN – pressure is not increased by the reform itself, however numbers of children with more complex needs are increasing and working in a person centred way risks raising expectations. This may be mitigated by effective early identification and help and again by integrated planning and delivery of support.

Other issues highlighted by SEND reform

4.7 While the reform has been billed as being about SEND – both SEN and disability – the legal changes are specifically focused on SEN. Some disabled children may not have SEN at all, or will not meet the threshold for a statement/EHC plan, however a coherent local framework for SEN must address disability also and this is explicitly within scope for the project. Pathfinders have developed non-statutory (in SEN terms) EHC plans to address the needs of children with lower levels of SEN, or no SEN but disabilities.

4.8 The pathway for children with emotional well-being, behaviour & mental health issues overlaps significantly with that for SEN and disability. If this pathway is not reviewed simultaneously there is a risk to the success of SEND reform, however this is not within the scope of the SEND project and should be a separate piece of work.

4.9 The construction of a robust joined up framework for early help in the early years for children with SEND will be critical to maintaining thresholds for statements/EHC plans as these will now be available from birth. Pathfinder experience suggests the threshold should be those children likely to require special school, which will only be sustainable in the face of parental expectations with robust and credible support for children below this level of need.

4.10 We have done some good work locally on transition to adulthood. In one sense the reform strengthens this in that transition will start at birth/when SEN is first identified. We will need to ensure in practice we sustain and build on this good work rather than losing it in homogeneous 0-25 arrangements. We will also need to ensure appropriate capacity from the Connexions service is focused on this work as it is reduced and comes in house.

Wider, longer term implications

4.11 There are significant workforce development implications beyond the life of the project to incorporate the requirements of SEND reform, personalisation, integrated working and principles of sound assessment/planning/review into the development of the whole workforce for children and young adults.

4.12 175 children with active children's social care involvement have a statement of SEN and will need a single EHC plan from Sept 2014. This is a significant proportion of children's social care workload. Would it then be beneficial to the remaining children, many of whom will have lower level SEN in any case, to have non-statutory (in respect of SEN) EHC plans in the longer term, and thus have a single planning system for all? There may be other specialist/high level services also where this should be considered – e.g. Connecting Families, YOT, CAMHS are all likely to have a high % of children with statements or lower level SEN.