**Nottingham & Nottinghamshire**

**Joint Local Area SEND Quality Assurance (QA) Framework for Education, Health & Care (EHC) Plans**



**Guidance for professionals writing advice for Education Health and Care Plans (EHCP)**

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**Introduction**

This guidance has been developed as part of the Nottingham and Nottinghamshire Quality Assurance EHCP Framework in partnership with education, health and social care professionals and Parent Carer Forum representatives. The purpose is to ensure that everyone involved with contributing to education health and care plans understands their role in developing high quality plans for children and young people. Our guiding principle is that children, young people and their families should be central to the process of providing advice and developing EHCPs, with their views, aspirations and outcomes being at the centre of the process**.** High quality information from professionals is central to writing good EHCPs which provide the right support for CYP and their families.

1. **Purpose of advice from professionals**

* To ensure that the CYP and family’s aspirations are reflected and clear within the report.
* To enable an holistic approach which will support the CYP to achieve their outcomes and aspirations.
* To ensure that the needs of the CYP are clearly identified and ensure the right support and provision is provided at the appropriate time.
* To inform planning for transition for (CYP) from year 9
* To provide good quality information shared with CYP and other agencies which can be used in reviews, appeals and complaints process, where needed.
* To inform decision making about whether or not an EHCP is required to secure provision.
* If a decision to issue an EHCP is made, to then ensure that needs and provision are reviewed annually and amended to meet the needs of the CYP.

**2.0 Key Points**

All services working with a CYP have a statutory duty, under the Children and Families Act (2014) to provide information when requested**.**

Professionals should limit their advice to areas in which they have expertise and avoid commenting on provision which may be required from other services.

It is expected that advice is provided when professionals are currently involved or have been involved within the last year.

Advice **must** be provided within **6 weeks** of the request being received; this is a statutory requirement.

EHCPs belong to and are used by CYP, their families and their schools. Information should therefore be clear, accessible and specific and should not contain overly complex information.

Advice for CYP in the County should always be completed on the EHC digital hub, for children in the City advice should be on the template provided by the Local Authority.

Professionals should always consider upcoming transitions to ensure that there are no gaps in provision.

Preparation for Adulthood (PFA) and transition planning should be considered at all ages, but always from year 9.

Ensure language is specific and clear, detail who will provide the support and how often. Avoid vague language and phrases like frequent, regular, opportunities for.

Recommend provision based on professional judgement not on availability. Where needs are identified that cannot be met by your service ensure an appropriate referral pathway has been implemented.

Phrase your report positively as well as highlighting need. Use strength-based wording to highlight what the young person can do already and what areas are being worked on.

Where difficulties described have been reported by a parent or carer but not observed by the professional make this clear.

State if you are providing advice on behalf of another professional.

Further guidance regarding writing advice can be found on the Council for Disabled Children website, your line manager or SEND lead may also be able to offer support. See links below.

EHC Plans must include the following sections:

**Section A:** The views, interests and aspirations of the child and his or her parents or the young person.

**Section B**: The child or young person’s special educational needs.

**Section C**: The child or young person’s health needs which are related to their SEN.

**Section D**: The child or young person’s social care needs which are related to their SEN or to a disability.

**Section E**: The outcomes sought for the child or the young person. This should include outcomes for adult life. The EHC plan should also identify the arrangements for the setting of shorter term targets by the early years provider, school, college or other education or training provider.

**Section F**: The special educational provision required by the child or the young person.

**Section G**: Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Where an Individual Health Care Plan is made for them, that plan should be included.

**Section H1:** Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.

**Section H2**: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person’s eligible needs (through a statutory care and support plan) under the Care Act 2014.

**Section I**: The name and type of the school, maintained nursery school, post-16 institution or other institution to be attended by the child or young person and the type of that institution (or, where the name of a school or other institution is not specified in the EHC plan, the type of school or other institution to be attended by the child or young person).

**Section J**: Where there is a Personal Budget, the details of how the Personal Budget will support particular outcomes, the provision it will be used for including any flexibility in its usage and the arrangements for any direct payments for education, health and social care. The special educational needs and outcomes that are to be met by any direct payment must be specified.

**Section K:** The advice and information gathered during the EHC needs assessment must be attached (in appendices). There should be a list of this advice and information.

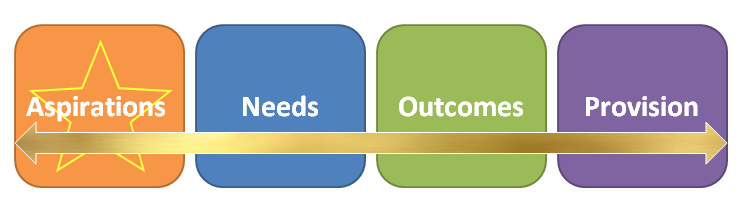
**3.0 Points to consider when writing advice**

**3.1 Discussion with CYP and family**

A discussion should be held with the CYP and family to discuss their aspirations, needs and outcomes to be achieved. Provision identified should always be agreed and relate to the specific outcomes. A person centred approach should be taken.

It is good practice to share reports with families and CYP prior to submission.

Preparation for adulthood should be considered at all ages but in particular from year 9 onwards.

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**3.2 What has your organisation put in place already to support the CYP needs?**

Provide a brief outline of your services previous involvement and support provided. This will contribute to a better understanding of the child’s needs.

**3.3 What has been the impact of any support or strategies already put in place?**

Share what has been tried, what has worked well, eg. this might include outcomes or progress from any previous therapy provision or medications.

**3.4 What are the young person’s strengths in relation to Education, Health and/or Social Care?**

(In relation to your area of expertise)

Consider what is going well? What has helped previously? What progress has been made?

Try to be strength based, considering what is age appropriate for the CYP.

Have you engaged the young person around decision making, as they grow towards adulthood, what are their strengths around this? Do they prefer support through shared decision making? All CYP should be empowered to make choices around their care and support, even if these are small choices.

**3.5 What are the young person’s needs in relation to Education, Health and/or Social Care?**

Advice should summarise information for a lay person and focus on the practical implications of health conditions or impairments on the child’s life and learning, rather than detailed diagnostic information.

Consider what do they find difficult?

What do they need to progress?

How does the identified need impact on their ability to learn? Include information relevant to your service, including diagnosis and dates of diagnosis. Avoid jargon and acronyms. Providing explanations of more complex or unusual diagnosis is helpful to highlight how they might impact on the CYP in the future.

