North Somerset Local Area
SEND Documents and Processes
Index

1. Introduction to SEND Support
2. The SEND System Journey
3. Graduated Response – Introduction
   3a. Graduated Response - Early Years
   3b. Graduated Response – Mainstream Schools
   3c. Graduated Response for Children and Young People 0-25 years with SEND – Health Services
4. Parent and CYP Guide to Social Care Assessments
5. EHCP Guidance for Social Care Practitioners
   5a. Template for Social Care EHCP Report
   6a. EHC Plan Template
7. SEND Panel Terms of Reference
8. EHC Plan Quality Assurance and Impact Evaluation
9. Annual Review Guidance
   9a. Annual Review Guidance Template
10. Frequently Asked Questions
11. Glossary of Abbreviations
12. Acknowledgments
An Introduction to SEND Support in North Somerset

This information has been co-produced with families and professionals to support and enable everyone to better understand the local area’s processes and procedures for supporting children and young people with special educational needs and/or disability (SEND).

This manual will provide parents and professionals with information which enables them to support children to move as seamlessly as possible through services, ensuring that their needs are met as they change and develop. We have broken the document up into sections based on stages of a child’s progress through pre-school and education, to cover the specific changes in provision which occur.

We aim to provide information which can be used across the whole spectrum of need: from those children that require a small amount of additional support to those that have higher level of need for more complex services.

Although these documents are anchored in children’s educational needs, we recognise that this support in schools and settings can often only meet needs if it is accompanied by the appropriate health and social care provision. In North Somerset we are committed to working holistically with all children and young people with SEND. We are also mindful of the commitment made in the North Somerset Local Area SEND Strategy to:

“improve the ways we work to ensure that we deliver on our plans and continue to review progress… we will continue to work collaboratively to improve services throughout the life of this strategy”

Locally, professionals are working more closely than ever with parents and young people to jointly design systems and processes which better reflect the needs and aspirations of the child, ensuring we meet our duties under the SEND Code of Practice and of the United Nations Convention on the Rights of the Child\(^1\). These documents set out our approach to ensuring this takes place for every child.

In North Somerset we understand that all education, health and social care professionals must work together effectively to support children and young people with SEND. We have approached this by identifying three tiers of provision: known as Universal, Targeted and Specialist Support. These do not represent thresholds for services, entitlements or diagnoses but indicate a range of approaches to meeting

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\(^1\) United Nations Convention on the Rights of the Child (Articles 28,29)
need. While all children will receive support in the universal tier via school, their GP, health visitors etc. some children may require additional support more specifically targeted to meet their needs. Equally, these tiers do not represent a continuum of increasing need through which children move. Our aim is to provide support which enables children to remain as far as possible in universal settings and services, supported to do so by appropriate targeted and specialist provision. For example, it may be possible to provide appropriate training or support for management of a serious health condition which enables a child to remain in school.

Our aim is to provide the right support, when needed to enable children to meet their potential, and for parents to be supported to meet their children’s needs.

Our local approach to SEND services

The SEND Code of Practice: 0-25 years states:

“All children and young people should be given an appropriate education: one that is appropriate to their needs, promotes high standards and leads to the fulfilment of their potential. This should enable them to:

- Achieve their best
- Become confident individuals living fulfilling lives, and
- Make a successful transition into adulthood, whether into employment, further or higher education or training”
Our local response to this is:

Children and young people with SEND often require different levels of support at different times to meet their changing needs. This is often provided by family and friends, or via from universal services. Those with specific needs may be supported by targeted provision, and those with the most complex needs may need ongoing support and advice from more specialist services as well as the universal and targeted services (see Journey of the Child and Young Person).

All of our education, health and care providers are expected to have a systematic approach to identifying those with SEND, and to have interventions in place to support and remove barriers to learning and progress.

We recognise this support should happen as early as possible. Therefore, locally:

- Children Centers and Nurseries are working closer together with social care, recognizing as early as possible if a child may require extra support and responding to that need.
- Weston Area Health NHS Trust (WAHT) provides community health services for children. The service works with children and young people aged 0-19 years and their parents and carers to provide a range of services at specialist level. We are improving communications between health, education and social care professionals to ensure they share a systematic approach to identifying those with SEND.
- Within the child’s early years settings and schools, support is available via early years support, school support or individual learning support and other post-16 providers. Such support aims to meet a child or young person’s needs so that they can fulfil their individual goals.
- We are forming a new transition team which will build links with education providers to work earlier with young people to support them to have successful transition into adulthood.

The SEND Code of Practice: 0-25 years states:

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

- Has a significant greater difficulty in learning than 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.”

Our local response to this is:

Early Years Providers and Schools will use the broad areas of need described in the Code of Practice to identify areas of need for each child or young person,
recognising that for some, their needs may cover more than one of the following areas. These broad categories are:

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

Where a pupil is identified as having additional needs in one or more of these areas, schools should take action to identify and remove barriers to learning and to put effective special educational provision in place.

All SEN Support in North Somerset is based on a cycle of **assess, plan, do and review** through which earlier discussions and actions are revisited, refined and revised to build a growing understanding of the child’s needs and of what support best enables the child or young person to make good progress towards planned outcomes. This is known as the Graduated Approach and is further explained in our **Graduated Response** and **Joint Outcomes** documents.

In North Somerset, most children and young people with SEND are supported in their educational setting via this Graduated Response and without the need for a formal Education, Health and Care plan (EHCP), though their entitlement to be assessed for a plan remains in place where needed or requested by parents or professionals. If outcomes over a reasonable period are not reached then consideration should be given to requesting an Education, Health and Care Assessment. This would be most appropriate where there is evidence of needs being long term, where support has been in place over time with evidence that all appropriate funding has been applied and used.

Where an EHCP is in place, the progress made will be evaluated at an Annual Review where parents and professionals meet to discuss progress, evaluate how well support has worked and to plan for the year ahead and beyond. Children and young people are encouraged to be involved in annual reviews, and we work to ensure their voices are paramount in decisions made about their future support.

**How to get involved**

We would welcome your comments and suggestions regarding SEND processes, systems and policies in our local area by using the following email address, though please note that this should not be used for questions about individual cases. We will ensure your comments reach the appropriate team within the Local Authority and Clinical Commissioning Group for a response.

Contact us on **SEND@n-somerset.gov.uk**
You may also wish to consider join your local Parent/Carer forum. North Somerset Parent Carers Working Together are involved in all aspects of improving the local SEND system, working closely to challenge and support the Local Authority and Clinical Commissioning Group. Find NSPCWT on Facebook or email northsomersetpcwt@gmail.com

**Other sources of support**

**Special Educational Needs and/or Disabilities (SEND) Local Offer**
The website sets out what is available in North Somerset for children and young people who have special educational needs and/or disabilities and their families. We are always keen to add new activities, events and services to the local offer – so please let us know if there is something you have found which isn’t yet listed. [http://www.n-somerset.gov.uk/localoffer](http://www.n-somerset.gov.uk/localoffer)

**Early Years, Schools and Colleges**
If you feel that there are signs that your child may have additional needs, your initial contact will be the SEND coordinator (SENDCO) in their pre-school setting, school, or college. They will be able to determine whether your child is making appropriate progress for their age and advise on how you can best support them to continue. If the SENDCO has concerns, they will discuss with you what support can be offered.

**Support from Social Care**
Our Disabled Children’s Team can advise you on universal, targeted and specialist support available to children with SEND. Many of the services provided, including a range of clubs and activities suitable for children with SEND, are available without a diagnosis or assessment. However, for children with very complex needs, a social care assessment may be appropriate. Information on their services and how to access them can be found on the [Local Offer](http://www.n-somerset.gov.uk/localoffer)

**Supportive Parents, SENDIAS Service**
An independent organisation offering a free, confidential and impartial service to any parent, child or young person who has a concern about special educational needs. [www.supportiveparents.org.uk](http://www.supportiveparents.org.uk)

**The Council for Disabled Children**
This website provides lots of useful updates on legislation, resources and access to e-learning. [www.councilfordisabledchildren.org.uk](http://www.councilfordisabledchildren.org.uk)

**Preparing for Adulthood**
Provides useful information, updates on legislation and resources about preparing for adulthood with children and young people who have special educational needs and/or disabilities. [www.preparingforadulthood.org.uk](http://www.preparingforadulthood.org.uk)
### 2. Journey of a Child's steps from pre-birth to adulthood 0-25 years

#### Specialist Offer

- **Education Graduated Response (Early Years, Schools, Colleges INCO's, SENCO's)**
- **Adult Social Care Team**
- **Adult Care Transition Team 14 - 25 yrs**
- **Short Breaks - 11+ Pathways to Adult Services**
- **Day Care Team Short Breaks 6-18 years**
- **Educational Inclusion Team (SEND)**
- **Home to School Transport SEND entitled students**
- **Disabled Children's Team - Occupational therapists, Family Support Workers**
- **Community Family Teams - Social Workers, Family Support Workers**
- **Resource Service - Child in mind MPs**
- **Local Offer**
- **North Somerset On-Line Directory**
- **Specialist Services - e.g. National Country Organisation NAS, CONTACT, Downs Syndrome Association, Bridging the Gap Together etc.**
- **Family, Friends, Community Activities**

#### Universal Offer

- **Pre and Post Natal Services inc. Midwife, Health Visitor**
- **School and College Nurses**
- **IAPT Services for Adults**
- **Community Nursing Team**
- **Community Therapies - Speech and Language Therapists**
- **Community Therapies - Physiotherapists**
- **Specialist Consultants**
- **NHS**
- **Preventative Health Services**
- **Hospital**
- **Dentist**
- **Community Family Teams - Social Workers, Family Support Workers**
- **Supportive Parents - SENDIAS**
- **North Somerset Parent Carers Working Together**
- **Supportive Parents - SENDIAS**
- **Specialist Services - e.g. National Country Organisation NAS, CONTACT, Downs Syndrome Association, Bridging the Gap Together etc.**
- **Family, Friends, Community Activities**

#### Local Authority Children Centres

- **Local Authority Children Centres**
- **Early Years Provision**
- **College Transport**
- **College Transport**
- **Primary School**
- **Secondary School**
- **College, Training**
The Graduated Response in North Somerset

What is the graduated response?

The Children and Families Act 2014 and the supporting Code of Practice place a clear responsibility on early years settings, schools and colleges to meet the needs of all children and young people with SEND including those who do not have an Education, Health and Care (EHC) Plan.

The approach to meeting the needs of children with SEND is known as the graduated response – our local process to ensure whenever possible, children, young people and their families receive the right support at the right time in their current setting or school. We aim to have a clear process in place for all to understand and follow.

Actions which underpin our local Graduated Response include the following steps:

- When a child is identified as having SEN the early years provider or school must take immediate action. Staff must put effective SEN provision in place and ensure that all barriers to learning are removed.

- As soon as a child is identified as having SEN their family must be informed. The early years provider or school must then work in partnership with parents/carers, listening to their views and proactively involving them and their child in decision making and planning.

- SEN provision must be reviewed at least termly, and all reviews must involve the child and their family.

- It may be decided that advice from specialist professionals is required in order to meet the needs of a child, which will be obtained by the school or setting in the first instance. This might be advice about the child’s education, health or care needs.

- SEN support and provision should be informed by the ‘assess, plan, do, review’ cycle as outlined in the SEND Code of Practice.

What is the local areas response to implementing the Graduated Response?

Teachers within early years settings, schools and colleges are responsible and accountable for the progress and development of children and young people in their class, even when the child or young person accesses support from teaching assistants or specialist staff.
Support maybe provided by specialist staff based within the school or it maybe accessed from appropriate colleagues in by education, health or care services,

This support:

- Is rooted in a whole setting approach in both early years and in school
- Places emphasis on the teacher’s role in driving the graduated response
- Will provide support for teachers and families via the early years co-ordinator and schools SEN co-ordinators
- Includes meaningful co-production and participation with children and parents
- Is underpinned by an ethos and values that promote high expectations and a drive for inclusivity, fully supported by the leadership of the early years setting or school

This combination of informal and formal support, drawing on specialist advice as needed, should provide families with the help they need most and every child with the best opportunity to realise their potential.

It is important to remember that it is not just the practitioners and specialist services that support children with SEND and their families. In many cases, the help and informal support of their family and friends, and the support of their community, makes a really significant difference and is most valued. A range of community services which are often open to everyone but which have made a particular effort to ensure they are inclusive can be found on the Local Offer website.

Services that everybody can use (which we call universal services) include schools, leisure centres and your doctor’s surgery. They can provide valuable advice and support. Practitioners can also work together to provide joined-up services to achieve specific outcomes or support more complex needs when required. There is also a range of services that can provide very specialist support at times when it is most needed. It is also important to remember that children’s needs and situations will change over time: sometimes needing additional support at certain times, but equally experiencing times of stability when they may need less support. The graduated response enables us to step up and down the tiers of service, providing the right support at the right time, without causing disruption or confusion for children and families.

Universal services are a combination of informal and formal support that can provide your family with the help you need most and your child with the best opportunity to realise their potential. Most children and young people with SEND in North Somerset have their needs met through mainstream education. The Code of Practice makes it clear that high quality teaching which is adapted for individual pupils is the first step in responding to possible SEND

The following two documents explain in detail the process early years providers, schools and colleges will work through when supporting you and your child, and include details of the likely support they will draw on from across the education, health and social care system.
3a. Graduated Response for Children 0 to 4 years – Support in Early Years Education

“All early year’s providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care. These requirements are set out in the Early Years Foundation Stage framework (EHFS)”

Code of Practice, 5.12

Pre-school children in North Somerset are supported by a range of qualified providers of early years education, childcare and play. These providers include Childminders, Specialist Childminders, Nurseries, Pre-Schools and Springboard Opportunity Playgroup.

All providers will have their own policies and procedures which they share with parents and carers, and which we encourage them to include in their details on North Somerset’s Local Offer. Within these documents there is information on what action they will take if they consider a child may have a special educational need or a disability.

The local Graduated Response for pre-school children is based on the non-statutory Early Years Outcomes guidance and focuses on the broad areas of needs described in the SEND Code of Practice 2015. We recognise children may have needs in more than one of the areas described:

- Cognition and Learning
- Social, Emotional and Mental Health Difficulties
- Communication and Interaction
- Sensory and/or Physical Difficulties

It starts when a parent or the provider thinks the child has a special educational need or disability:

**Universal support in childcare settings and nurseries**

This may include:

- the parents and carers talking with the provider to establish what their concerns are and the support which may be required by the child
- the provider considers the child’s needs and potential outcomes, using the assess, plan, do and review process as identified in the Code of Practice, page 100
- the provider will respond with an action plan detailing what extra support maybe required. This may include an observation of the child in its early years
setting, co-ordinated by an Area SENCO form the North Somerset Early Years Team.

**Targeted and specialist support in childcare settings and nurseries**

Some children with multiple or complex needs may require a response from the Multi-Agency Information and Support in the Early Years (MAISEY) group. This is the opportunity for the services already supporting the child and family to work together to ensure the child is being considered jointly by a range of professionals who are co-ordinating support around the child’s individual needs. This may include:

- specialist support from health visitors, educational psychologists, speech and language therapists or specialist teachers, such as a teacher of the deaf or vision impaired. These specialists may visit families at home to provide practical support, answering questions and clarifying needs
- training for parents in using early learning programmes to promote play, communication and language development
- home-based programmes, such as Portage, which offer a carefully structured system to help parents support their child’s early learning and development
- Top Up Funding and other funding for extra hours of support

In some instances, when the provision is unable to meet the child’s needs the Early Years SEN Team will be contacted for further support and advice. It may be considered the child’s needs would be better met by attending Springboard or a Specialist Childminder.

When the child moves from early years to school, the family will be supported by the Inclusion Co-ordinator (INCCO), or a Special Educational Needs Co-ordinator (SENCO). They will use a process called the Inclusion Link Programme which is available to smooth the process between pre-school into school.

**Further advice and support**

Advice, support and guidance is available for parents and carers on how they can support their child with SEN and disabilities. This information can be found on the Local Offer website: [www.n-somerset.gov.uk/localoffer](http://www.n-somerset.gov.uk/localoffer)

North Somerset’s Early Years Graduated Response is currently being developed to align with new processes around the local Early Years SEND offer. This review will include engagement with parents and carers to ensure their thoughts and comments are considered and influence the outcome of the review. This document will be updated and will be available for circulation in September 2019, when new SEND observations will start to be recorded on North Somerset’s Early Help Module.
3b. Graduated Response for School Aged Children and Young People – Support in Mainstream Education

The following tables are North Somerset’s Mainstream Schools Graduated Response to supporting children/young people with SEND. It aims to ensure a graduated approach is used by schools and families to meet children’s and young people’s needs, by using the different levels of support before moving a child or young person onto higher levels of support.

This process starts with using the Assess, Plan, Do, Review cycle explained in the Code of Practice page 100.

Working in this way will ensure the support for the child or young person the right support for them, considering their aspirations and needs at that specific time.

If you have concerns about your child’s education needs, then you will need to follow your child’s schools’ procedures. People you may be advised/could to talk to are:

- Child’s Teacher
- Child’s Headteacher
- School Governors
- North Somerset Parent Carers Working Together
- Supportive Parents, SENDIAS Service
- SEN Team North Somerset Council
- Disabled Children’s Team North Somerset Council

Contact details will be found on the Local Offer: www.n-somerset.gov.uk/localoffer
North Somerset Local Area Guide to Needs

Cognition and Learning (Code of Practice 6.30 and 6.31)

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<tr>
<th>Indicators</th>
<th>Support Examples</th>
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<tbody>
<tr>
<td>o Compared to their peers, child/young person may show a slower rate of learning</td>
<td>Schools and Colleges will ensure that all children are given support and access:</td>
</tr>
<tr>
<td>o Progress is slow, and the school/setting is unable to demonstrate that the child/young person can apply and understand the skills and concepts required by the curriculum they are following</td>
<td>to a broad and balanced curriculum set within inclusive environments with policies in place for identifying and supporting child/young person with SEND including those with cognition and learning needs</td>
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<tr>
<td>o May require prompting from teacher/class support/another adult to stay on task</td>
<td>to quality first teaching that utilizes a variety of approaches with personalized learning targets with staff who continually check understanding and use scaffolding/modelling to demonstrate learning</td>
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<td>At this point it should not be assumed that the child/young person has SEND as they may be experiencing a short-term difficulty needing only brief intervention</td>
<td>to robust assess-plan-do-review processes – to be completed by the class teacher, providing quality feedback on a regular basis to the child, family and other professionals as appropriate, giving praise towards the child’s strengths and achievements</td>
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<td>Tasks will be simplified and instructions, information and learning to be broken down into small steps with skills and learning being reinforced through repetition and consolidation</td>
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<td></td>
<td>Staff will be appropriately trained to meet presenting needs for example SpLD, ASD and with the skills to effectively support the child in the classroom alongside their peers</td>
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<td></td>
<td>Differentiated curriculum developed to meet the individual needs of the child, considering their learning styles and ensure they are embedded in the styles of teaching, providing opportunities to work with peers and offer role modelling and</td>
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2
peer support
Opportunities to access personalized individual or group based structured reading, spelling and numeracy programmes

Interventions will be well-established, and evidence based, delivered regularly across a minimum of one term with the outcomes of an intervention being recorded and clearly evidenced

Organization and positioning of the classroom, seating arrangements, visual aids and peer support considered ensuring the environment is modified to support learning, including the use of word banks/timetables

School will have systems in place to gather the views of the child and their parent carers, with an open and transparent tracking and assessment process in place to identify why children may not be making expected progress and how they will be supported

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<th>Targeted Support in Schools</th>
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<tr>
<td><strong>Indicators</strong></td>
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<tr>
<td>Universal level support has been put in place, but needs cannot be met by using these approaches. The child/young person may continue to have the indicated difficulties above and also:</td>
</tr>
<tr>
<td>o ongoing difficulties and makes limited progress</td>
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<tr>
<td>o greater difficulties than peers with retaining information/ concepts/skills and problem solving, understanding, communication and thinking</td>
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after sustained support, is working outside of year group programme of study

• may have specific learning difficulties (e.g. difficulties with literacy, numeracy and / or physical co-ordination) which causes them to fall further behind Age Related Expectations (ARE)

• has difficulty in transferring skills

• has a poor memory

• Professional advice has been followed over time and implemented through the graduated approach and appropriate support has been put in place by the education setting but relative progress is still not being made

• Teaching needs to be repeated and delivered in other contexts, particularly concepts and abstract ideas.

