

Report of Head of Service: Complex Needs

Report to Children and Families Scrutiny Board

Date: 16th October 2014

Subject: The Children and Families Act 2014: SEN and Disability Reforms



Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

The Children and Families Act became law in March 2014. The law brings changes to a number of areas including family justice, care and in particular children and young people with special educational needs and disabilities (SEND). The special educational needs and disabilities changes are the most significant in 30 years and include:

1. Leeds City Council is required to produce a 'local offer' of services for children, young people and their families. This Leeds Local Offer should clearly set out what services are available locally, for those aged 0-25 with special educational needs and disabilities, and how to access the services.
2. Statements of Special Educational Need (Statements) and Learning Difficulty Assessments (LDAs) must be replaced with Education, Health and Care Plans (EHCPs). Education, Health and Care Plans are for the 0-25 age range with complex needs, and must focus on outcomes and preparation for adulthood.
3. Leeds City Council, as part of the Education, Health and Care Plan process is required to offer the option of a personal budget. Personal budgets can be managed different ways to increase self-direction, choice and control.
4. Leeds City Council's Complex Needs Service is required to work in a more integrated way with Social Care and the NHS, including the joint commissioning of services.

Recommendations

Scrutiny Board is recommended to consider and note:

- the progress to implement the Special Educational Needs and Disabilities reforms outlined in the Children and Families Act 2014 made by the programme;
- the progress made to develop and maintain high levels of engagement with partners, children, young people and families affected by the changes;
- the impact of the proposed changes on Council services and the resource implications, which will be kept under review as the longer term implications cannot be fully anticipated (detail in sections 4.4.3 through 4.4.14);
- that the DfE has made grant available to support the implementation;
- whether there are particular aspects of the reforms upon which members would like to receive further reports.

1 Purpose of this report

- 1.1 To provide the board with an update on the Special Educational Needs and Disabilities reforms of the Children and Families Act 2014, that came into effect on the 1st September 2014.
- 1.2 To highlight the implications of the Special Educational Needs and Disabilities reforms on Children's Services and our partners, particularly the financial impact.
- 1.3 To identify the opportunities that the Act offers to maximise our resources to have a positive lifelong impact, actively engaging young people at risk of disenfranchisement and preparing them for adulthood and active citizenship.

2 Background information

- 2.1 The Children and Families Act (the Act) became law on the 13th March 2014. The act encompasses a broad range of changes affecting children, young people and their families, including parental leave and family justice. This report will focus on the Special Educational Needs and Disabilities reforms contained within the Act. It should be noted that the Health and Wellbeing Board has previously considered a report on the implications of this legislation.
- 2.2 The purpose of the Special Educational Needs and Disabilities reforms is to improve outcomes and life chances for children and young people with Special Educational Needs and Disabilities. The vision for Leeds children and young people with Special Educational Needs and Disabilities is the same as for all Leeds children: that they achieve well in early years, school and post 16 education and training; have choice and control; and lead happy and fulfilled lives.
- 2.3 Children and young people with Special Educational Needs and Disabilities are a significant proportion of children nationally: in 2012/13 1.55 million children or 18.7% of the school population were reported to have some degree of Special Educational Needs and Disabilities. Children and young people with Special Educational Needs and Disabilities, despite significant deployment of resource, do less well than their peers: they are more likely to be absent or excluded from school and are more than twice as likely to be not in education, employment or training (NEET). Longer term outcomes continue to be poor with 93% of learning disabled people unemployed.
- 2.4 Supporting learning disabled people to achieve specific outcomes is cost effective. When a learning disabled person is supported into employment, it not only improves their self-esteem and independence, it also reduces the lifetime cost to the public purse by about £170,000. Supporting a young person to live semi-independently, rather than in fully supported housing, can reduce the lifetime cost of their support by an estimated £1million.
- 2.5 The main differences that will result from this legislation are;
 - The replacement of Statements of Special Educational Needs within Education, Health and Care Plans for those with the most complex needs,

covering the 0-25 age range. This is intended to improve and streamline planning for individuals, and to coordinate it more effectively

- The opportunity of accessing a personal budget for those with Education, Health and Care Plans to improve flexibility, choice and control.
- The publication of a local offer setting out services that are available locally for children, young people and families where there are additional needs.

