

# Support and Aspiration: A New Approach to Special Educational Needs and Disability

## Consultation Response Form

The closing date for this consultation is: 30 June  
2011

Your comments must reach us by that date.

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The Department will process your personal data (name and address and any other identifying material) in accordance with the Data Protection Act 1998, and in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

**Please tick if you want us to keep your response confidential.**

Reason for confidentiality:

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If your enquiry is related to the Department For Education e-consultation website or the consultation process in general, you can contact the Consultation Unit by telephone: 0370 000 2288 or e-mail: [consultation.unit@education.gsi.gov.uk](mailto:consultation.unit@education.gsi.gov.uk)

### **Alternative Formats**

An easy read version of the Green Paper will be available shortly from the Department for Education e-consultation website:  
[www.education.gov.uk/consultations](http://www.education.gov.uk/consultations)

If you require other alternative formats please contact:  
[send.greenpaper@education.gsi.gov.uk](mailto:send.greenpaper@education.gsi.gov.uk)

Please mark ONE box which best describes you as a respondent.

<input type="checkbox"/> Parent/Carer	<input type="checkbox"/> Child/Young Person	<input type="checkbox"/> School/College
<input type="checkbox"/> Headteacher/Teacher	<input type="checkbox"/> SENCO	<input type="checkbox"/> Governor
<input type="checkbox"/> Local Authority	<input checked="" type="checkbox"/> National Voluntary Organisation	<input type="checkbox"/> Local Voluntary Organisation
<input type="checkbox"/> Children's Service	<input type="checkbox"/> Professional Association/Union	<input type="checkbox"/> Educational Psychologist
<input type="checkbox"/> Parent Partnership	<input type="checkbox"/> Consultant/Professional	<input type="checkbox"/> Academic
<input type="checkbox"/> Other (please specify)		

### Opening comments

From the outset of this response, Action for Children would like to stress our support for the Government's ambitious Green Paper, the fact that it has identified the numerous failings in the current system and has presented solutions such as the education, health and care plan is welcomed. We do however believe that there are potential barriers that must be overcome if this vision is to be realised, we have answered the consultation questions below with these barriers in mind.

### Barriers to implementation:

**Policy contradiction:** We are concerned that the Green Paper is being consulted on while other potentially contradictory policies are being pursued, specifically in the areas of health, education and welfare reform.

**Financial constraints:** We were very pleased the government identified the £800m for short breaks, but it is not clear whether or not local authorities will use it all for disabled children and families. Furthermore, We are concerned that too many families with disabled children may slowly have the rug pulled from under them. Chipping away at support packages, for example the removal of a few nights, days and hours of support, can tip a family towards a crisis situation. Letting families fall into a state of crisis is financially short sighted, costing more in the long term..

In addition, as we were actively involved in implementing the Aiming High for disabled children agenda, we are fearful that aspects of that innovative, person centred practice that emerged are now at risk due to the lack of ring fenced funding.

### About Action for Children

Action for Children is a UK-wide charity that supports and speaks out for the most vulnerable and neglected children and young people in the UK.

This consultation response is based upon our experience of supporting nearly 156,000 children, young people and their families in nearly 420 projects across the UK.

This includes our family support services, as well as a range of services for disabled children who have the most complex and multiple needs, those with associated health conditions, and those with behaviours that others may find challenging. Working with over 12,000 disabled children and young people, Action for Children is the largest voluntary sector provider of services for disabled children and young people in the UK.

Action for Children has also responded to a number of questions based on our experience as an education provider. We provide outstanding schools and integrated educational and learning support across the UK. Our schools offer residential and day educational provision for vulnerable children 11-19 years old and young people who have complex needs including severe communication, behavioural and/or emotional difficulties. Our approach to personalisation, assessment and care management supports individual children to attain educationally, socially and emotionally and to be reintegrated to home or into transition and independence.

Action for Children is a member of the Council for Disabled Children, the Every Disabled Child Matter Campaign and the Transition Information Network, our response shares the thoughts from those networks and supports their individual submissions.

## Chapter 1: Early Identification and Assessment

1 How can we strengthen the identification of SEN and impairments in the early years, and support for children with them?

### General comments

We know that for families it is essential that there is an improvement in the speed and efficiency of diagnosis and assessment, so that children with additional needs are identified earlier.

The early identification of special educational needs is crucial to ensure that individual children's needs are recognised and acted on. There must be greater links between mainstream and specialist services so that the likelihood of identification increases and knowledge and good practice is shared across agencies.

### Sure Start Children's Centres

As the Green Paper highlights, Sure Start Children's Centres (SSCCs) play a key role in supporting all children 0-5 and in particular the early identification of individual needs. We recognise the value of SSCCs as community hubs, where services can be co-located to best meet local need. An independent evaluation of Action for Children's SSCCs by King's College London (*Interim Report*, 2010), highlights the importance of working in partnership, in particular health:

- The Action for Children agency **partnership style**, working with other local agencies, maximises service responsiveness for families, and can help protect local family support capacity, by engaging with small/medium size agencies.
- Initial findings indicate that Action for Children is able to demonstrate how family support provision contributes to helping achieve **health outcomes** for all children and families.

