

Leicestershire **SEND**

**Multi-Agency EHCP Training
November 2024**



Principles & Practice

N.B. Where you see these symbols, the name is the link to the relevant section of the guidance (hover over name and left click on the mouse).

Schools

SENA

Education
Services

Health

Care

Principles & Practice

On the title, hover over the word, press Control and left click the mouse to open the link to find out more

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Golden Thread

The Code of Practice tells us that “the purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood.”

But what do we mean when we talk about ‘best possible outcomes’?

To identify the best possible outcomes, we need to establish children and young people’s needs and aspirations. There should be a “golden thread” running through EHC plans, linking aspirations, needs, outcomes and provision. This then allows outcomes to be person-centred, holistic, supportive of aspirations and SMART (specific, measurable, achievable, relevant and timed).

Before we think about outcomes, we must think about aspirations. We cannot understand one without the other.

Aspirations, found in Section A of the plan, are an ambition or hope for the future. They are limitless and do not have to be SMART. They are big, broad and inherently personal and set the direction for the entire plan.

Here are some examples of aspirations:

- Jessica’s parents would like her to be able to go on trips out with them as a family.
- I’m going to go to university to study literature.
- I want to live in my own house when I grow up.
- We want Sam to be safe and happy.
- Jay wants to be a computer designer when he is older.
- I want to be a butterfly.

Aspirations

Including children and young people's aspirations and outcomes within their Education, Health and Care (EHC) plan is crucial to supporting the development of the whole child and ensuring that young people with SEND achieve their fullest potential.

The Code tells us that “when agreeing outcomes, it is important to consider both what is important **to** the child or young person – what they themselves want to be able to achieve – and what is important **for** them as judged by others with the child or young person's best interests at heart.”

The Code also stresses the importance of children, parents and young people participating ‘as fully as possible’ in decision-making.” They must therefore be central in identifying the aspirations and outcomes included in the plan.

Children, young people and parent carers should be supported to explore their aspirations and outcomes. Aspirations come first, they give us the ‘big picture’ or the ‘gold at the end of the rainbow’. Outcomes are the realistic stepping stones that get the individual closer to that aspiration, even if the aspiration seems impossible.

Aspirations - example

Here's an example of a child's aspiration appearing impossible but actually indicating a tangible outcome.

- *A SENCo was having a conversation with a young girl about her aspirations, and the girl told the SENCo that she wanted to be a butterfly.*
- *The SENCo dug down into this some more and found out that the little girl felt restricted by having a 1:1 teaching assistant with her at all times and felt that she didn't get as many opportunities to go new places or try new things as her friends did.*
- *She felt that butterflies had freedom.*
- *So the SENCo learned that although the little girl's aspiration seemed unrealistic, the outcome she wanted was not – more independence.*



Do you feel that you know the CYP?

- Section A of the EHCP is critical to developing an understanding of the child or young person. Readers of this section should have a clear sense that they are beginning to know the child or young person and what is important to them.
- The child or young person's aspirations, alongside the aspirations of their family, form the basis of identifying holistic outcomes and appropriate provision in the EHCP.
- At times, there can be challenges around gathering the views of the child or young people, but creative approaches must be used to identify this vital information.

Section A: What everybody needs to know about me

One Page Profile

My journey so far (including how I communicate)

My strengths, interests, passions and skills and the things that are important to me

This is what I want for my future

This is what my family want for my future

Other things I'd like people to know

Other things my parents would like people to know

This is the support I access within my local community, family and friends



Further information on capturing voice can be found here:

<https://resources.leicestershire.gov.uk/education-and-children/special-educational-needs-and-disability/support-for-schools/assessment-of-sen-sena>

Schools:

Hover on schools, left click on mouse to find out more about gathering views

Education Services:

Hover on education services, left click on mouse to find out more about gathering views

What are the CYP's strengths and needs?

Needs go beyond a diagnosis.

Anyone reading the plan should be able to get a good sense of the child or young person as an individual, so when writing advice, you need to be clear about what any conditions mean for that person in terms of impacting their day-to-day life and learning.

For example, a diagnosis of autism doesn't tell us very much on its own, we need to know more about how that **impacts** on the child or young person's learning, social interactions, communication and so on. It is important to stay within your professional remit, but within that remit give us much information as your able.

If we're not careful, it can be easy for this to become negative, but the Code also reminds us that "EHC plans should describe positively what the child or young person can do and has achieved", so make sure to highlight strengths and progress as well.

Schools:

Hover on schools, left click on mouse to find out more about writing strengths and needs

SENA:

Hover on SENA, left click on mouse to find out more about writing strengths and needs

Education Services:

Hover on education services, left click on mouse to find out more about writing strengths and needs

Health:

Hover on health, left click on mouse to find out more about writing strengths and needs

Care:

Hover on care, left click on mouse to find out more about writing strengths and needs

Outcomes

Outcomes included in Section E of the plan are more specific, but just as personal. The Code of Practice tells us that an outcome is “a benefit or difference made to an individual as a result of an intervention”.

The Code also tells us that “EHC plans should be focused on education and training, health and care outcomes that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood. EHC plans can also include wider outcomes such as positive social relationships and emotional resilience and stability. Outcomes should always enable children and young people to move towards the long-term aspirations of employment or higher education, independent living and community participation.”

Outcomes should balance what is important for a child or young person with what is important to them. Health, communication, social skills etc. are important for CYP, precisely because these things allow them to do what matters to them, such as having friends, having fun and gaining independence.

It is important that outcomes are personal and ‘not expressed from a service perspective’. They should outline what needs to be achieved by the end of a phase or stage, which is usually 2 or 3 years.



Further information on outcomes can be found within the podcast section:

<https://resources.leicestershire.gov.uk/education-and-children/special-educational-needs-and-disability/support-for-schools/assessment-of-sen-sena>

Preparation for Adulthood

Preparation for Adulthood (PfA) outcomes should be included for all children but must be included from Year 9 onwards.

8.9 - High aspirations about employment - must ensure the relevant services provided help young people prepare for adulthood.

8.11 - Local authorities must ensure that the EHC plan review at Year 9, and every review thereafter, includes a focus on preparing for adulthood.

Planning must be centred around the individual and explore the young person's aspirations and abilities.

What they want to be able to do when they leave post-16 education or training and the support they need to achieve their ambition.

Transition planning must be built into the revised EHC plan and should result in clear outcomes being agreed that are ambitious and stretching and which will prepare young people for adulthood.



[NDTi PfA Tools](#)

[Helen Sanderson Associates](#)

[Council for Disabled Children](#)

Shaping holistic outcomes

We have said previously that the child, young person and/or their parent carers should be supported to identify the outcomes that they want to see. Advice givers have an opportunity to shape and refine these draft outcomes. We shouldn't expect children, young people or parent carers to write nice, tidy SMART outcomes for us; their versions will probably be much vaguer. But advice givers can and should use their expertise to help refine and define these outcomes.

Here's an example.

Jessica is 6 years old and has complex needs. Her father has expressed that his aspiration for her is to have a happy, fun childhood with a positive future. He has also expressed that Jessica has very poor-quality sleep, which means she is often very tired and struggles to join in with things that she enjoys. He thinks that if Jessica slept through the night, she would be more able to have a happy, fun childhood, so that's a good outcome for Jessica's plan.

