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**Writing more effective EHC Plans for  
children and young people with sensory impairment**  
**A section-by-section guide**

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## Preface



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## 1. Background

### 1.1 Purpose of an EHC Plan

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.

Special Educational Needs and Disability (SEND) Code of Practice (COP) (2015): 0 to 25 years<sup>1</sup> Para. 9.2

### 1.2 Purpose of this document

To ensure that Education, Health and Care (EHC) plans written for children and young people with sensory impairments contain the information outlined in the Special Educational Needs and Disability Code of Practice: 0-25 years (SEND COP 2015).<sup>2</sup> This will ensure that these children and young people (CYP) have all their needs clearly identified resulting in appropriate provision being defined and then delivered across education, health and social care so that these CYP can achieve better outcomes and, by so doing, improve their life chances.

### 1.3 Intended audience

This document is for all professionals who are:

- responsible for the overall production of EHC plans for children and young people with sensory impairment
- required to contribute to EHC plans for children and young people with sensory impairment

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<sup>1</sup> [www.gov.uk/government/publications/send-code-of-practice-0-to-25](http://www.gov.uk/government/publications/send-code-of-practice-0-to-25)

<sup>2</sup> <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## 2. Introduction

Since 1 September 2014, it has no longer been possible to request a statutory assessment under the Education Act 1996 for a child or young person (CYP) who did not already have a statement of SEN. By 1 April 2018, local authorities must have transferred all children and young people with existing statements of SEN to the new SEND system and EHC plans. Therefore, it is important to ensure that all these new plans are, at the very least, as good and effective as the previous statements of SEN. Preferably they should be better.

Under the new system, **the importance of the child, young person and their family** is paramount to the EHC needs assessment process and any resulting EHC plan, as set out in section 19 of the Children and Families Act 2014<sup>3</sup> where it highlights the following four aspects:

In exercising a function under this Part (of the Act) in the case of a child or young person, a local authority in England must have regard to the following matters in particular:

- a) The views, wishes and feelings of the child and his or her parent, or the young person
- b) The importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned
- c) The importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions
- d) The need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.

It is also important to remember that

EHC plans should be clear, concise, understandable and accessible to parents, children, young people, providers and practitioners

SEND COP para 9.61

In other words, plans should use plain English. If jargon is used, the meaning of this should always be explained to ensure understanding by all.

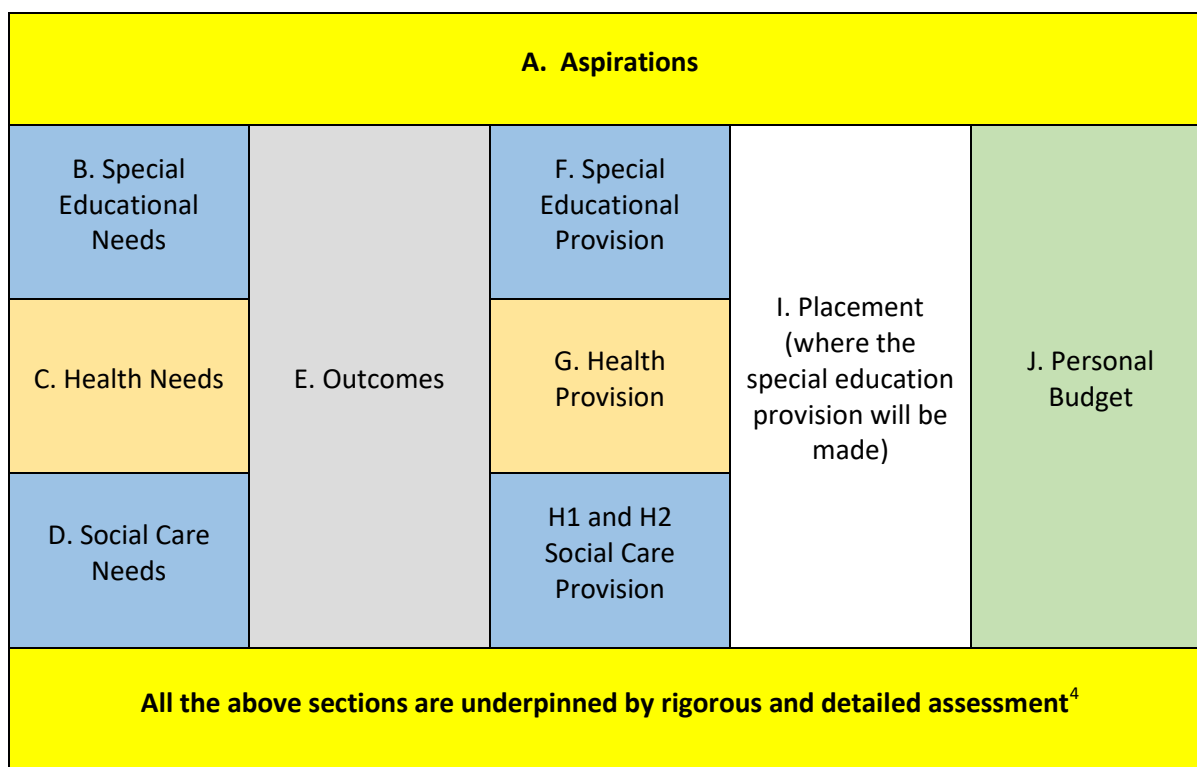
The **required sections** of an EHC plan are shown in the [comprehensive checklist](#) for the format and content of EHC plans. There is an inter-relationship between all the sections in an EHC plan and so every section requires serious consideration in order to ensure the best possible outcomes for a CYP with sensory needs. In addition, all EHC plans need to be underpinned by rigorous assessment in order to identify clearly the needs of the CYP, while the views and aspirations of the child and their parents, or the young person must be considered in every section.

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<sup>3</sup> [www.legislation.gov.uk/ukpga/2014/6/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted)

## 2.1 The sections of an EHC plan

This is **how the sections of a plan** are related:



This resource is intended to support you in writing effective information in each section of an EHC plan, addressing particularly those plan areas that were found to be the most challenging in the NatSIP report *A review of 40 EHC Plans*.<sup>5</sup>

## 2.2 How to use this document

The starting point is the [comprehensive checklist](#) for the format and content of EHC plans, which contains all the sections that an EHC plan **must** have, as stated in para 9.62 of the SEND COP. It also includes the ‘information to include’ from para 9.69.

In this document, links and bookmarks have been embedded throughout. If you are reading this document on screen, you can jump straight to the relevant section to obtain more detailed information about the individual sections by clicking on the [blue links](#) for the different sections.

At the end of the document there is a section of [additional resources](#), providing tables you can use to ‘tell the CYP’s story.’

<sup>4</sup> Further advice on assessments for an EHC plan can be found in the NatSIP document *Better Assessments, Better Plans, Better Outcomes*, available at <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans/478-11-better-assessment-better-plans-better-outcomes>

<sup>5</sup> See <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans/988-17-an-analysis-of-40-ehc-plans>



### 3. Comprehensive Checklist for the format and content of EHC Plans

Note: The word **must** is only used in the Checklist below where it has been used in the SEND COP. This means it refers to a statutory requirement under primary legislation, regulations or case law.

<a href="#">Sections and format of an EHC plan (para 9.62)</a>	Yes/No	Comment
12 sections using the letters A-K and content titles		

Content 'to include' (para 9.62)	Yes/No	Comment
<b><a href="#">Section A: The views, interests and aspirations of the child and their parents, or of the young person</a></b>		
Details about the CYP's aspirations and goals for the future.		
Details about play, health, schooling, independence, friendships, further education and future plans, including employment where practical.		
Summary of how to communicate with the child.		
CYP's history.		
If written in first person, the plan must make clear whether or not the CYP is being quoted directly or if the views of the parents and professionals are being represented.		
<b><a href="#">Section B: The child or young person's special educational need (SEN)</a></b>		
All the CYP's identified special educational needs <b>must</b> be specified.		
SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train the CYP (SEND COP para 9.73).		
<b><a href="#">Section C: The child or young person's health needs which relate to their SEN</a></b>		
<b>Must</b> specify any health needs identified through the EHC needs assessment and related to the child's SEN.		
The Clinical Commissioning Group may also choose to include any other health needs which might need management in an educational setting.		

Content 'to include' (para 9.62)	Yes/No	Comment
<b><u>Section D: The child or young person's social care needs which relate to their SEN</u></b>		
<b>Must</b> specify any social care needs identified through the EHC needs assessment which relate to CYP's SEN and which require provision for a CYP (aged under 18) under Section 2 of the Chronically Sick and Disabled Persons Act 1970.		
Local authority (LA) may also include other social care needs, not related to CYP's SEND, such as child in need or child protection plan etc. <b>(Inclusion must have consent of child and parents).</b>		
Where the CYP is aged 18 or over, the statutory adult care and support plan should form the 'care' element of the young person's EHC plan. The 'care' part of the EHC plan <b>must</b> meet the requirements of the Care Act 2014. <sup>6</sup>		
<b><u>Section E: The outcomes sought for the child or young person</u></b>		
A range of outcomes over varying time scales, covering education, health and social care as appropriate.  Outcomes should be SMART <sup>7</sup> and should include what is important <b>to</b> the CYP and what is important <b>for</b> them.  <b>(Clear distinction between outcomes and provision required)</b>		
Steps towards achieving outcomes.		
Arrangements for monitoring progress, including review and transition review arrangements.		
Arrangements for setting and monitoring shorter term targets by the early years provider, school, college, etc.		
Forward plans for key changes in a CYP's life, e.g. changing schools, moving from children's to adult services, FE to adulthood.		
For YPs preparing for transition to adulthood, include the outcomes that will prepare them for adulthood ensuring they are linked to the aspirations in Section A.		

<sup>6</sup> SEND COP Para 8.69

<sup>7</sup> SEND COP Para 9.66

Content 'to include' (para 9.62)	Yes/No	Comment
<b>Section F: The special educational provision required by the CYP</b>		
Provision <b>must</b> be detailed and specific and normally quantified (note if supported by Personal Budget).		
Provision <b>must</b> be specified for every need noted in Section B.		
Should be clear how the provision will support achievement of outcomes.		
Health and social care provision <b>must</b> appear here if it educates or trains the CYP (e.g. speech and language therapy).		
Clarity as to how advice and information gathered has informed the provision.		
<p><b>Should</b> specify:</p> <ul style="list-style-type: none"> <li>• Any appropriate facilities, equipment, staffing and curriculum.</li> <li>• Any appropriate modifications to National Curriculum (NC).</li> <li>• Appropriate exclusions from NC or course studied post-16 and the alternative provision substituted for this.</li> <li>• If applicable, where residential accommodation required.</li> <li>• Where there is a Personal Budget, the outcomes it is supporting.</li> </ul>		
Where the CYP is in or beyond Year 9, the EHC plan <b>must</b> include any provision required by the CYP to assist in preparation to adulthood and independent living. For example, support in finding employment, housing or participation in society. <sup>8</sup>		
<b>Section G: Any health provision reasonably required by the learning difficulties or disabilities which result in the CYP having SEN</b>		
Provision <b>should</b> be detailed and specific and <b>should</b> normally be quantified, e.g. type of support and who will provide it.		
Be clear how this provision supports achievement of outcomes, including health needs to be met.		

<sup>8</sup> SEND COP para 9.63

Content 'to include' (para 9.62)	Yes/No	Comment
Clarity as to how advice and information gathered has informed the provision specified.		
May include specialist support and therapies such as medical treatments, occupational therapy, physiotherapy, specialist equipment (wheelchairs, continence pads).		
May specify health provision not related to learning disabilities.		
Where the CYP is in or beyond Year 9, the EHC Plan <b>must</b> include and provision required by the CYP to assist in preparation for adulthood and independent living. For example, support for finding employment, housing or participation in society. <sup>9</sup>		
<a href="#"><u>Section H1: Any social care provision which must be made for a child or young person under 18 resulting from Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970</u></a>		
Provision <b>should</b> be detailed, specific and <b>should</b> normally quantified, identifying any social care direct payment.		
Be clear how this provision supports achievement of outcomes.		
Clarity as to how the advice and information gathered has informed the provision.		

