Rotherham Doncaster and South Humber NHS Foundation Trust

Children with special educational needs and disability in Doncaster health contribution (SEND) policy

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1. Document summary

1.1 What this policy is about

- This policy is about children and young people aged 0 to 25 who have special educational needs or disabilities. This is often called SEND.
- A child or young person may have SEND if they find it harder to learn or take part in education because of a learning difficulty, disability or health need. They may need extra support from health and education services.
- RDaSH staff must work with the child or young person, their family, education services, the local authority and other health services. The child or young person's views, needs, strengths and goals must be at the centre of decisions.

1.2 What staff must do

- Staff should notice possible needs as early as they can. They must record what they have found, talk with the child or young person and their parents or carers, and arrange the right support or referral.
- Staff must share information safely and ask for consent when this is needed. Health and education services should work together so that illness, appointments or a hospital stay do not prevent a child or young person from receiving suitable education.
- Staff should use clear language. They should explain medical words and make sure children, young people and families can understand the advice given.

1.3 Education, health and care plans

- An education, health and care plan is often called an EHC plan. It explains a child or young person's needs, the support they should receive and the outcomes they are working towards.
- When RDaSH receives a valid request for health advice for an EHC assessment, the request must go to the right health professional. The advice must be completed within six weeks.
- Advice must be clear, based on evidence and written within the professional's area of expertise. It should explain the child or young person's health needs and strengths, the effect on their education, the support required and the outcomes to be achieved.
- Staff must involve the child or young person and their parents or carers wherever possible and must not recommend a named school or other specific education placement.

1.4 Safeguarding

- Some children and young people with SEND may find it harder to understand, recognise or report abuse. Communication needs, intimate care, isolation or dependence on adults may increase risk.
- Staff must listen carefully, stay alert to signs of harm and follow the Trust's safeguarding procedures whenever they are worried about a child or young person.

1.5 Who is responsible

- Clinical staff must follow this policy, provide advice on time, keep clear records and report delays, risks or breaches.
- Team managers must make sure staff understand the policy, monitor compliance and help remove barriers. Care group directors must oversee how the policy is put into practice.

2. Introduction and aim

A child or young person has special educational needs and disabilities (SEND) if a learning difficulty or disability means they need extra health or education support.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) support many children and young people whose learning difficulty or intellectual disability affects their education. Trust staff must work with health and education partners so that these children and young people can access suitable early years, school and post-16 support. This policy explains staff duties and how to provide information for a statutory assessment.

The Children and Families Act 2014 sets duties for local health systems. South Yorkshire Integrated Care Board (ICB) has a strategic SEND lead who supports and coordinates health services and works across health and education. This helps the ICB meet its duties under the SEND Code of Practice.

SEND is a priority across Doncaster. Agencies must work together and use Doncaster's SEND local offer, special educational needs and disabilities (SEND), homepage, Doncaster Council (opens in new window) to help families understand the support available.

The SEND Code of Practice 2015 says that a child or young person has special educational needs when a learning difficulty or intellectual disability means that special educational provision is needed.

The Code gives statutory guidance to NHS organisations and other services that support children and young people with SEND.

The main principles are that each child's needs should be met, usually in a mainstream school or early years setting where appropriate; the child or young person's views must be heard; parents and carers must be involved; and every child should have access to a broad, balanced and relevant education.

This policy explains the legal requirements and responsibilities of staff involved in the care of children and young people aged 0 to 25 with SEND.

3. Procedure

Many children and young people with special educational needs may also be disabled. The Equality Act 2010 describes disability as a physical or mental

impairment that has a substantial and long-term negative effect on a person's ability to carry out normal day-to-day activities.

Special educational needs can result from:

- a long-term or life-limiting condition, such as Duchenne muscular dystrophy
- a condition present from birth, such as cerebral palsy
- an intellectual disability
- autism
- attention deficit hyperactivity disorder (ADHD)
- a serious illness or injury, such as an acquired brain injury
- a sensory impairment
- behavioural needs

Early identification of SEND improves long-term outcomes. Trust staff should identify and record possible needs as soon as a disability or difficulty is recognised and take action making effective provision or refer the child or young person to the right service.

Health and education services must work closely together. Maintained nursery schools, mainstream schools, free schools and academies have a special educational needs coordinator (SENCo), who is a key contact for health staff. Special schools may use a pastoral lead instead.

A child or young person's education may be affected by hospital stays, frequent appointments or poor support for attendance. Mainstream school nursing staff should work with schools to support children during periods of ill health. During an inpatient stay, services should communicate with the child's school so suitable education can continue. The special school nursing team should support or signpost children who are absent because of their health and work closely with education services.

