

Using information to understand and predict need for services

3.27 To inform commissioning decisions, partners should draw on the wide range of local data sets as well as qualitative information about the likely education, health and social care needs of children and young people with SEN or disabilities.

3.28 Data-sets include but are not restricted to:

- population and demographic data
- prevalence data for different kinds of SEN and disability among children and young people at national level – for example through the Child and Maternal Health Intelligence Network (CHiMat)
- numbers of local children and young people with EHC plans and their main needs
- use of out-of-area placements for those with low-incidence needs
- analysis of key performance indicators that are shared across health, education and social care as part of the new joint commissioning arrangements
- the outcomes of developmental assessments (including the two-year-old check)
- information from the Early Years Foundation Stage (EYFS) profile
- where children or young people with SEN or disabilities are educated
- an analysis of local challenges and sources of health inequalities – for example, the level of local economic deprivation, historic data about previous support offered through statements and EHC plans, and the education and health needs of young offenders
- employment rates for young people leaving education
- local data on disabled children from the register of disabled children in their area (including those with impaired hearing and vision) which local authorities are required to keep under Schedule 2 of the Children Act 1989. Local authorities should ensure that registers of disabled children and young people, and particularly details of those with a vision or hearing impairment, are kept accurate and up to date, as such low-incidence needs are particularly difficult to plan for from national data sets

- 3.29 Local authorities **must** review their provision, taking into consideration the experiences of children, young people and families (including through representative groups such as Parent Carer Forums), voluntary and community sector providers and local Healthwatch. Information from such reviews will contribute to future arrangements and the effectiveness of local joint working.
- 3.30 Joint commissioning arrangements should be based on evidence about which services, support and interventions are effective. Local areas should maintain up-to-date information on research and guidance about good practice, for example through referring to NICE guidance and Campbell collaboration/Cochrane collaboration.

Joint planning

Deciding on shared outcomes

- 3.31 Local partners should identify the outcomes that matter to children and young people with SEN or disabilities to inform the planning and delivery of services and the monitoring of how well services have secured those outcomes. Outcomes refer to the benefit or difference made to an individual as a result of an intervention at three levels:
- **Individual outcomes** such as might be set out in an EHC plan: for example, Martha can communicate independently with her friends at playtime
 - **Service level outcomes:** for example, paternal mental health has improved in 10 families
 - **Strategic outcomes:** for example, there has been a 10% increase in young people supported into employment and independent living
- 3.32 To achieve such outcomes, provision has to be put in place. In the examples above, a speech and language and social skills programme, a short breaks programme and a newly commissioned transitions strategy, respectively.
- 3.33 Partners should use their joint understanding to determine the shared outcomes they seek to achieve, for example improvement in educational attainment, levels of mental health and wellbeing and reductions in health inequalities. They should draw on national priorities (for example, those set through the NHS Outcomes Framework), local priorities (for example, the JSNA and Joint Health and Wellbeing Strategy). This should be a transparent process – the local community should be aware both of what the shared outcomes are and the plan to achieve them. This requirement could be discharged through the requirement to consult publicly on the Local Offer.

- 3.34 The Children and Young People's Outcome Forum report *Improving Children and Young People's Health Outcomes: a system wide response* is a useful resource that partners should draw upon. It is available from the GOV.UK website (see References section under Chapter 3 for a link).

Making best use of resources

- 3.35 Joint commissioning arrangements should help partners identify scope for working more efficiently together. Partners should assess the extent to which activities contribute to their local priorities and outcomes and decide which services should be commissioned or decommissioned, in consultation with children and young people with SEN or disabilities, their parents, or representative groups such as Parent Carer Forums.
- 3.36 Under Section 10 of the Children Act 2004 and Section 75 of the National Health Service Act 2006 local authorities and CCGs have a statutory duty to consider the extent to which children and young people's needs could be met more effectively through integrating services and aligning or pooling budgets in order to offer greater value for money, improve outcomes and/or better integrate services for children and young people with SEN or disabilities. Under the Care Act 2014, 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.
- 3.37 To make the best use of resources, partners should consider how an integrated approach can best support:
- prevention – for example using the outcomes of developmental assessments as outlined in the EYFS to target early help for children experiencing developmental delay can reduce the need for specialist services later on
 - early identification of needs
 - the resilience of families and local services to enable children and young people with more complex needs to participate actively in their local community
 - better access to services
 - the development of good language, communication and mental health through universal services so that effective use is made of specialist speech and language therapy services and CAMHS

