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| Special Educational Needs and Disabilities |
| **Guidance and Criteria for Requests for Education Health & Care Needs Assessments** |
| September 1st 2014 |
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**West Sussex County Council**

**Guidance and Criteria for Requests for Education Health & Care Needs Assessments**

**Background**

**Graduated approach to promoting best outcomes for children and young people with SEN and disability**

Schools and settings support children and young people with a wide range of SEN. All schools have duties under the Equality Act 2010 towards individual disabled children. They must make reasonable adjustments, to prevent these children being placed at a substantial disadvantage. These duties are anticipatory. Schools also have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations (SEND CoP, July 14 6:8 & 6:9)

Improving outcomes: high aspirations and expectations for children and young people with SEN

6:1 All children and young people are entitled to an education that enables them to make progress so that they:

* Achieve their best;
* Become confident individuals living fulfilling lives;
* Make a successful transition into adulthood, whether into employment, further or higher education.

**Extracts from SEND Code of Practice – July 2014**

Xiii A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

Xiv A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

* Has a significantly greater difficulty in learning then the majority of others of the same age; or
* Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream, schools or mainstream post 16 institutions.

Xvi A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph xiv above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20, Children & Families Act 2014).

Xi The legal test of when a child or young person requires an EHC Plan remains the same as that for a statement under the Education Act 1996.

9.14 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 years 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.

9.16 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).

**Requests for Education Health & Care Needs Assessment in West Sussex**

**Who can request an Education, Health & Care Needs assessment?**

The following people have a specific right to ask the local authority to conduct an

education, health and care needs assessment for a child or young person aged between 0 and 25:

* The child’s parent;
* A young person over the age of 16 and under the age of 25; and
* A person acting on behalf of a school or post-16 institution (this should ideally be with the knowledge and agreement of the parent or young person where possible);
* Children and young people under the age of 19 (or their parents) in youth custodial institutions (9.8 & 9.9, SEND Code of Practice July 14).

In addition, anyone else can bring a child or young person who has or may have SEN to the attention of the local authority. This could include:

* Foster carers;
* Health & social care professionals;
* Early years practitioners;
* Youth offending teams, probation services and those responsible for education in custody;
* A family friend.

This should be done with the knowledge and (where possible) agreement of the child’s parent or the young person themselves. (9.8, SEND CoP, July 14).

**Making a request for an education health & care needs assessment**

* Schools or post-16 institutions should work with the family to **co-produce** the request for the education health & care needs assessment. The request and accompanying evidence pack should be submitted on the ‘Request for Education Health & Care Needs Assessment Form’ and submitted to the SEN Assessment Team. The request **MUST** include the parent/s signatures to confirm their involvement and consent with the request. A request for an EHC Needs Assessment for a young person aged over 16 years **MUST** include the young person’s signature instead of their parent/carers.
* Parents/carers or the young person should make their requests for assessment in writing to the SEN Assessment Team.
* Anyone wishing to bring a child/young person to the attention of the local authority should do so in writing to the SEN Assessment Team. In these cases SENAT will share this information with the parents and the educational provider, and based on their responses the local authority will decide whether or not to consider the child for an education health & care needs assessment. In such circumstances a written response to indicate the action to be taken will be sent to the person bringing the child/young person to the attention of the LA. If it is decided to proceed with the assessment the request will be managed from then on as if it were a parental request and the timeline for the assessment commences from the date of this decision.

**Movers In to the LA without an EHCP**

When a child or young person has moved into the LA without an EHCP but there is clear evidence that the child/young person has SEN and that they may require specialist provision, then SENAT will request an initial EP assessment to inform decisions about the best way to conduct the assessment.

**Processing requests for education health & care needs assessment**

When the request has been received SENAT log the request on the database and the 20-week timescale commences (**Appendix A**).

When a request is made by a parent/carer or by the young person the SEN Caseworker will contact the school or educational setting the child attends. The school/setting will be required to complete the Request Form for Assessment & to provide the accompanying Evidence Pack within an agreed timescale. If a child is not attending a school/setting then the Caseworker will contact other professionals who know the child or young person.

When considering requests for assessment the LA must notify:

* The child’s parent or the young person;
* The health service (CCG or NHS England);
* Local authority officers responsible for social care for children or young people with SEN;
* The setting or school where the child/young person attends (9:13 SEND CoP, July 14).

When the request has been logged the caseworker issues Letter 1 (notification letter) and accompanying relevant information about the process.

**Criteria for an education health & care needs assessment**

Information from the DfE indicates that the criteria for whether to carry out an Education Health & Care Needs Assessment remain the same as that for a statement. However the evidence required supporting the request will be different, to reflect the principles of the new Code.