• Avoidance strategies and negative behaviours develop and have

• implement strategies and support to help with extending time on learning tasks such as timers, motivators, reward systems and prompts

• Continue the ‘assess-plan-do-review’ cycle of individualized assessment and intervention. This needs to be completed as soon as the child or young person is identified with SEND as detailed using techniques such as internal assessments/data tracking, provision mapping

• provide extra time to the child to participate in learning activities/tasks and high levels of adult support for modelling and enabling the child to access learning/the curriculum. High levels of care and supervision are needed

Targeted provision must be recorded on the school’s information system which must be able to evidence base planning, target setting monitoring as well as the support that has been delivered for the child at SEND

It is vital for the school to be clear about the outcomes required and where further advice is needed, including identifying how they will seek and implement advice from specialist services, e.g. Outreach, SEND Forums

This will include specialist intervention which will be accessed via outside agencies. Multi professional planning and coordinated support across education, health and social care colleagues to be undertaken. Consideration of a referral to Early Help should be made

Specialist resources may be required, such as:

• sloping boards, coloured overlays, specialist pens/pencils etc. and alternative methods of recording

• access to specialist ICT

• Personalised work stations and designated learning areas

• Practical resources and visual cues to support learning across all areas
significant impact on the child/young person's ability to engage and access learning/the education environment. Decline in attendance at lessons/education setting

An adapted curriculum may need to be developed that is more individualized to the specific needs of the child. Learning within the curriculum needs to be of high interest and purposeful. Homework should be differentiated

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<th>Specialist Support via EHCP</th>
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<td><strong>Indicators</strong></td>
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<tr>
<td>Despite support and intervention through the graduated approach the child/young person`s progress is still very limited and indicates that long term specialist input and/or additional resources are required to continue access to the full curriculum and to allow participation in Further Education or Training.</td>
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<tr>
<td>o The child/young person’s needs are significant and long term.</td>
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<td>o Specialist professional assessments shows evidence of a high level of educational need</td>
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<td>o The achievements and rates of progress of the child/young person are significantly below expectations despite appropriate evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still well below expectation</td>
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| despite evidence of consistently high levels of intervention over time | • Work presented in a manner that is appropriate to the child/young person’s level of development  
• Total assistance with self-help skills  
• Use of total communication approach  
• A multi-sensory approach to the curriculum  
• Use of specific IT programmes and specialist equipment to enhance recording and presentation of work  
• Visual supports are embedded to aid language understanding across all aspects of the environment (e.g. pictures, symbols, objects of reference, signing, gestures) to help access to the curriculum  
• Appropriate adjustments to the environment to meet the individual needs and preferred learning styles |
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<tr>
<td>o The high level of need impacts on learning and participation and can be evidenced by professional assessment over time (unless the child or young person has suddenly acquired severe or complex needs). Ideally 2 cycles of the graduated approach will have been completed</td>
<td>The EHC Plan must be formally reviewed every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0–5 years the EHC Plan may require review every 3-6 months to ensure that provision continues to be appropriate.</td>
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<tr>
<td>o The level of need impacts on personal and social development and can be evidenced over time (unless the child or young person has suddenly acquired severe or complex needs)</td>
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<tr>
<td>o Advice from external services and other agencies has been accessed, implemented, and impact evaluated, over a period of time using the assess-plan-do-review cycle</td>
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<tr>
<td>o Top up funding has been applied for and used to make provision for a child to enable progress towards agreed outcomes</td>
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<tr>
<td>o Complex Learning Difficulties – Children/young people with complex</td>
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learning difficulties have conditions that co-exist. They may present with a range of issues and combination of layered needs e.g. mental relationships, behavioural, physical, medical, sensory, communication and cognitive. Their attainments may be inconsistent, presenting an atypical or uneven profile

- Severe Learning Difficulties (SLD)- Children/young people with severe learning difficulties have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility, coordination, communication and perception and the acquisition of self-help skills

- Children /Young People with very severe or profound and multiple learning difficulties (PMLD) are almost always identified before statutory school age and referral is normally made via MAISEY
### Social, Emotional and Mental Health Difficulties (Code of Practice 6.32 & 6.33)

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<tr>
<th>Universal Support</th>
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<tr>
<td>Indicators</td>
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<tr>
<td><strong>Child/young person presents persistent behavioural/emotional difficulties that are impacting on progress and have not been ameliorated by differentiated learning opportunities or by the whole-school behaviour management techniques.</strong></td>
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<td>Difficulties may include:</td>
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<tr>
<td>o Underdeveloped skills in listening and attending to the teaching and learning process</td>
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<tr>
<td>o Failure to make progress anticipated across areas of the curriculum accompanied by signs of mood swings, frustration, non-co-operation, withdrawal or isolation, disillusionment, or non-attendance</td>
</tr>
<tr>
<td>o Difficulty with social relationships including peer/group relationships which affect classroom dynamics and require teacher intervention</td>
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</tbody>
</table>
o Difficulty acquiring and applying basic social skills
o Emotional immaturity
o Low self-esteem and a lack of confidence in their ability to cope with new demands and change to their routines
o Lack of emotional management skills e.g. anger, anxiety, openly tearful
o Emotional intelligence/development underdeveloped in relation to chronological age
o Requiring frequent adult prompting
o Needing support to make and sustain appropriate relationships
o Displaying unpredictable responses to a range of situations e.g. anxiety, anger, unhappiness, self-harm

independent learning
- Teacher instructions are clear and unambiguous, including choices

Environmental Support
- Staff organise furniture, grouping and seating to promote positive relationships and behaviour and in accordance with individual needs
- Support and activities offered for unstructured times
- Focused use of peer and adult support
- Peer support systems, including buddy schemes

Access to universal health services such as school nurse or GP services
- Expressing their point of view verbally and/or talking about their feelings without intervention, including refusal to speak

- Engaging in attention seeking behaviour and regularly seeking approval from adults and peers

- Showing signs of being withdrawn and may need encouragement to take part in activities

- Signs of emotional turbulence (for example tearfulness, withdrawal from social situations)

- Being frequently disruptive in class

- Being a subject of or perpetrator of bullying

- Being unable to manage unstructured settings such as lunchtimes
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Absence and lateness including school refusal</td>
<td></td>
</tr>
<tr>
<td>o Displaying regular episodes of anger and agitation</td>
<td></td>
</tr>
<tr>
<td>o Frequently challenging practitioner’s/teacher’s requests but will back down</td>
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</tr>
<tr>
<td>o Frequent attention seeking behaviour, often inappropriate or challenging</td>
<td></td>
</tr>
<tr>
<td>o An apparent lack of motivation and the need for frequent encouragement to stay on task</td>
<td></td>
</tr>
<tr>
<td>o Flitting between activities and materials with little attention (younger child/children)</td>
<td></td>
</tr>
<tr>
<td>o No regular group of friends</td>
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</tr>
</tbody>
</table>

**Targeted Support in Schools**

- As at prior phase/phases but also to include the following possible provision:
  - A graduated approach which draws on increasingly detailed interventions and support approaches in successive cycles of assessment, planning, intervention and review.

**Some child/ young person's emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time.**
| Progress through the curriculum is affected by their social and/or behavioural difficulties which may include: | • Assessment to identify any unmet learning needs as well as specific skill deficits that are contributing to the child’s difficulties as part of a holistic assessment undertaken with the inclusion of parents/carers and the child/young person  
• A detailed individual plan reflecting the assess-plan-do-review steps  
• Interventions that are evidence based and linked to assessed needs with measurable outcomes  
• In Primary settings close monitoring by class teachers and the SENDCO  
• In Secondary settings close monitoring by the SENDCO or similar lead supported by class teachers  
• A high level of liaison with parents and carers to aid joint planning, monitoring and consistency of approach  
• Small group work in class which supports the differentiated curriculum and individual goals. This could include the teaching of specific social skills and language  
• Further modifications to the setting and environment to take account of individual needs  
• Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.  
• Support through flexible grouping strategies. Additional focused adult support may be required at an individual level or within a small group  
• Structured activities to develop specific social skills in small groups  
• Consistent approaches in place to manage behaviour by all staff; this should be laid out in a clear behaviour plan  
• Support to develop emotional security and sense of belonging  
• Placement in a nurture group  
• Access to ELSA intervention  
• Visuals to support appropriate behaviour choices, including for social understanding (such as social stories)  
• Additional adult or peer support at transition and unstructured time |
|-------------------------------------------------|--------------------------------------------------------------------------------|
| • Social, emotional and/or mental health issues which substantially and regularly interfere with their own learning or that of the class group  
• Little or no progress despite interventions designed to improve aspects of their social, emotional and or mental health development  
• Inability to self-regulate  
• A lack of a range of social skills e.g. taking turns, working co-operatively and accepting the ideas of others  
• A poor view of self and low self-confidence, difficulty in working independently  
• Unsettled behaviour in class, limited concentration and organisation in relation to age expectations  
| • Placement in a nurture group  
• Support to develop emotional security and sense of belonging  
• Placement in a nurture group  
<p>|</p>
<table>
<thead>
<tr>
<th>Bullying or Intimidation</th>
<th>Use of a personalised work area to be accessed as necessary on a child led basis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The child or young person is effectively supported in the class alongside peers for the vast majority of their time in setting</td>
</tr>
<tr>
<td></td>
<td>Targeted use of pupil premium</td>
</tr>
<tr>
<td></td>
<td>Assessment and advice from external support services and professionals where appropriate – to include for example Outreach or EP referral. Advice to be gathered and implemented as recommended</td>
</tr>
<tr>
<td></td>
<td>Consideration of a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed</td>
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<td></td>
<td>A highly structured Individual Behaviour Plan drawn up and agreed with parents/carers’ input and shared/implemented by all staff and may involve outside agencies</td>
</tr>
<tr>
<td></td>
<td>A high level of care and supervision while encouraging independence and self-management</td>
</tr>
<tr>
<td></td>
<td>Access to high quality individual or group programmes used to develop social and emotional skills</td>
</tr>
<tr>
<td></td>
<td>Access to staff trained and skilled in supporting children with exceptionally challenging behaviour</td>
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<td></td>
<td>Flexible arrangements to provide a secure, structured and safe learning environment including making ‘reasonable adjustments’ to policies such as the uniform policy</td>
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<tr>
<td></td>
<td>Clear plans for the use of support to achieve agreed outcomes in their Individual Learning Plan/Behaviour Plan or similar</td>
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<tr>
<td></td>
<td>Flexible approach around access to curriculum e.g. access to time out, start and end-of-day arrangements</td>
</tr>
<tr>
<td></td>
<td>Planned activities at lunch/break times</td>
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<td></td>
<td>Access to mentoring/buddy system / peer support</td>
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<tr>
<td></td>
<td>Close liaison and joint planning with relevant professionals e.g. social care, CAMHS</td>
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<tr>
<td></td>
<td>Additional training for key staff on specific SEMH issues</td>
</tr>
</tbody>
</table>

- Seeking to gain and maintain inappropriate or frequent close physical contact with adults (generally at primary age)
- Overreacting when disapproval is shown, attention is withdrawn or when thwarted
- Unsettled and disruptive behaviour in class which interrupts the progress of the lesson
- Loss of temper or tantrums
- Difficulty in maintaining relationships with members of staff e.g. more than once daily refuses to complete work, challenge’s practitioner’s/teacher’s requests, but sometimes backs down
- Difficulty in maintaining relationships with child/children and young people e.g. minor scuffles in playground or classroom
- Being a victim of bullying or intimidation
<table>
<thead>
<tr>
<th>or bullying or intimidating others</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Social isolation; usually appearing to be on the edge of activities</td>
</tr>
<tr>
<td>o High demand of adult attention</td>
</tr>
<tr>
<td>o Being easily rebuffed and sensitive to disapproval</td>
</tr>
<tr>
<td>o Sullen, resentful and unhappy attitude and mood. High self-criticism; puts self-down</td>
</tr>
<tr>
<td>o Identified safety issues in relation to child/ young person, or as a risk to others</td>
</tr>
<tr>
<td>o Extremely withdrawn, disengaged, self- harming or anxious behaviours over a period of time</td>
</tr>
<tr>
<td>o Persistent challenging, uncooperative, destructive and disruptive behaviours</td>
</tr>
<tr>
<td>o Significant physical and verbal aggression in response to adults and peers</td>
</tr>
<tr>
<td>o Frequent verbal and/or physical</td>
</tr>
<tr>
<td>aggression towards others in general</td>
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</tr>
<tr>
<td>o Unusual, harmful or dangerous behaviour which poses a significant threat to self or</td>
</tr>
<tr>
<td>o The experience of a significant level of rejection by peers leading to an increase in social isolation</td>
</tr>
<tr>
<td>o A high level of dependency and possible significant difficulties relating to their peer group</td>
</tr>
<tr>
<td>o Frequent and prolonged mood swings</td>
</tr>
<tr>
<td>o Evidence of significant unhappiness, anxiety, stress or dissatisfaction which is affecting learning and may lead to a period of absence</td>
</tr>
<tr>
<td>o Signs of selective mutism</td>
</tr>
<tr>
<td>o Difficulty following rules and highly challenging of authority</td>
</tr>
<tr>
<td>o Refusal to attend school /significant</td>
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<tr>
<td>absence periods</td>
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<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>o Breakdown in attendance</td>
</tr>
<tr>
<td>o Exclusion or high risk of exclusion</td>
</tr>
</tbody>
</table>

### Specialist Support via EHCP

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little measurable achievement despite a carefully planned and appropriately resourced series of interventions through the graduated response</td>
<td></td>
</tr>
<tr>
<td>o The child/young person is likely to have an identified medical or mental health condition that impacts upon their behaviour</td>
<td></td>
</tr>
<tr>
<td>o There is evidence of extreme, complex emotional and behavioural difficulties of a long-term duration and frequency in a variety of educational facilities resulting in extreme difficulties for the child/young person and severely affecting other children/young people and/or adults</td>
<td></td>
</tr>
<tr>
<td>o Ongoing assessment has indicated the pupil’s difficulties are due to SEMH needs and are not primarily</td>
<td></td>
</tr>
<tr>
<td>As at prior phase/phases but also to include the following possible provision:</td>
<td></td>
</tr>
<tr>
<td>• Co-production of EHC Plan to address needs and agree outcomes for targeted provision</td>
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<tr>
<td>• Key staff working with the child/young person have read and understood EHC Plan</td>
<td></td>
</tr>
<tr>
<td>• All staff understand key areas of need, targets and agreed support, e.g. ‘pupil passport’, use of Joint Outcomes Framework</td>
<td></td>
</tr>
<tr>
<td>• Parents, child / young person understand and agree on the intervention, support and expected outcomes</td>
<td></td>
</tr>
<tr>
<td>• Strategies and approaches to support individual needs are in place and based on specialist’s advice</td>
<td></td>
</tr>
<tr>
<td>• High quality training is provided for all staff involved in delivering and monitoring targeted provision</td>
<td></td>
</tr>
<tr>
<td>• Time and place for targeted provision is established and adhered to</td>
<td></td>
</tr>
<tr>
<td>• Support staff are involved in joint planning of targeted support with class/subject teacher</td>
<td></td>
</tr>
<tr>
<td>• Structured teaching/behavioural strategies should be embedded into programmes of work</td>
<td></td>
</tr>
<tr>
<td>• Work presented in a manner to the child/young person’s level of development</td>
<td></td>
</tr>
</tbody>
</table>
due to an unmet learning, communication or physical need

**Difficulties may include:**

- Significant long-term difficulty in maintaining relationships with staff and peers which has a substantial impact on learning
- Extremely low self-esteem and emotional neediness through social withdrawal
- Highly competitive in search for attention
- Destruction of own work or hard-won social achievements
- Demonstration of high levels of anxiety; clings and is tearful
- Behaviour, emotional, social difficulty requiring planned positive/restrictive intervention
- Uncontrolled ADHD/ Anxiety Disorders i.e. medication required/taken but not effectively controlling behaviour in school
- Frequent and significantly challenging and disruptive behaviour which includes refusal to accept the Practitioner's/Teacher's appropriate sanctions
- Behavioural outbursts generally on

- Appropriate adjustments to the environment to meet the individual needs and preferred learning styles (settings may need to access training)
- Contingency plans in case of changes to routine or staff absence
- a daily basis or more
  - Significant difficulty in following basic classroom routines and is exceptionally restless and inattentive for much of the school day over a sustained period of time
  - Initiates aggressive confrontations with peers
  - Has few constructive relationships with peers and seems isolated
  - Unpredictable emotional outbursts
  - Shows a high level of disaffection or anxiety which impacts on attendance
  - The child/young person requires a high level of supervision to ensure their own safety and that of peers and/or adults
  - Very provocative, aggressive and confrontational behaviour which can include verbal and physical aggression towards peers and staff
**Communication and Interaction (Code of Practice 6.28)**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Many children/young people have difficulties expressing themselves and understanding others. This can present as difficulties with social understanding, the pronunciation of words, attention difficulties and fluency of speech. At this stage, it may mean that children/young people need short term support, but it should not be assumed that they have special educational needs</strong></td>
<td>• High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting</td>
</tr>
<tr>
<td>• Staff and parents raise concerns over the child/young person’s language development</td>
<td>• Teaching strategies that consider difficulties with language and communication needs as well as social understanding</td>
</tr>
<tr>
<td><strong>Receptive Language and Memory Indicators</strong></td>
<td>• Carefully planned differentiated support that considers individual pupil’s communication needs</td>
</tr>
<tr>
<td>• Child/young person may have difficulties with understanding implied meaning and may also have difficulty attaching meaning to words and developing concepts</td>
<td>• Visual resources and prompts (picture cues, word banks etc.)</td>
</tr>
<tr>
<td>• Inattentive during focused learning/activity time and has</td>
<td>• Personalised learning goals, including for language and communication</td>
</tr>
<tr>
<td>• difficulties following verbal instructions in the setting</td>
<td>• Staff/peer modelling to promote communication/social skills and interaction</td>
</tr>
<tr>
<td>• Difficulties in starting and</td>
<td>• Instructions/information should be clear and simple with supporting visuals if necessary</td>
</tr>
<tr>
<td></td>
<td>• Structured approaches to tasks and learning activities</td>
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<tr>
<td></td>
<td>• Whole staff training and awareness of the implications of communication and interaction difficulties, supporting them to differentiate activities effectively to support speaking, listening skills and understanding the curriculum</td>
</tr>
<tr>
<td></td>
<td>• Learning environments that offer security, structure and safety</td>
</tr>
</tbody>
</table>

**Receptive Language and Memory Support**

- Visual timetables and visuals to support instructions
- Chunking - organising or grouping pieces of information together
- Slowing down pace of delivery and encouraging the child to repeat out loud the information back to themselves (verbal rehearsal)
- Defining key words simply and recording visually
- Using pictures/drawings/mind maps to record information given verbally
<table>
<thead>
<tr>
<th>Ongoing Involvement Issues</th>
<th>Semantic and Pragmatic Language Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Unwilling to volunteer verbal responses during learning</td>
<td>• Say the child/young person’s name to gain attention prior to an instruction</td>
</tr>
<tr>
<td>o activities</td>
<td>• Attention and listening prompt cards</td>
</tr>
<tr>
<td>o Difficulties with learning new language</td>
<td>• Adult modelling</td>
</tr>
<tr>
<td>o Difficulties recalling information including the names of staff and peers</td>
<td>• Support during less structured times</td>
</tr>
<tr>
<td><strong>Expressive Language (talking) Indicators</strong></td>
<td>• If a child/young person with English as an additional language is not developing English at the expected rate, a mother tongue assessment could be completed initially to determine age appropriateness in home language</td>
</tr>
<tr>
<td>o Child/young person may have difficulties organising ideas,</td>
<td>• Additional differentiation and scaffolding of tasks</td>
</tr>
<tr>
<td>o structuring sentences, acquiring and accessing vocabulary and expressing meaning</td>
<td>• Time and place for targeted provision is established and adhered to</td>
</tr>
<tr>
<td>o Child/young person might confuse words with similar meanings (uses cat when talking about a dog) or similar sounds</td>
<td>• Focus on the skills being taught including varying levels of different prompts which are faded and enhanced as appropriate, for example ‘hand over hand’, modelling, visual strategies</td>
</tr>
<tr>
<td>o Uses lots of non-specific language</td>
<td>• Use of specific IT programmes and specialist equipment to enhance communication and recording and presentation of work</td>
</tr>
<tr>
<td>o Can find organising speech difficult and will often get pronouns and verb tenses incorrect in their spoken language</td>
<td>• Structured teaching strategies should be embedded into programmes of work</td>
</tr>
<tr>
<td>o Difficulty sequencing and organizing story telling/retelling of events e.g.</td>
<td>• Work presented in a manner appropriate to the child/young person’s level of language and communication development</td>
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<tr>
<td></td>
<td>• Consistent, structured and predictable classroom routines with preparation in advance for changes and transitions, including to next year or phase</td>
</tr>
<tr>
<td></td>
<td>• Consistent delivery of the curriculum with attention to the child’s areas of special interest or skills</td>
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</tbody>
</table>
information might be given in the wrong order may miss out who, where or what happened

**Semantic and Pragmatic Language Indicators**
- Child/young person may have difficulty with the meaning of what is being said and the ability to use language in social situations
- Child/young person may have difficulties with eye contact, taking turns and staying on topic when speaking
- Difficulty with sharing objects and talk space with their peers
- Child/young person cannot always understand how others feel and may have difficulties with social skills. This may be affecting their relationships with unfamiliar adults and peers
- Holding conversations may be difficult for the child/young person, including initiating conversations
- Social and non-verbal cues are often missed, and the child/young person may frequently interpret language literally
- Due to difficulties with
Indicators

Universal level support and individualised support over a sustained period of time, there are persistent difficulties with the indicators above and:

- The child/young person may plateau with their learning or the gap between them and their peers may continue to increase
- There may be further difficulties in the child/young person accessing the curriculum and this may also impact on their social, emotional and mental health
- An escalation in negative behaviours within the setting
- Recent assessment/diagnosis for an Autistic Spectrum Disorder (ASD)
- There is a demonstrable and significant effect on pupil progress over time despite appropriate advice being taken and appropriate support being provided by the school

Targeted Support in Schools

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at prior phase/phases but also to include the following possible provision:</td>
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</tr>
<tr>
<td>• In Primary, targeted individuals are monitored by class teacher and the SENDCO. With the inclusion of parents/carers and the child/young person, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review</td>
<td></td>
</tr>
<tr>
<td>• In Secondary, targeted individuals are monitored by the SENDCO with the support of class teachers. With the inclusion of parent carers and the child, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review</td>
<td></td>
</tr>
<tr>
<td>• Liaison and consultation with external support services and professionals where appropriate – to include SALT referral. Advice to be gathered and implemented as recommended, including SALT programmes or a strategy plan (training may be necessary)</td>
<td></td>
</tr>
<tr>
<td>• Consider a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed</td>
<td></td>
</tr>
<tr>
<td>• Staff training on supporting children and young people with specific communication and interaction needs</td>
<td></td>
</tr>
<tr>
<td>• Small group work in class which supports the differentiated curriculum. This could include the teaching of specific social interaction skills and language</td>
<td></td>
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<tr>
<td>• Visuals to support verbal information and instructions, including those aimed at social understanding (such as social stories)</td>
<td></td>
</tr>
<tr>
<td>• The use of key words. Instructions to be simplified and repeated as necessary</td>
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</tr>
<tr>
<td>o A few difficulties are severe and longstanding and have not responded</td>
<td>• Differentiation between spoken and written language, including the use of alternative learning resources such as ICT</td>
</tr>
<tr>
<td>o to focused and well-founded interventions over a period of time</td>
<td>• Additional adult support at transition and unstructured times</td>
</tr>
<tr>
<td>o The severity of their difficulties may have a considerable impact on their ability to access the curriculum</td>
<td>• Use of a personalised work area to be accessed as necessary on a child-led basis</td>
</tr>
<tr>
<td>o In these cases, the child/young person’s difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language. Their ability to communicate may severely limit participation in activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes</td>
<td>• The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting</td>
</tr>
<tr>
<td>o Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties</td>
<td>• A highly-modified learning environment that meets their individual needs</td>
</tr>
<tr>
<td>o Social interaction difficulties and pupil is not able to transfer strategies/skills between situations</td>
<td>• A high level of adult support, offering high level care and supervision</td>
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<td></td>
<td>• Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person’s emotional and behavioural needs throughout the day</td>
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<td></td>
<td>• Outreach and advisory support for those with ASD</td>
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<td></td>
<td>• Access to trained and skilled staff who can respond to challenging behaviours associated with communication and interaction difficulties</td>
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<td></td>
<td>• Resources, including staff and materials to deliver and implement professionals’ recommendations and programmes</td>
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</tbody>
</table>

**Receptive Language and Memory Support**

- Pre-teaching to introduce new and reinforce specific vocabulary and concepts
- Alternative ways to record work/learning, to include photographic or video recording

**Expressive Language (talking) Support**

- Visual resources to reinforce verbal learning/instructions, such as mind maps, word maps, sound maps and writing frames
| Difficulties with sustaining engagement whilst undertaking learning activities  
| May display a limited repertoire of interests and play skills that affect the child’s friendships  
| Difficulties in accessing whole setting teaching and unstructured periods of time  |

**Semantic and Pragmatic Language Support**
- Targeted support to understand emotions in others and develop self-regulation of own emotions

| Receptive Language and Memory Indicators  |
| Difficulties in processing orally presented information at reasonable speed  
| Poor understanding of complex grammar  
| Difficulties with implied meaning and colloquialism (words/ sentences without literal meaning)  |

| Expressive Language Indicators  |
| The child/young person’s language may be particularly hesitant or sound immature. Spoken words might not always be clear or easily understood  |
o Difficulties in expressing their meaning or themselves on the first attempt with more time being needed to do so than their peers

**Semantic and Pragmatic Language Indicators**

- The child/young person may display inappropriate interaction with others and may have difficulties with social relationships. This could be due to having difficulties understanding social cues and non-verbal cues
- There may be an escalation in negative and inappropriate behaviours
- The pupil often needs support for activities that place demand on creative planning, organizational skills or work that needs reviewing

