

Thoughts on integrating social care and SEN processes in the Education, Health and Care Plan

Background and context

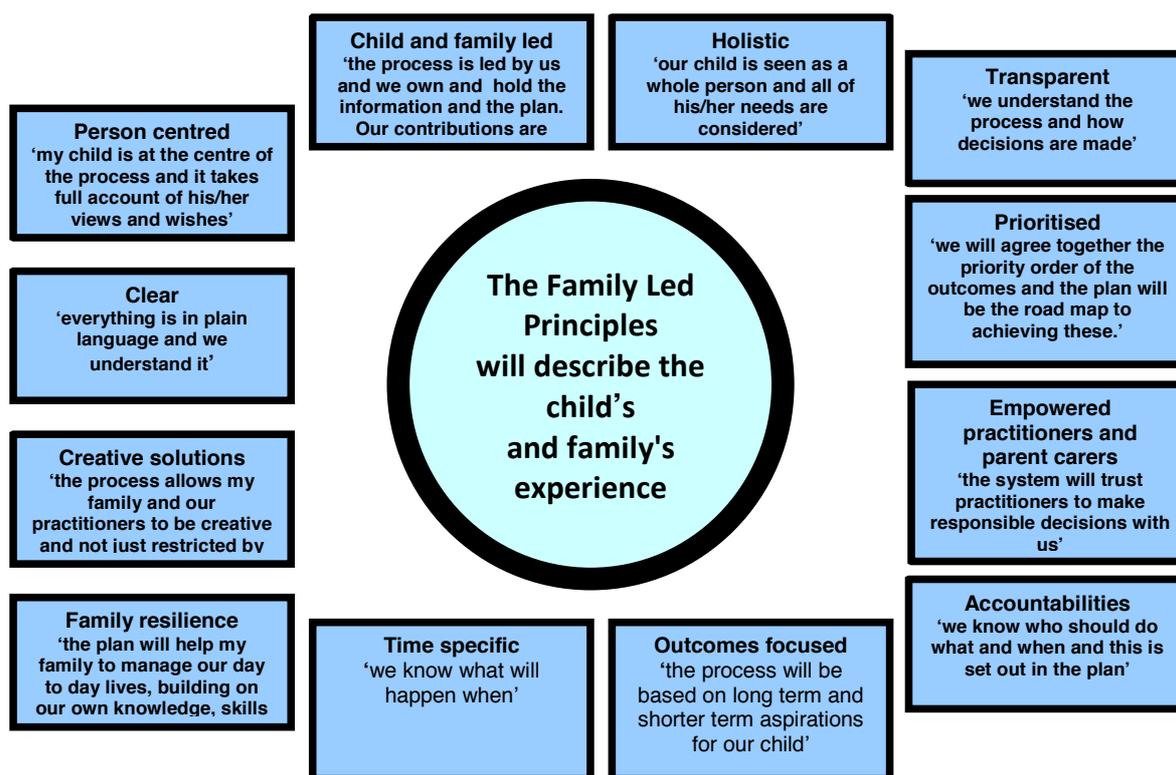
What are the reforms seeking to address?

- ✘ Too many children with SEN have their needs picked up late;
- ✘ Young people with SEN do less well than their peers at school and college and are more likely to be out of education, training and employment at 18;
- ✘ Schools and colleges can focus too much on the SEN label rather than meeting the child's needs, and the current Statements/ Learning Difficulty Assessments do not focus on life outcomes;
- ✘ Too many families have to battle to find out what support is available and in getting the help they need from education, health and social care services; and
- ✘ When a young person leaves school for further education, they enter a very different system which does not carry forward the rights and protections that exist in the SEN system in schools.
- ✓ 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.

The SE7 approach:

- Strong focus on co-production with parent carers
- Integral involvement of the Voluntary and Community Sector
- Personalisation at the core
- Holistic approach – integrated education, health and care assessment, planning and personal budgets
- Regional frameworks implemented locally

SE7 Principles:



Principles from Working Together – The Munro report:

- System should be child-centred
- Family usually best place for bringing up children - difficult judgements balancing right of child to be with family with right to protection from abuse and neglect
- Helping children and families involves working with them - quality of relationship with professionals impacts on effectiveness of help
- Early help better for children
- Children's needs and circumstances varied so system needs to offer equal variety in response
- Good professional practice is informed by knowledge of latest theory and research
- Uncertainty and risk are features of child protection work
- Measure of success of child protection systems is whether children are receiving effective help

Working together requirements:

- LAs required to provide services for children in need for purposes of safeguarding and promoting welfare. LAs assess needs of individual children to determine what services to provide and action to take.
- Assessments for some children - including children with SEN (who may require EHCPs), disabled children will require particular care.
- Where a child has other assessments it is important that these are coordinated so child does not become lost between different agencies involved and their different procedures.

