Council for disabled children

The role of social care in implementing the Children and Families Act 2014

A two part guide for strategic leaders, frontline managers, social workers and staff working with children and young people with SEN/Disability age 0-25.



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A training pack will be available to download at:
www.councilfordisabledchildren.org.uk/what-we-do/work-themes/social-care

Introduction

This guide is for strategic leaders in children's and adult services, frontline managers, social workers and staff working in social care assessment teams.

- Part 1 gives an overview of the legal framework for social care for children and young people who are disabled or have special educational needs (SEN) and their families, including changes introduced by the Children and Families Act 2014 and the Care Act 2014. It provides information for strategic leaders and managers to support effective planning and decision making.
- Part 2 provides information specifically for frontline managers and social workers to help them put the legal framework into practice. It includes resources that can be used locally for training and development.

In September 2014 the Children and Families Act 2014 introduced a new approach to SEN and disability for children and young people aged up to 25

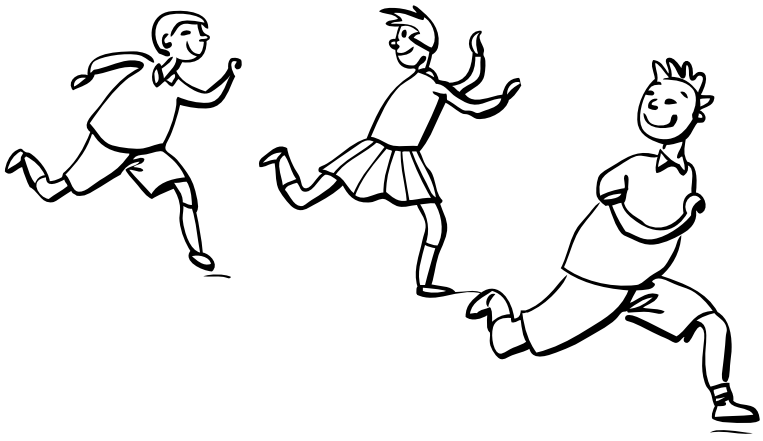
The guide was developed by the Council for Disabled Children on behalf of the Department for Education, in consultation with Association of Directors of Children's Services, Ofsted, Local Government Association, The College of Social Work, The National Working Group for Safeguarding Disabled Children, The London Strategic Managers Group the Social Care Accelerated Working Group, Association of Directors of Adult Social Services and Carers UK.

It is also available online www.councilfordisabledchildren.org.uk/what-we-do/work-themes/social-care

Strategic leaders, frontline managers and social care workers will be familiar with the long-standing provisions in the Chronically Sick and Disabled Persons Act 1970, the Children Act 1989, and the statutory guidance in *Working Together to Safeguard Children*. They will also have been involved with statutory assessments of special educational needs and SEN statements.

They now need to consider new statutory provisions from the Children and Families Act 2014 and the Care Act 2014..

From September 2014 the Children and Families Act 2014 introduced a new approach to SEN and disability for children and young people aged up to 25; one which focuses on the views, feelings and wishes of the child or young person, involves and supports them in making decisions, and supports them to develop and achieve the best possible outcomes.



The Act seeks to change the ways in which professionals work with children, young people and parents and with each other; with new requirements on local authorities and their health partners to jointly plan and commission services for disabled children and young people and those with SEN and to integrate services to promote the well-being of those children and young people and improve the quality of special educational provision across education, health and social care.

The Act seeks to change the ways in which professionals work with children, young people and parents and with each other

Children and young people who would have had statements of SEN or Learning Difficulty Assessments will (once the transition process to the new system has been completed – by April 2018) have an Education, Health and Care (EHC) plan setting out their needs and the support to be provided from education, health and care services.

The Care Act 2015 introduces new requirements will be introduced for assessing and supporting children and young people with SEN when they are detained in and released from youth custody, as well as the needs of young carers and parent carers of disabled children.

These changes, and their connections to existing social care legislation and guidance, are explained in the sections that follow.

This guide will be kept up to date to reflect case law and to add new materials developed as a result of emerging practice.

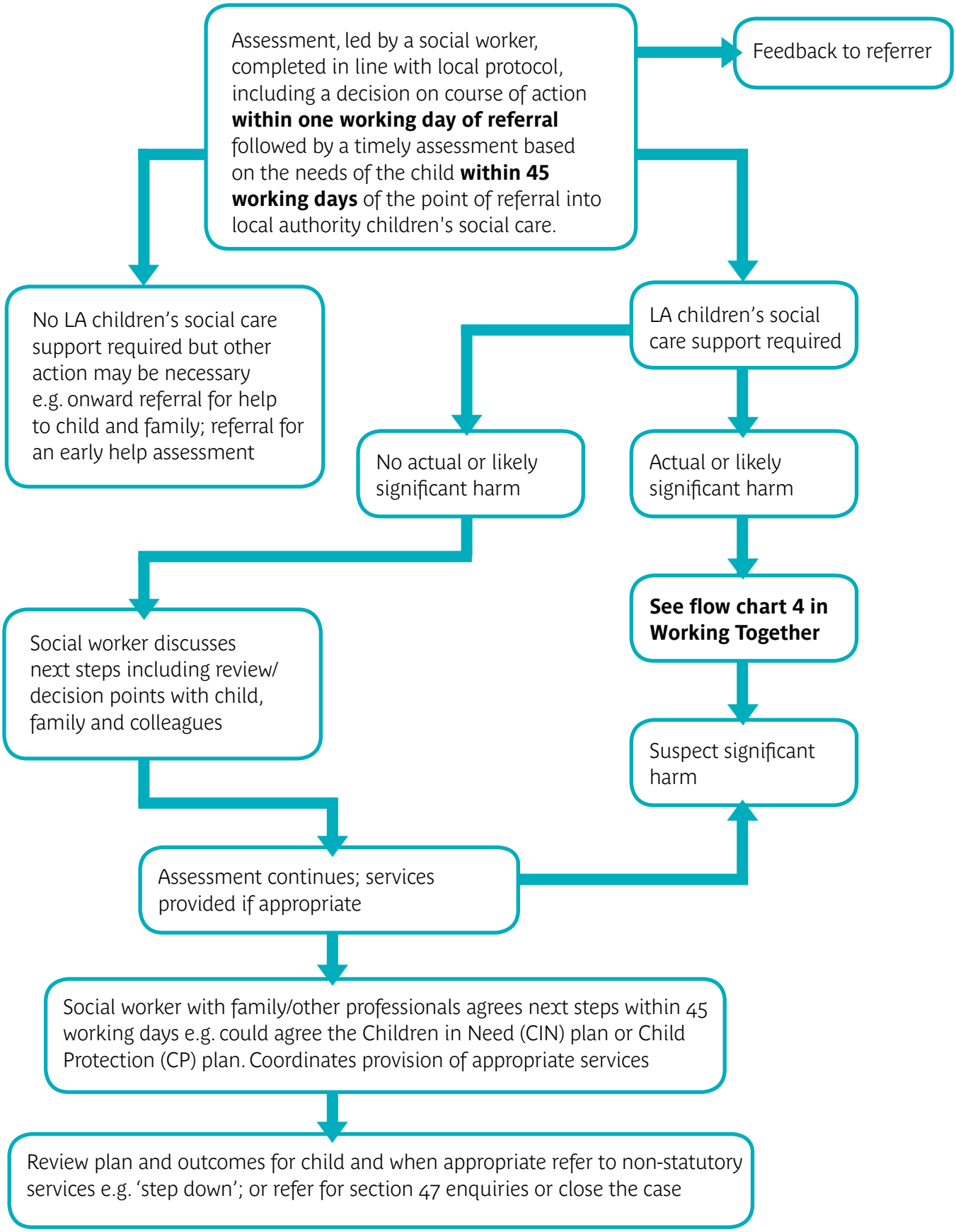
PART 1
The legal framework

Understanding key legal requirements

THE CHILDREN ACT 1989

- **All disabled children are regarded as children 'in need' for the purposes of Part 3 of the Children Act 1989 (see sections 17(10)(c) and (11))**
- **A child 'in need' may receive services from the Local Authority but has no individual right to them – see the judgment of the House of Lords in *R (G) v Barnet LBC* [2004] 2 A.C. 208**
- **Statutory Assessments of disabled children are governed by statutory guidance, *Working Together to Safeguard Children 2015*.**
- **When disabled children are referred to children's social care services a decision on an appropriate assessment process should be made. This may range from consideration as to how their needs may be met by the local offer or through an Early Help assessment, to a S.17 Child in Need or S. 47 Child Protection assessment.**
- **The guide to inter-agency working to safeguard and promote the welfare of children *Working Together to Safeguard Children 2015* states that where services are to be provided (or a direct payment made) under S17 of the Children Act 1989 to a disabled child there should be a child in need plan setting out 'what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose' (paragraph 50, p22).**

ACTION TAKEN FOR AN ASSESSMENT OF A CHILD UNDER THE CHILDREN ACT 1989 (FROM WORKING TOGETHER TO SAFEGUARD CHILDREN, 2015)



THE CHRONICALLY SICK AND DISABLED PERSONS ACT 1970

- Disabled children are treated differently by the law than all other groups of children 'in need' because of section 2 of the Chronically Sick and Disabled Persons Act ('CSDPA') 1970, which was expressly extended to cover disabled children (as opposed to just disabled adults) when the Children Act 1989 was passed (see CSDPA 1970 section 28A).

- CSDPA 1970 section 2 creates an individual right to particular specified services for disabled children where the Local Authority accepts that it is necessary for it to provide services to meet the child's needs. In reaching that decision the Local Authority can take account of its own resources and apply rational and fair eligibility criteria – but once it has accepted that a need is 'eligible' for support it must be met (see the discussion in *R (JL) v Islington LBC* [2009] EWHC 458 (Admin) and the Supreme Court judgment in *R (KM) v Cambridgeshire CC* [2012] UKSC 23 for more on how the CSDPA duty operates).

