

Children Services Guidance on Education Health and Care Plans (EHCPs) for Children with Special Education Needs and Disability (SEND)

Purpose

The purpose of this guidance is to outline the responsibilities of Children Services managers and practitioners, including Social Workers and One Point practitioners, of their duties in relation to the Children and Families Act 2014 and the Care Act 2014, in relation to contributing to an Education Health and Care Plan for a child in County Durham.

Background

From September 2014 the Children and Families Act 2014 introduced a new approach to special education needs (SEN) and disability (SEND) for children and young people aged up to 25; one which focuses on the views, feelings and wishes of the child or young person, involves and supports them in making decisions, and supports them to develop and achieve the best possible outcomes.

The **SEN Code of Practice 2015** [SEND code of practice: 0 to 25 years - GOV.UK](#) provides guidance and explains in detail inclusive approaches and the 'Assess - Plan – Do - Review' approach for all children with special educational needs and disabilities

The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early year's settings, schools and colleges through an **SEN Support Plan**. However, some children and young people may require an Education, Health and Care needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHCP.

The Education Health and Care Plan (EHC) process

The purpose of an EHCP is to make special education provision to meet needs of a child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, to help them prepare for adulthood. The EHC needs assessment should be a holistic assessment of the child or young person's education, health and social care needs. Where it is practically possible and appropriate to do so, the EHC needs assessments should be combined with both non statutory (Early Help) and statutory (Section 17 Children in Need) assessments.

EHC annual reviews should also be synchronised with social care plan reviews such as Team around the Family meetings or Child Protection Reviews and must always meet the needs of the individual child as outlined in the SEN Code of Practice.

Who can request an assessment?

The following people have the specific right to ask the Local Authority to conduct an EHC needs assessment for a child or young person aged 0-25 years:

- the child's parent;
- a young person over the age of 16 but under the age of 25 , and
- a person acting on behalf of a school or post 16 institute (this should ideally be with the knowledge and agreement of the parent or young person where possible).

In addition, anyone else can bring a child or young person who has (or may have) SEN to the attention of the Local Authority, particularly where they think an EHC needs assessment may be necessary. This could include, for example, a foster carer, a health or social care professional, an early years practitioner, youth offending teams or a probation officer.

Children and young people under 19 in youth custodial establishments also have the right to request an assessment for an EHC plan.

How long is the EHC assessment process?

The EHC assessment process should take a maximum of 20 weeks.

Considering whether an EHC needs assessment is necessary

Following a request for an EHC needs assessment, the Local Authority must determine whether an EHC needs assessment is necessary. The Local Authority must make and communicate the decision to the child's parent(s) and/or to the young person within 6 weeks of receiving the request.

Basic information from relevant professionals who may already be working with the child or family is gathered.

For social care this means the SEN administrative team will check Children Services for a case record in the Children's Services case record database, Liquid Logic (LL), to ascertain if the child currently has involvement from a Children's Services practitioner is not known or is closed.

Decision has been made to proceed to an EHC assessment

Cases currently open to Children Services

The SEN Caseworker / administrative team will inform the current LP when a decision is made to undertake a full EHC assessment. The current SW or OPS practitioner will be requested to complete the SCA Form which is completed in forms on Liquid Logic within 6 weeks.

Careful consideration should be given as to how closely the assessment process across education, health and care can be integrated, in order to ensure that the needs of the child are put first.

EHC outcomes should inform and be informed by other statutory plans. Professionals should consider how child in need, child protection and looked after children processes, planning and reviews might link with EHC assessment, planning and review processes to minimise duplication and support coordinated planning and provision.

The process is shown in the Children's Services pathway flowchart.

Cases currently not open / not known to Children Services (see pathway chart)

Where a social worker or One Point practitioner are not currently working with the child, the social care needs of the child **must still** be considered as part of the EHC needs assessment process.

In these circumstances a referral is made to the One Point Service by the SEN Caseworker and the 'care' needs of the child will be assessed by an appropriate One Point practitioner in line with existing referral procedures.

The process is shown in the Children's Services pathway flowchart.

What is required of the Lead Professional? (SW or OPS practitioner)

The SW or OPS practitioner is expected to contribute to the EHC assessment by using the current Single Assessment on LL to populate the Children Services SCA Form for an Education Health and Care (EHC) Assessment.

The SCA form enables the information required to contribute to the 'care' element of the EHC assessment (this is under section D and section H1 and H2 of the EHC Plan).