**3.6 Outcomes** –

*‘An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be specific, measurable, achievable, realistic and time bound (SMART).’ (Code of Practice, 9.66)* .

Outcomes are **NOT** a description of the service being provided – for example; attending appointments is not an outcome.

Outcomes identified should link to the needs described and to the CYP’s aspirations. They can be related to the stage in education, eg. - by the end of key stage 2, the young person will be able to …

Steps to achieving outcomes – this is **NOT** provision. This would be where the desired outcomes are broken down into smaller steps.

**3.7 Provision**

Provision should clearly link to needs and outcomes identified. See table 1.

Provision should be specific about the quantity, frequency and who will deliver it.

Include any signposting advice given or referrals to be made.

Consider PfA and transition to adult services, particularly from yr 9.

The Integrated Care Board (ICB) has a legal duty to ensure arrangements are in place to deliver the provision detailed in section G of the EHCP.

The Local Authority has a legal duty to ensure arrangements are in place to deliver the provision detailed in sections F and H.

When a child no longer requires support and advice from your service the LA and school **should** be informed for appropriate amendments to be made to the EHC Plan.

Table 1. Example for EHC Plan

|  |  |
| --- | --- |
| **Examples of a Need, Outcome and Provision for a EHC Plan** | |
| **Section A-Aspirations** | Mohammed wants to have friends. |
| **Section B- Needs** | Mohammed has difficulty with his social skills. |
| **Section E- Outcomes** | Short Term: By the end of the term Mohammed will have 2 friends, who he will socialise with at breaks and lunchtimes at least twice a week. |
| Long Term: Mohammed will be able to maintain and make appropriate friendships. |
| **Section F- Provision** | Mohammed will participate in a daily 15-minute group (up to 3 students) session focusing on social skills and role-play activities, which will be led by the Speech and Language Therapist |

**4.0 Quality Assurance**

Organisations should have internal quality assurance processes in place, to quality assure professionals advice prior to submission to the Local Authorities. Processes are likely to vary, according to the needs of organisations but may include peer support, quality checking of written advice and regular audits**.** A quality assurance tool is included in the appendices.

The local area have committed to undertake Multi-Agency Auditing of EHCPs. Organisations will collaboratively participate in organised events to ensure that continuous improvements for EHCP are sustained and have a positive impact on improving outcomes for CYP with SEND.

**5.0 Guidance for Health Professionals**

Section C and G of a CYPs EHCP detail their health needs and the health provision which is required for them to meet those needs. It is the responsibility of health professionals to provide the information to inform these sections and health providers have a statutory duty to deliver the provision which is described.

Provision which is intended to educate or train the CYP is detailed in section F, this will usually include information about therapies, while this provision may be provided by health services it is the responsibility of the LA to ensure this provision is in place.

Whilst professionals would normally only provide advice for CYP who they have worked with in the last year, for community paediatric services, where the young person has previously been known to the service but was discharged more than a year ago, a discharge letter or outpatient letter should be provided, which clearly confirms known diagnoses.

Advice should summarise medical information for a lay person, explain a diagnosis as simply as possible, explain the impact on the CYP’s daily life. Avoid general descriptions but focus on what is specific to the individual.

If no health needs were identified following an assessment, state this. Avoid stating that child has no health needs, but state that child has no health needs requiring support from your service.

Where a CYP is not known to health services and there is no evidence of a relevant specialist health need, this should be clearly articulated with agreed reference to universal services. If the young person has previously been seen or is on a waiting list for assessment this information should be provided.

Whilst health professionals should notify the LA of a CYP who has or may have SEND, they should **NOT** advise parents that their child needs an EHCP or assessment. This is a decision which will be made as part of the EHC process, **nor** should professionals state that a special school place is required.

Professionals **should** however signpost families to discuss with the school SENCO or liaise with the SENCO directly to gain understanding of current arrangements and planned interventions to ensure continued support and advice is available to parents.

Professionals **should** review the draft plan when this is shared and liaise with the EHC co-ordinator or casework officer if amendments are needed. This must be done in a timely manner, within 15 days of draft plan being shared.

**Frequently Asked Questions**

**What should I do if needs identified cannot be met by my service?**

Where needs are identified that cannot be met by the commissioned service it is the responsibility of the clinician to identify how need will be met. This could require a referral to an appropriate service, or if none is available an Individual Funding Request (IFR) can be made to the ICB.

Avoid stating that a particular assessment or treatment is needed but you are not commissioned to provide care to meet health needs.

**I have reviewed the draft plan and the information I have provided is not included or is incorrect?**

Contact the EHC coordinator (for County children, this information is on the EHC hub) or SEN Caseworker (City) in the first instance clarifying any inaccuracies, please copy in the DCO team. If your information has not been included in its entirety this may be because some of it related to non- health information or provision, which would usually have been covered by information from school or the educational psychologist.

Plan writers have to condense advice into a sensible number of outcomes so may not have included your advice in its entirety.

**6.0 Guidance for Social Care Professionals**

**Why are you being asked to contribute?**

If you have been asked for a contribution/report it is because an assessment for an EHCP has been agreed by the LA, and you are currently involved or were involved within the past 12 months, not all initial requests for an EHCP progress to assessment stage.

Upon receipt of all relevant assessments from professionals a decision is made at an Education Needs Assessment Panel which has representatives from Education, Health and Social Care. If a child receives a ‘yes to plan’ at panel the allocated EHC Co-Ordinator for the CYP, or EHC plan writer for City, will then work to draft an EHCP using all reports. The EHCP process has a statutory time frame of 20 weeks, this is why you are asked to complete your information by a certain date

**What information do we need from social care?**

When answering the questions, it is important to note that although you may work with the family unit, your feedback should be specific to just the child we are requesting information for and should not name other members of the family. Please keep in mind that not all sections of the professional contribution form will be relevant.

**Section 1 – Background and history:**

Background and History: Brief reason for your current involvement, we do not expect you to give a full and thorough chronology of all other social care involvement.

**Section 2- Needs:**

**Social Care Needs:** It is important to link these to any identified SEND, for example Autism, ADHD, Speech and Language Difficulties, Social Interaction Difficulties, Learning difficulties, Sensory Difficulties, Mental Health Difficulties etc. Utilise the Assessment Framework Triangle (see below).

**Child Development Needs**:

Consider developmental milestones;- are they delayed in their mobility, speech and language, emotional behaviour?