2.6 The reforms strengthen person-centred planning and the focus on preparation for adult life. They are intended to promote greater autonomy and maximise independence. By extending the age range for Education, Health and Care plans up to 25 for those who can appropriately continue in education or training, the intention is that a more consistent approach will be maintained across the different educational settings a young person might experience. In addition, the right of appeal to the First Tier Special Educational Needs and Disability Tribunal is extended. This is currently only available for young people up to a maximum age of 19 and then only if they are in a school setting.

2.7 After the age of 25 it is anticipated that young people with complex needs requiring additional support will receive it in an integrated way from Adult Social Care and health, as currently.

2.8 Although Leeds is not one of the Pathfinder authorities, who were piloting the Special Educational Needs and Disabilities reforms early with additional support, good progress towards the implementation has been made and this has been recognised nationally in feedback from the Department for Education.

2.9 The Department for Education has stated that all existing SEN Statements will need to be converted to Education, Health and Care Plans by April 2018.

3 Main issues

Overall Programme

3.1 The Special Educational Needs and Disabilities reforms are underpinned by three key principles of co-production; person-centred planning and outcomes focussed planning. Leeds has agreed that the programme will use the nationally endorsed Early Support Principles (Appendix 1) and all partners will work with families using Restorative Practice; working with families and young people rather than doing things to them or for them. These principles and the approach of the work streams are as important as the final product. The way that the work has been, and must in the future be, undertaken is contained in the guidance that accompanies the Act.

3.2 Leeds City Council is the lead partner, charged with implementing reforms that have significant implications for Health and Education. The partnership element of the reforms is pivotal to the change, shifting the burden of responsibility for coordinating the integration of care around the child to the professionals and the statutory bodies. In addition to coordinating the provision of separate services and sharing information effectively to support informed planning, the legislation

demands financial integration and the creation of shared resources. These changes, and the responsibility placed on Leeds City Council, will require investment in our infrastructure and our workforce.

- 3.3 Swift, effective and coordinated interagency workforce development is a necessity. The workforce will need to understand the act and the principles that underpin it; they will need to know how to communicate the change to families, use new tools and processes, and share the right level of information in a timely and safe manner. Leeds City Council has an interagency workforce development plan, which began with the sessions during the Child Development fortnight in June 2014 and will roll out in autumn 2014.
- 3.4 The legal ground for sharing information when preparing the Education, Health and Care Plan is clear and does not require a further Information Sharing Agreement beyond the robust agreements already in place. Leeds City Council Information Governance and the NHS Trusts' Information Governance fully support sharing information. Effective inter-agency information sharing is being addressed in a coordinated way; any further arrangements will be entirely concerned with the mechanical means of sharing and designed to support workforce development.
- 3.5 Leeds City Council IT infrastructure must support the changes to working practice and the service improvements necessary to respond to the increased volume and complexity of work. The Complex Needs Service has identified temporary IT solutions, in consultation with Leeds City Council IT, for the Leeds Local Offer and the Education, Health and Care Plan process that are in line with the direction of travel within Children's Services and the best option for Leeds that the nascent market has to offer.
- 3.6 The Special Educational Needs and Disabilities reforms programme has three work streams: The Leeds Local Offer; Assessment and Education Health and Care Plans and Personalisation and Personal Budgets.

The Leeds Local Offer

- 3.7 Families have had a real challenge to navigate the path to the services that they need, particularly when their child has very complex needs. Families can have contact with over 40 services during the first two years of their child's life. In 2009 families told the Lamb enquiry how parental confidence in the special educational needs system could be improved; parents wanted information to be accessible, transparent and in one place. The Leeds Local Offer must make it easier for families to know what is available and how to get it. It must also provide the place for families and young people to comment on the offer of services so their needs and views can be used by Leeds City Council and NHS Commissioners to provide an evolving and responsive offer.
- 3.8 The active process of engagement in Leeds has supported the production of the Leeds Local Offer. Children and young people with Special Educational Needs and Disabilities, parents and service providers have been involved in the development of the first iteration of the Leeds Local Offer. To achieve a functional website, and a non-digital version both with the information they require, parents

and young people provided their views on: content, language, presentation and how to avoid potential pitfalls.

