Central Bedfordshire Council

Education, Health and Care (EHC) Needs Assessment Pathway

September 2014

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Introduction

This document explains how to make a request for an Education, Health and Care (EHC) needs assessment of Special Educational Needs under Section 19 of the Children and Families Act 2014 and the Special Educational Needs and Disability (SEND) Code of Practice 2014: 0 to 25 years.

What is an EHC needs assessment?

For children and young people with significant special educational needs, an EHC needs assessment is a co-ordinated approach to decide whether the Local Authority should make provision through an EHC plan.

How do I know if an EHC needs assessment is necessary?

The majority of children and young people with SEN or disabilities will have their needs met within local educational settings. Some children and young people may require an EHC needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHC plan.

A local authority must conduct an assessment of education, health and care needs when it considers that it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.

The EHC needs assessment should not normally be the first step in the process, rather it should follow on from planning already undertaken with parents and young people in conjunction with their educational setting.

Central Bedfordshire Council has co-produced guidance on SEND for educational settings across the age range 0 – 25.[1] These documents can be accessed through the Local Offer.

Can I make a request for an EHC needs assessment?

The following people can ask the local authority to consider an education, health and care needs assessment for a child or young person aged between 0 and 25:

- The child's parent/carer
- A young person over the age of 16 but under the age of 25
- An educational setting acting on behalf of the child or young person with the agreement of the parent or young person where possible.
- In addition, anyone else acting on behalf of the child or young person with the agreement of the parent or young person where possible. For example, foster carers, health and social care professionals, early years practitioners, youth offending teams

[1] Draft guidance on SEND 5 – 16: a graduated approach; Draft guidance on SEND in the Early Years: a graduated approach; Draft guidance on SEND 16 – 25: a graduated approach;

or probation services, those responsible for education in custody, school or college staff or a family friend.

- Children and young people under 19 in youth custodial establishments also have the right to request an assessment for an EHC plan. The child's parent, the young person themselves or the professionals working with them can ask the home local authority to conduct an EHC needs assessment while they are still detained.

How can I request an EHC needs assessment?

All requests should be submitted to the SEND Support Team using the EHC Needs Assessment form with supporting evidence. (Appendix B). Requests will be considered within 6 weeks.

What happens when my request is received?

When your request is received you will be contacted by a member of the SEND Support Team who will talk you through the process. The SEND Support Team ensures that all of the evidence required on the EHC needs assessment form has been provided. You will be advised if the required evidence is incomplete.

Requests are considered by a weekly multi-professional SEND Panel using the appropriate Local Authority SEND guidance documents[2] which are available via the Local Offer. A decision whether to proceed with an EHC needs assessment is made at this point.

A Way Forward meeting will be arranged with you to discuss the decision and the next steps. You will be asked who you would like to be invited to that meeting.

How are decisions made?

The SEND Panel will advise that an EHC needs assessment should be undertaken if there is clear evidence that shows:

- The child's/young person's difficulties have not responded to relevant and purposeful measures taken by the educational setting

  And

- The child's/young person's difficulties may call for special educational provision, which cannot reasonably be provided from the resources normally available to the educational setting.

The Panel may conclude that there are further actions that can be taken to meet the child's/ young person's needs if indicators for an EHC needs assessment have not been met, for example:

[2] Draft guidance on SEND 5 – 16: a graduated approach; Draft guidance on SEND in the Early Years: a graduated approach; Draft guidance on SEND 16 – 25: a graduated approach;

- Enhancing the provision by a referral to appropriate support services or external agencies

- Devising alternative forms of teaching intervention through additional support at Stage 1 and Stage 2.

- Providing further or different provision that can reasonably be expected from the resources available within the setting.

What evidence do I need to include?