**Parenting Capacity:**

Considerare the parents/carers able to meet their CYP’s needs? Do they need support to do this?

Do the parents/carers understand their CYP’s SEND? Are they responsive to meeting their CYP’s needs? Are there difficulties in instilling boundaries?

**Family and Environmental Factors:**

Consider social and environmental factors that may impact on family responding to and meeting CYP’s needs; are family members at risk of losing their job/home due to having too much time off work for medical appointments/educational difficulties?

**Communication and Interaction:**

Consider CYP communication and interaction abilities or any challenges experienced;

* Are they able to communicate at an age appropriate level?
* Do they communicate to you from behind a door?
* Will they only communicate via text/ email?
* Will they only communicate in the presence of a trusted adult?
* Do they voice their feelings by using a teddy/toy?
* Do they seem hesitant in their interactions?
* Do they require constant reassurance to remain engaged?

**Cognition and Learning:**

Consider the CYP stage of development and if cognition and learning is impacting on their ability to progress. Are they able to work with you using age-appropriate material/tools or do you have to differentiate your resources?

**Sensory and/or Physical Health:**

Consider if the CYP experiences any challenges relating to sensory sensitivities or physical health needs, that may be complex and have impact on accessing learning or participating in the community.

* Are they overwhelmed/over stimulated by things going on around them?
* Do they require regular breaks to decompress?
* Is their physical health impacting upon their engagement?
* Are they easily fatigued? Are their gross and fine motor skills delayed?

**Social Emotional and Mental Health:**

Consider the CYP’s emotional wellbeing and the impact this may have on their ability to participate and respond to any support or advice provided.

What difficulties do they have in social situations?

Are their difficulties preventing them from accessing life out of the family home?

Have appropriate referrals been made to mental health support services?

**Health:**

Consider any health issues that you have been made aware of/seen evidence of, are these health needs being supported appropriately?

Are there any unmet health needs that require support to reduce the impact of the CYP being able to access learning and participate in communities.

**Social Care:**

Advise what support, advice or interventions are in place/or have been offered to address the ongoing challenges experienced in relation to SEND.

**Section 3 - Outcomes :**

What Outcomes did you identify for the CYP from your assessment? Remember this should be directly linked to the SEND of the CYP.

An example may be: For CYP to understand their emotions and have a toolbox of strategies that support them when feeling anxious/overwhelmed.

**Section 4 – Social care provision:**

Social care provision in EHC Plans is currently broken down into two parts: H1 and H2:

H1: Social care provision delivered under Section 2 of the Chronically Sick and Disabled Person’s Act 1970 (CSDPA). This covers provision delivered under this legislation, including:

* Support at home
* Support across the community, including non-residential short breaks such as PA support and link work
* Assistance in travelling to facilities
* Help with adaptations to the home
* Help with obtaining specialist equipment

**It does not include** *overnight* short breaks (these are recorded in Section H2) and i**t does not apply to** young people over 18 (all provision for over 18s goes in H2).

H2 – Other social care provision. This is provision not covered by the CSDPA, including:

* Support provided under the Children Act 1989, such as overnight short breaks, LAC support and child protection support, including child in need or child protection plans and the monitoring/reviewing arrangements around these (frequency of reviews/statutory visits etc.)
* Support provided under the Care Act 2014 for young people who have eligible needs for care and support from adult services.
* All social care provision for young people aged 18 and over.
* Short pieces of work with identified interventions linked both to the social care need and identified SEND. This may include support provide by services such as the Family Service, Targeted Family Support Team, Outreach teams etc. See example below.

**Example below relates to the Family service / Targeted Family Support Team (TFST)**

**Provision: Section H2 -** 1:1 work around healthy relationships or emotional wellbeing

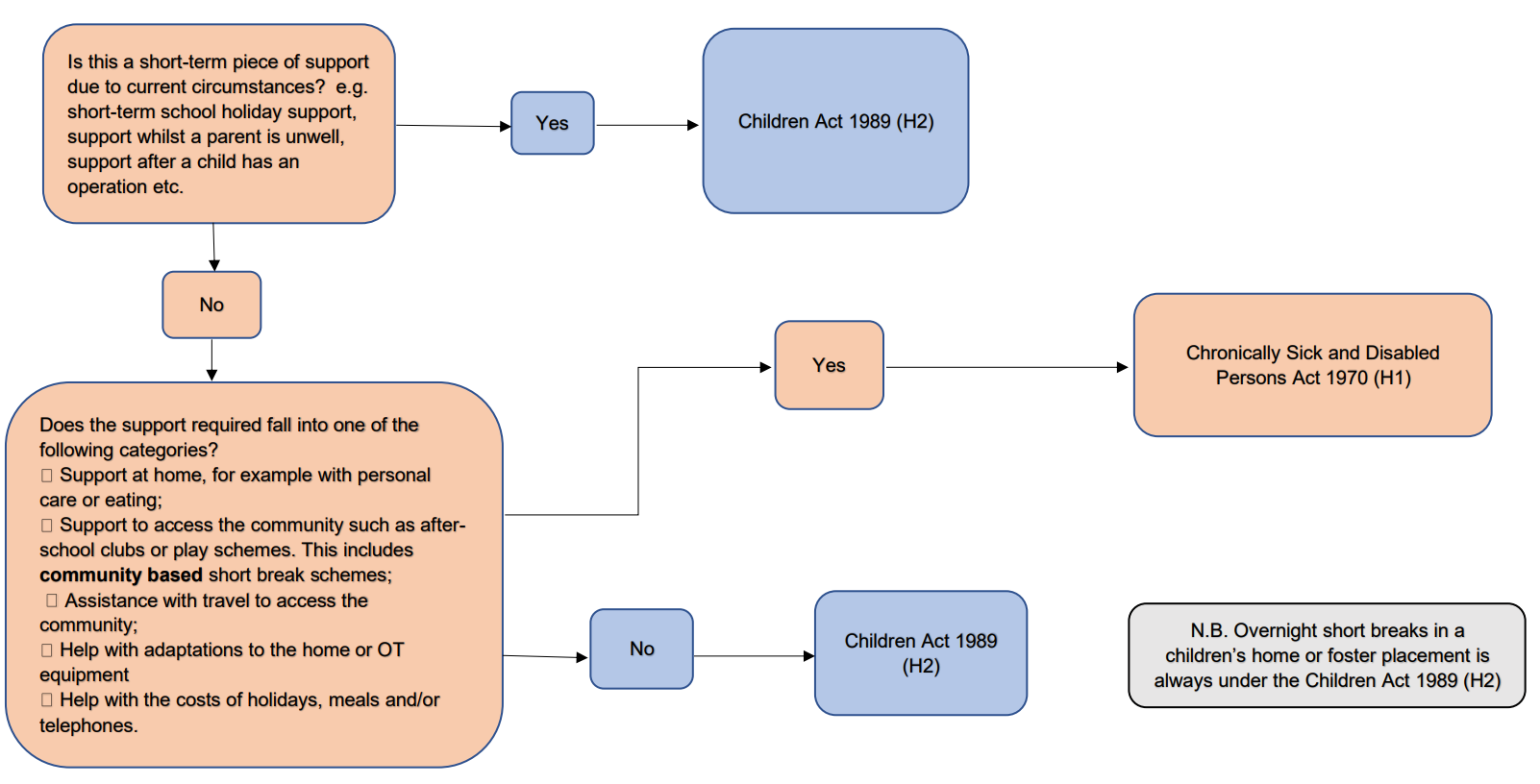
**Support Needed To be provided by:** Family Service Worker / TFST worker, Parenting and Family Team – who will be delivering the intervention / piece of work

