

# Guidelines for Education Health and Care Needs Assessments.

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For schools, colleges and other professionals supporting  
children and young people with SEND in Tower Hamlets

September 2017



*To be reviewed and updated summer 2018.*

## **Forward**

This Guidance has been produced following consultation and workshops with a range of professionals from Tower Hamlets, including; SENCO's; Education Psychology; The Support for Learning Service; Health colleagues; specialist teachers and a wide range of other colleagues.

I would like to thank all those colleagues who have participated in this process; there have been some interesting discussions which will continue as the new systems are trialled over the next year. Particular thanks to those colleagues who have allowed us to share their work in particular the provision maps and trial EHC plans.

The new process will come into place from the first week of the new term; 4<sup>th</sup> September 2017. However, any previously written requests for assessment in the old format may be sent in for up to two weeks from this date. (Up to 15<sup>th</sup> September)

Tower Hamlets is committed to trialling this new process for a year. There will be opportunities to discuss the process as it embeds, at SENCO Conferences and other forums. We will welcome feedback as the year goes on. The process will then be reviewed in the summer term 2018.

Observers are welcome to attend the SEND panel, particularly representatives from schools and other education settings. If you are interested in attending please contact [Tricia.Mills@towerhamlets.gov.uk](mailto:Tricia.Mills@towerhamlets.gov.uk) who is the Clerk to the Panel.

I hope that the new processes are a welcome change for all users. They have been written to address the views of the many professionals who were consulted and to reflect the SEND Code of Practice 2015.

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# London Borough of Tower Hamlets

## Final Draft EHC Needs Assessment Guidelines

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## 1. Introduction

This guidance is written for SENCOs and other professionals who will lead the assembling of evidence, or contribute to a request for, an Education, Health and Care (EHC) needs assessment. These guidelines summarise the broad expectations the London Borough of Tower Hamlets (LBTH) has of the arrangements schools / post-16 / early years settings should have in place for all their children and young people with an identified special educational need or disability (SEND) and are informed by the statutory SEND Code of Practice. The guidelines provide detailed information about the LBTH's processes and the evidence expected in order to assess whether or not to undertake an EHC needs assessment and, if so, to decide if a child or young person requires an EHC plan.

The majority of children and young people with SEN or disabilities will have their needs met within a local, mainstream early years setting, school or college and within the resources provided to the school. Some children and young people may require an EHC needs assessment in order for the local authority to decide whether it is necessary for it to make additional and / or specialist provision to meet their needs and set these out in a statutory EHC plan.

In considering whether an EHC needs assessment is necessary, LBTH considers whether there is evidence that, despite the early year's provider, school or post 16 institutions having taken relevant and purposeful action to identify, assess and meet the special education needs, the child or young person has not made expected progress. To carry out effective decision-making the LBTH needs to take into account a wide range of evidence and these should be assembled using the local EHC needs assessment request form (see: appendix A).

The purpose of the EHC needs assessment request form is to organise and submit the necessary evidence for the local authority to be able to judge whether an EHC needs assessment should be carried out. If appropriate for a needs assessment, the SEN Section then uses submitted and additional evidence to consider whether the needs of the child or young person require an EHC plan to be drawn up and issued. The decision to draw up an EHC plan will depend on the severity of a child or young person's needs and the impact of steps previously taken to try to address those special educational needs. According to the Code of Practice, the purpose of an EHC plan is to ensure provision is made 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.

## 2. Before making an assessment

In accordance with the SEND Code of Practice, schools, colleges and other settings are expected to have co-ordinated and evaluated a **graduated approach** to meeting the child or young person's additional needs. This approach should draw upon the London Borough of Tower Hamlets (LBTH) **Family Well-being Model** <http://childrenandfamiliestrust.co.uk/family-wellbeing-model/> with a team around the child (TAC) contributing to the cycles that revisit, refine and revise the support implemented and build a growing understanding of the child or young person's needs. The SENCO should be able to draw on additional resources, such as from the element 2 funding in school (see: below), and the support strategies captured and the provision costs mapped as part of an SEN support plan.

### a. Provision

LBTH expects the early years setting, school or college to have taken steps to make clear provision based on the pupil's and parents / carers aspirations.

For schools, it is expected that strategies will have been implemented that are resourced from elements 1 and 2 of school funding, as set out below:

**Element 1** (up to £4000 'base' budget or age weighted pupil unit)

Age weighted pupil unit (AWPU) covers the basic costs of educating all children in a state school i.e. a class teacher delivering quality first teaching, premises. This includes support, assessment and review from whole school funded SENCO and that quality first teaching is in place for all pupils.

**Element 2** (up to £6000 'additional SEN resource')

- Evidence that the school's contribution to additional needs, and outcomes, including the Pupil Premium (if appropriate) has been used to provide targeted programmes, support and resources that are unique to the child individually or in a group environment. For children and young people identified as having social, emotional or mental health difficulties, there should be evidence of proactive planning through intervention programmes, classroom strategies and resources allocated to support targets.

For additional, high needs resources, from within element 3, to be made available, LBTH will need to be satisfied about the following, that will be provided as part of the EHC needs assessment request process:

**Element 3** (high needs 'top-up')

- A **costed provision map** that shows how the child/young person's outcomes and needs will be better met through a combination of Elements 1 and 2, together with additional resources as part of a proposed EHC plan.
- **Evidence of other provision in the home and local community.** A child or young person's SEND will be affected by environments other than school, an early help assessment is required to help identify provision that is needed to support the child / young person holistically so that they are more able to learn in school.
- Evidence of **outcomes / aspirations** being a key driver for current and proposed support and intervention programmes.
- Evidence of a **graduated approach** to meeting SEND having been taken.
- Evidence that all health and / or social care input or concerns can be appropriately addressed and resourced.

**Post 16.** To access element 3 or 'top up' funding, school sixth forms and FE colleges will need to provide evidence that:

- the young person requires additional time, in comparison to the majority of others of the same age who do not have SEN, to complete their education or training outcomes as set out in their EHC plan; and / or
- following evidenced evaluation of SEN support strategies, the young person continues to need additional support beyond a £6,000 SEN allocation and there is costed, impactful provision that is essential to enable the young person to learn and achieve his or her outcomes.

