

Introduction

This revised handbook sets out learning from the Council for Disabled Children's (CDC) work with Designated Medical Officer (DMO) and Designated Clinical Officers (DCO), health commissioners and providers from a series of national and regional events and through the forum.

It sets out practical tips and learning with the aim of helping DMO and DCOs, commissioners and other professionals involved in the implementation of the health elements of the Children and Families Act and the SEN and Disability Code of Practice 2015.

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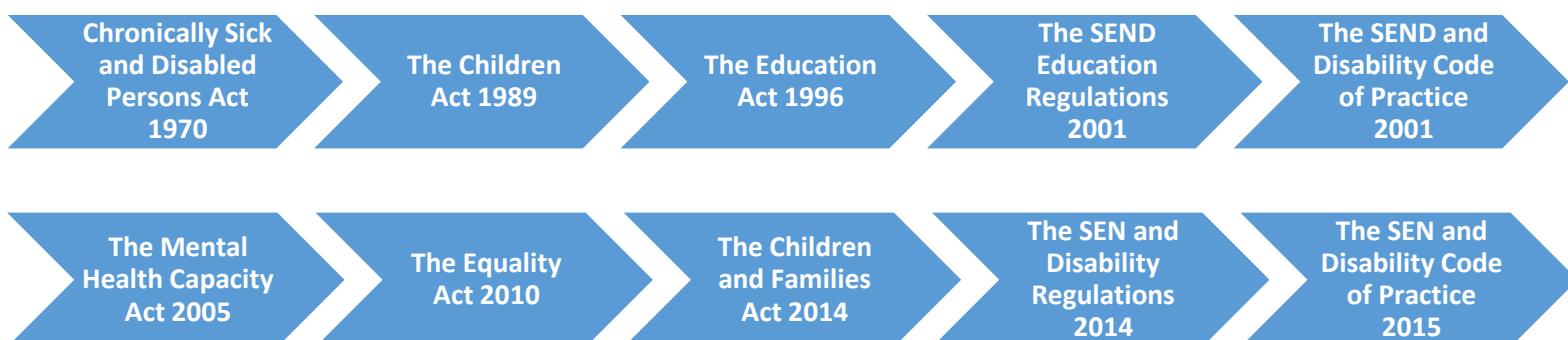
Section 1 – Policy context

The Children and Families Act and changes since 2014 (timeline of the journey)

The Children and Families Act 2014 implemented a new legal framework for SEN Law and reformed legislation relating to children and young people with special educational needs and disabilities (SEND). The Act placed new duties on local authorities and partner organisations to ensure that children and young people with SEND are supported to achieve the “best possible educational and other outcomes” (Section 19 (d) of the Act).

The adoption of the SEN and Disability Code of Practice 2015 completed the reformed framework of SEN Law, as new statutory guidance for organisations supporting children and young people with special educational needs and disabilities. The Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 Children and young people in England with special educational needs or disabilities, and associated regulations to be applied in England.

The timeline below displays the journey of the implementation of SEN Law in England since 1970:



The 2014 Act recognised and sought to address the problem of typically poor outcomes for children and young people with SEND, including around quality of life, school absence, secondary mental and physical health problems, personal autonomy and involvement in further education and employment.

Addressing these challenges during a period of structural change and resource pressures required new ways of working across the traditional boundaries of education, health and social care services. The Children and Families Act provides areas with a statutory framework and a significant degree of flexibility to decide how they choose to implement this to best fit their local systems. Overall, the aim of the Act is to improve the outcomes for all children and young people with SEND and the way children and their families are supported.

To review the key changes implemented by the Children and Families Act 2014, see the Council for Disabled Children's summary brief The Children and Families Act 2014 in the Appendix.

Placing the voices of Children, Young People and families at the centre

Children and young people with SEND have the right to express their views and to participate as fully as possible in decisions affecting them. Local authorities must provide support and information to enable them to do this.

The Children and Families Act highlights the importance of the views, wishes and participation of children and young people in decisions affecting them. The new framework places requirements on local partners to work effectively together to improve outcomes for children and young people with SEND.

Children and young people with SEND and their families often need support from services that are designed and delivered by different sets of specialist staff and providers, working in different systems with different priorities across education and social care. The Children and Families Act provides a framework for delivering on the shared goals of these programmes in a way that makes the most efficient use of limited resources. Children and Families must be a central element of the implementation plans for Transforming Care, CAMHS Transformation and Integrated Personalised Commissioning.

Section 19 of the Children and Families Act

In exercising a function under this Part in the case of a child or young person, a local authority in England must have regard to the following matters in particular—

- a) the views, wishes and feelings of the child and his or her parent, or the young person;
- b) the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;
- c) the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;
- d) the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.

Involving young people

The previous system (i.e. the law before the implementation of the Children and Families Act), dealt primarily with the entitlements of children. The new law includes the new definition of a “young person”. As a result, the new system benefits children and young people aged 0-25.

The difference between ‘children’ and ‘young people’: A child is a person under compulsory school age, while a young person is over compulsory school age but under 25. A person is no longer of compulsory school age after the last day of summer term during the year in which they become 16 (Section 83(2) of the Act).

This distinction is important because once a child becomes a young person they are entitled to take decisions in relation to the Act on their own behalf, rather than having their parents take the decisions for them. This is subject to a young person ‘having capacity’ to take a decision under the Mental Capacity Act 2005.