As outlined in section 1.24 we endorse the recommendation that early language development should be supported within universal children's services. Our experience of delivering the I Can Early Talk Programme across a number of our children's centres has significantly increased staff confidence and competence in recognising communication development delays and providing them with the knowledge to sign post to appropriate early support. We welcome the opportunities to roll this out further and embed practice across all our children's centres moving forward as recommended

### Role of children and parents in identification

Absent from the Green Paper is the role of Involving children and parents in the process of identifying additional needs. We see this as crucial. There must be

awareness in frontline staff of children's skills, abilities and knowledge at different stages and how to involve parents more in identification of special needs. Action for Children is aware of instances when disabled children have come to our projects and the parents were told that their children did not have a disability and that they would 'catch up'. This is unacceptable and we hope, through the early identification and assessment as identified in the Green Paper we would hope not see to this situation occurring again in the future.

**Early identification (point 1.20)**

We support the proposals in Dame Clare Tickell's Review of the Early Years Foundation Stage (EYFS) which promote a move towards an integrated approach to the assessment of children. This should strengthen the early identification of SEN and impairments in the early years. It proposes:

- that the EYFS should include a requirement for practitioners, including childminders, to provide on request to parents and carers, at some point between the ages of 24 – 36 months, a short written early years summary of their child's development in the prime areas.
- that an insert is added to the 'red book' to encourage parents and carers to enter information arising from this early years summary and from children's interaction with other professionals.
- that the Government works to test the feasibility of a single integrated review at age 2 to 2 ½

**Autism and children whose behaviour is challenging to others**

Section 1.6 recognises that developmental problems are recognised too late meaning that effective support is put in place too late. We agree, and feel that it would be more helpful if you could be specific and identify the children who are more likely to 'fall through the net' or into this category. We would like to see exemplar pathways for specific impairments such as autism or children whose behaviour is challenging to others who we feel are disadvantaged by the lack of availability for specialist support, for example parenting programmes or early access to CAMH's. The cost benefit argument is clear as early intervention enables inclusion within their families, communities and education.

2 Do you agree with our proposal to replace the statement of SEN and learning difficulty assessment for children and young people with a single statutory assessment process and an 'Education, Health and Care Plan', bringing together all services across education, health and social care?

X Yes

No

Not Sure

### **General comments**

The single statutory assessment and the Education, Health and Care Plan, if implemented with care, will benefit disabled children, young people and their families by removing the bureaucracy and duplication in assessment, and lack of awareness between organisations working with an individual child.

Nevertheless, we are acutely aware that implementation of this policy will not be without its challenges, for example, further detail is required setting clear parameters, objectives and outcomes to ensure that it works effectively in the best interest of the child.

As a provider of short break, schools and transition services we would be happy to discuss this in further detail with you.

Specifically, we see the following barriers that may prevent successful implementation:

**Recognising the whole child-** We must recognise the needs that a child has across a 24 hour period, 365 days a year. It must not categorise a child's needs simply by impairment alone. If the single assessment and plan does not recognise this, it has failed.

**Recognising the range of needs a child may have-** It must be implicit that the assessment and plan consider all the needs a child and family may have, this is inclusive of the additional needs that occur due to specific impairments and those needs that occur due to family environment and background such as safeguarding.

**Eligibility** – From our experience as a social care provider we have observed increased eligibility criteria resulting in a number of children with less complex needs being unable to access short break support. We would like assurances that children who don't meet the current threshold for eligibility but who have additional needs will also have an entitlement for a single assessment and plan.

**Accountability-** It will be necessary to have clear lines of accountability in each sector in relation to who owns and is 'driving' the plan in order to avoid the problem of no one taking responsibility for its implementation. Learning could be taken from other services, for example the role of an Independent Reviewing Officer (IRO) in over-viewing processes for children in care

**Right to appeal-** it is unclear what if any right to appeal children and families will have in relation to the package of support to deliver their plan. Furthermore, there is no information relating to issues which may arise from parental dissatisfaction on the single assessment and plan.

**Social care-** Many disabled children with the most complex needs have support from a very wide range of professionals and services, each of these currently starts from scratch with their own assessment and support plan. Not only is this time consuming for service providers but it is emotive and exhausting for parents. This is why as described above we agree with the single assessment and joint plan, however when this is implemented it must fully involve and embed the work of social care provision, otherwise we see a situation where parallel plans could be created – thus not solving the problem outlined above.

**Schools/ Education perspective** – It is essential that support is given to break down cultural barriers between different professions, i.e. health, educational and social care. Professionals need to be empowered and enabled to come together with a shared vision of improved outcomes for children and young people.

**Transition** - The frustrations of the lack of communication, bureaucracy, assessment and duplication are amplified for disabled young people and their families as they have to negotiate a number of transitions from children's to adult's services with agencies often failing to communicate and join up their services. This gives the proposal more potential with regards to improving transition, but the range of services involved will also make this more challenging to implement.

3 How could the new single assessment process and 'Education, Health and Care Plan' better support children's needs, be a better process for families and represent a more cost-effective approach for services?

We do believe that the single assessment and plan will support children's needs if effectively implemented. As our response to question 2 outlines there are various barriers that must be overcome when moving to use these new processes. We have outlined other observations below that we think must be taken into consideration.

