

**Education Health and Care Planning**

**Guidance for requests for EHCP Assessment and for Issuing an EHCP following a request to assess**



### Introduction

The Local Authority and its partners are setting out this revised guidance to ensure that all partners involved in the process understand the aims of the criteria used to identify the needs of children and young people.

This guidance sets out the new process with the establishment of a multi-agency triage panel which supports the decision making around identifying the needs of children and young people and issuing a plan.

The SEND Code of Practice sets out clearly:

* The duty on the Local Authority in assessing the needs of children and young people for an EHCP assessment.
* That requests should attract an individualised and person-centred approach to the decision making process.

That educational settings should set out clear and purposeful action showing how they have tried to meet the needs of individual children and young people and those decisions will be based on the impact of this purposeful action.

## GUIDANCE for completing a request for an EHC Assessment

## Introduction

The EHC Assessment triage panel advises the local authority to make a judgement on whether to undertake an EHC assessment and following that assessment to proceed to issue an EHCP. This judgement is based on the advice received from educational settings, professionals and parents and the views of children and young people.

## Panel

The panel is made up of a range of professionals representing health, education and social care. In order to make an informed decision the panel needs to understand the needs of the child or young person and to gain an understanding on how the identified needs are impacting on the learning aims.

We have set out a basic application form but will also request a range of reports from you to enable us to take into account the wide range of evidence set out in paragraph 9.14 of the SEND Code of Practice (*as set out on page 8 of this document*). We know that in some instances, you will not always have a range of medical or health reports; however to make an informed decision, we request evidence of education, health and social care need and would ask you to provide this from the list below to support the application for the child or young person.

## Requesting an EHC needs assessment

To assist the panel in making an informed decision, it is important that the panel are presented with not only the basic information about the child or young person but also have supporting documents that are current and reflective of their current learning status.

Only evidence of the last two to three terms of support needs to be provided with age equivalents where possible.

## Supporting Documents (if available)

1. Educational Psychology Report – not more than 6- 12 months old. This will enable the panel to understand the current educational needs and their present attainment levels. For under 5’s reports should not be older than 6 months.
2. Speech and Language Therapy Report - this report should not be more than **6-**12 months old and will provide the panel with an understanding of the communication needs of the child or young person and how it impacts on their access to the curriculum.For under 5’s reports should not be older than 6 months.

### Child/Adolescent Mental Health Services (CAMHS)/Community Paediatrician Report. This report will provide the panel with information about any formal diagnosis, medication or ongoing health need that will enable the panel to marry this up with their educational goals and challenges.

1. SEND Support Plan. The support plan will enable us to understand the needs of the child and young person and it should set out clearly how the current learning/medical challenge is impacting on the learning goals; the interventions in place and the progress the child is making against these interventions. This will enable the panel to establish a graduated approach, and current levels of support required.
2. Provision Map. This report should set out the level of support required for the child or young person, the total cost of the support, the intervention and progress so far. This will help the panel to understand current needs and how much over the delegated budget the child or young person’s needs are costing.
3. Local Offer: The Local Offer means the support available in the community and by other statutory services, including health provision and for example; support groups, after school clubs, extra-curricular activities, counselling groups, play groups, extra teaching sessions outside of the normal school curriculum. This information informs us that local services are being used but are not impacting sufficiently on the young person’s needs and that the support is significantly over and above what is provided and the rate of progress against other children is compromised.

### Recommended Reports

* SEND Support Plan
* Provision Map
* EP Report
* Therapy report where the child is known to these services (OT, Physio, SLT)
* PEP
* CIN/CP/Early Help

# Panel Administrative Process

1. EHC Assessment triage panel meets every Tuesday from 10-1pm.
2. All paperwork should be sent to [senteam@walthamforest.gov.uk](mailto:senteam@walthamforest.gov.uk) which is the DES front door and should be submitted the week before panel to enable papers to be checked and circulated for the following week.
3. All forms should be completed fully as set out in the examples and guidance.
4. Any forms submitted that are not completed fully will not be logged onto our data recording system, MOSAIC and will be returned to you informing you of the missing information and requesting that you re-submit this.
5. A yes decision to assess for an EHC needs assessment is conveyed through a statutory letter via the: Triage Business Support Officer.
6. A decision not to assess will be conveyed via the Team Leaders by telephone recommending a way forward and followed up with a statutory letter. The decision will be sent out within 7 days of the panel meeting.
7. Once advices are received, the panel will review the advices and will make a decision to proceed or not to issue an EHC plan based on the recommendation of the advices received.
8. Decisions **not to issue an EHCP** will be conveyed by the team-leader with the panels reasoning and a statutory letter will be issued giving you the mediation process and the right to appeal.