**Criteria for making a request for an education health & care needs assessment**

# Curriculum Thresholds for an education health & care needs assessment

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|  | **Curriculum Attainment Thresholds for EHC Needs Assessment**. | | | | | | | | | | | | | |
| **Age** | Pre-school | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| **Achievement** (either age related or against pre-key stage standards or the national curriculum programmes of study). | Achievements 18 months – 24 months below chronological age. Or where unable to access a subject specific curriculum attainments between P1-P4. | | Working within pre-key stage standard 1 | Working within pre-key stage standard 2 | Working within pre-key stage standard 3 | Working within pre-key stage standard 4 | Working within pre-key stage standard 5. | Working within pre-key stage standard 6 | | | Achieving against lower key stage 2 (Years 3&4) national curriculum programmes of study or below. | | Achieving against higher key stage 2 (Years 5&6 national curriculum programmes of study or below. | |
| **Pre-School:**  Note: From September 2016 The Early Years Foundation Stage profile will no longer be compulsory. The Early Years Foundation Stage itself will continue to be statutory, supporting children to experience a broad and engaging programme of learning in reception. Where an application for EHC Needs Assessment is made with the primary need recorded as Cognition and Learning it is expected that progress will be reported against the Early Years Foundation Stage Profile. Where this is not appropriate/applicable the pupil’s Year R baseline as assessed by the setting must be provided.  **Key Stage 2 and below:**  From September 2018 the use of P-Scales for pupils accessing a subject specific curriculum will not be applicable. For these pupils please demonstrate their achievements against the Pre-key stage standards. | | | | | | | Key Stage 3 and above:Note: Where an application for EHC Needs Assessment is made and the primary need is recorded as Cognition and Learning the application must demonstrate curriculum attainments well below the national curriculum expectations for that year group. The table above gives an indication of the expected achievements against the national curriculum programmes of study that would be considered appropriate for EHC Needs Assessment. To allow the EHC Consideration Panel to review progress of the learner the school must also provide details of National Curriculum Levels before September 2015. | | | | | | | |

**Progress Over Time**

It is expected that teachers will establish systems and procedures for carefully tracking pupil progress and use this information to identify those who are making less than expected progress given their age and individual circumstances. The SEND code of practice states that such progress is characterised by:

• being significantly slower than that of their peers starting from same baseline

• fails to match or better the child's previous rate of progress

• fails to close the attainment gap between the child and their peers

• widens the attainment gap.

The EHC Needs Assessment application will need to provide information demonstrating these concerns around the pupil’s progress.

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| Communication and Interaction | |
| **Characteristics** | **Assessments** |
| 1. Language levels, receptive and/or expressive significantly delayed/disordered 2. Speech is very difficult to understand even for a familiar listener | *Standardised Score of 69 or below, at or below 1st percentile where standardised measures are available*  *Early Years – child is showing a minimum 2 year delay in the Communication, Language & Literacy strand.* |
| **Social Communication** | |
| 1. Severely impaired social communication skills which requires intensive programme of social communication training 2. The child has difficulty participating in larger group experiences for significant parts of the day, despite Best Endeavours support. Access to the curriculum is significantly restricted. Greater curriculum emphasis required to support social and communication needs. 3. Clear difficulty responding in social situations and to adult direction. 4. Expressive language consists entirely of ‘learnt’ phrases. 5. Requires a significantly high level of consistency and routine in order to reduce anxiety and enable access to the curriculum. | *Observations gathered from noticing what the child does and says in a range of contexts, including information from the family about what the child does and says at home.*  *Evidence includes a description of child’s social communication skills, from a range of advice.*  *Reports/observations from the social communication team or other specialist advice.* |

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| **Cognition and Learning** | |
| Characteristics | **Assessments** |
| 1. Difficulty in accessing the Curriculum at levels which are appropriate for children of similar age or ability 2. Significant discrepancies between different curriculum areas or aspects of the curriculum (e.g. Specific Learning Difficulties) | *Below 1st percentile for standardised measures.* |

**Social, Emotional and Mental Health Difficulties**

The SEND Code of Practice (July 2014) re-defines the category of need related to Behaviour, Emotional and Social Development (BESD) to Social, Emotional and Mental Health Difficulties.

6:32 Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

6:33 Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other Learners. The DfE publishes guidance on managing Learner’s mental health and behaviour difficulties in school.

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

The criteria below are taken from the 2009 West Sussex Guidance for making Requests for Statutory Assessment. In the interim this criteria will remain in place and will be revised in 2015.

In addition to the criteria below schools will be expected to demonstrate in their evidence how they have made use of the above DfE guidance (2014).