- Where a disabled child (or adult) has needs which are assessed as eligible for support, they are entitled to either a service or a direct payment that is sufficient to meet their needs. If a direct payment is made it **must** be sufficient to meet the reasonable cost of securing the necessary services to meet the eligible needs. See Children Act 1989 section 17A and the relevant regulations[1] and statutory guidance[2].

THE CHILDREN AND FAMILIES ACT 2014

- The Children and Families Act 2014 does not change the basic statutory scheme governing social care for disabled children or introduce new duties on local authorities to deliver social care services to individuals (the underpinning duties remain the Children Act 1989 section 17 and the CSDPA 1970 section 2 (service provision)). But it does require a more joined up approach at individual and strategic levels.

1 Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009
2 Guidance on direct payments for community care, services for carers and children's services: England 2009

Education, Health and Care (EHC) plans

- The EHC needs assessment and planning process involves the local authority seeking social work advice and where following that advice, social care is required, specifying provision in the child or young person's EHC plan, and providing a personal budget where appropriate.

- EHC Plans have two sections in which social care services to be provided to the child or young person **must** be recorded - section H1 for services required to be provided under the CSDPA 1970 to children (under 18) as a result of the learning difficulties or disability and section H2 for other social care services as a result of the learning difficulties or disability (including social care to be provided to young people over 18)

- Section 42(3) of the Act imposes a new duty on health bodies to arrange the specified health services.

Joint Commissioning and integration of services

- Local authorities and their health partners **must** have arrangements in place for planning and commissioning education, health and social care services for disabled children and young people and those with SEN from 0-25. The local authority **must** also promote the integration of education and training with health and social care where this would promote the well-being of children and young people or improve the quality of special educational provision. Local joint commissioning arrangements **must** include arrangements for securing EHC needs assessments, securing the education, health and social care provision specified in plans and for agreeing personal budgets.

Young offenders

- Under sections 70-74 of the Children and Families Act 2014, from 1 April 2015 home local authorities (i.e. the local authority where the detained child or young person is ordinarily resident) **must** keep an EHC plan where a child or young person (under 19) moves into custody and they **must** maintain and review it upon release.

- Local authorities **must** arrange appropriate special educational provision for the child or young person while he or she is detained if they had an EHC plan before being detained or were assessed for one during the detention. The detained person's health services commissioner (NHS England) **must** arrange the healthcare provision specified in an EHC plan, and where that is not practicable they **must** provide special education provision corresponding as closely as possible. Where the provision in the plan is no longer appropriate, the local authority **must** provide provision which is appropriate.

- Local authorities should also consider whether any social care needs identified in the EHC plan will remain while the detained person is in custody and provide appropriate provision if necessary. For example, if a detained person is looked after, the existing relationship with their social worker should continue and the detained child should continue to access specific services and support where needed.

- Parents and detained young people will have a right to request an EHC assessment, and for that assessment to start while they are in custody. Anyone else has a right to bring them to the notice of the home local authority as someone who may have SEN.

Any services to be provided for parent carers of disabled children can be included in a child's EHC plan, if the child has one.

From 1 April 2015 parent carers of children under 18 years have a right to a parent carer's needs assessment under the Children and Families Act 2014.

- Home local authorities **must** provide any information, advice and support in relation to the assessment and parents and young people have a right to appeal to the tribunal and consider mediation if they are unhappy with certain decisions.

- Youth Offending Teams and the persons in charge of the relevant youth accommodation must co-operate with the home local authority to ensure that these duties can be fulfilled, and **must** have regard to the SEN and Disability Code of Practice when fulfilling their duties, which can be found at: www.gov.uk/government/publications/send-code-of-practice-0-to-25.

Young carers

- From 1 April 2015 section 96 of the Children and Families Act 2014 inserts sections 17ZA to 17ZC. These sections create a separate young carer's needs assessment i.e., children under 18 with caring responsibilities.

- If a disabled adult is being cared for a local authority **must** consider whether there are any children involved in providing that care and if so the impact on them. The local authority has a duty to assess the needs of such children for support on the appearance of need, without a request having to be made, and on request from the parent or young carer.

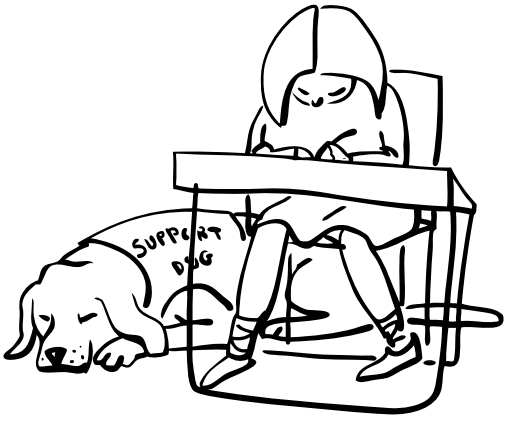
- A young carer's assessment **must** include an assessment of whether it is appropriate for the young carer to provide, or continue to provide, care for the disabled person in the light of the young carer's need for support, other needs and wishes. The local authority **must** have regard to the extent to which the young carer is participating in, or wishes to participate in, education, training or recreation or works or wishes to work.

- Where a young carer's needs are identified as requiring support, the local authority **must** consider the assessment and decide (a) whether the young carer has needs for support in relation to the care which he/she provides or intends to provide; (b) if so, whether those needs could be satisfied (wholly or partly) by services which the authority may provide under section 17; and (c) if they could be so satisfied, whether or not to provide any such services in relation to the young carer.

Parent carers and those without parental responsibility for a disabled child

- Section 97 of the Children and Families Act 2014 inserts sections 17ZD to 17ZG. These sections create a separate parent carer's needs assessment. This assessment may be combined with a child in need assessment for the disabled child.

- Local authorities **must** assess parent carers' needs for support on the appearance of need or where an assessment is requested by the parent. Local authorities **must** also be satisfied the disabled child cared for and the disabled child's family are persons for whom they may provide or arrange for the provision of services under section 17.



The local authority must then assess:

- whether a parent carer has needs for support and, if so, what those needs are,
- whether the disabled child cared for has needs for support, and
- whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child, in the light of the parent's needs for support, other needs and wishes

A parent carer's needs assessment must also consider:

- the well-being of the parent carer, and
- the need to safeguard and promote the welfare of the disabled child cared for, and any other child for whom the parent carer has parental responsibility

Well-being has the same meaning as applies to carers of adults in the Care Act 2014 i.e:

- personal dignity;
- physical and mental health and emotional well-being;
- protection from abuse and neglect
- control over day-to-day life;
- participation in work, education, training or recreation;
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation; and
- the individual's contribution to society.

Under section 1 of the Carers (Recognition of Services) Act 1995 an adult caring for a disabled child who **does not** have parental responsibility for that child has a specific right to ask for an assessment of their needs for support under the 1995 Act if they are caring for a disabled child who is being assessed under section 17 of the Children Act 1989 or section 2 of the Chronically Sick and Disabled Persons Act 1970. This applies to those who provide care for a disabled child but do not have parental responsibility for them, for example grandparents or siblings, and so are not covered by the parent carer assessment duty, which applies where a person has parental responsibility. As stated in *Working Together to Safeguard Children 2015*, where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under the section 1 of the Carers (Recognition and Services) Act 1995. The local authority **must** take account of the results of any such assessment when deciding whether to provide services to the disabled child.



THE CARE ACT 2014

- Part 1 of the Care Act 2014 emphasises individual well-being, highlights the importance of preventing and reducing needs, puts people in control of their care and support and places carers on a par with those for whom they care.

- Local authorities are required under sections 58(1), 60(1) and 63(1) of the Care Act 2014 to carry out assessments for[3]:

Children receiving care and support who are approaching their 18th birthday – a Child's Needs Assessment 'in transition'

Carers of disabled children who are approaching their 18th birthday – a Child Carer's Assessment 'in transition'

Young carers who are approaching their 18th birthday – a Young Carer's Assessment 'in transition'

- A local authority **must** carry out an assessment where it considers that the young carer, child, or carer of a disabled child becomes 18 when there is a 'significant benefit' to the young carer, child or adult carer.[4]

Disabled young people from aged 18-25 will be affected by the Children and Families Act 2014 and the Care Act 2014.

Chapter 16 of the Department of Health Statutory guidance underpinning the Care Act sets out more detail on local authority duties in relation to transition to adult care and support[5] and the Social Care Institute for Excellence (SCIE) has produced a resource map of further support materials around transition[6].

Disabled young people aged 18-25 will be affected by the Children and Families Act 2014 and the Care Act 2014. When implementing the changes from both Acts local authorities and their partners should consider them together and look to ensure a smooth transition from children's to adults' services.

At a strategic level this could include developing new systems and processes, such as pooled budgets across adults' and children's services as well as across education, health and social care and the development of 0-25 teams which sit across both services. At an individual level it will involve considering whether to continue children's services beyond 18 until assessments for adult services are completed or whether an adult care assessment should be carried out before 18 to ensure that decisions are taken in good time and for services to be put in place.

3 Although local authorities may provide services to a family it cannot do so under this Act until the child reaches 18, except in limited circumstances for adult carers of children who have received a transition assessment (see Care Act statutory guidance for more details).
4 A transition assessment must be conducted for all those who have likely needs, however the timing of this assessment will depend on when it is of significant benefit to the young person or carer. This will generally be at the point when their needs for care and support as an adult can be predicted reasonably confidently, but will also depend on a range of other factors (see Care Act statutory guidance for more details).
5 Department of Health Care and support statutory guidance (2014) www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
6 SCIE, Care Act 2014: transition from children's to adults' services – key resources (2014) www.scie.org.uk/care-act-2014/files/transition-from-children's-to-adults'-services-key-resources.pdf?res=true

Principles underpinning the key legal requirements

This section provides an overview of key principles to support effective decision making.