- 3.9 The Leeds Local Offer will hold details of the universal elements of services offered in localities, describing how they support children and young people aged 0-25 with Special Educational Needs and Disabilities. This will include all schools, settings and colleges within our borders as well as all of the services offered by Leeds City Council and the NHS. The Leeds Local Offer will also hold the details of additional, targeted and specialist services that have been designed specifically for children and young people with special educational needs and disabilities. Clear information about how reasonable adjustments are made in universal settings, and the thresholds or requirements to access targeted and specialist services, will equip parents and young people to make informed choices about the services they need to support the outcomes they want.
- 3.10 The Leeds City Council website will host the digital version of the Leeds Local Offer. External partners will be responsible for keeping their own web pages up to date but will not be required to submit separate information to keep the Leeds Local Offer current. The IT solution that supports the Leeds Local Offer draws information from specified web pages sited anywhere publically available on the internet, including within the Leeds City Council website. The digital Leeds Local Offer will have an interactive function so children, young people and families can feed back on the current offer of services. The information they provide will be linked to joint commissioning arrangements to inform planning and commissioning; responses must be published at least annually. To support access to the digital Leeds Local Offer, staff across services accessed by families, particularly Libraries and the Leeds City Council contact centres will need to guide families and young people through using the web site.
- 3.11 For families and young people who do not want to use a website, the Leeds SEND Information Advice Support Service (formerly Parent Partnership Service) will operate a helpline and provide support for those who do not use or have access to the internet.

Assessment and Education Health and Care Plans

- 3.12 Families have requested a swifter statutory assessment process. The need for better outcomes focused planning for children and young people has been identified nationally, so that they can live more independently. The statutory process for Statements of Special Educational Need (Statements) and for Learning Difficulties Assessments (LDAs) has been replaced with the Education Health and Care Plan process. The statutory process for Statements was previously completed within 26 weeks; the Education, Health and Care Plan process must be completed in 20 weeks. The Education, Health and Care Plan must include short and longer term goals and incorporate outcomes for the young person as they move towards adulthood. The Education, Health and Care Plan process is more interactive and intensive but must be completed more swiftly.
- 3.13 The Education, Health and Care Plan can begin when a child is born and can remain in place until the young person reaches 25, if they are still in education or training. This is a change as Statements typically did not start (at the earliest)

before the child was two and ceased (at the latest) when the young person was 19. On average, in Leeds, 400 new Statements were generated each year. Leeds City Council can anticipate that ongoing demand will be at least at this level and, in the short to medium term, higher given the wider age-range that applies and the higher birth rates in recent years. This means the Complex Needs Service will be maintaining more Education, Health and Care Plans, as they may both start earlier and finish later.

- 3.14 The live birth rate is increasing year on year and will continue to increase demand on SEN and disability services. The Complex Needs Service is aware of a significant cohort of younger children who have an identified need. Children are also presenting with an increasing level of complexity, where children have more than one type of identified need.
- 3.15 Young people with current Statements and LDAs must be transferred to Education, Health and Care Plans over the next three years. These conversions must be completed in 14 weeks. Leeds has approximately 2,400 existing Statements or 800 conversions each year during the phased three year period. The Complex Needs Service anticipate conversions will be coordinated by the school, as annual reviews are now, but there will be significant additional work for the service as a result of this requirement. In addition to the support needs of the schools, each conversion requires an assessment by an Educational Psychologist. It is also worth noting that for any conversion, if it is not possible to reach agreement on the content of the Education, Health and Care Plan, there is the opportunity for an appeal to the Special Educational Needs and Disabilities Tribunal.
- 3.16 As the lead partner, Leeds City Council will need to manage the involvement of new partners who have previously had very little engagement with the statutory assessment process. Adult health and care providers, who have not had to support Statements, will need to contribute to the Education, Health and Care Plan. Post 16 education and training providers, who have not had to maintain Statements, will need to accommodate the Education, Health and Care Plan. The Education, Health and Care Plan must be reviewed at least annually, and this should be an interactive process, with the young person, at the learning centre.
- 3.17 The IT to support the Education, Health and Care Plan is an upgrade to the current Synergy system. The upgrades will manage the work more effectively and reallocate resource from administration to person centred planning. The reconfigured system will automatically generate management information and statutory returns.

