



Department  
for Education



Department  
of Health

# **0 to 25 SEND code of practice: a guide for health professionals**

**Advice for clinical commissioning groups, health professionals and local authorities**

**September 2014**

# Contents

Foreword	3
About this guide	5
Information, advice and support	8
Working together across education, health and care for joint outcomes	9
The Local Offer	13
Health in Early Years provision	14
Health in schools and colleges	16
Preparing for adulthood from the earliest years	18
Education, Health and Care (EHC) needs assessments and plans	20
Children and young people in specific circumstances	22
Resolving disagreements	24
Useful resources	26

## Foreword

Our vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people – that they achieve well in their early years, at school and in college and make a good transition to adulthood, to lead contented and fulfilled lives.

This hasn't always been the case. The SEND reforms introduced by the Children and Families Act 2014 aim to change this, with a focus on two key themes: greater co-operation between education, health and social care and a greater focus on the outcomes which will make a real difference to how a child or young person lives their life.

For too long, health has been the missing partner in the SEND system. These reforms change that – they implement a holistic approach to supporting children and young people with SEND in all aspects of their life. We know that healthy, happy children perform well at school, and we know how significant an impact a child's health has on their life chances.

Many health professionals and commissioners will already be familiar with the new arrangements through engagement with Pathfinders and Pathfinder Champions which have been piloting new approaches to joint commissioning. Much of the learning from these Pathfinders has gone to inform the 0-25 SEND Code of Practice and this guide.

Health professionals will already be participating in arrangements similar to those in the Code. Close working with education and social care colleagues, early intervention and integrated approaches to supporting the most seriously ill children in society are facilitated by the reforms in the Health and Social Care Act 2012 and the Care Act 2014. The new arrangements in the Children and Families Act are intended to build on such fundamental good practice.

This guide to the Code will help you understand what your duties are under the Children and Families Act 2014 and help you navigate the 0-25 SEND Code of Practice. It will ensure you are doing everything you should be and everything you can, to improve outcomes for this group of children and young people.



A handwritten signature in black ink, appearing to read 'Dan Poulter'.

**DR DAN POULTER**

Parliamentary Under-Secretary of  
for Health



A handwritten signature in blue ink, appearing to read 'Edward Timpson'.

**EDWARD TIMPSON**

Parliamentary Under-Secretary of State  
State for Children and Families

## About this guide

This guide is designed to help clinical commissioning groups<sup>1</sup> (CCGs), local authorities and health professionals understand their statutory duties in relation to the special educational needs and disability (SEND) reforms in the Children and Families Act 2014. It draws out the health elements from the statutory 0-25 SEN and Disability Code of Practice and will help you navigate the full document.

It is not a substitute for the Code of Practice and has no statutory basis. The main duties that CCGs, local authorities and health professionals must have regard to are highlighted here and links are given to the relevant sections of the Code. It is important that they familiarise themselves with the full version of the statutory guidance in addition to reading this guide.

## Expiry or review date

This advice will be kept under review and updated when necessary.

## Context

From September 2014, the [Children and Families Act 2014](#) provides for:

- a clear, transparent ‘local offer’ of services across education, health and social care with children, young people and parents involved in preparing and reviewing it
- services across education, health and care to be jointly commissioned
- Education, Health and Care (EHC) plans to replace statements and Learning Difficulty Assessments (LDAs) with the option of a Personal Budget for families and young people who want one
- new statutory rights for young people in further education, including the right to request a particular institution is named in their EHC plan and the right to appeal to the First-tier Tribunal (Special Educational Needs and Disability), and
- a stronger focus on preparing for adulthood, including better planning for transition into paid employment and independent living and between children’s and adult’s services

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. Children and young people who have SEN may also have a disability under the [Equality Act 2010](#).

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<sup>1</sup> By clinical commissioning groups we also mean NHS England when acting as a commissioner of health services

Clinicians and therapists already provide health services for children and young people with SEND, from early identification, throughout their school and college years and into the transition to adulthood.

Much of the health care for children and young people will be delivered through universal, preventative services. There will be times when adaptations are required for some pupils in mainstream settings and targeted delivery may be required for the few with EHC plans.