- better transitions between life stages and settings, including from early years to primary education, primary to secondary and secondary to further education (FE), and
- children and young people in preparing for adult life

Personal Budgets

3.38 Young people and parents of children who have EHC plans have the right to request a Personal Budget, which may contain elements of education, social care and health funding. Partners **must** set out in their joint commissioning arrangements their arrangements for agreeing Personal Budgets. They should develop and agree a formal approach to making fair and equitable allocations of funding and should set out a local policy for Personal Budgets that includes:

- a description of the services across education, health and social care that currently lend themselves to the use of Personal Budgets
- the mechanisms of control for funding available to parents and young people including:
 - direct payments – where individuals receive the cash to contract, purchase and manage services themselves
 - an arrangement – whereby the local authority, school or college holds the funds and commissions the support specified in the EHC plan (these are sometimes called notional budgets)
 - third party arrangements – where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the child's parent or the young person
 - a combination of the above
- clear and simple statements of eligibility criteria and the decision-making processes that underpin them

3.39 To do this, partners should:

- identify and agree the funding streams and services for inclusion and develop the necessary infrastructure to support their inclusion
- identify the links to be made locally between the SEN offer and Personal Health Budgets for children and adults

- identify and establish the information, advice and support necessary at an area and individual level to help families consider options for, and to take up and manage, Personal Budgets
- develop a pathway for Personal Budgets within the process of EHC needs assessment and EHC plan development and the workforce and cultural changes necessary for a person-centred approach
- identify how the new joint commissioning strategies will support greater choice and control year on year, as the market is developed and funding streams are freed from existing contractual arrangements
- as an integral part of this, partners should ensure children, young people and families are involved in the decision-making processes at both an individual and a strategic level

Joint delivery

- 3.40 At a strategic level, when commissioning training for professionals partners should consider whether combined service delivery, training or a common set of key skills would help professionals and providers adapt to meeting the needs of children and young people with SEN or disabilities in a more personalised way. This could include commissioning 'key working' roles to support children and young people with SEN and disabilities and their parents, particularly at key points such as diagnosis, EHC plan development and transition.
- 3.41 Partners should also consider whether and how specialist staff can train the wider workforce so they can better identify need and offer support earlier – for example, educational psychologists or speech and language therapists training professionals such as teachers or GPs to identify and support children and young people with mental health problems or speech and language difficulties, respectively. This may involve NHS Local Education and Training Boards. Some areas have involved parent carers in delivery of workforce development programmes.

Joint review to improve service offered

- 3.42 Joint commissioning is an ongoing improvement cycle. Over time, partners may shift the focus of their activity as the needs of the local population change and delivery of services improves.
- 3.43 Partners should agree how they will work together to monitor how outcomes in education, health and care are being improved as a result of the provision they make. Partners should monitor the changing needs of the local population of children and young people with SEN and disabilities closely and, crucially, establish whether or not the provision arranged for them is improving outcomes. EHC plans for

individual children and young people **must** be similarly reviewed to see if they are enabling the child or young person to achieve their desired outcomes, so that where appropriate the commissioned provision can be changed. Feedback from children, young people and families is useful in identifying gaps in provision. Any changes in provision commissioned locally should be reflected in the Local Offer.

- 3.44 Local authorities **must** review the special educational provision and social care provision in their areas for children and young people who have SEN or disabilities and the provision made for local children and young people who are educated out of the area, working with the partners to their joint commissioning arrangements. The local authority **must** consult with children and young people with SEN or disabilities and their parents and as part of this should consult with family representatives such as Parent Carer Forums. Joint commissioning arrangements **must** consider the needs of children and young people with SEN and disabilities. Partners should also work with commissioners of adult services to ensure that there are smooth transitions between children's and adult services. This will involve working with a range of professionals in the public, private, voluntary and community sectors and will help those with SEN or disabilities prepare for adulthood, including living independently and employment.

Education, Health and Care: roles and responsibilities

Designated Medical/Clinical Officer

- 3.45 Partners should ensure there is a Designated Medical Officer (DMO) to support the CCG in meeting its statutory responsibilities for children and young people with SEN and disabilities, primarily by providing a point of contact for local partners, when notifying parents and local authorities about children and young people they believe have, or may have, SEN or a disability, and when seeking advice on SEN or disabilities. This does not alter the CCG's responsibility for commissioning health provision.
- 3.46 The DMO provides the point of contact for local authorities, schools and colleges seeking health advice on children and young people who may have SEN or disabilities, and provides a contact (or contacts) for CCGs or health providers so that appropriate notification can be given to the local authority of children under compulsory school age who they think may have SEN or disabilities. The DMO can support schools with their duties under the 'Supporting Pupils with Medical Conditions' guidance. The DMO would not routinely be involved in assessments or planning for individuals, except in the course of their usual clinical practice, but would be responsible for ensuring that assessment, planning and health support is carried out. Some CCGs may delegate key decisions to the DMO (for example, agreeing the health services in an EHC plan).