**Streamlining the process** - This process will need to encompass a wide range of existing assessment processes, from the Common Assessment Framework through to statutory assessment and from early years, through the school years and into further and higher education and supported employment.

**Child and parent driven** - These new processes should be child and parent driven. The assessment process should be about retaining high quality services that provide a holistic joined up assessment of a child to enable them to achieve positive joined up outcomes.

If successfully implemented we would envisage that an integrated assessment

should better support children's needs by bringing together key professionals to work in the best interest of the child.

**Key workers** - One challenge is that it may be difficult for a single key worker or lead professional who is managing assessments and the single plan for an individual to maintain strong awareness and relationships with the full range of services for disabled children and young people from 0-25.

There may also be a lack of availability of potential key workers who have the skills to engage with both young children and adolescents. While continuity in who is overseeing the single assessment and plan should be pursued as far as is practicable, different options may need to be explored. One possible solution may be for the allocation of responsibility for this oversight to be reviewed with the young person and their families at an agreed stage to allow a transition specialist to help coordinate support from the young person's early teens up to 25. We do welcome the commitment to extending key worker training through the current DfE commissioning programme.

**Cost effectiveness** - We see that cost-effectiveness is a by-product of services working effectively together and should not be the sole driver in this process. It must be remembered that a service that effectively meets the needs of a child and family will deliver cost savings to the state in the longer term through the reduction of intensive family support at a later stage (*nef consulting, EDCM, Action for Children 2009*)

4 What processes or assessments should be incorporated within the proposed single assessment process and 'Education, Health and Care Plan'?

Comments:

5 What is the potential impact of expanding the scope of the proposed single assessment process and plan beyond education, health, social care and employment?

Comments:

6a) What role should the voluntary and community sector play in the statutory assessment of children and young people with SEN or who are disabled?

We see two roles for the voluntary and community sector (VCS) – these may seem contradictory but nevertheless both roles are valid and could be undertaken if boundaries were in place and understood.

***Understanding/meeting needs:*** The VCS should be involved with the assessment process, where we are working with the child and their family as a provider as we will have an in-depth understanding of that child's individual needs. As experts in providing services to disabled children, we should be involved in the decision-making process of how we should best meet their needs. Furthermore, there is a substantial range of expertise within specialist voluntary and community sector organisations i.e. relating to specific impairments which would bring both specialism and autonomy.

***Advocacy:*** The VCS has a key role to play in advocacy and seeing the process from the child's point of view. Part of the VCS's credibility is its independence and its ability to enable children and young people's voices to be heard and acted on. We recognise that there will need to be additional safeguards that need to be thought about at this stage.

6b) How could this help to give parents greater confidence in the statutory assessment process?

As point 1.39 identifies agencies that hold responsibilities for ensuring sufficiency of provision that also assess need are potentially conflicted. Parents are aware of this and in order for them to feel confident in the process of assessment they need to be clear that any assessment on their child is based purely on their needs.

7 How could the proposed single assessment process and 'Education, Health and Care Plan' improve continuity of social care support for disabled children?

**General comments**

By virtue of the fact the plan and the single assessment process requires Education, Health and Social care to work together – it should, if effectively implemented, improve the continuity of support. We have identified below a number of barriers that must be overcome to ensure this is achieved.

**Recognising the whole child-** We must recognise the needs that a child has across a 24 hour period and 365 days a year. It must not categorise a child's needs simply by impairment alone. If the single assessment and plan does not recognise this, it has failed.

**Culture change** -this will not happen instantaneously and we must continue to work hard to forge positive working relationships between agencies, promoting communication and co-operation. The culture change that is required, as

outlined in our response to Question 2, will also need to be embedded for the continuity of social care support to be achieved as a positive outcome of this new process.

In our experience, currently, staff working at the forefront of social care, health and education collaborate effectively to achieve the best outcomes for children and their families. A disconnect occurs at strategic planning and procurement levels and we need to see more information sharing, protocols and joined up funding etc to support the necessary cultural change.

**Improving outcomes-** Continuity of social care support should be improved by bringing the key areas together and avoiding duplication. It should also enable the integration of the monitoring and reviewing of overall needs so that change in one area is picked up and reflected in others. Meaning that joint outcomes are worked on in school settings, in social care environments such as short breaks and is also repeated at home such as a focus on supporting the child to independently feed.

Furthermore, this will also prevent a situation that we know currently occurs with separate plans where there are conflicting objectives that can undermine the progress made in different settings.

**Existing practice** - We have already recognised the importance of integrated assessment and planning at our schools. For example, at Action for Children's Penhurst School we have developed multi-disciplinary reviews of plans, combining education, health, social care and therapy.

In our overnight short break settings it is common practice to work collaboratively across health, educational and social care to review support plans and agree outcomes.

8 How could the arrangements for provision of health advice for existing statutory SEN assessments be improved?

Comments:

9 How can we make the current SEN statutory assessment process faster and less burdensome for parents?

Comments:

**Chapter 2: Giving Parents Control**

10 What should be the key components of a locally published offer of available support for parents?

It is **essential** that a locally published offer includes the offer from social care including short breaks, education and health.