**How much / quantity:** How long is the course / intervention for?

**How often:** How often will the support be delivered? Will it be 1:1 for 1 hour per week with the young person

Example: Work with CYP around understanding their emotional wellbeing to be provided by a family service / TFST worker 1:1, once per week for a period of 6 weeks.

**If your involvement was historic rather than ongoing or planned for the future, you can identify the support that was offered in the Background and History /Section 1 and return your information to us.**



**7.0 Guidance for Educational Settings and Educational Psychologists**

Education Setting Guidance:

**Completing the ‘EHC needs assessment statutory advice’**

Professionals will be aware that the EHC plan is drafted from the written reports received during the EHC needs assessment , for the EHC plan to be effective, the recommended guidance below should be implemented.

Information already submitted by education settings, at the time the EHC needs assessment was requested, will be used towards the draft EHCP.

If using the EHC digital hub (County LA ), you will then be able to update this information and add recommendations about outcomes and provision.

If providing advice for a City LA assessment, you will need to complete the form sent to you.

You should limit your advice to areas in which you have relevant professional experience/expertise.

You should be aware that as soon as you have completed and submitted your information, it will be shared, in full, with those who have parental responsibility and with the CYP.

C**ontext of your report**

Where the LA decides not to prepare an EHC plan, then the collected evidence and reports will be sent to the parents/CYP and the current education setting, so that the information can be used to inform how the outcomes sought for the CYP can be achieved through special educational provision made by the school, early years provider or post-16 institution. Where the LA deems it is necessary for special educational provision to be made in accordance with an EHC plan, a draft EHC plan will be prepared from the evidence/reports received.

EHC plans are designed to make clear links between the CYP’s:

* Special educational needs (including health needs and social needs which relate to their SEN)
* Their aspirations
* Outcomes, and
* Special educational provision (including that which relates to their health and social needs) required to meet the sought outcomes

The sections are structured to gather relevant and purposeful information for the EHC needs assessment. Where the LA then decides to prepare an EHC plan, the CYP’s special educational needs, aspirations, outcomes and provision will be linked in the following way. When providing your information within the report, for each special educational need you will need to identify a linked outcome (following from an aspiration where possible) and linked special educational provision to meet that outcome. This is sometimes referred to as the **‘golden thread’**. Please number each outcome.

**Details of your professional involvement**

Please summarise the context and extent of your contact with the parent(s) or carer(s), e.g. “Met parents at half termly multiagency meetings over the past year and spoke with them individually as part of this EHC needs assessment to discuss their current views”.

Please use this section to provide a summary of the views, interests and aspirations of the parent(s)/carer(s).

Ensure that it is clear how this information has been gained, by whom and in what context.

If quoting the parent/carer’s own words, please use clear quotation marks.

**Details of any discussions held between the child or young person and your organisation**

Please summarise the context and extent of your contact with the child or young person, e.g. frequency of and reason for contact.

Please use this section to provide a summary of the views, interests and aspirations of the child or young person.

Ensure that it is clear how this information has been gained, by whom and in what context.

If quoting the child or young person’s own words, please use clear quotation marks.

**What has your organisation put in place already to support the child or young person’s needs?**

* **For Education Settings**:

Please include information about all previous education settings attended, recent attendance data, and who has contributed to this report. This report would usually be completed by the member of staff with responsibility for the child/young person with SEN e.g. SENCO, in collaboration with staff directly involved in the C/YP’s education.

Please provide a brief overview of the level and type of support provided while the child/young person has attended your setting.

* **For Support Services and other Education Professionals**:

Please include a summary of the nature and extent of involvement. If contributing to this EHC needs assessment is the first piece of work for your service, it is still important to include a summary of the nature and extent of your involvement so that it is clear how information has been gained.

**What has been the effect of any support or strategies already put in place by your organisation?**

* **For Education Settings**:

Please provide a short summary of progress made due to the provision in place in your setting. This should include how you have used ‘SEN support’. This may include successive cycles of ‘Assess-Plan-Do-Review’ with increasingly detailed approaches, frequent review and specialist expertise, e.g. use of SENCO expertise, expertise from outside the setting (education, health and social care).

* **For Support Services and other Education Professionals**:

Please provide a short summary of progress made during your period of involvement.

For advice for City EHC assessments, this information follows on from the sections describing the student’s special educational needs (strengths and difficulties).

**Overview of SEND and provision**

You may wish to provide a brief overview of the CYP’s SEND and provision, e.g. after you have completed the sections detailing the CYP’s SEN, outcomes and provision.

If using the EHC hub you will need to provide this overview by creating your own document to upload as an attachment.

**Outcomes**

An outcome is the benefit or difference made to an individual as a result of an intervention. It should be something that those involved have control and influence over.

It should follow from an aspiration, where possible, and should be specific, measurable, achievable, realistic and time bound (SMART). Outcomes are not a description of the intervention itself; the outcome is what it is intended that the intervention will help the individual to do that they cannot do now and by when this will be achieved.

Outcomes will usually set out what needs to be achieved by the end of a phase or stage of education to enable the child or young person to progress successfully.

