Title: Disabled Children's Social Care Final Report **IA No:** LAWCOM0086 **RPC Reference No:** **Lead department or agency:** Law Commission **Other departments or agencies:** Department for Education	Impact Assessment (IA)
	Date:26/09/2025
	Stage: Development/Options
	Source of intervention: Domestic
	Type of measure: Primary legislation
	Contact for enquiries: dcsc@lawcommission.gov.uk
Summary: Intervention and Options	**RPC Opinion:** RPC Opinion Status

Cost of Preferred (or more likely) Option (in 2024/25 prices)			
Total Net Present Social Value -£286.31m	**Business Net Present Value** £m	**Net cost to business per year** £m	**Business Impact Target Status** Qualifying provision

What is the problem under consideration? Why is government action or intervention necessary?

The law on disabled children's social care dates back more than five decades. Elements of the legal framework are out of date. It is overly complex and results in inconsistent provision whereby the needs of a disabled child may be met in one area but not another. Parents and carers have also reported to us that safeguarding and child protection are prioritised over identifying and meeting the needs of disabled children. The framework is statutory and so statutory intervention is required to deal with problems arising from it.

What are the policy objectives of the action or intervention and the intended effects?

The policy objectives are simplification and modernisation of the law, providing a clearer framework for local authorities and families to work with, and the elimination of anomalies and unjustified inconsistencies. Pursuit of these objectives is intended to contribute to an overarching objective of developing a legal framework that sufficiently meets the specific needs of disabled children and their families.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

Option 0 – Do nothing.
Option 1 – Full implementation of our recommendations
Option 1 is preferred as it best achieves the policy objectives set out above.

Will the policy be reviewed? It will will/will notbe reviewed. **If applicable, set review date:** Month/Year

Does implementation go beyond minimum EU requirements?		Yes / No / N/A		
Is this measure likely to impact on international trade and investment?		Yes / No		
Are any of these organisations in scope?	**Micro** Yes/No	**Small** Yes/No	**Medium** Yes/No	**Large** Yes/No
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)		**Traded:**	**Non-traded:**	

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible
SELECT SIGNATORY: -- Date: ------------------------------------

Summary: Analysis & Evidence

Policy Option 1

Description: Full implementation of recommendations with an assessment threshold where ‘it appears the child may have needs for care and support’

FULL ECONOMIC ASSESSMENT[1]

Price Base Year 2024/5	**PV Base Year** 2024/5	**Time Period Years** 10	**Net Benefit (Present Value (PV)) (£m)**		
			Low: -£119.24	**High: -£510.85**	**Best Estimate:-£286.31**

COSTS (£m)	**Total Transition** (Constant Price)	Years	**Average Annual** (excl. Transition) (Constant Price)	**Total Cost** (Present Value)
Low	2.58	2	14.03	**119.24**
High	12.46		59.94	**510.85**
Best Estimate	8.70		33.48	**286.31**

Description and scale of key monetised costs by ‘main affected groups’

Transitional Costs. Familiarisation with, and training on, new legal framework for all social workers working with disabled children/families: £2.61 million per year for two years. Specialist disability training for smaller cohort of social workers in each local authority and targeted expert cohort training in assessment of disabled children: £1.74 million per year for two years.
Ongoing costs. Increased number of social care assessments and advocacy provision: £33.48 million per year.

Other key non-monetised costs by ‘main affected groups’

Increased expenditure on support for children and families following the rise in assessments. These costs cannot be monetised at this stage as they depend on further policy development by Government.

BENEFITS (£m)	**Total Transition** (Constant Price)	Years	**Average Annual** (excl. Transition) (Constant Price)	**Total Benefit** (Present Value)
Low	0	0	N/A	**N/A**
High	0		N/A	**N/A**
Best Estimate	0		N/A	**N/A**

Description and scale of key monetised benefits by ‘main affected groups’

Transitional benefits. None identified.
Ongoing benefits.

Other key non-monetised benefits by ‘main affected groups’

Ongoing benefits. Monetary benefits including savings arising from a reduction in the number of children entering residential care may result from full implementation of the recommendations. These benefits cannot be monetised at this stage as they depend on further policy development by Government
Improvement in child, sibling and parent carer well-being. This has not been monetised, but we expect the improvement to be significant. Potential improvement in local authority staff well-being arising from working with a more efficient, user-friendly legal framework and provision of early support reducing instances where needs of children they are working with escalate.

Key assumptions/sensitivities/risks	**Discount rate (%)**	3.5[2]

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[1] All indicated costs are at the central estimate.

[2] 1.5% discount rate applied to WELLBYs.

The working assumptions are as follows.

(i) The recommended framework will result in needs being met at an earlier stage as a result of:
  - (a) entitlements being clearer so parents and carers know what child may be eligible for and how to get it;
  - (b) a simpler legal framework being easier/quicker to apply;
  - (c) assessments being carried out at an early stage, where the law requires it (not currently the case), ensuring needs are identified before they escalate;
  - (d) advocacy to help children and families make the case for their entitlements;
  - (e) national eligibility criteria ensuring high needs cases are not excluded.
  - (f) guiding principle that prevention of escalation of needs should be considered.

