

SECTION 9: CO-OPERATION BETWEEN EDUCATION AND HEALTH

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About this Section

9.1 This section of the Code of Practice (the Code) is about the co-operation duties for the Education Authority (EA) and health and social care authorities¹, (including the Health and Social Care (HSC) Trusts) as set out in The Children (Northern Ireland) Order 1995 (the 1995 Order), Education (Northern Ireland) Order 1996 (the 1996 Order), Children’s Services Co-operation Act (Northern Ireland) 2015 (the CSC Act 2015) and the Special Educational Needs and Disability Act (Northern Ireland) 2016 (the 2016 Act).

This Section is underpinned by:

- Article 46 (Co-operation between the authority (health and social care authority) and other bodies) of the 1995 Order (as amended).
- Article 12A (Co-operation to identify, assess and provide services to, children with special educational needs) of the 1996 Order.
- Section 2 (Co-operation to improve well-being) of the CSC Act 2015.

Key point: See the Glossary for the definition of the key terms used in this Code.

Introduction

9.2 There are a number of potential benefits that can be achieved by government and public sector organisations working together with schools in the best interests of children. Co-operation can result in better outcomes for children, provide a more holistic approach to addressing their needs and help ensure the seamless provision of services for children and their families. It can also prevent, reduce or remove duplication of services, make better use of limited resources and facilitate the pooling of budgets and other resources.

^{1 1} Health and social care authorities: means a health and social care trust and the Regional Health and Social Care Board established under Article 10 of the Health and Personal Social Services (NI) Order 1991.

9.3 Improving outcomes for children with special educational needs (SEN) and ensuring they receive the support they need, when they need it, will often depend upon close co-operation between education and health in particular, but the duty to co-operate applies to all government departments and children’s authorities. This co-operation will help to ensure a better quality of support for children who have, or may have, SEN.

Legal Duties with Regard to Co-operation

9.4 The 1995 Order (paraphrased)

46 (1) Where it appears to a health and social care authority that anybody mentioned in paragraph (3) could, by taking any specified action, help in the exercise of any of the authority’s functions under this Part, the authority may request the help of that body, specifying the action.

(2) A body whose help is so requested shall comply with the request if it is compatible with that body’s own statutory or other duties and obligations and does not unduly prejudice the discharge of any of its functions.

(3) The bodies are - ...Health and Social Care Board...the Education Authority; ...a Health and Social Care Trust...

9.5 The 1996 Order (as inserted by section 4 of the 2016 Act) is paraphrased below.

12A –(1) In the exercise of their respective functions in accordance with the CSC Act 2015, the Authority (the Education Authority) and a health and social care authority (“the relevant bodies”) must in particular co-operate –

(a) in the identification and assessment of children who have, or may have, special educational needs;

(b) in providing to children with special educational needs the services which those special educational needs call for; and

(c) in the preparation of a transition plan (for a child over 14 years who has a ‘Statement of Special Educational Needs’ (a Statement)) as defined by draft regulation 2 of the Education (Special Educational Needs) Regulations (Northern Ireland) 202X.

(2) In particular, the relevant bodies must in so exercising those functions–
(a) share on request information about a child who has, or may have, special educational needs (but only with the permission of the child, if the child is over compulsory school age, or the parent of the child in any other case); and
(b) prepare the joint plan for the exercise of those functions.

(3) A joint inspection team must, at intervals of not more than 3 years, conduct a review, and publish a report, on how the relevant bodies have co-operated with one another... (The joint inspection team will be made up of inspectors appointed by the Department of Education under Article 102 of the Education and Libraries (Northern Ireland) Order 1996 and persons appointed by the Health and Social Care Regulations and Improvement Authority (RQIA) – namely Education and Training Inspectorate and RQIA).

9.6 The CSC Act 2015

2 (1) Every children’s authority must, so far as is consistent with the proper exercise of its children functions, co-operate with other children’s authorities and with other children’s service providers in the exercise of those functions.

2 (4) “Children’s functions” are any functions which may contribute to the well-being of children and young persons.

[Wellbeing is defined to include ‘learning and achievement’ in section 1(2)(c).]

9.7 Section 2(1) of the CSC Act 2015 places a statutory duty on named “children’s authorities”. Children authorities, under section 9(1) of the CSC Act 2015, include a Northern Ireland department (in this context, the Department of Education Department of Health), the Health and Social Care Board, the Public Health Agency, HSC Trusts and the EA. These children’s authorities are required to co-operate with one another and with ‘children’s service’ providers in carrying out their ‘children functions’. “Children’s service” means any service which is provided ...wholly or mainly to, or for the benefit of, children and young person’s generally, or children and

young persons of a particular description or with particular needs. “Children functions” are defined as any functions which may contribute to the well-being of children and young people; and services for children with SEN clearly falls within this description. Well-being includes ‘learning and achievement’.