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
</table>
| **Despite support and intervention through the graduated approach the child/young person’s progress is still very limited and indicates that long term specialist input and/or additional resources are required to continue** | - Co-production of EHC Plan will address needs and agree outcomes for targeted provision  
  - All staff working with the child/young person have read and understood EHC Plan  
  - Parents/carers and child/young person understand and agree on the intervention, support and expected goals |
<table>
<thead>
<tr>
<th>access to the full curriculum and to allow participation in Further Education or Training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>o The child/young person has complex, long-term speech and language difficulties that cause substantial barriers to learning and social relationships</td>
</tr>
<tr>
<td>o The child/young person has moderate to severe language impairment which may include comprehension, expression, phonology</td>
</tr>
<tr>
<td>o Social isolation, frustration and peer isolation is evident</td>
</tr>
<tr>
<td>o The child/young person may not understand social situations and so may respond inappropriately</td>
</tr>
<tr>
<td>o Highly atypical behaviours such as being obsessive, challenging and withdrawn may be evident</td>
</tr>
<tr>
<td>o Has language and communication difficulties which may be the result of permanent sensory or physical impairment or associated with moderate, severe or profound and complex learning difficulties</td>
</tr>
<tr>
<td>o Children and young people will experience severe, persistent and complex difficulties associated with an Autistic Spectrum Disorder. These</td>
</tr>
<tr>
<td>outcomes</td>
</tr>
<tr>
<td>• Strategies and approaches to support class differentiation are in place and based on specialists’ advice</td>
</tr>
<tr>
<td>• High quality training is provided for all staff involved in delivering and monitoring targeted provision</td>
</tr>
<tr>
<td>• SENDCO will oversee the child/young person’s targeted support, including how this is being delivered</td>
</tr>
<tr>
<td>• Speech therapist will provide/oversee therapy on a regular basis and have close involvement with the delivery by other staff of speech therapy recommendations and targets for the child/young person’s individual action plan</td>
</tr>
<tr>
<td>• School or SALT will liaise with parents/carers and provide advice and resources so that they can continue to support language development at home</td>
</tr>
<tr>
<td>• Use of Total Communication approach to enable access to all areas of the curriculum</td>
</tr>
<tr>
<td>• The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time and skills learnt during targeted provision practised back in class</td>
</tr>
<tr>
<td>• Additional support needed to develop emotional vocabulary using visual and real-life situations</td>
</tr>
<tr>
<td>• In line with the recommendations in the EHCP, a regular programme of 1:1 support may be required to implement the programme / strategy plan provided by the speech and language therapist or other specialist</td>
</tr>
<tr>
<td>• Environmental audit to identify aspects of the environment that might lead to increased anxiety, arousal or sensory sensitivity, with monitoring of behavioural responses</td>
</tr>
</tbody>
</table>
difficulties will include:
- Severe difficulties with social interaction, (this includes developing and maintaining relationships)
- Severe difficulties with social communication (e.g. initiating/maintaining conversations, using/understanding non-verbal communication) and/or understanding emotions
- Severe difficulties in the area of imaginative skills and may rely more heavily on re-enacting learned scenarios, which may result in highly ritualized and repetitive behaviours, limited expressive language, or spoken language that is repetitive and does not follow the social rules
- Severe sensory processing difficulties
- Severe anxiety experienced on a regular basis and across different situations, in response to unpredictable situations, deviations from routines, sensory processing, and/or difficulties which relate to ASD
- Severe difficulties engaging in tasks/activities other than those linked to the child and young
The child/young person’s difficulties may be made complex by the presence of additional factors, such as difficulties associated with psychological wellbeing and emotional development, extreme rigidity in behaviour, extreme difficulties with sensory modulation, and additional physical/medical conditions. These are likely to make it significantly more difficult to manage the child / young person’s behaviour and safety than for most children / young people with ASD.

<table>
<thead>
<tr>
<th>person’s particular interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>o The child/young person’s difficulties may be made complex by the presence of additional factors, such as difficulties associated with psychological wellbeing and emotional development, extreme rigidity in behaviour, extreme difficulties with sensory modulation, and additional physical/medical conditions. These are likely to make it significantly more difficult to manage the child / young person’s behaviour and safety than for most children / young people with ASD.</td>
</tr>
</tbody>
</table>
### Physical and Sensory (Code of Practice 6.34 & 6.35)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
</table>
| **Sensory Impairment:**  The child/young person:  | - The child/young person has opportunities to be active and develop their co-ordination, control and movement  
- The child/young person is helped to understand the importance of physical activity and to make healthy choices in relation to food  
- Whole school ethos celebrates difference and promotes inclusion and independence  
- Staff understand the child/young person’s condition, regarding both their abilities and difficulties  
- Opportunities are maximised for child/ young person to join in physical activities and develop their independence  
- The curriculum is differentiated and presented to take account of individual needs (for example size of text, methods of recording, and expectations regarding work rate)  
- The environment is planned and adapted to maximise accessibility to the curriculum and premises for every child e.g. toileting facilities, ramps and grab rails  
- The child/young person may require access and space to use specialist seating, walking or standing aids or a wheelchair, as advised  
- Staff working with child/ young person to have basic manual handling training and follow child’s/young person’s individual manual handling plan if required  
- School day may require adaptation if the child experiences physical fatigue, which impacts upon their ability to learn  
- Seating arrangements are considered in the class and in other parts of the school e.g. assembly/lunchtimes  
- Risk assessments are in place as appropriate and necessary  |
| - May have mild hearing or visual impairment  
- May use hearing aids or glasses  
- May be colour blind  |  
| **Sensory Processing:**  The child/young person may have sensory processing difficulties including for example hyper/hypo sensitivity to touch, taste, sound, smell, visual stimuli, and/or proprioception and vestibular feedback.  |  
| **Physical:**  The child/young person:  |  
| - May have some difficulties undertaking certain tasks due to their fine or gross motor skills  
- May have DCD - dyspraxia  
- May have stability problems but can walk unaided  
- May have low muscle tone  
- May have hypermobile joints  
- May be delayed in achieving early milestones (KS1)  |  
| - May have mild hearing or visual impairment  
- May use hearing aids or glasses  
- May be colour blind  |
Children/young people have a wide range of physical and medical disabilities covering the whole ability range. Some children/young people are able to access the curriculum and learn effectively without additional educational provision. Their difficulties may mean they need some short-term support, but it should not be assumed that they have special educational needs.

- Policies are in place to describe

### Targeted Support in Schools

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Despite quality first teaching and individualised support there are</td>
<td>As at prior phase/phases but also may include the following provision:</td>
</tr>
<tr>
<td>persistent difficulties which impact upon learning and progress**</td>
<td></td>
</tr>
<tr>
<td><strong>Sensory Impairment:</strong></td>
<td>- Advice and staff training from specialist professionals, e.g. Hearing and Vision Support Service (HVSS), audiologist, OT/Physio</td>
</tr>
<tr>
<td>o Moderate hearing or visual impairment which has a sustained impact on</td>
<td>- CPD for key staff about meeting sensory needs</td>
</tr>
<tr>
<td>their ability to access the curriculum and/or comply with class routine</td>
<td>- Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout</td>
</tr>
<tr>
<td>and expectations (may use hearing aids)</td>
<td>- Labels and teaching materials in classroom clear and appropriate size</td>
</tr>
<tr>
<td>o Despite support and intervention at previous phases, the child/young</td>
<td>- Ensure contrast where necessary to identify hazards in environment or on stairs</td>
</tr>
<tr>
<td>person’s sensory impairment continues to have a significant and ongoing</td>
<td>- Some class resources may need to be individualised e.g. name labels etc. and the provision of high contrast on whiteboards</td>
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<tr>
<td>impact upon their learning</td>
<td>- Use of resources and new technologies to support learning and recording (e.g. adapted books, interactive books, magnifying equipment, assistive</td>
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<td>listening devices, loop systems, dictation programmes)</td>
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<td></td>
<td>- Teaching of particular skills to improve curriculum access e.g. touch typing (e.g. ‘BBC Dance Mat Typing’) or dictation (for possible use with</td>
</tr>
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<td></td>
<td>programmes such as ‘Dragon Dictate’)</td>
</tr>
<tr>
<td>Sensory Processing:</td>
<td>Physical:</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>o The child / young person has difficulty managing their sensory needs to an extent that is having a sustained impact on their ability to access the curriculum and / or comply with class routine and expectations</td>
<td>o Severe trauma, perhaps as a result of an accident, amputation or serious illness</td>
</tr>
<tr>
<td>o The child/young person’s sensory sensitivities are raising their anxiety and arousal levels to a level where it is having a detrimental and ongoing impact on their emotional health and/ or ability to access the curriculum and classroom appropriately</td>
<td>o Developmental delay</td>
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<td></td>
<td>o DCD – dyspraxia that is at a level that it has a sustained impact on curriculum access and progress</td>
</tr>
<tr>
<td></td>
<td>o Degenerative conditions like muscular dystrophy e.g. Duchenne</td>
</tr>
<tr>
<td></td>
<td>o Moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning</td>
</tr>
<tr>
<td></td>
<td>• Provision of appropriate equipment e.g. sloping board, pencil grips and adaption to resources</td>
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<td></td>
<td>• Assistance or supervision may be required at break and lunchtimes for mobility/safety</td>
</tr>
<tr>
<td></td>
<td>• Small group intervention or fine/gross motor programmes</td>
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<tr>
<td></td>
<td>• Advice and staff training from specialist professionals e.g. OT, Physiotherapist or SALT for swallowing difficulties.</td>
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<td></td>
<td>• Use of strategies to promote social inclusion e.g. buddy system/circle of friends</td>
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<tr>
<td></td>
<td>• Support with developing independent self-help skills and preparation for transitions and next stage</td>
</tr>
<tr>
<td></td>
<td>• Implementation of motor skill or therapeutic programmes as prescribed by a Children’s Occupational Therapist or Children’s Physiotherapist</td>
</tr>
<tr>
<td></td>
<td>• May need to further differentiate the physical curriculum and incorporate exercises into general class/PE lessons</td>
</tr>
<tr>
<td></td>
<td>• Additional time and equipment may be required for toileting and personal care</td>
</tr>
<tr>
<td></td>
<td>• Assistance may be required for eating and drinking at break or lunchtimes</td>
</tr>
<tr>
<td></td>
<td>• Planning of school trips with reasonable adjustments to ensure inclusion</td>
</tr>
<tr>
<td>Difficulty</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>e.g. dyspraxia and autistic spectrum disorder</td>
<td>Moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes. Physical difficulties may result in difficulties in safely accessing the physical environment, facilities and equipment and/or difficulty in achieving independent self-care skills. Difficulties in communicating through speech and other forms of language. Emotional stress and physical fatigue. Despite support and intervention at previous phases, the child/youth continues to demonstrate physical difficulties, which have a significant and ongoing impact upon their learning. Pupil has a known physical disability or medical condition which impacts upon their ability to participate in school life and learning if not provided with significant support.</td>
</tr>
</tbody>
</table>

Pupil has a known physical disability or medical condition which impacts upon their ability to participate in school life and learning if not provided with significant support.
### Specialist Support via EHCP

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Support Examples</th>
</tr>
</thead>
</table>
| **Sensory Impairment:** | - Co-production of EHC Plan to address needs and agree outcomes for targeted provision  
  - All staff working with the child/young person have read and understood EHC Plan  
  - Parents/carers, child and young person understand and agree on the intervention, support and expected outcomes  
  - Strategies, equipment and approaches to support individual needs are in place and based on specialist advice  
  - High quality training is provided for all staff involved in delivering and monitoring targeted provision and using specialist technology and equipment  
  - Time and place for targeted provision is established and adhered to with targeted provision and its impact recorded on the school’s information system  
  - Support staff are involved in joint planning of targeted support with class/subject teacher  
  - The amount of work set, how it is presented and recorded, is adapted according to the child or young person’s concentration, stamina, physical abilities and health |
| o Bilateral Sensory hearing loss is severe and/or profound |  
| o Information perceived through hearing aids is more fragmented with significant features of speech barely audible or missing altogether |  
| o Expressive, receptive and functional use of language is significantly limited and speech intelligibility is variable |  
| o A severe and/or profound visual impairment and registered visually impaired |  
| o The child/young person’s visual difficulty impairs mobility, emotional and social development |  
| o The child/young person is likely to require weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum |  

**Sensory Processing:**

The child/young person has difficulty managing their sensory needs to an extent that is having a significant, severe and ongoing impact on their
ability to access the curriculum and/or comply with class routine and expectations. (e.g.: significantly impacting on their attendance, their ability to be educated alongside their peers, their own and others’ safety)

The child/young person's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having a significant, severe and ongoing impact on their emotional health and/or ability to access the curriculum and classroom appropriately

**Physical:**

- The child/young person is likely to have physical conditions that are complex, severe and long-term, requiring specialist support to access the curriculum
- The child/young person will have significant additional learning, communication and/or behavioural difficulties
- The child may need significant support with: equipment, in the management of self-help, and the development of independence.
- Rate of learning is limited and is likely to be affected by absences,
<table>
<thead>
<tr>
<th>fatigue and medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>o The child/young person will require specialist teacher from the relevant support services in order to support access to the full curriculum</td>
</tr>
</tbody>
</table>
3c. Graduated Response for Children and Young People 0-25 years with SEND – Health Services

Parents’ early observations of their child are crucial. Children with more complex developmental and sensory needs may be identified at birth. Health assessments, such as the hearing screening test, which is used to check the hearing of all new-born babies, enable very early identification of a range of medical and physical difficulties. Health services, including paediatricians, the family’s general practitioner, and health visitors, should work with the family, support them to understand their child’s needs and help them to access early support.

Code of Practice, 5.14

In North Somerset, Weston Area Health NHS Trust (WAHT) currently provides community health services for children. The service works with young people aged 0–19 years and their parents and carers to provide a range of services at specialist level.

The services comprise:

- community paediatric services
- speech & language therapy
- occupational therapy and physiotherapy
- specialist child & adolescent mental health services (CAMHS).

The teams work in partnership with children, young people, their families and carers and a range of other agencies. This includes working with early years providers and families by attending the Multi-Agency Information and Support in the Early Years (MAISEY). A meeting where professionals, with permissions from parents and carers are able to share information on ways their services are supporting children. This enables the professionals to consider ways they can work together around the child.

Out local graduated response is about what our health services provide at different levels of the child or young person's journey, for example:

<table>
<thead>
<tr>
<th>Entry Level (Universal Support)</th>
<th>Support examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern expressed by parent, carer, early years provider or other professional</td>
<td>Concern maybe helped by an advice sheet for example: Leaflets available include Sleep Hygiene, Sensory, Physiotherapy for postural variance</td>
</tr>
</tbody>
</table>
Speech and Language
Signposting to universal support in the community, For example: Late talkers maybe signposted to a Toddler Talk group or Pre-school Talk as a generic way of support and guidance

<table>
<thead>
<tr>
<th>Threshold for Acceptance (Targeted Support)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Concerns raised over a child’s development</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enhanced Level of Support (Specialist Support)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>A number of specialist interventions and advice required to support the child including a request for an EHC plan</td>
</tr>
</tbody>
</table>

North Somerset Local Offer
The local offer provides information for children and young people with SEND and their families including:

[www.n-somerset.gov.uk/localoffer](http://www.n-somerset.gov.uk/localoffer)

You can find more detailed information regard specific community health services by following the links below:

Health Visiting
[www.nscphealth.co.uk/services/health-visiting](http://www.nscphealth.co.uk/services/health-visiting)
School Nursing
www.nscphealth.co.uk/services/school-health-nursing

Community paediatrics
www.waht.nhs.uk/en-GB/Childrens-Services/Childrens-Services1/Welcome-to-Community-Childrens-Service/Community-Paediatric-Service1/

Community Occupational therapy
www.waht.nhs.uk/en-GB/Childrens-Services/Childrens-Services1/Welcome-to-Community-Childrens-Service/Childrens-Occupational-Therapy/

Community Physiotherapy
www.waht.nhs.uk/en-GB/Childrens-Services/Childrens-Services1/Welcome-to-Community-Childrens-Service/Childrens-Physiotherapy-Service1/

Community Speech & Language Therapy

Child & Adolescent Mental Health
4. Education, Health and Care Assessment Process for Social Care – Parents, Carers and Young People’s Information Sheet

This paper will be co-produced with Parents, Carers and Young People following the SEND Programme Board endorsement of the full suite of EHCP guidance
5. Education Health & Care Assessment Process - Guidance for Social Care Practitioners

Part One – Introduction

1. Background

The Children and Families Act 2014, the Care Act 2014, and the Special Educational Needs and Disability Regulations 2014 set out changes to the way children and young people 0-25 years with special education needs or disabilities (SEND) are supported.

The changes, known as the SEND reforms, are explained in the Special Educational Needs and Disabilities (SEND) Code of Practice 2015 and include:

- New multi-agency Education, Health and Care (EHC) Needs Assessments: The EHC Needs Assessment uses person-centred approaches to identify needs and desired outcomes for the child/young person and their family.
- EHC Needs Assessments determine whether a multi-agency Education, Health and Care (EHC) plan is required. Where EHC plans are required they replace existing Statement of Special Education Needs and Learning Disability Assessments (LDA).
- EHC plans operate alongside (but do not replace) other Plans such as; Child Protection Plans, Child In Need (CIN) Plans, Pathway Plans and Looked After Children (LAC) Plans. Each should inform the other.
- Where possible EHC planning and review meetings should run alongside other relevant meetings e.g. PEP and CIN meetings, each informing the other.

2. Process Overview

Completing the report:


Sign-off and next steps:

3. Send to the EHCP Coordinator / relevant business support officer who has requested the report. Report must be returned within 6 weeks of request.
4. Send copy of whole social care report to parent/carer or young person.
5. If the CYP is an open case, it is important that social care is represented at Joint Planning Meeting (JPM).
At the JPM practitioners explore:

- What is important to and for CYP and their family?
- What is working and not working from a social care perspective?
- What needs to change to improve outcomes for CYP and their family?
- Outcomes: What would be the benefits of the change for the CYP and their family?

3. Information Sharing

All practitioners must take account of guidance in HM Government Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (March 2015), which makes clear:

“Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns.”

In such cases, the guiding principle for sharing information should be:

**Does the benefit of sharing the information outweigh any negative consequences, particularly for the CYP?**

This decision will usually be taken by a Social Care Team Manager. If in any doubt, or if there are any safeguarding issues, case specific legal advice should be sought.

If needs or concerns are identified during the EHC Needs Assessment requiring a specialist Social Care response, a prompt referral should be made to the Disabled Children’s Team
Part Two - Completing the form:

See Appendix A for an example of completed ‘Social Care Needs Report for EHC Assessment’.

4. Status

a. If the CYP is open to a Social Care Team (either as a Contact, Referral or open case) the allocated social worker will be contacted by the EHCP Coordinator or the relevant business support officer. The allocated social worker must complete the ‘Social Care Needs Report for EHC Assessment’ and return it within 6 weeks of the request to the SEND Caseworker.

b. If the CYP is open to the short breaks team as short breaks are being received the allocated social worker and team manager will be contacted by the EHCP Coordinator or the relevant business support officer. The allocated social worker must complete the ‘Social Care Needs Report for EHC Assessment’ and return it within 6 weeks of request to the SEND Caseworker.

c. If the CYP is open to Early Help, the relevant business support officer within Social Care will contact the allocated practitioner, who must complete the ‘Social Care Needs Report for EHC Assessment’ and return it within 6 weeks of request to the SEND Caseworker.

d. If the CYP was previously known to social care but is no longer open the EHCP Coordinator or relevant business support officer must send the request for the report to BusinessSupport.Safeguarding@n-somerset.gov.uk or DisabledChildrenTeam.Duty@n-somerset.gov.uk for the disabled Childrens social work team. It must be marked clearly: ‘Urgent: Report for EHC Needs Assessment required’. A manager will decide who will complete the report and will inform the EHCP Coordinator or business support officer who will be doing so. It is the expectation that the report will be completed within 14 days of receipt of the request and returned to the SEND Caseworker.

e. If the CYP was previously known to early help but is no longer open the relevant social care business support officer must send the request for the report to the Locality Service manager who was previously responsible for the work. It must be marked clearly: ‘Urgent: Report for EHC Needs Assessment required’. A manager will decide who will complete the report and will inform the EHCP Coordinator or business support officer who will be doing so. It is the expectation that the report will be completed within 14 days of receipt of the request and returned to the SEND Caseworker.

f. If any information held by Social Care/Early help about historical involvement remains relevant to the CYP’s current education, health or care needs, desired outcomes or required education, health or care provision, the practitioner must consider whether it is proportionate to include it in the ‘Social Care Needs Report for EHC Assessment’. Please see section 3 above for more details.

g. If the CYP is not known to social care, or historical information held does not appear to be relevant, the EHCP Coordinator will send the request for
information to Children's disabled social care team or for Adults to the SPA and request that an assessment of the CYPs needs is undertaken to support the EHC assessment. It is important that this assessment is undertaken promptly in order to not delay the statutory process of considering an EHCP.

h. **If for any reason the information is not received in the expected timescales** the SEND Caseworker or the relevant business support officer will escalate the matter to the Head of Service in the first instance. If this does not resolve matters within a week it is expected that the matter is escalated to the relevant Assistant Director.

5. **Has child or young person’s needs been assessed?**

Provide details of the type of assessment, e.g. under Section 17 of the Children Act 1989. If the assessment is being completed write: ‘An assessment of [CYP's name] needs is currently in progress’.

6. **Is there a care plan in place?**

Provide details of the type of care plan, e.g. Child In Need Plan, Child Protection Plan, Looked After Child Plan, Pathway Plan, Family Support Plan. If the care plan is currently being formulated, write: ‘Following an assessment of [CYP’s name] a care plan is currently being developed.’

7. **Needs identified (Section D of EHC plan)**

Needs relate to things that are **important to** (hopes and aspirations) and **important for** (health, safety, welfare) a CYP.

When considering needs:

- Information provided must be **relevant and proportionate** as outlined in Section 3 of this guidance.

- Include details of needs identified during your assessment. Safeguarding concerns and early help needs have an impact on a CYP’s education - give an overview of these needs/concerns, as appropriate (specific details do not need to be included).

- For young people in or beyond Year 9, consider whether there are needs relating to preparing for adulthood or independent living e.g. support finding employment, further or higher education, housing or participation in society.

- Consider whether the information you are providing is relevant to the CYP's desired outcomes, their education and health needs, and any special education, health or care provision that may be required relating to these factors.

- Information will be provided by health and education practitioners about the needs and recommendations specific to these areas, so limit your information to social care elements of need.
• Do not refer to siblings or other family members by name.

• Avoid statements e.g. ‘must attend school, health appointments’, ‘meet developmental milestones’ – these are universal expectations, not individual needs.

• Avoid statements e.g. ‘referral needed to’ or ‘assessment needed by’ – these are embedded solutions, not specific needs.

8. Suggested Outcomes (Section E of EHC plan)

As part of the review of processes and procedures in North Somerset, we will shortly be publishing guidance on developing shared outcomes for Education, Health and Care plans which will ensure that all partners involved in supporting children and young people are writing SMART outcomes in consistent, clear language.