From September 2014 CCGs must:

- commission services jointly for children and young people (up to age 25) with SEND, including those with Education Health and Care (EHC) plans
- work with the local authority to contribute to the Local Offer of services available
- have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC needs assessment process, and
- agree Personal Budgets where they are provided for those with EHC plans

The reforms are focused on enabling children and young people to achieve the best they can, with an emphasis on outcomes rather than processes. CCGs and local authorities have considerable freedom in how they work together to deliver integrated support that improves children and young peoples' outcomes. Outcomes are the benefit or difference made as a result of an intervention at three levels:

- **Individual outcomes** such as might be set out in an EHC plan: e.g. Martha can communicate and play independently with her friends at playtime
- **Service level outcomes:** e.g. paternal mental health has improved in 10 families
- **Strategic outcomes:** e.g. there has been a 10% increase in young people supported into employment and independent living

The Council for Disabled Children have developed a model for thinking about outcomes which can be found at Appendix 6 of the [SEND pathfinder information pack](#) on the EHC plan needs assessment process.

The SEN and disability reforms in the Children and Families Act 2014 link to:

- Section 3 of [the NHS Act 2006](#), which requires CCGs to arrange the provision of services it *considers necessary to meet the reasonable requirements of the persons for whom it has responsibility*. Section 75 places a duty on LAs and CCGs to consider how children and young people's needs could be met more effectively through integrating services.
- [The Health and Social Care Act 2012](#), which introduced a requirement for Health and Wellbeing Boards to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, both of which support prevention, identification, assessment and early intervention and a joined up approach from those providing services

- [The Care Act 2014](#), which requires local authorities to promote the integration of care and support with health services. Local authorities must ensure the provision of preventative services, the diversity and quality of care and support services for adults, and the provision of information and advice on care and support locally
- The [NHS Mandate](#), which contains a specific objective on supporting children and young people with SEND, including the offer of Personal Budgets

## Principles underpinning the Code of Practice

The 0-25 SEND Code of Practice gives guidance to professionals in their work with children and young people who have SEN or disabilities and supports them in:

- taking into account the views of children, young people and families
- enabling children, young people and parents to participate in decision-making
- collaborating with partners in education, health and social care to provide support
- identifying children and young people's needs
- making high quality provision to meet the needs of children and young people
- focusing on inclusive practice and removing barriers to learning
- helping children and young people to prepare for adulthood

More information on the principles that underpin the Children and Families Act and the guidance is given in Chapter 1, Principles, in the [0-25 SEND Code of Practice](#).

## Information, advice and support

Local authorities must provide parents, children and young people with information, advice and support in relation to special educational needs and disability. Advice should be free, accurate, confidential and accessible. It should be impartial and provided at arm's length from the local authority and CCGs.

Local authorities must arrange for children and young people with SEND, and their parents, to be provided with information and advice about matters relating to their SEND, including matters relating to health and social care. This must include information, advice and support on the take-up and management of Personal Budgets.

CCGs and health bodies must co-operate with local authorities in carrying out their functions, including those for providing information and advice. The joint commissioning arrangements that local authorities and CCGs must have for commissioning education, health and care provision for children and young people who have SEN or are disabled must include arrangements for considering and agreeing what information and advice about education, health and care provision is to be provided, by whom and how it is to be provided.

These joint arrangements should take into account the availability of other information services in their area (including SEND information and advice services and services such as youth services, Local Healthwatch, the Patient Advice and Liaison Service (PALS) and the Family Information Service) and how services will work together.

More information about information, advice and support is given in Chapter 2, Information, advice and support, in the [0-25 SEND Code of Practice](#).



# Working together across education, health and care for joint outcomes

Local authorities and CCGs must assess the needs of the local population of children and young people with SEN and disabilities and plan and commission services for them jointly. They must have joint commissioning arrangements which cover services from birth to 25 years old for children and young people with SEN or disabilities.