Outcomes may describe what needs to be achieved by the end of each intervening year to enable the CYP to achieve the desired outcome by the end of the phase/stage. Therefore, a range of outcomes may be identified over varying timescales.

Professionals should refer to the latest Early Years Foundation Stage outcomes for children in early years , and for YP over the age of 14, professionals must include outcomes relevant to PfA (www.preparingforadulthood.org.uk).

Professionals should identify outcomes that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood. Wider outcomes, such as positive social relationships and emotional resilience and stability, can also be included.

It is important to consider both what is important **to** the CYP (i.e. what they themselves want to be able to achieve) and what is important **for** them (as judged by others with the child or young person’s best interests at heart).

The outcomes must be reasonable yet aspirational for the child/young person, taking into account his/her current baseline assessment. They should pay regard to the aim of ‘closing the gap’ between the child/young person and their peers.

Where appropriate, please identify outcomes which need to be achieved by:

1. the end of the next phase or stage of education, and
2. the end of each intervening year, to enable achievement of the end of phase/stage outcomes

A **phase** of education refers to Early Years, Primary, Secondary or Post-16.

A **stage** of education refers to the Early Years Foundation Stage or Key Stage.

Young people in Post-16 education should have outcomes agreed to be achieved in readiness for the next phase of their education or when they leave education.

Please state the young person’s age when you recommend the outcome should be achieved by so that the timescale is clear.

Example structure for outcomes:

By the end of phase/stage/academic year, CYP will be able to do something that they cannot do now (when or with what frequency/regularity)

E.G. By the end of key stage 3, Joe will be able to spell more than 50% of ‘*The 100 most frequently used words’* on 3 out of 5 occasions.

**Provision**

**“Special educational provision” means educational or training provision that is additional to, or different from, that made generally for others of the same age**; and is **directly related to the special educational need**.

Consideration of whether special educational provision is required should start with the desired outcomes, including the expected progress and attainment. This should then help determine the support that is needed and whether it can be provided by adapting the school’s core offer or whether something different or additional is required.

**Provision should enable the outcomes to be achieved.**

Provision **must** be detailed, specific and ordinarilyquantified. Limit your advice to areas in which you have relevant professional experience/expertise.

There should be clearly defined activities which address a particular need and support progress towards a particular outcome.

Identified provision should, wherever possible, set out exactly **what** is going to happen, in what **context** it is going to happen (e.g. within a group of a particular size), **who** is going to do it, what **skills, qualifications or training** they need, and **how often** it will be made available.

Certain words/phrases are not detailed, specific or quantified, when used in isolation, and should therefore be avoided, e.g. “opportunities for…”, “regular…”, “frequent…”, “access to …” and “subject to review…”. Identify special educational provision which is **necessary** and avoid phrases such as “it is recommended that…” and “it may be helpful…”

Example structure for describing provision:

CYP will have/participate/be included in something specific that is going to happen for how long and how often, supported/delivered by whom, with what skills, qualifications, training.

Eg. CYP will participate in The 100 most frequently used words spelling sessions, every morning for 10 minutes supported by a teaching assistant.

**8.0 Where can I signpost parents for advice and support?**

In the first instance it is helpful for parents to discuss concerns with SENCO’s. However, there are numerous commissioned services to support with advice and access to pathways available on the resources below;

SENDIASS provide advice and support to families with EHCP requests and concerns re SEN provision [Parents and carers | Ask Us Nottinghamshire (askusnotts.org.uk)](https://askusnotts.org.uk/support/parents-and-carers)

Local Offer - Notts HelpYourself.Org for Nottinghamshire [Education, Health and Care (EHC) Plans | Notts Help Yourself](https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/site.page?id=lwi8fImwoOY)

and AskLion for Nottingham City **-** [Special Education Needs & Disabilities Local Offer | Ask Lion - Nottingham City Directory](https://www.asklion.co.uk/kb5/nottingham/directory/localoffer.page?directorychannel=7)

[www.Nottinghamshirehealthcare.nhs.uk/prepforadulthood](http://www.Nottinghamshirehealthcare.nhs.uk/prepforadulthood)

[The Outcomes Framework for Children and Young People with SEND and their Families | Ask Lion - Nottingham City Directory](https://www.asklion.co.uk/kb5/nottingham/directory/advice.page?id=NlmFcUGkFsU) 

**9.0 Useful Links**

[**https://www.simpsonmillar.co.uk/media/education-law/what-a-good-education-health-and-care-plan-should-look-like/**](https://www.simpsonmillar.co.uk/media/education-law/what-a-good-education-health-and-care-plan-should-look-like/)

[**https://sendiassglos.org.uk/wp-content/uploads/2018/11/What-makes-a-good-EHC-Plan-March-2016-final.pdf**](https://sendiassglos.org.uk/wp-content/uploads/2018/11/What-makes-a-good-EHC-Plan-March-2016-final.pdf)

**Council for Disabled Children**

**Local Offer -**  [Education, Health and Care (EHC) Plans | Notts Help Yourself](https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/site.page?id=lwi8fImwoOY)

[Special Education Needs & Disabilities Local Offer | Ask Lion - Nottingham City Directory](https://www.asklion.co.uk/kb5/nottingham/directory/localoffer.page?directorychannel=7)

**DCO team** - [**nnicb-nn.sendehcpandtribunal@nhs.net**](mailto:nnicb-nn.sendehcpandtribunal@nhs.net)

**SEND Code of Practice 2015** [SEND\_Code\_of\_Practice\_January\_2015.pdf (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

<https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/COM-004-Individual-Funding-Requests-Policy-v1.1.pdf>.