We suggest that this is published in an accessible way, for example dividing it up into ages and stages i.e. 0-5, 6-11, 12-18, 19-25. It should detail what is available via a universal and a specialist provision.

11 What information should schools be required to provide to parents on SEN?

The information should be the same as that provided to every child and young person, including those areas highlighted in the Green Paper. The information should clearly explain the schools statement of purpose and their approach to SEN. Parents may value information on how parents and children are involved in service design and delivery to demonstrate elements of co-production and , therefore information on consultation with parents and children may be useful.

12 What do you think an optional personal budget for families should cover?

We welcome the concept that personal budgets will be optional as we know from our research that not all families want the 'burden' of administering money or employing staff. (*Action for Children, Centre for Child and family research – Loughborough university forthcoming*)

A personal budget should support the child and families needs in order for them to maintain or establish an 'ordinary' life.

We should have personal budgets that cover social care and family support, health and some aspects of education i.e. professions allied to medicine such as speech and language therapy or physiotherapy.

13 In what ways do you think the option of a personal budget for services identified in the proposed 'Education, Health and Care Plan' will support parents to get a package of support for their child that meets their needs?

Personal budgets can only work if there is sufficient resource allocated to buy support that is of the calibre and quality that will lead to good outcomes for the child and family. This requires substantial changes in the current health, education and social care market place.

If implemented, keeping the above caveat in mind, a personal budget could support a child's needs in the following ways:

- Child-led not service-led solutions to meet needs
- Joining up support – ensure there was a whole child approach to planning
- Better outcomes for children and their families
- Bespoke
- Tailored
- Person centred – child at centre of decision making
- Parents in control
- Parents have choice

14 Do you feel that the statutory guidance on inclusion and school choice, *Inclusive Schooling*, allows appropriately for parental preferences for either a mainstream or special school?

Yes

No

Not Sure

Comments:

15 How can we improve information about school choice for parents of children with a statement of SEN, or new 'Education, Health and Care Plan'?

**School choice** - Parents and children should be informed of all options available to them, maintained and non-maintained. Only providing information on a maintained school does not provide families with a full menu of options.

**Access to information** - should be provided by education, health and social care if it is to truly be an integrated approach. For example, GP surgeries could provide information on local school provision.

**Education, health, care plan**- We suggest that the offer contained within the plan is published in an accessible way, for example dividing it up into ages and stages i.e. 0-5, 6-11, 12-18, 19-25. It should detail what is available via a universal and a specialist provision.

16 Should mediation always be attempted before parents register an appeal to the First-tier Tribunal (SEN and Disability)?

X Yes

No

Not Sure

Yes, mediation should be attempted as we know it can be very beneficial in resolving very difficult situations.

Mediation should be explored across education, health and social care as these areas may have different cultures and priorities in local areas.

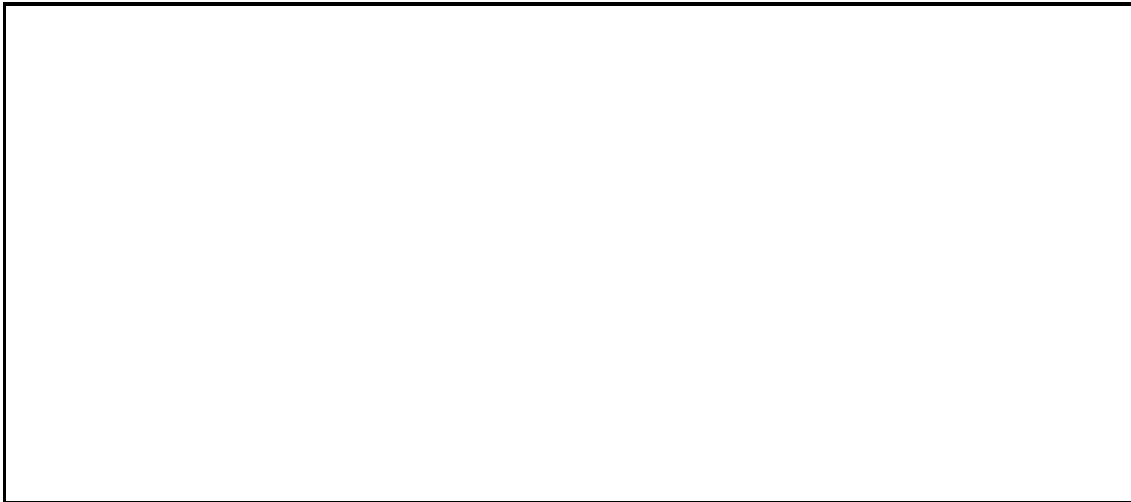
17a) Do you like the idea of mediation across education, health and social care?

X Yes

No

Not Sure

17 b) How might it work best?



### **Chapter 3: Learning and Achieving**

18 How can we ensure that the expertise of special schools, and mainstream schools with excellent SEN practice, is harnessed and spread through Teaching Schools partnerships?

There is a lot to be done through partnership and local agreements, as well as harnessing research and sharing excellence and practice.

In particular we know that education practitioners working children with SEN and or disabilities have an ability to make the national curriculum accessible, a skill that should be respected and replicated in mainstream schools as a way to personalise learning for all young people irrelevant of their needs.