In considering whether an EHC needs assessment is necessary, the local authority will take into account a wide range of evidence and will 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 SEND

- Evidence of the action already being taken by the educational setting to meet the child or young person's SEND

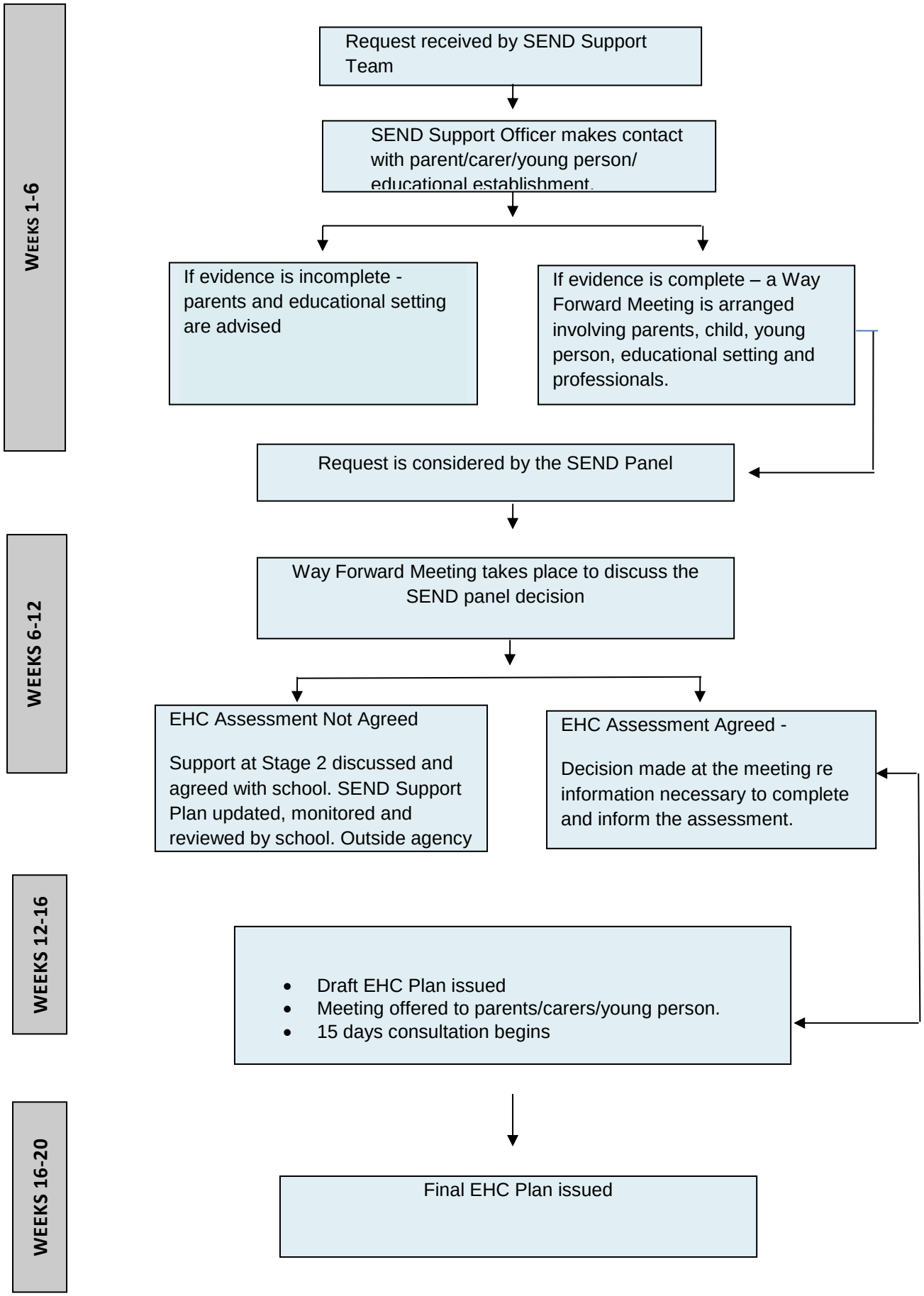
- Evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided

- 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.