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| **Social, Emotional and Mental Health Difficulties** | |
| Characteristics | **Assessments** |
| 1. **Learners with SEMHD will display a range of behaviours at significant levels in Learning, Conduct or Emotional areas.** These areas are neither discrete nor mutually exclusive. Behaviours are likely to have persisted over time (at least two school terms) and learners will not have shown positive responses to interventions. 2. **Learning Behaviours may include**: Very low levels of on task behaviour, inability or unwillingness to work without direct supervision, limited attention or concentration, poor rates of task completion and lack of compliance with directions or instructions. 3. **Conduct Behaviours may include**: Extreme resentment/vindictiveness; continual defiance, verbal or physical aggression (actual or threatened) oppositional, damage to property, lying or stealing. 4. **Emotional Behaviours may include**: Pre-empting failure in tasks; constant anxiety; depressed/withdrawn behaviour; significant difficulties establishing relationships with peers or fantasising; extreme attention seeking behaviours; acute anxiety and fear about attending school; inappropriate sexual behaviour | *Behaviours of concern will have been observed, assessed, monitored and analysed using an approach, which analyses Antecedents, Behaviour and Consequences (ABC) and looks at the Frequency, Intensity and Duration (FID) of these behaviours. Evidence demonstrates that the impact of interventions offered has been reviewed and adjusted based on analysis of the child’s/young person’s behaviour in context. Evidence should include the impact of these behaviours on learning over time.*  *Classroom and playground observation using fixed interval or event sampling. Small group or individual behaviour.*  *Evidence demonstrates that advice has been sought from external agencies and acted upon, over a period of time.*  *Observations indicate that the child’s/young person’s behaviour, emotional and social difficulties are severe, persistent and long-term and are experienced in a variety of different contexts throughout the day.* |
| 1. The child’s/young person’s behaviour has required support including behavioural programmes (IEP, IBP, PSP). In spite of support the child has not made appropriate progress. | *Progress has been no more than 6 months in the last academic year in core curriculum areas.* |
| 1. Behaviour impacts significantly upon attainment | *Attainment between core subjects shows a discrepancy with some areas falling at or below the threshold levels given above* |
| 1. Learner displays behaviour that is significantly outside the level expected for their age. | *Observational reports and behaviour logs* |

**Medical Conditions**

6:11 The Children & Families’ Act 2014 places a duty on maintained schools and academies to make arrangements to support learners with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such Learners. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan. Schools/settings are required to have regard to the statutory guidance ‘Supporting pupils at school with medical conditions’.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

## Sensory and/or Physical

It is essential that any proposal to make an education health & care needs assessment request related to sensory impairment is first discussed with an Advisory Teacher from the Sensory Support Team. Evidence of this discussion MUST be included with the request.

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| **Hearing Impairment** | |
| Characteristics | **Assessments** |
| 1. A level of hearing loss that requires hearing aids or a cochlear implant and results in significant speech and/or language difficulties which significantly restrict communication and access to all areas of the curriculum. | *Severe hearing loss (71 dBHL and above); a severe high frequency hearing loss; or a progressive degenerative hearing condition. Language assessments indicate a significant delay in the acquisition of receptive and expressive language.* |
| 1. A high level of specialist support and/or modification is required to enable the child to access the curriculum and to support the use of additional audiological equipment such as a radio aid system. | *Measured language levels are significantly below chronological age which prevents access to the curriculum without a high degree of differentiation and/or support.* |
| 1. The child/young person requires significant modification to the language used to deliver access to the curriculum. | *Language assessments show significant delay in understanding of syntax and semantics.* |
| 1. Child’s/young person’s assessment profile shows an uneven pattern of progress and attainment. | *Attainment in language based aspects of the curriculum is significantly below the child’s/young person’s ability.* |
| 1. The child requires British Sign Language or Sign Supported English to access the curriculum. | *Assessments indicate that the child/young person is unable to access the curriculum through audition alone.* |

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| **Visual Impairment** | |
| Characteristics | **Assessments** |
| 1. The child/young person has significant visual impairment and/or a deteriorating condition affecting vision. | *Visual acuity of 6/36 or less plus a reduction in near vision or a significant field defect.* |
| 1. The child/young person has insufficient or no vision and requires an alternative format such as Braille to access the curriculum. | *Assessed as ‘educationally blind’ meaning that the child/young person has no vision or insufficient vision to access print.* |
| 1. The child’s/young person’s lack of vision severely impairs their access to the curriculum. | *Visual acuity of 6/36 or less. Print sizes of N36 or greater are needed to access print materials. May use an alternative format such as Braille for reading purposes.* |
| 1. Child’s/young person attainment in the curriculum is below the expectations for their age or their assessment pattern shows an uneven pattern of progress and attainment. | *The child/young person has difficulty accessing the curriculum without substantial adaptation of teaching materials resulting in attainment levels significantly below the child’s ability.* |
| 5. The child’s/young person’s vision significantly affects their mobility in the educational setting. | *Assessments indicate specialist support is required for mobility and independent living skills.* |
| ***Multi-sensory Impairment*** | |
| Characteristics | ***Assessments*** |
| 1. The child/young person has a hearing loss together with a visual impairment at a level which might normally be overcome through a reliance on listening in the educational setting. | *Visual acuity of 6/18 or less together with a level of hearing loss that requires hearing aids.* |
| 1. The child/young person has a combination of visual and hearing impairment which results in the child/young person having difficulty accessing sign or lip pattern and having to rely on audition alone. | *Visual acuity of 6/18 or less together with a level of hearing loss that requires hearing aids.* |
| 1. The child/young person has a hearing loss and a visual impairment which significantly affects central vision, near vision and/or peripheral vision. | *Large print or a tactile curriculum required; difficulty accessing the curriculum without substantial adaptation of teaching resources; reliance on support assistant who will ‘listen’ for them.* |
| 1. The child’s/young person’s multi-sensory impairment significantly affects their mobility in the educational setting. | *Assessments indicate specialist support is required for mobility and independent living skills.* |