The above guidance has been informed by Waltham Forest local processes and the Legislation and Regulations below.

**CURRENT AND RELEVANT LEGISLATION**

SEND Code of Practice (Section 9)

Primary

Sections 36 – 50 of the Children and Families Act 2014

The Care Act 2014

Section 2 of the Chronically Sick and Disabled Persons Act 1970

Sections 17, 20 and 47 of the Children Act 1989

**Regulations**

The Special Educational Needs and Disability Regulations 2014

The Special Educational Needs (Personal Budgets) Regulations 2014

Special Educational Needs (Miscellaneous Amendments) Regulations 2014

The Community Care Services for Carers and Children’s Services (Direct Payments) Regulations 2009

The National Health Service (Direct Payments) Regulations 2013

The Special Educational Needs and Disability (Detained Persons) Regulations 2015

Considering whether an EHC needs assessment is necessary

(Please see section 9 pg. 145 of the 2015 COP)

A local authority must conduct an assessment of education, health and care needs when it considers that it may be necessary for special education provision to be made for the child or young person in accordance with an EHC Plan (paragraph 9.3 of the SEND Code of Practice)

Paragraph 9.14 of the SEND Code of Practice describes the factors a local authority should take into account when deciding whether to undertake an EHC needs assessments:

“In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that, despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress. To inform their decision the local authority will need to take into account a wide range of evidence, and should pay particular attention to:

• Evidence of the child or young person’s academic attainment (or developmental milestones in younger children) and rate of progress

• Information about the nature, extent and context of the child or young person’s SEN

• Evidence of the action already being taken by the early year’s provider, school or post-16 institution to meet the child or young person’s SEN

• Evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided

• Evidence of the child or young person’s physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies, and

• Where a young person is aged over 18, the local authority must consider whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training. Remaining in formal education or training should help young people to achieve education and training outcomes, building on what they have learned before and preparing them for adult life”.

Paragraph 9.12 of the SEND Code of Practice requires a local authority to have regard to the views of the child and his/her parent:

In considering whether an EHC needs assessment is necessary, local authorities must have regard to the views, wishes and feelings of the child and his or her parent, or the young person. At an early stage, the local authority should establish how the child and his or her parent or the young person can best be kept informed and supported to participate as fully as possible in decision-making. The local authority must arrange for the child and his or her parent or the young person to be provided with advice and information relevant to the child or young person’s SEN,

Local authorities may develop criteria as guidelines to help them decide when it is necessary to carry out an EHC needs assessment (and following assessment, to decide whether it is necessary to issue an EHC plan). However, local authorities must be prepared to depart from those criteria where there is a compelling reason to do so in any particular case and demonstrate their willingness to do so where individual circumstances warrant such a departure. Local authorities must not apply a ‘blanket’ policy to particular groups of children or certain types of need, as this would prevent the consideration of a child’s or young person’s needs individually and on their merits. (Paragraph 9.16 of the SEND CoP)

**EHC needs assessment and EHC Plans**

An EHC needs assessment may not result in the production of an EHCP. Paragraph 9.6 of the SEND Code of Practice states:

“An EHC needs assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the school, college or other provider can meet the child or young person’s needs without an EHC plan”.

**Appendices**

Below are a set of appendices which will be helpful in preparing documentation and supporting evidence for a request for an EHC needs assessment.

Appendix 1

2018/19

Confidential

Areas in **BLUE** to be completed by Education Provider and returned to [senteam@walthamforest.gov.uk](mailto:senteam@walthamforest.gov.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Referrer |  | | | |
| Name of Setting |  | | | |
| Student’s name (*please print*): |  | | | |
| Date of birth: |  | | | |
| Address and postcode: |  | | | |
| Ethnicity |  | | | |
| First Spoken Language *(if not English)* |  | | | |
| Gender |  | | Looked After Child | |
| Parent or carer name: |  | | | |
| Contact telephone: |  | | | |
| Known to any other services |  | | | |
| Year Group |  | | | Other  please specify: |
| Nature of disability and/or learning difficulty: | **Disability**  Sensory or Physical  Communication and Interaction  Cognition and Learning  Social & Emotional Mental Health | | |  |
| How is disability impacting on learning |  | | | |
| Rate of Progress against peers (Educational age not chronological age ) |  | | |  |
|  |  | | |  |
| **Provider** | | | | |
| Signed: | |  | | |
| Name *(please print):* | |  | | |
| **Parent/carer** | | | | |
| Signed: | |  | | |
| Name *(please print):* | |  | | |