Action for Children's new Parklands Campus in Oxfordshire is close to universities and teacher training colleges. We hope to develop local partnerships and find out more about Teaching Schools Partnerships, especially further clarity around funding.

19 How can we ensure that we improve SEN expertise, build capacity and share knowledge between independent specialist colleges, special schools and colleges?

Comments:

20 How can we continue to build capacity and SEN specialist skills at each tier of school management?

Through our experience of running schools, Action for Children recognises the potential to share expertise and skills across each tier of schools management and are seeking to develop cross-school secondments internally and across local authorities.

We would welcome active, online resources to support the sharing of information, such as the C4EO website. It would need to bring together the different aspects of education, health and social care allowing professionals to virtually share information and experience.

We will be interested to see how the new designation of Specialist Leaders of Education develop and hope they will reach across all types of provision, including non-maintained special schools.

21 What is the best way to identify and develop the potential of teachers and staff to best support disabled children or children with a wide range of SEN?

Comments:

22 What is the potential impact of replacing School Action and School Action Plus and their equivalents in the early years with a single category of SEN in early years settings and schools?

Comments:

23 How could changing the school and early years setting-based category of

SEN embed a different approach to identifying SEN and addressing children's needs?

Comments:

24 How helpful is the current category of Behavioural, Emotional and Social Development (BESD) in identifying the underlying needs of children with emotional and social difficulties?

<input type="checkbox"/> Very helpful	<input type="checkbox"/> Helpful	<input type="checkbox"/> Not very helpful
<input type="checkbox"/> Not at all helpful	<input checked="" type="checkbox"/> Not sure	

It is difficult to categorise the needs of children and we are concerned that categorisation excludes some children. Within a categorisation system it is important that there is national clarity about what the different categories are, especially if there is to be one single assessment of need.

25 Is the BESD label overused in terms of describing behaviour problems rather than leading to an assessment of underlying difficulties?

Yes

No

x Not Sure

Comments:

26 How could we best ensure that the expertise of special schools in providing behaviour support is harnessed and shared?

**General comments**

As outlined in Question 20, information sharing and professional development are key and can be developed through the following methods: .

**Virtual resources** - can be useful in reaching a wide range of professionals, allowing greater sharing across the country.

**Training** - One key issue is the training of professionals, such as social workers and teachers, who follow separate courses. If we are moving to an integrated system spanning education, health and social care, Government should consider a more coherent offer to bring services together, such as core modules that are co-taught across education, health and social care courses. This should support the culture change that is required to provide a genuinely integrated service. Learning can be taken from the social pedagogy model where training in social pedagogy is combined with either social work or education.

**Single plans** - should enable a child to have a behaviour support plan which is shared and utilised across all areas that the child is engaged with i.e. health settings short break settings and schools. This would enable the child to be supported in a consistent and safe manner.

**Special schools** - could enhance the support and training for parents whose children are challenging to others this could be done in collaboration with CAMHs etc.

Special schools could also offer buddying/ mentoring support to mainstream schools working with children whose behaviour is challenging to others.

27 What are the barriers to special schools and special academies entering the market for alternative provision?

Comments:

28 What are the ways in which special academies can work in partnership with other mainstream and special schools and academies, and other services, in order to improve the quality of provision for pupils with SEN and disabilities?

Comments:

29 What are the barriers to special academies becoming centres of excellence and specialist expertise that serve a wider, regional community and how can these be overcome?

Comments:

30 What might the impact be of opening up the system to provide places for non-statemented children with SEN in special free schools?

Comments:

31 Do you agree with our proposed approach for demonstrating the progress of low attaining pupils in performance tables?

Yes

X No

Not Sure

**General Comments** - From our experience of working with children with complex needs, we believe that tables do not reflect fairly on schools or the children. Concentrating on the lowest attaining 20 per cent of pupils will not give a true indication of distance travelled related to level of ability.

**Progress-** We need to focus on the value of progress, whatever the level of that progress. We must recognise that a small achievement for one child may be hugely significant for another.

**Parents** - Although parents may superficially be interested in performance tables, the focus should be on helping parents understand the real progress their children are making.

Any information given to parents needs to be clear, understandable and useful. Parents need to understand the different assessments, process and options available to their children. This should be linked to outcomes that can be evidenced

**Children and young people** - Consideration should also go to how children and young people would want their progress demonstrated and what they see as achieving and attainment.

**Barriers to collecting outcomes** - The fact that it is a challenge to evidence outcomes for children with multiple and complex needs, is recognised in Action for Children's forthcoming research with CCFR - Loughborough University. Nevertheless, in spite of these challenges the research has demonstrated that outcomes can be measured and progress shown through qualitative and importantly quantitative methods. This was evidenced for children with multiple and complex health needs.

32 What information would help parents, governors and others, including Ofsted, assess how effectively schools support disabled children and children with SEN?

Comments:

#### **Chapter 4: Preparing for Adulthood**

33 What more can education and training providers do to ensure that disabled young people and young people with SEN are able to participate in education or training post-16?

We feel that currently there is a situation where local authority and government structures can in some instances actively work against a young person's entitlement from 16-25 to have education.