Please Note that the **EHC Needs Assessment Form** (Appendix B) and the **SEND Support Plan** (Appendix C) are available through the Local Offer at:

http://www.centralbedfordshire.gov.uk/learning/local-offer/default.aspx

APPENDIX A: EDUCATION HEALTH AND CARE PATHWAY



Appendix B

NB - This form is available through the Local Offer at:
http://www.centralbedfordshire.gov.uk/learning/local-offer/default.aspx

Request for EHC Needs Assessment

(Section 19 of the Children and Families Act 2014)

THIS REQUEST MUST BE COMPLETED IN TYPESCRIPT

Section 1: Personal Information

Name of Child / young person	
Date of Birth	
Current Year Group	
Name of Current Educational Setting	
Request Date	

Section 2: Special Educational Needs

	Date SEND support first started
Stage 1	
Stage 2	

Type of need	**Main area of difficulty - tick one box only**	**Other area(s) of difficulty - tick as relevant**
Cognition/Learning		
Communication/Interaction		
Social, Emotional and Mental Health Difficulties		
Sensory and/or Physical Needs		

Please outline the special educational needs with reference to the relevant sections of the Draft Guidance on SEND and any supporting evidence you are submitting.

Cognition and Learning: **Social, Emotional and Mental Health:** **Communication and Interaction:** **Sensory and / or Physical:**

Details of any medical condition which is relevant to the special educational needs:		
Medical Diagnosis:	**Date diagnosed:**	**Name of the professional who made the diagnosis:**

Section 3: Special Educational Provision

Please outline the following with reference to supporting evidence:
How are the needs of this child/young person exceptional and greater than would be expected to be met through Additional Support?
How have appropriate interventions been carried out over a reasonable period and how have these been evaluated and modified?
How have effective learning opportunities been provided?

Section 4: Documentary Evidence Required

Evidence Checklist	
Please ensure that this request for an EHC needs assessment includes copies of the relevant documentation (ensure that documents are dated). **Where essential documentation has been omitted or sections left incomplete, the SEND Panel will not be able to consider this case.**	
Please indicate the information you have included by ticking the box	✓
A SEND Support Plan fully completed and signed by the child/young person, parents and designated person completing the plan	

Full details of provision being made for the child/young person including a provision map which should indicate how support is being used.	
A copy of an annotated timetable	
Reports and evidence of involvement of external professionals and clear indications of the ways in which their advice has been implemented, monitored and evaluated. ***NB this must include the most recent reports**	
Minimum of 2 examples of **unaided, dated and annotated** child's/young person's work (examples of literacy/numeracy which have been assessed)	
A clear record of progress over time	
In the case of requests with regard to Social, Emotional and Mental Health Difficulties, please include:	
A record which includes an analysis of the behaviours observed, the strategies used over time and the outcomes.	

The Authority will retain all the advice provided by schools through use of this form, whether or not Statutory Assessment is indicated.

Signature:_____ Date:_____

Name (Young Person)

Signature:_____ Date:_____

Name (Parent/Carer)

Signature:_____ Date:_____

Name (Designation of person completing the form)

Please return the completed form and/or address any queries to:

SEND Support Team,
Central Bedfordshire Council
Watling House
High Street North
Dunstable
LU6 1LF

Central Bedfordshire

NHS
Bedfordshire
Clinical Commissioning Group

Appendix C

NB - This form is available through the Local Offer at: http://www.centralbedfordshire.gov.uk/learning/local-offer/default.aspx

SEND SUPPORT PLAN

One Planning For Education, Health and Care

Insert image

<NAME OF CHILD / YOUNG PERSON>

Part 1 Personal Information

Child/Young Person's Information

Surname:		**Home Address:**	
Other Names:			
Date of Birth:			
Gender:			
Religion:		**Post code:**	
Language(s) spoken at home		**Ethnic Origin:**	
Legal Status			

Personal Identification

Please complete as applicable:

NHS No:		**Unique Pupil No:**	
Social Care No:		**National Insurance Number:**	
Initial Plan Start Date:			

NB: when completing the form electronically text boxes will expand to fit your text.