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<sup>9</sup> SEND COP Para 9.63

Content 'to include' (para 9.62)	Yes/No	Comment
<p><b>Must</b> specify all services assessed as being needed for a disabled CYP under 18, under Section 2 of CSDPA 1970. Include:</p> <ul style="list-style-type: none"> <li>• Practical assistance in the home.</li> <li>• Provision/assistance in recreational and educational facilities at home and outside the home.</li> <li>• Assistance in travelling to facilities.</li> <li>• Adaptations to the home.</li> <li>• Facilitating the taking of holidays.</li> <li>• Provision of meals at home or elsewhere.</li> <li>• Provision of a telephone or any special equipment.</li> <li>• Non-residential short breaks (assumed child as well as parent will benefit from the short break).</li> </ul> <p>May include services to parents/carers of disabled children, following assessment of needs under sections 17ZD-17ZF of Children Act 1989.</p>		
<p>Where the CYP is in or beyond Year 9, the EHC plan <b>must</b> include any provision required by the CYO to assist in preparation for adulthood and independent living. For example, support for finding employment, housing or access to society.<sup>10</sup></p>		
<p><b><u>Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN</u></b></p>		
<p>Provision identified through early help, Children In Need and safeguarding assessments (<b>Must</b> only include services which are not provided under section 2 of CSDPA 1970, e.g. will include residential short breaks and services provided for their SEN but unrelated to their disability).</p>		
<p>Any adult social care to meet the needs of YP over 18 as set out in an adult care and support plan under the Care Act 2014.</p>		

<sup>10</sup> SEND COP Para 9.63

Content 'to include' (para 9.62)	Yes/No	Comment
Where the CYP is in or beyond Year 9, the EHC plan <b>must</b> include any provision required by the CYO to assist in preparation for adulthood and independent living. For example, support for finding employment, housing or access to society. <sup>11</sup>		
<b>Section I: Placement</b>		
Name and type of school, maintained nursery, post-16 institution.		
These details <b>must</b> only be included in <b>final</b> EHC plan.		
<b>Section J: Personal budget (including arrangements for direct payments)</b>		
Detailed information on any Personal Budget used to secure provision for EHC plan.		
Should set out the arrangements for direct payments as required by education, health and social care regulations.		
<p><b>Other features:</b></p> <p>Should describe positively what the CYP can do and has achieved<sup>12</sup></p> <p>Should be clear, concise, understandable and accessible to parents, CYP and professionals<sup>13</sup></p> <p>Should have a review date</p> <p>The plan should state clearly how the advice and information gathered has informed the provision specified in Sections F, G, H1 and H2, and if there have been any departures from this advice. The reasons for any departures should be stated by the Local Authority.<sup>14</sup></p>		
Must specify the SEN and outcomes that are to be met by any direct payment.		

<sup>11</sup> SEND COP Para 9.63

<sup>12</sup> SEND COP Para 9.61

<sup>13</sup> SEND COP Para 9.61

<sup>14</sup> SEND COP Para 9.69

Content 'to include' (para 9.62)	Yes/No	Comment
<a href="#">Section K: Advice and Information</a>		
A list of the advice and information gathered for the assessment.		
Advice and information <b>must</b> be set out in appendices.		

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## 4. Sections and format of an EHC plan

### 4.1 What the SEND COP (2015) states about the format and sections in an EHC plan:

#### 4.1.1 The statutory minimum

The **format** of a plan will be agreed locally... However, **as a statutory minimum** [EHC plans] **must** include the following sections, which must be separately labelled from each other using the letters A-K.

SEND COP para 9.62 (our emphasis)

#### 4.1.2 Permitted flexibilities

The sections do not have to be in the order below (alphabetical) and local authorities may use an action plan in tabular format to include different sections and demonstrate how provision will be integrated, **as long as the sections are separately labelled.**

SEND COP para 9.62 (our emphasis)

#### 4.1.3 What we learned from our analysis of 40 EHC plans

Almost 40% of the EHC plans analysed did not fully meet the required ('statutory minimum') specifications described above, because:

- either one or more of the sections (A-K) described as 'a statutory minimum' were missing. These were generally the sections referring to health (C, G), social care (D, H1 and H2) and personal budgets (J).
- the letters (A-K) required by the SEND COP were used, but the content of the section in the plan did not match up with that required in paras 9.62 and 9.69 of the SEND COP.
- a few local authorities (LAs) had used their own unique format for the EHC plan, which is permissible, but did not then use the letters A-K or the section headings as required under the 'statutory minimum' description above. The latter is not permissible even although the LA labels it as an EHC plan.
- some LAs took advantage of the permitted flexibilities of putting the sections in a different order and/or putting several sections together in a tabular format (often involving needs, outcomes and provision). However, in some instances the different sections were not labelled or identified using the letters (A-K).
- one or two plans continued to use the old terminology (Parts 1-5) but called it an EHC plan.

#### 4.1.4 Suggestions for ensuring that your EHC plan has the 'statutory minimum' sections

It is important that an EHC plan contains all the 'statutory minimum' sections, as their inclusion helps to ensure that all the necessary information has been gathered across education, health and social care and then duly considered to identify the appropriate outcomes and provision for each CYP.

We therefore:

- advise against deleting any of the lettered (A-K) sections even if it is thought that it is not applicable to the CYP or there is no information for that section. For example, in Section J (Personal Budget), rather than deleting the whole section, it is better to record "Parents discussed the possibility of a personal budget but decided against it."
- suggest you check that your EHC plan includes the 'statutory minimum' sections by using **'The first quick check'** below as a first at a glance step and then proceed to the **Statutory Minimum Checklist** which links the letters to the headings.



#### 4.1.5 The first quick check

No	Item	Yes/No
1.	Are there twelve clearly defined sections?	
2.	Are the letters A–K used (including H1 and H2) to denote each section? (Note: these do not need to be in alphabetical order)	
3.	Are some sections joined together and/or in tabular format?	
4.	If you answered 'yes' to question 3, are the different sections clearly labelled, i.e. using the letters A-K?	
5.	Does the letter of the section heading match the content title in para 9.62? (See the <a href="#">statutory minimum checklist</a> in the following table for letter and heading links)	

## 4.2 The Statutory Minimum Checklist

Letter	Title of section	Yes/No
A	Views, interests and aspirations of the child and their parents, or of the young person	
B	CYP's special educational needs	
C	CYP's health needs related to their SEN	
D	CYP's social care needs related to their SEN or to a disability	
E	Outcomes sought for the CYP	
F	Special educational provision required by CYP	
G	Any health provision reasonably required by the learning difficulties or disabilities which result in the CYP having SEN	
H1	Any social care provision which <i>must</i> be made for a CYP under 18 resulting from Section 2 of the Chronically Sick and Disabled Persons Act (1970)	
H2	Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child having SEN	
I	The name and type of school, maintained nursery school, post-16 institution or other institution to be attended by the CYP	
J	Personal Budget	
K	A list of the advice and information gathered during the EHC needs assessment. The advice and information <u>must</u> be attached (in appendices)	

### **4.3 Sharing good practice for sections and format of an EHC plan**

Our analysis found that, in order to ensure all of the 'statutory minimum' sections were present:

- Some plans had clearly incorporated the sections and their corresponding letters into their own template for the plan.
- Other plans included a table of contents at the beginning of the plan with all the A-K sections clearly named and lettered. Although the example below shows the sections in alphabetical order, including a table of contents would also be helpful to show if any plan had exercised the permitted flexibility of putting the sections in a different order while still retaining the alphabetical lettering and its matched heading (as required by the SEND COP). For example, a plan might want to keep the medical information together and so their plan would have Section C (Health Needs) followed by Section G (Health Provision):

#### **4.3.1 Example of a Table of Contents for an EHC plan**

**Hi! I'm Yasmin – a brief profile of Yasmin - page xx**

##### **Section A. Getting to know Yasmin - Views, Interests and Aspirations - page xx**

- Yasmin's strengths and challenges
- Yasmin's story to date (history, play, health, schooling, independence, friendships)
- How to communicate with Yasmin
- Yasmin's views and aspirations for the future
- Yasmin's parents' views and aspirations for the future

##### **Section B. Yasmin's SEN - page xx**

- Sensory
- Speech, language and communication
- Social and emotional skills
- Cognition
- Educational attainment

##### **Section C. Yasmin's health needs related and unrelated to her SEN - page xx**

##### **Section D. Yasmin's social care needs, related and unrelated to her SEND - page xx**

##### **Section E. Desired outcomes for Yasmin - page xx**

- The desired outcomes for Yasmin
- Steps towards achieving outcomes
- Arrangements for setting and monitoring shorter term targets by Yasmin's school
- Arrangements for monitoring and reviewing Yasmin's progress
- Planning for Yasmin's transfer to secondary school

##### **Section F. Special educational provision required by Yasmin - page xx**

- Table of special educational provision linked to the outcome steps from Section E
- Table of summary of special educational provision

##### **Section G. Health provision required by Yasmin - page xx**

##### **Section H1. Social care provision required under CSDPA 1970 - page xx**

**Section H2. Any other social care provision required by Yasmin - page xx**

**Section I. Name and type of placement for Yasmin - page xx**

**Section J. Details of any Personal Budget required for Yasmin - page xx**

**Section K. Appendix containing list of advice and information (table format) received for Yasmin's assessment - page xx**

- Optional table for summarising the results of the standardised assessments used by the different professionals.
- The reports of the different professionals are appended

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## 5. Section-by-section guidance

### 5.1 Section A: The views, interests and aspirations of the child and their parents or the young person

#### 5.1.1 What the SEND COP (2015) describes in para 9.69 as ‘information to include’ in Section A

- Details about the CYP’s aspirations and goals for the future. Consideration should also be given to the CYP’s aspirations for paid employment, independent living and community participation (especially from Year 9 review on).
- Parental aspirations and goals for their child in the future.\*
- Details about play, health, schooling, independence, friendships, further education and future plans including employment (where practical).
- Summary of how to communicate with CYP.
- The CYP’s history.
- If this section is written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if views of the parents or professionals are being represented.

#### 5.1.2 Young people over compulsory school age

Until a CYP is over compulsory school age (i.e. from the end of the school year – the last Friday in June - in which they turn 16) parents’ views and aspirations take precedence and they also have the final decision regarding the various aspects of an EHC plan. However, as the SEND COP (para 2.12) states, once the child reaches the end of compulsory schooling, some rights in decision making regarding the EHC plan transfer to the young person, subject to their capacity to do so, as set out in the Mental Capacity Act (2005)<sup>15</sup>.

#### 5.1.3 What we learned about Section A from our analysis of 40 EHC plans

- This section was exceedingly variable in length, ranging from just under a single page to several pages (some being six pages and more in length).
- This section also had more parts/sub-headings missing than any of the other sections. It seemed as if some of the plans only contained the information pertaining to the **title** of the section and did not have the information to be included, as cited in para 9.69 of the SEND COP.
- Just over 50% of the plans included the CYP’s aspirations, often stating that the child was ‘too young’ to contribute. However, there was also evidence that a lot of thought had been given to accessing the views of older CYP (generally those in Year 5/6 and above) with many going down the questionnaire route. Some very colourful and attractive booklets had been produced to encourage responses. Although this proved an efficient method for many, some did not appear to engage with the process and it did not appear that any other approach had been used.
- About 75% of the plans included information from the CYP’s parents. However, these contributions were seldom aspirational in content. The views represented often read like short term ‘wants’ (e.g. wanting a place in a particular resource provision or full time teaching assistant (TA) support).
- Details regarding play, health, schooling etc. were included in just over 40% of the plans and were generally quite brief while seldom providing information for all the categories requested.

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<sup>15</sup> More information available in *Mental Capacity Act - NatSIP guidance*.

See: [www.natsip.org.uk/index.php/supporting-si-workforce/mental-capacity-act](http://www.natsip.org.uk/index.php/supporting-si-workforce/mental-capacity-act)

- Just over 50% of the plans included information, **in this section**, on how to communicate with the CYP, although it was sometimes contained in a later section. No matter where it was contained, it was often difficult to identify as it could be in a long piece of prose – only occasionally was it in a clearly marked subheading.
- In half the plans the history of the child was not included in Section A, but was sometimes contained in a later section of the plan – quite often in Section B (CYP’s special educational needs).
- 12 plans chose to write this section in the first person singular but only two plans made it clear whether or not the child was being quoted directly.

#### **5.1.4 Suggestions for making sure your EHC plan contains the ‘information to include’ for Section A as outlined in para 9.69**

This is an important section in the plan as it is:

- introducing the reader of the plan to the CYP for the first time and so it is not only vital to paint an accurate picture of the CYP in the present, but also to know some of the CYP’s pertinent history.
- telling us how best to communicate with the CYP and their voice should be heard throughout the plan
- recording the aspirations of the child and their parents or the young person to ensure they influence the later sections of the plan which identify needs and formulate outcomes for the CYP. Needs and outcomes are fundamental to the success of the plan as together they will determine the appropriate provision. This is shown in the diagram in the Introduction.

Therefore, we suggest:

- checking that all the information to be included in Section A (as outlined at the beginning of this section is contained in your EHC plan).
- within the section, using the ‘information to include’ as sub headings with bullet points so that information is presented in a succinct way that can be easily identified. Long pieces of prose can ‘hide’ important pieces of information.
- improving the quality of the parental input on aspirations and views by:
  - asking parents not just to focus on wants but also on their aspirations for their CYP regarding independence, employment, friendships, participating in the life of the community.
  - asking parents to think about these aspirations in the short, medium and long term. Some plans actually presented parents with clouds, labelled short, medium and long term in order to emphasise the aspirational/‘dreams for the future’ nature of this exercise.

With very young pre-school children, it could be very hard for parents to think quite so far ahead and so sentence completion could be used as a stimulus for their input:

- *In the next year, I hope she can/will be able to...*
- *By the time he starts nursery, I hope...*
- *By the time she is seven, I hope...*
- *By the time he starts at secondary school, I hope...*

- requiring the different professionals (e.g. specialist teachers (VI, HI, MSI), health professionals, etc.) to ask parents similar questions to those above (short, medium and long term) in order to get more specific and detailed information. This is suggested as information that should be fed back by professionals in the *Assessment and information gathering proforma*<sup>16</sup> in the NatSIP document *Better Assessment, Better Plans, Better Outcomes*.<sup>17</sup>
- increasing the number of CYP having their views recorded by:
  - ensuring that there is a genuine attempt to access the views of younger children and older CYP with learning difficulties. There should not be an age below which it is assumed children will not have a view or, because of learning difficulties, CYP will not be able to give views. Most CYP will be aware of likes and dislikes and even with limited communication skills can make these known.