The new framework also places requirements on local authorities and partner organisations – including CCGs – to work together to improve outcomes for children and young people with SEND: placing the child and their family, their needs and what matters to them, at the centre of support planning.

A new approach to commissioning

Beyond individual care, the Children and Families Act 2014 and the integrated, outcomes-based approach it outlines, has significant implications for commissioners working at local area and system level. The Act states that local authorities and CCGs must make arrangements for the joint commissioning of services for children and young people with SEND.

Section 26 of the Children and Families Act

A local authority in England and its partner commissioning bodies must make arrangements (“joint commissioning arrangements”) about the education, health and care provision to be secured for—

- a) children and young people for whom the authority is responsible who have special educational needs, and
- b) children and young people in the authority’s area who have a disability.

These arrangements must include in particular the EHC assessment and planning process, delivery of provision specified by an EHC plan, and arrangements for personal budgets.

There is no ‘one way’ to do this and, again, local areas have considerable flexibility in how they align and jointly commission services around SEND. For example, in our work with local areas, we have found such arrangements supported by:

- Shared service specifications;
- Section 75 Agreements;
- Pooled budgets;
- Alignment of systems and processes.

In keeping with the spirit of the Children and Families Act, it is important that partners seeking to jointly commission services are first united around a **shared understanding of the needs of the population**. Local areas are required to have a Joint Strategic Needs Assessment (JSNA), which considers the needs of the local community as a whole, including specific analysis of the needs of vulnerable groups including disabled children and young people and those with SEN, those needing palliative care and looked after children.

The JSNA informs the joint commissioning decisions made for children and young people with SEN and disabilities and is the basis on which local areas **agree strategy and a set of holistic outcomes that they want to achieve for children, young people and their families**.

You can find resources and case studies to support this process on our [Joining up the dots web pages](#), or via the links listed below:

- [Case study: Developing shared outcomes for children's services in Hertfordshire](#)
- [Case study: Integrating children's services in Camden](#)
- [Joint working webinar](#) including a presentation from Bedford on developing a joint outcomes framework.
- A [logic model](#) to show why joined-up, integrated working is so important for achieving the best possible outcomes for children and young people with SEND, and how we can get there. This logic model was developed with small working groups made up of people working in education, health and social care and parent carer representatives from across the country.

Key programmes within health and the NHS long term plan

The aims of the Children and Families Act - more integrated, personalised services and a focus on outcomes – align with a number of key NHS initiatives. These include:

- The **Personalised Care Programme**, which includes Integrated Personal Commissioning - developing mechanisms to pool resources across health and social care;
- The changes introduced under the **Transforming Care Programme** (2014-2018) – improving community based provision and reducing residential placements for people with Challenging Behaviour, Autism and Learning Disability (Building the Right Support plan- Transforming Care delivery Plan) – and key commitments made in the long-term plan to improve services and outcomes for children and young people

with autism and/or a learning disability, including the introduction of a key worker role;

- The transformation of **Children and Adolescent Mental Health Services** in accordance with the commitments made in the NHS Long Term Plan and following on from the Future in Mind report, including development of:
 - 24/7 crisis care
 - complex trauma services for children 'in selected areas'
 - a comprehensive offer for 0-25 year olds integrating health, social care, education, VCS (e.g. iThrive)

The Children and Families Act should be a central element of the implementation plans for Transforming Care, CAMHS Transformation and Personalised Care. Getting this right can help ensure that these programmes deliver for disabled children and young people and their families. CCGs and partner local authorities need to integrate these programmes in a way that avoids setting up duplicate processes and realise the potential cost savings by working together across services.

The Children and Families Act provides a framework for delivering on the shared goals of these programmes in a way that makes the most efficient use of limited resources. The Children and Families must be a central element of the implementation plans for Transforming Care, CAMHS Transformation and Integrated Personalised Commissioning.

Whilst local areas will be developing their own arrangements for delivery of these programmes an awareness of the DCO/DMO role and the strategic importance of this role across all workstreams relating to SEND is crucial.

Another important initiative is the move towards integrated, place-based commissioning. In 2015 local authorities, CCGs and provider organisations across England were organised into 44 **Sustainability and Transformation Partnerships** (STPs) and required to produce joint Sustainability and Transformation Plans. The aim in the long-term is that all STPs will evolve into **Integrated Care Systems** (ICSs), whereby partners 'take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve' (NHS England, 2018). The NHS Long Term plan includes a commitment to continue to support the development of ICSs so that they cover the country by April 2021. It further posits a single CCG for each ICS area.

The creation of the DMO/DCO roles

The DMO and DCO roles are key elements in supporting the health service in the implementation of the Children and Families Act. The DMO and DCO positions replaced the Designated Doctors for SEN of the previous system, and significantly extended the responsibilities of the roles.

The SEND and Disability Code of Practice 2015 introduces the DMO role under the Section 3.45, recommending Partners to ensure that *"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"*.

The Designated Clinical Officer role is introduced under the Section 3.48 of the Code of Practice with the following statement: *"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 Code of Practice states that the DMO and DCO roles are non-statutory. The persons in these roles must have appropriate expertise and links with other professionals to enable them to exercise them in relation to children and young adults with EHC plans from the age of 0 to 25 in a wide range of educational institutions.