(ii) There will be an increase in service provision resulting from more assessments being carried out and needs identified.

(iii) The extent of the increase in service provision is contingent on the eligibility criteria which are adopted. This is a matter for future discussion between central and local government and is an unknown.

(iv) The provision of services to meet a disabled child's needs at an early stage can reduce the risk of those needs escalating, reducing the likelihood – in a minority of cases – of the child entering residential care.

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:			**Score for Business Impact Target (qualifying provisions only) £m:**
Costs:	**Benefits:**	**Net:**	

Evidence Base

A. Introduction

The scope of this review

1. The Law Commission has been asked by the Department for Education to make recommendations to reform disabled children's social care law. This is the body of rules which determines:

    a. whether a disabled child can obtain help from social services to meet their needs;

    b. what help they can obtain; and

    c. how they go about obtaining it.

2. We have made a series of recommendations which are summarised at para 11 below. The objective of these recommendations is to:

    a. simplify and modernise the law;

    b. promote clarity and consistency;

    c. better align disabled children's social care law with other areas of social care law and special educational needs and disability (SEND) law; and

    d. ensure the law and accompanying guidance sufficiently meet the specific needs of disabled children and their families.

Overview of the social care process

3. Disabled children's social care is administered by the social services departments of local authorities. The process by which a disabled child accesses the support they require generally starts with the child being referred to social services by their parent or carer, or by a third party. A decision will then be taken as to whether the child is entitled to an assessment of their social care needs.

4. Where an assessment is required, the local authority will carry it out and use the information gathered to decide whether the child meets the eligibility criteria for support. These eligibility criteria are localised and vary from one local authority to another. If the child is found to be eligible with reference to the criteria, then a plan for the delivery of that support to the child will be put in place and that authority will secure the provision of that support either by providing it directly, arranging for a third party to provide it or making direct payments so that the family can purchase the support for themselves. During this process parents and carers who need support to provide care more effectively may also have their own needs assessed.

5. Families who are unhappy with any of the decisions made during this process have various remedies potentially available including internal complaints, complaints to the Local Government and Social Care Ombudsman and judicial review. Advocacy services may be available during the complaints process; to help disabled children and their families understand the process and articulate their complain to the local authority. In some areas, advocacy services are available to help families during other parts of the process described above e.g. assessments.

Who is affected by the review?

6. It can be seen from this overview that the key groups affected by this review are local authorities, who administer and provide disabled children's social care, and the disabled children and their parents or carers who receive it.

7. The structure of local authorities varies across the country. Some metropolitan areas and the London Boroughs operate under a single tier structure with councils responsible for all services in their area, including children's social care. In the rest of the country, there are two tiers of local authority – district and county councils – with responsibility for council services split between them. In those areas children's social care falls within the remit of the county council. In total there are 317 local authorities. Of these, 153 have responsibility for children's social care. This review will directly affect all 153 of those authorities.

8. It has not been possible to precisely identify the number of children (and, in turn, the number of parents and/or carers) who will be affected by this review: there is no comprehensive, publicly available set of local authority level statistics showing the nature and extent of the social care needs of disabled children in each local authority. In the absence of such statistics, the best we can do at this stage is to look at other related statistics and draw analogies. An estimated 1.34 million children (aged 0-18 years old) in England have a disability out of a total of 13.34 million children[1]. However, not all of these children want or need social care support and so the numbers affected will certainly be less than this. The precise number is likely to be closer to 0.5 million: this is based on the number of children with special educational needs who have an Education, Health and Care (EHC) Plan in England the academic year 2024-25.[2] Entitlement to an EHC plan – which covers the support provided to children with special educational needs of a type which cannot typically be met in a mainstream school without additional provision – is not the same as entitlement to social care for a disabled child. The special educational needs and social care systems are legally and conceptually separate (albeit there is much overlap). However, as explained at para 38 below, there is a strong correlation between the children who require support under these two systems.

The conduct of this review

9. Informing our recommendations, we have been assisted by contributions from disabled children and young people, parents and carers,10 social workers, managers and directors at local authorities, charities, academics, lawyers and judges. We carried out a full public consultation on our provisional proposals for reform between 8 October 2024 and 31 January 2025.11 We received 176 responses, many of which were from organisations representing multiple people or groups.12 In addition, both before and during the consultation we were fortunate to meet with around 1,000 stakeholders at approximately 150 meetings and events.

10. The majority of those whom we met were the parents and carers of disabled children and representatives of local authorities who work with those children. We engaged with stakeholders and consultees in a variety of ways during the review, hosting large public forums, online and in-person, as well as a series of smaller discussion groups, also online and in-person, and participating in conferences, seminars and webinars.

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[1] See https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland last visited February 2024

[2] 482,640 children in England have an EHC plan. Figure for 2025 https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2024-25.