Evidence should be provided that the school or college has employed strategies to meet as many identified needs as possible within their notional funding allocation from the Education and Skills Funding Agency (ESFA). If the young person is currently in education or training, the school or college will be asked to provide information about the learning programme (including number of hours study per week) and the type of provision, both formal and informal which is currently in place. Support which is provided through social care (including personal assistants), health or youth offending teams must be set out in any request for an EHC needs assessment. It is important to include information about other types of support which are being provided for the young person, for example by charitable organisations, commissioned by social care or youth groups.

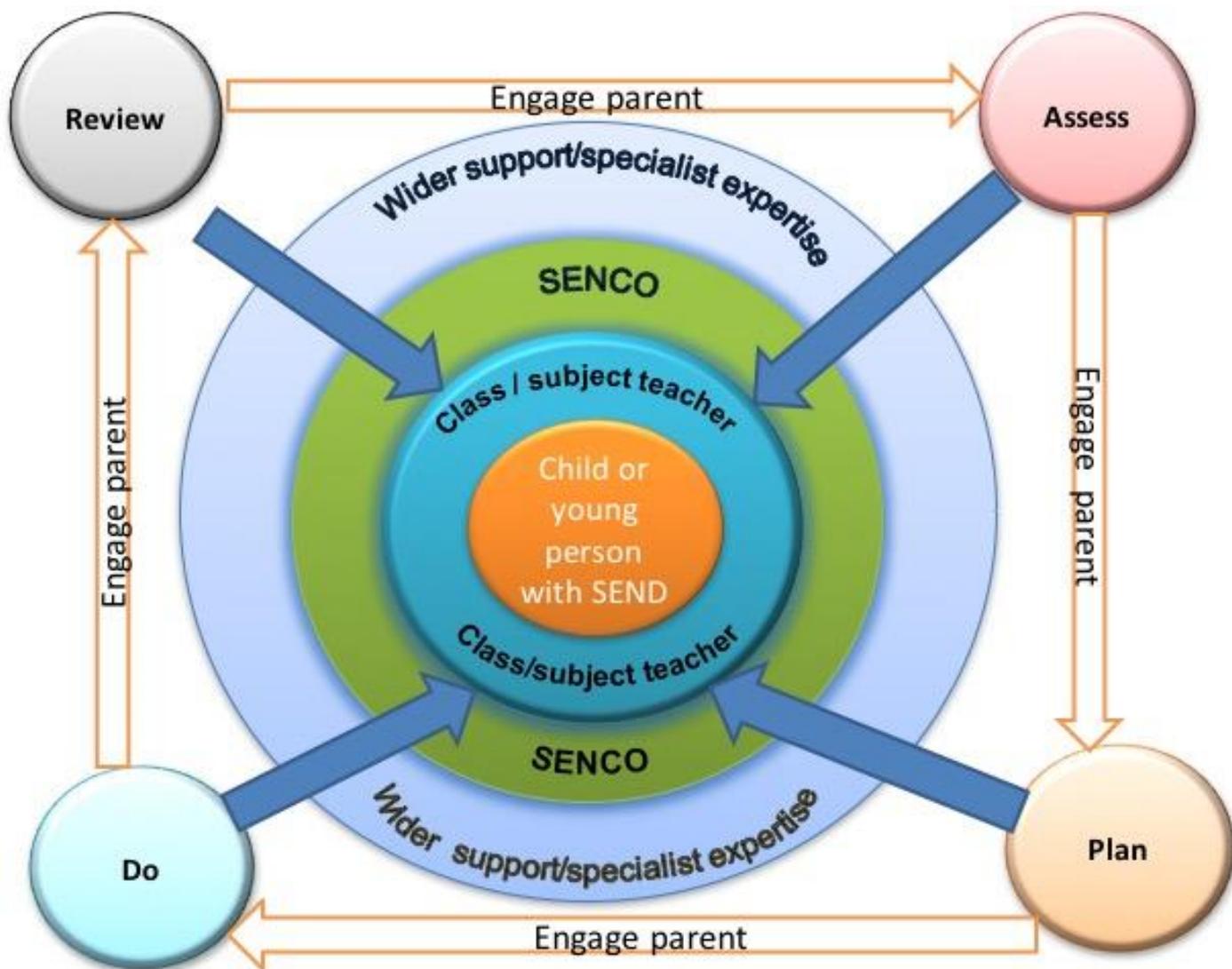
#### b. Graduated approach

**Quality first teaching** should be adopted and its implementation monitored throughout the school / college. In this way, the curriculum will be personalised for learners and their interest and motivation maintained (see: appendix D for tips and prompts for quality first teaching).

Where a pupil is identified as having SEN, the school / college / setting should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle of '**assess-plan-do-review**', through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what best supports the pupil to make good progress and secure good outcomes. This is known as the 'graduated approach'. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to address the special educational needs of the child or young person.

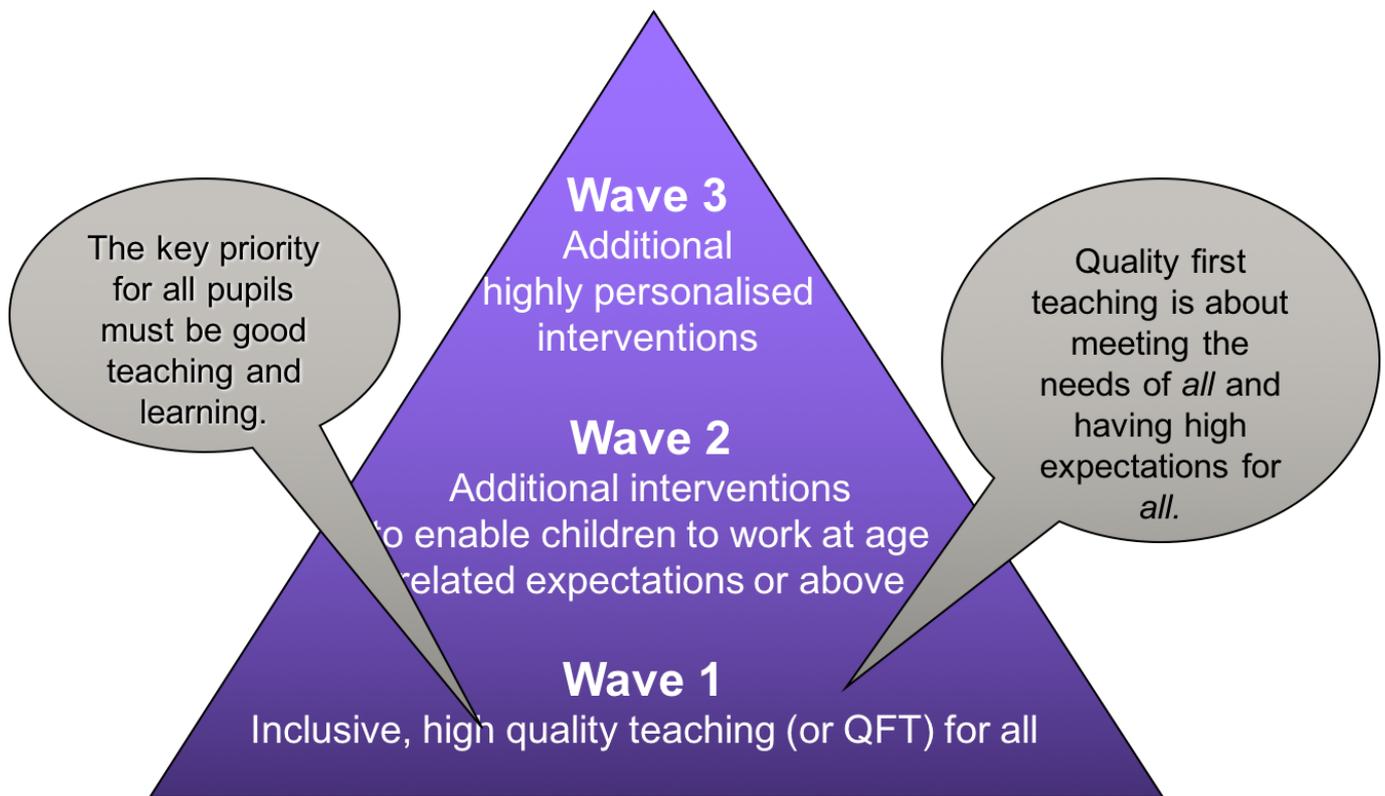
An overview of the graduated approach is set out in Fig 1 below:

Figure 1: The Whole School Graduated Approach



The pathway for most pupils will be one where needs are met early and they need not progress further along it. However, for some pupils there will be a need to escalate the level of SEN support intervention to a second or third wave of approach (see: fig 2). For most pupils, this will provide sufficient intervention for them to access curriculum learning and make progress. Only a small number of children or young people will be found to have such complex needs that they might merit requesting an assessment for an EHC plan.

Fig 2: SEN Support Waves of Provision



### 3. Children/ young people who might be referred for an EHC needs assessment

Children or young people with exceptional, severe or complex learning needs and / or disabilities, who are residents of Tower Hamlets, might require to be referred for an EHC needs assessment. 'Exceptional, severe or complex needs that are long term' are those that are significantly greater than the child or young person's peers of the same age, are long term or require specialist resources and provision to achieve long-term, positive outcomes. For some children the diagnosis or, following assessment, the identification of a complex condition, such as a severe learning difficulty, is sufficient evidence to indicate that an EHC needs assessment should be undertaken.

For other children, a wider range of evidence of the exceptional nature of the child or young person's needs will be required and might need to be gathered over a period of at least six to nine months. For these children sources of this evidence include:

- Early years outcomes, National Curriculum (or similar) levels, standardised assessments, academic attainments, records of progression over time.
- A log of behaviour over time.
- Employment, life and social and emotional skills
- Independence skills
- Adaptations required to access the curriculum
- The views of the child or young person
- The views of parents / carers and other family members
- Resilience factors, risk factors, mental health complexities
- Predicted time scales and outcomes
- Long term implication for education and employment
- Complexity and severity factors may include health and/or social care impacting on education.

For some children under compulsory school age, more flexible judgements are involved which reflects the likelihood of needing future provision or placement.

#### a. Areas of need

Descriptors are set out in this section for SENCOs and other colleagues who might be seeking to understand the nature of a child or young person's additional needs and their severity with a view to possibly submitting a request for an EHC needs assessment. The needs are described under the four domains of the SEND Code of Practice: cognition and learning, communication and interaction, social emotional and mental health and sensory and/or physical needs. Appendix C contains further prompts and descriptions that should assist SENCOs making assessments and identifying strategies that could be implemented to support improved progress, achievement and wellbeing.

For all children and young people the following actions are expected prior to, and as part of, requesting an EHC needs assessment:

- Partnership working with child / young person and family.
- Involvement, implementation and evaluation of advice from relevant specialists
- Programmes of support, intervention and reasonable adjustments implemented, evaluated and reviewed
- Evaluated provision mapping, which is costed

- Detailed assessment of progress
- Evidence of actions implemented from multi-professional meetings
- Planning for key transitions
- Views of child / young person and family included
- Setting based screening for learning, which may also include for specific language and communication needs.

For all children / young people under consideration for requesting an EHC needs assessment there will be evidence of significant and on-going impacts due their SEND on their learning and progress as set out in the box below:

**Impact on learning and progress**

The child / young person’s achievements are significantly below expectations. However, caution should be exercised when using developmental assessments that refer to age-norms, especially for younger children.

Child / young person is progressing at a slower rate and there is a significant gap to their peers. For example:

- Gap between child/young person and peers is significantly widening beyond expectations
- Progress is slowing in relation to peers starting from the same baseline
- Progress is slowing in relation to child/young person’s own previous rate of progress
- Adequate progress has been achieved only because of consistently high levels of intervention, beyond normally expected setting-based responses i.e. costing over £6,000 pa
- Is likely to require continued access to education/training to support successful transition to adult life.

For a child / young person with sensory impairment or severe medical condition or loss of motor function:

- Their disability prevents the child / young person’s ability to make expected progress and / or causes a slowing of their progress

Evidenced by:

- Curriculum and standardised assessments
- Setting and tracking data over time
- Professional / specialist assessments over time
- Annotated work samples

**i) Cognition and learning**

**Nature and severity of need**

The child / young person has long term and severe or complex difficulties with most aspects of thinking and learning. Such as:

- Learning concepts
- Developing and applying learned skills
- Processing and retaining information
- Generalised learning of concepts and skills

- Acquiring specific skills

And / or, the child / young person may have a diagnosed condition which includes cognitive impairment among its effects.

The child / young person has long-term and significant difficulties with most aspects of thinking and learning, as above.

**Evidenced by:**

- Setting-based records, assessments and judgments, over time, of child/young person's learning needs and difficulties
- Diagnosis by appropriate professional / agency
- Professional / specialist assessments

ii) Communication and interaction

**Nature and severity of need**

One or more of the following will apply:

- Severe speech / sound difficulties or impairment
- Severe expressive language difficulties or impairment
- Severe receptive language difficulties or impairment
- Severe communication difficulties or impairment
- Severe interaction difficulties or impairment
- A diagnosed condition which includes long term and severe speech and or communication difficulties or impairment among its effects, which may include a sensory impairment as well.