The following are key considerations when developing outcomes:

Before you begin:

• Identify aspirations – what motivates the CYP?
• Identify strengths – what can they do, what are they good at?
• Identify difficulties / needs – what’s stopping them reaching their goals?

Writing the outcome:

• An outcome is the benefit or difference made to a CYP as a result of an intervention. Does your outcome detail what will it ‘give’, ‘do for’ or ‘make possible’ for the CYP?
• Don’t mix outcomes with provision – provision is what must be provided to meet the CYP’s needs so that the outcomes can be achieved.
• An outcome must be Specific, Measurable, Achievable, Realistic and Time bound (SMART). Vague outcomes with unclear timescales make it difficult to track progress, leading to drift.
• Be specific about what you would like to see the CYP doing or achieving by a specific review date.
• Outcomes should be written in clear, unambiguous language which is accessible for parents, carers and CYP wherever possible

Test your outcome:

Good outcomes will do at least one of the following:

• Build on something that is working well.
• Change something that doesn’t work well.
• Move the CYP towards their aspirations.

See Appendix B for examples of outcomes.
9. Provision (Section H of EHC plan)

Provision detailed in Section H of the plan is divided into two categories, based on the legal status of the provision and the need it meets under the Chronically Sick and Disabled Persons Act 1970 (CSDPA), the Children Act 1989 or the Care Act 2014. Guidance on recording different types of provision is detailed below, but if you are in any doubt please consult the Code of Practice or discuss with your team manager in the first instance.

Where provision listed in Section H is jointly funded, provide details of the funding arrangement.

H1 – Social Care provision NEEDED under Section 2 of the CSDPA.

- If a ‘need’ can be met with the provision of the types of services listed in a-h below, the Local Authority must decide whether it is ‘necessary’ for them to meet this need (in determining this, the Local Authority may consider the family’s circumstances, including the situation of the parents and the needs of other children in the family).
- Once a CYP and their family have been assessed as eligible for support under the CSDPA the Local Authority has a specifically enforceable duty to provide them with services to meet their assessed ‘need’.
- Services assessed as required under CSDPA must be provided or commissioned by the Local Authority regardless of resources.
- The CYP must be under 18 years old.
- Provision should be detailed, specific and quantifiable (e.g. type, hours, frequency of support and level of expertise required).
- Do not include any support provided via Direct Payments – this goes under H2.

Services specified under CSDPA are:

a) Practical assistance in the home (e.g. with personal care or eating);
b) Provision or assistance in obtaining recreational and educational facilities at home and outside the home (e.g. after-school clubs, play schemes, non-residential short breaks);
c) Assistance with travel to access facilities in the community;
d) Help with special equipment and adaptations to the home;
e) Facilitating the taking of holidays;
f) Meals at home or elsewhere;
g) Provision or assistance in obtaining a telephone and any special equipment necessary;
h) Non-residential short breaks (included in H1 on the basis that the child and parent will benefit from short break).

Exceptions: Any provision listed above provided as short-term support due to current circumstances e.g. short-term school holiday support, support whilst a parent is unwell, support after a child has an operation etc. is provided under Section 17 of the Children Act 1989, and therefore should be written under H2.
H2 – other social care provision REASONABLY REQUIRED under the Children Act 1989 or the Care Act 2014.

a) Provision reasonably required (which may have been identified through early help/universal services).
b) Provision reasonably required identified in CIN, CP or LAC plans (but not included in H1). This could also include detail about frequency of social worker and Independent Reviewing Officer (IRO) visits, care plan reviews, core group meetings, and placement details (if relevant).
c) Overnight short breaks and services provided to CYP under 18 years old arising from their SEN but unrelated to a disability.
d) Support delivered via Direct Payments (NB: This may be subject to change during the currency of this guidance. The Council for Disabled Children is still seeking clarity around this area).
e) The Adult Care and Support Plan for young people eligible for adult care support under the Care Act 2014 should be incorporated into Section H2.

All provision in H1 and H2 must be agreed by Children’s Social Care and include the date when the provision will next be reviewed or will cease.

10. Appendices

Consider whether it would be relevant or proportionate to share any other support plans for the CYP with the agreement of the family, for example:

- Moving and handling plan
- Behaviour management plan
- LAC care plan (following discussion with IRO)
- Short Break care plan
- Family Group Conference plan.

11. Report writer

- The SEND Team request advice and information from Social Care as part of the EHC process, which is based on statutory processes and timescales. Responses from report writers are therefore time critical.
- Practitioners must provide their response within six weeks of the request, using the ‘Social Care Needs Report for EHC Assessment’ template.
- Practitioners must prioritise attendance at EHC planning meetings, so they can contribute to the planning process.

12. Sharing your Report

- It will rarely be appropriate to share an entire assessment or care plan as they contain sensitive family information and history (as well as information about parents, siblings and others) which are likely not relevant for the purposes of EHC planning. Report writers must use professional discretion about the relevance and usefulness of information shared as outlined in this guidance.
- Practitioners must use the ‘Social Care Needs Report for EHC Assessment’ template when providing information and advice as part of the
EHC Needs Assessment process.

- Practitioners **must** discuss and share their Report with young person and/or their parents or carers, and gain written consent using the ‘Agreement to Share Personal Information’ template within the Report.
- When a CYP is in need of protection, consent to share information remains desirable but is not essential.
- Your completed Report will form an attachment to the EHC plan and therefore it is critical make the CYP and their parent or carer aware of this prior to obtaining their consent.
- Practitioners must send their completed report to the SEND Team **within six weeks of the request.** Any pot

**13. Further advice and support**

If you require further advice or guidance about completing your report, or advice and information about the SEND reforms or EHC planning, please go to the [Local Offer](#) website where further policies, advice and guidance is published. This document is part of a suite of guidance documents, which form our approach to delivering services across the local area.
# Appendix A - Completed Example

## Social Care Needs Report for EHC Assessment

<table>
<thead>
<tr>
<th>1. Child or Young Person’s details</th>
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</thead>
<tbody>
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<td>Address</td>
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<tr>
<td>Who has parental responsibility (if child is under 18 years)</td>
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</tr>
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</tr>
<tr>
<td>Date closed:</td>
</tr>
<tr>
<td>Children's Services Social Care – Specific Team:</td>
</tr>
<tr>
<td>Date closed:</td>
</tr>
<tr>
<td>Adult Social Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Has child or young person’s needs been assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of assessment</td>
</tr>
<tr>
<td>Date assessment completed</td>
</tr>
<tr>
<td>Next assessment due</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Is there a plan in place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of care plan</td>
</tr>
<tr>
<td>Date of last review</td>
</tr>
<tr>
<td>Date of next review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Needs identified (Section D of EHC plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What social care needs have been identified as a result of an assessment?</td>
</tr>
<tr>
<td>You <strong>must</strong> follow advice in <em>Guidance Note 5</em></td>
</tr>
<tr>
<td>Jay receives a package of support from the children’s disabled team, this has been in place since Jay was 10 years old. A CiN review meeting was held in May 2017 to update Jay’s support plan and Child and Families Assessment was completed in February 2018. This recommended an increase in his support because Jay’s anxiety had increased, and he was becoming more socially isolated</td>
</tr>
<tr>
<td>Jay was having frequent anxiety attaches and would bang his head with his fists or on walls</td>
</tr>
</tbody>
</table>
Jay enjoys attending his local drama group, but has recently started to need significant preparation before the group to help him manage his anxiety. His family had to spend a lot of time encouraging and preparing Jay to attend which has impacted on the time they could spend with his sisters; this became even more difficult to manage during school holidays as the lack of structure in Jay's day can make his behaviour more difficult to manage.

Jay requires a structured approach to social situations outside of school in order to reduce his anxiety. Travelling on public transportation is difficult for Jay as the crowds and unpredictable setting can heighten his anxiety. He needs to develop greater self-confidence in unfamiliar settings or with unfamiliar people.

Jay requires support with his personal care needs.

### 6. Suggested Outcomes (Section E of EHC plan)

What are the intended outcomes for the child or young person?
- Outcomes **must** be Specific, Measurable, Achievable, Realistic, Timed (**SMART**)
- Outcomes **must** be linked to the child or young person’s aspirations or needs
- You **must** follow advice in *Guidance Note 6*

1. Jay has at least two friends whom he sees outside of school times, and Jay reports being more confident in developing and maintaining friendships

2. Jay auditions for a role in his drama group’s yearly public performance in October 2020

3. Jay will tell people who are unfamiliar to him what he needs and wants, and he will use a range of strategies to remain calm in unfamiliar environments by the end of 2020

4. Jay uses public transport at least once per week by 2020

### 7. Provision (Section H of EHC plan)

You **must** follow advice in *Guidance Note 7*

<table>
<thead>
<tr>
<th>Section H1:</th>
<th>Section H2:</th>
<th>Start, review and end dates:</th>
<th>How is support, intervention or provision delivered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What support, interventions or provisions are being provided (or funded) by your service under <strong>s2</strong> of the <strong>CSDPA</strong> to achieve the outcomes detailed in (6) above?</td>
<td>What other support, interventions or provisions are being provided (or funded) by your services under the <strong>Children Act 1989</strong> or <strong>Care Act 2014</strong> to achieve the outcomes detailed in (6) above?</td>
<td>1. When did support, intervention, or provision start?</td>
<td>1. Who is delivering it?</td>
</tr>
<tr>
<td><strong>Support worker to help Jay attend his drama group</strong></td>
<td><strong>Social Services agree Direct Provision funding of support worker on 01/09/19</strong></td>
<td>2. When will support, intervention, or provision next be reviewed, or cease?</td>
<td>2. When/where does it take place?</td>
</tr>
<tr>
<td></td>
<td>Review can be requested sooner if Jay or his family’s</td>
<td></td>
<td>3. For how long?</td>
</tr>
<tr>
<td></td>
<td>Core Assets provide support for 4 hours per week</td>
<td></td>
<td>4. How often?</td>
</tr>
<tr>
<td></td>
<td>Support worker travels with Jay on public transport to and from drama group and waits for</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Needs change | Jay at the group  
Parents will schedule the 4 hours per week support directly with the Core Assets |
| --- | --- |
| Personal Assistant (PA) will take Jay out into the community to enjoy activities and broaden his social networks | Social Services agreed Direct Payments funding for a PA on 01/02/19. Next review in August 2019  
Review can be requested sooner if Jay or his family’s needs change  
Parents use DP to employ a PA 4 hours per week  
Each week PA takes Jay to local events and activities that will broaden his social networks |
| Advice and guidance for Jay and his family to use Social Stories, Now and Next, Visual Timetables etc. to help prepare and reassure Jay for unfamiliar settings or people so he is less anxious | Jay and his family are being supported to use tools: progress will be reviewed at CiN meeting in August 2019  
Social Worker liaising with school about tools they are currently using with Jay  
Social Worker explaining and exploring tools with family during home visits |

8. Appendices
If relevant, detail any additional plans you will be submitting with your report

For example:
- Moving and Handling Plan
- Behaviour Management Plan
- LAC Care Plan
- Short Breaks Care Plan

9. Report Writer
Please read Guidance Note 9 when completing this section

Name:  
Job Title:  
Team Name:  
Telephone:  
Email:  
Date this report was requested:  
Requester name:  
Date report returned to SEND Caseworker (must be within 6 weeks):
10. Sharing your report

- When child is in need of protection, consent to share information remains desirable but is not essential
- In all other circumstance consent must be gained before sharing report
- Reports must be provided within six weeks of request
- You must follow advice in Guidance Note 10

<table>
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<tr>
<th>Parent/Carer</th>
<th>Has report been discussed and shared with parent/carer?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
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<table>
<thead>
<tr>
<th>Child/Young Person</th>
<th>Has report been shared with child or young person? If not please state reason</th>
</tr>
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</table>

| SEND Team | Once consent has been given to share this report you must forward the report and any appendices to the SEND caseworker within the requested time (see Guidance Note 10) |

SEND
Education Inclusion Service
Town Hall
Weston – Super – Mare
North Somerset
BS23 1UJ

01275 888297
## Appendix B – Working towards Outcomes: the ‘golden thread’

<table>
<thead>
<tr>
<th>Aspiration</th>
<th>Need</th>
<th>Outcome</th>
<th>Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon wants to be able to play in the garden with his family and friends</td>
<td>The garden is not wheelchair accessible due to steps, so Jon ends up staying indoors a lot</td>
<td>Jon feels fully involved in family life and enjoys family BBQs because he can move around the garden independently in his wheelchair</td>
<td>Adaptations to garden to allow wheelchair access. Groundworks in garden to begin in October 2019</td>
</tr>
<tr>
<td>Jane wants to have her own flat when she leaves college</td>
<td>Jane doesn’t have the skills needed to be able to live away from her family home</td>
<td>When Jane is around 19, she will be living in accommodation that suits her needs and preferences. She will have the support she needs to feel happy and safe</td>
<td>Social Services agreed funding for Jane to attend a 14-week Life Skills training programme beginning June 2019</td>
</tr>
<tr>
<td>Jack wants to have friends to play with</td>
<td>Jack is struggling to maintain relationships because he becomes aggressive when feeling anxious, frustrated or emotionally overwhelmed</td>
<td>Jack will recognise when his feelings of frustration, fear, anxiety and anger are increasing and will be using tools and strategies to manage these feelings. If he begins to feel overwhelmed Jack will alert others so he can be supported</td>
<td>A positive behaviour plan details the provision</td>
</tr>
<tr>
<td>Janie would like to travel into town to go shopping on her own</td>
<td>Janice relies on her mother to take her into town because she is anxious about going on the bus</td>
<td>Janice will be using public transport independently at least once each month, for example, to enjoy shopping trips</td>
<td>Travel training provided by July 2017</td>
</tr>
<tr>
<td>Jordan’s parents want to feel energised to meet the care needs of all of their children</td>
<td>Parents are exhausted by their caring responsibilities due to Jordan’s complex needs. They struggle to spend quality 1:1 time with the other children because of this</td>
<td>Parents will have periods of respite whilst Jordan is at respite, to recharge their energies and spend quality 1:1 time with Jordan’s siblings</td>
<td>Funding agreed, and placement identified to ensure Jordan receives 20 nights per year at residential respite</td>
</tr>
</tbody>
</table>
5a. Template Social Care Needs Report for EHC Planning

Please refer to the guidance document for support in completing this form

<table>
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<tr>
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What social care needs have been identified as a result of an assessment?
You **must** follow advice in *Guidance Note 5*

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What are the intended outcomes for the child or young person?
- Outcomes **must** be Specific, Measurable, Achievable, Realistic, Timed (**SMART**)
- Outcomes **must** be linked to the child or young person’s aspirations or needs
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7. Provision (Section H of EHC plan)
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</tr>
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| SEND Team           | Once consent has been given to share this report you must forward the report and any appendices to the SEND caseworker within the requested time (see Guidance Note 10) |

SEND Education Inclusion Service
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BS23 1UJ

Tel: 01275 888297
Email: sen.team@n-somerset.gov.uk
6. Education Health and Care Needs Assessment in North Somerset

Revised June 2019
CONTENTS

1.0 Introduction

2.0 What support is available to children, young people and their families?
   2.1 SEN Support
   2.2 What is the graduated response?
   2.3 The Local Offer
   2.4 Independent advice and support from Supportive Parents, SENDIAS Service
   2.5 The SEN Support cycle
   2.6 Summary of the Assessment Process

3.0 Who can request an education, health and care assessment?

4.0 How will the decision be made about whether an Education Health and Care Needs Assessment will go ahead?
   4.1 The Special Educational Needs and Disability Panel
   4.2 How the panel comes to a decision

5.0 What will happen if the request for an Education Health and Care Needs Assessment is agreed?

6.0 What will happen if the request for an Education Health and Care Needs Assessment is refused?

7.0 Assessment

8.0 Decision Making
   8.1 Applying the criteria
   8.2 Children Looked After and Child Protection

9.0 What if the decision is to issue an EHC plan?
   9.1 The Joint Planning Meeting
   9.2 Involvement of the child or young person
   9.3 What might be included in my Education, Health & Care Plan?
   9.4 Personal Education Budgets

10.0 What happens after the draft plan is issued?

11.0 How and when will the final Plan be issued?

12.0 Maintaining an EHC plan
   12.1 Reviewing the EHC plan

13.0 What if the decision is not to issue an EHC plan?
14.0 Disagreement resolution

14.1 Formal Mediation
14.2 The SEND Tribunal
14.3 Health and Social Care disagreements
1.0 Introduction

This guidance sets out North Somerset’s approach to the statutory assessment of Special Educational Needs and Disability (SEND) for children and young people from 0-25, known as an Education Health and Care (EHC) Needs Assessment. It is meant as a guide for young people, parents and professionals.

EHC Needs Assessment

North Somerset’s approach to EHC Needs Assessment is based on the legislation and practice guidance included in the Children and Families Act 2014 and the Special Educational Needs Code of Practice 2014. The following principles which underpin the legislation and Code of Practice are fundamental to the approach:

1. The approach to EHC Needs Assessment is future facing

   The approach is designed to improve outcomes for children and young people with SEND. An EHC Needs Assessment can be carried out for children and young people from birth to 25 and includes planning for preparation for adulthood from the earliest stage. As part of the assessment process, medium and long-term aspirations are agreed which will raise expectations of what our children and young people can achieve.

2. The approach to EHC Needs Assessment involves ‘working with’ children/young people and their families rather than ‘doing to’

   The approach puts children/young people and their families at the centre of decision making and planning which helps us identify what is important to and important for the child or young person. There is greater recognition of the needs of families when carrying out the assessment and increased joint decision making and planning with parents and young people during the process.

3. The approach to the EHC Needs Assessment involves integrated assessment, planning and provision between services supporting children and young people with SEND.

   There is greater coordination of assessments and planning for children and young people between education, health and social care during the assessment process and for those children and young people who are issued with an Education Health and Care Plan (EHC Plan).

4. The approach to the EHC Needs Assessment of Special Educational Needs and Disability will offer personalisation for parents and young people of the assessment process and subsequent provision

   Our approach also accords with the vision and principles outlined in our Local Area SEND Strategy and the co-production charter. These have been developed with the involvement and support of parents, carers and professionals across North
Somerset. The strategy documents, along with a range of other support and
guidance can be found on our Local Offer website.

2.0 What Support is Available to Children, Young people and their families?

2.1 SEN Support

The majority of children and young people with SEND will have their needs met
within their local mainstream early years settings, schools or college through ‘SEN support’.

The Code of Practice describes SEN support as “settings taking action to remove
barriers to learning and putting effective special educational provision in place”. SEN
support consists of a four-part cycle (see below) through which earlier decisions
and actions are revisited, refined and revised with a growing understanding of the
child or young person’s needs and of what supports the child or young person in
making good progress and securing good outcomes. You may hear this called a
graduated response.

2.2 What is the graduated response?

The Children and Families Act 2014 and the supporting Code of Practice make it
very clear that early years settings, schools and colleges have to meet the needs of
all children and young people with SEN including those who do not have an
Education, Health and Care (EHC) Plan.

Actions within the Graduated Response:

- When a pupil is identified as having SEN the school must take immediate
  action. Staff must put effective SEN provision in place and ensure that all
  barriers to learning are removed.
- As soon as a pupil is identified as having SEN, their family must be informed.
  The school must then work in partnership with parents/carers, listening to
  their views and proactively involving them in decision making and planning.
- SEN provision must be reviewed at least termly, and all reviews must involve
  the pupil and their family.
- It may be decided that advice from a specialist professional is required in
  order to meet the needs of a pupil.
- SEN support and provision should be informed by the ‘assess, plan, do,
  review’ cycle (SEND Code of Practice), p100.

2.3 The Local Offer

The support which children and families need is not always provided by statutory
agencies such as the council or the NHS. In many cases, families use a range of
services in the community which provide activities, advice or support. We refer to this
network of services as our Local Offer. Many of these services do not require a
formal diagnosis, assessment or referral and are open and inclusive.
We maintain a directory of these services, alongside a range of advice and guidance documents at our Local Offer website.

2.4 Independent Advice and Support from Supportive Parents, SENDIAS Service

Supportive Parents provide the Special Educational Needs and Disability Information Advice and Support (SENDIAS service) for North Somerset. They are an independent organisation offering free, confidential and impartial advice to parents, children or any young person about SEND in North Somerset.

Contact Details
Information, Advice & Support Line
Tel: 0117 989 7725
Email: support@supportiveparents.org.uk

2.5 The SEN support cycle

If the child or young person has not made expected progress, despite the educational setting (e.g. school or post 16 establishment) having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, consideration should be given to requesting an EHC Needs Assessment of SEND.

The following flow chart outlines the steps in the EHC Needs Assessment process. There is a statutory duty on the Local Authority to adhere to the time scales outlined in the flowchart, and to issue the Final EHC plan, if agreed, within 20 weeks (See section 6.0 for further information).
**Summary of the Assessment Process**

**Weeks 1-4**

Request for Assessment brought to Local Authority’s attention and they seek information already available from school setting and professionals.

Special Educational Needs and Disabilities (SEND) Panel meet. Request from a parent, professional or young person is considered at the SEND panel against the criteria for statutory assessment.

**Request Refused**

Parent or Child/Young Person notified with right to appeal the decision.

Offer of Way forward meeting with school and family

**Request Agreed**

Decision conveyed to parents and next steps agreed.

Assessment. Professionals carry out individual or joint assessments to understand the child or young person’s needs

Assessment information considered by the SEND panel and decision to write an EHCP is taken

Not Issuing an EHCP

Sufficient Evidence for EHCP

**Weeks 5-6**

Joint Planning Meeting held, chaired by the SEN Officer.

Draft EHCP Sent to Parents. Outstanding issues about educational placement and budgets are considered at SEND panel if necessary. Requests for education setting considered

**Weeks 6-14**

Feedback following assessment plan issued

Parents discuss with SEN Officer about any changes they wish to make to draft EHCP.

Right to appeal given with regards to content or placement specified in the EHC plan

**Week 15**

Parents discuss with SEN Officer about any changes they wish to make to draft EHCP.

EHCP is Maintained and Reviewed Annually.

**Weeks 16-20**

Agree with EHCP School response

Final EHCP issued

Not Issuing an EHCP

Sufficient Evidence for EHCP

**Key**

= Process or action

= Decision

= Output

EHCP = Educational Health and Care Plan

**EHCP = Educational Health and Care Plan**
3.0 Who can request an Education Health and Care Needs Assessment?

An EHC Needs Assessment of a child or young person aged 0-25 can be requested by the following people:

- The child’s parent
- A young person over the age of 16 but under the age of 25
- A school / SENDCO or post-16 institution
- Any other person who thinks an EHC Needs Assessment may be necessary, for example a foster carer, health or social care professional or early years practitioner
- A child or young person under 19 in a youth custodial establishment

A request for an EHC Needs Assessment should be made with the knowledge and, where possible, agreement of the child’s parent or the young person.

Requests for an EHC Needs Assessment should be made in writing to the Local Authority at the following address:

**SEN Team**  
**Education Inclusion Service**  
**Town Hall**  
**Walliscote Grove Road**  
**Weston Super Mare**  
**North Somerset**  
**BS23 1UJ**

or emailed to: SEN.team@n-somerset.gov.uk

When making a request it is helpful if you provide your child/young person’s full name, DOB, education setting they are attending and a list of any professionals that currently have or previously had involvement with your child/young person.

