



The Michael Sieff Foundation

Working together for children's welfare

Michael Sieff Foundation

Scoping Seminar on Education Health and Care Plans

18 January 2018 at the Nuffield Foundation

Plenary Session Feedback and Discussion

The Michael Sieff Foundation Trustees will want solid proposals as to what the Foundation can try and pursue with chairs of select committees, potentially ministers and shadow ministers on this set of issues that are clearly bubbling for everybody across the sector, directors and deputy directors in local authorities, directors in Public Health, leaders of social care teams, social care workers – those who provide in the sector; mainstream schools all the way to special schools and so on.

It's a really big issue for politicians and it's an enormous issue for the academics as well so we know that there are lots and lots of bits of this landscape and it's a really complicated jigsaw and part of what we need to try and do is distil that so we've got whatever Sieff can contribute without treading on anybody else's toes or duplicating effort, because everybody is busy. We would like by the end of this afternoon to know whether you think that touching base with each other on a quarterly basis as we go forward would be useful. We would like to know whether you would be comfortable with everybody in this room having everybody else's email addresses because potentially there is quite a strong network that could develop. We would like to know whether you've got fantastic ideas for someone with £1m that could fund an amazing research program that would pull it all together.

The WHO International Classification of Functioning, Disability and Health (ICF) needs discussion.

Group 1

- 1) Could the Foundation explore the impact of an ICF lens on the EHCP process? In particular, could it simplify planning? Could it give a clearer outcome? Could it impact on having a stronger common language? Could it impact on child voice? Could it impact on an

understanding of the assessment process, perhaps even a standardised assessment process?

Is the ICF a good framework for dealing with the EHCP issues?

- 2) What else would assist the EHCP? A template? A handbook? A glossary? Input from professional bodies and the Third Sector?
- 3) Training and understanding in schools – looking at what works, looking at the EHCP process from start to finish. Is the Local Offer more about navigation rather than driving accessibility of provision?
- 4) Include legal training for all concerned to ensure that the right information is used by all parties about rights to support and timely interventions.

Group 2

- 1) Raise awareness of oral language, which is the foundation of learning and social participation and is likely to be a big issue for everyone who receives an EHCP. It's often not recognised, so to make that the core of the plan, whatever your diagnosis, there needs to be some provision to ensure that children have the language and communication skills they need to be able to participate. Sensory/motor development is the fundamental precursor and support to language development. Training needs to identify child developmental stages which are not age, but stage, related. There is a need for effective analysis of Sensory/Motor and Communication issues in children as the basis for teaching and learning.
- 2) There should be a section in an EHCP template for Speech, Language and Communication in every plan. (Note forthcoming publication of an I CAN / Royal College of Speech Therapists report "Bercow Ten Years On" – 2008).
- 3) There are good practice documents available, such as that published by the CDC. Note a quote from one of the children whose EHCP was an example of good practice: "just because I can't speak doesn't mean I can't communicate". Use the key words: Speech. Language. Communication.
- 4) Encourage the Centre for Inclusive Education to promote a forum for multi-disciplinary training, activity, in particular the development of common language.

Group 3

- 1) The identification of a clear model or models that are not diagnosis-based but are based on participation and functioning, that can support eligibility, description of needs and the delivery of outcomes.

- 2) More funding for short-term and longitudinal research that can provide the evidence necessary to improve professional practice. Often the reports that are developed by the professionals are quite vague and not really based on research evidence. There should be a push for research that actually demands those links between evidence and professional practice.

Group 4

- 1) There needs to be a model that encompasses the development of shared practice, learning and language and the ICF is used in lots of countries so why should we be any different? We're at this moment of opportunity, because the Royal Colleges are going through all sorts of renaissances in medical terms, there's a new Social Work England, there's a new chartered college for teaching, HE is about to start to be reviewed on REF, KEF and TEF and it seems to me that KEF (Knowledge Exchange Framework) has the potential to help HE to create the community of shared practice that can use research evidence to continue to pump knowledge into a system that sometimes loses its way if its not got research behind it.
- 2) We talked quite a lot about trying to break down silos between bits of the workforce and remembering the 2004 Act's insistence that you try to share what you could, when you could, on a common platform, and the need for all professions to have at least some basic understanding of what they're looking at when they look at a child with non-normative development, whatever the reason behind that non-normative development taking place.
- 3) Could Sieff look at trying, through influence on the research community or through a grant, to do some ground-breaking work on what prevention saves you in the long run. Waiting until the child is in absolute crisis and the family has melted is it a bit of an expensive thing to do, where as if you get in early, you are using a common framework and it is research-based, you should be able to change and turn a family and a child's life, into a different path.