**Evidenced by:**

- Setting-based records, assessments and judgments, over time, of child/young person's learning needs, style, and difficulties and communication needs and difficulties.
- Diagnosis by appropriate agency
- Professional / specialist assessments.

iii) Social, emotional and mental health difficulties

**Nature and severity of need**

The child / young person has long term and severe / significant / complex difficulties in managing emotions, social interactions or a diagnosis of a mental illness. Such as ongoing and entrenched:

- Disruptive, inattentive or hyperactive behaviours
- Defiant, confrontational, aggressive behaviours
- Excessive, unpredictable and hypersensitive behaviours
- Self-harming, depressive symptoms
- Behaviours specific to suffering the long-term consequences of assessed emotional, or mental health conditions, or result from trauma or abuse.

**Evidenced by:**

- Setting-based records, assessments and judgments, over time, of child/young person's social, emotional and mental wellbeing and their learning needs, style, and difficulties
- Diagnosis by appropriate agency
- Professional / specialist assessments.

**iv) Sensory and/or physical needs****Nature and severity of need**

One or more of the following will be expected to apply:

- Child/young person has moderate to profound, severe, significant and complex sensory/ physical/medical difficulties of a permanent nature that impacts significantly on learning
- Child/young person presents with significant sensory issues which impact upon their ability to participate in activities of daily living and access the educational environment and curriculum.
- Deteriorating and life limiting presentation which has a significant impact on daily functioning, independence, well-being and access to education.

**Evidenced by:**

- Setting-based records, assessments and judgements, over time, of child/young person's learning and access needs, style, and other difficulties
- Diagnosis by appropriate agency
- Professional / specialist assessments.

## 4. Making a request for an EHC needs assessment

If the school / college / early years setting, working with the team around the child (TAC), has exhausted strategies to meet the learning and support needs of a child or young person and/or have received assessments that the needs exceed provision from the notional SEN budget, then consideration should be given to requesting a statutory EHC needs assessment. LBTH is responsible for the management of this process and the required request form and evidence should be submitted to SEN section.

### a. Who may request an EHC needs assessment?

An EHC needs assessment for a child or young person aged between 0-25 can be requested by:

- A person acting on behalf of a school or post-16 institution (with the knowledge and agreement of the parent or young person where possible), usually the SENCO.
- A child's parent / carer.
- A young person over the age of 16 but under the age of 25.
- Anyone else can bring a child or young person to the attention of the local authority, particularly where they have strong evidence to believe an EHC needs assessment may be necessary.

### b. Preparing to request an EHC needs assessment

For schools / colleges / early years settings, completing a request for an EHC needs assessment will require good planning so that input from relevant professionals is sought with sufficient notice. Submitting a completed request for an EHC needs assessment is something that takes time and organisation.

- The school / college / early years setting **must** prepare the parents/carers and the young person and have gathered relevant background information over time.
- Parents/carers should be helped to understand that a request for an EHC needs assessment does not automatically lead to either a needs assessment or an EHC plan.
- The statutory timescales are 20 weeks, so detailed information needs to be provided at the request for needs assessment stage. The quality of information should be insightful and of 'EHC needs assessment quality' to ensure a decision can be made by the SEND Panel within the required timescale.
- As the vast majority of children and young people who are referred will already been receiving a high level of input, the considerable amount of detailed and specific information that is already available should be organised and analysed in readiness for making the request.

LBTH's SEN section has developed a template for SENCOs (or other lead professional) to use for requesting an EHC needs assessment and that prompts the evidence and information required to complete the application, a blank copy can be found in appendix A. Once submitted the request and evidence will be considered by the assigned caseworker and if necessary presented to the Tower Hamlets SEND Panel. The school / college / early years setting will be informed within 6 weeks of a completed request being received; whether or not an EHC needs assessment will be carried out. Core elements of the request are as follows:

- a) **Comprehensive contact information and a profile of the child or young person.** The profile should be developed with the active involvement of the child or young person and we would recommend the use of the Person-Centred Approach to achieve this. Embedded scan / photos of the child and young person's words are welcomed.

- b) **A summary of the child / young person’s strengths and needs**, across their learning, health and wellbeing and social care needs, together with the evidence of impact of these needs on the goals / outcomes agreed for the child / young person. Drawing upon the descriptions and prompts in section 3 and appendix C of this guidance is recommended. The referring professional / SENCO should only complete the learning needs sections of relevance to child / young person. For example, if they have no significant physical or sensory need then this section should be marked “N/A” (not applicable).
- c) A **summary of the progress** being made must be included in all request forms, against the EYFS Framework or school / college subject areas, making sure that the assessment system used in the school / college is summarised clearly in the request form.
- d) A **summary of the SEN support plan** and / or **provision map** for the child / young person and the **outcomes** that have been agreed through the graduated approach. The materials should cost the provision that has been deployed so far. The request form should then map out the additional provision, and its costs, that the SENCO and TAC assess is needed to achieve the goals for the child / young person (see: appendix B for an example format of costed provision mapping).
- e) The request must be **signed** by the headteacher or principal and by the parent / carer and, if appropriate, the young person. The request form also invites the family to set out its views and any concerns about their child and his / her interests and needs.

The checklist below (see: p. 13) provides reminders for the materials you are required to, and might wish to, include in a completed request for an EHC needs assessment. On submission, the request should comprise summary information, supported by attached reports, assessments and other evidence, as much as possible from within the past 12 months. The request should avoid unnecessary documentation such as incident or behaviour logs and copies of a child or young person’s school work.

### c. Specific guidance for early years settings

Consideration needs to be given to the rapid and variable development of children under 5 years of age and also to the fact that certain chronic or sensory needs should be identified in young children through screening and subsequent medical assessment. For the latter group of children, such as those with hearing or visual impairment or with multiple learning difficulties, the aim should be to identify, for example via a health visitor, and carry out further medical assessment as soon as possible to achieve the earliest intervention, so that the best developmental outcomes can be achieved. For other children with additional needs, such as those categorised under global development delay, it is important that early help and support is provided, but a full EHC needs assessment process might not be the best focus for assessment and support.