Draft SEN Code of Practice – assessment processes:

- LAs develop and publish protocols for assessment - clarify how social care assessments will be informed by and inform other specialist assessments including EHC assessments leading to an EHC plan.
- EHC assessment - holistic assessment of the children or young person's education, health and social care needs. Should be combined with social care assessments. Working Together 2013 - section 17 assessments may be combined with assessments in relation to SEN.
- CP concerns – consideration of how process can be integrated to put needs of vulnerable children first
- EHCP reviews synchronised with social care reviews wherever possible

Draft SEN Code of Practice – Looked after children:

- Over 70% have some form of SEN
- Corporate parent responsibilities - duty to appoint designated teacher, role of Virtual School Head
- Care plan - how care needs will be met, addressing all developmental needs. Will include PEP and Health Plan (statutory requirements) - may be through making these assessments that a child's potential SEN will be identified.
- LAC being assessed for SEN - vital to take account of information set out in that Care Plan. SEN professionals need to work closely with other professionals. Ensure that EHC plan works in harmony with Care Plan and adds to, but does not duplicate, information about how education, health and care needs will be met.

Draft SEN Code of Practice – children in need:

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Questions to consider:

- How the arrangements for the EHC assessment can be managed to ensure that all factors are taken into account but duplication is minimised?
- Who should be consulted as part of the assessment and planning process, and how can the various plans be coordinated?
- What arrangements do LAs need to consider putting in place, in order to ensure smooth processes both internally and with other LAs?
 - Statutory review every 6 months – TAF/TAC
 - Identify who should be plan coordinator (who is best placed/has best relationship with school)
 - Who should be there? If not there, contribution needed
 - Foster carer/birth family (see care plan)
 - Primary & potential secondary school (SENCo/Designated teacher)

- Social worker (for foster carer)
- Social worker (for child)
- Local people involved in child's needs: IRO
- Who gives consent for information sharing?
- Virtual school
- CAMHS
- EP
- ASD specialist
- Paediatrician
- Health assessments to be fed into the process and other specialist services (GP)
- All these reports/expertise need to have referrals from area to area
- Needs to be coordinated by a keyworker
- Cross boundary agreements – but always remembering there's a child/family at the heart of disputes! Forums for decisions/funding arrangements

- What assessments needed
- What assessments already exist
- Identify lead to coordinate
- Parental responsibility

Our thoughts:

- Importance of holistic plan
 - How to tie it all together
 - Keyworking/skills training for personnel
 - Clear planning framework

- Information sharing – how to overcome barriers/consent (issue re siblings/wider family)
- At which point planning starts can influence pathway/involvement of people
- Draw in lead professional early
- Child/family choice of keyworker
- Cross boundary – statutory obligations/essential attendees/who pays issues
- Responsible commissioner health/ed/social care
- Parental responsibility
- Avoidance of duplication embedded in process – this is key
- Decision making panels
- Workforce development
 - Risk factors
 - Referral pathways
 - CP training
 - Transparency
 - Early help planning
- Learning from good practice: observing, capability processes
- Person centred
- Who leads review meetings?
- Streamline meetings whilst managing different timescales

Early Help

- **Identifying children and families who would benefit from early help**
 - Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families.
 - All professionals have a role in identifying emerging problems and share information with other professionals to support early identification and assessment
- **A child-centred and coordinated approach to effective safeguarding**
 - safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.
- **The system should be child-centred:**
 - everyone involved in child protection should pursue child-centred working and recognise children and young people as individuals with rights, including their right to participation in decisions about them in line with their age and maturity.
- **Helping children and families involves working with them** and therefore the quality of the relationship between the child and family and professionals directly impacts on the effectiveness of help given.
- **Early help is better for children:** it minimises the period of adverse experiences and improves outcomes for children.
 - Although a focus of work is often on helping parents, it is important to keep assessing whether this is leading to sufficient improvement in the capacity of the parents to respond to each of their children's needs. This, at times, requires difficult judgments about whether the parents can change quickly enough to meet the child's developmental needs.