At Action for Children's Penhurst School we have experienced difficulties in accessing funding for young people to continue their post-16 education. We currently have an example where neither the local education or health services will fund a pupil at Penhurst because they are over 16.

34 When disabled young people and young people with SEN choose to move directly from school or college into the world of work, how can we make sure this is well planned and who is best placed to support them?

Comments:

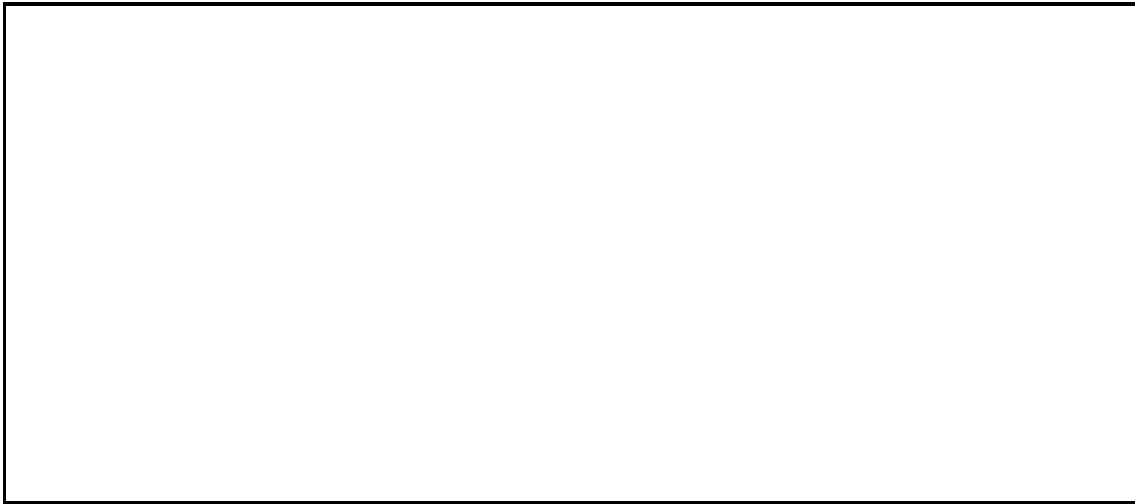
35a) Do you agree that supported internships would provide young people for whom an apprenticeship may not be a realistic aim with meaningful work opportunities?

Yes

No

Not Sure

35b) How might they work best?



36 How can employers be encouraged to offer constructive work experience and job opportunities to disabled young people and young people with SEN?



37 How do you think joint working across children's and adult health services for young people aged 16 to 25 could be improved?

**Health and Wellbeing Boards** - may provide a framework for better strategic joining up of children and adults health services and integration with education and social care.

**Planning early** - A consistent assessment format & collaboration between services would be helpful - transition should be seen as a process which starts early & is planned for not an event at the end of school.

**Support in hospital**- In our experience, young people who reach the age of transition out of children's health services can be inappropriately placed on adult wards.

For example, a young man with a genetic life limiting condition requires hospitalisation: physically he is the size of a three year old and is totally dependent on others for all aspects of his care, nutrition etc. Throughout his life his parents will have provided the direct care in the children's ward. Adult wards are clearly not amenable to such an arrangement and rarely have staff able to provide 1-1 care.

Joint working between children and adult health services could lead to the development of more young adult focused provision that enables parents to sustain involvement where young people have high levels of support needs.

38 As the family doctor, how could the GP play a greater role in managing a smooth transition for a disabled young person from children's to adult health services?

Comments:

39a) Do you agree that our work supporting disabled young people and young people with SEN to prepare for adulthood should focus on the following areas:  
*(please tick those with which you agree)*

ensuring a broad range  
of learning opportunities  
 transition to adult health  
services

moving into  
employment  
 none

independent  
living  
 not sure

Comments:

39b) What else should we consider?

A range of short break options that support families to continue caring for their disabled son/daughter in their adulthood.

### Chapter 5: Services Working Together for Families

40a) Do you agree with the following three core features of the role of local authorities in supporting children and young people with SEN or who are disabled and their families? *(please tick those with which you agree)*

strategic x planning for services	securing a x range of high quality provision	enabling families to make x informed choices and exercise greater control over services
<input type="checkbox"/> none	<input type="checkbox"/> not sure	

We are agree with the above three core features, we would like to stress that the voice of the disabled child must also be heard and that must be a part of each of the components above.

40b) Are there others? If so, please specify.

Yes

No

Not Sure

Comments:

41 How can central government enable and support local authorities to carry out their role effectively?

Central Government could provide clarity on funding and requirement for pooled budgets to commission services that best meet local and individual needs, taking in the views of children and families.

42 What would be the best way to provide advice to GP consortia to support

their commissioning of services for children and young people with SEN or who are disabled and their families?

From our experience, we are aware GP's have limited contact with disabled children and young people other than for their primary health needs. We feel therefore that a level of training is required.

Furthermore, GPs must be aware of what they need to offer to support the health needs of disabled children, young people and their families.

We suggest an advisory board that draws on the expertise of health, education, social care and families is created to support GP consortia.