- 3.47 The DMO should have an appropriate level of clinical expertise to enable them to exercise these functions effectively, and should be designated as the DMO in their job description. There may be one DMO for several CCGs and local authorities, where there are joint arrangements or shared commissioning responsibilities, and given the age range of EHC plans from birth to 25, the DMO may need to liaise with colleagues outside paediatrics.
- 3.48 This is a non-statutory role which would usually be carried out by a paediatrician, but there is local flexibility for the role to 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). The person in this role should have appropriate expertise and links with other professionals to enable them to exercise it in relation to children and young adults with EHC plans from the age of 0 to 25 in a wide range of educational institutions.

Children's social care

- 3.49 Where a child or young person has been assessed as having social care needs in relation to their SEN or disabilities social care teams:
- **must** secure social care provision under the Chronically Sick and Disabled Persons Act (CSDPA) 1970 which has been assessed as being necessary to support a child or young person's SEN and which is specified in their EHC plan
 - should provide early years providers, schools and colleges with a contact for social care advice on children and young people with SEN and disabilities
 - **must** undertake reviews of children and young people with EHC plans where there are social care needs
 - should make sure that for looked after children and care leavers the arrangements for assessing and meeting their needs across education, health and social care are co-ordinated effectively within the process of care and pathway planning, in order to avoid duplication and delay, to include in particular liaising with the Virtual School Head (VSH) for looked after children
- 3.50 Where children or young people with SEN or disabilities also have a child in need or child protection plan, the social worker within the SEN team should ensure the statutory timescales for social care assessments are met and any assessments are aligned with EHC needs assessments wherever possible. [*Working Together to Safeguard Children*](#) (2013) gives full details. A link is available in the References section under Chapter 3.

Adult social care

- 3.51 Young people with SEN or disabilities turning 18 may become eligible for adult social care services, regardless of whether they have an EHC plan or whether they have been receiving services from children's social care.
- 3.52 The Care Act 2014 and the associated regulations and guidance set out the requirements on local authorities when young people are approaching, or turn, 18 and are likely to require an assessment for adult care and support. These are intended to support effective transition from children's to adult social care services. For those already receiving support from children's services, the Care Act makes it clear that local authorities **must** continue to provide children's services until adult provision has started or a decision is made that the young person's needs do not meet the eligibility criteria for adult care and support following an assessment. Children's services **must not** be discontinued simply because a young person has reached their 18th birthday. More information on this is given in Chapter 8, Preparing for Adulthood.
- 3.53 Local authorities and their partners **must** co-operate in the provision of adult care and support in promoting the individual's wellbeing and local authorities **must**:
- promote the integration of adult care and support and health services
 - arrange the provision of preventative resources that can be accessed by those who require support but who do not have eligible needs (under the Care Act 2014).
 - ensure a diverse and high quality range of services to meet assessed care and support needs
- 3.54 Local authorities **must** provide information and advice on the range of services available. They should include in their Local Offer relevant information and advice on local provision and how to receive an assessment for transition to adult care and support.
- 3.55 The transition from children's to adult services needs to be well managed and should take place at a time that is appropriate for the individual. This is particularly important where young people's assessed needs do not meet eligibility criteria for adult services.
- 3.56 Local authorities and their partners should work together to ensure effective and well supported transition arrangements are in place; that assessment and review processes for both Care plans and EHC plans are aligned; that there is effective integration with health services, and that there is a good range of universal provision

for inclusion in the Local Offer. Young people and their families should not be expected to repeatedly provide duplicate information to different services, or to attend numerous reviews, or receive support that is not co-ordinated and joined up. There should be clear and joined-up decision-making processes and lines of accountability for considering when the transition to adult services should take place and ensuring that children's services continue to be in place for as long as required.