But 'have better sleep' isn't a SMART outcome, it's a 'sought' one. We need more information to SMARTen it up. So, when Jessica's Occupational Therapist receives the request for advice with this draft outcome written in it, she can use her expertise to give more definition; she writes 'sleeping through the night = 6 hours sleep, 5 nights a week'. She feels that this is challenging but achievable for Jessica in the next two to three years. The OT hasn't written this outcome on Jessica's behalf, but she has shaped it.

The difference between outcomes and targets

Language can be confusing, so the Council for Disabled Children also makes a distinction between outcomes and targets.

- We have already said that outcomes must be holistic and last a phase of stage (2-3 years)
- Targets, on the other hand are shorter term and service-specific.
- They are more likely to be what is important for the child or young person rather than what is important to them.

SENA:

Hover on SENA, left click on mouse to find out more about writing outcomes

Education Services:

Hover on education services, left click on mouse to find out more about writing outcomes

Health:

Hover on health, left click on mouse to find out more about writing outcomes

Care:

Hover on care, left click on mouse to find out more about writing outcomes

Recommending provision

If the description of needs and their impact tells us where a child or young person is now, and the outcomes tell us where they want to be in 2 or 3 years, recommendations for provision tell us what will help them to get there.

Again, it's really important here that you stay within your professional remit; you have one piece of the jigsaw puzzle for this individual, and your colleagues in other teams and services have the remaining pieces.

It is also really important that your recommendations are 'specific and quantified'. For Education colleagues, this is a legal 'must', and for Health and Social Care this is a legal 'should'. Clarity at the advice stage results in a clearer plan at the end. It also means that plan writers do not have to come back to you for more information, or worse, guess what you mean.

Your job as the advice giver is to recommend the provision that you believe will best meet the child or young person's needs and support them to achieve their outcomes. You should therefore make your recommendations on that basis and not be limited by the provision available locally. It might feel uncomfortable, but if the provision you recommend is not currently available, that will have to be addressed in a separate commissioning discussion and is beyond your remit as an advice giver.

SENA:

Hover on SENA, left click on mouse to find out more about provision

Education Services:

Hover on education services, left click on mouse to find out more about provision

Health:

Hover on health, left click on mouse to find out more about provision

Care:

Hover on care, left click on mouse to find out more about provision

Audience - who will be reading the EHCP?

When we think about writing advice, we also need to think about who is reading the advice and why, so that we can write it in a way that makes sense to and is useful for them. As so many different people are involved in writing and implementing an EHCP, we need to take them all into account. This includes:

- The child, young person and/or their parent carers
- School staff implementing the advice
- Local authority staff, such as SEN Case Officers
- Other professionals across Education, Health and Social Care.

It is really important to remember that others reading the plan will have different levels of understanding and experience, so think carefully about the terminology you use.

The Code tells us that “EHC plans should be clear, concise, understandable and accessible to parents, children, young people, providers and practitioners. They should be written so they can be understood by professionals in any local authority.”

So, ask yourself, will your advice make sense to someone who doesn't have your training or experience?

Top tips for writing advice

- Keep your writing clear, simple and as jargon-free as possible.
- If you have to use a technical term, explain what it means in plain English.
- Be as specific as possible. Words like 'regular', 'frequent', 'access to' and 'opportunities for' don't give us the full information. Does 'frequent' mean daily, weekly or monthly? What does 'access' look like?
- Give detail, as long as it is within your professional remit and it is relevant.
- At the same time, be concise. Avoid unnecessary historical information, and double check that the provision you are recommending is relevant to an EHCP (i.e. that it is 'additional to, or different from, that made generally for others of the same age')
- All writing should be logically organised and grammatically correct

Schools

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Graduated Response

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Completing an EHCNA

3

Gathering Views

4

Strengths and needs

Graduated Response

The SEND Code of Practice states:

- 4.35 The school-specific information should relate to the schools' arrangements for providing a graduated response to children's SEN. It should elaborate on the information provided at a local authority wide level in the Local Offer.



[Inclusive Practice Toolkit](#)

The toolkit provides guidance for parents/carers, schools, and local authorities on a common set of expectations about what schools should be doing to meet the needs of children and young people with SEND, and where they can get additional support in Leicestershire.

[Learn more about the Inclusive Practice Toolkit](#)



Identifying pupils with SEND



Different levels of support



External support



Assess, Plan, Do, Review





Education, Health and Care Plan (EHCP) and annual reviews



Frequently asked questions and upcoming changes

Completing an EHCNA

The form to request an EHC needs assessment (EHCNA) along with other information can be found on the Local Offer within the [SENA](#) pages.



Request for EHC Needs Assessment

This form is for use for all requests to assess children and young people aged 0-25 and, subsequently, there may be sections that are not relevant and can be left blank. Please only include information relevant to the child/young person this request for assessment is for and in an age appropriate format.

Name of C/YP	<input type="text"/>	School/Setting	<input type="text"/>
Date of Birth	<input type="text"/>	Unique Pupil Number	<input type="text"/>
NC Year group	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		
Parental Responsibility (Name)	<input type="text"/>	Relationship to Child	<input type="text"/>
Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Religion	<input type="text"/>	NHS Number	<input type="text"/>
First Language	<input type="text"/>		<input type="text"/>
My (Parent/ Carer) Name is	<input type="text"/>	Social Care Status	<input type="text"/>
I Live With	<input type="text"/>	If Other, Please Specify	<input type="text"/>

Please give a brief summary statement for why you are requesting an EHC Needs Assessment

EHCNA - Gathering Views

Leicestershire County Council places great value on the voice of the child, particularly to find out about their future aspirations (whatever their age), to be the golden thread that brings together the different sections of the Education Health and Care plan.

The SEND Code of Practice 9.5 says that 'EHC plans should be forward-looking documents that help raise aspirations and outline the provision required to meet assessed needs to support the child or young person in achieving their ambitions. The EHCP should explain how best to achieve the outcomes sought across education, health and social care'.

A discussion on Preparation for Adulthood should also be included, particularly for those in Year 9 and above.

9.60 For CYP preparing for transition to adulthood, the outcomes that will prepare them well for adulthood and are clearly linked to the achievement of the aspirations in section A.

Further information on different approaches to capturing voice is available on the [SENA webpage](#).

Views of Child / Young Person

How would you describe yourself?		Please add a photo of the child/young person of a picture that is important to them:
How do other people describe you?		

	In School/Setting	Out of school/Setting
What do you enjoy?		
What do you not enjoy?		
What are you good at?		
What do you find difficult?		
What helps you to overcome these difficulties?		
What extra help would you like?		

What are your hopes for the future?	
What steps do you need to take to achieve them?	

I completed this activity with:	
They helped me by:	

Family Conversation

What do the family feel are the child's / young person's strengths?

Any other information relevant to this child/young person and this request?
(tip: Think in terms of support received, people their child/young person knows and likes, why the things they think are good in their child/young person's life are working well)

Click or tap here to enter text.

What do parents/carers want for this child / young person in the future?
(tip: parents' aspirations, dreams and hopes, try to relate back to strengths and skills)

Is there any additional support the family may find helpful?