A PERSON CENTRED APPROACH

Section 19 of the Children and Families Act 2014 states that when carrying out their functions under Part 3 of the Act, (including conducting EHC assessments and completing EHC plans), local authorities, **must** have regard to:

- the views, wishes and feelings of the child and his or her parent, or the young person
- the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions
- the importance of the child and his or her parent, or the young person, being provided with the information and support they need in order to participate in decision making
- the need to support children, young people and parents so that young people achieve the best possible educational and other outcomes.

These principles are also reflected in the Care Act 2014. They promote a "person-centred" approach to supporting children, young people and families.

Processes for identifying and assessing the needs of children and young people with SEN and disabilities are designed to ensure that children, young people and their parents are fully involved from the start, that there is a strong focus on their aspirations and the outcomes they want to achieve and that support is provided to help them to achieve those outcomes. They include planning for transition to adulthood from an early stage.

A FOCUS ON OUTCOMES

A key feature of the Children and Families Act 2014 is the focus on the best possible educational and other outcomes for children and young people.

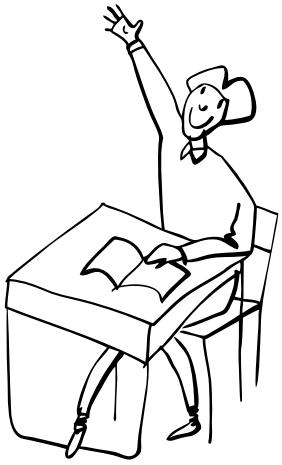
The guidance in the statutory Special Educational Needs and Disability Code of Practice 0-25 makes clear that outcomes should be challenging, based on high expectations of what a child or young person can achieve and link to their longer term aspirations. All EHC plans for children and young people should have common outcomes across education, health and care that work towards the child or young person's aspirations. This is a culture change which requires a period of learning and adjustment for both parents and professionals. The publication from the Council for Disabled Children, 'EHC Outcomes Pyramid', is designed to help professionals and parents identify outcomes for children and young people with special educational needs[7]. Additionally, 'The Preparing for Adulthood Review: a good practice toolkit' provides more information on developing outcomes and shares some examples[8].

7 www.councilfordisabledchildren.org.uk/resources/ehc-outcomes-pyramid
8 www.preparingforadulthood.org.uk/media/385576/what_is_an_outcome.pdf

CHOICE AND CONTROL: PERSONAL BUDGETS

Section 49 of the Children and Families Act 2014 requires that a local authority that maintains an EHC plan, or is preparing an EHC plan, for a child or young person **must** prepare a personal budget if asked to do so by the child's parent or the young person.

Personal budgets are part of a personalised approach to support. They offer greater choice and control for parents and young people over how their support is delivered. A Personal Budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision.



Local authorities **must** have a policy on personal budgets and this should form part of the local offer. It should include a description of:

- the services across education, health and social care that lend themselves to the use of personal budgets,
- how funding will be made available, and
- eligibility criteria and the decision-making processes.

Further information about personal budgets and direct payments can be found at: www.councilfordisabledchildren.org.uk/resources/independent-support-fact-sheet-18-personal-budgets www.councilfordisabledchildren.org.uk/resources/independent-support-fact-sheet-19-direct-payments

A CONTINUUM OF NEED

Children and young people's social needs will vary. Supporting social needs can but does not always mean that an assessment and intervention by a social worker will be required. Social care is an important element of the coordinated EHC assessment and planning process but assessment should be proportionate to need and many services can be provided without a formal assessment. The local offer should provide families with information about available community services which do not require pre-assessment.

Helpful examples include: www.trafforddirectory.co.uk/kb5/trafford/fsd/site.page?id=F5IHIP_2Kjs

www.northyorks.gov.uk/article/23542/SEND---local-offer

SERVICES WORKING TOGETHER

Information Sharing and Streamlining Assessment Processes

The stronger focus on multi-agency planning and assessment in the Children and Families Act 2014 provides a significant opportunity to improve information sharing and streamline assessment processes.

Assessment processes should, as far as possible, have a "tell us once" approach so that children, young people and parents do not have to repeat the same information to different agencies or different practitioners within the same service.

For each assessment, professionals should be clear with families on:

- the purpose of the assessment,
- the likely outcomes,
- how it builds on previous assessments, and
- how professionals will work with families and agencies to share information appropriately.

SAFEGUARDING

Research shows that disabled children are three times more likely to be abused than non-disabled children[9]. Disabled children have an equal right to protection, yet barriers can exist at all stages of the child protection process[10].

Significant issues remain in relation to child protection processes for disabled children including:

- failure to recognise abuse or apply appropriate thresholds,
- delays in identifying thresholds for child protection when concerns are less clear-cut, especially those relating to neglect,
- lack of holistic assessment,
- lack of communication with the child and a loss of focus on their needs
- lack of effective multi-agency working,
- poor coordination of 'children in need' work with many plans lacking detail and focus on outcomes, increasing the likelihood of child protection concerns not being identified early enough, and
- assessments that inconsistently identify and analyse key risk factors, and lead to delays in some disabled children getting the right level of support and intervention[11].

The "Safeguarding Disabled Children: Practice Guidance"[12] from the Department for Children, Schools and Families (now the Department for Education) published in 2009 provides guidance for both Local Safeguarding Children Boards (LSCB) and frontline professionals as well as advice about recognition, identification and interventions with disabled children who may have been abused or harmed. This guidance should be used alongside Working Together[13]. The 2012 "Ofsted Protecting Disabled Children: Thematic Inspection" report includes recommendations for Local Safeguarding Boards and local authorities to measure their performance and to make changes where necessary.

Disabled children are three times more likely to be abused than non-disabled children

The recommendation for LSCBs include:

- ensure that **thresholds for child protection** are well understood and rigorously applied at every stage in work with disabled children
- establish **robust quality assurance case file audits and management information** systems to assess and evaluate the quality and impact of work with disabled children
- ensure that **findings are reported to LSCBs and local authorities' senior management** to enable them to evaluate whether concerns regarding disabled children are identified and responded to effectively
- ensure that **local authority designated officers (LADOs) identify, analyse and report on allegations** relating to disabled children to ensure that concerns regarding disabled children are appropriately referred. They should take prompt action to explore the reasons for either under- or over-reporting and track outcomes for disabled children compared with their peers.

9 http://www.thelancet.com/themed-disability
10 www.nspcc.org.uk/Inform/research/findings/itdoesnthappentodisabledchildren_wda48257.html
12 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf
13 www.gov.uk/government/publications/working-together-to-safeguard-children

The recommendations for frontline professionals include:

- ensure that **all decisions and assessments relating to disabled children are well informed by previous history and are based on up-to-date multi-agency assessments** which include a thorough analysis of risks and needs
- ensure that careful **consideration is always given to how best to obtain children's views,** taking the children's disabilities into account, and that wherever possible children's feelings are sought about the identified concerns and risks
- ensure that all disabled children receiving children in need services or subject to child protection plans have **detailed, specific, and outcome-focused plans**
- ensure that all **children in need plans are regularly and robustly reviewed** at multi-agency meetings and that particular attention is paid to identifying when concerns are not resolved promptly or improvements are not sustained.



Working effectively with the legal framework

LEADERSHIP AND ACCOUNTABILITY

If the cultural change required by the Children and Families Act 2014 is to take hold in local areas, the key principles above **must** be embedded at every level of a local authority, including throughout social care services. Senior leaders and managers **must** have a sound understanding of the key duties in the Act to keep provision under review, publish and keep up to date a local offer of support across education, health and care.

Senior leaders and managers must have a sound understanding of the key duties in the Act to keep provision under review.

Keeping local provision under review

Local authorities **must** keep education, training and social care provision for disabled children and young people (and those with SEN) under review and consult children, young people, parents and relevant providers of services as part of this (section 27(2)). Strategic leaders need to focus on the quality and quantity of support available locally for disabled children and young people and determine whether it is sufficient to meet need. In doing so they **must** have regard to achieving the best possible outcomes for children and young people (section 19).

The local offer

Local authorities, through their local offer, **must** publish information about the provision they expect to be available for children and young people in their area who have SEN or a disability. This includes education, health and care, training, and provision to help them prepare for adulthood and independent living (Children and Families Act 2014 section 30 and regulations 53-57 and schedule 2 of the Special Educational Needs and Disability Regulations 2014). The local offer **must** make the process for seeking and accessing assessments clear and reflect social care provision and eligibility and threshold criteria for support.

Local authorities **must** consult children and young people who are disabled (or have SEN) and the parents of children who are disabled (or have SEN) when developing and reviewing their local offer. They **must** publish comments from these groups about the local offer, including its accessibility and the services included or not included together with details of action proposed to address those comments.

Improving services

Strategic leaders and managers are encouraged in the *Special Educational Needs and Disability Code of Practice: 0-25 years*, to link reviews of provision to the development of the local offer and in particular to the responses they make to comments received from children, young people and families. This will help to identify gaps in provision and ensure that the local offer is responsive to local needs. Comments about provision should be used by commissioners and providers of services to improve support for families.

WORKING IN PARTNERSHIP

Working in partnership is a key feature of Part 3 of the Children and Families Act 2014.

Working with children, young people and parents

Local authorities **must** ensure that disabled children and those with SEN and their parents, and disabled young people and those with SEN are involved in discussions and decisions about their individual support and about local provision (sections 27, 30, 36, Children and Families Act 2014). This includes providing children, young people and families with the information, advice and support they need to participate.

Local authorities **must** arrange for children and young people with SEN or disabilities and the parents of disabled children and those with SEN to be provided with free and independent advice and information about matters related to SEN and disability (section 32, Children and Families Act 2014).