- 3.57 Local authorities should consider ways of supporting carers. Parent carers have often had to give up paid work after their child leaves full time education. Loss of paid employment can have a significant impact on the carer's wellbeing and self-esteem as well as a significant impact on the family's financial circumstances. Taking a whole family approach to care and support planning that sets out a 'five-day offer' for a young person and support for a carer to manage an increased caring role (which ideally allows them to stay in paid work if they wish to do so) can help families manage the transition and save money by avoiding costly out-of-area placements. More information on this is provided in the Care Act Statutory Guidance. Chapter 8 of this Code provides guidance on packages of provision across five days for young people with EHC plans.
- 3.58 Support for carers includes any support assessed as being reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN. It can include any services assessed under an early help assessment and/or under Section 17 or Section 47 of the Children Act 1989 or eligible needs identified by assessments under adult care provisions. It can also include services for parents and carers which will support the child's outcomes, such as mental health support.

Health services for children and young people with SEN and disabilities and their families

- 3.59 Health services for children and young people with SEN or disabilities provide early identification, assessment and diagnosis, intervention and review for children and young people with long-term conditions and disabilities, for example chronic fatigue syndrome, anxiety disorders or life-threatening conditions such as inoperable heart disease. Services are delivered by health professionals including paediatricians, psychiatrists, nurses and allied health professionals such as occupational therapists, speech and language therapists, habilitation trainers, physiotherapists and psychologists. In addition, public health services for children ensure a whole population approach to health and wellbeing including preventative services such as immunisation for the whole population and targeted immunisation for the most vulnerable.

- 3.60 Health services support early identification of young children who may have SEN, through neonatal screening programmes, the Healthy Child Programme, and specialist health and developmental assessment where concerns have been raised. Community paediatricians in conjunction with other health professionals, particularly therapists, are often the first people to notify young children with SEN to local authorities. They provide diagnostic services and health reports for EHC needs assessments. CCGs, NHS Trusts, and NHS Foundation Trusts **must** inform the appropriate local authority if they identify a child under compulsory school age as having, or probably having, a disability or SEN (Section 23 of the Children and Families Act 2014).
- 3.61 The multi-disciplinary child health team, including paediatricians, therapists, clinical psychologists, dieticians and specialist nurses such as health visitors, school nurses and community children's nursing teams, provide intervention and review for children and young people with SEN and disabilities and should contribute to supporting key transition points, including to adulthood. They aim to provide optimum health care for the children, addressing the impact of their conditions, managing consequences for the families and preventing further complications.
- 3.62 Health professionals advise education services on managing health conditions such as epilepsy and diabetes, and health technologies such as tube feeding, tracheostomy care and ventilation in schools. They are able to provide an ongoing overview of health and wellbeing. They seek advice from paediatric specialists when necessary and facilitate training for education staff.
- 3.63 Therapists have important and specific roles in supporting children and young people with SEN or disabilities, working directly with children and young people, advising and training education staff and setting programmes for implementation at home and in school.

Local authorities' role in delivering health services

- 3.64 Local authorities and CCGs should consider how best to integrate the commissioning of services for children and young people who have SEN with the CCG's broad responsibility for commissioning health services for other groups, including preventative services, and the local authority's responsibility for health protection and health improvement for the local population. The local authority in particular has responsibility for securing a range of public health services which may be relevant for children and young people, and should consider how this can be aligned with the arrangements for commissioning services for children and young people who are disabled or who have SEN – for example, the Healthy Child Programme for pre-school and school-age children, including school nursing. A factsheet has been produced on the public health responsibilities of local authorities

and is available from the GOV.UK website (see References section under Chapter 3 for a link).

The health commissioning duty

- 3.65 As health service commissioners, CCGs have a duty under Section 3 of the NHS Act 2006 to arrange health care provision for the people for whom they are responsible to meet their reasonable health needs. (NHS England may also have commissioning responsibility for some children and young people – for example in some secure children’s homes – and therefore a similar duty to meet their reasonable needs.) This is the fundamental basis of commissioning in the NHS. Where there is provision which has been agreed in the health element of an EHC plan, health commissioners **must** put arrangements in place to secure that provision. This issue is explored in more detail in Chapter 9.

Schools and post-16 settings as commissioners

- 3.66 Schools, including early years providers, and post-16 settings can also be commissioners in their own right. Schools have a notional SEN budget and many schools will commission services (such as speech and language therapy, pastoral care and counselling services) to support pupils. Schools **must** work with the local authority in developing the Local Offer, which could include school-commissioned services. The school **must** set out its SEN policy and information on its approach to supporting children and young people with SEN. The school’s governing body **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions and should ensure that school leaders consult health and social care professionals, pupils and parents to make sure that the needs of children with medical conditions are effectively supported.
- 3.67 Joint commissioning arrangements should reflect this local commissioning and should ensure services being commissioned by schools are suitably supported to deliver positive outcomes for children and young people.