What do the parents/carers think is working well and needs to stay the same? (This could be in school, support from Social Care or from Health Services):

Support currently in place	What is this support achieving	Who provides this support	How often does this happen

What do parents/carers feel isn't working well and how does it need to change?

What my child/young person needs help with	What could be put into place	Who would provide this (this could include family and friends)	What would be the intended outcome

EHCNA- Strengths & Needs

9.2 The purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. To achieve this, local authorities use the information from the assessment to:

- provide a full description of the child or young person's special educational needs and any health and social care needs

Description of Needs	
Please identify the student's primary area of need. If they have a secondary area of need you can indicate with numbers (delete red text)	
Cognition and Learning	<i>You may put numbers to indicate primary and secondary area of need.</i>
Communication and Interaction	1
Social, Emotional and Mental Health	2
Physical and Sensory Needs	<i>Or you may describe in more detail here for example: pupil has profound hearing loss</i>

Diagnosis (if known)	
Cognition and Learning	
Strengths	Needs
Communication and Interaction	
Strengths	Needs
Social, Emotional and Mental Health	
Strengths	Needs
Physical and Sensory Needs	
Strengths	Needs

Attainment data		
Current Attainment Data e.g. ELGs, reading and writing, maths, speech and language, non-verbal reasoning, Boxall, Goodman's strengths and weaknesses, Cognitive Abilities Profile (CAP) and Dynamic Assessment etc Please provide a description of your school's assessment scales/ codes	Results of Assessment These should be quantified where appropriate e.g. standardised scores, percentile rank, age equivalent and year group equivalent	Who carried out these assessments and when did they take place:
Previous Attainment Data e.g. ELGs, reading and writing, maths, speech and language, non verbal reasoning, Boxall and Goodman's strengths and weaknesses etc	Results of Previous Assessment These should be quantified where appropriate e.g. standardised scores, percentile rank, age equivalent and year group equivalent	Who carried out these assessments and when did they take place

SENA

1

Golden Thread and Aspirations

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Section A – Pupil Profile

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Section B - Strengths and needs

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Section C – Health needs

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Section D – Care needs

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Section E - Outcomes

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Section F - Provision

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Section G - Provision

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Sections H1 & H2 - Provision

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Sections J and K

Golden Thread and Aspirations

This section builds on previous information from slide 4 onwards about the golden thread and aspirations and providing information on strengths & needs, outcomes and provision, so make sure you have read these sections first.



Section A - Do you feel that you know the CYP?

My Journey should include the child or young person's history, where relevant, appropriate and up to date. Advice writers should be respectful of sensitive information about both the CYP and their family.

- Dates or the age group of CYP must accompany the information to identify where there are key points from developmental historical information.
- The section must provide information of how to communicate with the CYP to support their inclusion in decision making. Where appropriate alternative means of communication have been demonstrated to capture the voice of non-speaking children and young people

The form is titled "Section A: What everybody needs to know about me" and is labeled "One Page Profile". It contains several input fields with the following labels:

- My journey so far (including how I communicate)
- My strengths, interests, passions and skills and the things that are important to me
- This is what I want for my future
- This is what my family want for my future
- Other things I'd like people to know
- Other things my parents would like people to know
- This is the support I access within my local community, family and friends

Section A

- Section A must provide a positive and holistic overview of the CYP with details including play, health, schooling, independence, friendships, further education and future plans. (CoP 9.61/9.69), so that the reader of the document can see the child or young person as an individual.
- It should be written with consistent use of the 1st or 3rd person throughout section. If written in the 1st person, whose views and opinions are being represented must be clear (CoP, 9.25)
- The CYP's long-term age-appropriate aspirations and goals are clearly stated and cover future employment, independent living and community participation (linking to Preparation for Adulthood).
- The parents' long-term aspirations and goals are clearly stated and cover future employment, independent living and community participation (linking to Preparation for Adulthood). Aspirations or goals for the future should not be limited to the short-term, e.g. Parents are concerned about their child's move to a secondary school.“
- Where the young person is over 16, their views are equal to the views of parents
- The section detailing 'Support I access within my local community, family & friends' should include an appropriate statement that relates to home-life and what the child or young person is able to do – whether with support or at their level of independence in the community.

Section A: What everybody needs to know about me

One Page Profile

My journey so far (including how I communicate)

My strengths, interests, passions and skills and the things that are important to me

This is what I want for my future

This is what my family want for my future

Other things I'd like people to know

Other things my parents would like people to know

This is the support I access within my local community, family and friends

Section B – Strengths and Needs

- Needs must be separated out and clear.
- All needs have been described factually and are appropriate for the child or young person to read in the future / understandable now.
- Diagnoses may be referenced, but the impact on education and learning must be included.
- All needs have been included under the correct type of need. Hearing, vision and physical needs should be included within sensory and physical. OT sensory needs where there is an ASD diagnosis should be included under Communication and Interaction. Self-care, independence, toileting: starting point is in Cognition and Learning if a developmental need. Would then need to consider why not going to the toilet (e.g. older children). If holding because of sensory needs, then this could be included Communication and Interaction (as a result of ASD). “
- Careful consideration of language is required, so that negative assumptions are not made, and negative terms are not used e.g. using ‘unable’ rather than ‘refuses’.
- Provision should not be referenced in this section, although the impact of provision on strengths and needs may be included (e.g., X is able to communicate when visual choice boards are used’.

Summary of SEN needs

Primary Need (COP) Category

Description of Need and Diagnosis (where known)

%s Strengths:

Cognition and Learning:
numbered for reference in below table of provision and outcomes

1	
2	

Communication and Interaction:

3	
4	

Social, Emotional and Mental Health:

5	
6	

Sensory and Physical:

7	
8	

Section C - My Health Care Needs

- If there are no relevant and ongoing health needs in relation to the CYP's special educational need, then an appropriate statement should be included within Section C (e.g., 'According to all professional advice used, X has no identified relevant and ongoing health needs relating to special educational needs or disabilities'. There may be also some reference to universal services.
- Where health needs are under investigation, it should clearly state that the CYP has been referred for a health service for assessment.
- Where the CYP has health needs which relate to their special educational needs, then the health need should be given and the impact from a health perspective is described in appropriate detail.
- Health needs should not be a narrative of events or appointments. Inclusion of any sensitive or historical information should be carefully considered and only provided when appropriate and using sensitive and respectful language.

Section C: My Health Care Needs

The Families, Young People and Children's Services, Leicestershire Partnership Trust have advised that % 's health needs related to their special educational needs are:

Diagnoses and Disabilities

Other Health Needs

Healthy Together (Health Visiting/ School Nursing) Advice

% is registered on the Child Health system and therefore has access universal provision; this is provided by the 0-19 healthy Child Team and the GP. % 's GP is based at:

Section D - My Social Care Needs

Where there is no involvement from Social Care or Early Help/ Family Help services, the section should not be left blank, but the following statement used:

There is no involvement from Social Care or Early Help with X. We have not recently received a referral or request for services, so we are not able to determine what current needs are. I have reviewed request for an Education, Health and Care Needs Assessment and the information included does not indicate needs currently requiring the support of Social Care or Early Help.