Overview of recommendations

11. The final report contains 40 recommendations. The key recommendations we make which are likely to incur significant financial or social costs and/or benefits are that:

    a. There should be new legal framework for disabled children's social care sitting within the Children Act 1989. Accompanied by a single, comprehensive piece of statutory guidance on disabled children's social care law. That guidance should set out the respective rights and responsibilities of disabled children, families, and local authorities.

    b. There should be a single duty to assess the social care needs of any child in the area of a local authority who appears to the local authority: is disabled; and may need care and support arising from their disability.

    c. A person assessing the social care needs of a disabled child should be required to have the skills, knowledge and competence to carry out the assessment in question and be appropriately trained

    d. There should be a single duty to meet the social care needs of a disabled child, subject to national eligibility criteria. As a necessary precursor to this, further work will need to be carried out by the Government to evaluate the prospective impact of the recommendation, to inform the decisions as to how and when the recommendation is implemented, and precisely what the eligibility criteria should be.

    e. A disabled child should have the right to an independent advocate when the local authority is assessing and planning to meet their social care needs if they would otherwise experience substantial difficulty in understanding, retaining or using and weighing information, or communicating their views, wishes and feelings. The exception to this is that, local authorities would not be required to provide an advocate for the child if there is already an appropriate person to represent and support them; or they have the ability to refuse an advocate, and do so.

    f. The parent or carer of a disabled child should have a right to an independent advocate when the local authority is assessing their needs as a parent or carer, if they would otherwise experience substantial difficulty in understanding, retaining or using and weighing information, or communicating their views, wishes and feelings. The exception to this is that, local authorities would not be required to provide an advocate for the parent or carer if there is already an appropriate person to represent and support them; or they have the ability to refuse an advocate, and do so.

    g. There should be a fair, accessible, independent and effective system for resolving disputes about social care for disabled children. Further work is required on the part of Government to decide what the appropriate system should be.

The scope and limitations of this impact assessment

12. The recommendations at 11(d) and (g) require further work on the part of Government, leading to further policy decisions. Until those decisions have been made the costs and benefits of these changes cannot be assessed.

13. This, in turn, limits the ability to evaluate, at this stage, the benefits of the other recommendations. The benefit to a disabled child of being aware of their rights, having an assessment of their needs, or having an advocate to help them during that assessment, is that they may receive services to meet their needs at the end of that process. But the likelihood of the child receiving services will depend entirely on the eligibility criteria, which have yet to be decided.

14. Accordingly, this impact assessment focuses on quantifying the costs of the recommendations at 11 (a), (b), (c) and (e), concentrating on the cost of local authorities familiarising themselves with, and undertaking training to adapt to, the new legal framework, as well as the cost of an increased number of assessments and advocacy provision.

15. We make a partial attempt to quantify the cost/benefits of those recommendations which depend on further policy development at paras 39 to 48. This is done for illustrative purposes only, to give an idea of the scale of the cost/benefit that might accrue, with a view to assisting in policy development. For example at para 39 we estimate the cost of a 1% increase in service provision arising from the adoption of national eligibility criteria. This does not mean that the adoption of national eligibility criteria will result in a 1% increase in service provision. Rather, it as an attempt to illustrate what the cost would be if national eligibility criteria were adopted which resulted in a 1% increase in service provision.

16. Similarly at para 41 we estimate the savings of a 1% decrease in the number of children entering residential care and at para 45 we monetise the savings associated with a 1% increase in the wellbeing of those eligible for support. The latter is a non-monetary saving which is quantified using a well-being measure known as a WELLBY.[3] This does not mean that there will be 1% savings in the cost of residential care,[4] or a 1% increase in well-being arising from our recommendations. It means that if national eligibility criteria are designed which result in a 1% reduction in the number of children going into residential care and/or a 1% increase in well-being, this is the scale of the monetary and non-monetary benefits that may accrue.

17. For these reasons this impact assessment does not purport to provide a comprehensive statement of the costs and benefits associated with the Law Commission's recommendations. Rather, it provides a starting point which can be developed by the Department for Education with a view to estimating the full cost/benefit of implementation and to help decide how and when the recommendations should be implemented. However, our illustrative examples suggests that while the costs of full implementation may be significant, the benefits could be proportionately high.

B. Problem under consideration

18. Elements of disabled children's social care law are out of date. For example, the definition of disability that contains outmoded language that is now viewed as offensive.

19. The legal framework is inaccessible and unclear, by virtue of the fact that it is spread across numerous pieces of primary and secondary legislation, court decisions, policy and guidance.

20. The law is arguably unfair in the sense that eligibility for support depends on where a child lives rather than the severity of their needs.

21. On top of these problems, parents and carers have reported the following issues to us over the course of the review.

    a. There is too much focus on safeguarding disabled children from harm at the expense of meeting their needs.

    b. Those assessing the needs of disabled children do not always have expertise in disability.

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[3] See para 44 below for a description of WELLBYs.