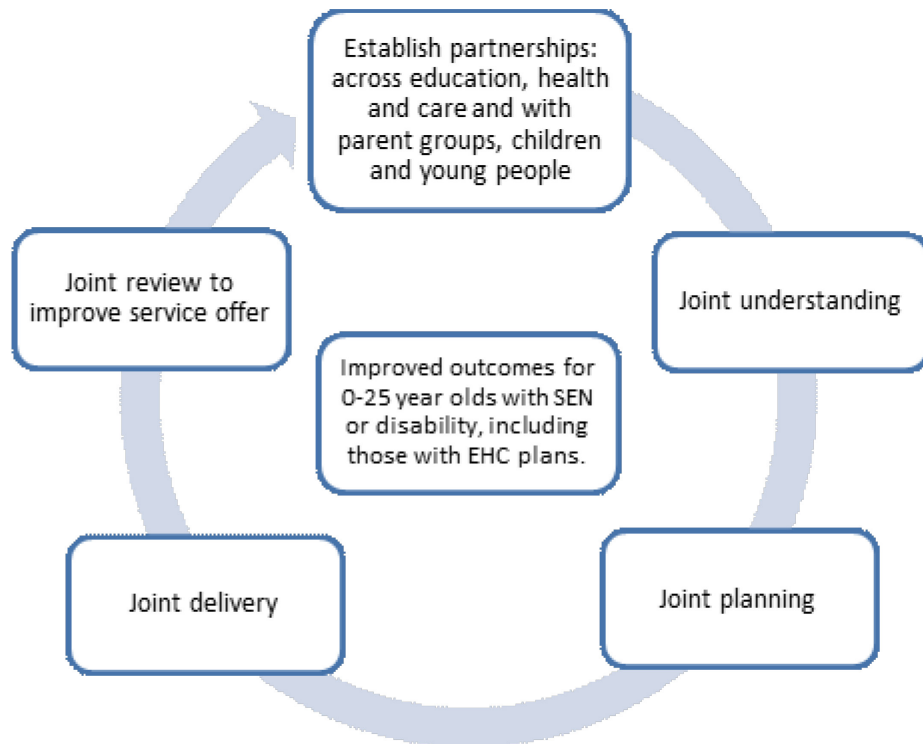
## Joint Commissioning

In their joint commissioning arrangements CCGs and local authorities must include arrangements for securing EHC needs assessments, and the education, health and care provision specified in EHC plans.

Joint commissioning arrangements must include arrangements for considering and agreeing:

- the education, health and social care provision reasonably required by local children and young people with SEN or disabilities
- which education, health and social care provision will be secured and by whom – partners must be able to make a decision on how they will meet the needs of children and young people with SEN or disabilities in every case
- what advice and information is to be provided about education, health and care provision and by whom and to whom it is to be provided
- how complaints about education, health and social care provision can be made and are dealt with, and
- procedures for ensuring that disputes between local authorities and CCGs are resolved

## The Joint Commissioning Cycle



To inform commissioning decisions partners will need to access a wide range of data. A list of data sets you might want to use can be found in Chapter 3, paragraph 3.28, of the [0-25 SEND Code of Practice](#).

Partners must engage children and young people with SEN or disabilities and children's parents in commissioning decisions. Local authorities, CCGs and NHS England should develop effective ways of harnessing the views of their local communities so that commissioning decisions on services for those with SEN or disabilities are shaped by users' experiences, ambitions and expectations. To do this, local authorities, CCGs and health professionals should engage with local Healthwatch organisations, patient representative groups, Parent Carer Forums, groups representing young people with SEN or disabilities and other local voluntary organisations and community groups.

Under the Health and Social Care Act 2012, NHS commissioners are already placed under specific duties relating to patient and public involvement. They are to:

- promote the involvement of patients and their carers in decisions that relate to their treatment or care
- ensure public involvement and consultation in commissioning processes and decisions

More detail on these can be found in the guide [Transforming Participation in Health and Social Care](#).

## Personal Budgets

Partners must set out in their joint commissioning arrangements their arrangements for agreeing Personal Budgets. 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.

Health professionals will have to work with the local authority to describe the services they offer which lend themselves to the use of Personal Budgets. There are clear overlaps between Personal Budgets for children and young people with SEN or disabilities and Personal Health Budgets and consideration should be given to how these can be aligned to ensure that the process is as smooth and as manageable as possible for families.