For parents / carers whose child attends a nursery at a school or a maintained nursery, there are SENCOs in post in all of these who are best placed to advise about needs and work with staff and family to assess need and implement strategies as described in section 3. For other early years settings, the Integrated Early Years’ Service (IEYS) has a team of Area Co-ordinators who can support and advise as a setting assesses additional needs and implements strategies at SEN support. The Coordinators will also work with a setting, and with parents / carers, about additional resourcing and to consider if a setting should start to assemble evidence for a possible request for an EHC needs assessment.

**d. Checklist: What to include with an EHC needs assessment referral request**

Documents to be included as appropriate; those listed in **bold** must be included. Please note that reports should be no more than 12 months old, unless both the family and the author of the report agree they are still relevant.

<b>Documents / Reports</b>	<b>Date Completed</b>	<b>Name of Report / Attachment</b>
<b>My Profile</b> ( <i>drafted with the pupil</i> )		
<b>Parent / Carer Consent and Comments</b> ( <i>including views / opinions</i> )		
<b>Evidence of Element 2 and proposed Element 3 funding</b> , including costed provision mapping linked to outcomes		
<b>Evidence of programmes of SEN Support with evaluation and outcomes</b> (3 cycles of plan, do, review)		
<b>Current attainment and progress over time</b>		
<b>The SEN support plan</b>		
<b>Social care report</b> (outline of all social care needs; if needs identified a report or summary about addressing these)		
Report from the school nurse (where applicable)		
Evidence of Educational Psychologist Involvement or current report (must be less than 12 months old)		
Early Help Assessment (EHA) if in place (a child or young person with identified additional needs should have an early help assessment completed)		
Support for Learning Service (information and any report)		
Any specialist teaching support services or outreach team input and reporting (information and any report)		
Speech and language therapy reports (must be less than 12 months old)		
Physiotherapy (Any reports less than 12 months old)		
Occupational therapy (Any reports less than 12 months old)		
Other medical information		

Sensory Support Service (information and any report)		
Virtual school involvement		
Other – Please state		
<p><b>Please do not send:</b></p> <ul style="list-style-type: none"> <li>• Reports more than 12 months old (you can refer to older reports in main request)</li> <li>• Copies of emails</li> <li>• Incident logs</li> <li>• Examples of the child’s work</li> <li>• Documents in colour</li> <li>• Documents on A3 /A5</li> </ul> <p><b>Please ensure:</b></p> <ul style="list-style-type: none"> <li>• Photographs have written consent</li> <li>• Attached reports have numbered pages and are listed in section 4.</li> </ul>		

#### e. [Guidance for completing the evidence of health needs and social care needs](#)

It is important to note, that where a child or young person solely has health needs or social care needs, these are unlikely to be sufficient on their own for an EHC needs assessment to be carried out. There are separate processes within Tower Hamlets for both involving Children’s Social Care about a child’s needs, for example safeguarding or as a looked after child, and with the Tower Hamlets Clinical Commissioning Group (THCCG) for additional support for children with complex and continuing health conditions. Where a child’s care or health needs impact on their ability to access the curriculum and make progress, then a school is expected to record evidence of this SEND and make reasonable adjustments as with any pupil offered SEN support. The school or other setting’s lead member of staff for child protection and for management of medical needs should ensure, in accordance with the school policy, that training and health or social care advice is accessed, so staff are equipped to offer the required support and care.

An EHC needs assessment request should be considered if there is clear evidence that health or social care needs severely impact on the educational progress of the child or young person and that their needs exceed reasonable adjustments. It is expected that such evidence is based on written assessment by the health or social care professional linked to the case and would be presented, together with the costs above element 2, are set out in the EHC needs assessment request form. The SEND Panel includes representation from health and social care who will advise whether the needs meet the requirements for an EHC needs assessment.

## 5. EHC needs assessment processes in Tower Hamlets

The EHC needs assessment process in the London Borough of Tower Hamlets (LBTH) is governed by the statutory SEND Code of Practice. This requires that cases that are accepted for EHC needs assessment should be completed and a decision reached about whether or not an EHC plan should be issued within 20 weeks of the request being accepted. Fig 3, below, provides an overview of the process in the LBTH.

### a. Accepting the request and decision whether to carry out a needs assessment

Once the pack of materials for an EHC needs assessment request have been received these will be checked by the SEN Section and, if complete, the request will be accepted. At this point a named case officer will be allocated and this member of staff will write to the parents / carer and the referring school / college / setting to confirm this and inform them about the next steps of the process. If the SEN Section finds incomplete or missing evidence, they will return the request to the school / college / early years setting with notification about what is needed to complete the request form.

The request form and evidence will be reviewed by the SEN Section and a decision reached, within 6 weeks of the request being accepted, about whether or not there are sufficient grounds to proceed with an EHC needs assessment. Again, parents / carers and the referring institution will be informed of the decision and informed about options for further support and mediation if they are unhappy with a decision is not to proceed with an EHC needs assessment. This process is overseen by the Tower Hamlets SEND Panel, with the option for more complex cases to be referred to the Panel to make a decision about undertaking an EHC needs assessment.

If the decision of the SEN Section is to proceed with an EHC needs assessment, the case officer, having informed the parents / carers of the decision, will arrange for an initial co-production meeting with them. The purpose of this is to clarify the whole process of EHC needs assessment (with the child too if possible) and review some of the evidence and information in the request form.

### b. Confirming the evidence

The case officer will ensure all the core information from the request is recorded on LBTH's systems and will make contact with all professionals listed as being involved, to clarify the information and assessments submitted and to request, where necessary, an up-to-date assessment of need, proposed provision and outcomes. Additional advice will not be requested from agencies if the professional, the SEN Section and the child's parent / carer agree that sufficient advice has been provided in the request form.

**The EHC needs assessment process is reliant upon prompt responses from all partners. All comments and responses to requests for evidence must be returned in under 6 weeks to meet the statutory timescales.**

There are exceptional circumstances, set out in the SEND Code of Practice, when it is considered reasonable to take longer than the prescribed 20 weeks to complete an EHC needs assessment. These grounds are:

- Information has been requested from an education setting during a period beginning one week before any date on which the school or institution was closed for a continuous period of not less than four weeks from that date and ending one week before the date on which it re-opens.
- There are exceptional personal circumstances affecting the child or young person, or their parents / carers, that take place during the statutory time period.
- The child or young person, or their parents / carers, are absent from the LBTH for a continuous period of not less than four weeks during the time period.