The Research and evidence:

- **Stalker et al (2010)**- disabled children significantly more likely to experience abuse than their peers and subject to lower levels of reporting and registration. The study highlighted risk of practitioners applying higher thresholds to disabled children- abuse seen as attributable to the stress and difficulties of caring for a disabled child.
- Study of lessons learned from **serious case reviews**, found practitioners paid insufficient attention to the abuse of disabled children.
 - Practitioner's allowed parents' voices to dominate.
 - Insufficient communication with the child; they saw the disability, not the child and accepted a different or lower standard of parenting than would be tolerated for a non-disabled child.
- An Ofsted thematic inspection on protecting disabled children (2012) found evidence that low-level risks were managed effectively through timely multi-agency early support.
 - Inspection found CIN too often had child protection needs unidentified.
 - Decisions and assessments not consistently well informed by previous concerns, cases closed too early before risks fully assessed.

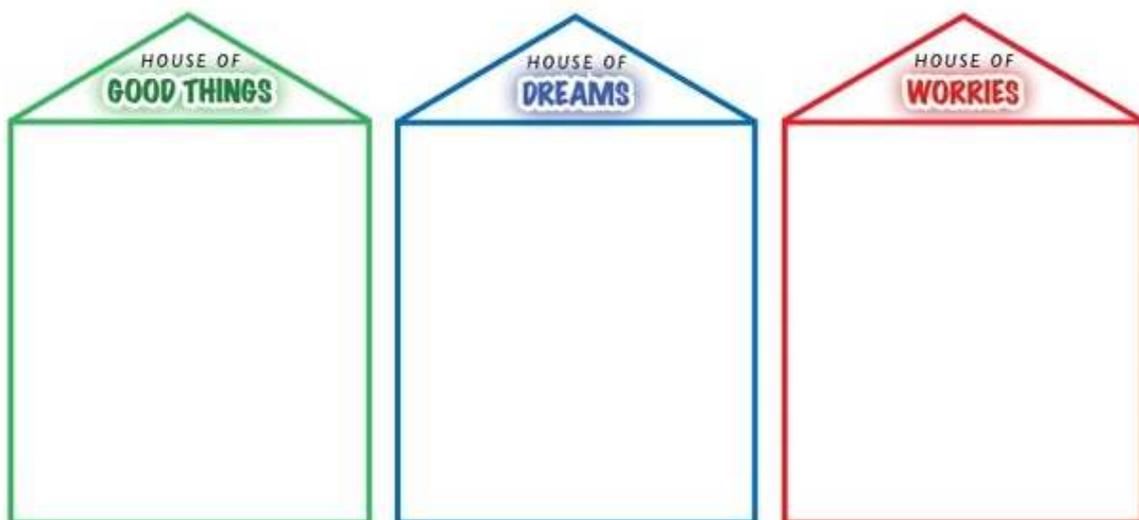
West Sussex – signs of safety

- Signs of Safety approach adopted throughout all areas of work
- What are we worried about?
- What's working well?
- What needs to happen next

- Assessing risk through SoS
- Consultations with children using three houses –Munro
- Professionals and parent's views
- Use of simple, jargon free language
- Clear danger statement and safety plan

- What would we need to see in the life of the child to be satisfied they are safe?
- Use of scaling 0-10

- Past harm
- Complicating factors
- Future dangers



The Three Houses Tool was first created by Nicki Weld and Maggie Greening from New Zealand. The method takes the three key assessment questions of the Signs of Safety framework: What are we worried about, What's working well and What Needs to happen, and locates them in three houses to make the issues more child friendly.