[4] We consulted on a draft of this impact assessment that did attempt to quantify the number of children who might enter residential care as a result of the introduction of national eligibility criteria. Some members of the British Association of Social Workers and other social work professionals were critical of this approach. They were in agreement, on an anecdotal level, of the premise that the provision of support early to a disabled child may reduce their chances of entering into residential care because they have unmet needs which subsequently escalate. However, they did not feel that there was a sufficient evidential basis (for example, in the form of longitudinal studies) to estimate the probability of this happening, or the type of social work interventions that would have this effect.

c. The eligibility criteria for accessing services are too high.

d. The needs of parents, carers and siblings are often overlooked.

e. The various teams, departments, and bodies responsible for a child sometimes operate in silos and do not communicate effectively with each other

22. The combined effect of these various problems is that disabled children are not always able to access support when they are entitled to it, or when it is needed most, with the result that their needs may be left unmet. This can have a serious, adverse consequences.

a. Failing to meet the needs of disabled children at an early stage can lead to those needs escalating, giving rise to the need for more costly interventions such as: (a) complex health provision; (b) long term residential placements; and (c) taking children into care. For example, the annual cost of residential care for children without disabilities is estimated to be just over £240,000.[5] The cost for children with disabilities will be significantly greater. The average cost per child with a disability was estimated at about £325,000 per year but this can vary significantly dependent on severity of disability and location of residential facility.[6] For those cases at the margin, appropriate and lower-cost interventions such as weekend short breaks (respite) can prevent these outcomes.

b. Failing to meet the needs of disabled children, especially at an early stage, also materially impacts upon their outcomes in health, academic achievement, mental well-being, and life opportunities, including their earning capability.[7]

c. Failing to meet the needs of disabled children can increase the burden on parents and informal carers, including siblings. Recent research carried out by the University of Birmingham has identified that over 40% of carers of disabled children have thought about taking their own life.[8] Parents and carers struggling to cope are also likely to have increased need to call upon NHS resources.[9]

d. Beyond the direct health and well-being impacts on parents and/or carers, failing to meet the needs of disabled children risks limiting the participation of parents and/or carers in society, for instance by limiting their ability to work,[10] or to take part in education, thereby boosting their long-term prospects. It can also lead to the risk of relationship breakdowns, which are prevalent among those struggling without adequate assistance. We note that children with disabilities are disproportionately represented in single-parent households,[11]

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[5] £4153 per resident if able-bodied at 2019/20 prices [£5131 in 2024/25 prices]. See: https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf.

[6] This is the average of three residential care homes for children with disabilities. See: https://www.lincolnshire.gov.uk/directory-record/76412/children-in-residential-care-and-supported-living-accommodation; https://www.thurrock.gov.uk/foi-responses/children-in-residential-care; https://democracy.brent.gov.uk/mgConvert2PDF.aspx?ID=132203.

[7] For an attempt to monetise the value of tax receipts linked to increased economic participation of disabled children reaching adulthood, see Development Economics, *The Gap Widens: The Economic Case for Closing the Funding Gap for Disabled Children's Health & Social Care Services* (2021). We do not directly rely upon the modelling contained in that report because it addresses both health and social care interventions, and our project is limited to social care.

[8] S O'Dwyer and others, "Suicidal Thoughts and Behaviors in Parents Caring for Children with Disabilities and Long-Term Illnesses" (2024) *Archives of Suicide Research* 1.

[9] In the first instance, there are likely to be GP visits to deal with the symptoms, with a 10-minute GP visit in 2022/23 estimated to cost around £55. See DH Unit cost of health and social care page 64 Table 9.4.2. https://kar.kent.ac.uk/105685/1/The%20unit%20costs%20of%20health%20and%20social%20care_Final2%20%282023%29.pdf

[10] For an attempt to monetise the value of tax receipts linked to increased economic participation of the parents and siblings of disabled children, see Development Economics, *The Gap Widens: The Economic Case for Closing the Funding Gap for Disabled Children's Health & Social Care Services* (2021). We do not directly rely upon the modelling contained in that report because it addresses both health and social care interventions, and our project is limited to social care.

[11] The proportion of disabled children in lone parent families (11%) was higher than children in couple families: Department for Education, *Childcare and early years survey of parents* (August 2023) table B11.

where limited opportunities for external employment often necessitate reliance on welfare benefits.

C. Rationale and Policy Objectives

23. The rationale for intervention is to seek to resolve, reduce or mitigate these problems. To the extent the problems arise from the legal framework, statutory intervention is required to address them.

24. In seeking to address these problems, in line with our terms of reference, the policy primary objectives are:

    a. simplification and modernisation of the law;

    b. the promotion of clarity and consistency;

    c. achieving better alignment disabled children's social care law with other areas of social care law SEND law; and

    d. ensuring the law and accompanying guidance sufficiently meet the specific needs of disabled children and their families.

D. Option descriptions

25. This impact assessment compares Option 1 against the do nothing option (Option 0):

- Option 0 – Do nothing. Under this option, the problems outlined above would persist.
- Option 1 – Full implementation of all 40 recommendations.

Option 0 – Do nothing [base case]

26. Option 0 involves retaining the current legal framework unchanged. In and of itself, this incurs no costs. But it also generates no benefits and means that the problems outlined above – including that the law is overly complex, in need of modernisation and results in children being treated inconsistently across the country – are not addressed.