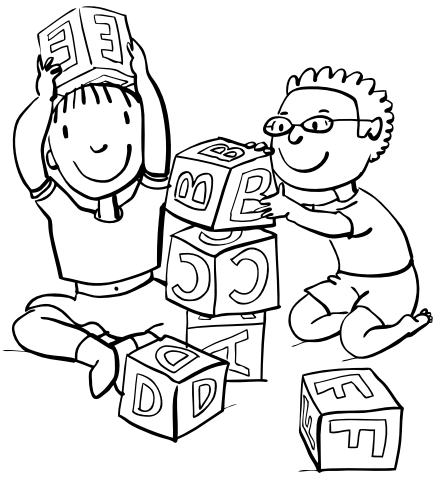
Local services working together

Local authorities, in co-operation with their partners, **must** integrate education and training, health care and social care provision where they think it would promote the wellbeing of children and young people in their area. This mirrors duties on clinical commissioning groups in the Health and Social Care Act 2012 (section 25, Children and Families Act 2014) and duties introduced under the Care Act from April 2015 in relation to adults.

Local authorities and clinical commissioning groups **must** put in place joint commissioning arrangements, including how education, health and social care provision is secured and by whom (section 26, Children and Families Act 2014).

In carrying out these duties local authorities will be considering:

- how effectively children, young people and parents are involved in decisions about local provision and in decisions about the support they receive,
- how effective local arrangements are in jointly commissioning services across education, health and care,
- how partnership working with colleagues across different sectors in relation to social care will operate locally, and
- how effective plans are for improving the transition to adult services for young people, given the 0-25 scope of the Children and Families Act and the changes introduced by the Care Act 2014 from 1 April 2015.



JOINT COMMISSIONING

The Children and Families Act 2014 reinforces the existing duties on local authorities and health commissioners to promote the integration of services and to pool budgets if this would enhance wellbeing.

There **must** be joint commissioning arrangements between the local authority (LA) and the relevant Clinical Commissioning Groups (CCGs) for every local area. There **must** also be arrangements with NHS England for disabled children and young people and those with SEN who require specialist services commissioned directly by NHS England at a regional or national level.

In addition to promoting integration of services the Act specifies (at section 26(3) that joint commissioning arrangements **must** clearly set out:

- the education, health and social care provision reasonably required by local children and young people with SEN and disability; how this provision will be secured and by whom
- what advice and information is to be provided about education, health and care provision and who is responsible for providing this advice
- how health services will support the identification of children and young people with SEN and disability
- the process by which local health services (including primary and secondary care) are able to inform the local authority of children, including those under compulsory school age who they think may have SEN and/or disability
- how complaints about education, health and social care provision can be made and how these are dealt with
- procedures for ensuring that disputes between local authorities and CCGs are resolved as quickly as possible
- how partners will respond to children and young people who need to access services swiftly

In addition, joint commissioning arrangements must also include arrangements and responsibilities for:

- securing Education, Health and Care assessments
- securing the education, health and care provision specified in EHC plans, and
- agreeing personal budgets

In order to have the greatest impact, joint commissioning arrangements should build on existing good practice and activity and the priorities in the local Health and Wellbeing Strategy.

Detailed guidance on integrating services and joint commissioning is given in Chapter 3 of the *Special Educational Needs and Disability Code of Practice: 0-25 years*[14].

The Health and Social Care Act 2012 and the NHS Mandate both make clear that NHS England, CCGs and Health and Wellbeing Boards **must** promote the integration of services if this will improve services and/or reduce inequality, and they should consider arrangements under section 75 of the National Health Service Act 2006, including the use of pooled budgets. The Children Act 2004 also places a duty on local authorities to make arrangements to promote cooperation with its partners (including the police, health service providers and youth offending teams and the probation services) in promoting the wellbeing of children and young people under 18 which includes safeguarding and the welfare of children.

14 www.gov.uk/government/publications/send-code-of-practice-0-to-25

THRESHOLDS AND ELIGIBILITY CRITERIA

The local Offer

Local authorities **must** set out the social care services and support they expect to be available for disabled children and young people and those with SEN in their local offer (paragraph 13, Schedule 2 to the Special Educational Needs and Disability Regulations 2014) and provide information about any eligibility criteria which **must** be satisfied before social care services can be provided (Paragraph 18, Schedule 2 to the 2014 Regulations).

Short Breaks

Local authorities **must** provide a range of short breaks for disabled children, young people and their families, and prepare a short breaks duty statement giving details of the local range of services and how they can be accessed, including any eligibility criteria. See Children Act 1989 Schedule 2, Paragraph 6(c) and regulations 3-5 of the Breaks for Carers of Disabled Children Regulations 2011. The statement should form a core part of the local offer (section 4.4)[15]

Assessment of need should be separated from decisions on the provision of services.

In some local authorities, some short breaks made available under the duty required by these regulations are available without an assessment. This 'non-assessed' offer of short breaks, often based on simple eligibility criteria, is helpful, not least because it can provide support readily without the need for more detailed assessment. It is essential, however, that any family who wants or needs a greater level of short breaks than is available under the 2011 regulations is able to access a social work assessment to determine whether additional breaks are required.

Determining and applying thresholds and eligibility criteria

Thresholds and eligibility criteria **must** take full account of the statutory provision under which the local authority is acting - it should be clear which specific legal powers and duties are being used when making decisions about services.

Thresholds and eligibility criteria must not be confused with, or be allowed to distort, the assessment process. Nor should they be applied mechanistically.

Thresholds and eligibility criteria must not be applied before a statutory assessment has been made of the child and family's needs. The exception to this is where a local authority operates simple criteria to determine access to 'non-assessed' short breaks.

The local authority should always determine eligibility after careful assessment, looking at the child's level of need in the family context (a whole family approach) and decisions should always take into account the particular needs of the child and family.

Assessment of need should be separated from decisions on the provision of services. The local authority's finances, or the finances of the child and its family, cannot be taken into account when carrying out an assessment.

Eligibility criteria are appropriate where local authorities are using their discretionary *powers* to meet needs (for example under section 17 or section 20 (4) of the Children Act 1989). They are not appropriate in situations where the local authority has established there is a duty to meet need (for example under section 20 (1) of the 1989 Act (provision of residential accommodation) and section 2 of the Chronically Sick and Disabled Person's Act 1970) (all other services).

15 www.gov.uk/government/publications/short-breaks-for-carers-of-disabled-children

The only role eligibility criteria can lawfully play in relation to the CSDPA 1970 section 2 is to set the threshold at which the local authority accepts that it is 'necessary' to meet a child's needs.

Eligibility criteria and the Equality Act 2010

In setting eligibility criteria the local authority **must** comply with its duty under section 149 (1) of the Equality Act 2010(the Public Sector Equality Duty). Section 149 (1) requires the local authority, when exercising its functions, to have due regard to the need to eliminate discrimination, to promote equality of opportunity and to encourage participation by disabled people in public life. A decision which runs contrary to the needs that must be considered, for example the need to advance equality of opportunity for disabled children, will require careful justification.

Since the Public Sector Equality Duty is an ongoing duty, the local authority should keep it in the forefront of its thinking when eligibility criteria are reviewed.

The Public Sector Equality Duty is not a duty to achieve results. As long as the local authority has given the relevant provisions proper consideration it may still be lawful to, for example, tighten eligibility criteria.

Eligibility criteria: key considerations

Eligibility criteria should:

- be transparent and explain in clear 'everyday language' how services are allocated on the basis of need
- take account of the impact of disability on children and families
- comply with the short breaks statutory duty, in particular the requirement to provide short breaks not only to avoid or meet 'crisis' situations but to enable families to care more 'effectively' for their disabled children
- have been the subject of consultation which has taken into account (among other things) the Public Sector Equality duty, under s149
- comply with the human rights obligations owed to disabled children and their families, particularly under Article 8 of the European Convention on Human Rights (part of English law as a result of the Human Rights Act 1998). Article 8 ECHR may require support to be provided in a way that enables family life to continue (see *Anufrijeva v Southwark LBC* [2004] QB 1124
- take account of wider human rights standards, or example Article 19 of the UN Convention on the Right of Persons with Disabilities, which requires support to be available to assist with disabled children's 'full inclusion and participation in the community'. Although the UN Convention has not been incorporated into domestic law, the UK has signed and ratified the treaty, and public bodies are therefore under an obligation to consider its provisions when making decisions relating to disabled people.

LOCAL PROTOCOLS FOR ASSESSMENT

Under *Working Together to Safeguard Children 2015*, local authorities, with their partners, should develop and publish local protocols for assessment. These should set out how the needs of disabled children will be addressed in the assessment process and clarify how statutory social care assessments will be informed by, and inform, other specialist assessments including EHC needs assessments for an EHC plan (Paragraph 10.17 of the Code of Practice. *Working Together to Safeguard Children 2015* gives further advice about local protocols.

Local protocols should reflect the principle that assessments should be timely, transparent and proportionate.

In developing local protocols for assessment local authorities will be considering:

- how multi-agency assessments can be better coordinated, e.g, by bringing Personal Education Plans, School reviews, Looked After Child reviews/health reviews together wherever possible
- how the local offer can be used to find universal services that will meet children and young people's needs.
- how EHC needs assessments can be combined with non-statutory assessments such as an Early Help assessment and/or statutory social work assessments such as a Child in Need assessment under Section 17 of the Children Act 1989 where appropriate. For all children who require statutory social work plans, social workers should co-ordinate any outward facing plan with other professionals. Where there are specific child protection concerns resulting in action under Section 47 of the Children Act, careful consideration should be given to how closely the assessment processes across education, health and care can be integrated, in order to ensure that the needs of vulnerable children are put first.

Further information can be found in:

- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. www.gov.uk/government/uploads/system/uploads/attachment_data/file/417632/Working_Together_to_Safeguard_Children.pdf
- Department of Health - Information: To Share or not to Share - Government Response to the Caldicott Review 2013: www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response.
- Department of Health - The power of information: Putting all of us in control of the health and care information we need, 2012: www.gov.uk/government/uploads/system/uploads/attachment_data/file/213689/dh_134205.pdf.

SHARING INFORMATION

There should be appropriate sharing of information across education, health and social care as information sharing is vital to support effective assessment and planning. It helps professionals to identify support needs and outcomes which education, health and care provision made for the child or young person should provide for.

Working Together 2015 states that all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB.