The SEND COP states:

Children have a right [...] to express an opinion and to have that opinion taken into account in any matters affecting them from the early years. Their views should be given due weight according to their age, maturity and capability (Articles 12 and 13 of the United Nations Convention on the Rights of a Child).

SEND COP para 1.6

- improving further the quality of the CYP voice/input by considering:
  - having a range of approaches for accessing the views of **all** CYPs. The preferred method for the older CYP (Years 4/5 and above) was very much through a questionnaire, but not all CYP engaged with this process. Some may have preferred a discussion with a familiar or even unfamiliar (their choice) person who could then record their responses and reflect them back, if needed, to promote further discussion. Some may have felt threatened by the open ended questions and so might have responded better to choices or rankings for some of the questions, while responding online could be preferable for others who might value the privacy which that method gives.
  - using specific approaches for children in the early years and Key Stage 1. Qualified Teachers of the CYP with Sensory Impairment may be able to provide further advice on how best to do this. Options might include painting a picture about what they would like to do, making choices from a range of cards, putting a smiley face on their choice of two cards (e.g. Picture Exchange System – PECS), or other non-visual approaches for children with vision impairment.

Some of the more successful recording of views of very young children in our review of EHC plans could be regarded as ‘inferred views’ as they were based on very close observation of the child’s behaviour by a nursery nurse, parents or other professional (sometimes a mixture of two or more sources) which gives these inferred views even more credence. Gathering views in this way is permissible as long as it is made clear how the views were obtained.

- having a review of the efficacy of the current method or methods used in the local authority for the identification of CYPs’ views in order to see if you need to:
  - improve the quality and content (e.g. is it important to know she likes red shoes and pizza?) of the input.
  - ask additional or different questions.
  - consider additional approaches.

<sup>16</sup> <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans/658-05-natsip-better-plans-assessment-and-information-gathering-proforma-v2>

<sup>17</sup> <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans/478-11-better-assessment-better-plans-better-outcomes>

- using observation in young children (particularly where it is judged to be impossible to access and record the views of children under a certain age).
- Improving the content of the CYP's story/history by:
  - ensuring that really pertinent information is included by following the headings suggested in 'information to include' in the SEND COP, i.e. history, play, health, schooling, independence, friendships.
  - using the 'Telling the CYP's Story' tables (separate sets of tables for HI, VI and MSI) in the [additional resources](#) section at the end of this document.

These tables indicate the questions to ask to get the necessary information. Particularly relevant for this part of the EHC plan would be the following selection of tables (from the VI, HI or MSI sets depending on the CYP's sensory impairment) – the sensory impairment; social skills and confidence; self-help and independence; and speech, language and communication.

Please note that these tables were originally constructed to help parents prepare for meetings and/or to give a written response for an EHC needs assessment. However, the tables can equally be used by any professionals involved in the EHC needs assessment to ensure they have gathered all the information they need from the CYP's parents. A key worker may find them particularly helpful, as would the professional responsible for writing Section A.

## 5.2 Sharing good practice A1

The sub-headings for section A can be included in the Table of Contents and/or the template for the plan so that you are then more likely to include all the relevant aspects. The following shows how this would look for Section A:

### Section A. Getting to know Kirsty - Views, Interests and Aspirations.

- Kirsty's strengths and challenges
- Kirsty's story to date (history, play, health, schooling, independence, friendships)
- How to communicate with Kirsty
- Kirsty's views and aspirations for the future
- Kirsty's parents' views and aspirations for the future

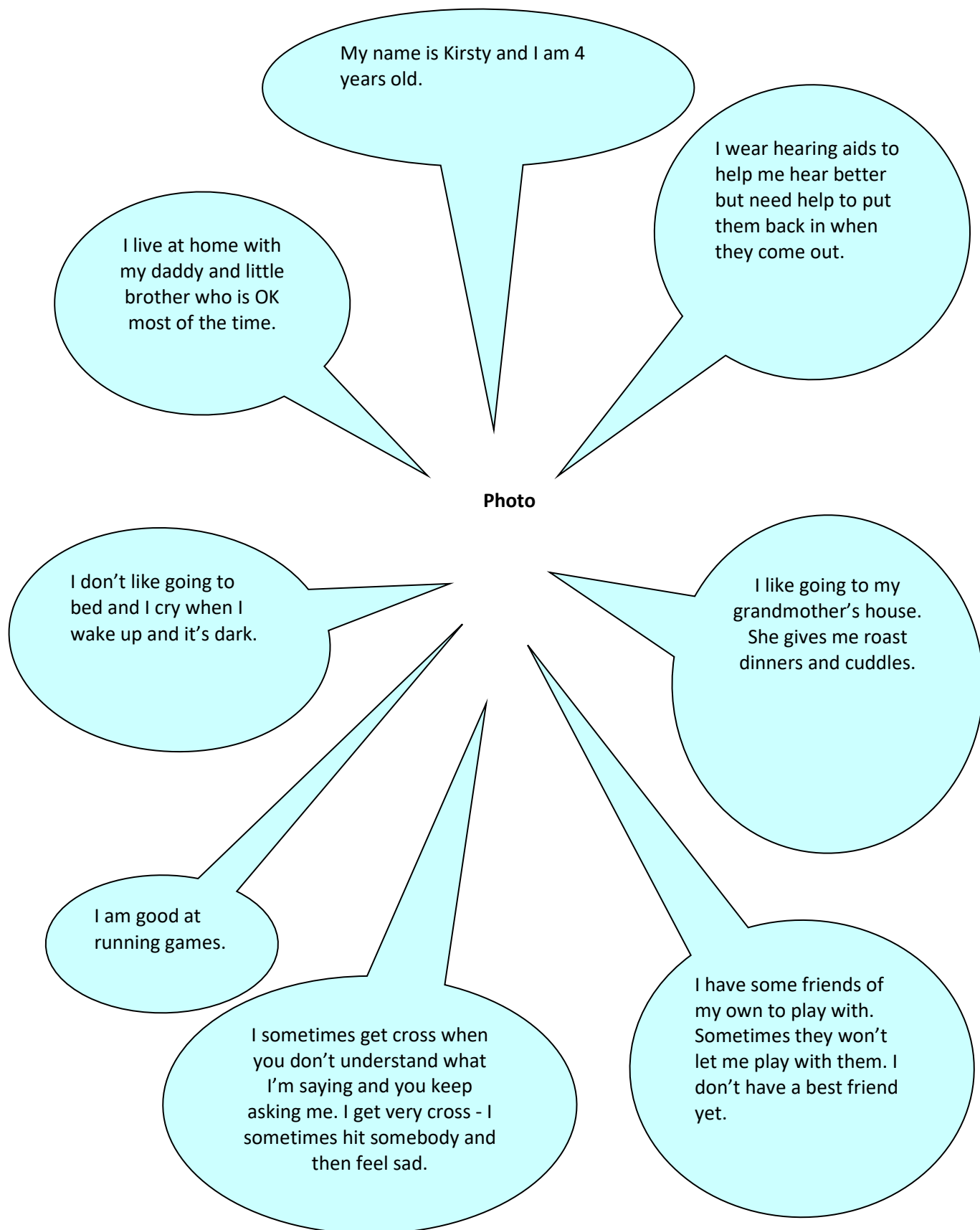
Although not required by SEND COP, using a **single page summary** to introduce the CYP seemed a good way to get a quick picture of the CYP and was found helpful and commented on favourably by the Department for Education (DfE). This was used in several plans and seemed to work best when placed after all the biographical and contact details, i.e. either just before or at the beginning of Section A. It was often presented as speech bubbles, especially in the case of younger children or in boxes with older secondary CYP - as in the following examples. Both examples are taken from the *NatsIP Model EHC Plans*<sup>18</sup> for 'Kirsty' and 'Robert'.

<sup>18</sup> See [www.natsip.org.uk/index.php/send-reforms/ehc-plans/590-model-exemplar-ehc-plans](http://www.natsip.org.uk/index.php/send-reforms/ehc-plans/590-model-exemplar-ehc-plans)



### 5.2.1 Example 1 – The speech bubble approach

Hello! My name is Kirsty



The above is based on a conversation Kirsty had with her key worker at nursery.

## 5.2.2 Example 2 – The ‘box’ approach

Hi! I’m Robert

*Photo of Robert to go here*

### ***What people like about me and what I like about myself***

I’m pretty good at football and get picked for the Saturday morning team

I try to do my best at school and my class teacher says this too

My handwriting is the thing I do best  
I also like drawing – my friends like my cartoon figures

I like to be helpful at home and at school

### ***What is important to me***

Playing football really well and maybe getting into the school team at my next school

Getting a good job that earns me lots of money

Playing with my brother and sister – well most of the time! She can be a pain at times

Going to football matches with my Dad and brother

Being able to speak to my friends, like they speak to each other

Going out for a bike ride or a Pizza or a Big Mac with my family

### ***How best to support me***

I’m deaf in both ears and so it’s difficult to have a chat with my friends and I never seem to hear the end of a joke

It helps if you make sure I can see your face and if only one person at a time speaks

I will often ask you to say something again

Helps, too, if there is not a lot of other noise from cars or radios and things

I am pretty good at signing and so that helps but only if you know how to sign!  
Anyway, I really want to use my voice most of the time - if I can

The above ‘quotes’ are taken from several different reports about Robert. Some are direct quotes.

### 5.3 Sharing good practice A2

The SEND COP states:

[The assessment and planning process should] highlight the child or young person's strengths and capabilities

Para 9.21

[EHC plans should] describe positively what the CYP can do and has achieved.

Para 9.61

Some plans chose to include a paragraph on the CYP's strengths at the beginning of each special educational need identified in Section B. Others chose to add a more general paragraph on the CYP's strengths at the beginning of Section A and this seemed to work quite well, especially when it followed a single page summary using speech bubbles or boxes. An example from one of the NatSIP Model EHC plans<sup>19</sup> is given below:

***The assessments and information gathered indicate that Kirsty has the following strengths:***

- Kirsty has good non-verbal communication skills. She is a keen communicator with excellent eye contact, concentration and attention.
- She is good at solving simple problems through pictures (e.g. picking out the pictures that are the same; picking out the picture that is different from a group of four pictures), and, using blocks and shapes, she can copy simple patterns and designs made by an adult (i.e. she has above average pictorial reasoning ability and average spatial ability).
- Kirsty has the ability to retain and use what she learns to find ways of working out similar problems using trial and error. She is keen to learn, determined, enthusiastic and eager to please.
- Kirsty's ability to run, walk, skip and is similar to that of other children of her age, as is her ability to do more intricate things such as threading small beads, using scissors and drawing (i.e. Kirsty's gross and fine motor skills are age-appropriate).
- Kirsty is able to concentrate in 'good listening conditions' for an 'impressive amount of time' (educational psychologist report).

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<sup>19</sup> <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans>

Some plans followed the brief paragraph on strengths with one on 'challenges' for the CYP – these two paragraphs are not required by the SEND COP in this format or location but together they provide a summary of the CYP and so help to set the context for the rest of the plan. An example is given below:

***The assessments and information gathered for this plan also indicate that Kirsty has the following challenges:***

- Auditory neuropathy, resulting in difficulty in understanding speech and in distinguishing one sound from another.
- Moderate hearing loss in both ears in low and mid frequencies, and profound loss in both ears in the high frequencies.
- Her speech is often not very clear and it can be difficult to understand her, which she finds frustrating. Sometimes, she also has difficulty in understanding what is being said to her, even with the use of Sign Supported English.
- Delayed listening skills.
- Difficulties in the development of social and emotional skills. Kirsty experiences difficulties in communication and getting on with other children. She also experiences more difficulties in recognising and expressing her own emotions and feelings.
- Kirsty's ability to think and problem solve using words is currently behind that of most children of her age although her ability to solve problems using pictures is above average.

It should be noted that additional information can be added to the plan as long as the sections A-K (and the information to include in them) as outlined in para 9.69 are also present in the plan.

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## 6. Section B: The child or young person's special educational needs (SEN)

### 6.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section B

- All of the child or young person's identified special educational needs **must** be specified.
- SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train a young person (SEND COP, para 9.73).

It should be noted that decisions about where to include health and social care needs/provision:

- **must** be made on an individual basis.
- should be agreed between LA and health and social care partners (SEND COP paras 9.74 – 9.76).

### 6.2 What we learned about Section B from our analysis of 40 EHC plans

- 39 of the 40 plans (98%) appeared to identify a range of special needs **but** there was:
  - large variation in the length of this section from half a page (or less!) to multiple pages that often gave information in narrative format but did not include pertinent information about the levels at which the CYP was functioning and how this compared with peers.
  - large variation in the amount of detail from the use of very general phrases ("*issues with anger management*", "*sensory processing developmental difficulties*", etc.) to very detailed information citing assessment information.
- Only 10 plans (25%) made explicit reference to health and social care needs. However, the need for therapy (particularly speech and language) input seemed to be implicit in many more plans.
- Only 50% plans were consistent in quoting specific assessment results (although this is not asked for by the SEND COP) which then provided a clear baseline for future monitoring.