4.0 How will the decision be made about whether an Education Health and Care Needs Assessment will go ahead?

In order to make the decision about whether an EHC Needs Assessment of SEND should be agreed, the Local Authority will carry out the following actions:

1. Write to the parents or young person to gain their consent for the assessment to go ahead if agreed
2. Request information from the parents or young person about the child/young person’s strengths and difficulties and why they are making the request
3. Request existing information from the educational setting about the child or young person’s strengths and needs, progress and SEN support put in place over time
4. Ask professionals within Social Care, Education Inclusion Service and Health for any information that they hold.

4.1 The Special Educational Needs and Disability Panel

The decision about whether an EHC Needs Assessment should be agreed will be made by the Special Educational Needs and Disability (SEND) Panel.

The SEND Panel is chaired by the SEND Manager, or, in their absence, by the SEND Operations Manager, and is attended by the following professional groups:

- SEN Officers
- School Admissions (when required)
- Senior Educational Psychologist
- School staff
- Early Years Officers
- Special School Head Teacher
- Social Care Manager
- Health Representative

4.2 How the panel comes to a decision

In order to make the decision about whether an EHC Needs Assessment will be agreed, the panel will 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’ (SEND Code of Practice, 2014).

To aid this decision, the panel will look at

a) Whether the Child/Young person has or may have special educational needs;

b) Whether it may be necessary for Child/ Young person to receive special educational provision pursuant to an EHC Plan;

c) Whether the Child/Young person is making the expected progress with the provision they are currently receiving; and

d) Whether any progress that the Child/ Young person has made has only been the result of “much additional intervention and support over and above that which is usually provided.”

5.0 What will happen if the request for an Education Health and Care Needs Assessment is agreed?

If the decision of the SEND Panel is that there is sufficient evidence to suggest an EHC Needs Assessment is needed, this decision will be communicated by letter to
the parent, young person or professional requesting the assessment within 6 weeks of the request being made.

There is a statutory duty on the Local Authority to adhere to these time scales and to issue the Final EHC plan, if agreed, within 20 weeks except in the following circumstances:

- Appointments with people from whom the Local Authority has requested information are missed by the child or young person
- The child or young person is absent from the area for a period of at least 4 weeks
- Exceptional personal circumstances affect the child or young person or his/her parent
- The educational institution is closed for at least 4 weeks, which may delay the submission of information from the educational setting

6.0 What will happen if the request for an Education Health and Care Needs Assessment is refused?

If, on considering the evidence and applying the criteria, the SEND panel agrees that there is not sufficient evidence to suggest that EHC Needs Assessment should proceed, the request will be refused. If this is the case, the Local Authority will write to the parents and/or young person within 6 weeks of the request being made. This letter will outline the decision, the reasons the decision was made and the right of appeal and avenues of support available.

It may be helpful for parents and/or the child/young person to meet with the SEN Officer responsible for the case. These are called 'Way Forward' meetings, which are designed to explain Local Authority decisions to parents, children or young people, and educational staff, provide reassurance and plan next steps. It may also be useful to consider other support and services which might assist in meeting the needs of the child and their family. Please see Section 2.3 ‘The Local Offer’ for further information.

It is recommended that parents or the young person requesting the assessment also talk to their educational setting to plan how any ongoing needs will be met without an Education Health and Care Plan. Please refer to the disagreement resolutions section for more information.
7.0 Assessment

Following a decision to start an EHC Needs Assessment, any further assessments required take place and reports and advice are submitted to the SEN Team to allow the SEND Panel to make a decision regarding the issue of an EHC Plan.

The assessment must include up to date information from professionals and others involved with the child or young person including:

- Advice and information from the child’s parent or the young person.
- Educational advice and information from the manager, head teacher or principal of the early years setting, school or post-16 or other institution attended by the child or young person.
- If the child or young person is either vision or hearing impaired, or both, educational advice and information from a person who is qualified to teach children or young people with these impairments.
- Psychological advice and information from an educational psychologist commissioned by the Local Authority. The educational psychologist will consult any other psychologists known to be involved with the child or young person.
- From Year 9 onwards, advice and information related to supporting the child or young person to prepare for adulthood and independent living.
- Advice and information from any person requested by the child’s parent or young person, where the Local Authority considers it reasonable to do so.
- Medical advice and information from health care professionals with a role in relation to the child’s or young person’s health (for instance a community paediatrician, health visitor or school nurse).
- The following information may also be sought as part of the assessment if appropriate:
  - In the case of children of members of the Armed Forces, information and advice from the Children’s Education Advisory Service.
  - In the case of a looked after child, from the Virtual School Head Teacher.
  - From the Youth Offending Service.

Where existing up to date information and advice is already available from any of those listed above, this can be accepted as the contribution to the assessment provided this is agreed by parents, child/young person and relevant professionals.

8.0 Decision Making

Once the assessment has been completed, written information provided during the assessment will be considered at the SEND Panel. The Panel will decide whether the written information provides sufficient evidence of the need to issue an Education and Health Care Plan. **This decision will be made in or before the 15th week after the request for EHC Needs Assessment has been made.** A letter will be sent to
the parent or young person outlining the decision made and giving the reasons for
the decision if an EHC Plan will not be written.

When making the decision about whether to issue an EHC Plan the SEND panel will
look at the information collated during the EHC Needs Assessment process and use
the local questions below as a guide to help make the decision:

- Whether the information collated confirms the information on the nature and
  extend of the child or young person’s SEN prior to assessment.
- Whether there is evidence that despite appropriate assessment and provision,
  the child or young person is not progressing, or not progressing sufficiently
  well.
- Whether the special educational provision made prior to the EHC Needs
  Assessment was well matched to the SEN of the child or young person or
  whether further provision is needed.

In line with the SEN Code of Practice section 9.54, in deciding whether to make
special educational provision in accordance with an EHC plan, the Local Authority
should consider all the information gathered during the EHC needs assessment and
set it alongside that available to the Local Authority prior to the assessment. Local
Authorities should consider both the child or young person’s SEN and the special
educational provision made for the child or young person and whether:

- the information from the EHC needs assessment confirms the information
  available on the nature and extent of the child or young person’s SEN prior to
  the EHC needs assessment, and whether
- the special educational provision made prior to the EHC needs assessment
  was well matched to the SEN of the child or young person

Where there is evidence that the SEN are severe and complex and there is a lack of,
or insufficient progress, and the Special Educational Provision was not well matched
to the needs, the panel will consider what further provision may be needed.
Specifically, the panel will consider:

- Whether the special educational provision required to meet the child or young
  person’s needs can reasonably be provided from within the resources normally
  available to mainstream early years providers, schools and post-16 institutions;
  or:
- Whether it may be necessary for the Local Authority to make special educational
  provision outside of this provision as identified in the assessment information.

In addition, when making decisions about whether a plan needs to be made for a 19-
to 25-year-old, local authorities must consider whether the young person requires
additional time, in comparison to the majority of others of the same age who do not
have SEN, to complete his or her education or training.
8.1 Applying the criteria

The criteria above have been drawn up to support decision making and to ensure decisions are consistent, fair and transparent. However, it is recognised that there will be times when there may be compelling reasons to deviate from the criteria in order to consider the needs of each child or young person as an individual.

8.2 Children Looked After and Child Protection

It should be noted that children placed on the Child Protection Register or Looked After by the Local Authority or with English as an Additional Language or with high ability should not, for these reasons, be regarded as having special educational needs unless the EHC Needs Assessment criteria are also met.

9.0 What if the decision is to issue an EHC plan?

9.1 The Joint Planning Meeting

The SEN Caseworker will set a date, time and venue for the Joint Planning Meeting (JPM) once an assessment has been agreed. This meeting will go ahead if the Local Authority agrees to write an EHC plan but will be cancelled if it is decided not to issue a plan. Everyone involved in the assessment will be invited to attend the JPM, including the parents and or young person. Younger children may also attend some or the entire meeting as appropriate. In these cases, the venue of the meeting will need consideration, to ensure the child does not miss more of their education than is required if the meeting is held within school hours.

The JPM will be chaired by a member of the SEN Team, usually the officer responsible for your child’s case. The aim of the meeting is to write a draft plan together which outlines the child or young person’s educational, health and care needs, the provision required to meet these needs and the aspirational outcomes which it is hoped will be reached as a result. The resulting plan will also outline whether a personal education budget is being requested for any element of the provision identified.

9.2 Involvement of the child or young person

The older the child, the greater the emphasis that will be placed on their involvement in the assessment and planning process, to ensure that a process that significantly affects their life, is done with them rather than to them. This approach is known as person centred planning.

As a child reaches 16 some rights to participate in decision-making about Education Health and Care (EHC) Plans transfer from the parent to the young person, providing they have mental capacity to do so as set out in the Mental Capacity Act 2005.
The underlying principle of the Act is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken on their behalf is done so in their best interests. Decisions about mental capacity are made on an individual basis and may vary according to the nature of the decision. Someone who may lack capacity to make a decision in one area of their life may be able to do so in another. Parents of young people can still access information, advice and support on behalf of, or with, the young person if both parties are happy with this arrangement. Where there are cases when the young person and the parents do not agree on an issue legally, it is the young person’s decision which prevails, subject to their capacity.

The great majority of children and young people with SEN or disabilities, with the right support, can find work, be supported to live independently and participate in the community by the time they reach adulthood. From Year 9 onwards, the Education Health and Care Plan must include information about the provision needed to assist the child or young person in preparation for adulthood and independent living for example, support for finding employment, housing or for participation in society.

9.3 What might be included in my Education, Health & Care Plan?

As per the SEN code of practice the format of an EHC plan will be agreed locally (North Somerset’s template can be found on the Local offer). However, as a statutory minimum, EHC plans must include the following sections,

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

**Section B**: The child or young person’s special educational needs. Which includes strengths as well as difficulties.

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

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

**Section E**: The outcomes sought for the child or the young person. This should include outcomes for adult life.

**Section F**: The special educational provision as advised by the EHC Assessment to help support the child or the young person to help them achieve the outcomes.

**Section G**: Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.

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

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

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

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

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

### 9.4 Personal Education Budgets

If an EHC Plan is issued, parents have the right to request a personal education budget. This is an amount of money that has been identified to deliver education, health or care provision where the parents or young person is involved in deciding how that provision is delivered.

Where parents or the young person are considering requesting a personal education budget, they are asked to notify the SEN Officer as early as possible in the process to allow financial and provision decisions to be made within the statutory 20-week time scale.

There are three ways in which the parent or young person can be involved in managing a personal education budget:

a) **A Direct Payment** - the family is given the money directly and uses it to purchase the support that is agreed in the plan

b) **An Organisational Arrangement** – this means that the money remains with Health or with the Council, but the family are told how much money is available and identify how the money is to be spent.

c) **An Agreed Third Party** (sometimes called a Broker) - holds the personal education budget and will manage it on behalf of the family.

Parents and young people have the right to request a personal education budget for provision agreed in an EHC Plan and the Local Authority has a duty to consider these requests carefully. Any personal education budget agreed must contribute to outcomes agreed in the plan.

In cases where families have chosen to receive a Personal Health Budget or Personal Care Budget in order to manage these aspects of their child’s care and
support, it may be possible to pursue an integrated approach. Managing multiple funding streams in this way can be complex and demanding for families and will be approached on a case-by-case basis.

**Weeks 16-20**

10.0 What happens after the draft plan is issued?

Once the JPM has been held, a draft of the EHC Plan will be sent to the parent or young person. The parent or young person then has 15 days to give their views on the draft and request any changes. The SEN Officer managing the case will be available during this period by telephone to discuss the contents of the draft EHC Plan. The Local Authority will also seek agreement for any personal education budget specified in the draft EHC Plan if this has not happened already.

During this 15-day period the parent or young person may request that a particular school, or type of school, or other institution, be named in Section I in the final plan. By law, this information cannot be recorded in the plan at the JPM or when the Local Authority issues the draft EHC Plan. Information about the schools and colleges available for the child or young person to attend is provided in North Somerset’s Local Offer.

The Local Authority has a duty to comply with the young person or parent’s educational preference unless the school or setting would be unsuitable for the age, ability, aptitude or SEN of the child or young person, or the attendance of the child or young person there would be incompatible with the efficient education of others, or the efficient use of resources (including financial resources).

When the parent or young person has expressed a preference for a particular educational setting, the Local Authority must consult with the setting by sending a copy of the draft EHC Plan and assessment reports and consider the setting’s response carefully before naming the setting in the final EHC Plan. Educational settings must respond to this type of consultation within 15 days.

11.0 How and when will the final Plan be issued?

When changes are suggested to the draft EHC Plan by the child’s parent or the young person and agreed by the Local Authority, the draft plan will be amended and issued as the Final EHC Plan as quickly as possible. This will always happen within 20 weeks of the request for EHC Needs Assessment being made. The final EHC Plan can differ from the draft EHC plan only as a result of any requests made by the child’s parent or the young person and decisions made about the school or other institution (or type of school or other institution) to be named in the EHC Plan. The final EHC Plan will be signed and dated by the Local Authority officer responsible for signing off the final Plan.
Where changes requested are not agreed, the final plan will still be issued, and the Local Authority will inform the parent or young person of their rights of appeal.

12.0 Maintaining an EHC plan

When an EHC plan is issued for a child or young person the Local Authority is accountable for the special educational provision specified in the Plan. The Local Authority is relieved of this duty, including securing a place in the school or college named in the Plan, if the child’s parent or the young person has made suitable alternative arrangements for special educational provision to be made, say in an independent school or college or at home.

Social care services have a duty to provide for the social care provision specified in the Plan which results from the child or young person having a disability. This provision will be clearly identified and labelled in the plan. Where the young person is over 18, the care element of the EHC plan will usually be provided by adult services. For health care provision specified in the EHC plan, the Clinical Commissioning Group (or where relevant NHS England) must ensure that it is made available to the child or young person.

12.1 Reviewing the EHC plan

The EHC Plan will be reviewed at least annually until it ceases. Information about the annual review process and criteria for ceasing EHC plans is made available through North Somerset’s Local Offer.


13.0 What if the decision is not to issue an EHC plan?

If the decision is made that there is insufficient evidence for an EHC plan to be issued, you will be notified in writing within a maximum of 16 weeks from the assessment request, with a clear explanation of the reason for this. In North Somerset, we also provide you with written information that summarises the child or young person’s need, what the school should aim to achieve and any recommendations for support that the school should provide. Wherever possible this document should guide the future arrangements for the child from within education, health and social care as it is based on an up to date assessment of the child or young person’s needs.

A Way Forward meeting will also be offered where an opportunity for the family, child/young person and school can meet to discuss the outcome of the assessment. It may also be helpful to consider what other support and assistance might be available – please see Section 2.3 on The Local Offer.

For other services available please refer to the Disagreement Resolution section.
14.0 Disagreement resolution

We are committed to finding local means of resolving disagreements about provision in the first instance, as this is often the swiftest way to ensure that children and families begin receiving the appropriate support. In order to resolve issues locally, the following may be considered:

‘Way Forward’ Meetings
These meetings are offered by the Local Authority so that families and school have the opportunity to meet with a member of the SEN Team who can explain Local Authority decisions. The aim of these meetings is to provide re-assurance and to work with the family and educational setting around next steps.

Mediation
There are informal arrangements that have been set up to help resolve disagreements that can be accessed by any parent of a child or young person with Special Educational Needs (regardless of whether an EHC Needs Assessment of SEN is being undertaken). Disagreement resolution can be requested at any time during the EHC Needs Assessment process from Global Mediation. They can be contacted on 0208 441 1355, or email info@globalmediation.co.uk. Website: www.globalmediation.co.uk.

14.1 Formal Mediation

Formal mediation is also available on request from Global Mediation where there is disagreement at key points in the EHC Needs Assessment process. Mediation can focus on:

- The decision not to carry out an EHC Needs Assessment
- The decision not to issue an Education Health and Care plan
- The content of the Education Health and Care plan.

14.2 The SEND Tribunal

Parents or the young person can appeal to the SEND Tribunal about key decisions within the EHC Needs Assessment process. An appeal to the Tribunal can be made regarding:

- The decision not to carry out an EHC Needs Assessment
- The decision not to issue an EHC Plan
- Specific content within the EHC Plan as follows:
  — The description of the child or young person’s SEN
  — The special educational provision to be made
  — The educational setting

The Tribunal does not hear appeals about outcomes or personal education budgets but will hear appeals about the special educational provision to which a personal education budget may apply.
Using the SENDIAS Service, disagreement resolution or mediation does not prevent a parent or young person from appealing to the Special Educational Needs Tribunal. The rights of a parent or young person are not affected and an appeal to the Tribunal can run at the same time as any disagreement resolution.

If a parent or young person wishes to appeal to the Tribunal they may do so only after they have contacted an independent mediation adviser and discussed whether mediation might be a suitable way of resolving the disagreement. If the parent or young person then decides not to engage in mediation after speaking to the independent mediation adviser, they will be issued with a certificate within three working days to this effect. If they do decide to engage in mediation, a meeting will be held within 30 days of this request being made known to the Local Authority. A certificate to this effect will be issued within 3 working days. This certificate will enable the parent or young person to lodge their appeal with the Tribunal. The appeal must be lodged within two months of the date of the decision against which they are appealing or within one month of receiving the certificate, whichever is the latest.

If the appeal is solely about the name or type of educational setting on the plan or the fact that no setting is named, the parent does not have to contact the mediation adviser prior to registering their appeal with the Tribunal. Disagreement Resolution is available in these circumstances should the parent or young person wish to make use of it.

This is a two-year Trial expanding the powers of the First-tier Tribunal SEND to make non-binding recommendations about the health and social care aspects of LA decisions concerning EHC Plans.

Appeals for health and/or social care can only be considered as part of an appeal about SEN (education)

Recommendations are non-binding on health and social care, but commissioners are generally expected to follow them – families can complain to the Ombudsmen to seek to have the decision judicially reviewed if recommendations are not followed.

Aims of the National Pilot

- Create a more holistic, person-centred view of the CYP’s needs at the Tribunal
- Bring appeal rights in line with the wider remit of EHC Plans
- Encourage joint working
- Bring about positive benefits to children, young people and parents.

This new approach will enable the Tribunal to take a more holistic view of children and young people’s needs across education, health and social care in line with EHC plans and provide a person-centred approach to decision making. It should also provide positive benefits for families and improve joint working among commissioners.
An evaluation process will run alongside the Trial, looking at implementation, outcomes for families and commissioners and costs.

**The Trial places responsibility on LA SEND teams to:**

1. Inform parents and young people of their new rights including through decision letters and the local offer
2. Contact the relevant health or social care lead about the issues raised and provide evidence to the Tribunal on their response, bringing additional witnesses to the hearing if necessary
3. Once a decision has been made, send the health or social care response to the evaluators.

**It also places responsibility on health and social care commissioners to:**

1. Attend the hearing if required
2. Respond to any request for information, such as any assessments or support provided
3. Following a decision, respond to the family and the LA within 5 weeks setting out the steps they have decided to take or why they are not going to follow the recommendation.

**This will give families new rights and they are advised to:**

1. Be clear about whether there is a health or social care issue and what the issue is
2. Receive support through Information, Advice and Support Services (IASS) and other organisations in preparation for and in attending a hearing
3. Feedback to the evaluators after any hearing or outcome

**14.3 Health and Social Care disagreements**

Parents and young people can access disagreement resolution in relation to health and social care disagreements during the EHC Needs Assessment process. These can focus on health or social care provision during EHC Needs Assessments and while EHC plans are being drawn up.

Parents and young people can also go to mediation about the health and social care elements of an EHC plan. N.B. Health and social care provision which educates or trains a child or young person is treated as special educational provision, rather than health and social care provision.
# 6a. EDUCATION HEALTH AND CARE PLAN

<table>
<thead>
<tr>
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<td><strong>Date of Birth:</strong></td>
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<td><strong>Religion:</strong></td>
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## Contents

- All about me (Section A)
- My needs (Sections B, C and D)
- How I will be supported and what the outcomes will be (Sections E, F, G and H)
- My placement details (Section I)
- My personal budget arrangements (Section J)
- Reports and people contributing to this plan (Section K)

## Education Health Care Plan Versions

<table>
<thead>
<tr>
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<td>Original Final EHC plan</td>
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Section A: All about me

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<th>How best to support me / How best to communicate with me / Engage me in decision making</th>
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My History

My Family and home life

My education

The support I have received

My Views, interests and aspirations

Parent’s Views and aspirations for their child.

Section B: My Special Educational Needs

(Details about all of the child or young person’s identified SEN must be included)

Identified strengths EHC plans should describe positively what the child or young person can do and has achieved (9.61).

Summary of Need

Learning – Description of Need

Communication - Description of Need
Social Emotional and Mental Health - Description of Need
(For Year 9 and above include Preparing for Adulthood: Participating in Society)

Physical and Sensory (Hearing & Vision) – Description of need

Independence and self-help skills – Description of need

Section C: Health Needs related to the SEND.
(For Year 9 and above include Preparing for Adulthood: Being healthy)

Section D: My Social Care Needs related to the SEND – Description of need
### Section E, F, G and H: How I will be supported and what the outcomes will be

| My special educational needs (Summary of needs - Numbered) | What will be the outcome (Section E) | Section F  
What specialist educational provision is required?  
Who will do what and how often?  
(Specify frequency and/or timescales of provision) |
|----------------------------------------------------------|------------------------------------|-------------------------------------------------------------|
| Learning  
1. | | 1) |
| Communication | | |
| Social Emotional and Mental Health  
(For Year 9 and above include Preparing for Adulthood: Participation in society) | | |
| Physical and Sensory  
(Hearing & Vision) | | |
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</tbody>
</table>
### My Social care needs
Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.

### What will be the outcome
(Section E)

### (Section H2) What specialist educational provision is required?
Who will do what and how often?
(Specify frequency and/or timescales of provision)

<table>
<thead>
<tr>
<th>Parenting / Family / Home Environment Summary of need (Numbered)</th>
<th>Monitoring of special education needs and provision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[The arrangements for monitoring of progress and review of the EHC Plan.]</td>
</tr>
</tbody>
</table>
********’s progress will be closely recorded and monitored by the school in conjunction with their home and all the professionals involved. Within two months of the date of the EHC Plan, an individual plan will be drawn up by the school and copied to Mr and Mrs ********. This will include short-term targets which will be reviewed and evaluated on a regular basis.

********’s progress will be monitored, recorded and reviewed at least annually. These reviews will be co-ordinated by the school.

********’s EHC Plan will be maintained whilst ***his/her** needs remain. Should ***she/he make significant progress, this will be discussed with Mr and Mrs ******** at the Annual Review. If ***she/he**** has made such progress, that all of ***his/her*** outcomes have been met and it is no longer necessary for the local authority to maintain his EHC Plan, consideration may be given to ceasing the plan.

**Additional special education provision**
The educational provision will be provided by the school/college/ sixth form and local authority budgets in accordance with current local authority policy.

**Section I: My placement details**

<table>
<thead>
<tr>
<th>Your placement details would appear in this box</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Section J: My personal budget arrangements

<table>
<thead>
<tr>
<th>What will the outcome be?</th>
<th>Provision / Support agreed</th>
<th>Funding source (Education / Health / Social Care)</th>
<th>Type of personal budget i.e. direct payment etc</th>
<th>Cost</th>
<th>Date agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Section K: Reports and people contributing to this plan
Reports gathered as part of the original EHC assessment.