# Checklist Appendix 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Document Name | Included | Not Included | DES Checked and confirmed |
|  | **Setting Information** | | | |
| 1 | Fully completed EHC needs assessment application form |  |  |  |
| 2 | Signed consent form |  |  |  |
| 3 | Completed Costed Provision Map over 3 Terms (For Early Years setting please provide 6 months of observations) |  |  |  |
| 4 | Reviewed SEN Support Plans (last 2 terms and 1 term for Early Years) |  |  |  |
|  | **Diagnostic/Medical Reports** | | | |
| 6 | CAMHS |  |  |  |
| 7 | Hospital |  |  |  |
| 8 | CDT/MDT |  |  |  |
|  | **Professional Reports** - (*Should not be more than 6 months old for under 5’s or 12months old for over 5’s*) | | | |
| 9 | Educational Psychology |  |  |  |
| 10 | Speech and Language Therapy |  |  |  |
| 11 | Occupational Therapy |  |  |  |
| 12 | Any other relevant reports |  |  |  |
|  | **Social Care Reports** | | | |
| 13 | Care Plans **for CIN/CP** |  |  |  |
| 14 | Minutes of meetings i.e. TAC, Early Help. |  |  |  |

Appendix 3



## Example Documents

2018/19

Confidential

Areas in **BLUE** to be completed by Education Provider and returned to the resident Local Authority

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Referrer | MS SENCO | | | |
| Name of Setting | Waltham Forest Primary | | | |
| Student’s name (*please print*): | X | | | |
| Date of birth: | 11/01/11 | | | |
| Address and postcode: | 123 Waltham Forest Road, Waltham Forest, E17 3LA | | | |
| Ethnicity | Kurdish | | | |
| First Spoken Language *(if not English)* | N/A | | | |
| Gender | Male | | Looked After Child n/a | |
| Parent or carer name: | Mrs X | | | |
| Contact telephone: | 0208 496 3000 | | | |
| Known to any other services | Yes, CAMHS, EP, SALT | | | |
| Year Group | 3 | | | Other  N/A  please specify: |
| Nature of disability and/or learning difficulty: | **Disability**  Sensory or Physical  Communication and Interaction  Cognition and Learning  Social & Emotional Mental Health | | | x  x |
| How is disability impacting on learning | X cannot fully engage with the curriculum for his age, and is unable to focus on tasks. This causes X to have difficulties engaging with his peers. X learning and is slow and he is currently struggling to read words that his peers can read. | | | |
| Rate of Progress against peers (Educational age not chronological age ) | **2 years behind peers** | | |  |
| **Provider** | | | | |
| Signed: | | Ms Senco | | |
| Name *(please print):* | | MS Senco | | |
| **Parent/carer** | | | | |
| Signed: | | Parent/carer | | |
| Name *(please print):* | | Parent/carer | | |

Example Documents

**Profile of Needs – Joseph Clark**

**D.O.B 11.11.11**

**Year 3**

**Background**

X lives with his parents and 14 year old brother in a 2 bedroom flat. His family and living situation have been stable throughout his life. His mum has struggled with X’s impulsive behaviour at home and has attended the Triple P programmeto support her in strategies to manage X’s behaviour.

X has attended Waltham Forest Primary School since Nursery and is now in Year 3. X’s attention and listening skills became an increasing concern through Reception, and after putting in-class strategies into place was referred to SALT at the beginning of Year 1. The impact of X’s poor attention skills began to have an increasing impact on his learning, and as a result he was referred to the Educational Psychologist in Year 2. The EP recommended referral to CAMHS to assess for ADHD, and this referral was accepted in October 2018 (the school initially referred in January 2018 but at that point CAMHS were not accepting new referrals for 6 months). He was diagnosed with ADHD in March 2019 (still awaiting letter to confirm from CAMHS) and is awaiting an appointment in April to discuss possible medication. His mum will also be attending ADHD-specific parenting workshops. In the meantime, the school have been putting into place recommendations from SALT and EP within the confines of available resources. However X’s needs have continued to escalate and the school feels they are no longer able to support his needs without the provision available from an EHCP.

**Communication and Interaction**

In his most recent SALT assessment, X was identified as having difficulties with his attention, listening and social interaction. He struggles to focus on tasks for more than a few minutes at a time and therefore requires a high level of adult support and frequent changes of activities to engage him in learning. He struggles with social interaction and will often have conflicts with other children within class, often due to misunderstandings and him not having the social skills to navigate more complex interactions. In the past he has had mild delays in his receptive and expressive language, but these have now been resolved after the school followed strategies and interventions recommended by the SALT.