Where Social Care needs have been identified, these should be identified appropriately, explaining what the needs are and the impact from a social perspective.

A narrative of the situation should not be provided.

Inclusion of any sensitive or historical information should be carefully considered and only provided when appropriate and using sensitive and respectful language.


Section D: My Social Care Needs

Information regarding my social care needs

Social Care needs related to my disability that require provision under Section 2 of the CSDP Act 1970 for those below 18 years old:

Any other social care needs not relating to my SEN or disability (e.g. CP Plan/other involvement):

Section E - Outcomes

- See previous information on slides 9 to 12 regarding outcomes and targets.
 - There is a clear golden thread between the CYP's aspirations, their needs and what is important to them.
 - Outcomes support significant changes occurring (e.g. change of Key Stage) where appropriate.
 - Outcomes clearly link to Preparation for Adulthood outcomes (particularly when the young person is Year 9 and above).
 - If the young person is aged over 17, education and training outcomes are clearly identified.
 - Every need has a matching outcome which has been prioritised (this does not mean that every need has to have a separate outcome – outcomes can cover a number of needs as CDC recommend 3-6 holistic outcomes within an EHCP). It is, therefore, not necessary to include short-term outcomes as they can be supported at SEND support – outcomes should be at least for 2 years (depending on a key stage).
 - All outcomes must be SMART.
- 

Section F - Provision

Provision is detailed for each outcome and can be clearly correlated.

Where Health or Social Care educates or trains a CYP, this is listed in this section (e.g. SALT).

Provision is detailed and clearly says exactly what needs to be provided (specific). Provision includes the frequency, who it will be delivered by and any required experience or training.

Where flexibility is required to meet the changing needs of a child the parameters for this is clearly set out (9.69 CoP).

Modifications (differentiations) to the curriculum are clearly set out and where exclusions from the standard curriculum or course materials are required, proposed substitutions to maintain a broad and balanced curriculum are clearly set out.

Appropriate facilities and equipment required are clearly set out

The provision for Preparation for Adulthood is explicit, detailing support for education, managing any health needs, being out in the community and independence, e.g. self-care.

What goes where when it educates or trains?

The SEND Code of Practice is very clear that “Health or social care provision which educates or trains a child or young person must be treated as special educational provision and included in Section F of the EHC plan.” It goes on to highlight that “decisions about whether health care provision or social care provision should be treated as special educational provision must be made on an individual basis.”

The SEND Code of Practice goes on to use the example of speech and language therapy, which could be classed as education provision, health provision or both. However, the SEND Code of Practice recommends that speech and language therapy be classed as education provision as a rule, unless there are “exceptional reasons not to”, as communication skills are so fundamental to education.

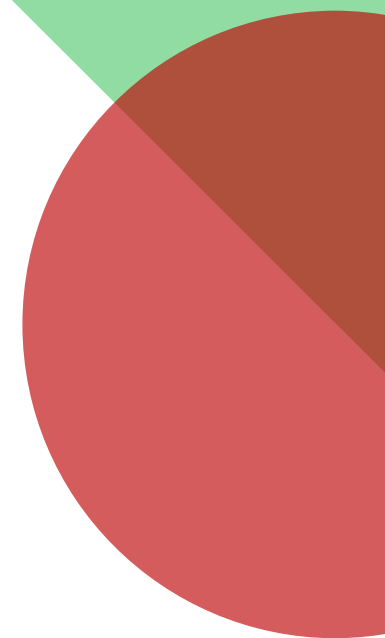
It is up to local partners to agree which section a particular element of provision sits under, if there is ambiguity.

Section E Health Outcomes

- Where there are no Health outcomes, there is an appropriate statement (e.g./ *X has no unmet health needs that require ongoing intervention from our community providers, therefore there are no outcomes*’).
- Health outcomes link directly to identified Health needs. Each Health need has a matching outcome which has been prioritised.
- Outcomes must be SMART.

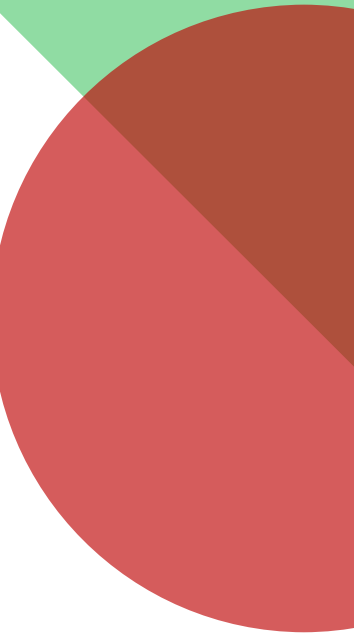
Section G

- Each health need will have an identified provision.
- Provision should be quantified and specific.



Section E - Social Care Outcomes

- Social Care outcomes are included in H1 or H2 as appropriate (see Social Care section for details)
- Where there are no Social Care outcomes, there is an appropriate statement (e.g., *Social Care records have been checked and there is no involvement from Social Care or Early Help with so there are no outstanding Social Care outcomes at this time*’).
- Social Care outcomes link directly to identified Social Care needs. Each need has a matching outcome which has been prioritised.
- Outcomes must be SMART



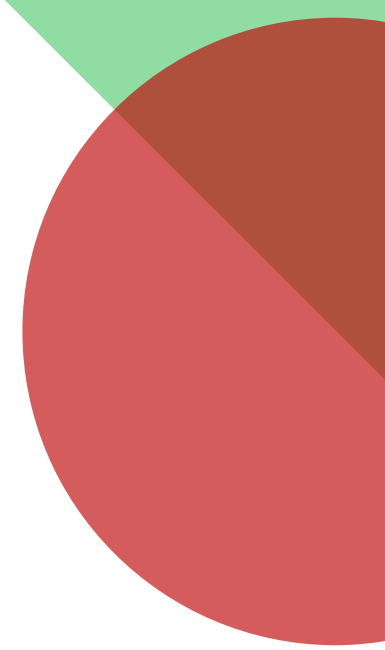
Section H1 & H2 - Social Care Provision

The reason that there are two different sections in the EHC needs assessment for Social Care provision is that each section is governed by a different piece of legislation.

- The SEND Code of Practice makes it clear that section H1 deals with provision under Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.
- Whereas H2 deals with any other Social Care provision, including the Children Act 1989 and the Care Act 2014.

To identify which section is appropriate, the starting point is to consider the age of the child or young person:

- Because of the relationship between these two pieces of legislation, H1 only applies to children and young people under 18.
- If the EHC needs assessment is for someone 18 or older, all provision goes under section H2.



Section J

- Where no personal budget has been requested there is a statement to indicate this,
- Where a Personal Budget has been requested, details of arrangements including direct payments are provided
- The special educational needs and outcomes that are to be met by any direct payment are detailed.

Section K

All advice that has been referred to within the EHCP has been included within section.
References must include:

- Request for assessment
- Statutory Educational Psychology advice
- Health advice
- Social Care advice

If the child or young person is under the care of Hearing or Vision Support Services, they are required to contribute advice.

Education Services

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Completing a request for advice

This section builds on previous information about providing information on strengths & needs, outcomes and provision, so make sure you have completed this first.