While the role is non-statutory, local area SEND inspections have shown that there are implications for an area that cannot evidence how it has oversight and assurance that the health system is fully engaged in SEND. An appropriately resourced DMO and/or DCO role can support this process and without one, a local area must have an alternative approach to ensuring the local health system is an equal partner in SEND at all levels.

Section 2 – The role of the DMO and DCO

Who are they? Finds from the National Children's Bureau Survey

Between December 2018 and February 2019, the National Children's Bureau's Research and Policy team developed a survey on the DCO and DMO roles, via the DMO/DCO online Forum hosted by the Council for Disabled Children.

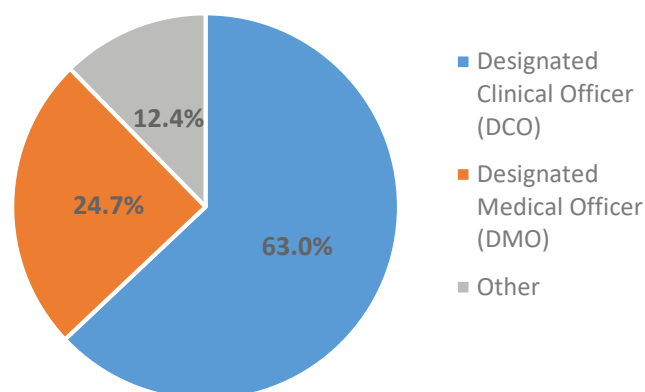
This research investigated on the role of the Designated Medical/Clinical Officers, their implementations, the key functions and released an assessment on the impact of the role in the implementation of the SEND reforms.

The majority of survey respondents were DCOs (63%), followed by DMOs (24.7%), and then 'other professionals' (12.3%) For those who responded as 'other', these job roles included nursing roles in children's continuing care, service managers, and SEND Leads. For those where DCO/DMO role was not their only job role, the most common 'other role' reported was a consultant paediatrician.

Professional background of survey respondents

Professional background	%
Nurse	43.2
Other, including speech and language therapy	25.0
Consultant Paediatrician	19.8
Occupational Therapist	6.2
Speciality Doctor	3.7
Physiotherapist	1.2
Don't know	1.2
Total	100

Breakdown of survey respondents by main job role



The survey displayed large variations found in the number of hours that DMOs/DCOs are contracted to deliver their role per week. Variation was found between roles, meaning that there were clear differences between weekly contracted hours for DMOs and DCOs.

When these findings were analysed by DCOs only, contracted hours for DCOs ranged from as little as 0.5 days per week up to five days per week. The majority of DCOs in this sample were contracted to work for five days per week in their role (30%).

In comparison, there appeared to be less variation for DMOs who were contracted to work for a maximum of two days per week in this role and a minimum of less than 0.5 days. The majority of DMOs were contracted to work for one day in this role (47.4%).

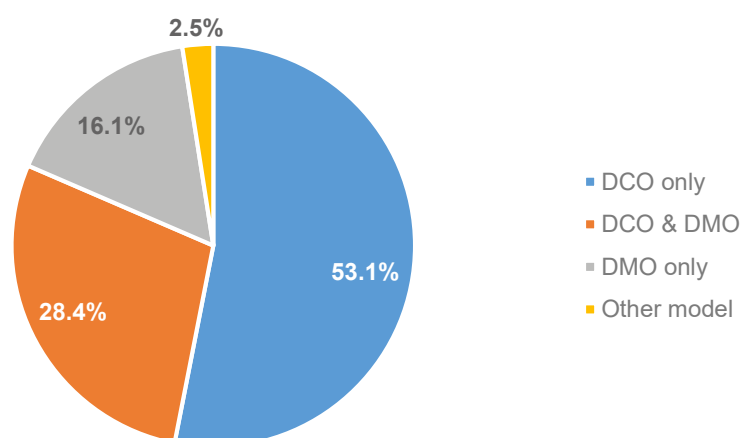
Comparison of contracted hours per week, stratified by DCOs and DMOs

No. of contracted hours per week	DCO (n=50) n (%)	DMO (n=19) n (%)
Less than 0.5 days	0	2 (10.5)
0.5 days	1 (2)	6 (31.6)
1 day	7 (14)	9 (47.4)
2 days	10 (20)	1 (5.3)
3 days	4 (8)	0
4 days	7 (14)	0
5 days	15 (30)	0

Type of provision

A number of different delivery models were reported by survey respondents. The most common delivery model reported by over half of respondents was a DCO only set-up (n=43, 53.1%), followed by a combined DCO and DMO model (n=23; 28.4%), then DMO only (n=13, 16.1%), and a small number reported 'other' (n=2; 2.5%). None of the survey respondents reported having no one in post at the time of data collection. An overview of the delivery models across survey respondents' local areas is given below in Figure 5.

Overview of delivery models in survey respondents' local areas



The scope of the DMO/DCO roles

Key functions of the role

The scope of the DCO and DMO roles is broad and varied, considering the new requirements on CCGs, NHS England and the providers imposed by the Act.

While it is clear that DMOs and DCOs have a key role to play in supporting local arrangements, there is a need to have realistic expectations of a DMO/DCO's responsibilities for the key work streams and how they are supported by the CCG to make progress.