Option 1 – Full implementation of recommendations

27. Option 1 entails implementing the 40 recommendations set out in the report in full. This impact assessment focusses on the key recommendations set out at para 11 above, with the limitations noted at paras 12 to 17.

E. Monetised costs and benefits of each option

28. This impact assessment identifies monetised and non-monetised impacts on individuals, groups and businesses with the aim of understanding what the overall impact to society might be from implementing these options. The costs and benefits of the proposed scheme are compared to the "do nothing" option (Option 0). There are ongoing Government policy developments in disabled children's social care, falling outside of this review, which may have cost/benefit implications. These are not considered as part of this option for purposes of the draft impact assessment. This is the standard practice in Law Commission impact assessments.

29. As noted above at paras 12-13 The most significant cost implications will flow from matters that are for future discussion between central and local Government – principally the eligibility criteria that are adopted for disabled children's social care – and hence are an unknown. Throughout the ensuing analysis, as we explain at paras 15-16, we provide illustrative examples of impact based on a small 1

percent increase in cost (alternatively reduction in costs for benefits). In the absence of sufficiently robust data and finalised policy we are unable to provide a more precise or evidence-based estimate.

30. Impact assessments prioritise the quantification of costs and benefits in monetary terms, including the valuation of non-market goods and services. However, to provide a comprehensive evaluation of a policy's potential impact, it is equally important to consider the broader societal effects, extending beyond purely financial outcomes. The net present social value[12] (NPSV) aims to achieve this using a time frame of ten years, with the present [2024/5] being year 0. We assume the transitional costs and benefits (monetised and non-monetised) occur in year 0, the current year, unless otherwise indicated. Ongoing costs and benefits accrue in years 1 to 10. We would normally apply a discount rate of 3.5% in accordance with HM Treasury guidance.[13] Unless stated all figures are in 2024/25 prices and have been uprated using the GDP deflator to adjust for inflation.

Option 0 – Do nothing [base case]

31. Do nothing in this context means make no legal changes. We are aware that there are there are ongoing Government policy developments in disabled children's social care which may have costs implications which are not considered as part of this option. For purposes of this impact assessment, because the 'do nothing' option is compared against itself its costs and benefits are necessarily zero, as is its NPSV.

Option 1: Full implementation of recommendations with an assessment threshold where 'it appears the child may have needs for care and support'

Costs

Transitional Costs

Familiarisation costs

32. Social workers who work directly with children and families will need to be familiar with the recommended changes. Some familiarisation costs are likely, for professionals to acquaint themselves with the new guidance and amended legislation. Table 1 below identifies additional reading times using readingsoft.com to give a general idea of reading efficiencies. Measurements of speed and comprehension depend upon the context and upon the set of questions.

Table 1: Reader profile

Screen	Paper	Comprehension	Reader Profile
100 wpm	110 wpm	50%	Insufficient
200 wpm	240 wpm	60%	Average reader
300 wpm	400 wpm	80%	Good reader
700 wpm	1000 wpm	85%	Excellent, Accomplished

readingsoft.com; Wpm = words per minute

33. It seems reasonable to expect social worker starters to be less familiar with the information, requiring more time to comprehend. Established social workers may be a mix of good/excellent readers as the information is familiar territory with a high degree of skimmed reading. Table 2 below provides an

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[12] Costs to society are given a negative value and benefits a positive value. After adjusting for inflation and discounting, costs and benefits can be added together to calculate the Net Present Social Value (NPSV) for each option. See HMT Green Book at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Green_Book.pdf#page=1&zoom=auto,-47,842 p 21.

[13] Savings relating to health benefits – WELLBYs are discounted at 1.5%.

estimate of the requisite time investment.

Table 2: Familiarisation costs in £million

	Low estimate	Central estimate	High estimate
A. No. of additional pages	200	250	300
B. Cost of Social worker starters[14]	£0.34	£0.47	£0.62
C. Cost of agency and established social workers[15]	£0.59	£2.14	£3.00
Total cost [B + C]	£0.93	£2.61	£3.62

Assumptions:

- Additional 200 [low] - 300 [high] pages of new guidance, 250 pages the central estimate.
- Range of reading time from paper [highest wpm] – screen [lowest wpm] with central estimate the mid-point.
- Social worker starters are average readers, all other social workers range from good to excellent.
- 50% of the social workers working with children/families are involved in disabled children's social care in some capacity and will need to be aware of the new framework.

Annual total cost: £2.61 million [central estimate]

Training of assessors

34. We recommend that those responsible for assessing the needs of disabled children should have expertise in disability means that there will need to be a cohort of expert assessors within each local authority. Providing training for this expert cohort will require additional costs over and above the training which all of those working in the field will need to undertake to adapt to the new framework. Cost estimates provided in the consultation paper have been revised upwards in response to stakeholder feedback. Table 3 below sets out the cost to the local authority in providing training to PAYE staff it employs directly and provides an indication of costs borne by self- employed social workers.

35. Generally, we expect that all social workers working in disabled children's social care will need to undertake general training to familiarise themselves with the new framework. Within this, two groups of social workers can be identified: (a) those employed by the local authority; and (b) self-employed agency workers.