**Cognition and Learning**

X is currently working at a Year 1 level in all areas of the curriculum, which is two years behind his chronological age. His recent EP assessment shows that he is working at a level two years behind his chronological age in spelling, word reading and number skills. His cognitive assessment performed in December 2017 shows that he is working below average in verbal comprehension, processing speed, working memory and perceptual reasoning; his working memory is particularly poor.

From my observations of working with him on a 1:1 basis, X has significant difficulty in retaining information even during a 5 minute session. For example he will read a flashcard with the word ‘want’ as ‘went’, respond to the correction and then make the same error 10 seconds later. When reading, he is only able to sight-read a handful of words (e.g. I, up, go), although he can sometimes struggle with even these at times. When reading he needs to orally segment and blend every word, making reading an extremely laborious process. He does not know the names of letters, basic shapes and can become confused about colour names

**Social, Emotional and Mental Health**

X is becoming increasingly distressed and anxious both at home and at school. In most lessons he will go through an initial period of making noises and visibly showing his anxiety at the start of a written work task. He will frequently try and hide under the table when he becomes overwhelmed in class. He has started to show some self-harming behaviour such as stabbing himself in the forehead in frustration at the challenges he has with literacy-based tasks. These behaviours can be averted when there is staff available to explain a task individually, and gently support him with starting strategies. However due to the needs of others within his class this level of individualised support is not always available.

Mum has said that X is becoming increasingly reluctant to come to school and will often be highly distressed in the morning. Mum says that he becomes very worried easily by minor details. He frequently has meltdowns at home that will involve him hitting others, particularly his older brother.

**Physical and Sensory**

X’s mum has reported that he has some sensory issues, for example he refused to wear socks throughout the winter because he was distressed by the sensation of them. He has also gone for long periods without having his hair cut and is often unwilling to bathe at home. As soon as he gets home, he will take all of his clothes off as he cannot cope with the sensation of wearing them for long periods. He will often lick his hands in class, particularly when he is feeling anxious about demands being placed on him. There are no concerns about his general gross and fine motor skills.

**Provision in Place**

X is currently accessing the maximum amount of provision that is available within existing school resources. He is taught in small (numbering between 10 and 13), interventions class for all English and Maths lessons with a qualified teacher and additional teaching assistant. He also receives daily phonics teaching with a teaching assistant (as recommended by the EP) and a daily guided reading group led by a teaching assistant. He receives a weekly social skills group led by a qualified teacher (as recommended by SALT) and daily 1:1 intervention time from the SENCO to deliver the sounds awareness programme (recommended by SALT) and precision teaching (as recommended by EP).

To put the level of X’s provision in context, he is in a Lower Key Stage 2 phase of 203 children. In this phase, the school has access to 1 FTE interventions teacher and 3.5 FTE teaching assistants in addition to the class teachers. In addition to X, these staff members need to support 3 children with EHCPs, 20 SEN Support children, 10 new EAL learners and 2 LAC. The school does not have the resources available to provide any more support for X without the funding from an EHCP or having a severely detrimental impact on other children.

**Recommended Provision**

Currently the school does not have the resources to provide the following recommended strategies and interventions as to do so require resources beyond what is normally available in school.