Although there are significant variations in the approaches that local areas are currently taking in the DMO/DCO roles, they mainly include the following components:

- **Oversight** and assurance across all health services 0-25 delivering healthcare to children and young people with SEND
- **Coordination and assurance** of strategic health's input into the EHC process and reporting of health's position and audits to quality committees
- **Strategic** assurance re accountability of commissioners' contribution to development of the joint commissioning and local area SEND strategies
- **Championing** Co-Production as a way of working within and across health

DMO/DCO Job Descriptor

The following job descriptor is a combination of the most common responsibilities, skills and knowledge requested to work as a DMO/DCO. The Council for Disabled Children used recent Job Descriptions from advertised DCO and DMO posts to build this Job Descriptor. This template needs to be adapted by each local area, depending on their expectations of the role and their decision whether to appoint a DMO, a DCO or both.

1. Job Purpose of DCOs and DMOs

Together the Designated Medical Officer and Designated Clinical Officer for SEND will ensure health's compliance with the legislation and spirit of the SEND Code of Practice leading to improved outcomes for children and young people with special educational needs and disability.

They will ensure that the outcomes for disabled children and young people and those with Special Educational Needs are maximised by working to improve; quality of life, school absences, mental and physical health problems, personal autonomy and involvement in further education and employment, independent living and community inclusion.

The DCOs and DMOs will support Clinical Commissioning Groups (CCGs) to ensure they meet their statutory duties for children and young people with special educational needs and disability (SEND) aged 0-25.

2. Working relationships

Engage with social, education and health care providers and other stakeholders to promote the needs of SEND children.

Engage with, support and facilitate the development of networks for a range of people who are involved in the delivery of the SEND agenda. For example, families, commissioners, service providers.

Engage with regulators and commissioners to continue to develop high quality support and services in the CCG area.

In engaging with these stakeholders, the post holder will need to provide and receive highly complex and sensitive information where agreement or co-operation is required and where there may be resistance to change

Communicate effectively with the following groups of people:

- CCG staff
- Children & Young people, their families and/or carers

- Early years settings, schools and colleges
- Member practices
- Clinicians across primary, secondary and tertiary care
- Local Authorities
- Commissioning support team
- Workstream clinical leads
- Parent Carer Forums
- Youth Parliament

3. DCO Key responsibilities

➤ Inter-agency Responsibilities

- Sit on relevant health and interagency committees
- Advise Education Services, schools and other relevant agencies, including social care, on health matters relevant to SEND
- Support schools with their duties under the 'Supporting pupils with Medical Conditions' guidance, in conjunction with the multidisciplinary health team

➤ Advisory

EHC Plans

- Provide support and advice on the framework and preparation of EHCPs of a sufficient and consistent quality, and support resolution of operational issues
- Ensuring that identification, assessment, planning takes place, and that health support is available for children and young people undergoing Education, Health and Care needs assessment and Annual Reviews of existing EHCPs

SEND policy

- Provide advisory services on practical guidance and policies relating to SEND and advise Governing Bodies on their statutory responsibilities and SEND reforms implementation

- Devise, review, manage and update policies and procedures in relation to SEND for CCGs; ensuring that they reflect the current statutory guidance, and disseminate the policies and procedures throughout the CCG and local health economy.
- To act as an expert resource for children and young people's health for information, advice, guidance and support for families and professionals
- To provide information and advice relating to the ongoing review of the Local Offer

Commissioning

- Advising Local Authority to support effective strategic commissioning of health services that will meet the education, learning and training need or social care needs of children with SEND. This will include an annual report of activity, demand and service gaps.
- Promotion of joint commissioning through establishing shared understanding of need within the SEND population, effective management of relationships and generation of shared system wide solutions with partner agencies wherever possible
- Ensuring mechanisms are in place to assure CCGs and the Council with regard to health providers' identification, assessment, advice and intervention with regard to children and young people requiring an education health and care plan.
- Ensure mechanisms are in place to enable smooth and seamless transitions between children and adult health services and alignment of services to effectively prepare children and young people for adulthood, including Annual Health Check arrangements and health assessments for 18-25 year olds
- The post holder will provide leadership and be a source of expertise on matters relating to SEND for the CCGs, including advice for strategic commissioning.
- Advise the CCG, in consultation with the Health and Wellbeing Board, informing commissioning priorities for SEND and contributing to Joint Strategic Needs Assessment
- Support schools/colleges with their duties under the 'Supporting pupils with Medical Conditions' guidance, in conjunction with the multidisciplinary health team ensuring they access appropriate specialist advice

➤ **Process, Coordination and Communication**

Coordination around EHC Plan

- Engage and liaise with all relevant health service providers, including paediatricians, General Practitioners, specialist nurses, therapists, child and adolescent mental health services and continuing healthcare services to enable implementation of statutory requirements for SEND, and to decide with them an appropriate division of responsibilities relating to SEN - In conjunction with child and adult commissioning managers
- Liaise with, advise and support Primary Care and all other providers of healthcare on SEND issues
- Work with partners in Education, Social Care and Health to ensure that there are adequate quality assurance processes in place for EHC Plans.
- Ensure an effective partnership process for the coordination and transition to all adult services (including health) for children and young people with an EHC Plan.
- Work jointly to deliver an effective process for personal health budgets for children and young people (aged 0-25) receiving an EHC Plan and who are eligible to receive a personal health budget.
- To act as a point of contact for families requesting health specific mediation in relation to an EHC Plan