<table>
<thead>
<tr>
<th>Name / Service</th>
<th>Who they are</th>
<th>Date of report / Assessment</th>
<th>Involved in writing the plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
### Reports used to amend plan

<table>
<thead>
<tr>
<th>Name / Service</th>
<th>Who they are</th>
<th>Date of report / Assessment</th>
<th>Involved in writing the plan?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Date of plan

A duly authorised officer of the authority
7. North Somerset Local Area
SEND Panel Terms of Reference

The SEND Panel is an integral part of the whole Education, Health and Care (EHC) assessment process. The following information describes the different functions of the panel and its background. These Terms of Reference are designed to be realistic and practical, representing the spirit and ethos of the SEND Code of Practice, 2015.

They aim to provide the right balance between helping the system to work for the diversity of children, young people and families living in North Somerset and the need for the Local Authority, NHS and Schools to carry out their duties, using robust decision making and accountability procedures.

1. Background and Functions of the SEND Panel

1.1 The SEND Panel meet on a weekly basis, including during school holidays.

1.2 The role of the SEND Panel is to consider the recommendations presented by the SEND Officers to support the Council’s decision making in respect of:

- Whether an EHC assessment is needed
- Whether an EHC plan is required following completion of assessment (see below)
- Significant changes recommended following Annual Reviews of EHC plans, for example changing the type of placement or ceasing of an EHC plan

2. SEND Panel Principles

2.1 The following principles must be considered and applied at Panel:

- The aspirations of the child and young person are central to the process
- Promotion of equality and equitability throughout the whole process including reviews and tribunals
- Timely, engagement and co-production with family has been taken to prepare the child or young person for transition at the appropriate phases, for example moving schools and moving into adulthood
- Discussions are evidence based and transparent, following consistent processes and decision making
• Using the evidence of the child or young person’s aspirations, needs and SMART outcomes, the panel will ensure services work together when jointly shared outcomes are to be met
• Safeguarding and jointly working together for positive outcomes for children and young people which help to develop their optimum independence and to stay safe

2.2 Discussion at Panel must focus on matters related to the decision to be made about the individual case before them. Wider issues about process or policy will be followed up separately as appropriate.

2.3 The SEND Programme Board is the strategic body which is best placed to make multi-agency decisions affecting policy across the Local Area, and panel members may request that the SEND Panel Chair refers issues to the board as required.

3. Chair of SEND Panel

3.1 SEND Panels will be chaired by the SEND Team Manager or, in the absence of the Chair, by the SEND Operations Manager or the Education Inclusion Service Manager.

3.2 The role of the Chair is to ensure all cases presented to the Panel are considered fairly and on their own merits with consistency in the decision making. The Chair will be responsible for ensuring that all decisions are recorded appropriately and that decisions are signed and dated.

3.3 The Chair also acts on behalf of the Education Inclusion Manager in respect of delegated budget responsibility and should ensure that all decisions are made in the best interest of the child or young person, based on the SMART outcomes identified with the child and family. Decisions also need to demonstrate they are an effective use of the Local Authority, Education and NHS resources.

4. Panel Composition

<table>
<thead>
<tr>
<th>Team</th>
<th>Position in team/agency</th>
<th>Role on panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEND Team</td>
<td>• SEND Manager</td>
<td>• Chair</td>
</tr>
<tr>
<td></td>
<td>• SEND Operational Manager</td>
<td>• Panel Member/Deputy Chair</td>
</tr>
<tr>
<td>Educational Psychology</td>
<td>Senior Educational Psychologist (SEP)</td>
<td>Panel Member</td>
</tr>
<tr>
<td>Clinical Commissioning Group (CCG)</td>
<td>Designated Clinical Officer (DCO)</td>
<td>Panel Member</td>
</tr>
<tr>
<td>Special Schools</td>
<td>Head Teacher/Principal</td>
<td>Panel Member, one Head Teacher per panel, roster basis</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Disabled Children’s Team</td>
<td>Team Manager</td>
<td>Panel Member</td>
</tr>
<tr>
<td>Early Years Team</td>
<td>Early Years Support Advisor/Consultant</td>
<td>Panel Member</td>
</tr>
<tr>
<td>Mainstream Schools</td>
<td>Special Educational Needs and Disability Co-ordinator (SENDCO)</td>
<td>Panel Member on roster basis</td>
</tr>
</tbody>
</table>

5. **Panel Observers**

5.1 From time to time, the Local Authority receives requests for colleagues to join the Panel in an observatory capacity. The local authority agrees to this in the spirit of promoting joint working, understanding and professional and workforce development.

5.2 To manage this effectively, observers must book in advance to attend by contacting the Chair of Panel.

5.3 Observers must note that the chair will not permit them to take part in any elements of the panel’s case discussions, and that they are bound by the same requirements regarding confidentiality as panel members.

5.4 The chair reserves the right to ask observers to temporarily leave the meeting should a particularly sensitive case arise.

6. **Confidentiality and Safeguarding Duties**

6.1 Panel members and observers must uphold confidentiality in all cases considered at the SEND Panel, acting in accordance with the Information Governance duties of the Local Authority and other agencies represented at the panel meeting.

6.2 Panel members will not advise on decisions about cases which they are directly involved in or where there maybe the perception of a conflict of interest.

6.3 The panel will actively work to safeguard children and young people and may in specific circumstances be required to escalate cases where it is determined that a risk to a child has been identified. In these circumstances, the chair will advise on the correct application of safeguarding policies.

6.4 Current safeguarding policies and procedures can be found via the [North Somerset Safeguarding](#) website.
7. Preparation Required Prior to Panel

7.1 In consideration whether an EHC assessment should take place or whether an EHC plan should be issued, the relevant SEND Officer will present their recommendations for the Panel's consideration via the appropriate SEND referral form.

7.2 This will be sent to the Case Co-ordinator who will add cases to the agenda by midday of the Friday before Panel. A copy of the agenda will be circulated to the nominated representatives attending the next meeting.

7.3 The Panel must be provided with confirmation and evidence that all of the relevant assessments and reports have been shared with and analysed by the SEN Officer, including a copy of the draft EHC plan where relevant.

8. Reviews and Quality Assurance

8.1 SEND Panel members offer advice and recommendations that enable the Local Authority decision to be made by the Chair of the Panel. Every effort will be made to reach consensus on each case but the final responsibility for decisions where agreement cannot be reached will lie with the Chair.

8.2 Annual Reviews
Annual Reviews will be shared with the Panel. Based on the child or young person's aspirations, needs and outcomes, any changes made to their plan will be considered by the Panel including:

- What the changes are and why
- What options have been explored to meet the child and young person’s needs
- What are the cost implications and how may these be met by working jointly across education, health and care, pooling or sharing resources as appropriate
- Where the recommendation is to cease the plan, evidence is supplied that all appropriate parties have given their consensus at the annual review

8.3 Reviews of SEND Panel operation and process
The Local Authority SEND Panel is designed to promote equality in respect of decision making. Comments and feedback are welcome at any stage and should be addressed to the SEND Manager. Minor amendments to the operation of Panel which do not impact on the due processes being followed and compliance with legislation, can be made by agreement with the Education Inclusion Service Manager.

8.4 These terms of reference will be reviewed and agreed at the start of each academic year by the panel at the first available meeting.
8.5 **Quality Assurance**
To ensure quality and consistency of decision-making, a report on the activity and operation of the panel will:

- form an annual review of the Panel’s operation, undertaken by the SEND Manager prior to the start of each academic year.
- be included in the SEND Manager’s contribution to the Local Area Annual Self-Evaluation, which will be presented to the SEND Programme Board.
- be shared with North Somerset Parent Carers Working Together with the local SENDIAS, Supportive Parents

9. **Further Advice and Support**

9.1 These terms of reference should be read in conjunction with our guidance documents, which form our approach to delivering services across the local area.

9.2 Further advice and guidance regarding the local policies, procedures and services in North Somerset are published via the [Local Offer](#) website.

1. Introduction

The Code of Practice, 2015 states, ‘the EHC needs assessment and plan development process should be supported by senior leadership teams monitoring the quality and sufficiency of EHC needs assessments through robust quality assurance systems.’

This document describes North Somerset’s response to the Code of Practice and includes information on the processes it uses to measure and monitor the quality of the EHC needs assessment process and EHC plans (EHCP) for children and young people with SEND (0-25)

It describes the roles and responsibilities of those involved in assuring the quality and consistency of assessment practices, robust oversight of processes and clear responsibility for ensuring that learning from this oversight improves the experience for children and families.

Although the responsibility for ensuring that the processes described in the Code of Practice are correctly operated rests with the Local Authority, we expect all managers across education, health and care services in North Somerset to ensure that an audit process as described below is in place to support the effective management of their team’s performance and practice. It is a guide for other services and organisations to:

- Assure children and young people and their parents that contributions to the EHC needs assessment and planning processes are quality assured by contributing services and organisations
- Use the learning from audits and reviews to improve the quality and consistency of assessments for all children, young people and parent carers
- Ensure that the system promotes the achievement of outcomes for children and young people with SEND

2. Audit Process: Roles and Responsibilities

To provide robust quality assurance, we will operate an audit process as described below. In recognition of the varying structures of organisations and teams across the Local Area, we have described these roles generically.
The Practitioner – responsible for cooperating fully and reflecting on their practice in the audit process, for committing to resolve any issues or learning areas identified, and for ensuring that the child or young persons’ voice is reflected in all assessment work undertaken.

The Team Manager – responsible for selecting cases for audit, reviewing the file and discussing the case with the practitioner. Will create an audit form for each case and will log issues or learning, assisting the practitioner to resolve them where appropriate.

The Service Leader – will assure themselves that audits are being undertaken, by sampling audit forms for review or via discussion with Team Manager in Supervision. Will support the Team Manager in resolving exceptional issues but is also able to escalate complex or multi-agency issues or share learning more widely via the SEND Programme Board.

The SEND Programme Board – will discuss resolution of exceptions and will be responsible for ensuring learning is shared across the Local Area. The Board will not normally consider individual audits in detail, but should receive an annual report on audit activity, alongside any issues which are raised for resolution during the year and an analysis of the impact of audit on improving quality of assessment work. Ideally, this report would be incorporated in the Annual Self-Evaluation document.

The SEND Programme Board is attended by strategic leaders and service leads from Education, Health and Social Care. They represent teams and organisations that work and support children and young people with SEND across the whole age range of 0 to 25 years.

A sample form for recording Quality Assurance audits across all organisations in the Local Area is provided in Appendix 2.

3. Management Information and Impact Evaluation

Alongside the Quality Assurance process, we will develop a programme of regular management information reports on quantitative performance indicators. These reports will assure organisational leaders and the SEND Programme Board that:

- The quality assurance process is effectively sampling and monitoring the EHCP assessment process
- Information and advice required to complete EHCP assessments is submitted in line with the Code of Practice timelines
- EHCPs assessments are completed within Code of Practice timelines, and any delays are analysed to understand the reasons and potential improvements which may be required to prevent further occurrences.

Additionally, we are committed to better understanding the ways in which our work improves the lives of children, young people and their families. To this end, our Annual Self-evaluation process challenges teams and strategic leaders to:
• Describe how information gathered through assessment, feedback and audit work is used to understand the impact support is having on the child’s outcomes
• Respond to feedback and learning to develop improvements to their ways of working when required

Our Annual Self Evaluation (ASE) is carried out between March and May each year. The self-evaluation is based on the contributions of managers and leaders who commission and provide services across the local area and includes input from the Local Authority and NHS services as well as partners such as Parents’ Groups.

The information gathered in the ASE, including information gathered from the quality assurance process, is used by members of the SEND Programme Board to understand the impact services are having on the outcomes of children and young people. Professionals self-evaluating their services in an open and transparent way, will strengthen their partnerships and the experiences which children and families tell us about will contribute in the shaping of services, planning future developments, joint commissioning and co-production.

4. Compliments and Complaints

Each organisation within the Local Area will have arrangements for monitoring compliments and complaints received from parents, carers, children and young people. They will also have processes in place for feedback from other professionals and experts. Commissioned services should always be required to share this feedback as part of contract monitoring mechanisms and as part of the quality assurance processes of those commissioning the service.

Management information reports supporting the quality assurance process will draw on evidence from complaints, compliments and feedback from contract monitoring across all services in the Local Area.

5. Parent Carer Feedback

In line with our SEND Strategy’s Principles ‘we will ensure that voices of children and their families are the centre of everything we do’ and ‘we will be clear, open and honest with all our audiences.’

Therefore:

• All services must have robust mechanisms in place to gain feedback and experiences of children, young people and parent carers and for these to inform service planning, improvement and redesign. This will be a two-way process of information sharing.

• On the completion of the EHC assessment and planning process, parent and carers are asked to complete a feedback form about their experience. This information will be used to improve practice and processes. This will be shared with parent and carers.

1 North Somerset Special Educational needs and Disability Strategy 2019-2022, Principles 1 and 4
Appendix 1 - Education Health and Care Plan Quality Assurance Process

The following flow chart represents the escalation of information and the shared learning which comes from having effective quality assurance and clear communications.

Child, Young Person, Parent or Carer
Practice
Team or Service Manager
Service Leader
SEND Programme Board
## Appendix 2 – Quality Assurance Audit Form

### EHC Multi-Agency Quality Audit Form

<table>
<thead>
<tr>
<th>Date of Audit:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Auditors</th>
<th>Name of Child / Young People</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Agency</th>
</tr>
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<tbody>
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### Ratings: **Criteria:**

- **R** Not met: Little or no evidence in plans sampled to show this standard in place.
- **A** Partially Met: Some evidence that sampled content meets standards.
- **G** Fully Met: Sampled content meets expected standards.

### PART ONE: EHC Needs Assessment

<table>
<thead>
<tr>
<th>Rating:</th>
</tr>
</thead>
</table>

There is a clear record of consent to share information from parent/carer or young person

Information submitted by Education is in the correct format, structured appropriately to be cross-referenced with EHCP

Information submitted by Health is in the correct format (H1 form), structured appropriately to be cross-referenced with EHCP

Information submitted by Care is in the correct format, structured appropriately to be cross-referenced with EHCP
The information and advice provided by Education professionals is clear, accessible and specific

The information and advice provided by Health professionals is clear, accessible and specific

The information and advice provided by Care professionals is clear, accessible and specific

**Overall PART ONE Rating:**
Areas/themes identified to inform development

**PART TWO: Education Health and Care Plan (EHCP) Rating:**

<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan is clear and written in a way that is easy to understand</td>
</tr>
<tr>
<td>It is clear that the advice obtained through the assessment has informed the plan</td>
</tr>
<tr>
<td>The plan promotes the young person’s independence</td>
</tr>
<tr>
<td>For those in Year 9 and above, the plan is clear about preparing them for adulthood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section A: Child/Young Person’s Interests, Views &amp; Aspirations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child/young person's views and aspirations are included</td>
</tr>
<tr>
<td>It is clear that the child/young person is speaking for themselves</td>
</tr>
<tr>
<td>It is clear how the child/young person was supported to communicate their views</td>
</tr>
<tr>
<td>The child/young person’s view relates to the information received as part of the EHC assessment process</td>
</tr>
</tbody>
</table>
The plan includes a short summary at the beginning about the child/young person

<table>
<thead>
<tr>
<th>Section A: Parent/Carer’s Views and Aspirations for child/young person</th>
</tr>
</thead>
<tbody>
<tr>
<td>The parent/carer’s views and aspirations for their child/young person are included</td>
</tr>
<tr>
<td>The parent/carer’s view relates to the information received as part of the EHC assessment process</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B: Special Educational Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan identifies the child/young person’s strengths</td>
</tr>
<tr>
<td>The plan includes the special educational needs that have been identified through the assessment</td>
</tr>
<tr>
<td>The plan includes a clear picture and is reflective of all special educational needs that are documented to explain why the plan is needed</td>
</tr>
<tr>
<td>Reference to any health and care needs show how this is impacting on the child/young person’s SEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C: Health Needs which relate to their SEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan identifies the child/young person’s strengths</td>
</tr>
<tr>
<td>The plan includes the health needs that have been identified through the assessment</td>
</tr>
<tr>
<td>Where appropriate, the plan states that no health needs relevant to SEN are identified</td>
</tr>
<tr>
<td>Where appropriate, the plan states that needs can be met through the Universal/Local Offer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section D: Social Care Needs which relate to their SEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan identifies the child/young person’s strengths</td>
</tr>
<tr>
<td>The plan includes the care needs that have been identified through the assessment</td>
</tr>
</tbody>
</table>
Where appropriate, the plan states that no care needs are identified

**Section E: Outcomes**

The plan lists the outcomes sought for the child/young person

The outcomes reflect the aspirations of the child/young person

The outcomes specified in the plan are SMART (Specific, Measurable, Achievable, Realistic, Time bound)

There is clear ‘read across’ to Section F

The plan includes the steps to achieving outcomes

For those 14+, the plan refers to outcomes which will prepare the child/young person for adulthood

**Section F: Special Educational Provision**

The plan specifies the special educational provision to be made for the child/young person

The special educational provision is specific, detailed and quantified

It is clear how the type and level of provision will support the outcomes sought

The plan is clear about any modification to National Curriculum and is quantified

**Section G: Health Provision**

The plan specifies the health provision to be made for the child/young person

The health provision is specific, detailed and quantified

It is clear how the type and level of provision will support the outcomes sought

Provision describes support and services rather than referrals

**Section H1: Social Care Provision (under Section 2 CSDPA 1970)**

The plan specifies the care provision to be made for the child/young person
The care provision is specific, detailed and quantified

It is clear how the type and level of provision will support the outcomes sought

**Section H2: Social Care Provision (required because of LD or disability resulting in SEN)**

The plan specifies the care provision to be made for the child/young person

The care provision is specific, detailed and quantified

It is clear how the type and level of provision will support the outcomes sought

**Section I: Placement**

The plan names the early years/school or post 16 setting where the child/young person is placed

**Section J: Personal Budget**

The plan identifies the personal budget

The plan specifies the particular provision to be secured through a personal budget

**Section K: Advice and information used to inform the plan**

There is a list of those who have contributed to the plan

Advice has been received by all relevant professionals

**Sign Off:**

The plan is signed and dated by a relevant local authority officer

**Overall PART TWO Rating:**

Areas/themes identified to inform workforce development
<table>
<thead>
<tr>
<th>PART THREE: Feedback Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Rating:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Overall learning points including any recommended actions:</td>
</tr>
</tbody>
</table>

Foreword

This guidance is part of a suite of documents outlining our Education Health and Care Planning and Assessment processes which have been co-produced by families and professionals. It clearly identifies the role each professional will play in supporting Annual Reviews for a child or young person with an Education Health and Care Plan. It also describes a shared timeline to ensure children and young people experience efficient, timely and effective reviews which support them in making their views known.

Annual Reviews are generally most effective when led by the education institution. Schools, colleges and early years settings know the child or young person best, will have the closest contact with them and their family and will have the clearest and most current information about progress and next steps. We recognise however that there may be exceptional circumstances where it will be more appropriate for the review meeting to be held by the Local Authority. This guidance will help to clarify the role of schools and colleges and the expectations on other professionals from health and social care in contributing to the review process.

Part One – Annual Reviews - A guide to working together

1. Background

This guidance aims to provide an overview of the key duties which apply to the Local Authority (North Somerset Council), schools and other education providers as set out in the Children & Families Act 2014 s44¹, Special Educational Needs and Disability Regulations 2014² and the SEND Code of Practice 2015. This guidance should be read in conjunction with the Code of Practice 2015³ and references to specific paragraphs are used to support specific duties and requirements throughout.

In North Somerset Annual Reviews are part of the continuous cycle of assess-plan-do-review referred to in ‘The Graduated Response in North Somerset’ document. The Annual Review is more than just a statutory process: it is a unique opportunity for everyone supporting a child or young person to come together to celebrate progress, solve problems and plan for the future. The first Annual Review meeting must be held within 10 months of the date when the original EHC plan was issued, with the process being completed fully within 12 months of the same date.

Although it is the Local Authority’s responsibility to ensure that Annual Reviews take place in a timely manner, it is usual practice in North Somerset for elements of the process explained below to be delegated to schools or other education settings.

2. Who is this guidance for?

The Code of Practice states: ‘Professionals across education, health and care must co-operate with local authorities during reviews.’ This guidance explains what is expected of us all to ensure children and young people receive timely and effective Annual Reviews with shared outcomes which develop to support their changing needs and aspirations as they grow to adulthood.

It explains the roles, responsibilities and commitment of all who may be involved and who contribute to the child’s Education, Health and Care Plan Annual Review. This includes, but is not limited to:

- early years settings
- schools
- colleges
- out of county schools who educate North Somerset children and young people
- independent specialist education providers
- health and social care support and provision
- health commissioners, often represented by the Designated Clinical Officer

The guidance will help children, young people and their parents/carers to understand what the Annual Review process looks like and how they can contribute to these.

3. What is the purpose of the Annual Review?

The Code of Practice is clear that Annual Review meetings must focus on the child or young person, and particularly:

- their progress towards achieving the outcomes specified in their EHC plan
- their identified medium and long-term outcomes are still appropriate in meeting their emerging needs

Annual Reviews must be undertaken in partnership with the child or young person and their parent, considering their views, wishes and feelings throughout the process. Section 9.167 of the Code of Practice states, as well as monitoring progress towards outcomes, the Annual Review should:

- Gather and assess information so that it can be used by early years settings, schools or colleges to support the child or young person’s progress and their access to teaching and learning
- Review the special educational provision made for the child or young person to ensure it is being effective in ensuring access to teaching and learning and good progress
- When appropriate, review the health and social care provision made for the child or young person which has been stipulated within their plan and review its effectiveness in ensuring good progress towards outcomes.
- Consider the appropriateness of the EHC plan continuing in the light of the child or young person’s progress during the previous year or changed circumstances, whether changes may be required including any changes to outcomes, provision, educational setting
- Set new medium-term outcomes for the coming year and where appropriate, agree
new long-term outcomes

The Annual Review should also capture any further actions required such as referrals to other agencies, stating who will carry this out and by when. Further information can be found in the SEND Code of Practice from page 194. An independent view can also be found in Supportive Parents Annual Review Guidance.

4. When will annual reviews take place?

It is the responsibility of the local authority to ensure that the statutory Annual Review process is followed and that a child or young person’s Education, Health and Care Plan is reviewed at least once each year. However, as children under five years of age have a faster pace of growth and development during their early years, the Annual Review should take place every three to six months.

It is especially important that Annual Reviews take place to inform key transitions in a child or young person’s education and journey to independence. The Code of Practice identifies key transfer dates for Annual Reviews, these are:

<table>
<thead>
<tr>
<th>Key Transfer</th>
<th>When the review must be held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years child moving to school</td>
<td>Autumn term in the academic year prior to starting school</td>
</tr>
<tr>
<td>Year 1 child in infant school</td>
<td>Summer term of Year 1, one year prior to transfer from Year 2 to Year 3</td>
</tr>
<tr>
<td>Year 6 child</td>
<td>Autumn term of Year 6, one year prior to transfer from primary to secondary school</td>
</tr>
<tr>
<td>Year 11 young person</td>
<td>Summer term of Year 10 or Autumn term of Year 11, one year prior to transfer from secondary school</td>
</tr>
<tr>
<td>Post 16</td>
<td>Summer term, one year prior to end of current placement</td>
</tr>
</tbody>
</table>

5. What are the Local Authority’s responsibilities?

In North Somerset a child or young person’s education setting will usually arrange the Annual Review on behalf of the local authority. With those children under the age of five years, the Local Authority’s Special Educational Needs & Disability Team (SEND Team) will work with the early years setting to arrange the annual review.