These should cover confidentiality, consent and security of information. Agencies should work together to agree local protocols for information collection and management to inform planning of provision for children and young people with SEN or disabilities at both strategic and individual levels.

15 www.gov.uk/government/publications/short-breaks-for-carers-of-disabled-children

When a child is assessed as in need of protection, consent to share information between agencies is desirable but not essential. The safety of the child is paramount.

Information Sharing: Advice for practitioners providing safeguarding services to children, young people and parent carers (2015) supports the appropriate and proportional sharing of information and data between services.

TRANSITIONAL ARRANGEMENTS

Moving from SEN Statements and Learning Difficulty Assessments to Education, Health and Care (EHC) plans

Moving to the new system under the Children and Families Act will be a gradual process, from September 2014 to April 2018.

Transitional arrangements are in place to support the changes. These provide for existing statements of SEN to transfer to Education, Health and Care (EHC) plans by April 2018 and existing Learning Difficulty Assessments to transfer by September 2016.

Transfer reviews for children who currently have statements of SEN require the local authority to carry out an EHC needs assessment in accordance with Section 36 of the Children and Families Act 2014 and Regulation 6 of the Special Educational Needs and Disability Regulations 2014. Each child or young person's needs **must** be considered individually and advice sought as prescribed in the regulations; this includes advice in relation to health and social care where the child or young person may need additional health and / or social care services. The regulations for an EHC needs assessment are clear that advice previously provided for any purpose will be sufficient for the assessment only where the parents, the professional who gave the advice and the local authority agree. In those circumstances the local authority **must not** seek new advice. An EHC plan **must** specify the outcomes that the specified provision will support. Assessment advice will inform this process.

As part of the transfer review process, parents or the young person **must** be invited to a meeting with an officer of the local authority to contribute to the review, in particular to focus on the proposed outcomes in the new plan, and this **must** take place in advance of the EHC plan being finalised. It will often take the place of the annual review of the child's statement or could be at any another time. Throughout the process the local authority **must** have regard to the principles set out in Section 19 of the Children and Families Act. The process takes up to 14 weeks to production of a final EHC plan.

Young people with Learning Difficulty Assessments will not automatically transfer onto an EHC plan. However they are able to request a needs assessment for an EHC plan in the usual way, and would be treated as a new applicant. The local authority will therefore decide whether the young person meets the threshold for an EHC needs assessment and then, if the thresholds are met, prepare the EHC plan within 20 weeks.

Guidance on Transitional Arrangements can be found at: https://www.gov.uk/government/publications/send-managing-changes-to-legislation-from-september-2014

Key questions for strategic leaders

1. How are you using local and national data sources (ie. www.chimat.org.uk) to understand local needs? In particular, do you have the data to enable you to say with confidence that local services are sufficient to meet need, as required by Section 27(2) of the Children and Families Act 2014?

2. How are you acting upon comments from children, young people and parents about the local offer to improve the range and responsiveness of services and support?

3. How are you using your local protocol for assessment to ensure that assessments of children with SEN /Disability are appropriate and linked to EHC requirements

4. How do joint commissioning arrangements link to your Joint Strategic Needs Assessment and local Health and Wellbeing Strategy? Do they embrace children and young people with and without Education, Health and Care Plans? Do they support early intervention? How are you meeting the needs of children with complex needs? Guidance for Health and Wellbeing Boards on children with complex needs may be useful[16]

5. Do you have a process for reviewing case studies of families/children and young people whose needs require multiple commissioning and services? How could you make changes that will improve outcomes and make the most effective uses of resources?

6. Do you have a process for working with adult services where members of the family have multiple caring responsibilities for adults/disabled children?

7. Do you have sound transitional arrangements in place to manage the transfer of SEN statements and Learning Difficulty Assessments to Education, Health and Care plans that have the confidence of parents and young people?



16 www.gov.uk/government/uploads/system/uploads/attachment_data/file/357447/DH_HWB_children_s_guidance.pdf

PART 2
Information for frontline managers, social workers and staff working with children and young people with SEN/Disability age 0-25

Introduction

Part 2 is specifically for frontline managers, social workers, and social care staff working in assessment teams. It is designed to help them in putting the legal framework described in Part 1 into practice in their day-to-day work with children, young people and families. It also provides resources that can be used locally to consider the approaches that may be taken in individual cases and for training and development.

Children and young people with special educational needs and disabilities will have a range of different needs and support that will vary depending on family context and other circumstances.

The information and resources in this part are designed to help social workers and others to consider how they can best ensure that assessments reflect the unique characteristics of the child within their family and community context.

The specific needs of disabled children and their carers (including parents and young carers), including those who are looked after children and those who have special educational needs must be given appropriate recognition and consideration in assessments.

Due to the, at times, complex nature of the needs and circumstances of disabled children, social workers may be involved in a number of different assessments under different legal duties in individual cases. Safeguarding children and supporting their well-being and that of those who care for them will be common priorities in every case.

Part 2 explores the following key areas:

- Education, Health and Care needs assessments
- Personal budgets, including direct payments
- working together and sharing information
- Looked After Children and Care Leavers
- Social Care Assessments and duties for young people over 18
- Carer Assessments

EDUCATION, HEALTH AND CARE NEEDS ASSESSMENTS:

Person-centred with a focus on outcomes

Education, Health and Care (EHC) plans replace statements of special educational needs and Learning Difficulty Assessments.

Having social care needs does not always mean that a social worker will need to be involved

The purpose of an EHC plan is to make special educational provision to meet the special educational needs of a child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, to help prepare them for adulthood. EHC plans should be forward looking, take account of the views and aspirations of the child or young person and support them in achieving desired outcomes. Outcomes should be challenging, be based on high expectations of what a child or young person can achieve and link to their longer term aspirations.

This involves a change in culture, requiring a period of learning and adjustment for both parents and professionals. The CDC publication 'EHC Outcomes Pyramid' is a tool to help professionals and parents identify outcomes for children and young people with special educational needs[17].

An EHC needs assessment should be a holistic assessment of the child or young person's education, health and social care needs. Assessment processes should, as far as possible, take a "tell us once" approach so that children, young people and parents do not have to repeat the same information to different agencies or different practitioners within the same service.

Where it is practical and appropriate to do so, EHC needs assessments should be combined with both non statutory (i.e. Early Help) and statutory (e.g. Section 17 Children in Need) assessments.

The EHC needs assessment process may be taking place alongside an assessment of the needs of a parent carer of a disabled child (or non-parent carer).

A practical tool for understanding the range of assessments and plans and the processes involved is included at Annex B in *Training materials for social work and assessment teams.*

EHC plan reviews should be synchronized with social care plan reviews, and **must** always meet the needs of the individual child **(Section 10.20 SEN and Disability Code of Practice).**

EHC assessments

An EHC plan can act as the 'spine' when there are other assessments in play and plans in place. It can refer to other assessments and plans and, where relevant and appropriate, should incorporate provision in those plans, for example, the Personal Education Plan from a child's Care Plan.

When beginning an EHC needs assessment, checks should be made to see if a child or young person is in receipt of targeted services, has an early help or statutory Child in Need assessment underway, a plan in place or other social work involvement, for example where the child is looked after.

Where there is, or has been, social work/social care involvement

Where there is or has been social work involvement, the social worker should contribute to the EHC assessment. Careful consideration should be given as to how closely the assessment processes across education, health and care can be integrated, in order to ensure that the needs of the child are put first.

17 http://www.councilfordisabledchildren.org.uk/resources/ehc-outcomes-pyramid

EHC outcomes should inform and be informed by other statutory plans. Professionals should consider how child in need, child protection and looked after children processes, planning and reviews might link with EHC needs assessment, planning and review processes to minimize duplication and support coordinated planning and provision.

Where a social worker is not currently allocated to a child or young person the service that is the first point of contact into social care, for example, a Multi-Agency Safeguarding Hub or an Initial Response Team, should be asked to share information about any previous involvement.

Where there is no current social work/social care involvement

Where there is no current social care involvement the social care needs must still be considered as part of the EHC needs assessment process and advice sought from social care services.

Having social care needs does not always mean that a social worker will need to be involved. Services to meet social care needs can be provided without a statutory social work assessment. For example, needs may be appropriately met through universal provision, provision in the local offer or through a non-statutory plan such as an Early Help Plan.

Where a need for social work involvement is identified during the EHC assessment

If as part of the EHC needs assessment, outstanding social care needs (Child in Need or Child Protection) are identified, a referral for a further assessment of these needs or for action to address them must be made. Any resulting social work assessment should not look to repeat information already known about the child and family or already gathered as part of the coordinated planning process. It will inform the EHC assessment and plan when there is vital information missing that relates to the safety and wellbeing of the child, a carer's assessment or when there are particularly complex family or social needs.

Social care advice, once incorporated into an EHC plan, becomes part of a legal document.

When support needs are identified for a child or young person up to the age of 18, the social worker must first consider whether such support is of the type outlined in Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970. These services include:

- practical assistance in the home
- provision or assistance in obtaining recreational and educational facilities at home and outside the home
- assistance in travelling to facilities
- adaptations to the home
- facilitating the taking of holidays
- provision of meals at home or elsewhere
- provision or assistance in obtaining a telephone and any special equipment necessary
- non-residential short breaks

Where the local authority decides it is necessary for support under Section 2 of the CSDPA to be provided in order to meet the child's needs it **must** provide that support and include it in Section H1 of the EHC plan.

In deciding whether support is 'necessary' a local authority is allowed to take into account its resources. Services available and criteria for accessing services should be publicly available in the local offer and published Threshold Documents.

Once a local authority accepts that it is necessary to provide support under section 2 then it **must** fund a sufficient level of services to actually meet the needs identified through the assessment.

Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young having special educational needs, including that made under Early Help or Section 17 of the Children Act 1989, should be included in Section H2 of the EHC plan. Most typically, this will include overnight short breaks.

For more information on how section 2 of the Chronically Sick and Disabled Persons Act 1970 and section 17 of the Children Act 1989 work alongside each other see Part 1 of this guide.