Regional commissioning: meeting the needs of children and young people with highly specialised and/or low-incidence needs

- 3.68 Partners should consider strategic planning and commissioning of services or placements for children and young people with high levels of need across groups of authorities, or at a regional level. The benefits include:
- greater choice for parents and young people, enabling them to access a wider range of services or educational settings

- greater continuity of support for children and young people in areas where there is a great deal of movement across local authorities (for example, in London)

NHS England already commissions specialist health services at a regional and national level, so local partners will need to engage and integrate these arrangements to support local joint commissioning activity.

3.69 When a health body is considering a placement that includes an education commitment, such as a placement in residential care, they should consult the local authority prior to the decision being made (see Chapter 10, paragraph 10.49). The Winterbourne View Concordat emphasised the need for high quality local provision – local authorities and CCGs should work together to consider how they will reduce out-of-area placements. Regional commissioning may help them to do this. Statutory guidance on long-term residential care is available on the GOV.UK website (see References section under Chapter 3 for a link).

Local accountability

3.70 The roles and responsibilities of bodies involved in joint commissioning arrangements are summarised below:

Agency	Key responsibilities for SEN or Disability	Accountability
Local authority	Leading integration arrangements for Children and Young People with SEN or disabilities	Lead Member for Children's Services and Director for Children's Services (DCS)
Children's and adult social care	Children's and adult social care services must co-operate with those leading the integration arrangements for children and young people with SEN or disabilities to ensure the delivery of care and support is effectively integrated in the new SEN system.	Lead Member for Children and Adult Social Care, and Director for Children's Services (DCS), Director for Adult Social Services (DASS).
Health and Wellbeing Board	The Health and Wellbeing Board must ensure a joint strategic needs assessment (JSNA) of the current and future needs of the whole local population is developed. The JSNA will form the basis of NHS and local authorities' own commissioning plans, across health, social care, public health	Membership of the Health and Wellbeing Board must include at least one local elected councillor, as well as a representative of the local Healthwatch organisation. It must also include the local DCS, DASS, and a senior CCG

Agency	Key responsibilities for SEN or Disability	Accountability
	<p>and children's services.</p> <p>This is likely to include specific needs of children and young people with SEN or disabilities.</p>	<p>representative and the Director of Public Health.</p> <p>In practice, most Health and Wellbeing Boards include more local councillors, and many are chaired by cabinet members.</p>
Clinical Commissioning Group	<p>To co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review.</p>	<p>CCGs will be held to account by NHS England.</p> <p>CCGs are also subject to local accountability, for example, to the Health and Wellbeing Board for how well they contribute to delivering the local Health and Wellbeing Strategy.</p> <p>Each CCG has a governing body and an Accountable Officer who are responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically and to improve the quality of services and the health of the local population whilst maintaining value for money.</p>
NHS England	<p>NHS England commissions specialist services which need to be reflected in local joint commissioning arrangements (for example augmentative and alternative communication systems, or provision for detained children and young people in relevant youth accommodation).</p>	<p>Secretary of State for Health</p>
Healthwatch	<p>Local Healthwatch organisations are a key mechanism for enabling people to share their views and concerns – to ensure that commissioners have a clear</p>	<p>Local Healthwatch organisations represent the voice of people who use health and social care on</p>

Agency	Key responsibilities for SEN or Disability	Accountability
	picture of local communities' needs and that this is represented in the planning and delivery of local services. This can include supporting children and young people with SEN or disabilities.	the Health and Wellbeing Board. They are independent, but funded by local authorities.
Maintained nurseries and schools (including academies)	<p>Mainstream schools have duties to use best endeavours to make the provision required to meet the SEN of children and young people. All schools must publish details of what SEN provision is available through the information report and co-operate with the local authority in drawing up and reviewing the Local Offer.</p> <p>Schools also have duties to make reasonable adjustments for disabled children and young people, to support medical conditions and to inform parents and young people if SEN provision is made for them.</p> <p>More information about the role of early years settings, schools and post-16 institutions is given in Chapters 5 to 7.</p>	Accountability is through Ofsted and the annual report that schools have to provide to parents on their children's progress.
Colleges	<p>Mainstream colleges have duties to use best endeavours to make the provision required to meet the SEN of children and young people. Mainstream and special colleges must also co-operate with the local authority in drawing up and reviewing the Local Offer.</p> <p>All colleges have duties to make reasonable adjustments for disabled children and young people.</p> <p>More information about duties on the further education sector is in Chapter 7.</p>	Accountable through Ofsted and performance tables such as destination and progress measures.