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Plan Details:

Current Plan date:		**Review Date:**	
Name of Plan Coordinator:		**Is there an EHA:**	**Yes** ☐ **No:** ☐ **Date:**
Current Plan No:			
Date when Adult Services should be notified of transition:			
SEN Stage:	**1** ☐ **2** ☐		

Child Young Person's parents / Guardian Information

Surname:		**Home Address:**			
First name(s):					
Title:					
Relationship to young person:		**Post Code:**			
Home Telephone No:		**Mobile No:**		**Work Tel No:**	

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Security classification: Restricted (once completed)

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Child /Young Person's parents / Guardian Information

Surname:		**Home Address:**	
First Name(s):			
Title:			
Relationship to young person:		**Post Code:**	
Home Telephone No:		**Mobile No:**	
		Work Tel No:	

Educational Information

Educational Setting:	**Name:**	**Type of Establishment:**	
Address:		**Named Contact:**	
		Position:	
Academic Year Group:			
Out of NC Year:	**Yes** ☐	**No** ☐	
Attendance			

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Social Care Information

Current Social Care status		**Social Care Team:**	
Social Worker Name:		**Tel No:**	
Other			
Duty Desk No:			

Health Information

GP's Name and address:		**Tel No:**	

Service Received:

Type e.g Physio, Health Visitor:	Name of Professional (if known)	Date of last report:	Tel No:

Other	

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Summary of Needs

Please summarise the main reasons why the plan is being completed:

Please indicate the primary area of need in each area as appropriate below and explain how these are related to the child's / young person's special educational need or disability:

Education

Health

Care

Confirming information attached as appendices (please list

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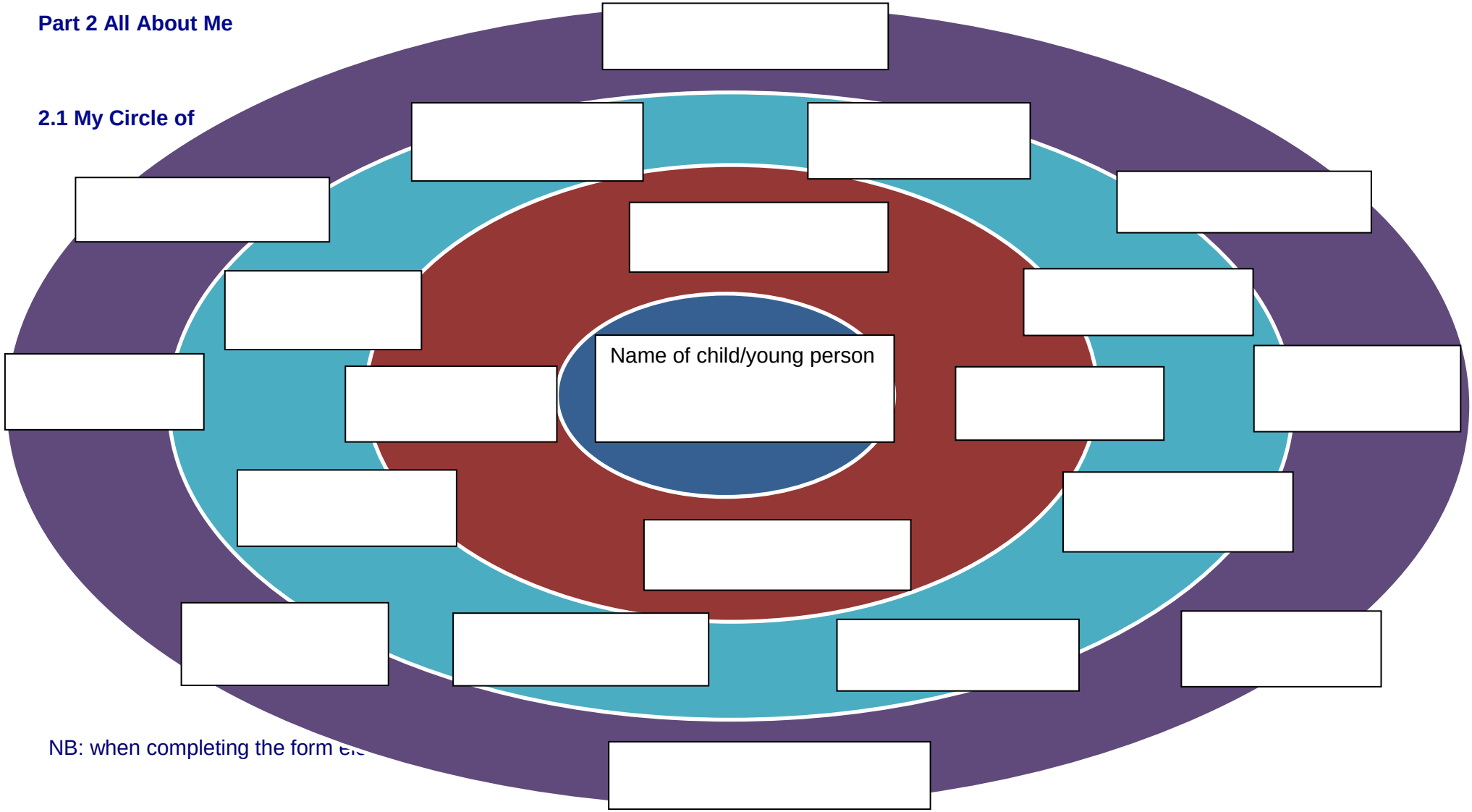
Part 2 All About Me