Definition of "necessary" must be informed by local thresholds for eligibility as required under Working Together 2015 which highlights that local authorities with their partners should develop and publish local protocols for assessment which should set out how the needs of disabled children will be addressed in the assessment process and clarify how statutory social care assessments will be informed by and inform other specialist assessments including EHC needs assessments leading to an EHC plan.

Timescales for EHC needs assessments

The timescales for EHC assessment and preparation of the EHC plan are set out in *Chapter 9 of the Special Educational Needs and Disability Code of Practice*[18]. Services assessed as being needed, such as those resulting from statutory social care assessments under the Children Act 1989 or the Care Act 2014 should be made in line with the relevant statutory guidance and should not be delayed until the EHC plan is complete. For social care, help and support should be given to the child and family as soon as a need is identified and not wait until the completion of an EHC needs assessment.



18 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

PERSONAL BUDGETS (INCLUDING DIRECT PAYMENTS)

Personal budgets promote a personalised approach to and can offer greater choice and control over how support is delivered

Under the Children and Families Act 2014 a local authority that maintains an EHC plan, or is preparing an EHC plan, for a child or young person must prepare a personal budget for him or her if asked to do so by the child's parent or the young person themselves. The exception is where the sum for a personal budget is part of a larger amount and disaggregation of the funds for the personal budget would have an adverse impact on services provided or arranged by the local authority for other EHC plan holders or it would not be an efficient use of the authority's resources.

What is a Personal Budget?

A personal budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision. It can include funding from education, health and social care, including that provided under Section 17 of the Children Act 1989. There is a similar requirement to set out personal budgets for young people over 18 with eligible care and support needs under the Care Act 2014.

Local authorities **must** have a policy on personal budgets. This, and other information about personal budgets, should form part of the local offer.

Local authorities **must** also provide information about organisations that may be able to provide advice and information to parents and young people to help them make informed decisions about personal budgets.

Mechanisms for delivery of a personal budget

There are four ways in which a personal budget can be delivered:

- **direct payments** – where individuals receive the cash to contract, purchase and manage services themselves
- **an arrangement** – whereby the local authority, school or college holds the funds and commissions the support specified in the plan (these are sometimes called notional budgets)
- **third party arrangements** – where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the child's parent or the young person
- a **combination** of the above

Local authorities must have a policy on personal budgets.

Regulations made under the Care Act 2014, the Children and Families Act 2014 and the National Health Service Act 2006 and Chapter 9 of the *Special Educational Needs and Disability Code of Practice: 0-25 years* give further detail about the legislation on personal budgets.

Further information about personal budgets and direct payments can be found at: www.councilfordisabledchildren.org.uk/resources/independent-support-fact-sheet-18-personal-budgets

www.councilfordisabledchildren.org.uk/resources/independent-support-fact-sheet-19-direct-payments

INFORMATION SHARING AND EHC NEEDS ASSESSMENTS

Social workers often hold sensitive information about a child or young person's circumstances. Some of this information may be important to share as part of an EHC needs assessment to ensure that appropriate support is provided to meet the needs of the child or young person.

When a child is assessed as in need of protection consent to share information between agencies remains desirable but is not essential. The safety of the child is paramount.

Safeguarding concerns and early help needs will have an impact on a child or young person's education if they are left unaddressed. When there are child protection concerns or specific early help needs identified, EHC plans need to reference these concerns and include, as appropriate, an overview of the issues. However, specific details do not need to be included and professionals should be mindful about what is shared, in line with data protection guidance.

The Special Educational Needs and Disability Code of Practice: 0-25 years makes clear that local authorities **must** discuss with the child and young person and their parents what information they are happy for the local authority to share with other agencies and that a record should be made of what information can be shared and with whom (*Chapter 9, paragraph 9.32).* However, the duty to discuss with parents, children and young people does not override the responsibility under Working Together 2015 to share safeguarding concerns. Practitioners must consider who needs information and the level of information that should be shared (*Working Together* 2015). When a child is assessed as in need of protection consent to share information between agencies remains desirable but is not essential. The safety of the child is paramount.

The stronger focus on multi-agency planning and assessment in the Children and Families Act 2014 provides an opportunity to improve information sharing and streamline assessment processes. For each assessment professionals should be clear with families about:

- its purpose
- the likely outcomes
- how it builds on previous assessments
- how professionals will work with families and agencies to share information appropriately.

Further information

See: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/417632/Working_Together_to_Safeguard_Children.pdf

As far as possible, there should be a 'tell us once' approach to sharing information during the assessment and planning process so that families and young people do not have to repeat the same information to different agencies, or different practitioners and services within each agency. **Section 9.33, Code of Practice**



LOOKED AFTER CHILDREN AND CARE LEAVERS

This section provides an overview of specific considerations required when a looked after child or a care leaver is identified as in need of an EHC assessment/plan.

Local authorities are responsible for meeting all pre-existing duties in Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review. This means that a considerable amount of planning will already be done around the education, health and care needs of looked after children.

Looked after children will have a Care Plan which includes a Personal Education Plan (PEP) and a Health Plan (both are a legislative requirement). These set out the child's education and health needs. It may be through preparing these plans that a child's SEN are identified.

Where a looked after child is being assessed for SEN it is vital to take account of information set out in the Care Plan and consider what information will be relevant to provide and/or include in the EHC assessment and planning process. It is important to consider how planning and review processes can work together. Even if processes are not fully integrated or synchronised, the outcomes should be shared across Personal Education Plans, Looked After Child reviews and EHC plans. All plans should be working towards positive outcomes and aspirations.

SEN professionals should work closely with other relevant professionals involved in the child's life as a consequence of his/her being looked after. These include the social worker, Designated Doctor or Nurse, Independent Reviewing Officer (IRO), Virtual School Head and Designated Teacher in school. This will ensure that the child's EHC plan works in harmony with his/her Care Plan and adds to, but does not duplicate, information about how education, health and care needs will be met. It is essential to involve the child, their carers and, where appropriate, their parents in the planning process.

When a child is placed outside the local authority's area, consideration will need to be given to the roles and responsibilities of professionals involved, in relation to who maintains the EHC plan, who is responsible for its development, how the appropriate education, health and social care professionals contribute.

For care leavers, in reviewing their arrangements for EHC needs assessment and EHC development local authorities should ensure good advanced planning involving the young person and Personal Adviser. **Section 10.12**, **Code of Practice**

When referencing information contained within the Care Plan only information relevant to meeting the child's SEN needs should be included in the EHC plan. If in any doubt SEN professionals should discuss this with the social worker and, where appropriate, the child and their carers. **Section 10.7, Code of Practice**

19 www.preparingforadulthood.org.uk/ resources/pfa-resources/pfa-factsheet-the-mental-capacity-act-2005-and-supported-decision-making

SOCIAL CARE ASSESSMENTS AND DUTIES: DISABLED YOUNG PEOPLE BETWEEN 18 AND 25

This section provides an overview of social care assessments and duties for disabled young people between 18-25 and how they link with EHC needs assessments and plans.

Transition to adult services

Young people with SEN or disabilities over 18 may be eligible for adult social care services, regardless of whether they have an EHC plan or whether they have been receiving children's social care services.

Where a young person's EHC plan comes to an end their care and support plan will remain as the statutory plan for care and support from adult services.

The Care Act 2014 and associated regulations and guidance set out the requirements on local authorities in respect of young people who are approaching, or turn, 18 and are likely to require an assessment for adult care and support.

The local authority **must** carry out a child's transition assessment where there is significant benefit to a young person or their carer in doing so and they are likely to have needs for care or support after turning 18. Local authorities can meet their duty to carry out a transition assessment through an annual review of a young person's EHC plan, which **must** include provision to assist a young person in preparing for adulthood from Year 9.

Where a local authority has been providing children's social care services under Section 17 of the Children Act 1989 to a young person under the age of 18, and they have an EHC plan in place, the authority can choose to continue these services on the same basis after the age of 18 so long as the EHC plan remains in place.

The Care Act makes it clear that local authorities **must** continue to provide children's services until adult provision has started or a decision is made, following a transition assessment, that the young person's needs do not meet the eligibility criteria for adult care and support.

Local authorities **must** put in place a care and support plan for young people with eligible needs. This should form the social care part of any EHC plan and a copy should be kept by adult care services. Any adult social care provision required to meet eligible needs for young people over 18, as set out in an adult care and support plan, should be included in section H2 of an EHC plan. Where a young person's EHC plan comes to an end their care and support plan will remain as the statutory plan for care and support from adult services.

Further information regarding transition assessments is provided in Chapters 8 and 9 of the *Special Educational Needs and Disability Code of Practice: 0-25 years*[20] and in a separate factsheet entitled *Preparing for adulthood* at www.councilfordisabledchildren.org.uk/resources/independent-support-fact-sheet-21-preparing-for-adulthood.

20 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Assessments under the Care Act 2014

The duty in the Care Act 2014 to assess adults in need is triggered by the appearance of need and arises regardless of the 'level' of those needs or the person's financial resources.

The assessment **must** have specific regard to the 'well-being criteria' under the Care Act and **must** involve the adult and any carer.

Well-being includes:

- personal dignity
- physical and mental health and emotional well-being
- protection from abuse and neglect
- control over day-to-day life
- participation in work, education, training or recreation
- social and economic well-being
- domestic, family and personal relationships
- suitability of living accommodation and
- the individual's contribution to society

When discharging any obligation under the Care Act 2014, including when carrying out assessments and providing services, the local authority **must** have regard to:

- the individual's views, wishes, feelings and beliefs
- the need to prevent/ delay the development of needs for care and support
- the need to make decisions that are not based on stereotyping individuals
- the importance of individual's participating as fully as possible in relevant decisions (including provision to them of necessary information and support)
- the importance of achieving a 'balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual
- the need to protect people from abuse and neglect
- the need to ensure restrictions on individual rights/freedoms are kept to the minimum necessary

Decisions as to whether an individual is eligible for support following an assessment will depend upon their needs satisfying national eligibility criteria.