Communication between services

- Work with partners in Education, Social Care and Health to ensure that the needs of vulnerable groups (such as looked after children and young people, the electively home educated, children and young people known to the youth offending service) are understood and that support is well coordinated.
- Enable implementation of statutory requirements for SEND, and decide on an appropriate division of responsibilities relating to SEN, in conjunction with:
 - commissioning managers
 - paediatricians
 - specialist nurses
 - therapists
 - child and adolescent mental health services and palliative care services

- Liaise with other DCOs and DMOs to establish networks to share and learn from experiences and good practice

➤ **Strategy and Leadership**

- Work jointly with senior partners from Education and Social Care to strategically plan and implement the local area SEND improvement plan.
- Contribute to the children and young people's Joint Strategic Needs Assessment, ensuring children and young people with SEND are recognised.
- Lead and influence system and culture change across multiple organisations in relation to the SEND reforms.
- Provide advice and guidance to health provider services and commissioners in relation to information and data requirements about children & young people including data on monitoring and future trends
- Prepare information and ensure that there is a point of contact for local authorities, schools and colleges seeking health advice on children and young people who may have SEN or disabilities
- Provide a point of contact 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.
- Contribute to the Joint Strategic Needs Assessment, CCG commissioning intentions, local authority health commissioning to ensure that health services are meeting the needs of children and young people with SEN or disability; and to comply with the SEND Code of Practice (2014), including mental health, neonatal screening, healthy child programme, chronic conditions and specialist care provision in schools and colleges.

➤ **Workforce engagement and development**

- Engage various Health organisations in relevant SEND improvement work streams that have an interface with health services.
- Increase knowledge and understanding of SEND to ensure that the needs of children and young people are reflected at every level of the organisation and across different organisations
- Develop systems of communication to ensure that health partners are

aware of new information and guidance relating to SEND

- Engage with a wide range of stakeholders to evaluate the role and work plan of the DCO
- Advise on training requirements for NHS, Education and Social Care staff relating to SEND ensuring that appropriate training is identified and delivered by competent accredited trainers.

➤ **Governance, Policy and Procedure**

- Ensure that health components of SEND policy and procedures are updated and communicated. This may include identifying gaps and system solutions in the following areas of scope:
 - Notification of children who have or may have SEND
 - Timely completion of relevant Health assessment and reports for statutory EHC needs assessment
 - Recommendation for the delivery of health provisions in EHC plans is being made in the most appropriate forum.
 - Resolution of disagreement on health issues/provision with parents and young people, and with the Local Authority
 - Personal budget for health provision within EHC plans
 - Ensuring the delivery of health provision in EHC plans is being made appropriately
- Establish and monitor a quality assurance framework for health involvement in the EHCP process
- Advise NHS providers and commissioners on the information requirements to monitor the care of CYP with SEND
- Establish and maintain all of the above policy and procedures, supporting relevant organisations and services in their development and dissemination, in accordance with the SEND Code of Practice
- Monitor compliance of CCGs, NHS Trusts and NHS Foundation Trusts in their responsibilities to inform the appropriate local authority if they identify a child under compulsory school age as having, or probably having, SEN or a disability (Section 23 of the Children and Families Act 2014)
- Ensure that the CCG collaborative are provided with quarterly updates on the status of SEND, and annual report is shared with the SEND Governance Board.

4. DMO Key responsibilities

Based on the Model Job Description for Designated Medical Officer for SEND, from the British Association for Community Child Health and British Academy of Childhood Disability (the link to the Job Description is in the [Appendix](#)).

➤ Inter-agency Responsibilities

- Sit on relevant health and interagency committees
- Advise Education Services, schools and other relevant agencies (particularly social care) on health matters relevant to SEND
- Support schools with their duties under the 'Supporting pupils with Medical Conditions' guidance, in conjunction with the multidisciplinary health team

➤ Advisory Role

- Advise the LA and CCG on questions of strategy and planning with regard to SEND
- Advise on practice guidance and policies for those working within health, ensuring that they are appropriately reviewed and of a high standard
- Advise the CCG, in consultation with the Health and Wellbeing Board, informing commissioning priorities for SEND and contributing to Joint Strategic Needs Assessment

➤ Clinical Role and contribution to individual Education Health and Care (EHC) Needs Assessment

- Be clinically active, including in children's neurodevelopment and disability services. This should be encompassed within the job description as part of their clinical role. This may include health assessments and provision of reports for EHC needs assessments.
- Be responsible for ensuring that identification, assessment, planning and health support is carried out for all CYP undergoing EHC needs assessment in the area.

➤ **Co-ordination and Communication**

- Provide a point of contact for local partners including service users and voluntary sector services, offering advice on health and SEND to ensure notification is made to the appropriate body/person.
- Engage and liaise with all children's health service providers relevant to the locality, including paediatricians, specialist nurses, therapists, child and adolescent mental health services and palliative care services to enable implementation of statutory requirements for SEND, and to decide with them an appropriate division of responsibilities relating to SEND
- Engage with relevant adult health services in delivering the statutory requirements for SEND
- Liaise with, advise and support Primary Care and all other providers of healthcare on SEND issues
- Liaise with other Designated Professionals e.g. for Safeguarding and for Looked After Children, improving support for vulnerable children with SEND

➤ **Policy and Procedures**

- The DMO will be responsible for ensuring that health components of SEND policy and procedures are updated and communicated. This may include:
 - Notification of children who have or may have SEND
 - Health assessment and reports for EHC needs assessment
 - Recommendation and delivery of health provisions in EHC plans
 - Resolution of disagreement on health issues/provision with parents and young people, and with the Local Authority
 - Personal budget for health provision within EHC plans

The DMO is not expected to establish and maintain all of the above policy and procedures, but is responsible for supporting relevant organisations and services in their development and dissemination.