43 What would be the most appropriate indicators to include in the NHS and public health outcomes frameworks in the future to allow us to measure outcomes for children and young people with SEN or who are disabled?

We believe that there must be an indicator that holds the NHS to account, we suggest consultation should be held with families to identify what this indicator should be.

44 What are the ways in which the bureaucratic burdens on frontline professionals, schools and services can be reduced?

Schools and services must always be accountable and hold records on disabled children, young people and families. However, these become over bureaucratic when they are not SMART – Specific, measurable, achievable, realistic and within a set timescale. There must be a focus on outcomes not process.

45 In addition to community nursing, what are the other areas where greater collaboration between frontline professionals could have the greatest positive impact on children and young people with SEN or who are disabled and their families?

**Recruiting nursing staff-** In our experience as a short breaks provider where we seek to support disabled children and young people in community and residential settings, we are experiencing problems in recruiting nursing staff. This is due to the differences between the terms and conditions in the voluntary sector and the NHS. This problem must be rectified at a strategic level and we would welcome the opportunity to discuss this further.

**CAMHs** – Access to specialist CAMHs teams/ professions in particular for children whose behaviour is challenging to others is problematic and rectifying this would have a positive impact on children and young people and their families.

**Professions allied to medicine** - In our experience it can be difficult to negotiate expert guidance from professions allied to medicine i.e. physiotherapists/ occupational therapists/ speech and language therapists.

46 What more do you think could be done to encourage and facilitate local

services working together to improve support for children with SEN or who are disabled?

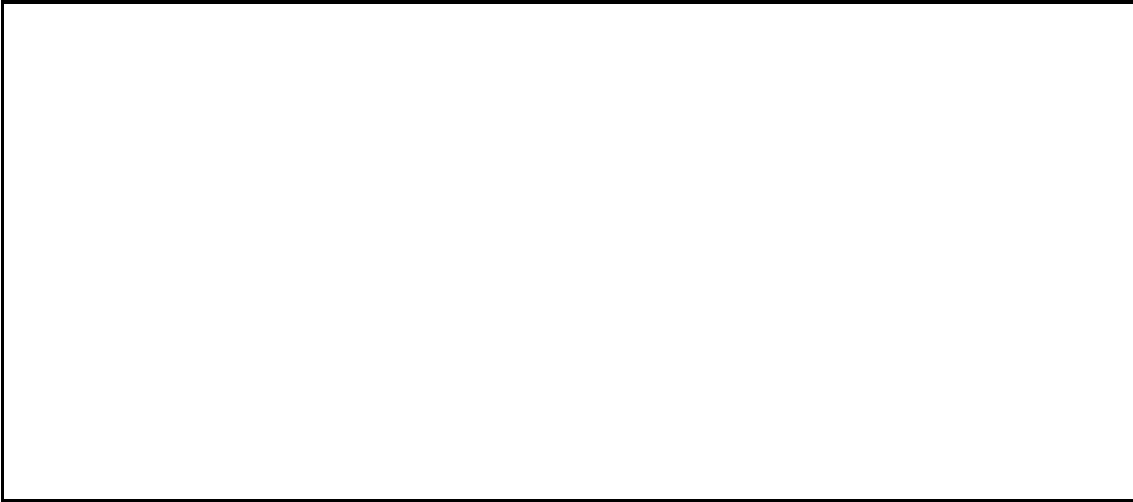
If the single assessment and plan is implemented, it would provide a focus to bring services together to review and revise the planning and delivery of services for disabled children and young people. This in turn, facilitates collaborative working.

We do however, caution that this response is in addition to the answers given in questions 2/3 as there are significant barriers to overcome before the single assessment and plan can be implemented.

47 How do you think SEN support services might be funded so that schools, academies, free schools and other education providers have access to high quality SEN support services?

Personal budgets **potentially** offer the mechanism for education providers to have access to high quality SEN support services, providing there is sufficiency in the market place to deliver.

48 What are the innovative ways in which new models of employee-led organisations, such as mutuals and cooperatives, could improve services for children and young people with SEN and their families?



49 In addition to their role in the assessment process, what are the innovative ways in which educational psychologists are deployed locally to support children and young people with SEN or who are disabled and their families?

At Action for Children's Parklands Campus, we are trying to set up a shared funding model for an educational psychologist so that the post is part funded by us and the local authority. We have spoken to the local authority and are hopeful about the outcome. We encourage innovative models which break down barriers between local authorities, commissioners and the VCS and would welcome the sharing of such practice.

50 How do you envisage the role and service structures of educational psychologists evolving to meet local demands?

Head teachers must continue to recognise the value of other professions and services, such as educational psychologists. Specifically, that specialist intervention alongside education can provide holistic support for children and young people. We know that head teachers can struggle to access and fund this specialist provision due to current structures and funding arrangements.

Furthermore, we need to develop an environment where it is normal for specialist schools to have more flexible staffing, for example a part-time educational clinical psychologist and appropriate health professionals. In some cases head teachers may find it difficult to hold a review for a child with additional needs because pressure on local health services may mean that they are not able to attend the meetings or release the appropriate resources. There is a need to develop circumstances where education, health and social care can consider joint funding to find solutions and support to meet young people's needs, for example joint budgets inline with the integrated plan.