Table 3: Cost of training social workers in £million

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[14] Starters are defined as those new to the local authority which can include newly qualified social workers. This draft impact assessment assumes that this group is unfamiliar with the legal framework.

[15] For the number of social workers, see https://explore-education-statistics.service. Children's social work workforce, Reporting year 2024 - Explore education statistics - GOV.UK . Average salary provided by ONS ASHE and a further 18 percent uplift is applied to reflect the cost to the employer, Earnings and hours worked, occupation by four-digit SOC: ASHE Table 14 - Office for National Statistics

See Table 14.6a, line 171:

	Low estimate	Central estimate	High estimate
A. Training cost to local authorities	0	£1.27	£1.66
B. Training cost to self-funded agency social workers	£0.23	£0.30	£0.73
C. Expert cohort training	£0.13	£0.17	£0.21
Total Cost	£0.36	£1.74	£2.60

Assumptions:

- In-house e-learning module – low estimate £0 per person. Proxy used to estimate cost of training is half day Care Act 2014 familiarisation course averaging £66 - £86 per person[16].
- Training for expert cohort required at each local authority [153] averaging 3-5 persons at a cost of £280 per person in training cost[17].

Annual total cost: £1.74 million [central estimate]

New assessment framework

36. We anticipate that most local authorities will adopt a new assessment framework to implement the new express duty to assess, and the changes to the assessment process and eligibility criteria we propose. We proceed on the basis that the cost of developing this framework will be relatively modest and that authorities are likely to share frameworks and templates.

Ongoing Costs

Increased number of assessments

37. We assume that the number of assessments will increase with the introduction of an express requirement to assess the social care needs of disabled children resulting from increased awareness among families and local authorities of the assessment duty, arising from clarification of the law. There is a significant degree of flexibility as to the form and duration which assessment may take. For example, some parents and carers may complete online self-assessments on behalf of their children which are then verified by the local authority. In other cases the child will need to be assessed face-to-face over a longer period of time. See table 4 below setting out the additional assessment costs.

38. The central estimate for the annual increase in assessments is 71,609, based on the assumptions set out below. This is our current thinking but we recognise its limitations and for this reason we have applied a 20 percent range in recognition of our uncertainty.

Table 4: Annual cost of additional assessments in £million

	Low estimate	Central estimate	High estimate

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[16] See https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjvrK6azcaPAxUhX0EAHTvWOHUQFnoECBYQAQ&url=https%3A%2F%2Fwww.scie.org.uk%2Fproduct%2Fdetermining-eligibility-under-the-care-act-2014-e-learning-course%2F&usg=AOvVaw0c8-5p3RutNUySZsKwGxrA&opi=89978449 £55 per course with 20 percent uplift applied

[17] £280 is the equivalent cost of two comprehensive courses on autism. The level of expertise requires in-depth and comprehensive coverage across a range of topics not limited to autism. Autism is used here as an example of a complex condition.

No. of additional assessments	57,280	71,610[18]	85,920
Cost of online assessments	£2.38	£5.95	£10.71
Cost of face-to-face assessments	£9.52	£28.80	£42.84
Cost of advocacy provision[19]	£2.13	£ 3.72	£ 6.39
Total cost	£14.03	£33.48	£59.94

Assumptions:

- The estimate of the additional assessments required is based upon the difference between the number of requests for an EHC needs assessment in the year 2024 (154,489) [20] and the number of children in need assessments carried out over the year for a child who may be disabled (82,880) [21]. The justification for this approach is as follows:
    - In very general terms, it is helpful use the SEND statistics (relating to EHC needs assessments) to help us estimate the increase. This is because the most frequent complaint we heard from consultees was that social care assessments are routinely not carried out at part of EHC needs assessments.
    - More specifically, the EHC needs assessment duty is targeted at children who “may have special educational needs” and for whom “it may be necessary for special educational provision to be made for the child in accordance with an EHC plan”: s 37(8) Children and Families Act (CFA) 2014.
    - Further, the definition of “special educational needs” applies to children who have a learning difficulty or a disability which calls for educational or training provision that is additional to, or different from, that made generally for others of the same age in mainstream schools in England: ss 20-21 CFA 2014.
    - Therefore, we can assume that the cohort of children seeking an EHC needs assessment includes (at the very least) those children who may have a disability and who may want or need extra help at school.
    - We assume that this correlates with the number of children who may have a disability who may want or need extra help at home: that, in effect, is the group who will be entitled to a social care assessment under our recommendation.
    - We make this assumption based on feedback from a range of stakeholders and consultees over the last two years. Also, departmental statistics suggest that 97% of disabled children in need have an ECHP (88%) or receive SEN support (9%). All of this suggests a correlation between disabled children who need social care support at home and/or in the community and disabled children who need support at school.
    - Drawing this together, our rationale is that the number of children who ask for an EHC assessment will be similar to the number of disabled children who are entitled to a social care assessment under our recommendation.
- 20% of all assessments are undertaken online and require 2 hours of a social worker’s time to check accuracy of completion. The remaining 80% of assessments are face-to-face and require between 1 to 3 days. Some assessments will take less than 1 day or more than 3

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[18] Rounded to nearest 10

[19] Average cost per advocacy session, £792 in 2020/21 prices. See https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf.