3.71 These arrangements do not affect the disagreement resolution and complaints procedures described in Chapter 11. Local authorities **must** include in their Local Offer information on how complaints can be made about services.

4 The Local Offer

What this chapter covers

This chapter explains the statutory duties on local authorities to develop and publish a Local Offer setting out the support they expect to be available for local children and young people with special educational needs (SEN) or disabilities. It covers:

- preparing and reviewing the Local Offer, including involving children, young people and parents and those providing services
- publishing the Local Offer
- publishing comments on the Local Offer and the action to be taken in response
- what **must** be included in the Local Offer
- information, advice and support

Relevant legislation

Primary

Sections 27, 28, 30, 32, 41, 49, and 51-57 of the Children and Families Act 2014

Equality Act 2010

Regulations

The Special Educational Needs and Disability Regulations 2014 (Part 4)

What is the Local Offer?

- 4.1 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 who do not have Education, Health and Care (EHC) plans. In setting out what they 'expect to be available', local authorities should include provision which they believe will actually be available.
- 4.2 The Local Offer has two key purposes:
- To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it, and

- To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review

- 4.3 The Local Offer should not simply be a directory of existing services. Its success depends as much upon full engagement with children, young people and their parents as on the information it contains. The process of developing the Local Offer will help local authorities and their health partners to improve provision.
- 4.4 The Local Offer **must** include provision in the local authority's area. It **must** also include provision outside the local area that the local authority expects is likely to be used by children and young people with SEN for whom they are responsible and disabled children and young people. This could, for example, be provision in a further education college in a neighbouring area or support services for children and young people with particular types of SEN that are provided jointly by local authorities. It should include relevant regional and national specialist provision, such as provision for children and young people with low-incidence and more complex SEN.
- 4.5 Local authorities and those who are required to co-operate with them need to comply with the Equality Act 2010, including when preparing, developing and reviewing the Local Offer.
- 4.6 The Special Educational Needs and Disability Regulations 2014 provide a common framework for the Local Offer. They specify the requirements that all local authorities **must** meet in developing, publishing and reviewing their Local Offer, and cover:
- the information to be included
 - how the Local Offer is to be published
 - who is to be consulted about the Local Offer
 - how children with SEN or disabilities and their parents and young people with SEN or disabilities will be involved in the preparation and review of the Local Offer, and
 - the publication of comments on the Local Offer and the local authority's response, including any action it intends to take in relation to those comments

4.7 The Local Offer should be:

- **collaborative:** local authorities **must** involve parents, children and young people in developing and reviewing the Local Offer. They **must** also co-operate with those providing services
- **accessible:** the published Local Offer should be easy to understand, factual and jargon free. It should be structured in a way that relates to young people's and parents' needs (for example by broad age group or type of special educational provision). It should be well signposted and well publicised
- **comprehensive:** parents and young people should know what support is expected to be available across education, health and social care from age 0 to 25 and how to access it. The Local Offer **must** include eligibility criteria for services where relevant and make it clear where to go for information, advice and support, as well as how to make complaints about provision or appeal against decisions
- **up to date:** when parents and young people access the Local Offer it is important that the information is up to date
- **transparent:** the Local Offer should be clear about how decisions are made and who is accountable and responsible for them

Preparing and reviewing the Local Offer

Involving children and young people and parents

4.8 Local authorities **must** involve children with SEN or disabilities and their parents and young people with SEN or disabilities in:

- planning the content of the Local Offer
- deciding how to publish the Local Offer
- reviewing the Local Offer, including by enabling them to make comments about it

4.9 Local authorities should do this in a way which ensures that children, young people and parents feel they have participated fully in the process and have a sense of co-ownership. This is often referred to as 'co-production'. Local authorities should take steps to ensure that their arrangements for involving children, young people and parents include a broadly representative group of the children with SEN or disabilities and their parents and young people with SEN or disabilities in their area.

Parent Carer Forums, young people's forums and other local groups are useful ways to engage families.

- 4.10 Local authorities should publicise in their Local Offer the ways in which they will involve children, young people and parents in developing and reviewing it. Local authorities should ensure that they provide support that enables children, young people and parents to contribute to decision-making at this strategic level and the Local Offer should include details of this support, which should include Parent Carer Forums and local voluntary organisations.