Specification*	DCO	DMO
Qualifications		
Qualified and registered Therapist (OT, SALT, Physio therapist) or Registered Nurse or Specialist Community Public Health Nurse (Child family)	✓	
Registered General Practitioner (optional)	✓	✓
Trained and Registered Paediatrician		✓
Have higher professional training in a relevant paediatric subspecialty e.g. Paediatric, Neurodisability or Community Child Health or be able to show that they have acquired Level 3 competences in neurodisability, and are able to manage children with complex health needs		✓
First Level Degree or Master qualification or equivalent in relevant subject or equivalent knowledge / experience	✓	
Knowledge		
Highly developed and specialist knowledge in relation to the SEND agenda and relevant legislation, local and national policy and good practice guidance	✓	✓
Knowledge and abilities to develop, write, update and implement SEN Policies and practice guidance	✓	✓
Knowledge and understanding of the all issues affecting outcomes for children, young people and families, particularly children and young people with SEND	✓	✓

Knowledge and understanding of key issues affecting health services/modernisation/local commissioning agendas including national policy on reforms in the NHS.	✓	✓
Detailed knowledge and understanding of commissioning processes in highly complex multi-agency environments including: a) Health needs assessment b) Process mapping and gap analysis	✓	✓
Knowledge of children's rights and legislation, national and international impact of rights/legislation and change within the political and social-economic context.	✓	✓
In-depth and specialist knowledge and understanding of the Children and Families Act 2014, Care Act 2014, continuing care frameworks and SEND Code of Practice 0-25 (2014), in addition to other relevant legislation, local and national policy and good practice guidance.	✓	✓
Understanding of finances in relation to budgets across health education and social care	✓	✓
Experience		
Substantial clinical experience as a clinician in the field of SEND	✓	
Experience of working in collaboration with local authorities and other agencies	✓	✓
Be clinically active in relevant fields such as neurodevelopment and disability	✓	✓
Experience in working with schools/colleges and/or children with special needs and their parent/carers	✓	✓
Experience of leading teams and working across organisations with multiple stakeholders	✓	✓

Proven experience of co-designing, co-developing and co-delivering work programmes alongside people with learning disabilities and family carers.	✓	✓
Experience of contribution to data collection, evaluation and report writing	✓	✓
Experience of using information and evidence gathered to make sound and reasoned judgements and recommendations from a multitude of potential options	✓	✓
Skills		
Ability to identify risks, anticipate issues and create solutions and to resolve problems in relation to project or service delivery.	✓	✓
Ability to plan and deliver work independently	✓	✓
Proven professional and personal leadership skills with an emphasis on engagement and delivery	✓	✓
Proven ability to influence outside own sphere of control	✓	✓
Embrace change, viewing it as an opportunity to learn and develop	✓	✓
Ability to advise on training requirements for NHS, Education and Social Care staff relating to SEND and to participate in the provision of training.	✓	✓
Other		
Ability to travel extensively locally, regionally with occasional national requirements	✓	✓
Enhanced CRB check	✓	✓
Good all round IT skills	✓	✓

**The DMO/DCO job specifications proposed in this document is not a strict set of skills and experiences and should be adapted by each local area, depending on their expectations and requirements of the role. This will give standardisation but flexibility at a local level.*

Recommendations for training and development

The training and development for a DMO/DCO role will vary depending on the exact circumstances and needs of the local area, as well as the professional background of post-holder, but there are key elements that induction to the role will need to consider:

System knowledge

- The national policy landscape around SEND
- A working knowledge of the Children & Families Act 2014 and the SEN and Disability Code of Practice 2015
- Understanding commissioning arrangements for the different providers across the commissioning footprint for 0-25 services e.g. Community Children's and District Nursing, therapies, community paediatrics and adult specialisms, specialised commissioning, primary care, adult learning disability teams, Public Health services and Child and adolescent mental health services (CAMHS) and Adult Mental Health Service (AMHS)
- Structures and processes of the local area's approach to commissioning child health
- Knowledge of local area's population data
- Knowledge of early years provision, schools (mainstream and special) and colleges within the Local Area
- Understanding of the responsibilities of key structures and organisations, working on SEND
- Healthcare services for adults and young adults

Professional skills

- Relationship: Ability to build strategic relationships with young people, parents and health professionals - both clinicians and commissioners and governance arrangements
- Leadership: strategic thinking, organisation, flexibility, ability to lead without authority, resilience
- Communication: influencing and negotiation skills, ability to manage

- challenging conversations
- Project management
- Advocacy: Being able to advocate on behalf of children and young people

In addition to the general induction, the following training programmes and e-learning modules are also recommended for any starter in the DMO/DCO Position:

- [SEND Leadership Programme run by NDTI](#)
- [Understanding the SEND reforms, e-learning courses by the Council for Disabled Children](#)
- [E -learning Package, by Disability Matters](#)

Section 3 - Strategic relationship with Clinical Commissioning Groups, Local Authorities and health provider/ education providers

The role of CCGs and how CCGs should commission the DMO/DCO post

DMOs and DCOs have a key role to play in helping CCGs, NHS England and health providers to meet their statutory responsibilities under the Children and Families Act, but the range of these responsibilities mean that this cannot be fulfilled by a DMO or DCO in isolation.