The Children and Families Act 2014 requires the South Yorkshire ICB to:

- jointly commission services for children and young people aged up to 25 with SEND, including those with education, health and care (EHC) plans
- work with local authorities to contribute to the local offer
- make sure health providers tell parents or carers and the appropriate local authority when they believe a child below compulsory school age has, or may have, SEND
- make sure practitioners support the EHC needs assessment process
- agree personal budgets where these form part of an EHC plan

The Act strengthens the statutory responsibilities of local systems to:

- use person-centred planning and place the views of children, young people and their families at the centre
- focus on meaningful outcomes, not only the services provided
- involve children, young people and families in designing and improving SEND support
- plan early for adulthood, independence, transitions and employment

The ICB and local authority must develop the local offer with children and young people with SEND and their parents or carers. The offer must explain support for people with and without an EHC plan.

The SEND Code of Practice gives statutory guidance for England on duties, policies and procedures under Part 3 of the Children and Families Act 2014. It applies to children and young people with special educational needs and to disabled children and young people. In this context, a young person is over compulsory school age and under 25.

- The Send review (March 2022) government consultation on the SEND and alternative provision system in England (opens in new window)
- local offer, special educational needs and disabilities (SEND) homepage, Doncaster Council (opens in new window)
- Doncaster special educational needs and disabilities strategy 2022 to 2025 (opens in new window)

Doncaster's 6 priorities are:

- provide a clear and consistent graduated response to SEND
- provide a joined-up response to mental health needs, so children and young people with SEND receive timely support and can make progress, especially in mainstream settings
- identify and meet needs promptly for children and young people on autism, attention deficit disorder and other neurodevelopmental pathways, with a stronger focus on support after diagnosis
- make sure secondary schools provide teaching and courses that meet the needs of pupils with SEND and prepare them for their next stage and employment
- plan positive transitions and prepare young people for adulthood, independence and suitable paid or supported employment
- use information better to support planning and joint commissioning

3.1 The health role in developing education, health and care plans

Under the NHS Standard Contract, when a local authority asks RDaSH to support an EHC needs assessment, the Trust must take all reasonable steps to respond within six weeks of receiving the request.

RDaSH staff must therefore support all valid EHC plan requests from local authorities and provide advice within six weeks.

Health professionals usually contribute to section G of the EHC plan, which records health provision needed because of the child or young person's special educational needs. If a health intervention directly supports education, it may be recorded in another section. For example, speech and language therapy may be treated as educational provision.

Requests for EHCPs can be made by:

- school SENCOs following multi-agency discussion including parents/carers and professionals involved
- parents/carers who think they need the additional support that an EHCP provides

- a young person can request an assessment themselves if they are aged 16 to 25yrs
- social workers working with the family
- parental consent or person over 16 years of age consent is given at this stage to allow the Local Authority to seek information across agencies to inform decision making.

3.1.1 What happens before the decision to assess?

A statutory assessment will consider special educational needs together with health and social care needs. When a request is made, the child will have demonstrated 'significant cause for concern' despite all relevant and purposeful action being taken. The education setting, or other practitioner, such as a Portage worker, health visitor or social worker, may bring a child to the attention.

They should provide the LA with a range of information including: evidence of how the child and family have been involved, the child's strengths, special educational needs and any health and care needs relating to their SEN, the outcomes for the child: i.e. what will s/he be able to do that they cannot do currently, the interventions and strategies in place and an evaluation of the impact of these on improving outcomes for the child, the resources or special arrangements that they have already made available the specialist advice they have acted upon over time.

A panel of education, health and care professionals makes this decision as to whether the child requires an EHCP, this decision is based on how complex the child's needs are, the level of support the child has already received and whether the child can be given support in their current setting.

3.1.2 What happens if the Local Authority (LA) decide not to proceed with the EHC needs assessment?

The LA may decide that the evidence does not support a statutory needs assessment and that the child's needs should be met through school-based SEN support. In these situations, the LA will explain the reasons to the parent and to the education setting and set out what they should do next to continue to meet the child's needs.

The LA will also set out the rights of appeal.

If parents, and young people over the age of 16 (if they are able to make their own decision), disagree with this decision, they first have to consider mediation and have a right of appeal through The Special Educational Needs and Disability (SEND) Tribunal.

3.1.3 What happens during the EHC needs assessment?

If the LA feels that it should assess the child formally, it must seek statutory advice from all the services and settings involved and ask the child and family for their views, wishes and feelings. The SEN Service and the lead practitioner will provide further information and support to the family. Everyone has six-week timescale from the date of request to return their advice and reports through the EHC Hub idox system.

