

SKY Autism (Malvern)

EHCP - The Sections - information & guidance

EDUCATION HEALTH AND CARE PLANS - EHCPs

- **EHCPs - their purpose - to provide a summary of all CYP's needs and statements about the precise provision required to meet the CYP's needs.**
- **The CYP is entitled to receive the education and health provision stated within the EHCP legally so this can be enforced through the courts if necessary.**
- Education Health and Care Plans (EHCPs) are the current version of what used to be known as a Statement of Need for a child or young person (CYP) with SEND.
- EHCPs were introduced by the Children and Families Act 2014 (CFA).
- EHCPs can remain in place until the CYP is 25 years old - provided the young person needs to be in education - they are not available for university students.
- It is vitally important that EHCPs are based on a proper assessment process securing relevant evidence.
- The LA must obtain up to date and detailed advice and information from a range of people including parents, an educational psychologist, social services (if relevant), and other relevant experts including, for example, speech and language therapists (SALT), occupational therapists (OT), physiotherapists, CAMHS and others.
- When a local authority **(LA) agrees to issue an EHCP, they will send a draft for consultation;** it is vitally important that it is checked carefully.
- The CFA and the 0- 25 Special Educational Needs Code of Practice 2015 (CoP) **put significant emphasis on the process of an EHCP assessment being collaborative; with the parents/carers and CYP at the centre of this process with their views taken fully into account.**
- A completed EHCP ultimately should work to inform the teachers, teaching assistants, therapists and others working with the CYP know precisely what their needs are, their difficulties and what they are required to do to help the CYP.
- An EHCP needs to be detailed and accurate but it should not be so complex that SEN caseworkers cannot find what they need to know reasonably quickly.
- **The format of EHCPs is not prescribed by law so LAs may have individually different formats.** However, it is required to include twelve separate sections.
- Some LAs set out EHCPs in tabular format and may blend some sections together.

The requirements for each section are set out in paragraph 9.69 of the CoP. Paragraph 9.69 of the SEND Code of Practice is clear about specificity and quantification:

- 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.
- Where health or social care provision educates or trains a child or young person, it must appear in this section.
- There should be clarity as to how advice and information gathered has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons for it.

Section A

The views and wishes of the child/young person (CYP) and the CYP's parents/caregivers.

This should be completed in consultation with both the CYP, where possible, and the parents/caregivers. It is often set out by reference to particular questions; ie. the family and educational background, what the CYP likes, what they are good at, what they dislike or find challenging. It should include the CYP's aspirations; educationally and generally. It should also include the CYP's view about the help they believe they require to achieve their goals.

This section has no statutory power but is important. It is, in particular, the parents' opportunity to set out fully their views about their child's difficulties and what they find helpful or unhelpful in meeting those difficulties, and what outcomes they would like their CYP to achieve. Parents' responses should therefore be reasonably comprehensive but not too long.

Overall, this section should focus on the current picture and what is needed for the future to support the CYP's needs appropriately and effectively. Any historical context should be limited.

The local authority is not entitled to amend the views expressed unless they are defamatory or unlawful for other reasons.

Section B - 'The Diagnosis' section

The CYP's educational needs

Section B MUST summarise ALL the CYP's education, learning and training related difficulties and issues.

Section F can then be known as ‘The Prescription’ section with its focus on measurable actions and provision to meet ALL the CYP’s needs.

It is most important that this section provides a complete and accurate summary of the CYP’s needs so that all involved in supporting the CYP’s needs understand what to expect. It is usually helpful to set out the issues and difficulties under specific headings - for example:

Cognition, communication, social, emotional and mental health problems, and physical and sensory.

It is helpful if it starts with a summary of the CYP’s needs.

Important note:

The Code of Practice simply states that this section should identify the child’s needs; Some LAs believe that a separate list of strengths also needs to be included - this is not a legal requirement.

If strengths are included, they **MUST** be checked carefully to assess whether they really **ARE** describing strengths. Positive framing of sentences to imply strengths may, in fact, be disguising a difficulty:

- **A statement that a 16 year old CAN count to 25 is clearly a difficulty by normal expectations and standards for the average 16 year old.**
- **A statement that a CYP CAN concentrate with 1:1 support is, again citing a difficulty in real terms - most CYPs can focus in groups across all ages - this particular CYP CANNOT focus independently without 1:1 support - ie. this is a NEED.**

Medical/clinical needs/difficulties and issues

These needs also MUST be stated in Section B if they have an impact upon learning, education and training. It is possible for these needs to be listed in other sections too.

The CoP specifies that, in most cases, speech and language problems should be included in Section B, since language underpins the whole learning process.

Problems with sensory difficulties and motor control can also be defined as learning difficulties given the impact, again, on learning, training and education.

Other medical difficulties/conditions will also count as learning, educational and training needs if they affect the CYP’s ability to learn: diabetes, cerebral palsy, visual impairment, mental health conditions, incontinence and more, can all be included in this section when relevant.

Educational difficulties need not be limited simply to specific learning problems. An academically average or able CYP may still have special educational needs if, for example, an unmet need means that they struggle to conform to standard social and emotional frameworks and expectations.

For example, a CYP with acute anxiety/self-esteem/mental health issues may become a school refuser due to acute discomfort in a mainstream classroom setting thus missing significant curriculum content and important peer learning opportunities.

Section C

The CYP’s medical needs connected to their educational needs

All health needs related to the CYP's SEN must be specified.

This can include things like speech and language, hearing issues etc... However, **please remember to check whether this need also needs to appear in Section B**

The Clinical Commissioning Group (CCG) can also include other health needs which are not related to SEN.

D:

The CYP's social care needs connected to their educational needs

Any social care needs which relate to the child's SEN or which require provision for a child under 18 under s2 Chronically Sick and Disabled Persons Act 1970 must be specified.

Needs here can be wide-ranging; provision as practical assistance at home, help in travelling to facilities, facilitating holidays, non-residential short breaks and more.

Many LAs tend to leave this section blank routinely, or will insert wording to the effect that the CYP has social care needs as set out in a separate Care Plan or other document produced by the Social Services Department or to be assessed by them.

This is unlawful being the opposite to specific.

References to the fact that the CYP is or has been a Child in Need or the subject of a Child Protection Plan can be included, but only if the CYP and parents agree.

Even if a young person over 16 has never previously had any social care needs, at this age this section should not be ignored because, by 16+ yrs, the CYP should be supported towards adulthood and independence where practicable.

As such, there might be social care needs in terms of helping the CYP to achieve independence, housing and employment, and/or possibly supported housing or longer term more intensive care.

An information document produced for SKY Autism (Malvern) by Jackie Sainsbury, SEND Consultant at Atley Consulting

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