Personalisation and Personal Budgets

- 3.18 Families will benefit from personalisation and person centred planning, a more restorative way of working. The Complex Needs Service want to empower the family and work with them so they are as well-equipped as possible. Together with partners, the service will support the family emotionally, as well as practically, through the assessment process, providing the right information and making sure that the family understands the steps at each stage.

- 3.19 If a young person has an Education, Health and Care Plan in place they will be able to request a personal budget. Young people and families can request: to know the value of their education, health and care package; to have a third party broker manage their personal budget once identified or a personal budget that they can manage directly. Funding will be linked to the outcomes identified in the Education, Health and Care Plan and these will be monitored through the review process.
- 3.20 The long term aim is to have a co-ordinated personal budgets process across agencies, but in the short term it will be possible to identify the three different elements should this be requested.
- 3.21 The education element of the personal budget will be the Element 3 top up funding identified through the well-established Funding For Inclusion (FFI) process. Element 3 is specific to the individual child and can be disaggregated from the school's overall SEN budget. The local authority and school must be in agreement with how the parent intends to use the budget, which must be very clearly linked to the agreed learning outcomes in the Education, Health and Care Plan.
- 3.22 Currently children's continuing health care support must be available as part of a personal budget on request. There are approximately 30 children currently receiving continuing health care in Leeds. Other aspects of health care will be included incrementally, with long term health conditions being the next phase. Clinical Commissioning Groups (CCGs) will have a role in agreeing what elements of health provision will be in the scope for personal budgets and agreeing the currencies and costs of provision to feed in to a Resource Allocation System. CCGs will also have a key role in ensuring availability of provision and also managing potential disaggregation of budgets to release the funding for personal budgets, without destabilising provision.
- 3.23 For the care elements of the plan, there is already a way to pay the family directly to meet the assessed needs of the child. Just over 100 families in Leeds are currently receiving direct payments for their children's care.
- 3.24 Increased personalisation, choice and control brings with it challenges to stimulate or, where necessary, develop the marketplace for the services that families will want to access to ensure that families have better access to resources within their local community. It is important that what Leeds City Council and the NHS support or stimulate will improve the life chances of children and young people and will help families in their caring role. The third sector is a key partner in these developments.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 Children, young people and families have been engaged fully at all levels of the Special Educational Needs and Disabilities reforms programme. EPIC Leeds, the parents' forum, has representatives on the Complex Needs Partnership Board chaired by Councillor Judith Blake. Other key stakeholders are also present on

Complex Needs Partnership Board and the Interagency Children and Families Act Implementation Steering Group (the Steering Group) including Voluntary Action Leeds (VAL) representing the third sector. The Complex Needs Partnership Board provides governance to the Steering Group and the Special Educational Needs and Disabilities reforms programme.

- 4.1.2 Leeds City Council has learned from the Pathfinders and worked with other regional authorities to share good practice. Young people and families have been actively involved in co-producing aspects of the Special Educational Needs and Disabilities reforms. The Complex Needs Service, with the support of the Voice and Influence Team, has involved children, young people and families through: short films to raise awareness; briefings; drop-in sessions; a blog and the Complex Needs Service bi-monthly newsletter. The service has also been involved in events and groups where children, young people and families already attend, collecting feedback in a number of different ways and in a range of settings.
- 4.1.3 There has been local, small scale trial of the new processes focused on outcomes. A person-centred transition review process has been piloted successfully in some schools. This trial used an outcomes focussed approach and placed greater emphasis on preparation for adulthood. There has been a full trial of the Education, Health and Care Plan process with a small number of families. The families reported that they felt like active partners in the process rather than passive recipients. A lessons learned exercise has captured the feedback and been used to shape the Education, Health and Care Plan process. There is engagement from all relevant partners in the assessment and Education, Health and Care Plan. A new multi-agency panel has been established to consider requests for Education, Health and Care assessments.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 A completed EDCI Screening document is attached at Appendix 2. In addition, each part of the programme has completed a separate Equality Impact Assessment. The actions in the Equality Impact Assessment have been completed and every opportunity has been taken to involve families and partners in the way they wish to be involved. The work streams have met with families using accessible venues across Leeds, have attended specific events for children and young people with special educational needs and disabilities and met with families in their own homes as well as offered the opportunity to contribute virtually.