The Children Services Social Care Advice (SCA) Form

In many cases, information gathered about a **child's social care** needs will be extracted from an existing Single Assessment. The advice form requests information in relation to:

- a) **What is important for the future?** What are the young person's aspirations?. These might be short term e.g. learning to use public transport so they can go out on their own. They may be about future education or employment or hobbies.
What do the parents want the future to look like for their child/young person? Think about the short and long term.
- b) **Background:** Why is the child currently in receipt of Children Services, i.e. One Point, early help or statutory support? Please provide a concise summary of involvement and the impact on the child and be mindful that this document will be widely circulated.
- c) **What is working well for this child/young person and what are we worried about?**

Domain	Guidance	Example
Social interaction	<ul style="list-style-type: none"> • Does the child have appropriate social skills and behaviours? • Does the child have friends? • Do they understand what is expected of them and can they act upon this? • How does the child respond to key influences on social and emotional development at different ages e.g. collaborative play in early childhood peer expectations at school or outside <p>What if any, are the care needs that stem for this?</p>	<ul style="list-style-type: none"> • She rarely speaks at home and spends a lot of time in her bedroom. • He communicates well with family members • He plays with friends who live in the same road as him. • She has one special friend who she spends a lot of time with. • She plays well on her own, but finds it extremely difficult to make friends and engage with her peer group.
Social emotional mental health	<ul style="list-style-type: none"> • How does the child manage their emotions and deal with difficulties • Is the child presenting with low mood, or signs of anxiety, or other psychological issues. <p>What if any, are the care needs that stem for this?</p>	<ul style="list-style-type: none"> • He is a happy child who enjoys school, social activities and being part of his family • She can be very anxious in new situations and will often cry and become withdrawn • He can be anxious in new situations and engage in repetitive and obsessive behaviours that impact on his participation in activities. • He has been referred to CAHMS due to low mood. He can be tearful and is reluctant to join in social and family activities

Domain	Guidance	Example
Physical development	<ul style="list-style-type: none"> • Has the child achieved physical milestones? • Can they use public transport? • Access activities in the community. <p>What if any, are the care needs that stem for this?</p>	<ul style="list-style-type: none"> • He communicates mainly through physical actions or becoming upset when he is unhappy about something.
Self-help and independent skills	<ul style="list-style-type: none"> • Has the child developed skills and confidence needed to move from dependence to independence such as practical skills of feeding, washing, dressing engaging with learning and independent living skills <p>What if any, are the care needs that stem for this?</p>	<ul style="list-style-type: none"> • He can dress himself, brush his teeth, and use the shower on his own. • He can go out of the family home on his own to a local shop. • They can travel independently
Relevant home and school factors	<ul style="list-style-type: none"> • Who are the significant carers for the child -parent and or grandparent? • Impact of family members on the child. • Any difficulties with the child accessing school. • Contact arrangements <p>What if any, are the care needs that stem for this?</p>	<ul style="list-style-type: none"> • She lives with mum Monday to Friday and stays with dad from Friday night until Saturday and Sunday at 4.00 pm • He has a close relationship with his maternal grandmother spending most of the weekend with her. • Mum and dad are separated and prefer to attend meetings without the other being present.
Is there anything the parents or child wish to comment on	<p>Parents may wish to comment about educational provision. Please write 'parents report that....'. We need to be clear that it is their views they are expressing and not the views of the Service. Remember that other agencies e.g. school will report on the child's educational progress.</p>	<ul style="list-style-type: none"> • Mum and dad would like to see xxx being able to manage a full day in school • Mum feels she has a good relationships with xxx school and that have really done everything they can to help him.

d) Summary and conclusions

What are we worried about?

- You will have always talked to the family about the support available via the Local Offer so please state that in this section and what if anything the family have done or will do about this
- If there are no social care needs please state this and why.
- If there are needs identified **there must** be actions to address these, but if parents feel they or other professionals are addressing these needs or decline support please state this.
- If actions have already been completed to address the needs, then say that in this section.

Section H

Section H of the EHC assessment requires the assessment of any **social care provision** for the child or young person. Section H has two specific sections H1 and H2:

Please do not leave these blank - if there are no social care needs please state this.

<p>Section H1</p> <p>This specifically refers to a child with a disability under section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) (see below). It refers to any social care provision, which must be made for a disabled child or young person under 18 years old.</p>	<ul style="list-style-type: none">• This section relates to children and young people up to the age of 18 years.• These are short term services which could change within the year.• They may include adaptations to the home.• Please remember that some children and young people may be able to access support via universal services and the Local Offer and this does not need to be included in section H1• Every social care need identified must have social care provision. If there is no provision e.g. parents are providing this or they have refused support please state this in the summary section.• Parents cannot provide this provision. If there are you could comment on this in the background and assessment section• We cannot detail provision that another professional will conduct e.g. school• If provision has been provided already by social care please say this in the summary box.• These are short term services which could change within the year (this does not include overnight respite)• They may include adaptations to the home.
<p>Section H2</p> <p>Any social care provision reasonably required by the learning difficulties</p>	<ul style="list-style-type: none">• Every social care need must have social care provision. If there is no provision e.g. parents are providing this or they have refused support please state this in the summary section.• This section includes young people aged 18 years plus.