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| **Physical Impairment** | |
| Characteristics | **Assessments** |
| 1. Significant physical or medical needs arising from a pre-existing or acquired condition which impacts upon the child’s/young person’s overall development and which is likely to persist over time. There may be the need for the use of mechanical or technological aids or assistive or augmented communication aids to allow access to the curriculum | *Evidence that despite reasonable adjustments made by the setting/school the child’s/young person’s physical impairment and/or medical condition significantly impacts on their opportunity to access the whole curriculum.* |

# Evidence required for an education health & care needs assessment linked to SEND Code of Practice, July 2014

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| **Considerations** | **Evidence Required to demonstrate that the consideration has been met.** |
| 1. **Personalised Approach**   The views, wishes and feelings of the child/young person and their parents/carers are known and understood. | Evidence of co-production and person-centred approaches to engage with child/young person and family:   * Records of meetings and discussions with the child/young person and their parents/carers to gain their views, wishes and feelings over time. * A One Page Profile developed with the child/young person/family. Further information about 1 Page Profiles can be found at <http://www.helensandersonassociates.co.uk/reading-room/how/person-centred-thinking/one-page-profiles.aspx> * Evidence that the wishes and views of the child/young person and their parents/carers have been taken into account when planning and supporting the child/family. * Evidence that young people, parents/carers have been consulted about the request for an education health & care needs assessment. Ideally the request should be co-produced with young people/parents & carers. |
| **B.1 Special Educational Needs**  The child/young person’s needs are significantly greater than peers of the same age, are long term and require specialist resources or provision to achieve long term positive outcomes.  **B.2 Learning and Progress**  Progress towards realistic and appropriate outcomes has only been achieved as the result of much additional intervention and support, over and above that which is usually provided | Evidence of the exceptional nature of needs will be required:   * Early Years outcomes/academic levels and progress tracking over time; * Standardised testing and progress over time; * An analysis of the child’s social and emotional needs over time; * Employment life and social and emotional skills; * Independence skills; * Adaptations put in place to access the curriculum. * The views of the child/young person; * The views of the parent/carer; * Resilience factors and risk factors; * Long term implications for education and employment. |
| **C. Action already taken**  **using a Co-ordinated Approach**  The child/young person’s needs have been explored and supported through a co-ordinated approach, including the use of external services. All planning has had the child/young person at the heart in a person-centred way. | Evidence of “assess – plan – do – review” cycles over time (at least 2 terms) that includes:   * The involvement of appropriate external services; * Measured and evidence based analysis of assessments with clear summary that informs effective planning and outcomes, so that the **impact of interventions** has been evaluated and provision subsequently adapted when necessary; * The involvement of the child/young person in assessment and planning; * The involvement of parents/carers in assessment and planning (optional for young people Post 16); * Involvement and support from the wider community; * Person-centred planning approaches; * Clear outcomes being identified and monitored; * Strengths based approach taken in the gathering and analysis of information. |
| **D. Provision**  The child/young person has clear outcomes, based on their own and parents/carers aspirations, relevant to the level of need. These have been resourced appropriately from within the totality of resources available to the school/college. (This will be the equivalent to the cost of 20 hours of additional Teaching Assistant time). | Evidence of the setting’s **Best Endeavours** to support the child/young person that includes:   * Clear graduated approach to supporting child/young person; * Targeted programmes of support and resources that are unique to the learner individually or in a group setting, driven by outcomes. Appendix C provides some support materials in defining outcomes; * Submission of a **costed individual Provision Map (Guidance Note 3)** that demonstrates how the child/ young person’s outcomes are being achieved; * Provision that includes support at home and/or the local community. Work across agencies in a holistic way. |

The evidence provided by the school/setting must reflect the principles that underpin the SEND Code of Practice, July 14 (1:1).

**Educational Psychology Service**

Schools/settings should discuss the request for an EHC Needs Assessment with the Educational Psychology Service prior to submitting the request. The Educational Psychologist will use a proforma (Appendix F) which can be included in the evidence pack submitted by the setting. **Whilst this discussion is important it is not a requirement that an Educational Psychologist has assessed the child or young person before EHC Needs Assessment can be agreed.**

**How do we consider of Education health & care needs assessments?**

The **Education Health & Care Considerations Panel** considers the requests for an education health & care needs assessment. The Panel decides whether to undertake an education health & care needs assessment or not. The decision is taken by examining the information contained in the request together with the accompanying evidence pack about the child/young person and applying the LA criteria for agreeing the education health & care needs assessment.

There is one Panel, which meets every fortnight.