**Appendix 1**

**DETAILED GUIDANCE ON COMPLETING THE EHCP FORM**

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| **Section** | **Who provides the info?** | **Notes** |
| **SECTION A: All about the child or young person** | | |
| **Section A:**  **The views, interests and aspirations of the child and their parents, or the young person** | To be completed by the child or young person and their parents.  As far as possible the views of the child or young person should be sought for  inclusion in this section  Some children and young people’s views and feelings will need to be gathered through time spent with the child or young person and close observation of their responses, reactions, moods and behaviours by someone who knows them  well. The parent or carer should then write this section on their behalf. | Section A is not statutory or appealable in the sense that a child or young person’s aspirations cannot be challenged by law – however, Section A must be included within an EHCP. Aspirations are the start of the golden thread that should run through the plan and underpin the remaining sections B-K.  The first part of the form is to be used to communicate the views of he child or young person.  There is a separate box at the end of the form where the parents or carers can add any additional information that they feel is important from their point of view  It is worth remembering that the information will be read by professionals who work on the EHCP and supporting the child or young person, so it is worth keeping the text a manageable length if possible.  Include the following as appropriate (or other information that you believe to be relevant:  **Hopes, dreams and ambitions**  · Their aspirations or goals for the future or next stage of education if more appropriate. Can include education, work, social life, independence etc. this is particularly important as it is part of the “golden thread” linking aspirations to needs, provision and outcomes.    **All about me now**  · Their likes, dislikes, interests  · Their friendships  · Important people in their life  · Things that are important to them  · What people like and admire about them    **Life so far**  · A summary of the child’s or young person’s medical and educational history  · Significant events that have happened (good or bad)  · Things they need support with  · People who support them    There is also space to record how the child or young person communicates so that their views can be best included in the plan.  Finally, there is space to record how section A was written (for example, was it written directly by the young person, was it written by the parents on behalf of the child, or some combination of the two). |

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| **SECTION B: Summary or special educational needs (SEN) and strengths** | | |
| **Section B:**  **Summary of strengths and barriers to learning and special educational needs**  **(SEN)** | Provided by professionals and the school, coordinated by the EHCP coordinator in the SEN team. The child and their parents or young person may also provide input to this section | Section B is statutory. It is important that this section is completed correctly and comprehensively (all of the child or young person’s special educational needs are recorded) as this is the section upon which provision to meet the special educational needs will be based.    The strengths and special educational needs should be listed in the categories defined in the Code of Practice:   1. Communication and interaction 2. Cognition and learning 3. Social, emotional and mental health 4. Sensory and physical needs   Not every child will have needs in all four areas.    For children in Year 9 or 10 and above, the strengths and special educational needs should be defined according to the ‘preparing for Adulthood’ categories (use form **EHC-2** or **EHC-PFA**).  These are:   1. Further or higher education and/or employment 2. Independence and independent living 3. Community and friendships 4. Maintaining good health     These categories are important as they start to orient planning for the child around the needs, outcomes and provision that are most appropriate in preparing them for adulthood. The needs and provision that are listed may be very similar to those that would be listed under the earlier categories but using these categories may well highlight gaps or identify different priorities in terms of provision.    See the end of this chapter for more information on how the Code of Practice school age categories might map onto the Preparing for Adulthood Categories.    This section is for needs not diagnoses or provision. The key is to be clear about what special educational needs the child has as a result of their diagnosis. (Needs are likely to be individual where a diagnosis is often generic).    The content of this section should be evidenced by the professional advice attached in Section K (advice and information). SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train a child or young person. |

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|  |  | When describing strengths, ensure that these are described in a positive way and there are no ‘buts’ or statements that make the strength sound negative. Be realistic about strengths.    Each and every SEN must be specified whether it is to be provided for by the school, further education college, the local authority, the health service or any other provider.    If the child needs health or social care provision that educates or trains the child or young person then the need for that provision must be specified in this section.    If the same broad area of need requires more than one type of provision (for example, physical difficulties may require both physio and occupational therapy), it must be split into more than one need, such as gross motor difficulties, fine motor difficulties.    If there are contradictory views in advice given the EHCP coordinator needs review the contributions. It may be necessary to quote the source of information for example “Name reported to EP that… and to physio that...” Where views do contradict, both should be included.    Section B can be appealed at tribunal. |
| **Brief description of the link between aspirations and outcomes** | This should be discussed at the assessment summary review meeting and documented | This box is included to ensure that when documenting outcomes, these link back in some way to the aspirations that the child or young person has articulated in section A. This is the so-called ‘Golden Thread’. Rather than repeating the aspirations here this box is a prompt to think about how they link and to briefly describe this. |
| SECTION E: Summary of the outcomes being sought for the child or young person | | |
| **Section E:**  **The outcomes sought for the child or young person (including outcomes for life)** | Section E outcomes will be discussed at the assessment  summary review meeting  and it is the responsibility of the lead professional to ensure that these are completed to a high standard. Professionals from health, education and social care should all be providing input around possible outcomes during the drafting process | EHCPs use outcomes to describe a child or young person’s path to their aspirations.    Outcomes are a description of the benefit or difference made to an individual as a result of an intervention. Outcomes are not a description of provision or services. Outcomes should be challenging and be based on high expectations of what a child or young person can achieve. Outcomes should be written in a way that helps children and young people towards the achievement of their aspirations. The plan should be clear how SMART (specific, measurable, agreed upon, realistic and time-based) outcomes link to longer term aspirations.    It is recommended that there are no more than 6-8 Outcomes listed in section E as if there are more the plan starts to become unmanageable.  Outcomes may be about maintaining rather than achieving (for example, maintaining ability to walk with a frame, rather than becoming able to walk unaided). |

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|  |  | Outcomes can be joint or overarching – so that more than one type of provision contributes to achieving it (such as being able to concentrate to the end of each 40-minute lesson may require provision by occupational therapists, medication from health professionals and adapted teaching from the school).    Outcomes should cover a range of timescales. The advice is that medium term outcomes should focus on the end of the next key stage for the child (for example, by end of primary school, by end of Year 9) however there may be variance to this.    For young people, post-16, it is particularly important to draft clear outcomes to carefully plan for that young person’s transition into adulthood and the various pathways within them. Clear consideration has to be given for young people or their parents who wish to remain in education post-19 and what outcome they aim to achieve. For young people up to 25, an EHCP may be maintained under certain conditions if there are outcomes that have not been met and the young person requires more time to meet those outcomes (and continues to make progress towards them) |
| SECTION F: Summary of the special educational provision being sought for the child or young person | | |
| **Section F:** The special educational provision required by the child or the young person | Must be provided by the professionals in written guidance, particularly from education, but with input from health and social care where the provision is relevant to the outcomes defined in section E. The SEN case officer (or lead professional) will take the information in the professional guidance to complete section F) | Section F is statutory, and it is essential that this contains a detailed and specific description of provision and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where the support is secured through a personal budget. **Provision should be specified for every need defined in section B.** Provision should relate to achieving outcomes, which is why the two sections are side by side.    This section must specify the special educational provision necessary to meet each and every SEN of the child or young person; it details appropriate provision for each identified SEN and quantifies that provision as necessary.    To show the link between the needs defined in section B and the provision defined in section F a numbering system should be used so that it is clear which provision links to which need.  For example, need (Section B): difficulty with fine motor skills and writing (1.1)  Provision (Section F) : OT programme, developed by health OT, delivered by TA for 15 minutes each morning (1.1)    In section F you must specify WHO will be responsible for the provision (for example, school, health professional, teaching assistant). |