<p>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 under the Care Act 2014.</p>	<ul style="list-style-type: none"> • This includes provision which is unlikely to change before the annual review meeting e.g. 52 weeks respite a year which would be arranged via a Social Worker. • Short breaks which take place outside the home e.g. respite at a provision like Park House which would be arranged by a Social Worker.
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Management oversight

Managers are expected to make a comment on the social care advice, indicating that the social care needs are identified and that the associated provision and expected outcomes are detailed or the reasons why not.

Examples where Section 2 of the Chronically Sick and Disabled Persons Act 1970 may apply:

- A single parent needs two people to safely hoist a child and has no one to assist them in this task;
- A disabled child with challenging behaviour may be so challenging that one parent cannot safely manage and safety cannot be achieved with aids and adaptations nor behaviour modification;
- The parent has a broken leg or is pregnant and cannot lift the child and does not have a partner or another friend or family member who can provide temporary assistance;
- Children over 16 years old, where a young person wants to be cared for by the same gender and this cannot be facilitated in the family or friendship networks.

These examples may fall under a specific duty to support and assist under Section 2 of the Chronically Sick and Disabled Persons Act 1970 if the need cannot be met under Section 17 of the Children Act 1989.

- When considering whether or not to apply Section 2 of the Chronically Sick and Disabled Persons Act 1970, it is important to establish a need rather than general pressures on family life which may be met by other support options or service provision under Section 17 of the Children Act. All parents must provide good enough care and they may also be entitled to a short break to enable them to continue care.
- In order to apply the Section 2 of the Chronically Sick and Disabled Persons Act 1970 an assessment should ensure that the child needs the care, the parent cannot reasonably provide it and there is no other way of meeting this need either within the child's informal support networks, via universal and targeted services or via services

under Section 2 of the Chronically Sick and Disabled Persons Act 1970. If a parent or carer as a result of their own disability has their own social care needs then a referral should be made to Adults Services to assess their needs as a disabled person and parent.

The Chronically Sick and Disabled Persons Act 1970 forms the basis for the provision of a whole range of services including equipment, adaptations, home helps, meals on wheels, etc. As Section 2 of the Chronically Sick and Disabled Persons Act 1970 is vague in specifying "assistance", it is not necessarily the case that a local authority must pay for the rental and installation of a telephone, for example.

Some sections of the act have not been implemented as they have effectively been superseded by the community care provisions, including the Children Act 1989.

The Children Act 1989 remains the statutory framework underpinning the local authority's responsibilities and involvement with all children and their families. Disabled children can and should access services through Part III of the Chronically Sick and Disabled Persons Act 1970. All disabled children are children 'in need' for the purposes of Section 17 of the Children Act 1989.

The duty on local authorities under Section 17 of the Children Act 1989 is to provide a range and level of support services for children in need in their area, where possible to support them in the context of their families.

All work with disabled children and their families in the context of the Children Act 1989 should be based on the following principles:

- The welfare of the child should be safeguarded and promoted by the provision of services;
- A primary aim should be to promote access for all children to the same range of services;
- Disabled children are children first;
- Recognition of the importance of the parent and families in children's lives;
- Partnership between parents and carers and local authorities and other agencies.

The views of children and parents should be sought and taken into account.

Decision on whether to issue an EHCP

When all agencies have contributed to the EHC assessment a Multi-Agency Meeting (MAM) is arranged by the SEND caseworker. The SW or OPS practitioner will be invited and should attend.

Consideration will be needed to the alignment, where practically possible, of this multi-agency forum with any existing TAF or Core Group meetings to ensure the child and family are not exposed to multiple meetings. Practically this will involve a discussion between the SW or OPS practitioner and the SEND Caseworker to align any pre-existing TAF/Core Group meetings that could be utilised for the EHC assessment meeting.

A decision will be made at the MAM whether to issue either an EHCP or SEND Support Plan. If an EHCP is required, a draft plan is agreed in the meeting and a copy will be sent to the SW or OPS practitioner.

This plan does not replace any necessary social care plan either under CIN or CP but will run alongside it. Social Care outcomes can be updated or added at this stage.