The Panel will develop and include the following:

* Team Manager for Referrals & Requests, SENAT
* Planning Co-ordinators
* Senior Educational Psychologist
* Parent representatives
* SEN Support Services (e.g SNO/LBAT/SST/Soc Comm)
* Senior Planning Co-ordinators (Post 16) as appropriate

The Panel also decides which further information/assessments are required for the education health & care needs assessment and which ones have already been completed. This should help to reduce duplication and streamline the process.

**For young people over the age of 18**

The Panel also need to decide whether remaining in education or training would help them to progress and make a successful transition to adulthood.

**For children under compulsory school age**

The EYPARM will work with all partners to identify young children who may benefit from consideration of an education health & care needs assessment. An assessment should be considered when the child will need more support than can normally be provided by mainstream early years providers, or when the child is due to start school.

**The decision about whether to proceed with an education health & care needs assessment** must be made within a maximum of 6 weeks from receipt of the original request.

**Step Down procedures when an assessment is not appropriate**

When it is decided not to proceed with an education health & care needs assessment, the Planning Co-ordinator (PC) will contact the family and give the Panel’s decision. If required a meeting can be held to discuss the decision. The purpose of the meeting will be to explain the reasons why the assessment was not agreed and to explore other options of support and agree suitable actions to resolve any on-going concerns. The meeting would usually conclude the involvement from SENAT.

Sometimes new and additional information becomes available at the meeting that was not part of the original request for assessment. On these occasions it may be appropriate for the panel member to bring the request back to the next available panel meeting for further consideration.

**APPENDICES**

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| **Appendix A** | 20 week EHC Needs Assessment Timeframe |
| **Appendix B** | Guidance Note 1 |
| **Appendix C** | Guidance Note 2 |
| **Appendix D** | Guidance Note 3 |
| **Appendix E** | Guidance Note 4 |
| **Appendix F** | EP Proforma |

**One Page Profiles**: Further information and examples of One Page Profiles can be found using the following link:

<http://www.helensandersonassociates.co.uk/reading-room/how/person-centred-thinking/one-page-profiles.aspx>

**APPENDIX A**

**The Education, Health and Care Needs Assessment and Planning Process**



**APPENDIX B**

**GUIDANCE NOTE 1 APPENDIX B**

**WEST SUSSEX EDUCATION HEALTH AND CARE NEEDS ASSESSMENT REQUEST**

**Person Centred Planning and Co-Production.**

Prior to submitting an EHC Needs Request the referrer must consider the West Sussex Guidance and Criteria for Education, Health and Care Needs Assessments – available on the West Sussex Local Offer [www.westsussex.local-offer.org](http://www.westsussex.local-offer.org) .

As part of the request the Local Authority will require evidence of person- centred planning and co-production with pupils and their parents and carers in line with the underlying principles of the Children and Families Act 2014 and the SEN Code of Practice 2015.

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| Relevant extract from the SEN Code of Practice 2015:  1.1 Section 19 of the Children and Families Act 2014 makes clear that local authorities, in carrying out their functions under the Act in relation to disabled children and young people and those with special educational needs (SEN), **must** have regard to:  • the views, wishes and feelings of the child or young person, and the child’s parents  • the importance of the child or young person, and the child’s parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions  • the need to support the child or young person, and the child’s parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood |

There are some proposed templates attached to this guidance note to aid you in providing this evidence. It is, however, noted that settings may have developed their own templates for working to these principles and alternative documents can be provided. It is imperative that the documentation demonstrates:

* How the setting has worked with the child/young person to obtain their views, feelings and wishes. The EHC Panel are looking for clear understanding of the child/young person and how this information has been used to inform the support available to them.
* How the setting has worked together with the parent/carer to identify and support the child/young person’s needs. The EHC Panel are looking for evidence of co-production with the key people in the child/young person’s life to obtain the best outcomes for them. There is also a further form for the parent/carer to record their views wishes and feelings.
* Where the referral is for a young person over the age of 16 the parent/carer views are not essential, however the young person’s view must be included and settings should consider how they have worked with that young person to understand their needs and put support in place.

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| Child’s name here |  |

Photo of child

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| Pupils name. |  |



E.g we have termly ‘catch up’ meetings, regular IEP review meetings, shared targets/outcomes, TAC meetings. Please attach relevant meeting notes from meetings in the last two terms.