Advice and Information for Statutory Assessment

Please indicate if education, health or social care related

Name of child/young person
advice is relating to:

Date of Birth:

Address and
Contact details of
child/young person:

Please use clear, concise language that is understandable and accessible to all. The way the information has been collected should be clear e.g. in person or virtually

Advice Givers Comments	
Pupil Views	Please use quotes from the young person where possible regarding their views
Parental Views	What's important to them and what are their views regarding their <u>child</u>
Summary of Information	
Reason for involvement	Must be factual. Should include any diagnosis, if needs aren't yet clear or are evolving/ <u>changing</u>
Summary of history of involvement	This is a <u>summary</u> of the involvement with the child and include the support currently being <u>provided</u>
Assessments and observations	This is the evidence for the SEND you are the advice giver for. It should include clear assessment data where <u>possible</u>
Other agencies involved	It is helpful to include names where known Put in bold people you feel should be asked for <u>advice</u>

Please only complete the appropriate boxes below that relate to the service

Gathering Views - Child or Young Person

- Advice writers must seek views and information from the child or young person using appropriate methods, which might include observation for a very young child, or the use of different methods of communication such as the Picture Exchange Communication System (CoP 9.45).
- Some CYP will require support from an advocate where necessary (this could be a family member or a professional) to ensure that their views are heard and acknowledged (CoP, 9.69)
- Preferences about people, places and things to may form part of inferred aspirations for non-verbal CYP.
- You must provide a summary of how best to support communication and gathering of the CYP's views (e.g. through reference to the CYP's preferred communication style or through a description of how views were gathered).

Advice and Information for Statutory Assessment

Please indicate if education, health or social care related

Name of child/young person
advice is relating to:

Date of Birth:

Address and
Contact details of
child/young person:

Please use clear, concise language that is understandable and accessible to all. The way the information has been collected should be clear e.g. in person or virtually

Title	Advice Givers Comments
Pupil Views	Please use quotes from the young person where possible regarding their views
Parental Views	What's important to them and what are their views regarding their <u>child</u>
Summary of Information	
Reason for involvement	Must be factual. Should include any diagnosis, if needs aren't yet clear or are evolving/ <u>changing</u>
Summary of history of involvement	This is a summary of the involvement with the child and include the support currently being <u>provided</u>
Assessments and observations	This is the evidence for the SEND you are the advice giver for. It should include clear assessment data where <u>possible</u>
Other agencies involved	It is helpful to include names where known Put in bold people you feel should be asked for <u>advice</u>

Please only complete the appropriate boxes below that relate to the service

Gathering Views

Discussions or resources used for pupil voice should focus on:

- Preferred ways of communicating
 - Likes and interests
 - Views of school/ education
 - Aspirations for now and in the future
 - PFA Outcomes: Employment, Independent living, Community Inclusion, Health
 - An open question- e.g., is there anything else you would like to tell us about?
- Linked documents may not be reviewed, so key points or a short summary should be included (Snips)
 - Where possible we should ensure pupil views are directly reported using their words or drawing etc. Any direct voice must be clearly identified (e.g. use of speech marks)

After 16, young people have the right to make requests and decisions rather than their parents. The advice gathered should make it clear that either the young person has contributed or whether an advocate supported the contribution

Gathering Views- Parent/ Carer

- Discussions or resources used for parent/ carer voice should focus on the child or young person's:
 - **Developmental history**
 - **Likes and interests**
 - Views of school/ education
 - **Aspirations for now and in the future** (PfA: Employment)
 - Achieving independence (PfA: Independent living)
 - Friends and relationships (PfA: Community Inclusion)
 - Health (PfA: Health)
 - An open question- e.g. is there anything else you would like to tell us about?
- Where only one parent is present, consider how the views of the other parents may be gathered (*Myth of Invisible Men: Men who want to be involved are routinely excluded from services and the same structures enable those who present a risk to not be involved*).
- Use parents' name where possible - [Linda \(mum\)](#)
- Ensure parent/ carer views are directly reported using speech marks.

[Link to examples / resources?](#)

Strengths & Needs

- Bear in mind a child may read this when they are older.
- Ensure strengths are always included first (add subheading if needed).
- Use pupil's name (not initial or pronoun).
- Strengths and barriers to be broken down and presented individually, using bullet points or clear separated sentences.
- Strengths and needs are not a description of provision (X uses a laptop/ X needs visual supports). However, the CYP's responses to specific provision can be given (X responds well to using a laptop to record responses/ X finds change difficult if visual prompts to communicate change are not used).
- Make clear if the strength or need has been reported by school / parents rather than directly observed or part of your own professional judgement (school report that XX is working at age related expectations). A description of evidence for this information can be attached.
- Be aware of language which does not acknowledge the CYP's barriers to learning (XX refuses to... XX will not...), instead identify the underlying cause of behaviours (XX often finds it difficult to ... due to ..).

The Four Categories of Special Educational Need:

Cognition and Learning:			
Special Educational Need	Click or tap here to enter text.		
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom
Communication and Interaction:			
Special Educational Need	Click or tap here to enter text.		
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom
Social Emotional and Mental Health:			
Special Educational Need	Click or tap here to enter text.		
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom
Sensory and Physical:			
Special Educational Need			
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom

Outcomes

- Outcomes should be shaped by the child or young person's aspirations (Golden Thread).
- An outcome is the benefit or difference made to an individual as a result of an intervention.' (Code of Practice, para 9.66).
- There should be a clear link (golden thread) between the child's (and parental) aspirations, taking into account the strengths and barrier described.
- Outcomes should be longer term (end of KS) and link to longer term aspirations.
- 2-4 outcomes per area of need.
- Outcomes must be SMART.
- PfA should be considered for all CYP, but there must be an explicit focus from Y9 onwards.
- It is the education and training outcomes only that will help determine when a plan is ceased for young people over 18. Therefore, for young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes.

The Four Categories of Special Educational Need:

Cognition and Learning:			
Special Educational Need	Click or tap here to enter text.		
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom

Communication and Interaction:			
Special Educational Need	Click or tap here to enter text.		
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom

Social Emotional and Mental Health:			
Special Educational Need	Click or tap here to enter text.		
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom

Sensory and Physical:			
Special Educational Need			
Expected Outcomes			
Provision required to achieve the Outcomes		Frequency	By whom

Recommending provision

It is important to remember that EHCP provision is additional to, and different from what should be ordinarily available as part of quality first teaching (and funded by notional funding) and SEN support (top-up funding up to £6k).

EHCP provision should be designed in light of robust cycles of the Graduated Approach, increasingly refining the understanding of a CYP's needs. EHCP provision should set out this additional and different to provision, and not rehearse general good practice, quality first teaching in favour of remaining 'clear and concise' (CoP, 9.61)

However, there may be times where due to the nature of the child's needs, it is appropriate to include some provision which may be classed as BERA.

As mentioned previously, the Code tells us regarding Education provision that "Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where this support is secured through a Personal Budget.

"Provision must be specified for each and every need specified in section B. It should be clear how the provision will support achievement of the outcomes."