- Appointments with people for whom the LBTH has requested information are missed by the child or young person (this only applies to the duty on partners to comply with a request under the EHC needs assessment process within 6 weeks).

As information is gathered and confirmed, this will start to be assembled as a draft EHC plan and a summary of the information considered within 6 weeks by the SEND Panel.

### c. Decision-making

The Borough's SEND Panel decides whether or not the level of SEND evidenced requires the issuing of an EHC plan. The parents / carers and referring institution will be notified in writing of the decision of the SEND Panel.

If the decision is to proceed with an EHC plan, a draft EHC plan is issued to the parents / carers and to the referring institution and, wherever possible, the case officer will meet with these parties in order to confirm or amend the contents of the EHC plan. It is anticipated that, through on-going communication with the family and / or young person, that the case officer will have had an indication of a preferred school placement. The family does, however, have up to 15 days to respond to the draft EHC plan and express a preference for a named early years provider, school or post-16 institution. A copy of the draft EHC plan is also circulated, for information purposes, to the professionals that provided information for the EHC plan, the child's GP and with Tower Hamlets CCG. Services are only asked to respond to the case officer, by a specified date, if there is inaccurate information in the draft EHC plan that needs them to amend.

If the SEND Panel decides not to issue an EHC plan, the case officer will notify the parents / carers and the school / college / early years setting of the decision. The notification will include the reasons for the decision, information about local mediation or appeals support and instructions to the school / college / early years setting about updating the SEN support plan in the light of the evidence. An offer to arrange a meeting between the case officer and the parents / carers will be made.

### d. Finalising an EHC plan

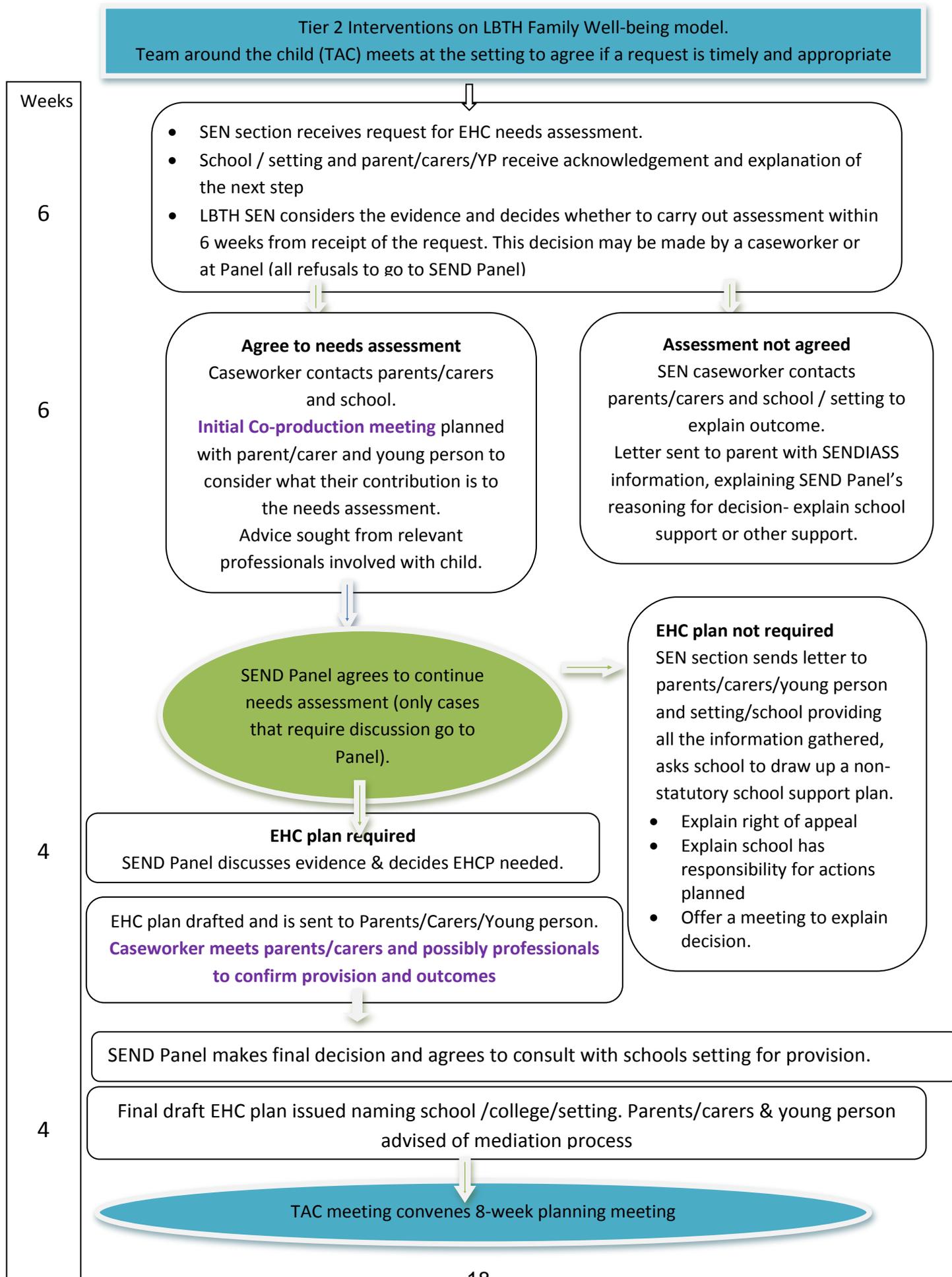
If a new educational placement is being considered, a letter will be sent to the early years provider / school / post-16 institution to consult about placing the child/young person. Where a particular placement is requested, the LBTH must consult with the school / college / early years setting's governing body, and with the relevant local authority if it is outside Tower Hamlets. LBTH must place the child / young person in the requested school / college / early years setting unless:

- It is unsuitable for the age, ability, aptitude or SEND of the child/young person; or
- The attendance of the child or young person at the requested setting would be incompatible with:
  - the provision of efficient education for others, or
  - the efficient use of resources.

The institution where the child / young person is to be placed must be named in the EHC plan.

Mainstream education cannot be refused on the grounds that it is not suitable. If the LBTH considers a particular mainstream place to be incompatible with the efficient education of others, evidence must be produced to demonstrate that there are no reasonable steps that the school / college could take to overcome this.

Fig 3: Tower Hamlets' EHC Needs Assessment Request Flowchart



Where a parent / carer or young person does not make a request for a particular setting, the local authority must specify mainstream provision in the EHC plan unless it is:

- Against the wishes of the parent / carer or young person
- Incompatible with the efficient education of others.

