

Education Health and Care Plans: a new scheme for special educational needs and disability provisions in England from 2014

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Abstract

The new Children and Families Act (2014) includes a section (Part 3 of the Act) for children and young people (CYP) in England with special educational needs and disability (SEND). Significant reforms are to be implemented. Central to these reforms is replacing previous special educational needs statements with Education Health and Care Plans (EHC Plans). There are important implications for paediatricians and child health services. This article reviews the definition and the needs of CYP affected, summarises the key features of EHC Plans, and outlines what needs to be included in medical advice for CYP with SEND. Preparing young people with EHC Plans for adulthood and the circumstances for ceasing EHC Plans are also described.

Keywords Children and Families Act; children and young people; disability; Education Health and Care Plans; special educational needs

Introduction

Provision of assessment and support for children and young people (CYP) with special education needs in the UK is subject to legal regulations. There have been several revisions to such legislation since the 1980s. The most recent revision was in 2014, with the implementation of Children and Families Act (2014), replacing previous legislation from 2001 (Special Educational Needs and Disability Act 2001). Part 3 of the Act introduced reforms to how children and young people in England with special educational needs and disability (SEND) receive support. There are far reaching implications for children and young people (CYP) with SEND, their families, statutory and other relevant agencies. This legislation applies only to England, but not the other UK nations. The key changes have been described in an article recently published in *Paediatrics and Child Health*. Together with this legislation, a new set of 'Code of Practice' and a specific guidance for health professionals were published.

The previous system of SEN provision has often been described as adversarial by parents. They felt they had struggled to find and obtain the services their children needed, and had to tell their stories time and again to different people across health, education, social care. Moving from children's to adults' services could be very difficult. Meanwhile, English local

authorities spend over £5 billion a year on SEND provision, and yet those with special needs are far more likely to achieve poorly at GCSE, not be in education, employment or training, or be unemployed.

The current reforms aim to implement a new approach which seeks to improve SEND provision from birth to 25. Central to the reforms is replacing previous Special Educational Needs (SEN) Statements with Education Health and Care Plans (EHC Plans). The emphasis is on:

- Putting CYP and their families at the centre of the process
- Ensuring recommendations and provisions are outcome focussed
- Effective co-ordination amongst education, health and social care services

Definitions of SEN and disability under the new code of practice

A child or young person has SEN 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 older has a learning difficulty or disability if he/she:

- Has a significantly greater difficulty in learning than the majority of others of the same age, or
- Has a disability that causes hindrance from making use of educational facilities generally provided in mainstream schools or mainstream post-16 institutions.

A child under compulsory school age has SEN 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. Where a health body is of the opinion that a young child under compulsory school age has, or probably has, SEN or a disability, they must inform the child's parents and bring the child to the attention of the appropriate local authority.

Special education provision is defined according to the age of the young person:

- For children aged two or more: Educational or training provision that is additional to or different from that is generally available in mainstream settings.
- For a child under 2 years of age: Special educational provision means educational provision of any kind.

Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is 'a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities.'

Types of need amongst CYP with SEN in 2014 and new categories of need

232,190 pupils (or 2.8%) in England were recorded as having had Statements of SEN in January 2014, according to Department for Education (DfE) data. Another 456,620 pupils (or 5.3%) were at 'School Action Plus', which was a stage of need just below SEN Statement under the previous system. Amongst these two groups of pupils, the most commonly recorded primary need was 'speech, language and communication need', affecting 20.6% of them, with 'behaviour, emotional and social difficulties' a close second at 20.5%. However, amongst the smaller cohort with SEN

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Statement, the most common primary need was ‘autistic spectrum disorder’, affecting 22.9%.

A more detailed breakdown of the conditions affecting CYP with SEND as recorded in January 2014 is shown in [Table 1](#).

Under the new Code of Practice, four categories of needs are specified:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs

This is an important system of describing and understanding the needs of CYP with SEND. Many Local Authority EHC Plan templates include these four categories, with assessed needs, recommended outcomes and provisions to achieve desired outcomes aligned with them.

EHC needs assessment: the process

The assessment leading to an EHC Plan is known as EHC Needs Assessment, and is a statutory process. The following people have a specific right to request a local authority to conduct an EHC Needs Assessment for a person aged 0–25 years:

- The child’s parent
- A young person over the age of 16 but under the age of 25, and
- A person acting on behalf of a school or post-16 institution (this should ideally be with the knowledge and agreement of the parent or young person where possible).

Following a request for an EHC needs assessment, the local authority must determine whether an EHC Needs Assessment is necessary and communicate the decision to the child’s parent or the young person within 6 weeks of receiving the request.

If the local authority intends to conduct an EHC needs assessment, it must ensure the child’s parent or the young person:

- Is fully included from the start and made aware of opportunities to offer views and information.

- Experiences well co-ordinated assessment and planning leading to timely, well-informed decisions.
- Is consulted throughout the process of assessment and production of an EHC Plan.

This is a significant change from the previous process, when CYP and parents were only formally involved in the beginning and at the end of statutory assessments, but not in the interim stages. Following submitting initial parental reports, parents were not consulted until they were presented with a draft SEN Statement for their comments and agreement under the previous system.

To achieve these requirements, a ‘person centred approach’ is recommended. In many local authorities, specific professional coordinators or keyworkers are employed to support CYP and parents through the EHC Needs Assessment process. Co-production meetings including CYP and parents are held prior to issuing draft EHC Plans. In addition, local networks of parent and carer forums funded by government are being set up to provide additional and independent support.

The previous timescale of 26 weeks from ‘request to assess’ to finalising SEN Statements has been reduced to 20 weeks for EHC Plans. Health service continues to have 6 weeks to submit advice following request from local authorities. As the timescale is significantly tighter for local authorities, the demand for timely submission of health advice is likely to be increased. The steps and timescale for EHC Needs Assessment is summarised in [Figure 1](#).

EHC Needs Assessments were implemented on 1 September 2014 in England. No further new SEN Statements can be issued from that date. Current SEN Statements are to be transferred to EHC Plans over a three year period. By September 2017, all SEN Statements will either cease or be re-written as EHC Plans. There is significant workload implication for both Local Authority and Health Service in taking forward these transfers.

Number of pupils with SEN and percentage by type of need (DfE data, January 2014)

	<i>School Action Plus</i>		Statement of SEN		Total	
	Number	%	Number	%	Number	%
Specific Learning Difficulty	57,505	12.6	10,045	4.6	67,550	10.0
Moderate Learning Difficulty	97,420	21.3	32,410	14.8	129,830	19.2
Severe Learning Difficulty	2,715	0.6	28,330	13.0	31,040	4.6
Profound & Multiple Learning Difficulty	775	0.2	9,810	4.5	10,585	1.6
Behaviour, Emotional & Social Difficulties	108,620	23.8	30,035	13.7	138,655	20.5
Speech, Language and Communications Needs	108,865	23.8	30,035	13.7	138,900	20.6
Hearing Impairment	10,290	2.3	6,180	2.8	16,470	2.4
Visual Impairment	5,625	1.2	3,490	1.6	9,115	1.4
Multi-Sensory Impairment	565	0.1	550	0.3	1,110	0.2
Physical Disability	13,680	3.0	13,080	6.0	26,765	4.0
Autistic Spectrum Disorder	26,040	5.7	49,975	22.9	76,015	11.3
Other Difficulty/Disability	24,505	5.4	4,540	2.1	29,040	4.3
Total	456,620	100.0	218,475	100.0	675,095	100.0

Table 1

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