Provision

The SEND Code of Practice gives further details about what should be included in provision, where relevant:

- any appropriate facilities and equipment, staffing arrangements and curriculum
- any appropriate modifications to the application of the National Curriculum
- any appropriate exclusions from the application of the National Curriculum or the course being studied in a post-16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum
- where residential accommodation is appropriate, that fact

To help write specific, quantified provision, set out exactly what is going to happen, who is going to do it, what skills, qualifications or training they need, how often it will be made available, and when it will be reviewed. Divide the hours of professional time into clearly defined activities which address a particular need and support progress towards a particular outcome. Here is an example:

Joe (8 years old) will receive a 30-minute session twice a week focussing on developing his social use of language. The sessions will be delivered by a teaching assistant with one other child. The session programme will be developed under the direction of a Speech and Language Therapist who will train the TA in delivering the sessions. An SLT and Joe's teacher will review his progress on a termly basis and adapt the programme accordingly.

Top Tips for writing provision

When writing provision, think about:

- How the provision clearly links to the outcome
- Whether provision is 1:1, small group or embedded in daily practice – this has a significant impact on provision
- Avoiding ambiguous language (opportunities for, may be helpful to, as required)
- Providing links to resources and guidance where appropriate
- BERA/ OAP must be clearly indicated and only to be included where necessary
- Frequency- how long for, how many times a week, how many weeks?
- Defining staff experience/ training

Health

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Different Types of Provision

Completing a request for advice - Health

This section focuses on good practice in Health advice, in particular when recommending provision. This builds on previous information about providing information on strengths & needs, outcomes and provision, so make sure you have completed this first.

Providing Education advice

The Code stresses the importance of acquiring educational advice and information be from someone who has an informed view of the individual's special educational needs, and provides a hierarchy of people to provide this information, as follows:

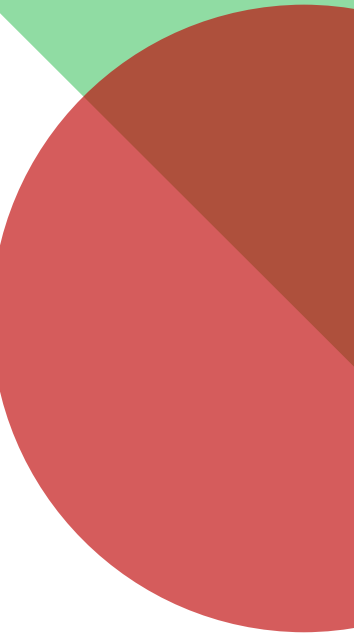
“[The local authority must seek] Educational advice and information from the manager, headteacher or principal of the early years setting, school or post-16 or other institution attended by the child or young person. Where this is not available the authority must seek advice from a person with experience of teaching children or young people with SEN, or knowledge of the provision which may meet the child's or young person's needs. Where advice from a person with relevant teaching experience or knowledge is not available and the child or young person does not attend an educational institution, the local authority must seek educational advice and information from a person responsible for educational provision for the child or young person.”

Strengths & Needs

This is what the SEND Code of Practice (9.69) says about describing Health needs in particular:

“The EHC plan must specify any health needs identified through the EHC needs assessment which relate to the child or young person’s SEN. Some health care needs, such as routine dental health needs, are unlikely to be related.

“The Clinical Commissioning Group (CCG) may also choose to specify other health care needs which are not related to the child or young person’s SEN (for example, a long-term condition which might need management in a special educational setting).”



Section C: My Health Care Needs

- If there are no relevant and ongoing health needs in relation to the CYP's special educational need, then an appropriate statement should be included within Section C (e.g., 'According to all professional advice used, X has no identified relevant and ongoing health needs relating to special educational needs or disabilities'. There may be also some reference to universal services.
- Where health needs are under investigation, it should clearly state that the CYP has been referred for a health service for assessment.
- Where the CYP has health needs which relate to their special educational needs, then the health need should be given and the impact on education and learning is described in appropriate detail.
- Health needs should not be a narrative of events or appointments.

Section C: My Health Care Needs

The Families, Young People and Children's Services, Leicestershire Partnership Trust have advised that % 's health needs related to their special educational needs are:

Diagnoses and Disabilities

Other Health Needs

Healthy Together (Health Visiting/ School Nursing) Advice

% is registered on the Child Health system and therefore has access universal provision; this is provided by the 0-19 healthy Child Team and the GP. % 's GP is based at:

Outcomes

The SEND Code of Practice also identifies that Section E (Outcomes) should also include “forward plans for key changes in a child or young person’s life, such as changing schools, moving from children to adult care and/or from paediatric services to adult health, or moving on from further education to adulthood.”

Moving from paediatric to adult health services can be intimidating for many families, and having a strong plan for this can help to ease any concerns.

Where there are no Health outcomes, there is an appropriate statement (e.g./ X has no unmet health needs that require ongoing intervention from our community providers, therefore there are no outcomes’).

Health outcomes link directly to identified Health needs. Each Health need has a matching outcome which has been prioritised.

Outcomes must be SMART.

Provision

The Code tells us regarding Health provision that Health “Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it.

“It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget.

“[There should be] clarity as to how advice and information gathered has informed the provision specified.”

These are legal ‘shoulds’ so are not mandatory but are very strongly advised. As said in Episode 2, clarity in advice results in a high-quality plan.

Here is another reminder from Episode 2: All recommendations on provision need to be based on clinical judgement, rather than being restricted to currently available services. If a recommendation is for a level or type of provision that is not available through existing service contract arrangements, then the responsible commissioner must make a decision about the process for securing this provision.

Different types of provision

We have talked a lot about provision being specific and quantified, but that means different things in different contexts. Here are some more detailed examples – this information also exists in a written resource on the [Council for Disabled Children's](#) website:

- Therapies - Where a professional is responsible for delivering a clear programme of support for a specified duration at defined intervals this should be clearly articulated in the health advice.
- Training and support - Where health professionals are working in collaboration with other professionals the health advice should be clear about what will be delivered by health professionals and what will be delivered by other professionals. Any necessary oversight mechanisms should be in place e.g delivering training to school staff to deliver health support in school.
- Specialist equipment - Advice should include clear information about the function of the equipment, where and when it should be used, how it will be monitored and responsibility for any upkeep or maintenance.
- Ongoing condition management - Where health professionals have oversight or an oversight role, clinical advice should set out how a condition is currently being managed, and explain how the care plan will be updated, with clear information about the review and update process.
- Where health professionals have discharged a child or young person from their care, having put a programme of support or training in place, the health advice should reflect this provision, not just stating they have been discharged.

Social Care & Targeted Early Help

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Completing a request for advice

Social Care and Targeted Early Help advice is often missing in the EHC needs assessment process, either left blank or with simply 'not known to Social Care.'

It is important to remember that we all have social care needs, and while the majority of us can meet them through our own choices, children and young people with SEND may need a bit more support.

The SEND Code of Practice (2014) tells us that seeking 'social care advice and information from or on behalf of the local authority' is one of the legal 'musts' in the EHC needs assessment process.

This may include information from care plans if they are already in place, but it is not the only source of information.

What is the role of Social Care and Targeted Early Help?