The placement has to be agreed by the SEND Panel, together with the top up payment (Element 3) to support the child or young person and this is recorded in the EHC plan. The final EHC plan must either be the same as the draft plan, or modified in light of representations made by the parents / carers or young person, and the school / college / early years setting named in the plan. A copy of the final EHC plan is sent to the parents / carers and, the young person, if appropriate, and the placement institution.

The SEND Code of Practice expects all EHC plans to be clear, concise, understandable and accessible and written to be understood by professionals in any local authority. The EHC plan should be forward-looking, for example anticipating, planning and commissioning for important transition points in a child or young person's life, including planning and preparation for adult life. The EHC plan must also set out any health care and social care provision and outcomes to be achieved.

Fig 4: SEND Code of Practice Required Format for an EHC Plan:

- Section A: The views, interests and aspirations of the child and their parents or the young person.
- Section B: The child or young person's special educational needs.
- Section C: The child or young person's health care needs, which relate to their SEND.
- Section D: The child or young person's social care needs which relate to their SEND.
- Section E: The outcomes sought for the child / young person.
- Section F: The SEND provision required by the child or young person.
- Section G: Any health care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEND.
- Section H1: Any social care provision which must be made for the child or young person as a result of section 2 of the Chronically Sick and Disabled Person's Act (CSDPA) 1970.
- Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEND.
- Section I: The name of the school, maintained nursery school, post 16 institution or other institution; or, where the name of the school or other institution is not specified in the EHC plan, the type of schools or other institution to be attended by the child or young person.
- Section J: Where any SEND provision is to be secured by a direct payment, the needs and outcomes to be met by the direct payment.

#### e. Communication with parents / carers through the EHC needs assessment process

It is the responsibility of the referring setting (usually the SENCO) and the SEN Section's case officer to ensure that good communication is maintained with the parents / carers, and young person if appropriate, throughout the process. Parents / carers are also encouraged to access independent support from the SEND advisers who work at Tower Hamlets Parents Advice Centre (PAC).

The SEN Section is committed to partnership with parents / carer throughout the EHC needs assessment process. Parents / carers will be invited to provide feedback about their experience of the EHC needs assessment process once a final decision has been reached by the SEND Panel. Any complaints can be addressed to the SEN Manager and an independent mediation service is provided by KIDS [www.kids.org.uk/mediation](http://www.kids.org.uk/mediation) .

#### f. Annual reviews

EHC plans must be reviewed every 12 months. It is expected that the school / college / early years setting will organise and undertake these reviews, informed by LBTH's person-centered planning advice. SEN Section case officers will attend an annual review when they are notified there are specific, complex issues to be addressed or where an emergency review has been called.

When undertaking the annual review, the educational institution must:

- Consult the child and the child's parent / carer or the young person, and take account of their views and wishes;
- Consider the child or young person's progress towards achieving the outcomes specified in the EHC plan and whether these outcomes remain appropriate or need updating.

Where the child or young person is within 12 months of a transfer between phases of education, the named case officer will amend the EHC plan to include the placement the child or young person will attend following transfer no later than:

- 31<sup>st</sup> March in the calendar year of the child or young person's transfer from secondary school to a post-16 institution
- 15<sup>th</sup> February in the calendar year of the child's transfer in any other case.

The outcomes specified in an EHC plan are of critical importance. It is particularly important that outcomes are updated for all young people in year 9, who are approaching key transitions towards adulthood, during their annual reviews and the SEN Section notified of these.

If a young person over the age of 16 disengages from education or training as set out in their EHC plan, the SEN Section must be notified straight away. Where a young person is moving from one post-16 institution to another post-16 institution at any time, the local authority must ensure there is a review, and subsequent amendment of the EHC plan, at least five months before the transfer takes place, including naming the new post-16 institution.

#### g. Ceasing an EHC plan

The aim of an EHC plan is to support a child or young person with high needs to learn and achieve and to fulfil their potential. For a minority of children / young people the success of the support in an EHC plan will be such that the mandated provision can be reduced and they can continue to meet their outcomes for learning and development through an SEN support plan. The successful achievement of outcomes must have been identified and an intention to step down the EHC plan agreed at a preceding annual review and the LBTH's SEN Section either notified of this or a case officer be in attendance the annual review. The SEND Code of Practice states there are two grounds on which a decision to cease to maintain an EHC plan can be made;

- LBTH is no longer responsible for the child or young person (for example they are now resident in another local authority).

- The LBTH determines that it is no longer necessary for the EHC plan to be maintained. The circumstances include where the child or young person no longer requires the SEND provision specified in the plan.

The procedure to be followed in determining whether to cease to maintain an EHC plan requires that the LBTH must:

- Inform the parents / carers and the young person that it is considering ceasing to maintain the EHC plan,
- Consult with the parents / carers and the young person about ceasing the plan, and
- Consult the headteacher, principal or equivalent person at the educational institution that is named in the EHC plan.

In deciding whether a young person over 18 no longer requires SEND provision specified in their EHC plan, LBTH must have evidence that the educational or training outcomes specified in the plan have been achieved.



## London Borough of Tower Hamlets

### **Introduction**

Please complete all sections of this form in detail, in co-production with the family and child, in order to give a full picture of the child's needs. This information will be used to decide whether to proceed with an EHC needs assessment.

If a decision is made to carry out an EHC needs assessment, this information is essential.

Please refer to LBTH guidelines for expectations about evidence and information to be included.

Please also submit a copy of the school's one page profile for the child.

# 1. Contact Information

Child	
First name	
Surname	
Address	
Date of birth	
Gender	
Telephone	<i>home</i>
	<i>mobile</i>
E mail address	
Ethnicity	
Home language	
Unique Pupil Number	
NHS Number	
GPs name and address	
Parent / carer	
First name	
Surname	
Address <i>(if different from above)</i>	
Telephone	<i>home</i>
	<i>mobile</i>
E mail address	
Relationship to child	
First language	
Parent / carer (if a 2 <sup>nd</sup> person has parental responsibility)	
First name	
Surname	
Address <i>(if different from above)</i>	
Telephone	<i>home</i>
	<i>mobile</i>
E mail address	
Relationship to child	
First language	

<b>Current educational setting / school / college</b>	
<b>Name</b>	
<b>Address</b> <i>(if different from above)</i>	
<b>Telephone</b>	
<b>E mail address</b>	
<b>Local authority area</b>	
<b>Lead professional at the setting/ school</b>	
<b>Date the child started</b>	
<b>Any previous education setting(s) attended</b>	

## **2. Consent for an EHC needs assessment**

### **Parent / carer**

I agree with this request for an education, health and care needs assessment of my child's special educational needs and disability being made by the education setting and am happy for it to be submitted to the London Borough of Tower Hamlets.