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|  |  | Provision should be described in such a way as to leave no room for doubt about what is to be provided, by whom, and how it will be delivered. The following phrases should, as far as possible, be avoided ‘would benefit from’, ‘would be helpful if’, ‘should have access to’, Rather, use phrases such as  ‘will receive” or “requires’. Similarly, avoid terminology such as ‘regular’.  The frequency and, if appropriate, duration of provision should be defined. There are times however when professionals will need to leave some flexibility for professional judgement in implementation – so it is not always possible to specific exactly how much time will be spent doing exactly what activity with what frequency, however the provision being as specific as possible. The local authority will not be able to define provision any more definitively than what is specified in the advice and reports from professionals – so the onus is on professionals to be as clear and specific as possible.    Where programmes are to be delivered, the EHCP should specify who is going to devise the programme, who will deliver it and who will monitor. It should also make provision for training the individuals delivering the provision if they are different from the individuals devising (such as a speech and language intervention devised by a speech and language therapist but delivered by a teaching assistant).    Section F of the plan should also specify:  · any appropriate facilities and equipment, staffing arrangements and curriculum  · any appropriate modifications to the application of the National Curriculum, where relevant  · any appropriate exclusions from the application of the National Curriculum or the course being studied in a post-16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum  · where there is a personal budget, the outcomes to which it is intended to contribute (detail of the arrangements for a Personal Budget, including any direct payment must be included in the plan and these should be set out in section J).  Therapies or other health interventions which educate or train a child or young person must be specified in this section and may also appear in section G & H. For instance, where occupational therapy is required for educational activities, (for example, to enable stable sitting at a desk or gripping pens, manipulating objects, etc) the provision must appear in this section. A useful test: if the provision was not delivered would the child or young person still be able to receive education and/or training on a par with those without SEN/disabilities? If this is in doubt, then the provision must be included as special educational provision. Examples:  ·Speech and language therapy  . Occupational Therapy  Case law has established that speech and language therapy is normally special educational provision and therefore recorded in section F.  For more examples of health needs, outcomes and provision see the appendices.  This section can be challenged through tribunal |

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| **SECTION C & G: Health needs in addition to anything listed in Section B and health provision to meet them** | | |
| **Section C:**  **The child or young person’s health care needs which relate to their SEN** | Should be provided by health care professionals or by the EHCP coordinator on the basis of reports by health care professionals | Concerns needs for health care. Educational needs arising from health issues are listed in section B.    The EHCP must specify any health needs identified through the EHC needs assessment that relate to the child or young person’s SEN.  Some children and young person with SEN may need to use other health professionals, for example dentists, trained for people with SEND for their dental or other health needs. Parents should try to ensure that these needs at least feed into the needs assessments and could be specified in section C.    If the child or young person has other health needs that are not related to the SEN then these should also be included in the section unless there is a good reason not to include them.    Remember – as in section B – it is important to list the child’s health needs (individual), not just their diagnosis (often generic). |
| **Section G:**  **Health Provision** | Should be provided by the health professionals – based on the health advice form. Some health advice may be submitted in a different format (for example, a letter regarding diagnosis or treatment from a specialist hospital consultant). In some cases therapists or other members of the health team supporting the child will be able to collect this into the EHCP, in other cases the EHCP coordinator will need to make sure that this happens*.* | Contains information on health provision that is required over and above any health provision which is required to educate or train the child or young person.    Any health provision that is required to meet a child or young person’s special educational needs should be recorded on the form in section F, although it should be clearly specified that a health professional provides it. Provision detailed in Section F is statutory and can be challenged through the SEN mediation and tribunal services.    Section G would normally include health provision at home (for example, physiotherapy service or equipment provided in the home), or medical provision not directly related to the child’s SEN (such as asthma treatment).    Health provision specified in section G is enforceable through normal health channels (HealthWatch, PALS) rather than through SEND tribunal (although this is under review). |

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| **SECTIONS D & H: Social care needs and provision** | | |
| **Section D:**  **The child or young**  **person’s social care needs** | Section D will be provided by a member of the social care team (social worker or family support team member). | Social Care needs can be met through a number of universal services. It does not always necessitate that a social care assessment would be required.    Where there is no social work involvement so far, consideration should be given as part of the planning for the assessment whether an assessment would be beneficial. As part of the EHC planning process a social care assessment may be initiated. A decision on whether this is needed should be taken at the initial review meeting when the needs assessment request in discussed.    The EHCP must specify any social care needs identified through the EHC needs assessment which relate to the child or young person’s SEN, or which require provision for a child or young person under 18.    If a social care assessment is requested this may result in a Child in Need plan which will be created and managed by the Social Work team. If details from this plan are to be included in the EHCP the parents must give their consent.    Other social care needs which are not linked to the child’s or young person’s SEN may also be specified in this section.    It is also helpful to identify social care needs that can be met from universal or local offer provision (for example, social interaction provided through attending Brownies) |
| **Section H1: Any social care provision which must be made for a child/ young person under**  **18 resulting from**  **Section 2 of the**  **Chronically Sick &**  **Disabled persons Act**  **1970 (CSDPA)** | Section H will be provided by the social work team  (Social worker or family support team member) | Sections H1 and H2 are split because they refer to social care provision which is provided under different legal frameworks. H1 only applies to children and young people under 18 (as over-18s are not covered by the Chronically Sick and  Disabled Persons Act)    Any social care needs identified in D should have provision defined here. |
| **Section H2:**  **Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN** | Any social care provision for over-18s should be recorded here (as they are not covered under the CSDP Act from H1).    Additional social care provision from local offer or universal provision may also be specified here, such as access to netball club. |