4.3 Council policies and City Priorities

- 4.3.1 The programme to implement the Special Educational Needs and Disabilities reforms supports the Best Council Plan objective, "Building a Child Friendly City" and is in line with Children's Services' ambitions, the Special Educational Needs (SEN) Strategy, and the Learning Improvement Strategy. Leeds as a child friendly city is supported by the inclusive and restorative way the programme is working to implement the SEN and disability reforms. The restorative approach supports both the Local Authority and Health and Wellbeing Board Every Disabled Child Matters Charters.

- 4.3.2 The reforms will help encourage a graduated approach to support and move Leeds swiftly towards a situation where the right support at the right level is available locally. Leeds City Council and our partners will be open, honest and transparent about how reasonable adjustments to universal services are made, as well as how decisions are made about which targeted and specialist support is most appropriate for children and young people with more complex needs.

4.4 Resources and value for money

- 4.4.1 The Department for Education has provided £1.451m of grant funding to support the Special Educational Needs and Disabilities reforms in 2014/15. They have also indicated further funding for 2015/16 but the value of this has yet to be confirmed. The Department for Education grant conditions state that “the purpose of this grant is to provide support to local authorities in England towards additional expenditure lawfully incurred or to be incurred by them in implementing the Special Educational Needs and Disabilities reforms, including transferring children and young people from statements and young people in further education or training who had Learning Difficulty Assessments to Education, Health and Care plans.”
- 4.4.2 The resource implications of delivering these reforms are yet to be fully understood, particularly as the legislation increases the age range for eligibility as well as changes in demography, as stated in paras 3.13 and 3.14, which could lead to increases in costs such as transport. These implications will continue to be developed as the reforms progress.

Implementation Costs

- 4.4.3 As referred to in para 2.6, the Department for Education have stated that all existing SEN Statements will need to be converted to Education, Health and Care Plans between September 2014 and April 2018; the indicative implementation costs of £990k outlined below therefore cover that period.
- 4.4.4 Additional resources to help to deliver and support the implementation of the Act have been provisionally identified to cost £774k; these include three additional Education Psychologists; a Personal Budget FFI Co-ordinator and two Project Support Officers. It is recognised that will be an additional administrative burden on the SILCs during the conversion process and it is proposed to make a contribution to these costs of £120k. These are tabulated below in Table 1. It is also acknowledged that there will be a requirement for professional time needed to provide advice for EHC plans from, for example, therapists and other health professionals; however, it is not possible to quantify or cost these at this time.
- 4.4.5 In addition to the resources outlined above the following costs have also been identified; given the ‘newness’ of the reforms an increase in mediation and advocacy is anticipated to cost £36k over three years. In addition to this there are one off costs which include ICT Systems and equipment £40k; plus a one off payment of £10k to EPIC in recognition of their contribution to the process. Again these are tabulated in Table 1.

Table1 Implementation Costs

	2014/15	2015/16	2016/17	2017/18	Total
	£000	£000	£000	£000	£000
3 X Education Psychologists	100	172	172	71	515
FFI Coordinator – Personal Budgets	23	39	39	17	118
2 X Project Support Officers	27	47	47	20	141
Contribution to SILC Admin	23	40	40	17	120
Therapists and Health Professionals	?	?	?	?	?
Mediation and Advocacy	7	12	12	5	36
ICT Systems & Equipment	50	0	0	0	50
Contribution to EPIC	10	0	0	0	10
Total	240	310	310	130	990

- 4.4.6 Current estimation is that there is sufficient provision within the base budget and the grants outlined above to be able to fund the implementation phase of the Act. However it is noted that there is a requirement for additional activity in a shorter time frame than in the previous system, and that some costs cannot be predicted with confidence. The situation will therefore be kept under review.

Post Implementation Service Provision

- 4.4.7 Following the implementation of the act it is likely that there will be increased workloads in terms of maintenance of existing Education, Health and Care Plans, plus any new requests given the increase in the eligible age range and the anticipated increases in demography. Currently it is anticipated that an additional 100 requests will be received annually.
- 4.4.8 The projected cost of an Education, Health and Care Plan is £612. In comparison the average cost of an SEN statement is £442. Based on the anticipated increase in demand i.e. 100 additional requests, the projected additional cost would be c. £85k per annum. The additional cost of ongoing annual reviews, including the increase in demand, would be c. £15k per annum.