2.1 My Circle of



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2.2 What's important to me?

This section should contain the child / young person's views and state how they were sought:

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2.3 My hopes for the future

	Child/Young person	Parent/Carer
What are my hopes for the long term? **What will success look like?** **What difference will it make?**		
What are my hopes for the short term? **What will success look like?** **What difference will it make?**		

2.4 Where am I now?

	Where am I now? (Baseline Assessment)	**My Strengths & Skills**	**Needs identified in assessments**
Education	•	•	•
Health	•	•	•
Care	•	•	•

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Part 3 My Agreed Outcomes

	Long Term Outcomes	Short Term Outcomes	How will we know this has been achieved?
Education			
Health			
Care			

Part 4 Resources and Provision

Agreed outcome needing additional resource	What will we do?	Who will do it?	By When?	Funding Source
Education				
Health				
Care				
Family/Community/Voluntary				
Personal Budget (if applicable)				

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Part 5 Arrangements for Review

	How will this plan be reviewed?	By Whom?	Frequency?
Education			
Health			
Care			

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Part 6 Contributors to the Plan

The following people contributed to this plan

The following people have agreed to work to the next steps and to provide the support outlined in this plan

Name	Role and service	Contact details

The following people also contributed to this plan either by discussion or via a report , see appendix

Name	Role and service	Contact details

The following people have been sent this plan at the request of parent carers and young person

Name	Role and service	Contact details

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Section G: Consent statement for information storage and information sharing*

"We need to collect the information in this SEND Support Plan so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us provide the services that you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it."

We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

A copy of the SEND Support Plan is stored and logged electronically. There may also be occasions where it is necessary to undertake audits to ensure the process is meeting the needs of children, young people and their families in Central Bedfordshire.

	Child or young person				Parent/Carer of child or young person			
I agree to the assessment and understand why the SEND Support Plan is being completed and my role within it.	Yes	☐	No	☐	Yes	☐	No	☐
I understand that only information relating to myself or my child's needs will be recorded and that all paper copies will be stored in a secure place and electronic copies on a secure computer.	Yes	☐	No	☐	Yes	☐	No	☐
I have had the reasons for information sharing and information storage explained to me and I agree to the sharing of information with Children's Services practitioners and between the services listed below.	Yes	☐	No	☐	Yes	☐	No	☐

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List of services: e.g., parenting, school, etc.

Exceptional circumstances: concerns about significant harm to infant, child or young person
If at any time during the course of the assessment you are concerned that an infant, child or young person has been harmed or abused or at risk of being harmed or abused, You must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance What to do if you're worried a child is being abused (HM Government, 2006) sets out the processes to be followed by all practitioners. If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and can be found in the booklet Working Together to Safeguard Children. You should seek the agreement of the child and family before making such a referral unless to do so would place the child at increased rick of significant harm. If you have concerns about a young person over the age of 18, the multiagency safeguarding adult procedures should be followed. More information can be found on www.centralbedfordshire.gov.uk

Additional Information: (if required)

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Signature ..... Date: .....

Name (Young Person)

Signature ..... Date: .....

Name (Parent/Carer)

Signature ..... Date: .....

Name (Designation of person completing the plan)

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Appendices

The appendices should only contain the information from Education, Health and Care that have been included as part of this plan.

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