9.8 The Department of Education has published interim guidance on the CSC Act 2015 which contains more information about the duty to co-operate and ways in which children’s authorities can improve their services by working collaboratively. In due course further guidance will issue which will replace this interim guidance. For further information see DE website: <https://www.education-ni.gov.uk>.

9.9 The 1996 Order (as inserted by Section 4 of the 2016 Act) expands on the CSC Act 2015 by placing a specific duty on the EA and a health and social care authority, i.e. a HSC Trust and the Regional Health and Social Care Board to co-operate in respect of children with SEN. They must co-operate in particular in:

- a) the identification and assessment of children who have, or may have, SEN;
- b) providing the services which the child’s SEN calls for;
- c) preparing a transition plan for a child with a Statement during the school year the child attains age 14 and each year thereafter;
- d) sharing information (on request) about a child who has, or may have, SEN (but only with the appropriate permission); and
- e) joint planning (in relation to the above functions detailed at a) to c).

9.10 In order to fulfil this duty, the EA, schools and health and social care authorities (including the Regional Health and Social Care Board, the Public Health Agency and HSC Trusts), must adopt a partnership model to special educational provision and share information as necessary. This means that everyone involved in addressing the SEN of a child should work together in partnership. Those involved in planning and providing services for children with SEN should take into account the principles that the rights of children are central to decisions about their well-being,

and that children and young people, and their parents, should be involved in the development of services that impact on them.

Content of the Joint Plan

9.11 In the exercise of their respective functions, the EA and the HSC Trusts have a duty in legislation to prepare a joint plan.² (See Section 2, paragraph 2.31 and 2.32 which sets out the duties placed on the EA and health and social service authorities within the SEN and Inclusion Framework (the SEN Framework)). The preparation and publication of the joint plan should provide clear and easily accessible information for all those who rely on co-operation between education and health. Whilst not exhaustive, the Departments' (of Health and Education) expect that the joint plan will be based on co-production with service users and engagement between EA and health colleagues to address a number of key themes. These include:

- a) clear and robust processes and pathways;
- b) maximised electronic working/use of IT to improve and speed up communication;
- c) integrated service delivery models;
- d) timely and effective provision of support;
- e) improved outcomes amongst children;
- f) workforce development; and
- g) effective use of resources.

² Section 4 of the 2016 Act inserted new Article 12A to the Education (Northern Ireland Order 1996.

9.12 The joint plan drawing from the above themes should clearly demonstrate the EA and HSC Trusts co-operation in relation to the areas detailed in paragraphs 9.13 to 9.15.

Identification and assessment of those children who have, or may have, SEN

9.13 The first duty to co-operate relates to the identification and assessment of children who have, or may have, SEN. The joint plan should provide information about the co-operation that is needed and in what areas it is required and between which authorities. Furthermore, the joint plan should detail standardisation of principles, protocols and documentation (to allow the different authorities to be fully aware of what information is required). Such an approach aims to bring clarity and consistency. As a minimum these should include:

- when a HSC Trust forms the opinion that a child (who is not yet of compulsory school age) has, or may have, SEN, they should first inform the child's parents of its opinion and then bring this to the attention of the EA – see Section 6;
- the arrangements for co-operation in identification and assessment of children who have, or may have, SEN – including the protocols for requesting and receiving advice and information (health and social care) from HSC Trusts for the purpose of statutory assessment (see Section 4) and updated advice and information for the purpose of the annual review of a Statement - see Section 7; and
- the type of information (including use of standard forms and the means of communication - how that will be requested and shared).

Providing children with SEN the services which those needs call for

9.14 The second co-operation duty relates to the provision of relevant services to children with SEN and detail should be provided on the:

- a) health, including any Allied Health Professional (AHP), services that are required to meet the child's needs;
- b) arrangements for co-ordination of classroom based activities;
- c) arrangements for a HSC Trust to deliver any relevant treatment or service likely to be of benefit in addressing the special educational needs of a child, as identified in the advice provided in helping the EA in making a statutory assessment of the child's SEN under Article 15;³
- d) arrangements, where appropriate, for communication with the EA and schools about other health/AHP services supporting the child's needs; and
- e) arrangements, following input and advice from specialist health care professionals for a HSC Trust, for acquiring, maintenance and ownership of the equipment recommended by health for use to help a child with SEN access the curriculum.

The Preparation of a Transition Plan (for a child with a Statement aged 14 onwards)

9.15 The third duty relates to the preparation of a transition plan (more information can be found in Section 8). The first transition plan is required to be prepared for a child with a Statement during the school year a child attains age 14 and reviewed in subsequent years as part of the annual review for a child who is aged 14 to 19 years. Details should be provided on the:

- arrangements for health/education co-operation in preparing a transition plan;
- health provision necessary for a child leaving full-time school-based education in the year before the child will leave school; and

³ Article 15 (Assessment of Educational Needs) of the Education (Northern Ireland) Order 1996.

- support available to young people to help them prepare for adulthood.