3.1.4 Health have a statutory responsibility to provide advice within the 6-week timescale using their personalised link to the electronic system (IDOS)

The statutory assessment will provide information on the following:

- the child's strengths, the child and family's view, wishes and feelings, the special education, health and care needs, how the needs can best be met,
- special resources, equipment or input, curriculum etc. what outcomes are desired: what will the child be able to do that they cannot do now? What happens after the EHC needs assessment?

See **Appendix 5** 'What good health advice includes'

3.1.5 If the local authority (LA) decides an EHCP is needed:

If, following the EHC needs assessment, the LA decides that a child requires support above what must be provided by the setting, an Education, Health and Care Plan (EHCP) will be issued. This will be drafted in consultation with the family. It will not state at this stage where the child will go to school.

The family has 15 calendar days to give their views on the content in the EHCP. They can express a preference for a named setting and confirm if, and how, they would like to take up the offer of a Personal Budget.

Health professionals need to be prepared to work with all settings, specialist and mainstream, to ensure that children's health needs are met appropriately.

If a child's parent or a young person makes a request for a particular nursery, school or post-16 institution in these groups the LA must comply with that preference and name the school or college in the EHCP unless: it would be unsuitable for the age, ability, aptitude or SEN of the child or young person, or if the attendance of the child or young person there would be incompatible with the efficient education of others, or the efficient use of resources.

A final EHCP must be issued within 20 weeks of the initial request being received and it will name an education setting although there are some exceptions allowed. Parents and young people have a right of appeal at this stage through The SEND Tribunal. It important that the EHCP is specific and identifies all the child's needs and that it matches detailed provision to meet these needs and the identified outcomes.

3.1.6 If the LA decided an EHCP is not needed:

Sometimes the LA's view is that the statutory assessment advice suggests that an EHCP is NOT needed. If this is the case, the LA will explain in writing and also say how the education setting should continue to meet the child's needs. The LA will also set out the rights of appeal.

If parents, and young people over the age of 16 (if they are able to make their own decision), disagree with this decision, they first have to consider mediation and have a right of appeal through The Special Educational Needs and Disability (SEND) Tribunal.

Information should be included as follows:

- describe the health provision clearly and specifically, including the type and amount of support, who will provide it and the skills required
- explain which health needs will be met, the intended outcomes and any provision funded through a personal health budget
- show how the evidence and advice gathered led to the proposed provision
- include relevant universal services, specialist support, therapies, nursing support, equipment, wheelchairs, continence supplies or highly specialist NHS services
- include other health provision agreed by the local authority and ICB when it should be coordinated with the plan
- explain how the health needs affect the child or young person's special educational needs

3.2 Process for responding to requests for formal advice for education, health and care needs assessments

Requests for information to support an EHC plan may be sent through the EHC Hub IDOX system to the service single point of contact, a team leader or, in some cases, directly to a staff member. The system will send reminders until the request is completed. The person who receives the request must make sure it is assigned to the right professional and completed within six weeks.

3.2.1 The universal health statement

'X's health needs have been screened and contact made with their family. X does not have any health needs over and above those normally met by universally available health services. There are no special educational needs arising from health needs.'

Where possible, health professionals should prepare advice with the child or young person and their family.

Health professionals must give advice only within their area of expertise. They must not recommend a named school or other specific educational placement.

3.3 Requests for advice for a child known to Doncaster health professionals

If the child or young person is already known to a Doncaster health service, the professional who knows them best should provide the advice. The advice should be based on the person's history, health records, current needs and the professional's assessment.

3.4 Requests for advice for a child not known to Doncaster

If the child or young person is not known to Doncaster health services, a paediatrician at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust will review available records, contact the parents or carers and provide a report. The paediatrician works with the designated medical officer.

The professional receiving the request must check whether advice is also being sought from other suitable professionals and decide whether the child or young person needs assessment by their service.
If the child or young person is not known to the service, an assessment may not be appropriate. The service should tell the local authority in writing if it cannot provide advice, for example because the request was sent to the wrong service or there is no evidence that the referral criteria are met.

Services may keep short-notice appointment slots for EHC assessments where this is practical. If there is a long wait, the service should provide helpful initial advice and arrange a fuller assessment as soon as possible, ideally within 12 to 14 weeks, so the EHC plan can still be completed on time.

3.5 Safeguarding and special education needs and disability (SEND)

Staff working with children and young people with SEND must be alert to the extra factors that can make abuse harder to recognise or report. These can include communication needs, not understanding that behaviour is abusive, needing intimate care, being isolated from others or depending on adults for care.