Once an eligible need is identified the local authority has a duty to meet that need, subject to a financial assessment being made.



CARERS' ASSESSMENTS

From 1 April 2015 the Care Act 2014 and the Children and Families Act 2014 strengthen the rights and recognition of carers in relation to social care assessments and support. These include parent carers and adult carers of disabled children, and young carers.

Parent carers

From 1 April 2015 parent carers of children under 18 years have a right to a parent carer's needs assessment under the Children Act 1989.

This assessment can and should be combined with one for the disabled child, and could be carried out by the same person at the same time. A parent carer is someone who is over 18 and provides care for a disabled child for whom they have parental responsibility.

The Children and Families Act 2014 amends the Children Act 1989 requiring local authorities to assess parent carers on the appearance of need or where an assessment is requested by the parent. The local authority **must** also be satisfied that the disabled child cared for and the disabled child's family are persons for whom they may provide or arrange for the provision of services under Section 17.

The local authority must then assess:

- whether a parent carer has needs for support and, if so, what those needs are, and
- whether it is appropriate for the parent to provide, or continue to provide, care for the disabled child, in the light of the parent's needs for support, other needs and wishes.

Parent carers' needs assessment must also consider:

- the well-being of the parent carer, and
- the need to safeguard and promote the welfare of the disabled child cared for, and any other child for whom the parent carer has parental responsibility.

Well-being has the same meaning as applies to carers of adults in the Care Act.



21 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Adult Carers without parental responsibility

Under Section 1 of the Carers (Recognition of Services) Act 1995 an adult who does not have parental responsibility, but is caring for a disabled child, has a specific right to ask for an assessment of their needs. This can only be requested when the disabled child is being assessed under the Children Act 1989 or the Chronically Sick and Disabled Persons Act 1970.

That assessment must look at the carer's ability to provide and continue to provide care, as well as consider whether the carer works or wishes to work, or whether they wish to engage in any education, training or recreation activities. The local authority then has to take the assessment into account when deciding whether to provide any services to the disabled child.

Young Carers

If a disabled adult is being cared for, a local authority **must** consider whether there are any children involved in providing that care and if so, the impact on them. It has a duty to assess the needs of such children for support on the appearance of need, without a request having to be made, and on request from the parent or young carer.

A young carer's assessment must consider whether it is appropriate for the young carer to provide, or continue to provide, care for the disabled person in the light of the young carer's need for support, other needs and wishes. The local authority **must** have regard to the extent to which the young carer is participating in, or wishes to participate in, education, training or recreation or wishes to work.

Where a young carer's needs are identified as requiring support the local authority **must** consider the assessment and decide:

(a) whether the young carer has needs for support in relation to the care which he or she provides or intends to provide

(b) if so, whether those needs could be satisfied (wholly or partly) by services which the authority may provide under Section 17, and

(c) if they could be so satisfied, whether or not to provide any such services in relation to the young carer

A young carer's needs assessment may be combined with an assessment under Section 17 of the Children Act 1989 if the local authority decides to assess the child under both Section 17 and Section 17ZA (section 17ZB(7)).

A whole family approach[21]

Assessments of people within the same family should be linked wherever possible so that they are complementary. Assessments can be carried out jointly with another agency, for example health, so that all the professionals involved are talking to each other while decisions about care and support are being made.

21 http://www.adass.org.uk/AdassMedia/stories/Young%20carers.personalisation%20whole%20family.print.11.pdf

Training Materials

ANNEX A

Key definitions under Part 3 of the Children and Families Act 2014

It is important to note that many of the definitions, such as "special educational needs" have not changed under the new system. The requirement to have special educational needs remains the gateway to accessing support and services under Part 3 of the new Act.

It is essential that you understand the key legal definitions which will be applied:

- Special educational needs
- Special educational provision
- Disability
- Healthcare provision
- Social care provision
- Young person

Special educational needs

Under Section 20 of the Children and Families Act 2014 a child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

A child under compulsory school age has special educational needs if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them.

Difficulties related solely to learning English as an additional language are not SEN. When identifying and assessing SEN for children and young people whose first language is not English, it is important to consider carefully whether any delays in learning or development are related to learning English as an additional language or if it arises from SEN or disability.

A training pack is available to download at:
www.councilfordisabledchildren.org.uk/what-we-do/work-themes/social-care

Special educational provision

Section 21 of the Act defines special educational provision for children over two and young people as: educational or training provision that is additional to, or different from, that made generally for others of the same age in:

- mainstream schools in England,
- maintained nursery schools in England,
- mainstream post-16 institutions in England, or
- places in England at which relevant early years education is provided.

Special educational provision for a child aged under two means educational provision of any kind.

Disability

The definition of disability is set out in Section 6(1) of the Equality Act 2010, which states that a person (P) has a disability if:

a) P has a physical or mental impairment, and

b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

Further detail in relation to this definition of disability is provided in schedule 1 to the Equality Act 2010. Paragraph 6(1) of schedule 1 states 'Cancer, HIV infection and multiple sclerosis are each a disability'. This means that the person with one of these diagnoses is protected by the Act effectively from the point of diagnosis and does not have to demonstrate the impairment has a substantial and long-term effect.

Health care and social care provision

Section 21 defines health care provision as the provision of health care services as part of the comprehensive health service in England continued under section 1(1) of the National Health Service Act 2006.

Social care provision means the provision made by a local authority in the exercise of its social services functions. This does not necessarily mean a social work provision. Many children and young people's social needs will be met by universal services which will be outlined in the local offer.

Health care provision or social care provision which educates or trains a child or young person is to be treated as special educational provision (instead of health care provision or social care provision). The terms 'educates' and 'trains' are not defined in the Act and so take their ordinary English meaning. Whether provision 'educates' or 'trains' a particular child will be decided on the facts of each individual case.

Young Person

Section 83 of the Act defines a "young person" as a person who is over compulsory school age but under the age of 25.

The glossary to the SEND Code of Practice states that a child is of compulsory school age until the last Friday of June in the year in which they become 16, provided that their 16th birthday falls before the start of the next school year.

The distinction between a child and young person is important, as the Children and Families Act 2014 gives significant new rights directly to young people once they reach the end of compulsory school age. The SEND Code of Practice states that when a young person reaches the end of compulsory school age, local authorities and other agencies should normally engage directly with the young person rather than their parent, ensuring that as part of the planning process they identify the relevant people who should be involved and how to involve them.

Chapter 8 of the Code of Practice sets out in detail how some decision-making rights transfer from parents to young people at this stage and the role families will continue to play in supporting a young person with SEN. Most young people will continue to want, or need, their parents and other family members to remain involved in discussions and decisions about their future.

Under Section 80 of the Children and Families Act and Regulations 64 and 65 of the SEN and Disability Regulations, the parent of a young person who lacks capacity (or their formal representative, if one has been appointed by the court) will be able to take decisions for that young person.

This gives parents a much greater level of control over certain decisions for young people than is set out under the Mental Capacity Act. Under the Mental Capacity Act 2005, where a young person lacks capacity, decisions are made in their 'best interests' which requires that parents are consulted and involved in decision making but do not have legal authority to make decisions on their behalf unless formally appointed as deputy.

Further information on decision-making and young people is set out in the Preparing for Adulthood factsheet entitled The Mental Capacity Act 2005 and Supported Decision Making.[22]

22 http://www.preparingforadulthood.org.uk/media/380898/pfa_factsheet_-_mca-cb_final_versions_3-12.pdf

ANNEX B

Understanding the map of assessments, processes and plans

The aim of this document is to support practitioners to identify how various social care processes link with the EHC assessment and planning process and to clarify which professionals have lead responsibility. As a training tool, professionals can be asked to discuss the questions at the top of the chart for each of the assessments that they would usually be involved in. As part of this activity, we ask you to consider if the EHC assessment process should be informed by the assessment or engaged as part of the assessment.

By informed, we mean: other assessments should be shared to inform the EHC assessment. By engaged, we mean: where practical, assessments are streamlined or run concurrently. This should not result in any delay to assessment processes or service provision.

Type of assessment or Plan	Should the EHC assessment process be informed or engaged?	Who leads the assessment or plan?	Things to consider
Assessments under the Children Act 1989			
S17 Child in Need assessment **This is a statutory assessment**	**Scenario 1: Child or young person going through an EHC assessment and already has S17 Child in Need (CIN) Assessment complete/CIN plan is in place** EHC assessment should be **informed** by the Section 17 assessment or CIN particularly section D and H1 and H2. **Scenario 2: Child or young person has an EHC plan and needs a S17 Assessment.** Information from EHC plan particularly section Assessment SD and H1 and H2 to **inform** S17 assessment and CIN plan. EHC plan to be shared with social worker undertaking S17 assessment. **Scenario 3: Need for both EHC and S17 assessment** are identified at the same time. Assessments should be **engaged**/ run concurrently to reduce duplication.	Social worker	• as it is confidential you will need parental permission to share information. This should be agreed as part of the EHC permission. • be mindful around level of detail shared. • information requested for an EHC assessment **must** be shared within 6 weeks.

Type of assessment or Plan	Should the EHC assessment process be informed or engaged?	Who leads the assessment or plan?	Things to consider
Assessments under the Children Act 1989			
S47 Child Protection enquiry or Child Protection Plan **This is a statutory assessment**	**Scenario 1: Child or young person going through an EHC assessment and already has S47 assessment underway or Child Protection Plan in place** EHC assessment should be **informed** by the Section 47 assessment or Child Protection Plan particularly section D and H1 and H2. **Scenario 2: Child or young person has an EHC plan and needs a S47 assessment or Child Protection Plan.** Information from EHC plan particularly Section D and H1 and H2 to **inform** S47 assessment and Child Protection Plan. EHC plan to be shared with social worker undertaking S47 assessment or leading Child Protection Plan. **Scenario 3: Need for both EHC and S47 assessment are identified at the same time**. Assessments should be **engaged**/ run concurrently to reduce duplication.	Social worker/ child protection conference chair in the case of a child protection conference	• What information should be shared with whom? • Professionals need to be particularly sensitive to sharing child protection information. • How will the EHC planning and review process fit in with child protection conferences and core groups? • Changes to the child's situation or Child Protection Plan may require a review of the EHC plan. • EHC plan to be shared with child protection conference and core group. • Child Protection Plan should also work towards outcomes and aspirations identified in EHC plan. • Assessment and review processes will need to occur separately however, should aim to reduce duplication where possible.
Care Plan **This is a statutory assessment**	Engaged	Social worker	• Refer to Section 10.7 in Code of Practice. • Plans and reviews must be coordinated. • When one plan is updated, must consider need to update other plans. • Children's Act 1989 Regulations state that "The review of the care plan may be carried out at the same time as other reviews" .