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| **Level of funding to meet needs identified in plan** | This will be filled in by the  EHCP coordinator in the SEN Team, based on the provision detailed in sections F and is simply there to make the funding cost of the plan more visible. | This shows the cost of funding the support specified in the EHCP for mainstream settings. For schools the funding cost is split between the delegated funding held by the school, and the top-up amount funded by the local authority through the EHCP. |
| **Section I:**  **Placement** |  | This should ALWAYS be left blank on the draft EHCP. This will be filled in once the placement has been requested by the family or young person and a response has been received from the relevant educational institution  The authority must name the educational institution requested unless they believe that the child or young person’s attendance would:  · not meet their special educational needs  · be incompatible with the efficient education of others  · be incompatible with the efficient use of resources |
| **Section J:**  **Personal Budget** |  | This need be completed only where the local authority has agreed to issue a personal budget. See the section on personal budgets for more details. |
| **Section K:**  **Appendices** |  | This section includes and lists, all the advice and information gathered during the EHC needs assessment. It should contain all evidence submitted by the parents or young person.    The final parts of the EHCP are: arrangements for review and key transition points.    The arrangements for review detail the next review date for the EHCP – this must take place within a year of the date of the final EHCP (within six months for a child under 5 years old).    The key transition points are usually from nursery to primary school, primary to secondary school, secondary school on to college, higher education, apprenticeships and employment. |

**Code of Practice Categories: Guidance on mapping Early Years / School Age Categories to Preparing for Adulthood Categories**

As the child gets closer to the age of 16 it becomes increasingly important to consider how best to prepare for that child or young person for adulthood, and therefore the Code of Practice mandates that needs and provision be considered through a slightly different lens, that of the 4 “Preparing for Adulthood” areas. These are:

1. Further or higher education and/or employment
2. Independence and independent living
3. Community and friendships
4. Maintaining good health

These categories are important as they start to orient planning for the child / young person around the needs, outcomes and provision that are most appropriate in preparing them for adulthood. Since it is expected that in year 10 the EHCP is reorganised around these categories we have created some guidance around how the information in the early years and school age categories could relate to the preparing for adulthood categories. This is of course not comprehensive – and will depend on the specific outcomes, needs and provision for each individual – but may provide a useful starting point

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| **PfA Category** | **Early Years /School Age category** | **Explanation** |
| Further or higher education and/or employment | Cognition and learning | In this area you would expect to see outcomes relating to school or college qualifications or levels of achievement. By the time you are thinking about PfA it is helpful to start to articulate how those levels of academic (or vocational) achievement could start to map into either further or high education or some sort of path to employment |
| Independence and independent living | Sensory and physical needs | In order to achieve independent living (or as independent as is appropriate for that individual) it will be necessary to manage any physical or sensory needs, perhaps relating to an adapted home environment, additional persona care support, equipment etc. |
| Community and Friendships | Communication and  interaction | This may be an area which is not fully addressed in a school age EHCP – however outcomes, needs and provision relating to communication and interaction are likely to point to what needs to be done to support the young person to develop a place in the community and make and sustain appropriate friendships.    Support needed around communication and |
|  |  | interaction may well also have a bearing on further education and employment or independence and independent living. |
| Maintaining Good Health | Social, emotional and mental health | Support around a young person’s mental health will absolutely translate into the “maintaining good health” category. There may be other things to consider at this point, such as educating a young person with a long term health condition around managing their condition themselves, or a young person with a learning disability around appropriate diet and health checks. |

**EHCP Jargon Buster**

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| Request for a Needs Assessment | A formal request which is often submitted by a nursery, school or college (but can also be submitted by a parent or a young person over 16), requesting that the Local Authority undertake an EHC Needs Assessment. The Local Authority must review the evidence and decide within 6 weeks from the date of receipt of the request whether they will go ahead with an EHC Needs Assessment. Normally a request for a needs assessment is made once it becomes clear that the child or young person will need more support than can be provided by the educational setting themselves. |
| EHC Needs Assessment | A statutory process undertaken by the Local Authority (Achieving for Children) to determine what support a child or young person needs, normally resulting in the issue of a EHC Plan. |
| Assessment Summary | The working document using the EHCP template. The Assessment Summary will become the EHC Plan if AfC decide to issue, otherwise the information contained within it will be issued as feedback. In other words, until there is a formal decision to issue a draft plan by the Local Authority, the information contained within the EHCP Template is referred to as an Assessment Summary. |
| Draft Plan | Once the Local Authority have decided to issue an EHCP, they will issue the plan as a draft. At this stage no educational setting is named in section I and the family have a period of 15 days to provide comments and feedback on the draft. |
| Final EHC Plan | This is the version that contains the named educational placement and is then a legal document specifying the provision that the child or young person will receive to support them. |
| MAM1 | Multi-Agency-Meeting 1, a name sometimes given to the initial meeting between the educational setting, professionals and the family to discuss whether to request an EHC Needs Assessment. |
| Review Assessment Summary Meeting | This meeting is usually held at the educational setting, where the draft document can be reviewed by all involved. It may be referred to as a RAS meeting or MAM2 (Multi-Agency-Meeting 2) |
| SENCo | Special Educational Needs Coordinator – a specialist teacher, who is usually responsible for coordinating and facilitating provision for children and young people in the educational setting. SENCos are not responsible for the a child or young person’s learning. The class or subject teachers are responsible for learning. |

**Appendix 2**

Quality Assurance tool for EHCP health reports

Please circle name of service

Community paediatrician – SFH, NUH, Bassetlaw

Notts Healthcare Foundation Trust - SLT, OT, Physiotherapist, CNN, CAMHS

Other – please specify City or County request

Age of child

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| Criteria | Please rate as good, adequate or requiring improvement | Comments |
| The views, wishes and aspirations of the child or young person are clearly articulated |  |  |
| Advice clearly explains the health need and impact on the child / young person |  |  |
| Details of medical diagnosis are included |  | Please specify - |
| Report is person centred and clearly articulates strengths as well as challenges |  |  |
| The golden thread of the CYP’s aspirations is clearly seen in their needs, the provision required and the outcomes identified |  |  |
| The outcomes are SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound) & relevant to the CYP’s needs, wishes and aspirations |  |  |
| The provision section identifies and quantifies what will be delivered and by whom and when this will be reviewed |  |  |
| Year 9 and above, PFA outcomes are included, including transfer to adult services |  |  |
| Information is recorded in the appropriate sections |  |  |
| Advice covers only areas relevant to the professional’s expertise |  |  |
| Report avoids jargon and is clear and accessible to non-specialist |  |  |
| Recommends provision based on need |  |  |
| Where training is to be provided to others to meet health needs it is clearly specified who will provide this and when it will be reviewed. |  |  |
| Overall, does the health report convey the required information for the service |  |  |

Additional Comments :

Signature …………………..