[20] Figure for 2024 https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2025#dataBlock-122f9f3e-70f3-471a-b7ba-676fe6da9067-tables

[21] Figure for 2024 https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2024#dataBlock-a1286528-cdbf-49bc-8cf2-e65b4e6f516c-tables. We have arrived at this figure by using the ‘factors identified at the end of the assessment’ and combining the categories of ‘Learning disability: concerns about child’ (59,670) and ‘Physical disability or illness: concerns about child’ (23,210) to create a wider category of children who may be disabled.

days, but 1-3 days represents the median range. These days may be spread over a longer period, for instance 3 days over the course of 1 month. This estimate is based on expert experience and what we have heard during consultation: the data available on average duration of assessments shows the time elapsed between start and finish of the assessment and not the days spent working on the assessment and so cannot be relied on in this instance

- Between 5% to 10% of face-to-face assessments require advocacy provision [7% being the central estimate]. This estimate is based on expert experience and what we have heard during consultation.

Annual total cost: £33.48 million [central estimate]

Present value: £277.77 million over 10 years [central estimate]

Increased cost of support

39. The increased number of assessments may lead to an increased demand for support, depending on the national eligibility criteria that are formulated and adopted by central Government. The following is an illustrative example of the cost impact of a small 1 percent increase in the numbers eligible for support following the additional assessments indicated above. The central estimate would deliver an increased annual cost of £2.36 million based on the accompanying assumptions. See table 5 below.

Table 5 – Annual cost of 1 percent increase in the demand for support in £million

	Central estimate
No. of additional assessments[22]	71,610
Percentage eligible for support	1%
Cost of direct payments	£0.87
Cost of short breaks	£1.35
Cost of ‘other’ support	£0.14
Total cost	**£2.36**

Assumptions:

- The rationale and assumptions underpinning the estimate of the additional assessments required is set out above.
- 40% of those eligible receive direct payments [at £2,780[23] per child], 40% receive short breaks [at £4,540 per child] and 20% receive access to other support [at £955 per child].[24] This estimate is based on what we have heard in our work during consultation.

Benefits

Transitional Benefits

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[22] Rounded to nearest 10

[23] A further 5% is added to £2780 to take account of additional support

[24] The data source is https://explore-education-statistics.service.gov.uk/ . The publication relied upon is *Planned LA and school expenditure*: Category – Children and Young People’s Services [Financial year 2023/24]. Total net planned expenditure for: Direct payments [£144,043,779]; Short breaks [respite] for disabled children [£234,999,172]; Other support for disabled children [£49,471,250]. Per capita cost derived by dividing the total expenditure by the number of children in need with a disability recorded [51,790]. All 2023 prices uprated to 2024/25.

None identified

Ongoing Benefits

Increased scope for home care and reduced reliance on residential care

40. Our recommendations are intended to promote necessary early intervention and avoid the escalation of needs and we anticipate that the national eligibility criteria we recommend will designed with this (among other) policy objectives in mind. Our assumption is that, with effective support at home (including short breaks from caring responsibilities where required), parents and carers will be better equipped to continue to care for their children. In a minority of cases, this will, in turn, avoid parents and carers becoming unable to continue to deliver care resulting in a need for residential care. As set out previously, the cost of residential care for children with disabilities is significant. Further, indications are that sector inflation is significantly greater than national inflation. This means that appropriately designed national eligibility criteria may lead to significant monetary benefits which may be offset against the type costs set out above.

41. By way of illustrative example, of the potential for impact if there was a 1% reduction in the number of children entering residential care is set out in table 6 below.

Table 6: Annual savings from reduction in demand for residential care, in £million

	Central estimate
No. of children in residential care[25]	1960
Percentage fall in demand	1%
Reduced annual cost of care	**£7.38**

Assumptions:

- The average weekly cost of residential care for children with disabilities is £6,245 to £7,739, with £6,791 the central estimate.[26]

Improved parent/carer well-being (Well-being as measured by WELLBYs)

42. Well-being is a multifaceted concept that encompasses more than just how individuals feel in the moment. The Office for National Statistics (ONS) has developed a robust framework for understanding well-being, emphasising its significance at the individual, community, and national levels, as well as its sustainability for future generations.[27]

43. Difficulties in accessing the support required to meet the needs of a disabled child impacts adversely on the well-being of those providing care to them. Recent research carried out by the University of Birmingham has identified that over 40% of carers of disabled children have thought about taking their

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[25] Three-year average 2022 to 2024 See https://explore-education-statistics.service.gov.uk/data-tables/children-looked-after-in-england-including-adoptions last visited 8th September 2025

[26] Based on cost date available from Lincolnshire, Thurrock and Brent and with reference to: https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf.