Throughout the course of the 20-week EHC needs assessment and planning process, there are different stages where Social Care **could** be involved including:

- A multi-agency discussion ahead of a SENA panel meeting to discuss whether the CYP meets the threshold for an EHC needs assessment. A Designated Social Care Officer (DSCO) is available to attend this panel on behalf of Social Care or Targeted Early Help.
- A request for advice and information in relation to Social Care - the response to this will vary depending on whether a child or young person is:
 - Currently known to Social Care or Targeted Early Help services;
 - Previously known to Social Care or Targeted Early Help services;
 - Not known to Social Care or Targeted Early Help services.

Social Care and Targeted Early Help Sections of an EHC plan

An EHC plan includes 4 sections focused specifically on Social Care:

- Section D – Social Care Needs
- Section E – Social Care Intended Outcomes
- Section H1 – Social Care Provision under the CSDPA 1970
- Section H2 – Any other Social Care Provision (e.g. Care Act 2014, Children Act 1989)

Who provides Social Care and Targeted Early Help Advice?

Where a child or young person is currently known to statutory Social Care or Targeted Early Help, and has either:

- A specialist short breaks plan
- Child in Need (CIN) plan,
- Child Protection (CP) plan
- Looked After Child (LAC) plan

The Social Care sections of the EHC needs assessment should be completed by the allocated Social Worker or Family Help Worker.

Where a child **has been known** to statutory Social Care services in the past, has had an allocated Social Worker, CIN plan, CP plan or LAC plan, the EHC needs assessment should be completed by the previously allocated social worker, if possible, or by another social worker who can access the records.

It is good practice to share Social Care information which is to be included in the EHC needs assessment with the family, as part of informed consent in the EHC needs assessment.

Where a child is not known to statutory Social Care, the DCSSO will provide oversight and complete the EHC needs assessment using information already provided by the EHC needs assessment process.

Advice from Designated Social Care Officer

Where a child or young person is not previously known to statutory Social Care or engaged with Targeted Early Help, the DSCO who receives the request for advice uses the information within it to make a judgement, based on local thresholds, as to whether an assessment from Social Care or Targeted Early Help is needed.

Where needs are currently being met through universal provision and the Local Offer, this will be detailed in the EHC needs assessment and sent back SENA and the information included in the plan.

Where there is evidence that there may be unmet social care needs, the request for advice recommends a referral for a Targeted Early Help assessment, in line with local thresholds.

Referencing existing Social Care or Targeted Early Help plans

Many children and young people who are undergoing an EHC needs assessment also have existing Social Care plans, including Children in Need plans, Child Protection Assessments or, for those over 18, Adult Social Care assessments. The SEND Code of Practice (10.7) encourages alignment between the EHCP and any other Care Plans, aiming to ensure that:

“the child’s EHC plan works in harmony with his/her Care Plan and adds to, but does not duplicate, information about how education, health and care needs will be met”

The SEND Code of Practice (10.19) goes on to tell us that:

“For all children who have social care plans the social worker should co-ordinate any outward facing plan with other professionals. Where there are specific child protection concerns resulting in action under Section 47 of the Children Act, careful consideration should be given to how closely the assessment processes across education, health and care can be integrated, in order to ensure that the needs of vulnerable children are put first”

Strengths and needs

This is what the SEND Code of Practice (9.69) says about describing Social Care and Targeted Early Help strengths and needs:

“The EHC plan must specify any social care needs identified through the EHC needs assessment which relate to the child or young person’s SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970.”

“The local authority may also choose to specify other social care needs which are not linked to the child or young person’s SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Inclusion must only be with the consent of the child and their parents.”

Other social care needs

The inclusion of this additional advice, not directly linked to the individual's SEN or disability, has to be carefully considered. When considering historical Social Care involvement, ask yourself if this is still relevant to that child or young person's needs, desired outcomes or required provision, but this will depend on the individual.

The other thing to decide is whether it is proportionate to include such information as part of their advice – does the benefit of including the information outweigh any negative consequences, particularly for the child or young person?

As noted previously, the SEND Code of Practice states that “inclusion [of this additional advice] must only be with the consent of the child and their parents”.



Section D: My Social Care Needs

Where there is no involvement from Social Care or Targeted Early Help, this section should not be left blank, but the following statement used:

There is no involvement from Social Care or Targeted Early Help with X. We have not recently received a referral or request for services, so we are not able to determine what current needs are. I have reviewed request for an Education, Health and Care Needs Assessment and the information included does not indicate needs currently requiring the support of Social Care or Targeted Early Help.

Where Social Care or Targeted Early Help needs have been identified, there should be an explanation of what the Social Care needs are and the impact that these have on children and young people.

A narrative of the situation should not be provided.

Inclusion of any sensitive or historical information should be carefully considered and only provided when appropriate and using sensitive and respectful language.

Section D: My Social Care Needs

Information regarding my social care needs

Social Care needs related to my disability that require provision under Section 2 of the CSDP Act 1970 for those below 18 years old:

Any other social care needs not relating to my SEN or disability (e.g. CP Plan/other involvement):

Examples of needs provided by Social Care and Targeted Early Help services

Kian's (6 years old) behaviour at home arising from his learning difficulties and autism mean that there are times when his personal safety and that of those around him (including parents, siblings and peers) can be at risk.

Toby (18 years old) has a learning disability and is at the early stages of developing adult independence skills. He understands how to use public transport but not how to maintain personal safety while using it, which impacts daily journeys, including to college. He has little understanding of how to manage his money and is at risk of others taking advantage of this in education and social settings.

Arjun (14 years old) has Down Syndrome and finds it difficult to express himself. This can result in challenging behaviour in the home, school and in the community and his parents find it very difficult to manage his behaviour. He can have periods requiring both parents to contain his behaviour if he does not feel safe.

Emma (11 years old) has extremely limited mobility, as described in the health needs. This means that she faces significant challenges in joining in with social activities of her choosing including family outings and holidays.

Priya (12 years old) finds it difficult to engage in social activities as she cannot easily recognise social cues. This results in her being socially isolated outside the structure of the school day.

Outcomes



Social Care and Targeted Early Help outcomes must link directly to identified Social Care needs.

Each need should have a matching outcome.

Outcomes must be SMART (Specific, Measurable, Attainable, Relevant and Timely).

For example:

By the end of KS3, Arjun will use (when prompted) strategies to communicate positively in order to regulate his behaviours on most of occasions when out in the community.

By the end of KS3, Arjun will positively engage in short break play and leisure activities with his family on most of occasions, supported by a personal assistant.

Social Care Sections: D, E, H1 and H2

My Social Care Needs (Section D)				
Intended Outcomes (Section E)				
Provision [Section H1] Related to CSDP act 1970		Frequency	By whom	Cost
	Social Care Budget (£)			

My Social Care Needs (Section D)				
Intended Outcomes (Section E, H2)				
Other Social Care Provision (Section E)		Frequency	By whom	Cost
	Social Care Budget (£)			

Where there are no Social Care outcomes an appropriate statement should be provided (*e.g. Social Care records have been checked and there is no involvement from Social Care or Targeted Early Help with, so there are no outstanding Social Care outcomes at this time*).

Unlike Health and Education provision, Social Care provision has two sections in the EHCP: **H1 and H2**.

We shall look at the difference between these in a moment but first let's remind ourselves of the general principles for recommending provision. The SEND Code of Practice tells us that:

“Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment).”