At least two weeks before the beginning of each term:

The Local Authority provides every educational setting with a list of all the children or young people they have on roll who will require an Annual Review meeting within the coming term. These lists indicate which reviews must particularly be focused on transition and preparation for adulthood.

The local authority also provides a list of children and young people with EHC plan reviews in the coming term to the Clinical Commissioning Group via the Designated Clinical Officer (DCO). This will enable health professionals to plan attendance at review meetings and/or provide advice or information where necessary.

At least six weeks before the Annual Review meeting:
The school, education setting, or college will send an invitation to the local authority and other relevant professionals including a request for information template. When the child is attending an Early Years setting, the SEND Team will support the setting to arrange the meeting.

Two weeks before the Annual Review meeting:

The school or college will collate the responses from professionals, children/young people and their parents and carers and send the completed draft Annual Review document to the SEND Team in the local authority and to others who will be attending the meeting or have contributed to the Annual Review.

The Annual Review meeting:

Will be attended by those who are providing support, advice and guidance for the child or young person as well as their parent or carer and the child or young person. Representation from the local authority SEND team will depend on the needs of the child or young person. Often it is not necessary for a member of the team to attend, however, if they are requested and it is appropriate to, they will attend or contribute to the meeting.

Within two weeks following the Annual Review meeting:

The school or college will forward to the SEND Team the completed annual review report including all of the views received and expressed at the meeting.

Within four weeks following the Annual Review meeting:

The Local Authority must decide whether it proposes to:

- Make no changes to the existing EHC plan; or
- amend the plan; or
- cease to maintain the plan.

The Local Authority will then notify the child’s parents or the young person and the school and other professionals who attended the review meeting.

Where amendments to the wording of the EHC Plan are proposed, the local authority will confirm this decision in writing and advise when the Proposed Amended EHC Plan will be issued.

Where amendments are made, the child’s parent or carer, or the young person has at least fifteen calendar days to comment and make representations on the proposed changes.

If the Local Authority decides not to amend the EHC plan or decides to cease to maintain it, it must notify the child’s parent or carer, or the young person of their right to appeal the decision and what the time limits and support is available for doing so.
6. Annual Reviews for children under the age of 5

The Local Authority should consider reviewing an EHC plan for a child under the age of five at least every three to six months. This is to ensure the provision continues to be appropriate for the child.

These additional progress reviews should complement the duty to hold annual reviews, with the review meeting potentially being streamlined, if appropriate, as it may not necessarily require the attendance of the full range of professionals. Attendance should focus around the needs of the child.

The Local Authority may ask early years settings to convene and hold the review meeting in some circumstances (Code of Practice 5.46).

As with statutory Annual Reviews, the child’s parents must be fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the First Tier Tribunal at all stages.

7. Early or Additional Reviews

There may be times where it is appropriate to hold an early or an additional Annual Review. These might be appropriate when:

- A child or young person is new to the Local Authority.
- Due to unforeseen and significant changes in a child or young person’s special educational needs and/or the suitability of their educational resourcing and/or placement needs to be reviewed
- Where there are significant concerns about the progress a child or young person is making against the outcomes specified in their EHC plan
- The educational placement named within their EHC plan is at risk
- Where a child with an EHC plan has been released from custody (Code of Practice, 9.170)

8. The views of children, young people and their families

The child or young person and their parents and carers must be invited and supported to contribute their views, wishes, aspirations and feelings. This should include their view of the current arrangements and provide an opportunity for them to discuss changes which they may want to be made to the EHC plan. This is particularly important where an early or additional review results from a change in circumstances or risk to a current placement. They should be included in the distribution of review paperwork to enable them to comment on or raise issues at the review meeting with confidence, and in good time to allow them to seek additional support or advice if they feel it is necessary.

The local authority recognises that when an early or additional review is required, then it may not be possible for the timelines set out in the remainder of this document to be followed. However, relevant and up to date information, progress data and supporting evidence from involved professionals, the educational setting, child or young person and parents is still required, and should still be circulated prior to the meeting to allow all parties to review the evidence and prepare adequately for the review.
9. What are Schools and Colleges responsibilities?

The process for preparing for the Annual Review meeting is clearly defined in the Code of Practice Section 9. The following describes this in further detail. You will see how this part of the process links the responsibilities of the local authority, health services and social care services.

At least two weeks before the beginning of each term:

The local authority will notify schools and colleges of all the children and young people they have on roll who will require an Annual Review meeting within the coming term, to assist in planning the activity needed to prepare for and hold the meeting.

Ideally a minimum of six weeks before the planned review meeting:

The school or college will send out invitations and the Annual Review Template to professionals for them to complete. Invitations will also be sent to the parents, along with the Annual Review Parent/Carers Template.

This notice period will enable the parents and professionals to plan attendance at the Annual Review meeting, and to provide advice or information about the child or young person where necessary. To ensure attendance, it may be necessary for the school or college to contact families and certain professionals in advance and negotiate an agreed date with them. There is an expectation that all relevant professionals contribute to the annual review.

Before issuing the invitations and request for information, schools and colleges need to establish who has legal parental responsibility. It cannot be assumed that it is necessarily the person who the child or young person refers to as ‘mum’ or ‘dad’. For a Child in care, confirm this with the child or young person’s social worker prior to the EHC plan review. There are many important people in a child or young person’s life. however, it is the person(s) with legal parental responsibility who should be invited to the EHC plan review and it is their views and aspirations which should be gathered.

At the time of inviting parents/carers to the review, it is important to ask them who they would like invited at the meeting so that the school or college know who to contact on behalf of the family.

The Code of Practice (9.176) states that, when a child or young person attends a school or other institution, the following people must be invited to their Annual Review:

- The child or young person
- A child’s parent(s) or carer(s)
- A young person’s parent(s) or carer(s) if appropriate
- A representative of any other educational setting the child or young person attends
- A local authority SEN Officer – a representative from the local authority should be invited to every Annual Review meeting. However, it is not always necessary for a representative of the local authority to attend if progress is being made as
expected. Local authority officers will prioritise attendance at Annual Reviews.

Consideration should also be given to inviting other when appropriate, such as:

- A representative from any Health services provided to the child
- A local authority Social Care representative (this may be a Social Worker, Family Support Worker or Occupational Therapist for example. It may also include a colleague from the Adult Transitions Team)

- Others such as:
  - A worker from the Youth offending team
  - A Job coach
  - A representative of the child or young person's next educational setting

It is not necessary for schools and colleges to invite professionals who have not had recent involvement or who are not currently involved with the child or young person, though a written contribution may still be helpful if there has been involvement with the child or young person during the period under review.

Many children or young people do not specific have health or social care needs identified within their EHC plan. Therefore, schools and colleges should use their discretion when considering whether to invite a health or social care professional to a review meeting. It may be more appropriate for health or social care to send a written contribution to help support the annual review process, but it is recommended that they use the supplied template in order to support the review process fully.

Gathering the information required:

To populate the Annual Review paperwork, all those contacted by the school or college will be expected to provide data and evidence which needs to include:

- All appropriate educational information and reports
- The Latest EHC plan
- Evidence of the cycles of assess-plan-do-review which have taken place since the last EHC plan review
- Progress against outcomes in the child or young person’s EHC plan, including any evidence of short-term progress towards achieving longer-term outcomes
- Evidence of the impact of interventions, including information on what support and resourcing the child or young person receives and the impact this has had on the child or young person’s progress towards their outcomes
- Information from all professionals who have contact with the child or young person on a regular basis
- Progress data over at least three years where available.
- National attainment levels
- Attendance data
- Any other information or evidence in order to complete in full all sections of the Annual Review form
At least two weeks before the Annual Review meeting:

The school or college will send out a draft Annual Review report based on information received, enabling all involved to read it before the meeting. This will assist attendees in preparing for the meeting, allowing them to contribute fully and to highlight relevant points for discussion.

The information sent to all those invited will be copies of:

- the child or young person’s contribution to their EHC plan review
- the parental contribution to the EHC plan review
- the reports provided by all the professionals invited to the EHC plan review meeting
- the education provider’s report
- the data and evidence of progress

Electronic copies of a child or young person’s EHC plan are available upon request by emailing SEN.team@n-somerset.gov.uk. This may be used if you need to copy and paste some parts of the document directly on to the EHC plan review form. Please do not alter any excerpts from the agreed EHC plan.

Is this the same for Children Looked After?

Education settings and Local authorities should be particularly aware of the need to avoid any delays for children looked after and must carry out the EHC needs assessment in the shortest possible timescale. Addressing a looked after child’s special educational needs will be a crucial part of supporting the stability of their placement.

The Care Planning Regulations\(^4\) specify the frequency with which Care Plans are to be reviewed. It is important to ensure the annual review of an EHC plan coincides with one of the child’s Care Plan reviews. This may also be undertaken as part of the review of a child’s PEP which feeds into the review of the wider Care Plan. However, it is vital that the annual review is held at least annually. SEND Officers will prioritise attendance at annual reviews for those children who are in care and where the local authority maintains the EHC Plan.

It may also be necessary to invite additional responses to the Annual Review document, and to the review meeting (Code of Practice, 10.7), for example:

- The Designated Teacher for Looked After Children
- The Independent Reviewing Officer

Social Workers, The Virtual School and SEN teams will need to work closely together to ensure that transitions from being looked after to returning home are managed effectively and to ensure continuing provision.

10. What are Health professional’s responsibilities?

Health professionals must co-operate with the Local Authorities during reviews (Code of Practice, 9.169). To support this, a list of upcoming Annual Reviews will be shared with the CCG at least two weeks before the start of each term. If the child or young person has health outcomes noted in their EHC plan, then the appropriate health professional will be expected to contribute to the Annual Review and follow the process laid out in the Code of Practice.

There is a section specifically about health needs which relate to special educational needs in the Annual Review template. There is a clear expectation that a relevant Health professional will complete this section in every case. Only if a child or young person has no identified health needs which relate to their special educational needs detailed in the EHC plan is a health professional not expected to contribute.

Amendments to a health outcome in the EHC plan can only be made by the appropriate health professional. Any amendments must be provided in writing by the health professional and a copy attached to the EHC plan Annual Review template.

11. What are the Social Care professional’s responsibilities?

Professionals in Social Care must co-operate with local authorities during reviews (Code of Practice, 9.169). They will be expected to provide information based on their review of the social care outcomes in the child or young person’s plan. They will be expected to evaluate the impact of the care provision provided for the child or young person, and to ensure any necessary services have been provided5.

There is a section in the Annual Review template specifically about social care needs which relate to their special educational needs. When completing the template, it is important that social care colleagues consider our local guidance on EHCPs (Code of Practice, 10.17).

If a child or young person does not have any social care involvement which relates to their special educational needs, then the social care professional is not expected to contribute.

Amendments to a social care outcome in the EHC plan can only be made by an appropriate social care professional. Any amendments must be provided in writing by a social care professional and a copy attached to the EHC plan Annual Review template.

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Part Two – A guide for professionals in using the Annual Review Template

Use of the Annual Review template will enable young people, parents, carers and professionals to focus on what the impact of their support has had on them in meeting their outcomes. It will also help all to focus on what changes are required for the child or young person’s needs to continue to be met.

This section looks at things to consider during this time period and ways to complete the Annual Review template. It has been designed to be used to inform those attending the Annual Review meeting what things they may need to consider about the individual children and young people.

Schools or Colleges must send the Annual Review template to invitees at least six weeks before the meeting. Those invited and who have been involved with the child or young person must complete this document. Additional information and amendments can be made following discussions held at the meeting itself.

As Annual Review reports are statutory documents, it is important that schools and colleges confirm the personal details are up to date and correct and that it is clear who has parental responsibility. This is especially important for children under the age of 16 or young people over the age of 16 who have been assessed under the Mental Capacity Act 2005 and who do not have the capacity to make a decision about their education (Code of Practice, 8.19).

For young people 16+ the school or college should seek clarification direct from the young person as to whether they wish parental views to be recorded as part of their EHC plan review. Clearly record this preference within the EHC plan review paperwork.

For children and young people in care, the school or college should contact the Social Worker in the first instance to check that the local authority has legal parental responsibility and gather their views and aspirations. It should also be established with the Social Worker whether it is appropriate for the school or college to directly contact either of the child or young person’s parent/s. If the Social Worker consider that it is not in the best interests of the child or young person for you to make contact this needs to be clearly stated with in the Annual Review paperwork.

Foster carers may have some delegated responsibilities, but do not have legal parental responsibility. As important people within a child or young person’s life, requests may be made to invite them to the Annual Review meeting and record their contribution within the EHC plan review paperwork, but please make it clear whose contribution are being recorded.

For Children in Care, the Virtual School Headteacher must also be invited to the Annual Review meeting.

If changes are proposed in light of the child or young person’s progress, give consideration to ensuring the appropriateness of those changes. This would include any changes in circumstances of the child or young person and whether the proposed changes reflect ways to meet their needs and outcomes better.
If the changes are recommended at the annual review, this will be done by annotating the EHC plan so that it is clear what changes are being requested.

During this process consideration needs to be given as to whether the child or young person’s needs can now be met at SEN support and whether or not the EHC plan needs to be maintained or ceased. When making this recommendation, it is helpful to consider whether the remaining outcomes require provision over and above what could reasonably be delivered in a mainstream school.

If the recommendation is for an EHC plan to cease as the child/young person has met their outcomes, then this should be viewed in a positive light as it reflects the effectiveness and the impact of the support and provision which has been put into place and is recognition of the progress a child or young person has made.

**This should be discussed with the child/young person and their parents.**

**Requests for a Personal Budget:**

These may be made by a young person or a child’s parent. They have the right to request a personal budget statement during the Annual Review process. This information will be collated and forwarded to the young person or the child’s parent, by the local authority, following receipt of the Annual Review paperwork.

Further information on personal budgets will be provided in the Personal Budget Guidance which will be updated shortly.

**Travel arrangements:**

Travel and transport need to be reconsidered in light of the progress a child or young person might have made over the previous year. Enabling a young person to travel to and from their educational placement with increasing independence (where appropriate) can be an extremely positive experience for them and represents one way in which professionals can support them in preparing for adulthood.

The Annual Review will also consider transport options. In most cases, the current arrangements should continue. Where changes to the child or young person’s profile means that the transport support is no longer appropriate, it should be recorded if an updated transport journey care plan is required and you will be responsible for actioning this. Where a house move results in a change in transport entitlement, this should be recorded and discussed with the Integrated Transport Unit, North Somerset Council.

For further information please read [North Somerset Home to School Transport Policy](#).

**Placements:**

Placements need to be discussed with the young person to ensure they are continuing to meet their needs. Professionals need to detail on the template why any changes are required and what steps have been taken to remedy any issues that may make the placement unsuitable. This may include consideration with the young person around the possibility of a dual placement between a special school and a mainstream school. Or if a
young person is currently attending a special school, would it be appropriate for them to return to a mainstream setting on a full-time and permanent basis?

Throughout the whole of the Annual Review process children, young people and their parents and carers views need to be listened to and considered. They may have specific ideas relating to their placements, such as:

- Transfer between phases of education
- What is important about the next placement for the child or young person
- What is important about the next placement for the parent or carer

Prior to the Annual Review meeting parent and carers will need guidance and sign posting as to what options are available to them. They may need time prior to the meeting to schedule and arrange visits to local educational settings so they are able to make an informed decision if changes are being proposed.

When discussing the options available with the child and their parents, or the young person, all professionals must take care that they do not explicitly recommend one particular provision or one particular type of provision. This can unintentionally create false expectations.

The local authority will always try to take into account a young person’s or their parent’s preference, but this isn’t always possible or appropriate. In the first instance the local authority will aim to place a child or young person in the educational setting closest to where they live; that can appropriately meet their special educational needs.

Post 16 considerations:

This section of the template must be completed for students with an EHC plan whose review is held in the summer term of Year 8, and for all students who are Year 9 and above (Code of Practice, 8.21). At least one outcome must be completed for each of the following areas:

- Education, training or employment
- Independent living
- Participating in society
- Health

Preparation for the Annual Review for these young people should also start to include conversations and planning regarding:

- the young person’s interests and skills in and out of education
- options and choices for next phase of education
- employment dreams and aspirations. Have they changed since their last EHC plan review meeting?
- Start, or continue the conversation about paid work

Good exit planning:

This is required if the young person is leaving education or training in the twelve months following their review. Information relating to the planned support, provision and outcomes
should be agreed with the young person and shared at their Annual Review meeting. This is to ensure the smooth transition to whatever the young person will be doing next, for example moving to higher education, employment, independent living or adult care.

For those aged over 18:

The local authority must have regard to whether the educational or training outcomes specified in the EHC plan have been achieved.

The young person’s future education, training or employment aspirations should be the starting point to identifying what their curriculum needs to look like. Part of the discussions with the young person should be about identifying and putting into place work experience options. Information should be shared via the Annual Review template on what local post 16 options are available including employment, internships, apprenticeships, traineeships, Further and Higher Education, 6th form, self-employment etc.

Related outcomes may include:

- Exploring possibility of a part time weekend or holiday jobs
- Determining who in the young person’s local community or support network could support their career plan?
- Identifying who will provide career guidance and help the young person
- Developing a career plan. When will this happen?
- Starting preparation for job seeking e.g. CV, interview techniques/ practice
- Identifying support required within employment
- Signposting to support/information available on the Local Offer including benefit entitlement to support employment

Other key areas which everyone needs to consider and discuss with the young person is:

Participating in society:

- Discuss mobility and transport needs
- What social and community activities and opportunities are available and who will help them to access these?
- Are there any groups or associations in the local community that support the young person’s interests?
- Does the young person require support to develop and or maintain friendships and relationships within their wider community?

Independent living:

Further considerations when discussing and planning for future independence include:

- Record the young person’s aspirations
- Talk about and develop the skills for independence, including managing money, travel, staying away from home etc. Identify the skills that need to be developed and what opportunities the young person will require e.g. using public transport independently
- Start, or continue the conversation about where, how and with whom the young person wants to live as an adult. Identify possible options such as
• living at home, renting, home ownership, supported living, independent living etc.
• Identify and signpost to additional/specialist support via Local Offer
• Signpost to support/information available on the Local Offer
• Young person and or family understands eligibility for adult services
• Young person and or family know benefit entitlement

Health:
• Who will help the young person understand which health professionals or services may work with them as they get older/as adults?
• Who will help the young person to know how to access and engage with primary health professionals and services, for example their GP
• How will the young person access dental care, the opticians, equipment, specialist support, prescriptions, sexual health advice etc.
• Discuss, if appropriate, the transition from specialist paediatric services to adult health care.

Joint Outcomes In North Somerset (JOINS):

A significant new addition to the Annual Review template is the use of a table to specifically track whether each of the child’s or young person’s outcomes has been met or not. This table can be found on page 9 or the Annual Review template. This will allow us to track the progress of both individual children and groups of children, and to determine how Joint Outcomes in North Somerset are a key part of the plans which all, children, young people, their parent or carer, the professionals from education, health and social care, make together. These shared outcomes will always be used to check how things are going for the child or young person at the Annual Review meeting. If things are going well, new outcomes maybe set to help the child or young person to learn new things, or all might agree to change the current ones to make sure they are right for the child or young person. We use a four-point scale and settings need to determine if an outcome has been:

• **Exceeded** - where a child has gone beyond or achieved the set outcome sooner than anticipated
• **Met** - where a child has completed what was set and at the anticipated time
• **On Track** – where the setting anticipates, with the use of smaller targets and assessments, that the child or young person will achieve the outcome at the expected level and in the set timescale
• **Not on Track** - where a child is not expected to meet the outcome or will require additional time to do so

Tips to complete page 9 of the Annual Review template:

• Outcomes can be copied and pasted from the child’s or young person’s EHC plan. Please copy and paste one outcome per box, using the exact wording of the outcome from the existing EHC plan and link it to the four themes as detailed in the North Somerset Joint Outcomes Framework.

• Progress made and impact/effectiveness of provision – using your own words, detail the progress the child or young person has made against the outcome using
the description rating included in the review paperwork. When greater or less than expected progress has been made explain why this is the case.

- Summarise and evaluate the impact and effectiveness of the support and provision which the child or young person has received over the last 12 months.

- The focus needs to be on the impact and effectiveness of the provision and support and how it has or has not enabled progress against the outcome. What has worked well? What hasn’t been effective and has needed to be replaced?

Please attach documents detailing the support and provision the child or young person has received over the last 12 months and evidence of the cycles of assess-plan-do-review that have taken place since the last EHC plan review. This should include:

- Annotated timetables showing group size and alternative access arrangements
- Reviews of short-term interim targets e.g. SEN support plan, individual education plan (or equivalent)

Please ensure that the paperwork does not contain information/images which would enable other children or young people to be identified

As with all reviews, gathering the young person’s views, wishes and aspirations needs to be done in advance of the actual meeting.

**Part Three – The Annual Review Meeting**

When the Annual Review meeting has been arranged by the school or college, it will generally be chaired by an appropriate staff member and held at the education establishment that the child or young person attends. The meeting should be held with a person-centred approach, but whatever format the meeting takes it must ensure that full involvement of the children or young person and their parents or carers is enabled. It must consider their views, wishes and feelings especially when making decisions.

The review meeting is where all the attendees are able to discuss the reports, data, evidence and information circulated prior to the meeting and raise any other points they wish to discuss. Time in the meeting is limited and needs to be used widely, so the introduction of new information which has not been circulated to be read in advance by attendees is very strongly discouraged.

The person chairing the meeting should explain clearly the purpose of the meeting, with everyone introducing themselves and explain their relationship with the child or young person and their contribution to the meeting. The chair will need to indicate any agencies involved that are not present, and that plain English without jargon is used throughout the meeting. Professionals should be particularly clear when providing information about the child or young person’s needs or levels or progress, explaining unavoidable technical terms as necessary.
To help keep the meeting focused on the child or young person, the chair needs to ensure the points below are covered and that school do not focus on how things have gone in the past year in school.

The Code of Practice tells us at Annual Review meetings we **must:**

- check if the child or young person’s aspirations have changed with a clear focus on preparation for adulthood
- take account of the child or young person’s views, wishes and feelings
- check to see if there are parent or carers’ views
- review the description of the SEND in section B, health needs in section C, and social needs in section D, also check their effectiveness in achieving good progress towards outcomes as specified
- focus on the child or young person’s education progress made towards achieving the long term (end of Key Stage) outcomes set out in the EHC plan
- identify any new needs from information received from the previous 12 months
- establish whether the current outcomes and supporting targets remain appropriate and if required agree new ones
- review the special educational provision and the arrangements for delivering it to ensure it is still appropriate and enabling good progress
- be undertaken by working in partnership (person-centred) with children and young people and their parents or carers
- check if the child or young person and the parents or carers would like to request a Personal Budget
- review any existing Person Budget arrangements and/or direct payments arrangements

It also suggests we **should:**

- agree together and set new shorter-term targets for the coming year and how this will be monitored
- review the long-term outcomes in the EHC plan and update at the end of 6 months for children in Early Years, at the end of each key stage thereafter, until Post 19 if an EHC plan remains in place
- consider the continuing appropriateness of the EHC plan against the child or young person’s progress over the past year, where a change of establishment, change in provision or change in outcomes need to be made or ceasing the plan is recommended
• review any transport arrangements to consider whether this meet eligibility and to plan for any transitions

Any request for changes with the child or young person’s placement relies upon additional information and evidence being provided from the educational setting and appropriate external professionals who have contributed via the Annual Review template.