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Parent/carer name



E.G – their strengths and their needs

important things that have happened

things that are important to my child and therefore me

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**Guidance Note 2. APPENDIX C**

**WEST SUSSEX EDUCATION HEALTH AND CARE NEEDS ASSESSMENT REQUEST**

**Strengths and Needs**

*This section should inform the EHC Consideration Process about the strengths and needs of the learner. It should link these strengths and needs to the provision in place and assessment of the impact of this provision.*

The strengths and needs forms have been broken into the 4 key areas of special educational needs as described in the Code of Practice. The table below offers guidance as to completion of these forms:

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| Section | Form Title | Completion Guidance |
| 2(a) | Communication/Interaction | Must be fully completed where communication and interaction are considered to be the primary areas of need.  In Section titled ‘Strengths and Needs Communication and Interaction Description’ Please provide details of the learner’s strengths and needs associated with communication and interaction.  In Section titled ‘Provision’ Please list all interventions that have either been in place (go back at least 2 terms but no further than 6 terms) or are currently in place to meet the learner’s communication and interaction difficulties. If the provision has been advised by a particular professional or service please note this. Where you have specified a strength please consider how you are using this strength within your provision.  In section titled ‘Baseline/Progress’ please provide details of tests or observations undertaken prior to start of provision/intervention as well as details of on-going tests or observations. Please date all entries and provide evidence where available i.e. speech and language report. If the assessment was undertaken by another professional or service please note this. Where you have specified a strength please provide details of the tests/observations that have allowed you to consider this as a strength.  In Section titled ‘Impact’ Please describe the impact of this intervention with reference to the details provided in ‘S&N Baseline/Progress’. Where you have specified a strength please consider the impact your provision has had on the child’s particular strength. |
| 2 (b) | Outcomes | Please insert the outcomes this provision is helping you to work towards for the pupil. Please insert outcomes under both timescales. Further information regarding outcomes can be found on the West Sussex SEND Local Offer. |
| 2 (c) | Cognition/ Learning | Must be fully completed where cognition and learning are considered to be the primary areas of need. **All referrals must include evidence of the pupils current attainment and of their progress over time.**  In Section titled ‘Strengths and Needs Cognition and Learning Data’ please provide details of all curriculum attainment against the national curriculum programmes of study, please ensure all attainments are dated. For ease the details of these programmes of study can be found at the end of this Guidance Note. The notes box is for your use if you wish. For the Reception Year data please complete the relevant section – either EYFS Data or Year R baseline details.  In Section titled ‘Description’ Please provide details of the learners strengths and needs associated with cognition and learning.  In Section titled ‘Provision’ Please list all interventions that have either been in place (go back at least 2 terms but no further than 6 terms) or are currently in place to meet the learner’s cognition and learning difficulties. If the provision has been advised by a particular professional or service please note this. Where you have specified a strength please consider how you are using this strength within your provision.  In section titled ‘Baseline/Progress’ please provide details of tests or observations undertaken prior to start of provision/intervention as well as details of on-going tests or observations. Please date all entries and provide evidence where available i.e. CAT score, Spar spelling test etc. If the assessment was undertaken by another professional or service please note this. Where you have specified a strength please provide details of the tests/observations that have allowed you to consider this as a strength.  In Section titled ‘Impact’ Please describe the impact of this intervention with reference to the details provided in ‘S&N Baseline/Progress’. Where you have specified a strength please consider the impact your provision has had on the child’s particular strength. |
| 2 (d) | Outcomes | Please insert the outcomes this provision is helping you to work towards for the pupil. Please insert outcomes under both timescales. Further information regarding outcomes can be found on the West Sussex SEND Local Offer. |
| 2 (e) | Social, Emotional and Mental Health Difficulties. | Must be fully completed where social, emotional or mental health difficulties are considered to be the primary areas of need.  In Section titled ‘Description’ Please provide details of the learner’s strengths and needs associated with social, emotional and mental health difficulties.  In Section titled ‘Provision’ Please list all interventions that have either been in place (go back at least 2 terms but no further than 6 terms) or are currently in place to meet the learner’s social, emotional and mental health difficulties. If the provision has been advised by a particular professional or service please note this. Where you have specified a strength please consider how you are using this strength within your provision.  In section titled ‘Baseline/Progress’ please provide details of tests or observations undertaken prior to start of provision/intervention as well as details of on-going tests or observations. Please date all entries and provide evidence where available i.e. Boxall Profile. If the assessment was undertaken by another professional or service please note this. Where you have specified a strength please provide details of the tests/observations that have allowed you to consider this as a strength.  In Section titled ‘Impact’ Please describe the impact of this intervention with reference to the details provided in ‘S&N Baseline/Progress’. Where you have specified a strength please consider the impact your provision has had on the child’s particular strength. |
| 2 (f) | Outcomes | Please insert the outcomes this provision is helping you to work towards for the pupil. Please insert outcomes under both timescales. Further information regarding outcomes can be found on the West Sussex SEND Local Offer. |
| 2 (g) | Physical/Sensory | Must be fully completed where physical/sensory are considered to be the primary areas of need.  In Section titled ‘Strengths and Needs Physical and Sensory Description’ Please provide details of the learner’s strengths and needs associated with physical and sensory.  In Section titled ‘Provision’ Please list all interventions that have either been in place (go back at least 2 terms but no further than 6 terms) or are currently in place to meet the learner’s physical and sensory difficulties. If the provision has been advised by a particular professional or service please note this. Where you have specified a strength please consider how you are using this strength within your provision.  In section titled Baseline/Progress’ please provide details of tests or observations undertaken prior to start of provision/intervention as well as details of on-going tests or observations. Please date all entries and provide evidence where available i.e. OT motor skill assessment. If the assessment was undertaken by another professional or service please note this. Where you have specified a strength please provide details of the tests/observations that have allowed you to consider this as a strength.  In Section titled ‘Impact’ Please describe the impact of this intervention with reference to the details provided in ‘Strengths and Needs Physical and Sensory Baseline/Progress’. Where you have specified a strength please consider the impact your provision has had on the child’s particular strength. |
| 2 (h) | Outcomes | Please insert the outcomes this provision is helping you to work towards for the pupil. Please insert outcomes under both timescales. Further information regarding outcomes can be found on the West Sussex SEND Local Offer. |