### 6.3 Suggestions for making sure your EHC plan contains the 'information to include' for Section B as outlined in para 9.69

This is a crucial section as it should provide the basic information on which the rest of the plan is based. The information in this section should be based on strong evidence and thorough assessment by all the professionals involved so that the CYP's SEN can be described in sufficient detail to ensure:

- the formation of clear SMART outcomes.
- the identification of **all** the required provision (as "*provision **must** be specified for each and every need specified in Section B*" - para 9.69, SEND COP).
- effective monitoring and review (as this information should form a baseline for monitoring future progress).

It should provide detailed advice and information on the type and range of assessments required to carry out rigorous assessment for CYP with sensory impairments. Further guidance is contained in the NatSIP document *Better Assessment, Better Plans, Better Outcomes*.<sup>20</sup> There are separate sections for HI, VI and MSI and proformas for professionals on which to record the results and recommendations.

The *Better Assessments...* document also emphasises the need to gather information from a range of different people in order to get a full picture of specific needs, e.g. speech and language will need an assessment carried out by a speech and language therapist but it will also be important to check the child's performance in different contexts such as school and home and so the class teacher, parents and the CYP should be canvassed for their views as well.

Documents indicating the type of questions that might be asked of parents either in face-to-face discussion or as questionnaires (separate questionnaires for VI, HI and MSI) can be found in the [additional resources](#) section, 'Telling the CYP's story'.



#### 6.4 Sharing good practice B1

There is no specific requirement in the SEND COP to give detailed assessment scores. However, it seems to be good practice to include scores so that **everyone** is clear about the level of the CYP's need and can assess progress at a later date.

It is important to note that

EHC plans should be clear, concise, understandable and accessible to parents, children, young people, providers and practitioners

SEND COP para 9.61

and so any scores included in the EHC plan should also be accompanied by an explanation of what they mean in plain English, including how the CYP's performance compares to that expected for peers.

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<sup>20</sup> See: <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans/478-11-better-assessment-better-plans-better-outcomes>

## 7. Section C: The child or young person's health needs which relate to their SEN

### 7.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section C

- The plan **must** specify any health needs identified through the EHC needs assessment which relate to the child's SEN.
- The Clinical Commissioning Group (CCG) may also choose to specify other health care needs which are not related to the CYP's SEN but which might be a long term condition that might need management in an educational setting, e.g. asthma, diabetes, mobility.

### 7.2 What we learned about Section C from our analysis of 40 EHC plans

- Just under half the plans (48%) specified any health needs related to SEN.
- Often these 'needs' were recorded as provision (e.g. "*needs regular vision tests*").
- Input did not always give the impression it had been contributed directly by health professionals. One plan simply contained the fact that "*she seems fit and healthy*". As in this case, the input often read as 'known information' i.e. information that was known by the parent or school and subsequently added to the plan.
- Only 12 plans (30%) included health needs not related to SEN, but often only the condition indicated (e.g. diabetes).

### 7.3 Suggestions for making sure your EHC plan contains the 'information to include' for Section C as outlined in para 9.69

Check how health professionals are currently involved in the EHC plan assessment process in your LA.

If you find that **provision** rather than needs is being recorded in this section, it is helpful to ask:

- Why is this provision necessary?
- What effect might this have on the child or young person's education?

The answers should indicate the needs. For example, if the information in Section C (Health needs) simply reads 'regular monitoring at the specialist eye clinic,' we should ask the following questions:

Question 1: Why is this provision necessary?

Answer 1: Mal has a severe progressive visual impairment caused by early onset retinal dystrophy which means his sight is deteriorating in both eyes.

Question 2: What effect might this have on the child's education?

Answer 2: Any further deterioration could affect Mal's ability to get around the educational setting safely while the size of print he currently needs to access written material may need to be increased.

These two answers would form the information required in Section C (Health needs).

A similar exercise can be used if just a condition is given – what are the implications of this condition for the CYP in the educational setting? For example, where the information section in Section C simply states ‘unstable diabetes’:

Question: What are the implications of this condition for the CYP in the educational setting?

Answer: As Mal has unstable diabetes, his blood sugar level can swing from high to low and low to high quite quickly. This can be exacerbated by additional exercise (P.E, swimming and games) or by having a longer period between meals (e.g. attending an after school club or going on a school trip).

The above answer would form the text for Section C – a long term condition that might need managing in the educational setting.

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## 8. Section D: The child or young person's social care needs which relate to their SEN or to a disability

### 8.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section D

- 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 CYP under 18 under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.
- The LA may also choose to specify other social care needs not linked to the CYP's SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have, though the LA **must** have consent of child and their parents.

### 8.2 What we learned about Section D from our analysis of 40 EHC plans

- This section was sometimes removed completely from the plan, left blank or a response was given such as 'not known to social care,' 'no details available' or 'no details given.'
- Only five (12.5%) plans had completed this section.
- An additional four plans indicated that the CYP had been referred for/or was undergoing an assessment.
- One plan recorded that the family had been asked to contact social care for advice.
- Five plans seemed to confuse fairly basic social skills needs (met by the school) with needs requiring social care intervention.
- No plans included other social care needs not linked to SEND, e.g. from child in need assessment, early help assessment or child protection plan.

### 8.3 Suggestions for making sure your EHC plan contains the 'information to include' for Section D as outlined in para 9.69

Find out how information for the EHC needs assessment is currently accessed from social care.

Be clear about what you can expect regarding social care involvement with the EHC needs assessment and any subsequent EHC plan by knowing what the legislation and the SEND COP require:

The involvement of social care is a requirement when carrying out an EHC plan needs assessment:

- The SEND Regulations 2014,<sup>21</sup> section 4(2) states that the LA **must** notify 'officers of the LA responsible for exercising the social care functions for children with SEND' when considering an EHC assessment.
- SEND Regulations 2014, section 6(1)(e) states the LA **must** seek advice and information in relation to social care regarding any needs or provision for the CYP.
- SEND Regulations 2014, section 8, 'Duty to co-operate', states that social care **must** comply with the request from the LA within 6 weeks.

The SEND COP reflects the requirements of the Regulations. Paras 9.46, 9.47, 9.49, 9.52, 9.176 state:

- LA **must** gather advice from relevant professionals about the CYP's education, health and care needs, desired outcomes and any appropriate provision and this includes social care.
- LA **should** consider with the child's parent or YP and those professionals listed in SEND COP, para 9.49 (includes social care) the range of advice required to enable a full EHC needs assessment to take place.

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<sup>21</sup> [www.legislation.gov.uk/uksi/2014/1530/pdfs/uksi\\_20141530\\_en.pdf](http://www.legislation.gov.uk/uksi/2014/1530/pdfs/uksi_20141530_en.pdf)

- LA **must** invite a local authority social care representative to any reviews of the EHC plan (SEND COP, para 9.176).

Check if parents or young people are aware of what sort of support and advice is available from social care, e.g. have they seen the Local Offer?

Consider the CYP's potential social care needs in relation to:

- developing independence.
- participating fully in family life and activities in the community.
- developing socially and emotionally.

The following is an example of the type of information to include in Section D where the social care need is related to the SEND.

#### **8.4 Example of a social care need related to SEND**

Tom has a bilateral hearing impairment and so his speech can lack clarity which is now having a marked effect on the development of his independence, e.g. he is unwilling to use public transport to get around. Therefore, he currently depends on his parents to take him to the local youth club and other activities. He is beginning to feel a bit embarrassed about this but he does not have the self-confidence to be more independent.

The following are examples of information that might be included for a social care need not related to the CYP's SEND. This information could only be included if the parents or young person over 16 (over compulsory schooling age) gave their permission.

##### Example 1 of social care need not related to the CYP's SEND

Ahmed is often very tired in school. He finds it difficult to concentrate and is generally less able/willing to face the challenges of learning. He appears to be suffering from lack of sleep and is known to be a young carer. A Child in Need assessment and a Parent Carers Needs Assessment have been carried out.

##### Example 2 of social care need not related to the CYP's SEND

Louisa was a very lively child in school but she became very withdrawn after her parents' separation as she was concerned about being able to see her mother. A Child in Need plan was carried out.

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## 9. Section E: The outcomes sought for the child or young person

### 9.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section E

- A range of outcomes over varying timescales covering education, health and social care.
- SMART outcomes with a clear distinction between outcomes and provision.
- Steps towards achieving outcomes.
- Arrangements for monitoring progress, including review and transition arrangements.
- Arrangements for setting and monitoring shorter term targets by the early years provider, school, college or other education or training provider.
- Forward plans for key changes in CYP's life.
- For CYP preparing for transition to adulthood, outcomes that will prepare them well for adulthood and clearly linked to the achievement of aspirations in Section A.

### 9.2 What we learned about Section E from our analysis of 40 EHC plans

- Most plans came up with a range of outcomes (though some used different terminology such as goals).
- 22 plans (55%) had varying timescales.
- Not one plan had consistent SMART outcomes - 13 plans did not provide any timescales while others lacked specificity and/or measurability.
- Most plans (78%) seemed to omit **steps** towards achieving outcomes.
- Arrangements for monitoring progress etc. were only recorded in this section, as required by the SEND COP, in 10 plans (25%). Most frequently it was found in a separate section towards the end of the plan, but never labelled as Section E.
- Arrangements for setting shorter term targets in the educational setting were overlooked by most (present in only 22%).
- Forward plans for key changes were signposted in seven plans – generally few details were given.

### 9.3 Suggestions for making sure your EHC plan contains the 'information to include' for Section E as outlined in para 9.69

As noted above, a significant number of the plans in the review had essential information missing from this section. The information missing was often almost administrative in content and so is quite easy to insert. Therefore, you should check that this section in the EHC plan has:

- **arrangements for monitoring progress**, including for review and transition review. We would advise giving this information a subtitle within the section so that it can be easily identified (remember - resist putting it at the end of the plan where it has often been placed in the past).
- **any forward plans required for key changes in a CYP's life**, such as starting school, changing schools, moving from further education to adulthood, independent living, employment, etc.

The crucial aspect of this section is the work around outcomes and so, to be effective, you should also check that your EHC plan includes the following:

- The identification of appropriate **outcomes** for the CYP.
- Outcomes that are as **SMART** as possible.
- The inclusion in Section E of the **small steps in the EHC plan** that will act as markers on the way to achieving the outcome.
- **A description** in Section E of the **arrangements for the setting of shorter term school/educational setting targets** which will be based largely on the small steps in the EHC plan.

These short term targets should **not** be included in the main part of the EHC plan. However, it would be regarded as good practice (but not a requirement of the SEND COP) to append them to the plan in order to enable the monitoring of progress towards the steps and longer term outcomes in the plan (SEND COP, para 9.69).

## 9.4 Developing and writing of outcomes for EHC plans

### 9.4.1. The importance of outcomes

The word 'outcomes' appears 249 times in the SEND COP.

Outcomes underpin and inform the detail of EHC plans.

SEND COP, Para 9.68

EHC plans **must** specify the outcomes sought for the child or young person in Section E. EHC plans should be focussed on education, training, health and care outcomes that will enable CYP to progress in their learning and, as they get older, to be well prepared for adulthood.

SEND COP, para 9.64

### 9.4.2 The difference between outcomes and aspirations

Many of the outcomes in the EHC plans in the review were very general and more like aspirations, e.g. 'will achieve her academic potential.' The two are different, but there is a relationship between them:

- An **Aspiration**: something which it is hoped will happen further into the future (longer term) e.g. employment or further study plans, or the degree of independence hoped for in adulthood. It **must be specified in Section A**.
- An **Outcome**: something which contributes towards the aspiration but can be measured and is expected to be achieved within the medium term, e.g. by the end of the key stage. It **must be specified in Section E**.

#### Note:

A local authority cannot be held accountable for the aspirations of a child or young person, e.g. a local authority cannot be required to continue to maintain an EHC plan until a young person secures employment. However, the EHC plan should be maintained where [...] clear evidence shows that special education provision is needed to enable the young person to achieve the education and training outcomes required for a course or programme that moves them closer to employment.

SEND COP, para 9.65

### 9.4.3 What the SEND COP expects an outcome to be:

- Defined as the benefit or difference made to an individual as the result of an intervention.
- Should be personal and not expressed from a service perspective.
- Something that those involved have control and influence over.
- Should be specific, measurable, achievable, realistic, time-bound (SMART).
- Important that it has considered what is important **to** the child or young person and what is important **for** them as judged by others with the CYP's best interests at heart.
- From year 9 onwards, the nature of the outcomes will reflect the need to ensure young people are preparing for adulthood.

### 9.4.4 Writing of 'good' SMART outcomes

The following is a process for deriving and writing 'good' SMART outcomes.

Writing 'good' outcomes

**Know what is important to the CYP and what they want to achieve (Section A - Aspirations)**

*Example:* Becky in Reception is 'a bit sad' (her words) as she wants to have friends and be able to play with them.

