

# Webinar: Improving health services for disabled children

Wed 20 August, Presenter: Sheila Davies, Contact a Family.

## Questions and answers

### 1) What happens to children and young people who have not got special educational needs but have health issues; for example, mobility, tracheostomy, and are not eligible for Education, Health and Care (EHC) plans?

#### Answer

If they are not eligible for Education, Health and Care (EHC) plans, these children and young people should have individual healthcare plans. Healthcare plans may be initiated by a member of school staff or a healthcare professional involved in providing care to the child.

For more information on this, read the recently published guidance from the Department for Education:

[Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England April 2014](#)

However, children and young people would be considered to have special educational needs (SEN) if their medical condition or disability prevents or hinders them from accessing learning.

The SEND Code of Practice says:

‘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.’

(Reference: Statutory Guidance, [Special educational needs and disability code of practice 0 to 25 years](#), July 2014, Ref DFE-00205-2013, [www.gov.uk](http://www.gov.uk))

### 2) What happens if a child is at a residential school in a different area?

It is only after everyone – including the parents or young person – have agreed the outcomes and provision (sections A to H of an Education, Health and Care plan) that the school placement is agreed.

If there is a requirement to send the child to a residential school outside of the local authority area, it is the local authority where the child is normally resident that has to fund the provision.

### **3) What would be in place if your area does not have a child development team?**

In a recent survey of child development teams across the UK, the British Academy for Childhood Disability (BACD) identified a team in every area, although the composition of these teams and the way in which they work differed.

These teams often have different names; for example, 'child development centre', 'child development unit', 'disabled children's service' or even 'children's centre' – (these are not the same as children centres developed through the Sure Start initiative).

Details of the child development team should be included in your local authority's 'local offer'. All local authorities must publish a local offer by 1 September 2014. It must give details of all provision the local authority expects to be available in the area to support children and young people with special educational needs and disabilities. It must include out of borough provision the local authority expects to use. Your clinical commissioning group (CCG) should also be able to give you contact details.

### **4) Where in the Education, Health and Care plan should sensory processing difficulties sit, health or education?**

Both health and education could be involved.

A child or young person with sensory processing difficulties may over-respond to sensation and find clothing, physical contact, light, sound, food, or other sensory input unbearable. Other children or young people may under-respond and show little or no reaction to stimulation – even pain or extreme hot and cold.

Occupational therapists with training in this field can identify the child's sensory challenges and suggest activities to help the child or young person manage these and learn to carry out normal activities; for example, eating, dressing, and sleeping.

The family and school would assist by supporting the child in these activities.

### **5) Clarification – transitional period and Education, Health and Care (EHC) plans**

I realised from one question I was asked that some people might have misinterpreted what was being said on the webinar. I hope this will clarify matters.

Children with statements will be gradually transferred over to EHC plans and this should be completed by April 2018. Previously, health input could be requested for children and young people going through the statement assessment process. With EHC plans a more thorough assessment of the child's support needs is likely to be required. Some of the children and young people being assessed for EHC plans are likely to be already known to health services but not all of them will be.

This would suggest that over the next three and a half years, health commissioners can expect an increase in the number of assessments being requested to support the new process.

I did not intend to infer that more children will be getting EHC plans than those who had statements.

#### **6) Could we have more information on the community service in Buckinghamshire?**

You can find out more information on Buckinghamshire [community nurses service for children and young people with Learning Disability](#) on their website at [www.bucksfamilyinfo.org](http://www.bucksfamilyinfo.org)

#### **7) Are there any good examples of how a personal health budget has been included in an EHC Plan?**

There are examples of this in the SEND pathfinder Information pack on personal budgets which you can download from <http://www.sendpathfinder.co.uk/infopacks/pb/>

#### **Other Questions**

We are taking advice on the following question and hope to be able to provide an answer soon:

- 1) What happens when a young person is at a residential school (and registered with local GP), the CCG is in one area and the LA in another?