Delivery of Special Educational Needs and Disability Reforms for Paediatric and Child Health Services: What will an excellent service look like?

Principles

A child and family centred service that at all times:

- Upholds the best interests of the child or young person (CYP) as paramount
- Actively seeks and responds to the views of the CYP, parents and carers
- Is based on the health needs of the CYP as assessed by their individualised multi-disciplinary health team
- Specifies health outcomes that matter for the CYP and their parents/carers
- Considers all contexts that the CYP may experience including home, educational setting, short breaks, leisure and community
- Is underpinned by strategic partnership working arrangements that include CYP and parent/carer participation, commissioners and providers (primary, secondary and tertiary), setting local strategic outcomes that matter for CYP with special educational needs and disabilities (SEND) and their families based on their assessed needs, making arrangements for SEND data collection and sharing across agencies, implementing joint commissioning and provision of personal budgets where families would like them
- Is well led with a clear accountability framework

Specific elements of service

- Designated Medical/Health Officer for SEND in post, providing leadership, coordination, advice, quality
 assurance and advocacy, working to an agreed job description based on nationally recommended model¹
 with time allocation appropriate to local population size and needs.
- Universal early years' services providing advice and support to families and children and **identifying** children who have or may have SEND, with clear, timely pathways to targeted and specialist services as needed.
- Efficient, high quality health assessment, intervention, monitoring and management service for children and young people with: 1) medical, physical and sensory, 2) communication and interaction, 3) cognition and learning, 4) social, mental and emotional health issues, providing: 1) timely diagnoses where possible; 2) clear identification of current and predicted future functional needs arising from any health or developmental conditions for the child or young person across all settings; 3) clear, individualised management plans, including emergency health care plans for those with complex needs; 4) recommendations for reasonable adjustments (including equipment) that may be required across all settings; and 5) evidence based intervention that deliver outcomes that matter.
- Timely verbal and written **communication** with CYP, parents/carers and the individualised interagency team with parental consent, including outcome of health assessment and notification to the local authority (LA) where there are or may be SEND.
- Responsive provision within 6 weeks of request from LA of health advice for CYP undergoing Education Health
 and Care Needs Assessment, delivering reports in lay language that have been discussed and agreed with CYP
 and parents/carers and underpinned by high quality paediatric assessment.
- Effective **transition** to adult health services for all CYP with identified health needs.
- All of the above published in the 'Local Offer' and are developed jointly over time with the CCG with input from CYP and parents/carers.
- Effective independent mediation mechanisms across agencies at commissioning level where there are
 disagreements about provision for CYP with SEND, and clear complaint procedure for service users who have
 concerns.

Delivery of SEND reforms for paediatrics and child health services (Final Version) BACCH & BACD (07/08/2014). Review date: August 2015

¹ Model Job Description for Designated Medical Officer (DMO) for Special Educational Needs and Disability (SEND) (England), BACCH and BACD (2014) http://www.bacch.org.uk/or.http://www.bacch.org.uk/index.php