51 What are the implications of changes to the role and deployment of educational psychologists for how their training is designed and managed?

Comments:

52 What do you think can be done to facilitate and encourage greater collaboration between local authorities?

**Pooled budgets** - when placing out of authority to ensure that a child can access the most appropriate education and support to meet their individual needs.

**Cross-regional commissioning** – is required for low incidence, high cost support and intervention services

**Shared information** - about outcomes-based commissioning

53 What do you think are the areas where collaboration could have the greatest positive impact on services for children, young people and families?

**Shared finances** – Pooled budgets to fund the most appropriate provision that meets the needs of children and young people.

**Cross-regional commissioning** – is required for low incidence, high cost support and intervention services

**Shared information** - about outcomes-based commissioning

54 How do you think that more effective pooling and alignment of funding for health, social care and education services can be encouraged?

**By seeing results.**

We think this will be encouraged by health, education and social care seeing the benefits of effectively meeting the individual needs of children, young people and their families. This should also provide the by-product of cost effectiveness.

55 What are the ways in which a Community Budget approach might help to improve the ways in which services for children and young people with SEN or who are disabled and their families are delivered?

56 What are the ways in which we could introduce greater local freedom and flexibility into the ways in which funding for services for children and young people with SEN or who are disabled is used?

Personal budgets could **potentially** provide greater local freedom and flexibility.

57 What are the areas where the voluntary and community sector could have the greatest positive impact on services for children and young people with SEN or who are disabled and their families, and what are the ways we can facilitate this?

The VCS often works with the most vulnerable children and young people, giving it unique, specific expertise and understanding in this area. Action for Children offers an independent, credible view that focuses on improving outcomes for children and young people through a holistic, child-centred approach. We work with the most vulnerable children and young people, enabling us to provide services to children that may otherwise slip through the net, or get second rate services. We believe that early intervention to assess and meet needs must be supported so that children get the support they need. We need to recognise a continuum of need and respond to children as they develop and progress.

To facilitate the VCS to make the greatest positive impact, a level playing field with transparent commissioning processes needs to be in place to enable the VCS to compete for, and win, tenders. Five year funding plans need to be in place to give services the time to evidence the true impact they have on outcomes for children and young people.

The voluntary sector's community focus makes it extremely well placed to provide services to vulnerable and isolated families. The value of the

relationships established through skilled practitioners having the time and space to work directly and intensively with children, young people and families must not be underestimated. This relationship sits at the heart of our approach.

Research and evaluations continue to show that developing an effective professional relationship makes a real difference in improving outcomes for service users. No matter how programmes and funding may change it is the human relationships that are “core to the delivery of effective services”. Yet too often they are overlooked.

Action for Children have commissioned York Consulting to undertake a major piece of research to articulate and define how Action for Children professionals develop effective relationships with vulnerable parents that make a positive difference in outcomes for children and young people. The research, which will complete this summer, defines the practitioner and organisational qualities necessary for an effective relationship to be developed and supported. There will also be a Study Findings report to provide the evidence base for the frameworks.

58 How do you think a national banded funding framework for children and young people with SEN or who are disabled could improve the transparency of funding decisions to parents while continuing to allow for local flexibility?

In principal a national banded funding framework would be welcome providing it takes into account the variations in supporting children with complex needs and the outcomes they are seeking to achieve.

59 How can the different funding arrangements for specialist provision for young people pre-16 and post-16 be aligned more effectively to provide a more consistent approach to support for children and young people with SEN or who are disabled from birth to 25?

In bringing together funding 'for specialist provision' there is a pressing need for mainstream and universal provision to plan in and allow capacity to support young people with a range of needs.

It would also be helpful to understand where current funding is being spent and where there are gaps in current funding to ensure that any alignment rectifies this problem. It would also ensure that there are no unintended consequences from this process.

60 Please use this space for any other comments you would like to make

**Voice of the child:** The Green Paper has a strong focus on parental engagement and giving parents control. We would like to see more focus on children's rights and the importance of their voice in decisions about their future.

**Outcomes-** to reiterate we believe the focus should be on outcomes not process. Furthermore, Education, health and social care must always work towards the same outcomes for disabled children, young people and families – the impact of this can be seen in the forthcoming Action for Children, Centre for Child and family research – Loughborough university, which we will be happy to share.

61 Please let us have your views on responding to this consultation (e.g. the number and type of questions, was it easy to find, understand, complete etc.)

Comments:

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

**Please acknowledge this reply**

Here at the Department for Education we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

Yes

No

All DfE public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DfE consultations are conducted, please contact Donna Harrison, DfE Consultation Co-ordinator, tel: 01928 738212 / email: [donna.harrison@education.gsi.gov.uk](mailto:donna.harrison@education.gsi.gov.uk)

**Thank you for taking time to respond to this consultation.**

Completed questionnaires and other responses should be sent to the address shown below by 30 June 2011

Send by email to [send.greenpaper@education.gsi.gov.uk](mailto:send.greenpaper@education.gsi.gov.uk) or by post to:  
Consultation Unit, Department for Education, Area 1C, Castle View House, East Lane, Runcorn WA7 2GJ.