+

**Know what parents and others think is important for CYP and what is in their best interests (Section A. Aspirations)**

*Example:* Becky's parents want her to be happy and have friends and learn at school

+

**The results of assessments and professional information (indicating gaps/potential barriers). (Sections B,C,D. Needs)**

*Example:* School staff note she is withdrawn and alone at breaks. She finds it difficult to communicate with the other children in her class. SALT reports indicate expressive and receptive language at 5<sup>th</sup> and 10<sup>th</sup> percentile.



### SMART OUTCOME

*Example:* By the end of Year 3, Becky's speech language and communication skills will be at, or close to, the levels expected for a child of her age and ability so that she will be able to chat with other children and join in games with them.

#### 9.4.5 Checking for a 'good' outcome

- Is it helping the CYP to achieve/move towards achieving an identified aspiration?
- Is it person centred (i.e. not service centred)? (For example, should not be stating "*she needs two hours of speech therapy per week*" as this is provision).
- Is it challenging with high expectations?
- Is it SMART?
- Is it clear what benefit the difference or benefit will be for the pupil?
- **Apply the acid test for 'good' outcomes:** How easily will you be able to tell if the outcome has been achieved?

#### 9.4.6 A possible outcome format for an outcome

**By** (give a timescale, end of phase/stage/year), **s/he will be** (state achievement) **so that he/she can** (state what she/he will be able to do).

- By the end of Key Stage 1, Lan's self-help and fine motor skills will be in the average range for her age so that she will be able to take responsibility for her own personal needs with the minimum of adult supervision.
- By the end of Key Stage 2, Raj will be able to move confidently around the school environment using age appropriate mobility skills so that he can join his friends in the playground to play bell football.
- By the end of year 9, Mal's academic performance will be, as a minimum, in the average range for his age (reflecting his true ability as shown on the tests carried out by the educational psychologist) so that by the end of year 11 he will gain the necessary qualifications to allow him to proceed to his chosen post-16 destination – computer course at the local college.

#### 9.4.7 The steps to support progress towards achievement of the outcome

Whereas outcomes will usually be set to last for a stage or phase in education or a number of years, the **steps** will usually be shorter term and possibly for around a year as this would coincide with the annual review.

The following are examples of possible **steps** for Becky:

- By the end of Year 2, she will be able to say clearly, at least 80% of the speech sounds for her age group.
- Year-on-year she will make one year of progress in her spoken language (expressive) and in her understanding of language (receptive) vocabulary
- By the end of Year 1, Becky will be using simple sentences and will be able to play simple turn taking games with at least one other child and in the presence of a supportive adult.

These steps above would be included in Section E of an EHC plan

#### 9.4.8 The school/education setting based targets

The school/education setting would then be responsible for ensuring the development of the normal type of school based **targets** which would have the level of detail required for teaching and perhaps timed to last for a term, e.g:

By the end of the next term, Becky will:

- make clearly the following 4 sounds - c, e, h, t - in isolation and then in words (at the beginning of a word, in the middle of a word and at the end of a word).
- be able to compose and say clearly simple sentences of two parts (subject, verb).
- respond correctly to three part instructions.

These targets above are not part of the EHC plan, but can be appended to aid monitoring.

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## 10. Section F: The special educational provision required by the CYP

### 10.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section F

- Provision **must** be detailed and specific and normally quantified in terms of the type, hours and frequency of support and level of expertise, including where supported through a Personal Budget.
- Provision **must** be specified for every need in Section B.
- It should be clear how provision supports achievement of outcomes.
- Health and social care provision **must** be in this section if it educates or trains.
- There should be clarity as to how the advice and information gathered has informed the provision specified. Where LA departs from that advice, they should say so and give reasons.
- The plan should specify:
  - any appropriate facilities, equipment, staffing and curriculum.
  - any modifications to the National Curriculum (NC).
  - any exclusions from the NC or course in post-16 setting and the proposed substitute.
  - where residential accommodation is appropriate.
  - where there is a Personal Budget, the outcomes to which it is intended to contribute.

### 10.2 What we learned about Section F from our analysis of 40 EHC plans

- We were surprised to find that over 80% of the plans were still describing some, or all of the provision in woolly terms – *“would benefit from...”*; *“access to a teacher of VI”*; *“speech and language as required/as provided by health”*; *“MSI provision to be specified by service”*, etc.
- Some plans included long detailed lists of classroom management strategies (e.g. *“make sure you do not cover your face when speaking”*).
- Most plans (70%) made some attempt to show how the provision was supporting the achievement of particular outcomes.
- 19 (48%) plans specified some health provision in this section (usually speech and language therapy).
- No plans listed social care provision.
- No plans allocated Personal Budgets for educational provision.



### 10.3 Suggestions for making sure your EHC plan contains the 'information to include' for Section F as outlined in para 9.69

Make sure that the provision is detailed, specific and quantified, making sure that questions, such as those shown below, can be answered:

- How long is a session?
- How often is it to be delivered?
- Which professional/qualifications are required to deliver the session?

Examples for how this could be done are shown below:

Vision impairment:

- The suitability of classrooms will be assessed before Sean transfers to his new school and reasonable steps will be taken to make it as easy as possible for Sean to make the most of his vision. The QTVI and/or habilitation specialist will provide assessment and advice at the beginning of the summer term. To be implemented by the school.
- Daily, the curriculum and resources will be made accessible by presenting them in enlarged modified print or tactile format as appropriate for class activities. The class teacher and specialist TA (VI trained, with Braille knowledge) will take responsibility for this, with support from a QTVI.
- One Braille lesson (1 hour) per week from a QTVI.
- For all examinations and tests, Freya will be provided with modified examination papers. This will include layout and presentation of the standard paper being simplified and the content transcribed into Braille, with tactile diagrams where appropriate.

Hearing impairment:

- The acoustic quality of classrooms to be assessed at the beginning of the term before Raj starts at his new school by the Teacher of the Deaf and/or a specialist technician. They will provide a written report of their assessment with recommendations and advice. The school will take reasonable steps to implement the advice in the report to make it as easy as possible for Raj to listen and hear in the school setting.
- Provision of a radio aid to the specifications recommended by the Teacher of the Deaf. The local authority to fund the purchase. Training and advice to Maya and staff on its use to be provided in by the Teacher of the Deaf in two sessions of one hour. Daily checks to ensure that the radio aid is working properly. The specialist TA in the school is responsible for this.
- For all examinations and other assessments, Olivia to be provided with a live speaker for pre-recorded components and a sign language interpreter. The school staff and Teacher of the Deaf are responsible for organising this.

Multi-sensory impairment:

- An occupational therapist, qualified to work with people with sensory integration difficulties, will draw up a sensory diet<sup>22</sup> to be implemented on a daily basis for at least five minutes at the start of the day (and additionally throughout the day when needed for Kerry to maintain an appropriate level of arousal/focus) by a TA who has been trained by the occupational therapist. The sensory diet will be reviewed at least once per term by the occupational therapist.
- Every four weeks, the mobility specialist, liaising with the TA, will carry out a specialist mobility assessment for Raj to monitor safe mobility, especially in group situations, on school trips and at times of transition to a new environment.
- Weekly training sessions for Hal and advice to staff, by the mobility specialist, on the correct use of his cane.
- Clear mobility routes around the school and within classrooms to be marked out with different textures on the walls and/or underfoot. Mobility specialist to advise and school to implement.

Check that only provision (and not long lists of detailed classroom management strategies) are included. Although it is important to know, for example, about the best seating arrangements and ensuring the CYP's hearing or vision aids are working before a teaching session, this is not necessary information in the EHC plan. The provision aspect would be given in more general terms such as:

- All staff in the school will have a one hour training session on the awareness and implications of HI, VI or MSI (whichever is applicable to the CYP) and this will be delivered by the specialist teacher from the Sensory Team.
- The class teacher and TA of the CYP will receive individual advice and support on the appropriate classroom management strategies for a CYP with HI, VI or MSI, adapted to the needs of the specific CYP. The class teacher and TA will have a two hour session with the specialist teacher from the Sensory Team before the CYP transfers and will have half termly liaison meetings of one hour every half term.

Linking provision to outcomes seemed to be most transparent and effective when in tabular format and when matched to the steps of the outcome. However, steps are in Section E and provision is Section F. Therefore, you will note that this table first lists the **steps** and so the heading of that column states clearly Section E as required by the SEND COP. The next two columns cover **provision** and therefore are clearly marked Section F.

We found the format of the table on the following page helpful:

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<sup>22</sup> A 'sensory diet' is a carefully designed, individual activity plan that provides the sensory input the child needs (generally alerting or calming activities) to stay focused throughout the day.

### 10.3.1 Example Table Format

A.	<b>Outcome:</b> By the end of Year 3, Becky's speech language and communication skills will be at, or close to, the levels expected for a child of her age and ability so that she will be able to chat with other children and join in games with them.		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special Education Provision</b>	<b>Who will be responsible</b>
A1	By the end of Year 2, she will be able to say clearly, at least 80% of the speech sounds for her age group	<p>An individualised, carefully graded speech programme</p> <p>Becky and programme to be monitored every two weeks (15 min sessions)</p> <p>Programme to be delivered in a ten minute session every day</p>	<p>Written by specialist SALT</p> <p>Specialist SALT</p> <p>Specialist TA who will be trained by the specialist SALT</p>
A2	Becky's vocabulary, spoken language and understanding of language will show year on year measurable improvement (i.e. 'Expected progress' para 6.17)	<p>Individually designed daily programme covering the three areas</p> <p>Programme delivered 1:1 daily</p> <p>One session (45mins) of specialist input every two weeks (including 10 minute liaison with TA and classroom teacher)</p>	<p>Specialist SALT and ToD</p> <p>Specialist TA with BSL level 3</p> <p>Specialist SALT</p>

#### 10.4 Sharing good practice

Although not required by the SEND COP, it can be helpful to summarise the educational provision required having completed a provision table similar to the one above – once again, a tabular format can give clarity.

##### Summary of special educational provision for Henry

Outcome Step	What is being funded?
a.1, a.2, a.4, a.5, c.1, c.4, d.1, d2	One session of one hour every two weeks from Teacher of the Deaf.
a.1, a.2, a.3, b.1, b.2, c.1, c2, c.3, d1, d2	Full time specialist TA (BSL Level 3).
b.1, b.2	Specialist SALT to deliver one 45 minute speech and language session every two weeks plus one hour each half term for monitoring and liaison with education setting staff.
a.4, d.1, d.2	Radio aid for whole class teaching and group work.

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## **11. Section G: Any health provision reasonably required by the learning difficulties or disabilities which result in the CYP having SEN**

### **11.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section G**

- Provision **should** be detailed and specific and should normally be quantified 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.
- Clarity as to how advice and information gathered has informed the provision specified.
- Health care provision reasonably required may include specialist support and therapies (medical treatments, delivery of medications, occupational therapy, physiotherapy, a range of nursing support) and specialist equipment (e.g. wheelchairs and continence supplies). Could also include highly specialist services commissioned centrally through the NHS.
- The local authority and CCG may also choose to specify other health care provision reasonably required by the CYP, but not linked to their learning difficulties or disabilities.

### **11.2 What we learned about Section G from our analysis of 40 EHC plans**

- This was one of the most concerning sections in the plans that were reviewed.
- Only 15 plans (37%) had completed this section, i.e. put information of any type into this section.
- Only two of these 15 plans met the requirements of being detailed, specific and quantified.
- Content was very general with phrases such as 'therapy as normally commissioned' and 'as deemed by the health authority' often used. Usually, seemed to be recording the provision already in place and felt more like a box filling exercise rather than a real consideration of the actual health needs of the CYP in relation to their education.
- **No** plans related the provision to outcomes as required.
- Only seven plans exercised the option to include specialist support and therapies, e.g. medical treatments, OT, physio, specialist equipment (wheelchairs, continence pads, etc.).
- Six of the above plans included speech and language therapy and this seems questionable as speech and language therapy will almost always be linked directly to education and training and so should be in Section F (SEN provision).
- Only four plans chose to specify health care not related to the learning difficulties/disabilities.

### 11.3 Suggestions for making sure your EHC plan contains the ‘information to include’ for Section G as outlined in para 9.69

- This is the section in which to record provision, but it **should** be specific, detailed, quantified and related to an outcome/s.
- Should never state ‘as described in Section C. Section C is about health needs and this section (G) is asking for the description of the provision.
- You could consider putting it into a table to show the outcome that is being supported.

Provision	Outcome/s
As Julie’s hearing levels are unstable (see audiology report dated Dec 2015), the audiology service will carry out a review (to include hearing tests, tests of middle ear function and hearing aid function using real ear measurement) every 3 months.	Outcome A (Ensuring access to the curriculum to achieve predicted levels); Outcome B (Achieve speech and language levels appropriate for age and ability) and Outcome D (Increased independence skills).

Be aware of the relevant legislation around considering and agreeing health provision:

- Joint commissioning arrangements **must** include arrangements for securing EHC needs assessment; securing EHC provision and agreeing Personal Budgets (Section 26, Children and Families Act 2014).
- The EHC plan to include any ‘health care provision reasonably required by the learning difficulties or disabilities’ (Children and Families Act 2014, Section 37).
- Regulation 12 of the SEND Regulations 2014 states that when preparing an EHC plan:

A local authority **must** set out [...] any health provision reasonably required [and] the health care provision specified in the plan **must** be agreed by the responsible commissioning body.