It is the responsibility of the SW or OPS practitioner to ensure the agreed care outcomes are actioned in the EHCP. Where there is the need for ongoing involvement of Children Services the agreed care outcomes in the EHCP will be reflected within the Family Plan and reviewed within TAF / Core Group meetings.

The alignment with the EHCP will be assured by the involvement of the child and their family, the child's school and any other relevant professionals in ongoing TAF/Core Group meetings.

It will be the responsibility of the SW or OPS practitioner, Team Manager to decide if there is an ongoing role for Children Services and this will depend on the presenting needs of the child and family.

Where there is no need for a statutory SW but there are continued care needs this will be discussed with the One Point Service and de-escalated in the usual way. Where there are no outstanding care needs, the case will be closed to Children's Services.

Statutory Annual Review (SAR) of the EHCP

Where there is ongoing involvement of Children Services the SW or OPS practitioner will be sent a form from the child's school called 'Statutory Annual Review/OPS/Social Care'. It is really important that this form is returned by the date specified. We are being asked to provide a report outlining progress of the previously identified care outcomes and give advice on the child's current needs. We will also be invited to the EHCP statutory annual review meeting and we should make every effort to attend.

Consideration will be needed to the alignment, where practically possible, of this multi-agency meeting with any existing TAF or Core Group meetings to ensure the child and family are not exposed to multiple meetings.

Where the child/family are no longer in receipt of Children Services support the SW or OPS practitioner does not have to attend the meeting.

Preparing for Adulthood

There is a Transition Protocol for SEN support and vulnerable pupils to help support their move from pre to post 16 Education. This begins in Year 9 and features support from the School, Durham Works and One Point Personal Advisers. This will be made available on the Local Offer. www.durham.gov.uk/localoffer

If a young person has an EHCP then the transition support is carried out by the SEND Caseworker within the Improving Progression team from year 9 onwards, including attendance at annual reviews, Information Advice and Guidance (IAG) support to the young person and their family and updates to the EHCP. More information on this process can be found on the Local Offer. www.durham.gov.uk/localoffer

Where can I get further guidance / support?

The Local Offer

The County Durham Local Offer has been developed to allow parents, carers, young people and professionals to see more what services are available locally to meet their educational needs and/or disabilities from birth to the age of 25.

A dedicated Local Offer section has been created on the **County Durham Families Information Service** website. [County Durham's Families Information Service | SEND Local Offer](#). **Please pin this website to your desktop.**

The Local Offer includes what is available in the County Durham area for children and young people with Special Educational Needs (SEN) and/or disabilities during their time in education.

It includes:

- ✓ sources of support, advice and information
- ✓ education, health and care provision
- ✓ arrangements for identifying and assessing children and young people with SEN
- ✓ how services can be accessed (including eligibility criteria) and how decisions are made
- ✓ arrangements for supporting children and young people move between school phases

- ✓ services to support young people in preparing for adulthood and independence
- ✓ leisure activities
- ✓ arrangements for disagreement resolution, complaints, mediation and appealing to the SEN Tribunal
- ✓ section for professionals, this includes the SEN Toolkit where all forms, guidance and contact numbers are stored.

The Practitioners Toolkit

The [toolkit](#) should be used in conjunction with the [County Durham Family Outcome Framework](#)

The aim of the toolkit is to provide practitioners with practice guidance on a range of significant issues which are known to have a negative impact on a child's wellbeing and life chances and ensures:

- children, young people and families receive consistent high quality help and support;
- a strength based solution focused approach in our team work with families;
- an open, honest and transparent approach to supporting children and their families;
- direct help and support is offered to children and parents/carers;
- both children and adults needs are addressed, using a 'think family' approach to assessment and intervention;
- where appropriate will require a collaborative 'Team around the Family' using a single multi-agency family plan;
- a broad view of protection is taken acknowledging the broad determinates of health and well-being are addressed;
- the use of evidence based best practice;
- child focused practice; and
- improved outcomes for children and young people.

Service contacts

If you have any queries and wish to discuss any aspect of the SEND process please contact one of the following who will be able to assist or direct you to the most appropriate support:

General queries including process, timescales and submission of information:

Lisa Skelton, Quality Improvement Manager, Early Help, Inclusion and Vulnerable Children Service

Children's social care advice queries:

Judith Bowman, Designated Social Care Officer

Shelley Gill, Service Improvement Manager

Jane Ayres, Families First, Strategic Manager North, Children's Social Care

One Point Service social care advice queries:

Judith Bowman, Designated Social Care Officer

Karen Davison, Strategic Manager, One Point and Think Family Service, Early Help, Inclusion and Vulnerable Children Service