The mandate to NHS England sets an objective that from April 2015 Personal Health Budgets, including direct payments, should be an option for people with long-term health needs who could benefit from one. This includes people who use NHS services outside NHS Continuing Care and children and young people's continuing care.

## Transitions from paediatric to adult services

Health partners have to consider how they will manage the transition of young people from paediatric to adult services. Measures should be put in place and clearly explained to both the young person with SEN or disabilities and their parents to ensure as smooth a transition as possible. Primary care providers will provide consistency across key transition points.

## The Designated Medical/Clinical Officer

Partners should ensure there is a Designated Medical Officer (DMO) or Designated Clinical Officer (DCO) to support the CCG in meeting its statutory responsibilities for children and young people with SEN or disabilities between the ages of 0 and 25.

This is a non-statutory role which would usually be carried out by a paediatrician, but the role can be undertaken by a suitably competent qualified and experienced nurse or other health professional in which case the role would be the Designated Clinical Officer (DCO). For more information, see Chapter 3, paragraphs 3.45 to 3.48, in the [0-25 SEND Code of Practice](#).

## Accountability

Partners will be held to account in a number of different ways. These are set out in the section on local accountability, paragraph 3.70, Chapter 3 of the [0-25 SEND Code of Practice](#).

More information about joint commissioning is given in Chapter 3, Working together across education, health and care for joint outcomes, in the [0-25 SEND Code of Practice](#).

## The Local Offer

Local authorities must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those with and without EHC plans. This will include both universal and specialist services.

CCGs, NHS England, NHS Trusts or NHS Foundation Trusts and Local Health Boards must co-operate with local authorities in the development and reviewing of the Local Offer. The Local Offer must include information about provision made by health professionals for children and young people with SEN or disabilities. This must include:

- services assisting relevant early years providers, schools and post-16 institutions to support children and young people with medical conditions
- arrangements for making those services which are available to all children and young people in the area accessible to children and young people with SEN or disabilities

It should also include:

- universal, preventative services and specialist services
- therapy services including speech and language therapy, physiotherapy and occupational therapy and services relating to mental health, such as arts therapies (these **must** be treated as special educational provision where they educate or train a child or young person)
- wheelchair services and community equipment, children's community nursing, continence services
- palliative and respite care and other provision for children with complex health needs
- other services, such as emergency care provision
- provision for children and young people's continuing care arrangements (including information on how these are aligned with the local process for developing EHC plans, and
- support for young people when moving between healthcare services for children to healthcare services for adults

Local authorities must consult children with SEN or disabilities and their parents and young people with SEN or disabilities in preparing the Local Offer and reviewing it. Local authorities must also publish comments from them about the Local Offer along with details of what action they intend to take in response. More information about this is given in paragraphs 4.21 to 4.28 of Chapter 4, The Local Offer, in the [0-25 SEND Code of Practice](#).

## Health in Early Years provision

The benefits of early identification of SEN or disabilities are widely recognised – identifying need at the earliest point and then making effective provision improves long-term outcomes for children. Local authorities must carry out their functions with a view to identifying all the children and young people in their area who have or may have SEN or disabilities, and for children under compulsory school age health bodies must tell parents when they think their child has or may have SEN or a disability and inform the local authority.

Health professionals will need to carry out their usual assessments, such as the hearing screening test on new-born babies, to enable very early identification of a range of medical and physical difficulties. Health services, including paediatricians, the family's general practitioner, and health visitors, should work with the family, support them to understand their child's needs and help them to access early support.

Health visitors have a key role in assessing children's development through the early years of life, as set out in the [Health Visitor Implementation Plan](#). The [Healthy Child Programme](#) sets out opportunities for health visitors to identify problems during this 0 to 5 age period, and to work with the family and other health professionals to support the child's development appropriately.

From 2015, it is proposed to introduce an integrated review that will cover the development areas in the Healthy Child Programme two-year review and the [Early Years Foundation Stage two-year-old progress check](#).