The aim of the Children and Families Act is not just to bring separate services together in an EHC Plan, but to reorganise and integrate the delivery of these services at a strategic level. This is also the intention of other recent policy initiatives and system changes.

This will require each CCG to have clear strategic leadership and accountability at a senior level, able to make formal arrangements with local authorities and authorise resource investment. This should take the form of:

- Formal joint commissioning arrangements with the local authority
- A statement of commitment to improving outcomes for disabled children and young people with SEN reflected in CCG strategy

- Formal progress reporting on progress to the governing body
- A named lead or champion for CCG at Board level with accountability - with a strong relationship with DMO and/or DCO
- Appointment of and support for a DMO and/or DCO, including appropriate resource allocation.

Commissioning the DMO and/or DCO role

There is more than one way of commissioning the DMO/DCO post, and across England DCOs and DMOs have been employed:

- by a single CCG;
- jointly, e.g. by multiple CCGs with clear and robust accountability structure and agreements in place
- by a provider organisation, e.g. an NHS Hospital Trust with a Service level agreement from the CCG;
- or the CCG and local authority together.

Jointly commissioning the DMO and/or DCO post presents potential benefits such as:

- pooling and thereby increasing available funding for the position, and therefore the time it is possible to allocate to the role;
- providing 'ready-made' connections with and awareness of the post across multiple commissioning bodies, supporting the new DMO/DCO to build relationships and develop oversight of local arrangements more quickly;
- creating or strengthening links between different organisations and/or localities, e.g. where a DMO/DCO is commissioned by multiple CCGs or across two or more local areas.

It is important that those commissioning a DMO or DCO role are confident that the clinician concerned is being released from clinical work for the allocated time period in order to carry out their DMO/DCO responsibilities, and that the time allocated is sufficient for them to make an impact in the role. The issue of under-resourcing of DCOs and DMOs has been raised through Local Area SEND Inspections. In addition, commissioners should be conscious of the challenges presented by geography and/or population size where commissioning a DMO/DCO role to cover multiple localities.

DCO, DMO, or both?

Commissioners in each local area need to decide whether to appoint a

DMO, a DCO or both, and work out how the different roles will align most effectively.

In making this decision, consideration needs to be given to how key elements of the Children and Families Act will be delivered, and how the appointed DCO and/or DMO is expected to support this. This includes:

- The development of a local area SEND strategy and strategic commissioning arrangements
- Embedding co-production to enable the voice of children, young people and their families to be central to the design and improvement of health services and pathways
- Oversight and assurance of health services 0-25
- Decisions relating to the commissioning of packages and services for EHC assessments and plans
- Coordinating health information, assessments and recommendations relating to EHC assessments and plans.

Working relationships and support for DMO/ DCO

Relationship with the CCG

However the DCO and/or DMO is employed, their relationship with the CCG is crucial for ensuring that they are appropriately supported in their role, have clarity about their responsibilities and have a route for addressing issues that need to be tackled at a strategic level. Therefore, where a DMO and/or DCO is employed by a provider organisation or local authority there must be arrangements for a strong working relationship with the identified lead commissioner in the CCG.

This is particularly important given the role DMOs and DCOs play in coordinating and overseeing the EHC needs assessments and the delivery of EHC Plans, which provide them with an excellent insight into the challenges of joint working and effective implementation. There need to be mechanisms for the DMO and/or DCO to be able to use this information to improve decisions about future commissioning.

This may include both:

- Formal — e.g. data relating to EHC needs assessments and
- informal — e.g. feedback from professionals across services.

This will be critical where there are currently not robust data sets in place regarding need and resource allocation, where aggregated information relating to health assessments and provision within EHC Plans.

Supervision and administrative support

Commissioners must consider how effective managerial and clinical supervision will be provided for the DMO/DCO role. Without these arrangements in place, and due to the nature of working with and across multiple partner organisations, DCOs and DMOs are at particular risk of becoming professionally isolated.

Clinical supervision provides an opportunity for staff to:

- Reflect on and review their practice.
- Discuss individual cases in depth.
- Change or modify their practice and identify training and continuing development needs.

In addition, meeting the requirements of the Children and Families Act can involve a complex set of arrangements and processes that generate significant levels of administrative activities. Local areas should consider the most effective way of supporting the roles of DMO/DCO through appropriate administrative arrangements.

Relationships with provider organisations

The Children and Families Act requires providers across universal, targeted and specialist services, from early years' services through to adult services to work in partnership to identify disabled children and young people and those with SEN, and to support them in an integrated way to improve outcomes.