9.16 The EA and HSC Trusts should ensure they engage appropriately with other children’s authorities, public authorities and public sector organisations. Although the joint plan is primarily between education and health, it must be borne in mind in planning for the transition for young people leaving school that the Careers Service is required to be an active participant. The Careers Service is also under the statutory duty to co-operate as it is part of Department for the Economy (DfE). As highlighted in paragraph 9.7, the CSC Act 2015 places a statutory duty on named children’s authorities which includes Northern Ireland Departments. (See Sections 7 and 8 regarding Careers Service involvement).

9.17 The joint plan should also identify in each of the duties covered who should be in the lead regarding co-operation. For example in the case of transition planning, named positions within the EA and Health who are responsible for taking the overall lead in ensuring meaningful co-operation happens.

9.18 Under Article 6A of the 1996 Order, the EA also has a legal duty to publish a plan of its arrangement for special educational provision. The provision of services through health and social service authorities⁴ and those provided through the EA’s plan of arrangements should aim to dovetail with, and be complementary to, each other with the focus being on the provision of services to support the needs of children with SEN. Effective co-operation and joint planning between the EA and HSC Trusts will be a key element of achieving this aim.

Preparing the Joint Plan

9.19 The EA and HSC Trusts will collaborate in preparing the joint plan.

9.20 The EA and the HSC Trusts have arrangements in place which allow co-

⁴ “health and social services authority” means(a) the Regional Board for Health and Social Care ; or (b) a health and social care trust established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991.

operation between them. The joint plan will help to both formalise these arrangements and provide a strategic overview and framework in which they can be viewed. An already realised benefit of co-operation, relates to improvements surrounding the seeking, and provision, of advice and/or information in standard format across HSC Trusts and the EA for the purpose of statutory assessment of a child and the greater use of secure electronic transfer of information. Another example of co-operation, is the data sharing agreement on the electronic transfer of pupils' data to the child health system (see DE circular 2015/24 "*Electronic transfer of pupils' data to the child health system*"), which Education and Health entered into in October 2015. This arrangement allows them to electronically and securely match information with regard to a child's health records.

9.21 The Departments of Education and Health may from time to time request key performance information from the EA and Health and Social Care Trusts on the effectiveness of their co-operation.

9.22 The statutory duty mentioned above at 9.5 will mean that every 3 years a joint inspection team will be required to conduct a review, and publish a report, on how the relevant bodies have co-operated with each other. The named positions for co-operation for each of the areas mentioned in the joint plan (see paragraph 9.17) will supply the joint inspection team with direct contacts who can provide evidence of how the relevant authorities have co-operated.⁵

Distinguishing between Education and Health Needs

9.23 In many cases the role of education and health in identifying, assessing and providing services to the individual child within this process will be clear. Many children will not require the input of health to address their learning difficulties e.g. the child may have a SEN and no medical need. However, others will require the co-ordinated input of both education and health/Allied Health Professional Services, e.g. the child may have a SEN and medical need.

⁵ Article 12A (3) (Co-operation to identify, assess and provide services to children with special educational needs) of the Education (Northern Ireland) Order 1996.

9.24 Children without a Statement may be referred, through open referral, for a health provided treatment or service to address their assessed medical needs. Referrals are accepted from all sources, for example, the child could be referred by the parent, health professional or teacher. Referrals require parental consent if the child is under 16.

9.25 If the child is receiving a treatment or service from a HSC Trust that helps address a learning difficulty in school or outside of school, it is best practice for the school to be informed of the approach taken in the treatment. This allows consistency of approach between the school and parent in the class and at home.

9.26 In the making of a Statement for a child, the EA may include a treatment or service likely to be of benefit in addressing the special educational needs of a child as identified by the HSC Trust in their advice during the assessment of a child. Under Article 14 of the 1996 Order, a Trust has a duty to provide that treatment or service. See Section 5, paragraph 5.29.

School Referrals to Trusts' Interdisciplinary Children's Team

9.27 Each HSC Trust has an interdisciplinary children's team (Regional Support for Education (RISE) which accept referrals from schools. These teams provide health services to young children and may deliver training to schools.

Co-operation between Education and Health

9.28 The Departments of Education and Health should work together to promote co-operation between their respective arms-length bodies regarding the identification and assessment of children who have, or may have, SEN and in the provision of services to those children who have SEN.

9.29 This Code in providing for the delivery of a graduated response to meeting the needs of a child with SEN provides many examples of interfaces which require co-

operation between Education and the HSC Trusts, each of which have emanated from specific legislation. (See Section 2).

9.30 Each co-operation interface helps to ensure that:

- Education and Health work together to identify, assess and provide for a child who has, or may have, SEN (see Sections 3, 4, 7, 8 and this Section), including the preparation and maintenance of a transition plan and for any review of a child's Statement; and
- Health provide Education with their assessment as to whether a child has a disability and any adjustments that need to be made for them. (See Section 8).

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