Early years practitioners must review progress and provide parents with a short written summary of their child's development, focusing in particular on communication and language, physical development and personal, social and emotional development. Health professionals should support early years practitioners to develop a targeted plan to support the child where significant concerns emerge.

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. The health body must also give the parents the opportunity to discuss their opinion and let them know about any voluntary organisations that are likely to be able to provide advice or assistance. This includes the educational advice, guidance and any intervention to be put in place at an early point and before the child starts school. An information sharing protocol between education and health, including seeking parental consent, is important.

Support in the early years can take a number of forms, including:

- specialist support from educational psychologists, therapists or specialist teachers, such as a teacher of the deaf or vision impaired. These specialists may visit families at home to support parents and children with early learning programmes and approaches
- home-based programmes, such as Portage, which offer a carefully structured system to help parents support their child's early learning and development

Health professionals will need to work with nursery schools to ensure children with SEN or disabilities have the support they need to access the nursery and engage with activities.

For more information about supporting children with SEN or disabilities in the early years, see Chapter 5, Early years providers, in the [0-25 SEND Code of Practice](#).

## Health in schools and colleges

Maintained schools must make arrangements to support children with medical conditions and have regard to statutory guidance on this. Health professionals have a role to play in supporting staff in identifying and planning for SEN and disabilities in schools and colleges and in supporting those with medical conditions.

Health professionals, schools, colleges and LAs should work together to ensure there are clear paths for identifying and supporting children and young people with SEN or disabilities, both with and without EHC plans.

School nurses and appropriate college support staff will play a role in identifying additional health needs, in liaison with other professionals. Depending on regional working arrangements, health professionals may be commissioned in a variety of ways to advise on identification of SEN and to provide effective support and interventions. These can be universal or specialist.

Services may include, but are not limited to:

- educational psychologists
- Child and Adolescent Mental Health Services (CAMHS)
- specialist teachers or support services with mandatory qualifications to support:
  - children with hearing or vision impairment
  - children with a multi-sensory impairment
  - children with a physical disability
- therapists
- paediatricians

Health professionals will need to work with the SEN Co-ordinator (SENCO) and/or class teacher to consider appropriate equipment, strategies and interventions in order to support the child's progress and build self-esteem and confidence. They can be involved at any point for help or advice on the best way to support a student with SEN or disabilities. Colleges should have a named person with oversight of SEN provision to ensure co-ordination of support, similar to the role of the SENCO in schools.



To support schools in identifying SEN there are four broad areas of need:

- communication and interaction
- cognition and learning
- social, emotional and mental health, and
- sensory and/or physical needs

CAMHS, therapists, and schools and colleges need to have a close working relationship so there is a clear understanding of the criteria that will be used to determine if a child or young person needs specialist support from universal or specialist services, making the referral process as quick and efficient as possible. More information on the four areas of need can be found in Chapter 6, Schools, paragraphs 6.28 to 6.35, of the [0-25 SEND Code of Practice](#).

In addition to their role in assessing, planning and delivering services specified in an EHC plan, health professionals should be involved in drawing up individual healthcare plans which will specify the type and level of support required to meet the medical needs of pupils with medical conditions. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan. Schools are required to have regard to the statutory guidance '[Supporting pupils at school with medical conditions](#)' (DfE, 2014).

More information on supporting children and young people who have SEN or disabilities at school and college is given in Chapter 6, Schools, and Chapter 7, Further Education, of the [0-25 SEND Code of Practice](#).

## Preparing for adulthood from the earliest years

Preparing for adulthood is about how professionals across education and training, health and social care support children and young people with SEN or disabilities in preparing for adult life and help them to go on to achieve the best possible outcomes in respect of employment, independent living, health and taking part in and contributing to their local communities.

From Year 9 at school (age 13-14) all annual reviews of EHC plans must include a focus on preparing for adulthood, and this should include support to maintain good health in adult life. Health professionals may be involved in the annual review of EHC plans and it is important to also consider how families can be supported to plan effectively for the future, even before Year 9.