*Note – You will also see two boxes at the top of each form one indicating ‘primary need’ and one indicating ‘secondary need’. Please place tick only one ‘primary need’ box and as many ‘secondary need’ boxes you feel are applicable.*

**Pre-Key Stage Standards and National Curriculum Programmes of Study.**

For information on the pre-key stage 1 and 2 standards please visit:

<https://www.gov.uk/government/publications/pre-key-stage-2-standards>

<https://www.gov.uk/government/publications/pre-key-stage-1-standards>

For information on the programmes of study please visit: [www.gov.uk/government/collections/national-curriculum](http://www.gov.uk/government/collections/national-curriculum)

**APPENDIX D**

**Guidance Note 3.**

**Individual Costed Provision Map.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Morning 9-10.30 | AM 10.30-10.45 | Mid-morning 10.45-12.00 | Lunch 12.00-1.00 | Afternoon 1.00-2.00 | PM break 2.00-2.15 | End of day 2.15-3.15 | Cost |
| Mon | Meet and greet 1:1 teacher 9.00-9.15  Literacy group TA (1:4) using precision teaching 9.15-10.00  Preparation for change work 1:1 mentor (HLTA) using social story approach 10.00-10.30. | Additional adult (TA) on playground to support 4 identified pupils. Adult provides a ‘buddy’ base and brings the 4 children into this activity as they wish. | Individual numeracy following ‘Numbers Count’ (TA) programme 10.45-11.15.  Free-flow activities – X able to choose activities. In-class support (TA) encourages variety 11.15-12.00 | 1:1 adult (TA) to physically help with feeding 12-12.30  Additional adult (TA) on playground to support 4 identified pupils as described at breaktime 12.30-1pm. | PE 1.00-2.00 – 1:2 adult support (TA), adult works with two pupils with dressing/motor challenges and to encourage their inclusion in the whole PE class. | As per AM break | 1:1 work with adult (teacher) to review the day – using reward chart approach focus on ‘something good that happened today’ 2.15-2.30  Story time – small group (1:4) with TA to differentiate story and activities around story to ensure active involvement at appropriate level 2.30-3.00  1:1 (TA) home time preparation, meet and greet with parent sharing of ‘good news’ of the day 3.00-3.15 | 30 mins 1:1 teacher = £  2 hours 15 mins small group TA = £  30 mins HLTA = £  1 hour 15 mins 1:1 TA = £  1 hour 1:2 with TA = £  Total for Monday = 5 hours 30 mins £… |

The individual costed provision map needs to map the learners support against their weekly timetable. It is helpful to reference particular interventions within this. Where support is provided please indicate whether it is in class, in a small group (with size of group) or on an individual basis. The EHC Needs Consideration Panel will be looking to link the provision you have described in the ‘Strengths and Needs’ section of this referral within the provision map. When calculating the cost please provide us with the cost of each staff member and details which allow us to see your ‘working out’. We have provided an example for Monday below – the whole week will be required for your application. Please provide an overall total of both hours and costs.

**APPENDIX E**

**Guidance Note 4.**

**Checklist (to be consulted before submitting the request).**

Before you submit your request please check it is complete by working through the checklist below:

* My One-Page Profile – tells us about the child/young person, ideally has been co-produced with them.
* Parent/Carer Views, Wishes and Feelings – tells us about the parent/carer views. Essential only for pupils under 16.
* Working with Parents and Carers – tells us how school and the family have worked together to plan for a meeting the pupils needs. In Post 16 referrals this can be adapted to refer to ‘Working with the Young Person’. This should be co-produced.
* Strengths and Needs – at least one of the four forms has been completed. The information describes the learners strengths and needs, the provision in place, tests and observations undertaken and description of the impact of the intervention. All four columns should link together i.e.