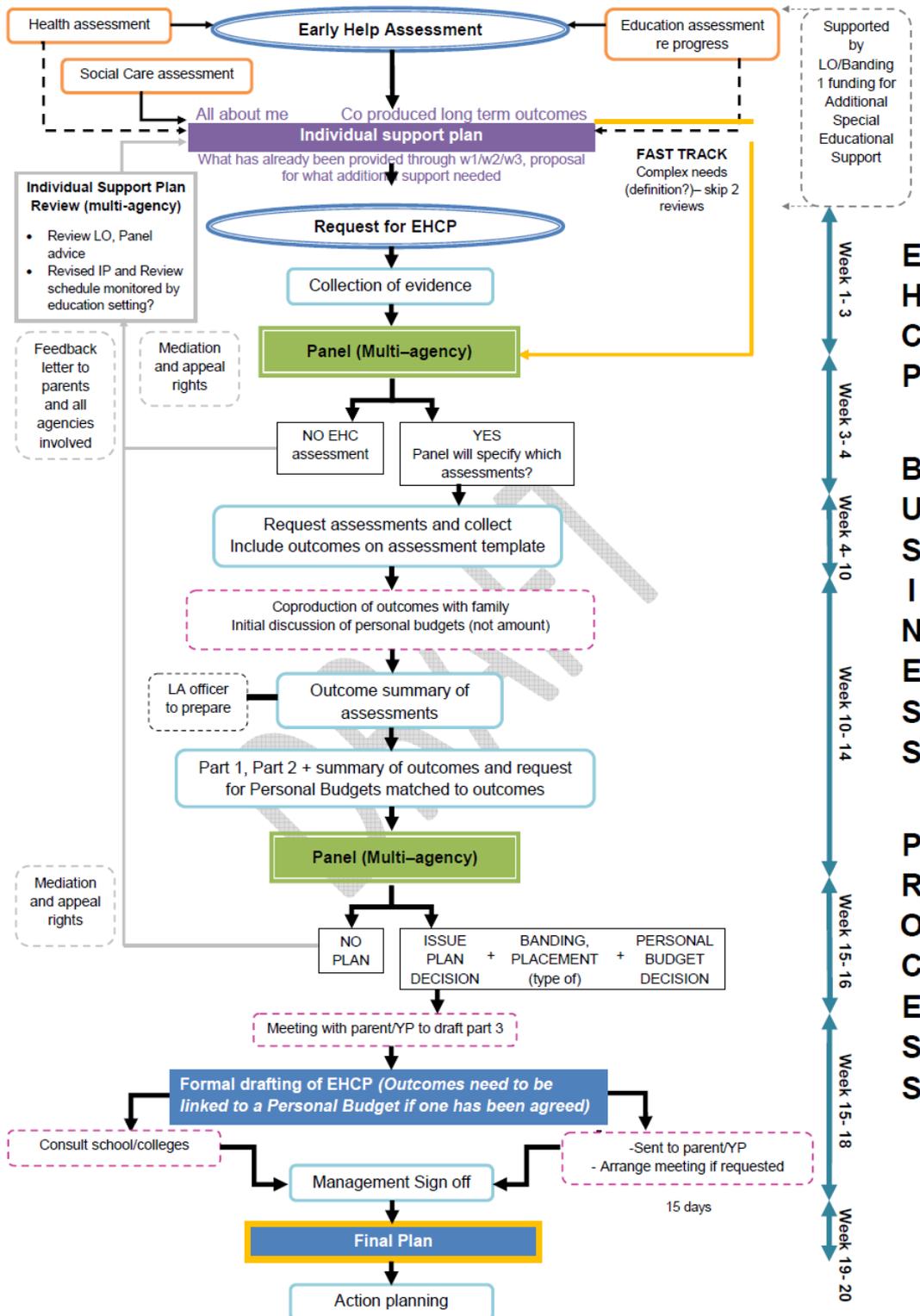
Discussion points:

- How do LAs ensure that EHCP take full account of any safeguarding factors?
- What is the interface between child protection and EHCP in the planning and assessment process, and how can the various plans be coordinated?
- What policies and guidance do LAs need to consider putting in place, to ensure child protection pathways link internally and with other LAs?

Our thoughts:

- When EHCP happens must ensure information from all agencies and family is available
- Everyone must be involved in everything from the beginning
- Working together to use information effectively
- EHCP assessments could have prompts for protective and risk factors
- Listen to the child's views
- Multi-professional meeting
- One LP gathering information/coordinating meetings
- Same timescales to complete assessments
- How do you complete an EHCP when parents do not agree with content of plan or do not want to participate?
- Workforce capacity and experience – linking CP plans and EHCPs
- Don't forget adults 0-25 years – consent to share information
- Lone worker protocol/supervision
- Important that outcomes are shaped by all the information, even if some of that information is held confidentially
- Consent issues
- Ownership issues re plan – LA without parental agreement?
- Different timescales – how to map/pull together?
- Education focus goes against all being responsible
- Confidentiality issues – cross referencing – sharing information
- How to ensure relevant information is shared whilst being out of context?
- Outcomes may be inappropriate if all information not shared
- EOTAS – how to ensure EHCP has their needs correctly
- 52 week placements– EHCP must be clear about monitoring and safeguarding
- SW always attend EHCP meeting if child is CP
- Plans alongside each other issues:
 - CP reviewed regularly and often change – therefore out of date info in EHCP
 - How to ensure information remains relevant
 - Ownership re information accuracy
 - Joint agreed outcomes bringing information from all plans into the EHCP
- Early help plan or most EHCP:
 - No social worker
 - Training for workforce re safeguarding and how to raise it in a plan – how to identify risks and what you do with that information
 - Signs of safety approach
 - Simple processes
- Where possible 1 plan
 - Team of professionals around the family pulling together
 - Joined up information as part of the initial assessment
 - Too many meetings increase risk

Surrey flow chart – linking early help with EHCP process



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References

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Stalker, K., Green Lister, P., Lerpiniere, J., and McArthur, K. (2010), Child protection and the needs and rights of disabled children and young people: A scoping study, University of Strathclyde