Health professionals will need to consider the transition from specialist paediatric services to adult health care. Young people with SEN or disabilities may not meet the thresholds for access to adult services. They may become reluctant to try to access adult health services if they have a poor experience of transition or face a lack of understanding from professionals. This can have a detrimental impact on their health. Helping children and young people understand which health professionals will work with them as adults, ensuring those professionals understand the young person's learning difficulties or disabilities, is vital to planning transition and promoting good adult health.

After compulsory school age (the end of the academic year in which they turn 16) young people with SEN or disabilities have the right to make decisions for themselves, rather than their parents making decisions for them (although their family can continue to provide support if the young person agrees). The right of young people to make a decision is subject to their capacity to do so, as set out in the [Mental Capacity Act 2005](#).

Health care should be co-ordinated around the young person's individual needs, including their learning difficulties or disabilities, to ensure the best outcomes for the young person. This means working with the young person to develop a transition plan that identifies who will take the lead in co-ordinating care and referrals to other services. The young person should know who is taking the lead and how to contact them. For young people with mental capacity limitation (or serious physical illness) involvement of parents and carers is crucial.

For young people with EHC plans, the plan should be the basis for co-ordinating the integration of health with other services. Where young people are moving to adult health services, the health services and local authority must co-operate to ensure that the EHC plan and the care plan for the treatment and management of the young person's health are aligned. The CCG must co-operate with the local authority in supporting the transition to adult services and must jointly commission services that will help meet the outcomes in the EHC plan.

More information about preparing for adulthood is given in Chapter 8, Preparing for adulthood from the earliest years, in the [0-25 SEND Code of Practice](#).

## Education, Health and Care (EHC) needs assessments and plans

EHC needs assessments and plans have replaced SEN assessments and statements (for children) and learning difficulty assessments (for young people). EHC plans will specify additional provision for those children or young people who the local authority decides require such a plan and whose educational needs cannot be met solely by their early years setting, school or college. EHC plans must focus on outcomes and local authorities must seek advice from a range of partners, including health, when assessing needs and drawing up plans.

### EHC needs assessments

CCGs must co-operate with local authorities in relation to EHC needs assessments and plans and health commissioners must secure the health care provision specified in EHC plans. Local authorities are responsible for ensuring that there is effective co-ordination of the needs assessment and development process for an EHC plan. Health partners must respond to the local authority's request for advice for EHC needs assessments within 6 weeks.

Information sharing is vital to support an effective assessment and planning process. Health partners should work with the local authority and other partners to establish local protocols for the effective sharing of information which addresses confidentiality, consent and security of information. This should lead to a 'tell us once' approach so that families do not have to repeat the same information to different agencies or different practitioners.

### Drawing up an EHC plan

Where a local authority decides to make an EHC plan it must complete it within 20 weeks of the request for an EHC needs assessment.

Health professionals will need to contribute to section G of the plan: *Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN*. Information should be included as follows:

- Health provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it
- It should be clear how the provision will support the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget
- Clarity as to how advice and information gathered has informed the provision specified

- Health care provision reasonably required may include universal services, specialist support and therapies, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England (for example therapeutic provision for young offenders in the secure estate)
- The local authority and CCG may choose to specify other health provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan

The CCG as commissioner will often have a limited involvement in the process (as this will be led by clinicians from the services they commission) but will generally be legally responsible so should ensure that there is sufficient oversight, perhaps through the DMO/DCO, to provide assurance that the needs of children with SEN or disabilities are being met in line with their statutory responsibilities.

The health care provision specified in section G of the EHC plan must be agreed by the CCG (or where relevant, NHS England when acting as commissioner) and any health care provision should be agreed in time to be included in the draft EHC plan sent to the child's parent or to the young person. As part of the joint commissioning arrangements, partners must have clear disagreement resolution procedures. Once health care provision is specified in section G of the plan the CCG must secure it. Health care which educates or trains a child or young person must be treated as special educational provision but will be covered under joint commissioning.

More information on drawing up an EHC plan is given in Chapter 9, paragraphs 9.61 to 9.76, of the [0-25 SEND Code of Practice](#).

