

## **SECTION 2 – The SEND Reforms** (Version 1 Sept 2016)

### **The SEND Reforms and The Care Act Reforms**

In 2014 a new law was enacted across the country, called **the Children and Families Act**. This law made lots of changes to how children and young people (anyone aged between 0-25 years old) with Special Educational Needs and Disabilities (SEND) are supported by their families and the Education, Health and Social Care services working together. These changes are sometimes called the SEND Reforms.

The Reforms overlap with another law that came into effect in 2014 called **the Care Act**. This law made some changes to how adults (those over 18 years old) are supported by the health and social care services working together and has a particular emphasis on early preparation for adulthood and at least from age 14 years.

There are many aspects of the two laws that are very similar. This means that young people with education, health or social care challenges can be better supported by all services working together. *This table summarises the factsheet: The Links Between The Children and Families Act 2014 and The Care Act 2014:*

	<b>Children and Families Act 2014</b>	<b>Care Act 2014</b>
<b>Similarities</b>	<ul style="list-style-type: none"> <li>• Outcomes focused</li> <li>• Professionals must understand and work within the two acts where the needs and age of adults overlap</li> <li>• Professionals in the Education, Health and Social Care services must work together to support children, young people (between 0-25 years old) with Special Educational Needs and Disabilities</li> <li>• Parent carers' (and young carers) will have their own needs assessments, including considering the ability, aspirations and other aspects of the parent carer.</li> <li>• An Education, Health and Care plan should reflect the educational, health and social care needs of an individual, potentially up to the age of 25 years old.</li> <li>• The individual has the right to request a personal budget, which may include taking some payments directly to arrange elements of their care / support themselves.</li> <li>• All services must provide accessible information and advice about what is available for individuals with education, health and social care needs, partially through contributing to the Local Offer.</li> </ul>	
<b>Differences</b>	Parents and young people must be involved meaningfully as key decision makers	Care and support works to promote people's wellbeing of the adult and the carer(s).  Care and support works to promote a balance of independence and support from those around the adult.
	An educational need must be present to assess for an Education, Health and Care plan (EHCP).	Where there are no educational needs that require support, a health and care plan may be put in place for the adult.
		There is a duty to carry out a child in need assessment if there are likely to be health and social care needs when they are over 18 years old.



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### **The person-centred culture of the SEND reforms**

At the start of the Code of Practice for Special Educational Needs and Disabilities (SEND) [often referred to as simply, the Code of Practice] the government stated:

*“Our vision for children with special educational needs and disabilities is the same as for all children and young people – that they achieve well in their early years, at school and in college, and lead happy and fulfilled lives.”* (Department for Education; Department of Health, 2015, p. 11)

The Code of Practice also states what our working better together will lead to:

- The participation of children, their parents and young people in decision-making;
- The early identification of children and young people’s needs and early intervention to support them;
- Greater choice and control for young people and parents over support;
- Collaboration between education, health and social care services to provide support
- High quality provision to meet the needs of children and young people with SEN
- A focus on inclusive practice and removing barriers to learning
- Successful preparation for adulthood, including independent living and employment

(Department for Education; Department of Health, 2015, p. 19)

The culture of how children and young people are supported by the education, health and social care services can be summarised by the following values:

#### ***‘Working with, not doing to’***

We want our children, young people and their parents / carers experiences of working with us to be:

- Where they feel that professionals are working with them, and not forcing them through unnecessary or unexplained processes;
- where they have been supported to the best of our abilities to make informed decisions for themselves;
- where everyone has been kept informed about each others’ responsibilities, expectations and progress at every stage.

#### ***‘Person centred’***

We want to work in ways that have the child / young person as the focus of our efforts. We want to be adaptable and responsive to treating everyone as individuals who learn, make decisions and understand situations in a variety of ways. We want to make sure we listen and work together in ways that are personalised to each other.

#### ***‘Outcomes focussed’***

We want to plan and provide support that helps remove or overcome barriers to learning, independence or fulfilment. We no longer want to assume a generic provision will be suitable for a specific need. We will work together to make sure we agree and are working towards specific, measurable, achievable, realistic and time-bound targets/outcomes (SMART), that will help our children and young people reach for their aspirations and ambitions



**‘Co-production’**

We want to make sure we create our ways of working and resources with our parents/carers, young people and professionals from across the education, health and social care services. This will help ensure everyone is valued, communicated with in accessible and meaningful ways and has a sense of trust and ownership over our processes.

**‘Tell us once’**

No child, young person, or their parents should have to tell their story of their history, conditions, treatments and experiences over and over again. This should be gathered and shared with professionals before they meet with the child, young person and/or their family. We will not ask them to share their story more than once unless a professional requires specific information related to their profession. How we achieve this is still emerging practice across the area.