Young people

- 4.11 Local authorities **must** engage young people directly in developing and reviewing the Local Offer and should consider setting up a forum, or a range of forums, to do so. Local authorities should make every effort to engage a cross-section of young people with a range of SEN and disabilities, in a variety of settings and circumstances and at different ages within the 16–25 age range. Local authorities should make every effort to establish the issues on which young people most want to be engaged. They should also consider using a variety of methods to engage young people. These could include surveys and social media or young people's forums, and making existing consultation groups, such as a local youth council, accessible to young people with SEN or disabilities. Young people should also have opportunities to be engaged independently of their parents.
- 4.12 When organising participation events for young people, local authorities should endeavour to ensure full accessibility by considering:
- **timing:** holding events when young people are most likely to be free and not when they are likely to be in education (unless arrangements have been made with their education providers)
 - **transport:** explaining to young people how to travel to an event, with clear instructions, maps and, particularly in rural areas, details of a taxi service which is accessible to those with disabilities
 - **physical accessibility:** for example, access for a number of wheelchair users
 - **accessibility of content:** providing materials in different formats and tailored to meet different cognitive abilities and reading skills and supporting different communication needs, avoiding jargon and acronyms wherever possible and where this is not possible, explaining terms used

- **age appropriateness:** keeping membership of young people's forums under review as the participants get older, and bearing in mind the very different stages that young people will be at from the age of 16 to 25

Whatever the means of consultation and engagement local authorities should let participants know the outcome of discussions so that they will know what will happen as a result of their contribution.

Parents

- 4.13 Effective parent participation can lead to a better fit between families' needs and the services provided, higher satisfaction with services, reduced costs (as long-term benefits emerge), better value for money and better relationships between those providing services and those using them. Local authorities and parents should work together to establish the aims of parent participation, to mark progress and build trust. To enable effective parental participation, local authorities should consider in particular the timing of events and meetings – for example, organising them during the school day while children are at school and ensuring that parents have enough notice to allow them to organise childcare.

Involving schools, colleges, health services and others

- 4.14 Local authorities and their partner bodies and agencies **must** co-operate with each other in the development and review of the Local Offer. This is essential so that the Local Offer provides a comprehensive, transparent and accessible picture of the range of services available.
- 4.15 The most relevant local partners who are required to co-operate with the local authority in relation to the Local Offer include:
- the governing bodies of schools that the local authority maintains
 - the proprietors of academies and free schools in the local authority's area
 - the proprietors of non-maintained special schools that are in the local authority's area or provide education or training for children and young people in the local authority's area
 - the governing bodies of further education colleges and sixth form colleges that are in the local authority's area or are attended or likely to be attended by young people from their area
 - the management committees of pupil referral units that are in the local authority's area or are attended or likely to be attended by young people from their area

- the proprietors of independent specialist colleges and independent schools specially organised to make provision for children and young people with SEN which have been included on the list of institutions approved by the Secretary of State for the purpose of enabling parents and young people to request that they are named on an EHC plan and are in the local authority's area or are attended or likely to be attended by children and young people in their area
- any other person (other than a school or college) that makes special educational provision for children or young people for whom the local authority is responsible, including providers of relevant early education
- NHS England and any relevant health bodies including:
 - clinical commissioning groups (CCGs) whose areas coincide with or fall within the local authority's area or which have a duty under section 3 of the National Health Service Act 2006 to arrange for the provision of services for any children or young people for whom the local authority is responsible
 - an NHS Trust or NHS Foundation Trust which provides services in the local authority's area or for children and young people for whom the authority is responsible, or
 - a Local Health Board with functions in relation to children and young people for whom the local authority is responsible

4.16 The local authority should engage with the providers of relevant early years education, particularly those in receipt of early education funding.

4.17 The local authority must also ensure that all its officers co-operate with each other in respect of the Local Offer. This must include those whose roles relate to social services or who will contribute to helping young people make a successful transition to adulthood – for example those working in housing and economic regeneration.

Keeping the Local Offer under review

4.18 The requirement on local authorities to publish comments on their Local Offer and their response to those comments is relevant to their duty to keep under review the educational and training provision and social care provision for children and young people with SEN or disabilities and their role in contributing, with their partner CCGs, to Joint Strategic Needs Assessments and the development of local Health and Wellbeing Strategies (see chapter 3).