Children who may face greater safeguarding risk include those with behavioural or conduct needs, learning or intellectual disabilities, speech and language difficulties, health conditions or hearing loss. Staff must follow the Trust's safeguarding procedures whenever they have a concern.

Reference:

- NSPCC (opens in new window)
- the trust has a safeguarding team who provide support and advice and the trust has safeguarding policy manual to support colleagues

4. Responsibilities

4.1 Clinical colleagues

Clinical colleagues must follow this policy, complete requests for advice within the required timescale, record the information used and raise any problem that could affect care or delay the response. They must tell their team manager or leader and report any breach through the Trust's usual reporting process.

4.2 Team managers

Team managers must make sure staff know and follow this policy. They must monitor compliance, support multidisciplinary discussion when decisions or concerns need agreement, address delays or barriers, and report breaches through the Trust's usual process.

4.3 Care group directors

Care group directors are responsible for putting this policy into practice across their care groups and keeping it under review. They must promote joint working so the child or young person remains at the centre of the process, report implementation

issues to the operational management group, and support effective work with internal and external partners.

5. Training

SEND training is not mandated for any colleague groups however it is recommended for colleagues who regularly receive requests for EHC plan information.

5.1 The Council for Disabled Children have recently launched a special education needs and disability (SEND) training course

The Council for Disabled Children have recently launched a SEND training course, covering:

- aspirations
- outcomes from CYP and family perspectives
- outcomes from professional perspectives, including writing SMART outcomes
- legal considerations
- annual reviews
- specific e-learning for CAMHS practitioners

5.2 Colleagues who regularly receive requests for EHC plan information.

- How often should this be undertaken: Once, prior to doing level 1, 2 or 3.
- Length of training: 2.5 hours.
- Delivery method: E-learning modules.
- Training delivered by whom: Council for Disabled Children.
- Where are the records of attendance held: ESR and personal file.

5.3 E-learning, health advice for education, health and care plans

- Level 1 is for Health colleagues who:
    - are new to the world of SENDs
    - may occasionally give advice for education, health and care plans

- Level 2 is intended for health colleagues who:
    - regularly give advice for education, health and care plans
    - already have a clear understanding of the purpose of an education, health and care plan, from the child or young person's perspective
    - already have a clear understanding of the difference between aspirations, outcomes sought and SMART outcomes
    - already have a clear understanding of the holistic nature of outcomes
- Level 3 is intended for health colleagues who:
    - have a strategic role in the education, health and care plan process
    - have a role in quality assurance
    - already have a good understanding of aspirations as the golden thread through the plan

5.3.1 Training

- How often should this be undertaken: Once, repeat as required.
- Length of training: 60 minutes for each level.
- Delivery method: E-learning.

- Training delivered by whom: The Council for Disabled Children have also produced helpful guidance in the form of e learning, to support health professionals when providing health advice for EHCP's. The course will help you to understand the role of good advice in the plan, what good advice looks like, and the features of an effective advice giving process. There are three levels and each one is for different audiences.
    - holistic outcomes in EHCPS (opens in new window)
    - focus health advice (opens in new window)
    - role of CAMHS in the EHCP process (opens in new window)
- Where are the records of attendance held: Electronic staff record (ESR) and personal file.

Alternatively, some colleagues will have previously received locally delivered training or a team or the 'Golden Thread' training are an alternative that covers Level 1 and 2.

6. Monitoring Arrangements

6.2 Area for Monitoring, Local requirement of % of appropriate health information provided within 6 weeks of the request received, greater than 95%

- How and who by: SystmOne reporting by Data warehouse.
- Reported to: Service manager.
- Frequency: Monthly.

7. Related documents and associated references

- 0 to 25 SEND Code of Practice: A guide for health professionals (opens in new window)
- CDC basic SEND awareness training Level 1 (opens in new window)
- CDC basic SEND awareness training level 2 (opens in new window)
- Children and Families Act 2014 (opens in new window)
- Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NG213) (opens in new window)
- Doncaster SEND local offer, special educational needs and disabilities (SEND), homepage, Doncaster Council (opens in new window)
- Doncaster SEND strategic Framework 2016 (opens in new window)
- Guidance for health services for children and young people with special educational needs and disability
- National framework for children and young people's continuing care, publishing.service.gov.uk (opens in new window)
- NSPCC (opens in new window)
- RDaSH safeguarding children's manual of policies (opens in new window)
- Special educational needs and disability code of practice: 0 to 25 years (opens in new window)

- Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015) (opens in new window)
- The SEND Code of Practice (2014) (opens in new window)
- The SEND review (March 2022) government consultation on the SEND and alternative provision system in England (opens in new window)
- Doncaster special education needs and disability (SEND) strategy 2022 to 2025 (opens in new window)

8. Appendices

8.1 Appendix A Definitions and explanation of terms used

Definitions

Term	Definition
CYP	Children and young people
EHCP	Education, health and care plan
Learning difficulties	A learning difficulty affects how a person learns or uses information. The term ‘learning disability’ is still used by many services. Some health professionals use ‘intellectual disability’, but the terms are not used in the same way by every service.
ICB	South Yorkshire Integrated Care Board (ICB)
ID	Intellectual disability
MDT	Multidisciplinary team
SEN	Special educational need
SENCo	Special educational needs coordinator
SEND	Special educational need and disability
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust

8.2 Appendix B Children's care group flowchart to support entry into the local authority SEND pathway

1. A health assessment identifies that the child or young person may have SEND.
2. The health professional discusses the findings with the parents or carers and asks for consent to share information with other agencies and make any needed referrals.
3. A health professional may act as the lead professional for the 'assess, plan, do and review' process. They must involve the family and relevant services, build a full picture of need and complete two termly cycles of support plans.
4. If another agency is leading, it can contact the single point of contact on 03000 218997 to request information from health visitors, school nurses or special school nurses.
5. The lead professional gathers the information needed for a general developmental assessment (GDA) and submits the request.
6. The lead professional will usually be:
    - the early years' service for children aged 0 to 5
    - a health visitor if the child does not attend an early years setting
    - the school SENCo for children and young people aged 5 to 19, or the pastoral lead in a special school
    - a school nurse or special school nurse for a home-educated child, or when the school does not support the referral
7. Consider whether the child needs referral to another service:
    - for Early Help or Stronger Families, call 01302 734110 or use the 'concern about a child' form on the Doncaster Safeguarding Children Partnership website; parents can self-refer
    - for speech and language therapy or audiology, complete the child health referral form in SystmOne and send an admin task to Child Health
    - for occupational therapy, complete the same SystmOne referral form; a referral for sensory profiling can be made before the GDA
    - for sleep support, contact the Children's Sleep Charity on 01302 751416; parents can self-refer

8.3 Appendix C Good quality health advice

A statutory EHC needs assessment should build a clear picture of the whole child or young person. It should cover their strengths, needs and difficulties across education, health and social care.

Good health advice helps create an EHC plan that supports the child or young person to achieve their goals. It should reflect their aspirations, explain their health needs and strengths, describe the support required and set clear outcomes.

8.3.1 Health Advice should be clear, accessible and specific

Good quality health advice comprises:

- provision
- aspirations

- needs
- outcomes



Health advice should:

- set outcomes that suit the child or young person's age and stage of education, and explain the steps and health provision needed to achieve them
- describe the child or young person's needs and strengths and link these to clear outcomes
- be prepared with the child or young person and their parents or carers wherever possible
- stay within the professional's area of expertise
- be provided within six weeks, unless exceptional personal circumstances affect the child, young person or family
- not recommend a named school or other specific educational placement
- use clear language that families and professionals can understand, and explain any medical terms
- state clearly when no medical factor appears to affect learning or school performance
- state clearly when the child or young person is not known to health services and there is no evidence of a relevant specialist health need, with signposting to universal services where appropriate
- give details of diagnoses and briefly explain what each diagnosis means for the child or young person
- state who will provide any required training and when it will be reviewed
- describe health needs linked to SEND and, if useful, other health needs that should be coordinated through the plan
- consider relevant reports from independent practitioners that parents or carers choose to submit
- arrange any agreed new assessment as soon as possible and use a clear process to keep it within the required timescale

- bring together advice from all health professionals involved so needs are considered as a whole rather than separately

8.3.1.1 Outcomes

- Outcomes must be personal to the child or young person and must not be written from the service's point of view.
- An outcome describes the change to be achieved, not the service that will be provided.
- It should state what will be achieved by the end of a stage or phase.
- Each outcome must be SMART:
    - specific: clear and easy to understand
    - measurable: clear about how progress and achievement will be checked
    - achievable: informed by the views of the child or young person, their family, professional evidence and the resources available
    - realistic: clearly linked to the child or young person's and family's aspirations
    - time-bound: states the date or stage by which it should be achieved

8.4 Appendix D Doncaster special education needs and disability (SEND) strategy

- Doncaster special education needs and disability (SEND) strategy 2022 to 2025 (opens in new window)