Type of assessment or Plan	Should the EHC assessment process be informed or engaged?	Who leads the assessment or plan?	Things to consider
Assessments under the Children Act 1989			
Health Assessment and Plan **This is a statutory assessment and Plan**	Engaged	Social worker makes arrangements for a registered medical practitioner to undertake the assessment	• As above.
Personal Education Plans **This is a statutory assessment**	Engaged	Social worker	• Plans should fully inform each other. • Reviews should coincide with one another. • Refer to Section 10.7 in Code of Practice.
Parenting Assessment **This is a statutory assessment**	Informed	Social worker or independent social worker	• EHC plan should be shared with social worker undertaking the assessment to inform the child's needs and support decision making around parenting capacity to meet those needs. • Findings relating to how the parent is able to meet the SEND needs of the child should inform the EHC plan undertaking the assessment to inform the child's needs and support decision making around parenting capacity to meet those needs • Findings relating to how parent is able to meet the SEND needs of the child should inform the EHC plan.
Looked After Review **This is a statutory assessment**	Engaged if possible	Social worker and independent reviewing officer	• As above . • EHC review to coincide where possible.

Type of assessment or Plan	Should the EHC assessment process be informed or engaged?	Who leads the assessment or plan?	Things to consider
Assessments under the Children Act 1989			
Fostering and Adoption (Form F) **This is a statutory assessment**	Engaged	Social worker	• Same as parent assessment. • All of Form F would not be shared as part of EHC assessment.
Pathway Plan **This is a statutory assessment**	Engaged	Social worker	• As above. • The Childrens Act 1989 Regulations state that the pathway plan will include to meet the SEND needs of the child should inform the EHC plan.
Transition assessment **This is a statutory assessment**	Informed	Adult social worker	As above.
Leaving Care **This is a statutory assessment**	Engaged	Social worker	As above.
Child's Needs Assessment **This is a statutory assessment**	Engaged	Social worker or adult social worker	Due to the nature of the assessment it is necessary that the social worker undertaking the assessment has good knowledge of adult care and support.
Young Carer's Needs Assessment **This is a statutory assessment**	Engaged	Social worker or adult social worker	As above.

Type of assessment or Plan	Should the EHC assessment process be informed or engaged?	Who leads the assessment or plan?	Things to consider
Other Assessments			
Early Help Assessment (EHA) i.e. Common Assessment Framework **This is a non statutory assessment**	**Scenario 1: Child or young person going through an EHC assessment and already has Early Help Assessment.** EHC assessment should be **informed** by the EHA particularly section D and H1 and H2. **Scenario 2: Child or young person has an EHC plan and needs an EHA**. Information from EHC plan particularly Section D and H1 and H2 to **inform** EHA. **Scenario 3: Need for both EHC assessment and EHA are identified at the same time.** Asesments should be **engaged**/ run concurrently to reduce duplication.	Lead professional identified to undertake early help assessment	• What level of information is appropriate to be shared across both assessment processes? • How do you reduce duplication for families? • A judgment will need to be made about what information from the EHA is shared as part of the EHC assessment. If the EHC assessment is requested, the EHA should be shared with professionals.
Youth Offending Team (YOT) assessment **This is a statutory assessment**	Informed	YOT worker	
Mental capacity **This is a statutory assessment**	Engaged	Health professional	
Occupational therapist/ speech and language **This is a non statutory assessment**	Engaged	Occupational therapist or speech and language therapist	
Educational psychology **This is a statutory assessment**	Engaged	Education	

Type of assessment or Plan	Should the EHC assessment process be informed or engaged?	Who leads the assessment or plan?	Things to consider
Other Assessments			
Functional assessment of behaviour **This is a non-statutory assessment**	Informed	Clinical psychologist	• For children with learning disabilities who display behaviours that challenge this should help inform a positive behavioural support approach.
Sensory loss **This is a non-statutory assessment**	Engaged	Sensory loss professional	
Short Breaks Assessment **This can be a statutory assessment**		Social Worker	
Risk Assessment **This can be statutory. May form part of S17/S47**	Either	Depends on the risk assessment	

ANNEX C

Understanding professional engagement: Case studies to support decision making

These exercises aim to support professionals understanding of the route of professional engagement. If run as part of a training session or workshop, facilitators should read out one piece of information at a time and have the group discuss the considerations in the boxes below.

A training pack will be available to download at: www.councilfordisabledchildren.org.uk/what-we-do/work-themes/social-care

Exercise 1: How would you respond to the following case scenarios?

The Code of Practice requires the seeking of social care advice when preparing an EHC plan. Social care **must** respond to this request within six weeks. For each case study below, consider:

a) In your role as a social worker or team leader in either a children and families or children with disabilities team, please discuss how you would respond to the following (including what the process would be) for:

- A child allocated within the team
- A child known but not allocated within the team
- A child not known to the team (but who could fit the teams threshold criteria)

b) What issues would/could these requests raise?

Case Study 1: Emma

a) Emma is 2, it is clear that she has a level of developmental delay across a number of areas and her family have approached social care for support.

b) Emma's family are happy with the placement in an early years setting but are now asking for further support for Emma and her siblings. It is clear that she is going to need extra help in all areas. The relationship between the parents is now strained.

c) Emma is struggling at school and at home her parents have separated. There are general concerns about the welfare of Emma and her siblings.

d) The police were called to Emma's house and you receive a report saying that Emma and her siblings were left home alone. The children were found to have evidence of non accidental physical injuries and there are concerns about neglect.

Case Study 2: Anand

a) Anand is 9, he has a range of complex disabilities and attends a school for children with severe learning difficulties. The school have referred the family to social care for support.

b) Anand and his family have now been assessed and the primary needs identified include good coordinated health care and support at weekends, both for the parents and for Anand. The housing for Anand and his family is totally unsuitable.

c) Anand and his family are now in temporary accommodation following a fire at home. This has disrupted the arrangements for support and has impacted on the school transport.

d) Anand has now been admitted to a residential health unit to monitor his health and to support his family as mum is expecting another child. The unit provides schooling on the premises.

Case Study 3: Emmanuel

a) Emmanuel is 15. He has Aspergers syndrome and has been attending a mainstream school with support. He is being bullied by local youths when he is at home and the family have asked for a safer environment for him to socialise.

b) Despite the provision of a youth resource Emmanuel's situation has not improved. He has become increasingly anxious and has now become school phobic.

c) Emmanuel has now been referred to Child and Adolescent Mental Health Services (CAMHS) for support but there is a long waiting list and the family do not feel they can manage his needs at home.

d) After a level of successful interventions, Emmanuel has completed statutory schooling and will now be attending college. He is now 17 and will continue to need support.

Case Study 4: James

a) James is 15. He has ADHD and mental health issues. James was excluded from mainstream school and has most recently been attending a pupil referral unit.

b) At the age of 13 James began socialising with a local gang and after getting into trouble with the police on numerous occasions, James has been remanded in custody. He has been placed in a Secure Training Centre (STC).

c) Following a number of assessments the principal of the STC, supported by the establishment's SENCO makes a request for an EHC needs assessment for James.

d) While in custody James has started accessing CAMHS for support and has started engaging positively, particularly in art lessons. The EHC needs assessment is underway and may not be completed before James is released.

Exercise 2: Understanding legal foundations

Overview: This case study provides practitioners with an opportunity to consider what legal requirements are under Section 17 and S2 of the Chronic Sick and Disabled Persons Act (CSDPA) 1970.

Activity: Consider the following case scenario and decide what legislation would be applied to provide support. You must decide:

- What factors/information do you need to decide which piece of legislation applies?
- What do you understand to be the implications of your decision?
- What else would help with your decision making?

Case scenario 1: Elliot

Elliot is 8. He is a child with a range of behavioural and social needs with a diagnosis of autism. He has a range of associated complications, including epilepsy. His home life is chaotic and there are ongoing low level concerns about parenting. The response to date has been to provide a package of care and monitor the family.

It is clear that Elliot will need an EHC plan as he transfers from his current statement. The EHC plan gives the multi-agency professionals, and his mum an opportunity to look at the whole package of support.

As part of the new plan social care is asked to identify what legislation it is using to provide support, is it Section 17 Childrens Act 1989 or is it S2CSDPA 1970?

Elliot currently receives:

- 2x after-school club per week
- 2x mornings per week support at home to get him into school
- 1x per fortnight Saturday club
- holiday support



Helpful Resources

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* Franklin, A. (2013) A Literature Review on the Participation of Disabled Children and Young People in Decision Making. London: VIPER/Council for Disabled Children. http://viper.councilfordisabledchildren.org.uk/media/7838/literature-review.pdf

* HM Government (2013) Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children. London: DfE. www.gov.uk/government/publications/working-together-to-safeguard-children

* Preparing for Adulthood (April 2014) Factsheet: The Children and Families Act and The Care Act. www.preparingforadulthood.org.uk/media/377236/pfa_factsheet_-_care_act_-_royal_assentrevisedaug14.pdf

About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provides a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network

CDC is also part of the consortium that delivers the Every Disabled Child Matters campaign.

If you'd like to share good practice on any of the isues set out in this guide please contact Amanda Harvey at aharvey@ncb.org.uk

Council for Disabled Children is hosted by the National Children's Bureau.
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