For most children and young people, the provision specified on their EHC plan and provided by their current educational placement will successfully meet their special educational needs. If in the view of those present at the EHC plan review meeting, the current placement is not able to meet the child or young person’s special educational needs the school or college must provide the following:

• If there are any special educational needs currently not being met, then consideration will be given to what additional or different resourcing may be required to meet these special educational needs. This may be in the form of specific and additional interventions which may include the use of shared outcomes across education, health and social care.

• Evidence of this will also be required which must include recent reports from external professionals and records to show implementation of their recommendations.

• If at the Annual Review the child or young person’s special educational needs are not being met at their current educational setting, evidence will be required to show what other options have been considered e.g. a managed move, a full- time school support placement etc.

• If there is a change in placement then evidence of the impact this change would have for the child, young person and their family will be required. This must include recent reports from external professionals and records to show implementation of their recommendations.

The Annual Review is a statutory process and it is vital that the person chairing the meeting ensures the recommendations section is completed fully and the headteacher of the child or young person’s school or college signs the annual review form following the meeting.

After the meeting, remember:

• a signed copy of the review is required. Electronic signatures are preferred to enable the document to be emailed to all relevant recipients.

• read through and check both Part 1 and Part 2 of the EHC plan review form are complete.

This form must be copied and sent to all attendees of the EHC plan review meeting (including those who were invited but did not attend) within two weeks of the EHC plan review meeting.
Please use encrypted email to send all the documents to sen.team@n-somerset.gov.uk. The EHC plan review form should be sent as a Word document from the school/setting official email.
Annual Review Timeline

**2 weeks before beginning of term**
LA informs school/colleges/Early Years setting of child/children

**6 weeks before meeting**
School send out invitations and request reports

**4 weeks before meeting**
School support child/young person to share their views and contribution

**2 weeks before meeting**
School send out invitations and reports received from professionals

**HOLD ANNUAL REVIEW MEETING**

**Within 2 weeks of meeting**
School issue annual review reports to all invitees and LA

**Within 4 weeks of meeting**
LA notify young person and child’s parent carer of decision copying in schools and relevant professionals
**ANNUAL REVIEW OF EDUCATION HEALTH AND CARE PLAN**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
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<thead>
<tr>
<th>Current Address:</th>
<th>School:</th>
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<thead>
<tr>
<th>Current year group:</th>
<th>Date of Meeting:</th>
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<table>
<thead>
<tr>
<th>PLASC Need</th>
<th>Current Funding Level:</th>
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<tr>
<th>Attendance% for the previous academic year:</th>
<th>Attendance % for Current Academic year:</th>
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EHC Plans should be used to actively monitor children and young people's progress towards their outcomes and longer-term aspirations. They must be reviewed by the local authority as a minimum every 12 months. The review must also consider whether these outcomes and supporting targets remain appropriate.

Reviews must be taken in partnership with the child and their parent or the young person, and must take account of their views, wishes and feelings, including the right to request a Personal Budget.

This will help to inform North Somerset Council of what will need to be recorded into their Education Health Care plan, or the review meeting can make recommendations to cease the current EHC Plan for the following reasons:

- Where a young person is not continuing into education or training or,
- Where the EHC Plan Outcomes have all been achieved and the young person no longer requires an Education, Health and Care Plan
- We want to know what worked well over the last year and what could have been better.
- We need everyone invited to help fill out this form.
<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Present at the Review</th>
<th>Report Received</th>
<th>Invited to the Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
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</tbody>
</table>
Checklist

<table>
<thead>
<tr>
<th>Please complete this checklist before submitting the paperwork</th>
<th>Please tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you completed all sections of this review, including PLASC need and current funding levels?</td>
<td></td>
</tr>
<tr>
<td>Have you included all of the relevant reports that have been referred to?</td>
<td></td>
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<tr>
<td>Have you included comments from parents?</td>
<td></td>
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<tr>
<td>Have you included views of the pupil?</td>
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<tr>
<td>Have you agreed a recommendation at the meeting and completed the summary section?</td>
<td></td>
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<tr>
<td>Has the annual review been signed by the headteacher?</td>
<td></td>
</tr>
<tr>
<td>Is the pupil in receipt of Pupil Premium?</td>
<td></td>
</tr>
<tr>
<td>Is the Young Person Looked After?</td>
<td></td>
</tr>
<tr>
<td>If yes, specify to which local authority?</td>
<td></td>
</tr>
<tr>
<td>Is the recent PEP included?</td>
<td></td>
</tr>
<tr>
<td>For pupils in Year 9 and above, there has been a focus on Preparing for Adulthood.</td>
<td></td>
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</tbody>
</table>

**For LA use only:**

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
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<tbody>
<tr>
<td>Annual review paperwork received (date stamp)</td>
</tr>
<tr>
<td>Annual review entered on Capita v.4</td>
</tr>
<tr>
<td>Date of notification of decision (within 4 weeks of the meeting)</td>
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</tbody>
</table>

Reviews must be undertaken in partnership with the child and their parent or the young person, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.
Parent’s/Carer’s views (to be sought before the annual review meeting).

Pupil’s views on their progress and the provisions made for them

**Please use attached form or your school’s alternative**
To be completed two weeks before the scheduled Annual review and sent out to all parties.

Please describe the progress made since the last review and areas that continue to be barriers. This should include all sections of the EHC Plan including health and social care.

<table>
<thead>
<tr>
<th>Learning – Description of progress and ongoing concerns</th>
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<table>
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<tr>
<th>Communication – Description of progress and ongoing concerns</th>
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<tr>
<th>Social Emotional and Mental Health - Description of progress and ongoing concerns</th>
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<tbody>
<tr>
<td>My Independence – self-help skills, independent living skills. Description of progress and ongoing concerns</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>My Health Needs</td>
</tr>
<tr>
<td>General Health / Hearing / Vision / Physical - Description of progress and ongoing concerns</td>
</tr>
</tbody>
</table>
Pupil's attainment – THIS MUST BE COMPLETED FOR ALL PUPILS

Please provide three years of academic levels or equivalent. (Please explain levels so that it is clear whether any progress has been made or not).

<table>
<thead>
<tr>
<th>NCY Year</th>
<th>Maths Overall Levels</th>
<th>English Reading</th>
<th>English Writing</th>
<th>Science Overall Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
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<tr>
<td>NCY</td>
<td>Reading (include name of test/s)</td>
<td>Spelling (include name of test/s)</td>
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<td>Standardised score or age equivalent Please give date tested</td>
<td>Standardised score or age equivalent Please give date tested</td>
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</table>
**Short Term targets** Review the previous *interim* targets in place to work towards meeting the outcomes in the EHCP. These targets should be SMART (Specific, measurable, achievable, realistic and time limited).

| Outline the *interim targets* (to work towards meeting outcomes in the EHCP) for the coming year. These targets should be SMART (Specific, measurable, achievable, realistic and time limited) |

*In the next section you will need to link existing outcomes to North Somerset's Joint Outcome themes. Please refer to the JOINS guidance for clarification of the four areas*
<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Outcomes (quote directly from Section E of EHC Plan</th>
<th>Specify which of the four themes the outcome fits under</th>
<th>Has the Outcome been met within timescale? Using the below scale 4 = exceeded, 3 = Met, 2 = on track 1= not on track</th>
<th>Evidence for how the outcome has been rated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
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<td>Communication</td>
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<tr>
<td>Social Emotional, Mental Health</td>
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<tr>
<td>Independence</td>
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</tbody>
</table>
For Year 9 and above, include at least one outcome must be completed for:
- Education, training or employment
- Independent living
- Participating in society
- Health

Impact of provision in EHC plan on supporting the Outcomes–

What are the recommended updated outcomes, if required?
These Outcomes should be SMART (Specific, measurable, achievable, realistic and time limited) and provision needs to be specific and quantified and based on assessment needs.

<table>
<thead>
<tr>
<th>Need (from EHCP)</th>
<th>Proposed Outcome (Specify which outcome theme it comes under)</th>
<th>Proposed Provision</th>
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<tbody>
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<tr>
<td>Area of Health Need</td>
<td>Link to SECTION E of EHCP</td>
<td>Desired Outcome within EHCP</td>
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<td>---------------------</td>
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<tr>
<td>Impact of provision on supporting the outcomes</td>
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</tbody>
</table>
What are the recommended updated outcomes, if required
These Outcomes should be SMART (Specific, measurable, achievable, realistic and time limited)

<table>
<thead>
<tr>
<th>Need (from EHCP)</th>
<th>Proposed Outcome - Specify which outcome theme it comes under</th>
<th>Proposed Provision</th>
</tr>
</thead>
</table>
### Review of Social Care provision to meet outcomes in current plan

<table>
<thead>
<tr>
<th>Area of social care need</th>
<th>Link to <strong>SECTION E</strong> of EHCP</th>
<th>Desired Outcome within EHCP</th>
<th>Specify which of the four themes the outcome fits under</th>
<th>Has the Outcome been met within timescale? Using the below scale: 4 = exceeded, 3 = Met, 2 = on track, 1 = not on track</th>
<th>Evidence for how the outcome has been rated</th>
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#### Impact of provision on supporting the outcomes

#### What are the recommended updated outcomes, if required.
*These Outcomes should be SMART (Specific, measurable, achievable, realistic and time limited)*

<table>
<thead>
<tr>
<th>Need (from EHCP)</th>
<th>Proposed Outcome - Specify which Outcome Theme it comes under</th>
<th>Proposed Provision</th>
</tr>
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<tbody>
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</table>
Is a personal budget arrangement in place?

If Yes, please detail how this is supporting the child/young person to meet the outcomes in the EHCP.

Do adjustments need to be made? (Please complete separate Personal Budget Forms available from SEN team)

Views of other relevant professionals.

For young people aged over 18, have the educational or training outcomes specified in the EHCP been achieved?

Yes □ No □

For learners in Post 16 education, what is the intended destination for next academic year?

Have there been any changes to Child's or Young person’s needs that means an updated transport journey care plan needs to be completed.

Yes □ No □

Year 9 and above, have you discussed transport arrangements for Post 16 options? There should be no assumption that transport will be agreed.

Yes □ No □
### Recommendations to the Local Authority:

**Please note that these are only recommendations.** The Local Authority will make the final decision regarding any changes to the EHCP, support or placement.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Are you recommending changes to this EHCP?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes please complete the below: (If you are recommending a change of wording, please enclose an annotated copy of the existing plan with suggested changes clearly noted.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have there been any changes to the child’s Needs as specified in Section B, C or D?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, please give details and attach written reports or evidence upon which any amendments can be based</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should there be any changes to the Outcomes currently identified in Section E of the Plan? New Outcomes should be detailed in the Outcome section of the Annual review document</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Should there be any changes to the support currently identified in Section F, G or H of the Plan?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, please give details and attach written reports or evidence upon which any amendments can be based where appropriate</td>
<td></td>
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<tr>
<td>Should the local authority cease to maintain the EHCP</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Please give details, including when the EHC Plan should cease (e.g. end of the academic year).</td>
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<tr>
<td>Is the parent or young person requesting access to a personal budget?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If yes please give details: n/a</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Is there a recommendation for a change of school placement?</td>
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<td>Please explain your reasons for this recommendation:</td>
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<tr>
<td>For students in year 11 which placement options are being requested for post 16</td>
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<td>For special school placements only:</td>
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<tr>
<td>Would this pupil benefit from a dual placement with a mainstream school?</td>
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<td>Give brief reasons:</td>
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<tr>
<td>Does everyone at the review agree with the above recommendations?</td>
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<tr>
<td>If not, please provide different views below.</td>
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</tbody>
</table>
Please summarise any key action points from the review together with the person responsible. This must be someone in attendance at the review or someone whose permission you have sought prior to the review.

<table>
<thead>
<tr>
<th>Action Needed</th>
<th>Person Responsible</th>
<th>By When</th>
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Completed by

Signed by Headteacher:
Education, Health and Care Plan Review To be sent out two weeks before the Annual review with the first Section Annual review paperwork.

Annual Review – Parent / Carer’s views

<table>
<thead>
<tr>
<th>Pupil’s name:</th>
<th>Date of Birth:</th>
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</table>

**Proposed meeting date and time:**

Your views should be returned to by (date)

You are invited to provide your views before the annual review meeting. Staff and professionals from outside the educational setting who are involved in meeting your child’s needs will also be invited to provide advice. All the information received will be circulated to everyone involved before the meeting. The written advice will be used as the basis for the discussion at the meeting. If you wish to express your views in a different way please do so e.g. in a letter.

1. What is your view of the child’s progress over the last year?
2 Have there been any factors which may have affected his or her progress? For example: illness, moving house

3 Do you feel that your child’s needs have changed from the description in the EHCP?
4 What do you think your child should concentrate on in the next year?


5 Are there any particular questions you wish to discuss at the meeting?


Signed……………………………………………

Date……………………………………………….
10. Parent, Carers Quick Guide to accessing SEND support

This guide is to be further developed in partnership with families. A young person’s guide will also be developed at the same time. We would be interested in knowing if this type of document would be of interest and use to you.

‘My child needs more help in Pre-school. School or College, what do I do?’

- Through this stage of the process a representative from the education setting must support you and your child
- Write down your concerns and those of your child
- Ask what the education setting’s policy is for voicing your concerns
- Arrange to meet with the Class Teacher/Head Teacher/SENDCo to discuss concerns, include your child when appropriate
- The education setting will undertake an assessment of need
- Keep in contact with the school, they may be asking other experts to be involved, you will be notified of this and will have opportunity to contribute to those meetings
- Meet with the teacher or SENDCo to revise the plan if need be
- Use the Local Offer website for information and guidance
- Attend review meetings

‘If more support is required for my child, what can happen next?’

- A request can be made for an Education, Health and Care needs assessment of your child can be considered – this is the start of a potential maximum 20 weeks process
- Anyone can make this request, the young person (16 year plus), parent carers or professionals
- Through the following process a member of the SEND team will be your main point of contact to work with
The SEND Team will contact you and speak with you and your child

The SEND team gathers information from professionals, including school, Social Care Teams, Health Professionals such as Therapists and Education Psychologist.

Contact is also made with North Somerset Council’s Special Educational Needs Disability Children’s Team to gather information from them if they are already or have been working with you and your child

The SEND Team will contact you to inform you the request for an EHC assessment has been either agreed refused – this happens within the **first six weeks of the overall process**

The SEND Team will tell you what the options of support are available for you if an EHCP assessment is refused and will suggest who you may speak to next for support

If the request for and EHCP is agreed, then the following process **must** take place within the remaining 14 weeks

If you are not happy with the decision at this stage, you can seek mediation and/or appeal to the First Tier Tribunal

‘**It has been agreed that my child would benefit from an EHC assessment, what happens next?**’

The SEND Officer will meet with you and your child to discuss the ways forward and to share what information had so far been collected

The meeting will help you to identify any further assessments which need to take place from other professionals, including School, Educational Psychologist, Social Care and Health professionals such as Therapists etc

You may be asked to put together a profile of your child and for them to tell their story too

This information will help to identify and inform a decision to be made whether an **EHC plan is needed**

If not – the SEND Team will produce a Feedback following assessment report which will detail what support our child/young person needs at a school support level. They will also speak with you and will signpost you to other support that is available via the Local Offer [www.n-somerset.gov.uk/localoffer](http://www.n-somerset.gov.uk/localoffer)
• If and EHC Plan is needed, you and your child will be invited to meet with the professionals involved to co-produce your child’s EHC plan

• The draft EHC plan will be shared with you, *you will have up to 15 days to respond*

• Further consultation may take place between you and the SEND Team

• The EHC Plan is issued

• It will then be implemented

• The EHC Plan will be regularly reviewed every year with you, your child and professionals

*What if I don’t agree with any of the decisions made?*

• Request a way forward meeting with the SEND team and school

• Contact an independent advisor. For example, in North Somerset with have an independent **Special Educational Needs and Disability Advice Service** (SENDIAS) known as Supportive Parents. They have a support team and an information, advice and support line.

  **0117 989 7725**

  It is open from 10am through to 2pm on Monday, Wednesday and Fridays during term time, with an answer phone at other times.

  Or email: [support@supportiveparents.org.uk](mailto:support@supportiveparents.org.uk) SENDIAS will work with you through this process and any of the processes discussed.

• **Mediation** - There are informal arrangements that have been set up to help resolve disagreements that can be accessed by any parent of a child or young person with Special Educational Needs. Disagreement resolution can be requested at any time during the EHC Needs Assessment process from Global Mediation.

  They can be contacted on 0208 441 1355, or email [info@globalmediation.co.uk](mailto:info@globalmediation.co.uk). Website: [www.globalmediation.co.uk](http://www.globalmediation.co.uk)

• **SEND Tribunal** - Parents or the young person can appeal to the SEND Tribunal about key decisions within the EHC Needs Assessment process. More detailed information may be found in the Education, Health and Care Needs Assessment in North Somerset document which maybe found on the Local Offer website: [www.n-somerset.gov.uk/localoffer](http://www.n-somerset.gov.uk/localoffer)
# Glossary of Special Educational Need and Disability (SEND) Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAC</td>
<td>Augmentative and Alternative Communication</td>
</tr>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>ASC</td>
<td>Autistic Spectrum Condition</td>
</tr>
<tr>
<td>ASD</td>
<td>Autistic Spectrum Disorder</td>
</tr>
<tr>
<td>AWPU</td>
<td>Age Weighted Pupil Unit</td>
</tr>
<tr>
<td>BSL</td>
<td>British Sign Language</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CHC</td>
<td>Continuing Health Care</td>
</tr>
<tr>
<td>C&amp;I</td>
<td>Communication and Interaction</td>
</tr>
<tr>
<td>C&amp;L</td>
<td>Cognition and Learning</td>
</tr>
<tr>
<td>CP</td>
<td>Cerebral Palsy or Child Protection</td>
</tr>
<tr>
<td>CYP</td>
<td>Child and young person</td>
</tr>
<tr>
<td>DAMP</td>
<td>Deficits in Attention, Motor Control and Perception</td>
</tr>
<tr>
<td>DBS</td>
<td>Disclosure and Barring Service</td>
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<tr>
<td>DCT</td>
<td>Disabled Children</td>
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<tr>
<td>DfE</td>
<td>Department for Education</td>
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<tr>
<td>DLA</td>
<td>Disability Living Allowance</td>
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<tr>
<td>DLT</td>
<td>Directorate Leadership Team</td>
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<td>EAL</td>
<td>English as an Additional Language</td>
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<td>EFA</td>
<td>Education Funding Agency</td>
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<td>EH</td>
<td>Early Help</td>
</tr>
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<td>EHCP</td>
<td>Education Health and Care Plan</td>
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<td>EIS</td>
<td>Education Inclusion Service</td>
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<td>EPS</td>
<td>Educational Psychology Service</td>
</tr>
<tr>
<td>ES</td>
<td>Early Support</td>
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<td>EWO</td>
<td>Education Welfare Officer</td>
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<tr>
<td>EY</td>
<td>Early Years</td>
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<tr>
<td>HI</td>
<td>Hearing Impairment</td>
</tr>
<tr>
<td>HLTA</td>
<td>Higher Level Teaching Assistant</td>
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<tr>
<td>HV</td>
<td>Health Visitor</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
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<tr>
<td>INSET</td>
<td>In Service Education and Training</td>
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<tr>
<td>JC</td>
<td>Joint Commissioning</td>
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<tr>
<td>LAC</td>
<td>Looked After Children</td>
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<tr>
<td>LO</td>
<td>Local Offer</td>
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<tr>
<td>MLD</td>
<td>Moderate Learning Difficulties</td>
</tr>
<tr>
<td>MSI</td>
<td>Multiple Sensory Impairment</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>NSPCWT</td>
<td>North Somerset Parent Carers Working Together</td>
</tr>
<tr>
<td>OfSTED</td>
<td>Office for Standards in Education</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>PD</td>
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</tr>
<tr>
<td>PfA</td>
<td>Preparing for Adulthood</td>
</tr>
<tr>
<td>PMLD</td>
<td>Profound and Multiple Learning Difficulty</td>
</tr>
<tr>
<td>S&amp;L</td>
<td>Speech and Language</td>
</tr>
<tr>
<td>SALT</td>
<td>Speech and Language Therapist or Therapy</td>
</tr>
<tr>
<td>SEND</td>
<td>Special Educational Needs and Disabilities</td>
</tr>
<tr>
<td>SENDIASS</td>
<td>Special Educational Needs and Disability Information Advice and Support Service (independent service)</td>
</tr>
<tr>
<td>SC</td>
<td>Social Care</td>
</tr>
<tr>
<td>SEMH</td>
<td>Social, Emotional and Mental Health Difficulties</td>
</tr>
<tr>
<td>SLCN</td>
<td>Speech, Language and Communication Needs</td>
</tr>
<tr>
<td>SLD</td>
<td>Severe Learning Difficulties</td>
</tr>
<tr>
<td>S&amp;PN</td>
<td>Sensory and/or Physical Needs</td>
</tr>
<tr>
<td>SpLD</td>
<td>Specific Learning Difficulty</td>
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<tr>
<td>TA</td>
<td>Teaching Assistant</td>
</tr>
<tr>
<td>TAC</td>
<td>Team Around the Child</td>
</tr>
<tr>
<td>VI</td>
<td>Visual Impairment</td>
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<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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<tr>
<td>YP</td>
<td>Young Person</td>
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</table>
12. Acknowledgments

We would like to extend our thanks and appreciation to the colleagues below who have given their time, views and candour in developing and co-producing these documents and in ensuring the needs of children and young people in North Somerset continue to be at the forefront of our processes and procedures:

Anna Stangroom – Disabled Children Team Assistant Manager, NSC
Anthony Webster – SEND Manager, Education Inclusion Service, NSC
Beckie Hunt – SENCO, Windwhistle School
Carl Nicholson – ITU Manager, NSC
Heidi Ridge – North Somerset Parent Carers Working Together
Jenie Eastman – Early Years and Children’s Centres Service Lead, NSC
Karen Worthington – Weston College
Katie Park – ITU Project Manager, NSC
Kenton Mee – North Somerset Parent Carers Working Together
Liz Jarvis – Head of Individual Commissioning & Designated Clinical Officer BNSSG CCG
Mark Hemmings – Transformation Manager (Children and Maternity) BNSSG CCG
Martin Hawketts – Service Lead Adult Social Care, NSC
Natalie Newman – Education Inclusion School Organisations and Quality Officer, NSC
Gail Smith – Strategy & Policy Development Officer, NSC
Sarah Trevitt – Supportive Parents, SENDIAS Service
Su Schofield – Disabled Children Team Manager, NSC