The SEND COP (paras 9.70, 9.71,9.141) states:

- each CCG will determine the services it will commission to meet the reasonable health needs of CYP with SEND.
- relevant local clinicians will participate in the CYP’s plan.
- the CCG **must** ensure oversight to provide assurance that the needs of children with SEN are being met.
- health care provision specified in Section G of EHC plan **must** be agreed by the CCG.
- any health provision should be included in the draft EHC plan sent to the child’s parents or young person.
- partners **must** have clear disagreement resolution procedures.
- the CCG **must** ensure any specified health provision in EHC plan is delivered to CYP.

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

### IMPORTANT NOTE

The EHC plan has two sections to cover the provision to be given by social care; H1 and H2.

Why are there two sections?

- H1 is for any social care provision which must be made for a CYP under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.
- H2 is for provision not covered by the CSDPA 1970 for under 18 year olds and for those who are 18 and over provision under the Care Act 2014.

**In our analysis of EHC plans, there was significant confusion between H1 and H2 regarding the information that should be included in each section. Therefore, if you are looking for guidance on the social care provision in an EHC plan, it is recommended that you read the guidance notes in this document for both sections.**

### 12.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section H1

Provision should be detailed, specific and should normally be quantified in terms 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 help to achieve 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.

Section H1 **must** specify all services assessed as needed under section 2 of the CSDPA 1970. These include:

- Practical assistance in the home.
- Provision or assistance in obtaining recreational and educational facilities at home or 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 this section on the basis that a child as well as their parents will benefit from the short break).

This section may include services to be provided for the parent carers of disabled children, including following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989.

## 12.2 What we learned about Section H1 from our analysis of 40 EHC plans

- This section was only completed with reference to social care provision in three EHC plans out of the 40 in our review.
- A further five plans completed this section with reference to fairly low level social emotional needs for which provision was being made from within the educational setting. There seemed to be confusion between social emotional needs and social care provision in these cases.
- It was further concerning that this section (and H2) was left blank in the cases of several children who seemed to be demonstrating **some need** for social care provision elsewhere in their EHC plans and especially concerning in the cases of three children who appeared to demonstrate **substantial need** for social care provision (two were children with MSI and one was registered blind).
- Five plans stated that the CYPs were now being assessed for social care provision, **as a result of and subsequent to the EHC needs assessment**. As this is supposed to be an EHC plan, it would be reasonable to expect the assessments to run concurrently so that a whole picture of need and provision could be recorded in the EHC plan for each CYP.
- One plan identified a CYP as receiving short breaks in Section D (Social care **needs**) but these short breaks were not recorded in either H1 or H2.
- Several plans deleted the section as presumably it was felt that there was no information to place in it, while others may have believed that the EHC needs assessment had not identified any new social care needs.
- One response simply *stated 'not known to social care.'* This did not read like a serious attempt to identify whether or not the CYP in question had any need for social care provision.
- None of the plans related the social care provision to any outcomes.
- There was obvious uncertainty about whether to put information in H1 or H2 and so the same information was sometimes put in both H1 and H2.
- The description of provision was not detailed and specific in any case. It was described in general terms such as 'long term support from Children with Disabilities Team'; 'short term breaks'; 'as agreed by the social care team'.
- Due to this lack of detailed information about the social care provision, it cannot be judged that Section H1 **specified** all the services assessed as being needed under section 2 of the CSDPA 1970. This is a **'must'** in the SEND COP.
- Similarly, not enough information was given to know if parent/carers were receiving services from social care, including those following an assessment of their needs under the Children Act 1989.



### 12.3 Suggestions for making sure your EHC plan contains the ‘information to include’ for Section H1 as outlined in para 9.69

- A quick rule of thumb for knowing the right provision to include in H1 is basically for CYP under 18 who have had their social care provision allocated as a result of assessment under section 2 of CSDPA 1970.
- Know how social care professionals are involved in the EHC plan assessment process in your LA. Neither the SEND Regulations nor the SEND COP states who should provide advice from social care, but ideally this should be a social worker for the deaf (if the CYP is deaf) or, at the very least, a qualified social worker with experience of disability, e.g. from the Children’s Disability Service.
- Be aware of the range of services provided under CSDPA 1970 which the LA has a duty to provide if an assessment shows eligibility criteria are met. These services are listed in summary form [here](#).
- We would advise against deleting any sections from an EHC plan. It is important to record the action taken to reach the decision that no social care was thought to be required.
- Consider presenting the required information in tabular format so that the provision is clearly described and linked to an outcome. An example follows:

Social care provision	Outcome/s supported	Provider
Long term loan of the following assistive technology – TV loop and flashing doorbell	By the age of 12, Zak will have increased self-confidence as he is enabled to be more independent (Outcome 2)	Children’s social care
Training for their use.		Occupational therapist

Be aware of the relevant legislation around social care and the EHC plan needs assessment. The involvement of social care is a requirement when carrying out an EHC plan needs assessment:

- SEND Regulations 2014, section 4(2) states that the LA **must** notify “officers of the LA responsible for exercising the social care functions for children with SEND” when considering an EHC assessment.
- SEND Regulations 2014, section 6(1)(e) states the LA **must** seek advice and information in relation to social care regarding any needs or provision for the CYP.
- SEND Regulations 2014, section 8, ‘Duty to co-operate’, states that social care **must** comply with the request from the LA within six weeks.

The SEND COP reflects the requirements of the Regulations. Paras 9.46, 9.47, 9.49, 9.52, 9.176 state:

- LA **must** gather advice from relevant professionals about the CYP’s education, health and care needs, desired outcomes and any appropriate provision and this includes social care.
- LA **should** consider with the child’s parent or YP and those professionals listed in SEND COP (para 9.49 - includes social care) the range of advice required to enable a full EHC needs assessment to take place.
- LA **must** invite a local authority social care representative to any reviews of the EHC plan (SEND COP, para 9.176).

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### 13. Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

#### IMPORTANT NOTE

The EHC plan has two sections to cover the provision to be given by social care, H1 and H2.

Why are there two sections?

- H1 is for any social care provision which must be made for a child/young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.
- H2 is for provision not covered by the CSDPA 1970 for under eighteen year olds and for those who are 18 and over, provision under the Care Act 2014.

**In our analysis of EHC plans, there was significant confusion between H1 and H2 regarding the information that should be included in each section. Therefore, if you are looking for guidance on the social care provision in an EHC plan, it is recommended that you read the guidance notes in this document for both sections.**

#### 13.1 What the SEND COP (2015) describes in para 9.69 as 'information to include' in Section H2

- Social care provision reasonably required may include provision identified through early help and children in need assessments and safeguarding assessments for children
- **Must** only include services **not** provided under section 2 of the CSDPA 1970. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to their disability.
- Any provision secured through a social care direct payment.
- Any adult social care provision required by those over 18 (set out in an adult care and support plan) under the Care Act 2014.
- The local authority may also choose to specify in this section other social care provision reasonably required by the CYP but which is not linked to the CYP's SEND, e.g. enables the local authority to specify social care provision arising from child in need and child protection plans, or provision meeting eligible needs in an adult care plan where it is unrelated to the SEN but appropriate to include in the EHC plan.

#### 13.2 What we learned about Section H2 from our analysis of 40 EHC plans

- This section was only completed appropriately in one plan (to record residential short breaks).
- Like section H1, this section was often deleted from plans, presumably as there was thought to be no need for it. However, in some cases, from the information contained in other parts of the plan, it was not clear why such a decision would be made.
- There was obvious uncertainty about whether to put information in H1 or H2 and so the same information was sometimes put in both sections.
- One plan merely stated in this section (and H1) that there was 'an open case' but no further information was given.
- Five plans stated that the CYPs were now being assessed for social care provision, **as a result of and subsequent to the EHC needs assessment**. As this is supposed to be an EHC plan, it would be reasonable to expect the assessments to run concurrently so that a whole picture of need and provision could be recorded in the EHC plan for each CYP.

### 13.3 Suggestions for making sure your EHC plan contains the ‘information to include’ for Section H2 as outlined in para 9.69

A quick rule of thumb for knowing the right provision to include in Section H2 is:

- for YP over 18, any social care provision set out in an adult care and support plan under the Care Act 2014.
- any social care provision for CYP under 18 who **have not** had their social care provision assessed under the CSDPA 1970.

The possible need for social care provision must be given due consideration and the legislation is to be found in the SEND Regulations 2014. The SEND COP reflects this legislation – more detail is in the H1 section [here](#).

It is permissible to include social care provision in the EHC plan which has resulted from child in need or child protection plans, provided it is agreed by all that it is still current.

**All residential** short breaks (both for children under 18 and young people over 18) should be included in Section H2.

Consider presenting the required information in tabular format so that the provision is clearly described and linked to an outcome. An example follows:

Service	Outcome/s supported	Provider	Funding source
Sign language teaching to parents in the home. One x 2 hour session per week for 12 weeks	Outcome 2 (Development of communication skills)		Education/Social care joint fund
Transport (home to venue) for parents to attend an NDCS course – ‘Parenting a deaf child course’. 6 sessions at weekly intervals.	Outcome 2. (Communication) and Outcome 1, 3 (Independence, Self-esteem)	Children’s social care	Personal budget
Deaf role model to visit family at home, weekly for six weeks (90 minute sessions)	Outcome 1, 3 (Independence, Self-esteem)	Children’s social care	Social care

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## **14. Section I: Placement**

### **14.1 What the SEND COP (2015) describes in para 9.69 as ‘information to include’ in Section I**

- The name and type of school, maintained nursery school, post-16 institution or other institution to be attended by the CYP.
- These details **must** be included only in the final EHC plan, **not** in the final draft sent to the child’s parents or young person.

### **14.2 What we learned about Section I from our analysis of 40 EHC plans**

With the exception of one plan, all demonstrated complete understanding of what was required in this section.

### **14.3 Suggestions for making sure your EHC plan contains the ‘information to include’ for Section I as outlined in para 9.69**

We do not need to make any suggestions for this section due to the high level of compliance demonstrated in the plans in this review.

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## **15. Section J: Personal Budget (including arrangements for direct payments)**

### **15.1 What the SEND COP (2015) describes in para 9.69 as ‘information to include’ in Section J**

This section should provide detailed information on any Personal Budget that will be used to secure provision in the EHC plan.

It should set out the arrangements in relation to direct payments as required by education, health and social care regulations.

The special educational needs and outcomes that are to be met by any direct payment **must** be specified.

### **15.2 What we learned about Section J from our analysis of 40 EHC plans**

Only one plan attempted to complete this section but, on closer examination, it became clear that the family were not accessing this option and there was no indication that they had even been considering it. It looked as if the local authority was using this section to identify the top up required for the setting’s notional SEN budget.

There was no attempt to specify the outcomes and SEN outcomes that were being supported by any direct payment.

Some plans had deleted this section.

Currently, from this experience, there does not appear to be any significant demand for Personal Budgets.

### **15.3 Suggestions for making sure your EHC plan contains the ‘information to include’ for Section J as outlined in para 9.69**

Be aware of the duties placed on local authorities in respect of Personal Budgets in paras 9.95, 9.96 and 9.97 of the SEND COP:

- information on Personal Budgets must be in the Local Offer and this can be used to introduce the parent or young person to Personal Budgets.
- the amount of money to deliver the provision should be indicated where the parent or young person is involved in securing the provision or if the local authority is requested to do so by the parent or young person.
- Local authorities **must** provide information about organisations that may be able to provide advice and assistance to help parents and young people make informed decisions about Personal Budgets.
- Para 9.102 states that the amount should be indicated to parents or young people if they are in the process of setting up and agreeing the Personal Budget.

We advise against deleting this section. We suggest that, even if a Personal Budget is not wanted, it is helpful to record this fact:

Insert a box in Section J in which information can be given about any discussion that was had with the parents or young person regarding accessing a Personal Budget, e.g:

#### **Parent/young person’s views/decision on accessing Personal Budgets**

The possibility of accessing Personal Budgets was discussed with Jal’s parents at the initial meeting but they stated they did not want to explore this option any further.

If there is a Personal Budget, the details of how the Personal Budget will support particular outcomes, the provision it will be used for (including any flexibility in its usage) and the arrangements for any direct payments for education, health and social care need to be included. We suggest it is helpful to put this information in a table similar to the one on the following page.

Outcome step	What is being funded?	Annual Cost	Funding Agency	Comments (Note if all or part required as a personal budget)

More detailed information on Personal Budgets can be found on the NatSIP Website.<sup>23</sup>

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<sup>23</sup> See: <https://www.natsip.org.uk/index.php/send-reforms/personal-budgets/560-personal-budgets-natsip-guidance>

## 16. Section K: Advice and Information

### 16.1 What the SEND COP (2015) describes in para 9.69 as ‘information to include’ in Section K

The advice and information gathered during the EHC needs assessment **must** be set out in appendices to the EHC plan.

There **should** be a list of this advice and information.

### 16.2 What we learned about Section K from our analysis of 40 EHC plans

- Thirty plans (75%) included a list of the advice and information gathered, while three additional plans placed this information at the beginning of the plan but did not label it as Section K.
- For the purposes of the review of the 40 EHC plans, no appended information was requested or submitted. However, 25% made it clear that the reports would be appended and so that must be regarded as minimum number only.
- At least two plans did not intend to append the reports from professionals with one stating that the appendices would *“be available on request”* and the other stating that *“the advice received had been incorporated into the plan”*. This is not acceptable practice given that the requirement to append the advice and information is a **must** in the SEND COP.