|  |  |  |  |
| --- | --- | --- | --- |
| Strengths and Needs Communication and Interaction Description | Provision | Baseline/Progress | Impact |
| John has difficulty accepting change and needs to know what is happening next. | Now and next board – as advised by Social Communication Team. | John’s stress at times of transition have been noted in his behaviour log since April 2015. In the Autumn term (prior to the use of the now and next board) John experienced upset every day and demanded physical adult support each time the class transitioned to another activity. | Since the introduction of this John has been able to successfully transition between very regular events on his timetable i.e. morning session into break and the end of the day routine. Behaviour logs detail significantly less difficulty at key points. He still requires physical adult support to transition to less frequent activities. |
| John is motivated by any information or equipment related to wild animals. | Range of ‘wild animal’ stickers used for all pupils (these have replaced smiley face stickers) | John achieved only 3 smiley face stickers in activities where this was the specific reward in the first half-term, he often lost interest before the required task was completed. In the second half-term he achieved 12 (completing all opportunities for the reward). | John identifies with this reward and is part of class-based approach to task completion. His peers are aware of his intense interest in wild animals and his enthusiasm motivates his peers! |

* The pupil’s progress against the national curriculum programmes of study have been fully completed. National Curriculum levels achieved before September 2015 should also be provided.
* There are short and longer term outcomes listed in all areas where provision is in place.
* The ‘ADDITIONAL EVIDENCE – ESSENTIAL’ form has been completed and all the evidence attached.
* The ‘ADDITIONAL EVIDENCE – IF APPROPRIATE’ form has been completed as appropriate. Where you have additional information you wish to make us aware of but it does not fit any of these forms – please prepare in your own format and ensure you have referenced its inclusion on this form.
* The ‘INVOLVEMENT OF EXTERNAL AGENCIES’ form has been completed. It is expected that every child considered suitable for EHC Needs Assessment will have been raised with or supported by at least one external agency.
* The consent documents are signed by the setting, parents/carers and the young person as appropriate.

*Guiding principle – this process should be one of collaboration and co-production. The pupils parents/carers and indeed the young person themselves should be fully involved in this process. As far as possible they should have co-produced these documents to ensure a joined up and collaborative approach to considering the needs of this pupil.*



**APPENDIX F**

**Children’s Services**

**Educational Psychology Service**

**Centenary House**

**Durrington Lane**

**Worthing BN13 2QB**

**Discussion with the Educational Psychologist**

**Request for Education, Health and Care Needs Assessment**

|  |
| --- |
| **Name of School/Establishment:** |
| **Name of Pupil: Psychologist:** |
| **Discussion with:** |

**Evidence required for a co-ordinated assessment linked to Draft Code of Practice**

|  |  |  |
| --- | --- | --- |
| **Considerations** | **Evidence Required to demonstrate that the consideration has been met.** | **Comment from EP consultation** |
| 1. **Personalised Approach**   The views, wishes and feelings of the child/young person and their parents/carers are known and understood. | Evidence of co-production and person-centred approaches to engage with child/young person and family   * Records of meetings and discussions with the child/young person and their parents/carers to gain their views, wishes and feelings over time. * Evidence that the wishes and views of the child/young person and their parents/carers have been taken into account when planning and supporting the child/family. * Evidence that young people, parents/carers have been consulted about the request for a co-ordinated assessment. Ideally the request should be co-produced with young people/parents & carers. |  |
| **B.1 Special Educational Needs**  The child/young person’s needs are significantly greater than peers of the same age, are long term and require specialist resources or provision to achieve long term positive outcomes.  **B.2 Learning and Progress**  Progress towards realistic and appropriate outcomes has only been achieved as the result of much additional intervention and support, over and above that which is usually provided | Evidence of the exceptional nature of needs will be required;   * Early Years outcomes/academic levels and progress tracking over time * Standardised testing and progress over time * An analysis of the child’s social and emotional needs over time * Employment life and social and emotional skills * Independence skills * Adaptations put in place to access the curriculum * The views of the child/young person * The views of the parent/carer * Resilience factors and risk factors * Long term implications for education and emplyment |  |
| 1. **Action already taken using a Co-ordinated Approach**   The child/young person’s needs have been explored and supported through a co-ordinated approach, including the use of external services. All planning has had the child/young person at the heart in a person-centred way. | Evidence of “assess – plan – do – review” cycles over time (at least 2 terms) that includes;   * The involvement of appropriate external services * Measured and evidence based analysis of assessments with clear summary that informs effective planning and outcomes, so that the **impact of interventions** has been evaluated and provision subsequently adapted when necessary. * The involvement of the child/young person in assessment and planning * The involvement of parents/carers in assessment and planning * Involvement and support from the wider community * Person-centred planning approaches * Clear outcomes being identified and monitored * Strengths based approach taken in the gathering and analysis of information |  |
| 1. **Provision**   The child/young person has clear outcomes, based on their own and parents/carers aspirations, relevant to the level of need. These have been resourced appropriately from within the totality of resources available to the school/college. | Evidence of the setting’s **Best Endeavours** to support the child/young person that includes;   * Clear graduated approach to supporting child/young person * Targeted programmes of support and resources that are unique to the child individually or in a group setting, driven by outcomes * Submission of a costed individual Provision Map that demonstrates how the child/ young person’s outcomes are being achieved * Provision that includes support at home and/or the local community. Work across agencies in a holistic way |  |

**Actions Agreed:**

**Signed: Date:**