* Support from an adult within the classroom during tasks with any significant literacy load to support generalisation and application of newly learned and developing reading/spelling skills, and to support the use of bypass strategies when required (EP recommendation)
* 1:1 Catch-Up Literacy for 15 minutes, 3 times a week and 1:1 Catch-Up Numeracy for 15 minutes, 3 times a week (EP recommendation).
* Adult support and supervision to allow X to have regular changes of activity and breaks to support his attention difficulties (EP recommendation)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Autumn**  **Short Term Outcomes**  **(What Your child will hopefully achieve by next year)** | **Intervention**  **(solution)** | **Staff/**  **pupil ratio** | **Staff** | **Weekly Duration** | **Weekly Cost** | **Annual Cost** | **Achieved/**  **not achieved**  **Reviewed Jan19** |
| To be secure in Phase 5 phonics | Daily small phonics group | 1:6 | TA | **2.5 hours** | £7.88 | £299.25 | Partially achieved – continue |
| To achieve 1a in reading by end of Year 3 | Daily small guided reading group | 1:6 | TA | **2.5 hours** | £7.88 | £299.25 | Assessed 1c Dec18 – on track to achieve |
| To achieve 1a in writing by the end of Year 3 | Daily writing intervention class | 1:13 | Teacher | **5 hours** | £11.90 | £452.20 | Assessed 1c Dec18 – on track to achieve |
| To achieve 1a in maths by the end of Year 3 | Daily maths intervention class | 1:11 | Teacher | **5 hours** | £14.10 | £535.80 | Assessed 1c Dec18 – on track to achieve |
| To achieve outcomes set by SALT | Weekly S&L group | 1:6 | TA | **0.5 hours** | £1.58 | £59.85 | Awaiting SALT review report from Dec18 |
| Total |  | | | | | £1,646.35 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Spring**  **Short Term Outcomes**  **(What Your child will hopefully achieve by next year)** | **Intervention**  **(solution)** | **Staff/**  **pupil ratio** | **Staff** | **Weekly Duration** | **Weekly Cost** | **Annual Cost** | **Achieved/**  **not achieved**  **Review July18** |
| Callum passes the re-sit of the phonics screening check in Year 2 | Daily phonics group | 1:6 | Teacher | 30 minutes daily  **2.5 hours weekly** | £12.95 | £492.10 | Not achieved – scored 17/40 at resit. Pass mark 32 |
| Outcomes as set by SALT | Weekly Language Group | 1:6 | TA | **30 minutes** | £7.30 | £277.40 | Partially achieved – group to continue in Year 3 |
| Outcomes as set by SALT | Weekly Social Skills Group | 1:6 | TA | **30 minutes** | £7.30 | £277.40 | Partially achieved – note that no staff are available to continue providing this group due to lack of funds |
| Callum to achieve p8 in writing | Writing Group | 1:6 | Teacher | **30 minutes** | £12.95 | £492.10 | Achieved |
| Callum is able to remain engage in adult-led games with a small group of peers | Lunchtime Supervision with SLT in Library | 1:4 | Teacher | **2.5 hours** | £19.40 | £737.20 | Achieved – plan for no supervision in Year 3 |
| Total |  | | | | | £2,276.20 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Summer**  **Short Term Outcomes**  **(What Your child will hopefully achieve by next year)** | **Intervention**  **(solution)** | **Staff/**  **pupil ratio** | **Staff** | **Weekly Duration** | **Weekly Cost** | **Annual Cost** | **Achieved/**  **not achieved** |
| To be secure in Phase 5 phonics | Daily small phonics group | 1:6 | TA | **2.5 hours** | £7.30 | £277.40 |  |
| To achieve end of Year 1 expectations in reading by end of Year 3 | Daily small guided reading group | 1:6 | TA | **2.5 hours** | £7.30 | £277.40 |  |
| To achieve end of Year 1 expectations in writing by the end of Year 3 | Daily literacy intervention class | 1:13  1:2 | Teacher  TA | **5 hours**  **5 hours** | £14.10  £41.88 | £535.80  £1,662.50 |  |
| To achieve end of Year 1 expectations in maths by the end of Year 3 | Daily maths intervention class | 1:11  1:2 | Teacher  TA | **5 hours**  **5 hours** | £14.10  £43.75 | £535.80  £1,662.50 |  |
| To develop Callum’s phonological skills | Sound Awareness programme recommended by SALT | 1:1 | SENCO | **1 hour**  **(10-15 minutes daily)** | £31.05 | £1,179.90 |  |
| For Callum to read and write Reception high frequency words | Precision Teaching daily | 1:1 | SENCO | **1 hour (10-15 minutes daily)** | £31.05 | £1,179.90 |  |
| To develop Callum’s social skills | Weekly social skills group using programme supplied by SALT | 1:6 | TA | **0.5 hours** | £1.46 | £55.48 |  |
| Total |  | | | | | £7,213.73 |  |

Checklist of Requested Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Document Name | Included | Not Included | DES Checked and confirmed |
|  | **Setting Information** | | | |
| 1 | Fully completed EHC needs assessment application form | yes |  |  |
| 2 | Signed consent form | yes |  |  |
| 3 | Completed fully Costed Provision Map over 3 Terms | yes |  |  |
| 4 | Reviewed SEN Support Plans (last 2 terms) | yes |  |  |
|  | **Diagnostic/Medical Reports** | | | |
| 5 | CAMHS | yes |  |  |
| 6 | Hospital |  | none available |  |
| 7 | CDT/MDT |  | none available |  |
|  | **Professional Reports** - (*Must not be more than 6 months old for under 5’s or 12months old for over 5’s*) | | | |
| 8 | Educational Psychology | yes |  |  |
| 9 | Speech and Language Therapy  *(Must be included if there is a therapeutic need)* | yes |  |  |
| 10 | Occupational Therapy |  | N/A |  |
| 11 | Any other relevant reports | Yes |  |  |
|  | **Social Care Reports** | | | |
| 12 | Care Plans **for CIN/CP** |  | N/A |  |
| 13 | Minutes of meetings i.e. TAC etc. |  | N/A |  |