### 16.3 Suggestions for making sure your EHC plan contains the ‘information to include’ for Section K as outlined in para 9.69

All the advice, information and reports gathered during the EHC needs assessment **must** be appended.

The SEND COP also states that there **should** be a list of this advice, who provided it and when it was provided. The ‘**should**’ means that it is regarded as ‘good practice’. The table on the following page shows a suggested format for this information.

### 16.3.1 Example Table: List of reports and information gathered during the EHC needs assessment

Agency (if appropriate)	Role/ position	Written by	Date of report	Comments
	Parents	Mr and Mrs Glover	20.12.13	Proforma completed at initial meeting. Further comments added and signed at later meetings.
	Child	Robert Glover	16.01.14	TA acted as scribe.
Education	Teacher of the Deaf	Christine Jones	03.02.14	
Education	SENCO	Miriam Dick	10.03.14	
Education	Educational Psychologist	Jonathan McGrath	04.04.14	
Social Care	Social Worker	Harry Timpson	11.03.14	
Health	Senior Audiologist	Dipesh Patel	30.01.14	
Health	Specialist Speech and Language Therapist	Marie Vincent	14.04.14	
Health	Paediatrician	Dr Marian Vine		

### 16.4 Sharing good practice

The above table and the appended reports are all that are required to complete Section K and the EHC plan.

However, some professionals suggested it would be helpful to have the various standardised tests from the different reports collated in one place with a short explanation of what was being measured and the meaning of the test scores. It was felt that this would help non-professionals and professionals from different backgrounds have a better understanding of the needs of the CYP and therefore help create a better plan. Thereafter, such a table would help to monitor progress.

A partially completed example is shown on the next page.



#### 16.4.1 Example Record Table

Date	Assessment name	Focus/what it measures	Findings/results	What this means
<b>Hearing/Vision</b>				
<b>August 2013</b>	<b>Pure tone audiogram (PTA)</b>	Level (and type) of hearing (loss)	<p>Bilateral sloping sensorineural hearing loss which is moderate in the low-mid frequencies and profound in the high frequencies</p> <p>PTA determines level of hearing loss but is unable to determine the extent to which auditory neuropathy impacts on Kirsty's ability to hear speech clearly.</p>	<p>Kirsty has been fitted with bilateral hearing aids which need to be worn consistently all waking hours to ensure she has access to the full range of speech sounds.</p> <p>Hearing aids work best in close proximity to the sound source and in good acoustic environments. Hearing aids are of limited benefit hearing sounds from a distance, in group situations, and when there is background noise. Kirsty would benefit from using a radio aid to help ensure she makes progress</p>
	<b>Tympanometry</b>	Movement of ear drum and middle ear	Within normal ranges	No signs of middle ear congestion

Date	Assessment name	Focus/what it measures	Findings/results	What this means
	<b>McCormick Toy Test</b>	Aided speech discrimination (tested with live voice)	At 65dBA (voice only) = 2/12 At 65dBA (with lipreading) = 4/12 At 65dBA (with sign) = 12/12	<p>Tested only at normal conversational voice levels. Kirsty knows the names of and responds appropriately to all toys used in the test and scores 100% when using sign. With voice alone she scores just 2 out of 12 (below chance) and 4 out of 12 with lipreading.</p> <p>These results are consistent with our understanding of auditory neuropathy spectrum disorder which causes much poorer speech discrimination abilities than would be expected from the hearing loss alone.</p> <p>Kirsty is still young and her lipreading ability will continue to improve but at the moment whilst learning new vocabulary lipreading is of limited benefit to her.</p>
<b>Speech/language/communication</b>				
<b>October 2013</b>	<b>The New Reynell Developmental Language Scales – Comprehension</b>	The level at which Kirsty understands spoken language	Standard score = 69 (below the baseline of an age equivalent comprehension age of two years)	Kirsty's understanding of spoken language at four years old was below the level expected of a child of two years.

Cognitive development				
October 2013	<b>British Ability Scales, Second Edition (BAS II)</b>	Cognitive skills as follows		Kirsty is much stronger in some areas of learning, understanding and problem solving than others. Kirsty's verbal ability to understand and solve problems using words is very low. Her verbal comprehension skills (understanding of words) were at the 1 <sup>st</sup> percentile when she was assessed by the educational psychologist in August 2013. This means that she finds it very hard to take part in and learn anything from activities which are presented only through speaking. However, her ability to understand pictures and use them to solve simple tasks (pictorial reasoning ability) was above average (at the 67 <sup>th</sup> percentile)
	<b>Verbal comprehension</b>	Receptive language, understanding of oral instructions involving basic language concepts	1 <sup>st</sup> percentile	
	<b>Naming vocabulary</b>	Expressive language, knowledge of names.	10 <sup>th</sup> percentile	
	<b>Picture similarities</b>	<b>Non-verbal reasoning shown by matching pictures that have a common element or concept</b>	67 <sup>th</sup> percentile	
	<b>Pattern construction</b>	Non-verbal reasoning and spatial visualisation in reproducing designs with coloured blocks	58 <sup>th</sup> percentile	
Educational attainment				
Social, emotional, behavioural				
Independence				
Social care assessments				

Others				

**Note:** There is no suggestion in the SEND COP that such a table is required. However, it has been found useful by some practitioners.

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## 17. Additional Resources

### Telling the CYP's story

It is important that the CYP's story is well and coherently recorded. The following tables make suggestions for the range of information that would be helpful in forming a complete picture about a CYP. They were constructed to help parents prepare for meetings about their CYP and/or submit their written response as part of an EHC needs assessment. However, the tables can equally be used by any professionals involved in the EHC needs assessment to ensure they have all the information they need for their contribution to the plan from the CYP's parent. A key worker may find them particularly helpful as would the professional responsible writing Section A.

The first set of tables covers [hearing impairment](#), the second set [vision impairment](#) and the final section [multi-sensory impairment](#).

#### 17.1 Hearing impairment tables

##### 17.1.1 Hearing

<b>Suggestions</b>	<b>Notes</b>
What type of hearing loss does your CYP have? (Conductive, sensori-neural, permanent, temporary, fluctuating, deteriorating)	
Is this in the left or right ear or both?	
When was it diagnosed?	
Is their hearing better/worse in certain environments/conditions (e.g. indoors/outdoors, classroom/home, with or without background noise)?	
What type of specialist equipment does your CYP use (if any)? Hearing aids? What type? Cochlear implant? Radio aid?	
What difference does the technology make for them?	
Do they have any problems with using the technology (e.g. not wanting to wear hearing aids, frequent ear infections)?	
Do they lip-read? How well? How much do they rely on lip-reading?	
Are there any specific instructions about their equipment?	
Where and how often does your CYP have audiology appointments?	

### 17.1.2 How does your CYP with HI receive and understand language (receptive language skills)?

<b>Suggestions</b>	<b>Notes</b>
What method of communication should people use so that your CYP can understand them? (e.g. speech, British Sign Language (BSL), Sign Supported English, Cued Speech, Makaton, a combination of these)?	
What helps your CYP to understand? (e.g. facing your CYP, making sure they can see the speaker's face, using pictures or gestures, giving them time to process what the speaker is saying?)	
How can you tell if your CYP has understood?	
How well does your CYP make eye contact?	

### 17.1.3 How does your CYP with HI communicate (expressive language skills)

<b>Suggestions</b>	<b>Notes</b>
What language (if any) does your CYP use to communicate?	
How well does your CYP communicate with you, your family, friends, teachers, other CYP (deaf and hearing) and people they don't know well?	
How confident are they at communicating?	
Do you think your CYP is using the right level of language (whether they speak or sign) for their age or do you have concerns about their language development?	

### 17.1.4 Concentration and attention (HI)

<b>Suggestions</b>	<b>Notes</b>
For how long can your CYP concentrate on an activity?	
Does tiredness affect their concentration?	
Are there times when your CYP becomes frustrated or behaves in a difficult way? What causes this (if you know)?	
Are there times and situations in which they find it difficult to concentrate? (e.g. where there is a lot of background noise or too many visual distractions or when they are tired)	

### 17.1.5 Learning (HI)

<b>Suggestions</b>	<b>Notes</b>
Is your CYP making the kind of progress you would expect at this age?	
Do they enjoy learning?	
What activities do they enjoy or not enjoy?	
Do they enjoy going to nursery/school?	
If they get homework, do they do it independently/need a lot of help/avoid doing it?	

### 17.1.6 Self-help/independence skills (HI)

<b>Suggestions</b>	<b>Notes</b>
What can your CYP do by themselves?  Are they doing the things you'd expect for a CYP of their age, for example with regard to going to the toilet, getting dressed, getting their things ready for school, making a snack, tying shoelaces, travelling independently, etc.?	
How well do they manage any specialist equipment such as hearing aids? Will they tell someone if the equipment isn't working? Can they change batteries themselves?	

### 17.1.7 Social skills (HI)

<b>Suggestions</b>	<b>Notes</b>
Does your CYP play alone, alongside other CYP or with other children?	
Can they take turns in games, conversations etc.?	
Do they understand the basic rules of conversation? (Not interrupting, letting others have their say, not sticking to one topic of conversation which interests them but might not interest others so much, etc.)?	
Are they aware of, and do they consider, other people's feelings?	

### 17.1.8 Confidence, self-esteem and emotional needs (HI)

<b>Suggestions</b>	<b>Notes</b>
How confident is your CYP? Are there situations in which they are less confident?	
Are they happy to have a go at something new?	
Are they easily put off doing something if they make a mistake?	
Does your CYP seem as mature as other CYP the same age?	
How do they feel (if able to express a view) about their deafness or special educational needs?	

### 17.1.9 Motor skills (HI)

<b>Suggestions</b>	<b>Notes</b>
How are their fine motor skills? (Ability to make small, precise movements such as using a pencil or scissors, picking up small objects between two fingers)?	
How are their gross motor skills? (Ability to make larger movements such as running, walking, climbing, riding a bike)?	
Are their skills in these areas what you'd expect for their age?	
Are there any activities that cause you concern or frustrate your CYP?	



### 17.1.10 Health needs (HI - Section C in an EHC plan)

<b>Suggestions</b>	<b>Notes</b>
Describe your CYP's general health plus any medical conditions which you have not already described in relation to your CYP's hearing (e.g. physical limitations, diabetes, ADHD, autism, emotional and behavioural difficulties, allergies).	
What impact do they or might they have on your CYP's educational, social and emotional development and on their ability to access education?	
Does your CYP have to follow a medication/treatment regime which might have an impact on their education (e.g. audiology appointments, daily physiotherapy activities such as stretches, checking blood-sugar levels)?	

### 17.1.11 Social care needs (HI - Section D in an EHC plan)

<b>Suggestions</b>	<b>Notes</b>
What support needs do you have in relation to your CYP's daily living needs? (e.g. any issues you have to do with getting your CYP to appointments)	
What might your CYP need support with around the home because of their deafness or other difficulties? (e.g. not being able to hear the doorbell or smoke alarm)	
What opportunities does your CYP have to socialise with peers (hearing or deaf) outside of lessons? (After-school or community activities) Do they belong to any clubs? Do they need support to access these clubs/activities?	
Do you have opportunities to meet with families of other deaf CYP and adults?	

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## 17.2 Vision impairment tables

### 17.2.1 Vision (VI)

<b>Suggestions</b>	<b>Notes</b>
What is the name of their visual condition? How does it affect them? Is it likely to stay the same or get worse?	
Does it affect left or right eye or both?	
When was it diagnosed? At birth or later in childhood?	
Is their vision better or worse in certain environments/conditions (e.g. indoors/outdoors; classroom/home; seeing detail close up and at a distance; seeing particular colours and contrasts; seeing above and below and to the left and to the right)?	
How well do they manage light (e.g. do they prefer bright or dim lighting; how well do they manage moving from a bright environment to a dark space)?	
How well can they find and follow something that is moving?	
Where and how often does your CYP have appointments at the eye clinic? (ophthalmology/optometry/optician/low vision clinic)	

### 17.2.2 Equipment and Technology (VI)

<b>Suggestions</b>	<b>Notes</b>
What type of specialist equipment does your CYP use (if any)? Low vision aids such as a magnifier for near distance? Assistive technology? Audio? Braille? Mobility aids such as a cane?	
What difference does the technology make to your CYP's independence?	
Are there any specific problems with the use of technology (e.g. not wanting to use low vision aids)?	
Any specific instructions with regard to your CYP's equipment?	
Do they have the right equipment at home for their homework?	

### 17.2.3 Mobility and independence skills (habilitation) (VI)

<b>Suggestions</b>	<b>Notes</b>
How far can your CYP do the things on their own that you would expect for a CYP of their age, e.g. going to the toilet, getting dressed, getting their things ready for school, making a snack, travelling independently?	
How independent are they in finding their way around familiar and unfamiliar environments?	
How willing is your CYP to ask for help if they are not able to do something?	
How well do they manage any specialist equipment such as low vision aids or technology? Can they look after the equipment themselves?	