4.19 Local authorities **must** keep their educational and training provision and social care provision under review and this includes the sufficiency of that provision. When

considering any reorganisation of SEN provision decision makers **must** make clear how they are satisfied that the proposed alternative arrangements are likely to lead to improvements in the standard, quality and/or range of educational provision for children with SEN (School organisation (maintained schools), Annex B: Guidance for Decision-makers, DfE 2014 – see the References section under Chapter 4 for a link).

- 4.20 Local authorities should link reviews of education, health and social care provision to the development and review of their Local Offer and the action they intend to take in response to comments. This will help to identify gaps in provision and ensure that the Local Offer is responsive to the needs of local children and young people and their families. At a strategic level local authorities should share what they have learned from the comments they receive with local Health and Wellbeing Boards where appropriate, to help inform the development of Health and Wellbeing Strategies and the future provision of services for children and young people with or without EHC plans.

Publishing comments about the Local Offer

- 4.21 Local authorities **must** publish comments about their Local Offer received from or on behalf of children with SEN or disabilities and their parents and young people with SEN or disabilities.
- 4.22 Comments **must** be published if they relate to:
- the content of the Local Offer, which includes the quality of existing provision and any gaps in the provision
 - the accessibility of information in the Local Offer
 - how the Local Offer has been developed or reviewed
- 4.23 It is up to local authorities to decide on the format for publishing comments but they should consult children and young people with SEN or disabilities and parents and representative organisations such as Parent Carer Forums and local organisations providing information, advice and support to parents, children and young people about this, including the local authority's Information, Advice and Support Service. They should make clear how they have sought comments about the Local Offer.
- 4.24 Local authorities **must** publish a summary of comments at least annually, although this is expected to be an ongoing process. They **must** ensure that comments are published in a form that does not enable any individual to be identified.
- 4.25 Local authorities are not expected to publish responses to every comment individually but could, for example, adopt a 'you said, we did' approach. They are not required to publish abusive or vexatious comments or complaints about the service

provided to an individual since there are established routes to bring such complaints. The Local Offer should make clear what these routes are and how to access them.

Taking action in response to comments about the Local Offer

- 4.26 Local authorities **must** publish their response to comments received within the Local Offer and this **must** include details of the action they intend to take. They should consult children and young people with SEN or disabilities and the parents of children with SEN or disabilities in relation to the action they intend to take.
- 4.27 Where appropriate, local authorities should also feed back comments to commissioners of services and the services themselves, including those in neighbouring local authorities. Comments should be used to inform commissioning decisions and decisions about the specific nature and type of provision that local families want.
- 4.28 Local authorities should ensure they have access to good quality data to inform their decisions when reviewing provision and taking action to develop their Local Offer.

What must be included in the Local Offer?

- 4.29 Local authorities **must** include information about all the areas specified in the Special Educational Needs and Disability Regulations 2014. They may wish to include wider information, taking account of their discussions with children with SEN or disabilities and their parents and young people with SEN or disabilities.
- 4.30 The Local Offer **must** include information about:
- special educational, health and social care provision for children and young people with SEN or disabilities – this should include online and blended learning
 - details of how parents and young people can request an assessment for an EHC plan
 - arrangements for identifying and assessing children and young people's SEN – this should include arrangements for EHC needs assessments
 - other educational provision, for example sports or arts provision, paired reading schemes
 - post-16 education and training provision
 - apprenticeships, traineeships and supported internships

- information about provision to assist in preparing children and young people for adulthood (see paragraphs 4.52 to 4.56)
- arrangements for travel to and from schools, post-16 institutions and early years providers
- support to help children and young people move between phases of education (for example from early years to school, from primary to secondary)
- sources of information, advice and support in the local authority's area relating to SEN and disabilities including information and advice provided under Section 32 of the Children and Families Act 2014, forums for parents and carers and support groups
- childcare, including suitable provision for disabled children and those with SEN
- leisure activities
- support available to young people in higher education, particularly the Disabled Students Allowance (DSA) and the process and timescales for making an application for DSA
- arrangements for resolving disagreements and for mediation, and details about making complaints
- parents' and young people's rights to appeal a decision of the local authority to the First-tier Tribunal (SEN and disability) in respect of SEN and provision
- the local authority's accessibility strategy (under paragraph 1 Schedule 10 to the Equality Act 2010)
- institutions approved under Section 41 of the Children and Families Act 2014

4.31 The Local Offer should cover:

- support available to all children and young people with SEN or disabilities from universal services such as schools and GPs
- targeted services for children and young people with SEN or disabilities who require additional short-term support over and above that provided routinely as part of universal services
- specialist services for children and young people with SEN or disabilities who require specialised, longer term support