[27] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingfrequentlyaskedquestions

own life.[28] More generally, the long-term harmful effects of highly stressful situations are well recognised. Further, evidence indicates that while people often adapt to various life events and changes, leading to a reduction of the initial impact on well-being over time, this adaptation is less evident in situations that continuously demand attention[29]. For instance, parents and carers facing the demands of caregiving with limited opportunities for respite may experience long-term effects on their well-being.

44. We believe it would be an underestimation of the impact of our proposals to ignore the gain in well-being to parents and carers from access to support in caring for children with disabilities, including measures such as access to regular respite. We have therefore sought to monetise the benefits of improved well-being. To do so, we have used the concept of a 'Well-being adjusted life year' (WELLBY). A WELLBY is defined as one point (1.0) of self-reported life satisfaction measured on a zero to ten scale (0-10) for one individual for one year. In its 2021 guidance,[30] the Treasury recommended a value of £13,000 per WELLBY (in 2019 prices).

45. The following table illustrates the potential for benefit through a 1 percent improvement in the wellbeing of those eligible for support. See table 7 below.

Table 7: Illustrative example of scope for gain through improved life satisfaction, in £million

	Central estimate
No. of additional assessments	71,610
No. eligible for support[31]	716
No. of parent carers impacted	358
Net gain	**£1.15**

Assumptions:

- 1 percent are eligible for support.
- 50 percent of all parents and carers eligible for support experience improved well-being. Our evidence for this is based on the recent evaluation of the Family Fund where 47 percent of parent carers said access to information and support improved their general wellbeing[32]
- Parents and carers impacted: 1 adult per assessment.
- 1 WELLBY is equivalent to £13,000 in 2019 prices. We assume that parent carers experience small improvements with 0.2 being the central estimate[33].

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[28] S O'Dwyer and others, "Suicidal Thoughts and Behaviors in Parents Caring for Children with Disabilities and Long-Term Illnesses" (2024) *Archives of Suicide Research* 1.

[29] People tend to adapt little to situations that regularly draw their attention – See P. Dolan, "Happiness by design: Finding Pleasure and Purpose in Everyday Life", London, United Kingdom, Penguin (2014)

[30] Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005388/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf

[31] Rounded to nearest 10

[32] See *Family Fund Evaluation, UK Report*, 2022/23, Family Fund

[33] See discussion on significance of WEELLBY value

- Wellbeing evidence suggests there will be distributional effects such that the value of an additional pound of income is higher for a low-income recipient and lower for a high-income recipient[34].

Improved well-being of children with disabilities and their siblings

46. The previous table evaluates the improved life satisfaction of parents and carers of children with disabilities but not the children themselves. We have not sought to monetise the impact on the well-being of disabled children. That having been said, we consider it legitimate to proceed on the assumption that receiving the right support, especially at an early stage, materially and positively impacts upon the child's mental health and well-being. This is particularly so in situations where early intervention forestalls an escalation in needs and (potentially) more disruptive and/or coercive interventions.

47. In relation to siblings, if they are adult siblings delivering care, they fall to be considered above under parents and carers. If the siblings are, themselves, children, we do not seek to monetise well-being impact upon them but consider it legitimate to proceed on the assumption that there will be a positive impact if support is provided to their disabled sibling. Even if they are not directly providing care, we consider it legitimate to proceed on the assumption that they will benefit from the support being provided to their sibling. By way of example, we note that a recent survey conducted by the charity Sibs found that 30% of the siblings of disabled children surveyed were tired at school because they had not managed to have enough sleep.[35]

Improvement in local authority staff well-being

48. We note, but do not seek at this stage to monetise, the potential for improvement in local authority staff well-being arising from working with a more efficient, user-friendly legal framework and provision of early support reducing instances where needs of children they are working with escalate.

Summary of Annual costs and benefits, NSPV in £million

	Low estimate	Central estimate	High estimate
Option 1: Costs			
Transitional costs	£1.29	£4.35	£6.23
Ongoing costs:			
Additional Assessments	£14.03	£33.48	£59.94
Additional Support	N/A	N/A	N/A
Total [ongoing] costs	£14.03	£33.48	£59.94
Option 1: Benefits			

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[34] See paragraph A3.4. "*The Green Book*", HM Treasury (2020)

[35] Sibs, *If Only You Knew. A report into the school experiences of siblings of disabled children* (April 2024) p 5.

Ongoing benefits			
Reduced residential care	N/A	N/A	N/A
WELLBY Gain	N/A	N/A	N/A
Total benefits	N/A	N/A	N/A
NSPV over 10 years	**-£119.24**	**-£286.31**	**-£510.85**

Wider impact (considers the impacts of our proposals)

Equality impact

49. Having researched extensively and consulted widely with a diverse range of interested parties, we have not identified any adverse impacts of our policy on protected characteristics. We have completed the Equality Impact Assessment Initial Screening and are not required to complete a further full assessment.

Health impact

50. The health impact has been assessed throughout this impact assessment**.**

Justice impact

51. The impact on the legal system has been considered, but its full impact cannot be modelled at this stage because, pursuant to our recommendations, further work on the part of Government is necessary to decide on the appropriate system of remedies.