These arrangements should include, but not be limited to:

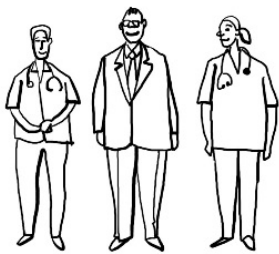
- Health visitors and school nursing teams
- Children's multidisciplinary teams
- Therapy services
- Specialist services
- Palliative care services
- Children and young people's mental health services
- Looked-after children health services including Designated Doctors and Nurses
- Adult mental health, learning disability and therapy services
- GPs

Strategic joint working relationships

In each area, there will be a set of structures bringing professionals across services together to make decisions about children, young people and

adult services. This structure can help DMOs and DCOs identify the key stakeholders across services to help ensure that there is active support for improving the system of support for disabled children and young people and those with SEN. These structures may look different in different areas but there will be common features:

Body	Role in Implementation	Key considerations for a DMO/DCO
<p>Health and Wellbeing Board</p> 	<p>Provide strategic leadership and set direction for implementation across the CCG and local authority</p>	<p>Making sure the Joint Strategic needs assessment and/or the Joint Health and Wellbeing Strategy include a proactive focus on SEN and disability</p>
<p>Children and Young People Strategic Decision Making</p> 	<p>Share information and set the strategic priorities for the area that will inform commissioning plans.</p>	<p>The CCG representative should be well informed on the progress of the reforms and able to raise issues and agree decision.</p>
<p>Children and Young People Strategic Commissioning and Operational Group</p> 	<p>CCGs and Local Authorities should plan the integration of services through from formal partnership agreements between commissioners to jointly funded commissioning posts between health and the local authority</p>	<p>Set up clear objectives related to children and young people with SEND</p>
<p>SEN and disability Partnership/ Implementation Board</p> 	<p>CCGs should be fully engaged with the SEN and disability Partnership Board which will be responsible for overseeing the implementation of the reforms.</p>	<p>Identify a strategic approach to service improvement and access for children and young people with SEND their families/ carers across all key agencies and partners</p>

<p>Health SEN and Disability Working Group</p> 	<p>The group can play an important role in promoting the key elements of the reforms to the relevant providers and professionals who will support children and young people with SEN and disability</p>	<p>Include key health professionals in the group</p> <p>Identify strategies addressing the challenges and barriers of the SEND system with the group, and report them to the strategic board</p>
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Supporting participation and engagement

The DMO/DCO, drawing on their practice with children and young people, and their more strategic role in co-ordinating provision, can support the CCG with their engagement and participation strategy. If the local authority has developed participation mechanisms these may be an available route for DMO/DCO to engage the views. However, it is important that the CCG develops its own relationships with parent carer and young people's groups.

DMOs and DCOs can support CCGs and Local Authorities to link their participation strategies, and undertake a joint participation strategy. A joint engagement exercise between the CCG and the local authority for children, young people, and their parents can be an important mechanism for identifying priority issues and planning to involve children, young people, and their parents meaningfully, on an ongoing basis.

DMO and DCOs can support CCGs to engage with relevant organisations that can help. These may include:

- Local Healthwatch organisations;
- The local parent carer forum;
- Local voluntary organisations and community groups working with disabled children, young people, and those with SEN

Appendix – links to additional resources

Understanding the SEND Reform

[Special educational needs and disability code of practice: 0 to 25 years](#)

[Children and Families Act 2014](#)

[Making it Happen](#): a series of on-line e-learning modules that are aimed at supporting health professionals understand and implement the requirements of the Children and Families Act.

[The Children and Families Act 2014: A briefing from the Council for Disabled Children](#)

[Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing](#)

[Get Your Rights: Everything you need to get the most out of the NHS](#)

[CDC Case law series: reviewed judgements relating to the implementation of the Children and Families Act 2014](#)

National Guidance

[Transition from children's to adults' services, NICE guidelines](#)

[Guidance for health services for children and young people with Special Educational Needs and Disability \(SEND\)](#)

[Commissioning for transition to adult services for young people with Special Educational Needs and Disability \(SEND\)](#)

[Children and young people's continuing care national framework \(2016, DHSC\)](#)

[NHS Continuing Healthcare](#)

[Personal Health Budgets](#)

[Supporting pupils with medical conditions at school \(2017, DfE\)](#)

[Reasonable Adjustments for Disabled Pupils Guidance for Schools in England \(2015\) Equality and Human Rights Commission](#)

Good Practice Guidance

[Designated Clinical Officer case studies](#)

[Film: The Designated Medical Officer/ Designated Clinical Officer for SEND role in 2019](#)

[CCG SEND Audit tool](#)

[Getting it right for children and young people Overcoming cultural barriers in the NHS so as to meet their needs](#)

[CDC Joint Commissioning bulletins](#)

[Emerging Framework: Integrated Personal Commissioning](#)

[Building the right support](#)

[Meeting Health Needs in Educational and other Community Settings A guide for nurses caring for Children and Young People](#)

[Local Transformation Plans for Children and Young People's Mental Health and Wellbeing Guidance and support for local areas](#)

[The handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities](#)

[Not just a phase: A guide to the participation of children and young people in health services](#)

[MY LIFE, MY support, MY CHOICE](#)

[Children, Young People and Parent Outcome Planning Pyramid](#)

[Measuring Children and Young People's Health Outcomes](#)

[Preparation for Adulthood](#)

Research

[Findings from a research programme which aimed to answer the question 'How can health services contribute most effectively to facilitating successful transition of young people with long term conditions from childhood to adulthood?'](#)

[Developing and sustaining an effective local SEND system: A practical guide for councils and partners](#)

Helpful Networks and Resources

[CDC Designated Medical/Clinical Officer Forum](#)

[Parent Carer Participation](#)

Others

[DMO Job Description template from BACDIS](#)

[The Ofsted and Care Quality Commission Handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities](#)

National Children's Bureau Research: Reforms, relationships, and variations: A review of the Designated Clinical Officer (DCO) and Designated Medical Officer (DMO) roles



About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provide a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Advice and Support Programme
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network