Group 5

- 1) There must be better accountability, both within schools and providing services. There are many children without plans that need plans – they have to be looked at.
- 2) Perhaps Ofsted should set targets for inclusivity and not be allowed to award good or outstanding ratings to schools unless they can show that they have good or outstanding special needs provision and they can evidence that they take responsibility for a fair share of their SEN pupils.
- 3) SEND provision should be is at the centre of education policy instead of on the outside.

- 4) Exploring the ICF as a means of delivering all sorts of services, including the training of educators, health professionals and social care in working collaborative to meet the needs of children, which is clearly a gap at the moment.
- 5) Teacher training/ continuing professional development should incorporate a greater element of SEN training for all teachers. Health care training/ continuing professional development should incorporate a greater element of SEN training for all professionals.
- 6) Wellbeing services/CAMHS must have a greater role in supporting SEN pupils. The link between SEN and emotional, behavioural and mental health should be more overtly acknowledged.
- 7) There is a lack of EP and OT support and the lag in getting them involved in the process is far too great. Timely intervention is very important.
- 8) Where is social care in the system? Do they think it is the responsibility of education. Social workers also need training/ continuing professional development in this area.
- 9) Once EHC plans are written, whose job should it be to ensure that plans are properly delivered/implemented?

Further Discussion

There is some work that's being doing under the horizon at Exeter by Brian Norwich's group. It's adopting health economics strategies to look at these particular issues. There are also a group who are kicking around the idea of National Centre for Learning Needs – partly because we're all researchers and want to do more research and want more money for it – but on a more pragmatic level to focus on the economic cost of not meeting needs. That's a big political issue. If we had a way of advancing that, drawing on all the things we've said, I think that would be a major way of helping. Is it worth approaching the Gates Foundation and saying "*We need £30m over four, five, ten years to start this up*".

This may link to discussion of historically based research rather than new, slow longitudinal measures. I believe there are places where statements, levels of need and educational processes have been outlined, followed and young people's outcomes are known. These are available through schools including St Catherine's and parent groups. The Wellcome Trust might be a potential funder for a more immediate review of input and outcome. This may then sit alongside the Exeter work on models of costings. NAS already has lifetime costings research available for families and individuals on the spectrum.

We need to consider the ICF and the analysis of need by professionals from SLT, OT, EP backgrounds and how this is key to identifying bench marks for developmental and educational reasons.

There should be a gold standard for EHC Plans. Without it there is a risk of different sorts of schools working in different ways, having different accountabilities. If we don't have it as a matter of something that everyone has got to do, it will be partial and it will exacerbate the problem. Children who have been in three different areas may have had three different experiences, three different sets of language, three sets of assessments.

Closing Comments

Sieff wants to avoid duplicating the work of others, but to join our voices as allies in other people's efforts. There are current opportunities all over the place. We've got an entirely new ministerial team. We've got new ministers in Health, we've got real interest from people like Anne Milton in terms of post-16 and she is being quite vociferous and vocal at the moment and there could easily be changes in select committee chairmanships and other things coming as well. It seems to me that in the next six to 12 months, we can work alongside the LJ and ADC as allies to push for progress. If you've got MPs that you think would be interested in talking to us that have got influence within their party structures, pass us their names and we will put them on our list.

We need a community of interchangeable, multi-agency, multi-advocacy practitioners and sounding-board individuals.

If there's anyone that we're obviously missing that you think we could involve in this group, please let me know. We don't have everybody by any means. The size of what we could do this afternoon was limited by the fact we wanted a proper, in-depth discussion. It was inevitable that we weren't going to be able to include everyone. But it's a start, and it's really important that we made it.

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