## Personal Budgets

Parents and young people with EHC plans can request a Personal Budget, which can include funding from education, health and social care. The scope for Personal Budgets will vary according to individual needs. Decisions in relation to the health element (Personal Health Budget) remain the responsibility of the CCG or other health commissioning bodies and where they decline a request for a direct payment, they must set out the reasons in writing and provide the opportunity for a formal review. More information on Personal Budgets is given in Chapter 9, paragraphs 9.95 to 9.124, of the [0-25 SEND Code of Practice](#).

More information about EHC needs assessments and plans is given in Chapter 9, Education, Health and Care needs assessments and plans, in the [0-25 SEND Code of Practice](#).

## **Children and young people in specific circumstances**

Particular groups of children and young people in specific circumstances will require additional consideration by those who work with and support them.

### **Transfers between CCG areas**

Where the child or young person moves between local authority areas and this results in a new CCG becoming responsible for the child or young person, the old CCG must notify the new CCG within 15 working days. The new CCG would normally secure the health provision specified in the plan until it is reviewed. Where this is not possible the new CCG must within 15 working days ask the local authority to review the EHC plan or carry out an EHC needs assessment. This may also be the case when a child or young person moves between CCGs within the same local authority. For more details, see Chapter 9, paragraphs 9.163 to 9.165, in the [0-25 SEND Code of Practice](#).

For looked after children moving between CCGs, the old CCG retains responsibility for provision in the new area – for example, commissioning the provision from the new CCG as required.

### **Children and young people in alternative provision because of health needs**

Children and young people who are in hospital or placed in other forms of alternative provision because of their health needs should have access to education that is on a par with that of mainstream provision, including appropriate support to meet the needs of those with SEN or disabilities. For more information, see Chapter 10, paragraphs 10.47 to 10.52, in the [0-25 SEND Code of Practice](#).

### **Children and young people with SEN who are in youth custody**

From April 2015, new requirements on local authorities and their partners in respect of children and young people with SEN who are in youth custody come into force. Communication between the secure estate and the DMO/DCO will be key to ensuring successful support.

If an EHC plan specifies health care provision the health services commissioner for the custodial establishment must arrange appropriate health care. There are exceptions to this, for example, where the provision is not practicable, or it is no longer appropriate. For more information, see Chapter 10, paragraphs 10.89 to 10.95, in the [0-25 SEND Code of Practice](#).

Standards for the healthcare of children and young people in secure settings are available at <http://www.rcpch.ac.uk/cypss>. These standards include guidance on entry and assessment, care planning, physical and mental health, transfer and continuity of care and multi-agency working. The relevant NHS England provider/secure establishment is expected to consider these standards when organising health care for 10- to 17-year-olds in secure settings.

More information about support for children and young people with SEN or disabilities in specific circumstances is given in Chapter 10, Children and young people in specific circumstances, in the [0-25 SEND Code of Practice](#).

## Resolving disagreements

There are routes of redress for parents and young people who are unhappy with decisions about their support. Local authorities and health bodies have particular roles in those processes. Details of these will be published locally.

### Disagreement resolution

Disagreement resolution arrangements cover all children and young people with SEN or disabilities, not just those who are being assessed for or have an EHC plan, and a range of disagreements. These can include a disagreement between parents or a young person and the CCG or local authority about the health provision during EHC needs assessments, while EHC plans are being drawn up or reviewed, or when children or young people are being reassessed. It also covers disagreements between local authorities and CCGs during EHC needs assessments, the drawing up of EHC plans or reviews of those plans for children and young people with SEN. Participation in disagreement resolution arrangements is voluntary for both parties.

### Mediation

When parents or young people disagree with a local authority's decisions on whether they will carry out an EHC needs assessment, or disagree with the content of a final EHC plan, they have the right to go to mediation about the education, health and social care elements of the plan. If parents or young people want to go to mediation about the health or social care elements of an EHC plan the relevant CCG and/or the local authority respectively must attend. If parents or young people just want to go to mediation about the health element of an EHC plan then the responsible health commissioning body must arrange the mediation.

### Appeals

Parents and young people can appeal to the First-tier Tribunal (Special Educational Needs and Disability) if they disagree with the decisions of their local authority in respect of EHC needs assessments and plans. They must consider mediation before registering an appeal with the Tribunal. The Tribunal will only hear cases relating to the SEN elements of an EHC plan and disability discrimination claims.