### 17.2.4 Speech and language – understanding language (receptive language) (VI)

<b>Suggestions</b>	<b>Notes</b>
How well does your CYP understand language?	
Do particular things help them to understand? (e.g. using pictures or objects; giving them time to process the information)	
How can you tell if your CYP has understood?	
How well does your CYP make eye contact?	

### 17.2.5 Speech and language – communicating (expressive language) (VI)

<b>Suggestions</b>	<b>Notes</b>
What language (if any) does your CYP use to communicate?  How well does your CYP communicate with you, your family, friends, teachers, other CYP and people they do not know very well?	
How confident are they at communicating?	
Do you think your CYP is using the right level of language for their age or do you have any concerns about their language development?	

### 17.2.6 Concentration and attention (VI)

<b>Suggestions</b>	<b>Notes</b>
How long can your CYP concentrate on an activity?	
Does tiredness affect their concentration? For example, for how long can they use their vision efficiently before their eyes become tired?	
Are there times when your CYP becomes frustrated or behaves in a difficult way? What causes this (if you know)?	
Are there particular times and situations in which they find it difficult to concentrate?	

### 17.2.7 Cognition and learning (VI)

<b>Suggestions</b>	<b>Notes</b>
Is your CYP making the kind of progress you would expect at this age?	
Does your CYP enjoy learning? Do they enjoy going to nursery or school?	
How well do they read and write and access the learning materials provided?	
Do you think it takes them longer than others of their age to complete a task?	
Do they do homework independently/need a lot of help/avoid doing it?	
Do they have any difficulties with understanding things that a sighted CYP would find easy?	

### 17.2.8 Social skills (VI)

<b>Suggestions</b>	<b>Notes</b>
Does your CYP play alone/do things on their own or with other CYP?	
How well does your CYP relate to other CYP? Do they prefer the company of children or adults?	
Does your child make new friends easily?	
How good is your CYP at taking turns in games, conversations, etc.?	
How well do they take part in conversations (not interrupting, not asking an excessive number of questions, letting others have their say etc., not sticking to one topic of conversation which interests them but might not interest others so much, etc.)?	
How aware are they of the feelings of other people?	

### 17.2.9 Confidence, self-esteem and emotional needs (VI)

<b>Suggestions</b>	<b>Notes</b>
How confident is your CYP? Are there situations in which they are less confident?	
Are they happy to have a go at something new?	
Are they easily put off doing something if they make a mistake?	
How mature does your CYP seem in comparison with other CYP of the same age?	
How do they feel (if able to express a view) about their vision impairment or special educational needs?	

### 17.2.10 Motor skills (VI)

<b>Suggestions</b>	<b>Notes</b>
How are their fine motor skills (ability to make small, precise movements such as using a pencil or scissors, picking up small objects between two fingers)?	
How are their gross motor skills (ability to make larger movements such as running, walking, climbing, riding a bike, etc.)?	
Are their skills in these areas what you'd expect for their age?	
Are there any activities that cause you concern or frustrate your CYP?	

### 17.2.11 Health needs (VI - Section C in an EHC plan)

<b>Suggestions</b>	<b>Notes</b>
Describe your CYP's general health plus any medical conditions which you have not already described in relation to your CYP's vision (e.g. hearing difficulties, physical limitations, diabetes, ADHD, autism, emotional and behavioural difficulties, allergies).	
What impact do these have or might have on your CYP's educational, social and emotional development and independence and on their ability to learn and take part in education?	
Does your CYP have to follow a medication/treatment regime which might have an impact on their education (e.g. specialist eye appointments, daily physiotherapy activities such as stretches, checking blood-sugar levels)?	

### 17.2.12 Social care needs (VI - Section D in an EHC plan)

<b>Suggestions</b>	<b>Notes</b>
What support needs do you have in relation to your CYP's daily living needs (e.g. any issues you have to do with getting your CYP to appointments)?	
Does your child need any support around the home because of their vision or other difficulties (e.g. not being able to see hazards, not being safe on stairs)?	
What opportunities does your CYP have to socialise with other CYP outside of lessons (after-school or community activities)? Do they belong to any clubs? Do they need support to access these clubs/activities?	
Do you and your family have opportunities to meet with families of other children with impairment?	
Would you and your family benefit from direct payments or short breaks?	

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## 17.3 Multi-sensory impairment tables

### 17.3.1 Vision (MSI)

<b>Suggestions</b>	<b>Notes</b>
What type of vision impairment does your CYP have? (e.g. low visual acuity (sharpness of the image they see), visual field limitation, progressive eye disease, cortical visual impairment)	
Has your CYP been registered as sight impaired or severely sight impaired?	
Which of the following apply to your CYP? <ul style="list-style-type: none"> <li>• Low acuity</li> <li>• Central vision loss</li> <li>• Peripheral vision loss</li> <li>• Patchy vision</li> <li>• Low contrast sensitivity</li> <li>• Light sensitivity</li> <li>• Eye movement difficulties</li> <li>• Colour loss</li> </ul>	
Does it affect the left, right or both eyes?	
When was the vision impairment diagnosed?	
Is their sight better/worse in certain environments/conditions? (e.g. indoors/outdoors, classroom/home, low light/bright light)	
Do they wear glasses?	
What difference do the glasses make?	
Are there any problems with wearing them?	
Do they use any technology to help them?	
Where and how often does your CYP have appointments for their eyes? (e.g. ophthalmology/optometry/optician/low vision clinic)	



### 17.3.2 Hearing (MSI)

<b>Suggestions</b>	<b>Notes</b>
What type of hearing loss? (Conductive, sensori-neural, permanent, temporary, fluctuating, deteriorating)	
Left or right ear or both ears?	
When was it diagnosed?	
Is their hearing better/worse in certain environments/conditions? (e.g. indoors/outdoors, classroom/home, with or without background noise)?	
What type of specialist equipment does your CYP use (if any)? Hearing aids? What type? Cochlear implant? Radio aid?	
What difference does the technology make to your CYP?	
Are there any problems with the use of technology? (e.g. not wanting to wear hearing aids, frequent ear infections)?	
Does your CYP lip-read? How well? To what extent do they rely on lip-reading?	
Any specific instructions with regard to your CYP's equipment?	
Where and how often does your CYP have audiology appointments?	

### 17.3.3 Balance (MSI)

<b>Suggestions</b>	<b>Notes</b>
Does your CYP have any problems with balance?	
How does this affect their day-to-day living?	

### 17.3.4 Other sensory issues (MSI)

<b>Suggestions</b>	<b>Notes</b>
Has your CYP received a diagnosis of sensory integration difficulties/sensory processing disorder? <sup>24</sup> If so, when and by whom? Have you got a copy of their report which you can give to the local authority?	
Does your CYP show a preference for, or dislike of, certain textures? (e.g. sticky, rough, smooth)	
How do they respond to being touched?	
Do they show any preference for gentle or deep pressure?	
Are they happy to work hand-on-hand or hand-under-hand?	
Do they indicate that they are in pain or uncomfortable? If so, how?	
Do they often take off their shoes or socks or other items of clothing when they shouldn't?	
Do they dislike having their hair or nails cut or their hair brushed?	
Does your CYP crave movement? (e.g. rocking, spinning around, jumping up and down)	
Do they often want to mouth, chew, lick or suck non-food items?	
Do they sometimes grasp objects too tightly or hug you with too much force?	
Do they have repetitive behaviours?	
Do they have a problem keeping in the same position or sitting upright?	

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<sup>24</sup> When a child has sensory integration difficulties/sensory processing disorder, it means that their brain is unable to integrate (pull together in a meaningful way) certain information received from the body's five basic sensory systems (sight, sound, smell, taste, touch), so they find it difficult to make sense of their surroundings and react to them appropriately.

### 17.3.5 Mobility, environmental awareness and independence (MSI)

<b>Suggestions</b>	<b>Notes</b>
Does your CYP move confidently around your home (including stairs) or other familiar environments?	
Do they use any mobility aids?	
What about less familiar environments such as supermarkets or cafes?	
How quickly/easily do they learn the layout of a new environment?	
Do they manage to avoid obstacles?	
Can they walk on rough ground/uneven surfaces?	
Can they run without stumbling?	
Can they find their friends in the playground/playgroup (younger children)? Can they identify adults/peers when moving about (older CYP)?	
Can they locate and pick up something that they have dropped?	
Do they turn towards a noise or voice accurately?	
To what extent do they need help with the following? <ul style="list-style-type: none"> <li>• Eating</li> <li>• Dressing/undressing</li> <li>• Going to the toilet</li> </ul>	
Do they ask for, or otherwise communicate, a need for help?	

### 17.3.6 Communication (MSI)

<b>Suggestions</b>	<b>Notes</b>
How does your CYP communicate? (e.g. words, vocalisations (noises), gestures, facial expressions, eye pointing, body language, signs (e.g. Makaton, BSL, tactile signing, deafblind manual alphabet), PECS (picture exchange communication system), pointer board, other form of communication aid).	
If they use speech, how clear is it? (e.g. is it easy for you and other family members to understand? Can unfamiliar adults always understand?)	
How can you tell if your CYP has understood?	

### 17.3.7 Concentration and attention (MSI)

<b>Suggestions</b>	<b>Notes</b>
How long can your CYP concentrate on an activity?	
Are there times when your CYP becomes frustrated or behaves in a difficult way? What causes this (if you know)?	
Are there times and situations in which they find it difficult to concentrate? (e.g. certain times of day, when they are hungry, when there is background noise or a busy environment)	

### 17.3.8 Learning (MSI)

<b>Suggestions</b>	<b>Notes</b>
What activities do they enjoy or not enjoy?	
Do they enjoy going to nursery/school? (if applicable)	
Do they show curiosity about exploring new experiences/objects/toys?	
Do they have an understanding of routine?	

### 17.3.9 Social skills (MSI)

<b>Suggestions</b>	<b>Notes</b>
Does your CYP play alone, alongside other CYP or with other CYP?	
Do they enjoy interacting with other CYP?	
Can your CYP take turns in games, conversations etc.?	
If they are speaking or signing, do they understand the basic rules of conversation? (Not interrupting, not asking an excessive number of questions, letting others have their say etc., not sticking to one topic of conversation which interests them but might not interest others so much)?	
Are they aware of, and do they consider, other people's feelings?	

### 17.3.10 Confidence, self-esteem and emotional needs (MSI)

<b>Suggestions</b>	<b>Notes</b>
How confident is your CYP? Are there situations in which they are less confident?	
Are they happy to have a go at something new?	
Are they easily put off doing something if they make a mistake or find it difficult?	
Are they able to understand/use words/symbols/signs for emotions to express how they are feeling?	
How do they feel (if able to express a view) about their sensory impairment or special educational needs?	

### 17.3.11 Motor skills

<b>Suggestions</b>	<b>Notes</b>
How are their fine motor skills? (Ability to make small, precise movements such as using a pencil or scissors, picking up small objects between finger and thumb)	
How are their gross motor skills? (Ability to make larger movements such as running, walking, climbing)	
Are there any activities that cause you concern or frustrate your CYP?	

### 17.3.12 Health needs (MSI - Section C in an EHC plan)

<b>Suggestions</b>	<b>Notes</b>
<p>Describe your CYP's general health plus any medical conditions which you have not already described in relation to your CYP's hearing or vision (e.g. physical limitations, epilepsy/seizures, diabetes, breathing difficulties, asthma, apnoea, ADHD, autism, emotional and behavioural difficulties, allergies).</p> <p><b>Note:</b> if you have a hospital report which gives all these details, you can just give a copy to the LA instead of repeating everything in the report.</p>	
<p>What impact do these health needs or might they have on your CYP's educational, social and emotional development and on their ability to access education?</p>	
<p>Does your CYP have to follow a medication/treatment regime which might have an impact on their education? (e.g. specialist eye or hearing appointments, daily physiotherapy activities such as stretches, checking blood-sugar levels)?</p>	
<p>Is your CYP currently on any medication? If so, what and how much?</p>	
<p>Are there any significant medical events coming up, such as an operation or investigation?</p>	
<p>If your CYP has seizures are there any warning signs to look out for? Is there a pattern to the seizures?</p>	
<p>Does your CYP have regular appointments with a paediatrician? Who? Which hospital? How often?</p>	
<p>Are there any issues to do with eating and drinking? (e.g. Dysphagia (problems with swallowing), PEG feeding, dislike of certain food textures?)</p>	

### 17.3.13 Social care needs (MSI - Section D in an EHC plan)

**Note:** Government guidance on social care assessments for deafblind CYP can be found in the DoH document *Care and support for deafblind children and adults policy guidance (2014)*.<sup>25</sup>

<b>Suggestions</b>	<b>Notes</b>
What support needs do you have in relation to your CYP's daily living needs? (e.g. any issues you have to do with getting your CYP to appointments) <b>Note:</b> if you are already receiving Disability Living Allowance for your CYP, and have kept a copy of the application form, this will include much of the information needed for this section.	
What might your CYP need support with around the home because of their MSI or other difficulties? (e.g. using stairs, getting dressed, eating and drinking)	
What opportunities does your CYP have to socialise with peers (with and without MSI) outside of lessons (after-school or community activities)? Do they belong to any clubs? How much support do they need to access these clubs/activities?	
Does the family have opportunities to meet with other families of CYP with MSI?	

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