“It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how advice and information gathered has informed the provision specified.”

In other words, the EHC needs assessment information about provision needs to be clear on:

- What the support is
- How much support is required and how frequently
- Who will provide the support

Jessica will be provided with a personal assistant once per week for 4 hours to support her to access community activities and to give her parents an opportunity to spend time with her siblings.

The difference between H1 and H2

The reason that there are two different sections in the EHC needs assessment for Social Care provision is that each section is governed by a different piece of legislation.

- The SEND Code of Practice makes it clear that section H1 deals with provision under Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970, e.g. provision given under Short Breaks – except for overnight provision.
- Whereas H2 deals with any other Social Care provision, including the Children Act 1989 and the Care Act 2014, e.g. Family Help, Child in Need Plan, Child Protection Plan, Looked After Child Plan, overnight stays as part of a Short break.

To identify which section is appropriate, the starting point is to consider the age of the child or young person:

- Because of the relationship between these two pieces of legislation, H1 only applies to children and young people under 18.
- If the EHC needs assessment is for someone 18 or older, all provision goes under section H2.

Section H1: Social Care Provision

Section H1 should contain any provision made under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) for any child or young person **under the age of 18**.



Support at home



Support to travel



Access the community



Home adaptations



Help with holidays etc

Section H1: Social Care Provision

If you are writing advice for someone **under 18**, this is what the CSDPA (and therefore the SEND Code of Practice) tells us can be included in H1:

“all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA”.

These services include:

- practical assistance in the home
- provision or assistance in obtaining recreational and educational facilities at home and outside the home
- assistance in travelling to facilities
- adaptations to the home
- facilitating the taking of holidays
- provision of meals at home or elsewhere
- provision or assistance in obtaining a telephone and any special equipment necessary
- non-residential short breaks (included in Section H1 on the basis that the child as well as his or her parent will benefit from the short break).

Section H1: Social Care Provision - Examples

Provision: Anna (16 years old) will receive two hours per day help at home from a personal assistant to support feeding and dressing/undressing. This time will be split across the morning and afternoon and will be available seven days a week.

Frequency: two hours per day

By whom: delivered by a Personal Assistant in the home

Provision: Amir (12 years old) will have his home adapted to provide a lift from the ground floor to first floor and for a walk-in shower. This will be provided from the Disabled Facilities Grants budget.

Frequency: one-off adaptation to the home

By whom: Occupational Therapy Service and District Council

Provision: Jack (10 years old) will have a place reserved at the local specialist holiday scheme for children with autism. He will be able to attend for five day sessions of his parents' choosing during the Summer school holiday period. This is funded by the Children with Disabilities team.

Frequency: five day sessions during the summer holiday period

By whom: a commissioned service provided by the Local Authority

Set out exactly what is going to happen, who is going to do it, how often it will be made available, and when it will be reviewed

The Social Care services that can be provided under CSDPA is very wide including support at home, support to access the community, and help with adaptations to the home

Section H2: Social Care Provision

Any other Social Care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having special educational needs.

Provision not made under s2 CSDPA which could include:

- Residential short breaks (overnight stays)
- Provision related to SEN but unrelated to a disability, (e.g. Child in Need plan, Child Protection plan, Looked After Children plan)
- An adult Social Care plan



Any provision in the EHC needs assessments for young people over 18, should be listed in H2 (and H1 should be blank)

Section H2: Social Care Provision - Examples



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 or provision not covered by CSDPA.

Provision: Alan (20 years old) will have his accommodation adapted to give him:

- A self-contained bedroom with walk in shower; and
- storage space for the equipment he uses on a daily basis.

This will be commissioned by the Adults Independent Living Team and is based on the quote provided.

Frequency:
one-off
adaptation to
the home

By whom:
Adult
Independent
Living team

Provision: Tatra (13 years old) will have a block of seven consecutive nights at the local residential short breaks provider to allow her parents to have a holiday. These short breaks will be available twice in this calendar year and should be taken approximately six months apart. This provision will be reviewed in 12 months' time.

Frequency:
block of seven
consecutive
nights available
twice over a year

By whom:
Residential Short
Break provider

Social Care provision reasonably required may include provision identified through Child in Need or Looked After Children plans, and Section 47 child protection enquiries and resulting plan



**Using the case study
consider whether the social
care provision detailed will
be recorded in H1 or H2 and
why.**



Kelly's Story

Kelly is 13 and lives with her mother and sister. She has a diagnosis of autism and severe learning disabilities. Her younger sister is a toddler and has a different father. Since her birth, Kelly's mother has isolated Kelly, sometimes locking her in a room because the noise she makes wakes the baby. Kelly's stepfather does not have any relationship with Kelly, leaving her mother to 'deal' with her.

Kelly has a care package of 8 hours per week support through an agency for personal care, and 2 nights a month overnight breaks in a residential setting.

The school have tried to work with CAMHS and the social worker to support with strategies to encourage positive behaviours at home, but her stepfather won't engage with these and can be verbally abusive towards Kelly. The school and social worker consider that inconsistent approaches to her behaviour at home and school exacerbates her behaviour in school.

Kelly has been subject of a CP plan for 6 months. Mother is uncooperative and does not support the plan and it is likely that court proceedings will start soon.

HOW DID YOU DO?





Kelly's Story

Section H1: Social Care Provision

Kelly has a care package of 8 hours per week support through an agency for personal care...

This is practical assistance in the home that is assessed as being needed for a disabled child or young person under 18, so it is a service provided under s2 of the CSDPA 1970 and should be included in section H1.

Section H2: Social Care Provision

Kelly has a care package of... 2 nights a month overnight breaks in a residential setting.

This is a residential short break (an overnight stay), which is provision not made under s2 of the CSDPA 1970 and should be included in section H2.



Kelly's Story

Section H2: Social Care Provision

The social worker has tried to work with CAMHS and the school to support with strategies to encourage positive behaviours at home, but Kelly's stepfather won't engage with these and can be verbally abusive towards Kelly. The social worker and school consider that inconsistent approaches to her behaviour at home and school exacerbates her behaviour in school.

*Social care provision reasonably required may include provision identified through early help and children in need assessments and safeguarding assessments for children. Section H2 **must** only include services which are not provided under s2 of the CSDPA.*

Section H2: you might also choose to include

Kelly has been subject of a CP plan for 6 months. Mother is uncooperative and does not support the plan and it is likely that court proceedings will start soon.

The local authority may also choose to specify in section H2 other social care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities. This will enable the local authority to include in the EHC plan social care provision such as child in need or child protection plans, or provision meeting eligible needs set out in an adult care plan where it is unrelated to the SEN but appropriate to include in the EHC plan.

Top Tips

- Have you included needs, outcomes, and provision? Is there a clear thread linking them?
- Include strengths and remember, this is about the child or young person, how their needs affect them, the support you will provide, and the difference it will make to them.
- Keep to your area of expertise and provide information and advice about the child or young person's social care needs only.
- Use clear, concise language that is understandable and accessible to all.
- Remember the information you are sharing is for an Education, Health and Care Plan – make sure the information you share is appropriate and you have consent from the child or young person and their parents.
- Seek help from the Designated Social Care Officer if you need to. Support can be accessed via dsc@leics.gov.uk