## NHS complaints

The NHS complaints arrangements cover the health services which a child or young person receives under an EHC plan. A complaint may be made to a service provider (for example, the NHS Trust), where there are concerns about the service provided, or to the CCG, where there is a concern about the way in which a service is commissioned or provided, and this might include concerns about the appropriateness of health services in an EHC plan.

Local Healthwatch has a statutory role to provide patients with advice on how to take forward a complaint, or resolve an issue. Contact details for local Healthwatch are available on the Healthwatch for England [website](#) and should also be made available in the published Local Offer.

Each CCG will make available information about complaints arrangements and will deal with complaints about any of its functions (providers of NHS services will have patient advice and liaison services, and handle complaints about the services they provide). Just as the arrangements for commissioning services for SEN and disabilities integrate the contributions of education, health and care, so the local authority and CCG should consider integrating their arrangements for providing patient advice, liaison and complaints handling. Support in making a complaint can also be provided by NHS Complaints Advocacy Services.

If a complainant is dissatisfied with the way in which the NHS has dealt with their complaint, they can contact the Parliamentary and Health Service Ombudsman (PHSO), provided the NHS has had the opportunity to resolve it locally. In line with the Ombudsman's Principles of Good Administration, in considering a complaint in relation to health services in an EHC plan, the Ombudsman will take into account the 0-25 SEND Code of Practice, and relevant legislation.

For more detailed information on disagreement resolution see Chapter 11, Resolving disagreements, of the [0-25 SEND Code of Practice](#).

## Useful resources

### Legislation and statutory guidance

- [0-25 Special Educational Needs and Disability Code of Practice](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)
- [Chronically Sick and Disabled Persons Act 1970](#)
- [Equality Act 2010](#)
- [JSNA guidance](#)
- [Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)
- [Procurement, Patient Choice and Competition Regulations](#): guidance and hypothetical case scenarios (Monitor)
- [Special Educational Needs \(Personal Budgets\) Regulations 2014](#)
- [Special Educational Needs and Disability Regulations 2014](#)

### Other Government information

- [Direct Payments for Health Care - Personal Health Budgets](#)
- [Early years outcomes guide](#)
- [Healthy Child Programme](#)
- [Implementing a new 0 to 25 special needs system](#)
- [Improving Children and Young People's Health Outcomes](#): a system-wide response (Children and Young People's Outcome Forum)
- [Information sharing for practitioners and managers \(DfE\)](#)
- [Joint Commissioning Pathfinder Information Pack](#)
- [Local Government Ombudsman \(LGO\)](#)
- [Local Offer Pathfinder Information Pack](#)
- [Mental Health Action Plan – Closing the Gap 2014](#)
- [Parliamentary and Health Service Ombudsman \(PHSO\)](#)
- [Patient Advice and Liaison Service \(PALS\)](#)
- [Personal Budgets Pathfinder Information Pack](#)
- [Preparing for Adulthood Pathfinder Information Pack](#)
- [Public health in local government](#) – factsheet for local authorities
- [Tribunal Procedure \(Health, Education and Social Care Chamber\) Rules 2008](#)

## Useful resources and websites

- [Campbell Collaboration](#)
- [Child and Maternal Health Intelligence Network \(ChiMat\)](#)
- [Cochrane Collaboration](#)
- [Commissioning support resources](#) (BOND/Young Minds)
- [Communication Trust](#)
- [Comprehensive Health Assessment Tool \(CHAT\)](#)
- [Family Information Service](#)
- [Foundation Years](#)
- [Healthwatch for England](#)
- [In Control examples of approaches to Personal Budgets](#)
- [Making it Personal](#)
- [MindEd](#)
- [nasen gateway](#)
- [National Children's Bureau](#)
- [National Development Team for Inclusion \(NDTI\)](#)
- [Preparing for Adulthood](#)
- [Preparing for Adulthood Factsheet](#) – 'Links between the Children and Families Act 2014 and the Care Act'
- [Winterbourne Concordat](#)



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