- 4.4.9 It is felt that there are sufficient resources, and budget provision, available within the current service staffing structures and budgets to be able to cope with this increase.
- 4.4.10 Additional work will be required to determine any amendments to “Back Office” functions to deal with the payment of personal budgets; this will be informed by the demand for uptake of personal budgets during the implementation stage, so at present it is not possible to determine whether there will be an ongoing additional cost or opportunity for efficiency savings.
- 4.4.11 Whilst the long term aspiration of the legislation is that it will reduce demand on the public purse by improving outcomes for people with disabilities, increasing their independence and employability, in the short and medium term there are clearly additional resource requirements.
- 4.4.12 The implications for commissioning are also being considered jointly across the local authority and Clinical Commissioning Groups with a view to identifying longer term implications and the potential for greater efficiency.
- 4.4.13 Development work will continue to be undertaken to expand and refine the content of the Leeds Local Offer website. This will include the young person’s version which will require time to fully involve young people in creating a site they want to use. The non-digital format of the Leeds Local Offer will also need to be developed. While we are required to have all the information available in one place we will also need leaflets, booklets and other ways for young people and families to access information without using the internet. The service improvement and commissioning that will be instigated and informed by feedback from the Leeds Local Offer is an unknown quantity at the moment. The Complex Needs Service has scheduled a reporting point after the third quarter of the financial year to reflect the indicative volume and initial response. The implications for commissioning are also being considered jointly across the local authority and CCGs with a view to identifying longer term implications and potential for greater efficiency.
- 4.4.14 The IT to support the changes is part of Children’s Services case management and electronic records project Learning Information Solutions and the wider development of the Leeds City Council website and its functionality. The solutions that have been delivered are temporary responses and the full requirements will inform and have an impact on the wider IT programmes of work. As the IT solution to support the range of personal budget options has yet to be identified, this is an unknown quantity; it is possible the demand will be insufficient to warrant a significant investment in IT infrastructure. It is equally possible that demand will be stimulated through the developing market and offer of services.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 Legal advice is being sought as part of the preparation for implementation.

4.6 Risk Management

- 4.6.1 The programme has an active risk log that is regularly updated as part of the governance of the Special Educational Needs and Disabilities reforms programme.

5 Conclusions

- 5.1 The Special Educational Needs and Disabilities reforms bring major changes for agencies working with young people with SEN and Disability aged 0-25 and their families, and exciting opportunities to improve outcomes and life chances for some of our most vulnerable citizens. Agencies across the city will need to contribute fully to this agenda to ensure compliance with the legislation and to maximise the opportunities it affords for greater integration and more responsive and effective services.
- 5.2 Leeds City Council is the lead agency for implementing these reforms and will need to devote significant resources to fulfilling our legislative requirement.

6 Recommendations

6.1 Scrutiny Board is recommended to consider and note:

- the progress to implement the Special Educational Needs and Disabilities reforms outlined in the Children and Families Act 2014 made by the programme;
- the progress made to develop and maintain high levels of engagement with partners, children, young people and families affected by the changes;
- the impact of the proposed changes on Council services and the resource implications, which will be kept under review as the longer term implications cannot be fully anticipated (detail in sections 4.4.3 through 4.4.14);
- that the DfE has made grant available to support the implementation;
- whether there are particular aspects of the reforms upon which members would like to receive further reports.

7 Background documents¹

None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Appendix 1: Early Support Principles, Council for Disabled Children



Valued Uniqueness

The uniqueness of children, young people and families is valued and provided for



Planning Partnerships

An integrated assessment, planning and review process is provided in partnership with children, young people and families.



Key Working

Service delivery is holistic, co-ordinated, seamless and supported by key working.



Birth to Adulthood

Continuity of care is maintained through different stages of a child's life and through preparation for adulthood.



Learning & Development

Children and young people's learning and development is monitored and promoted.



Informed Choices

Children, young people and families are able to make informed choices.



Ordinary Lives

Wherever possible, children, young people and their families are able to live 'ordinary lives'.



Participation

Children, young people and families are involved in shaping, developing and evaluating the services they use.



Working Together

Multi-agency working practices and systems are integrated.



Workforce Development

Children, young people and families can be confident the people working with them have appropriate training, skills, knowledge and experience.