As part of the application process, I / We agree for information relating to the assessment to be shared with all relevant services and partner agencies (including health services and/or the local authority social care service) that are involved, to facilitate decision-making.

I / we am aware that examinations and assessments are required as part of the statutory assessment process for special educational needs and disabilities under Part 3 of the Children & Families Act 2014. This may include a medical examination of my child.

I / we agree to the sharing of any information obtained with all services and partner agencies involved. Any exceptions to this are listed in the section below.

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

*The person(s) signing this consent form should either have parental responsibility of the child to whom this consent relates or the young person themselves, if aged over 16 and has sufficient understanding.*

**Tell us about any team/agency you would prefer for us not to share your information with**

**Please tell us here if there is anything else you want us to know that is particular to you and your family in relation to information sharing.**

### Head teacher / Principal / Setting manager

Our school / college / early years setting has made every effort to address this child's / young person's special educational needs or disabilities, which I believe to be of a nature, severity and complexity that meet the Council's threshold for statutory Education, Health and Care needs assessment. I also understand if this request is agreed the information included will be regarded as statutory assessment advice.

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

### 3. Information for needs assessment

The following profile sets out the views of [**pupil name**] and [**pupil parents**].  
[**Pupil name**]'s views are written in bold type. Where the views are those of another person they are shown in quotation marks.

Indicate with a cross those that apply:

- the child / young person has led without parental input
- the child / young person has led jointly with parents
- the child / young person has contributed directly, e.g. in conversation with professional/parent or via email, verbally, with sign language or other communication method
- the child / young person has contributed through the interpretation of people who know them well

#### A. My profile

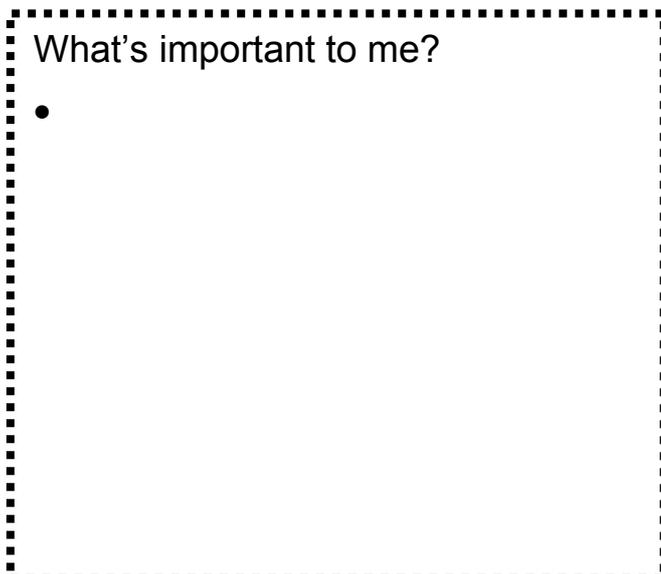
My name is:

*Photo*



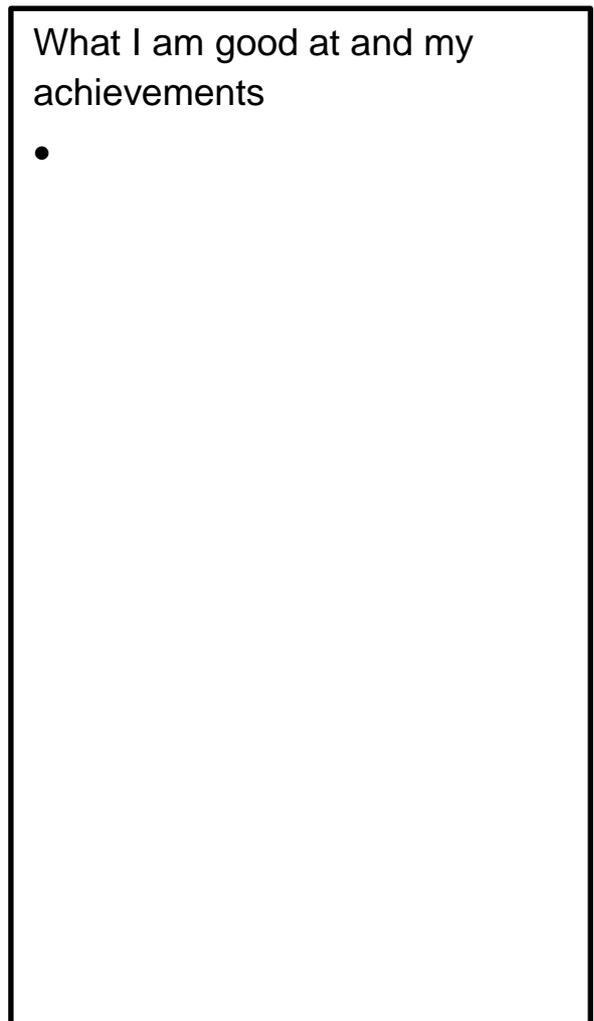
What's important to me?

- 



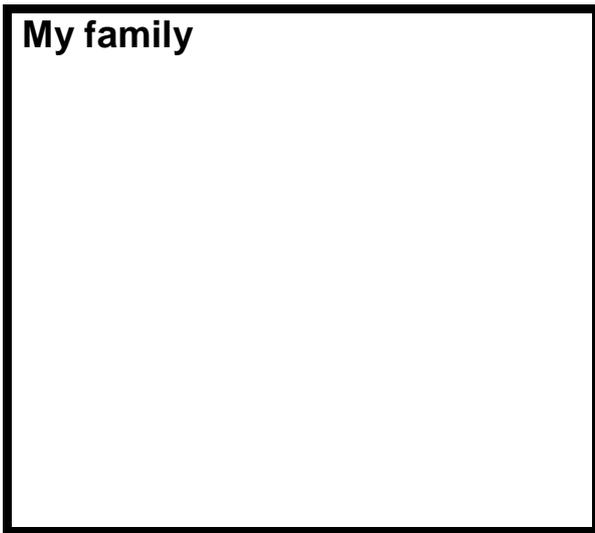
What I am good at and my achievements

- 

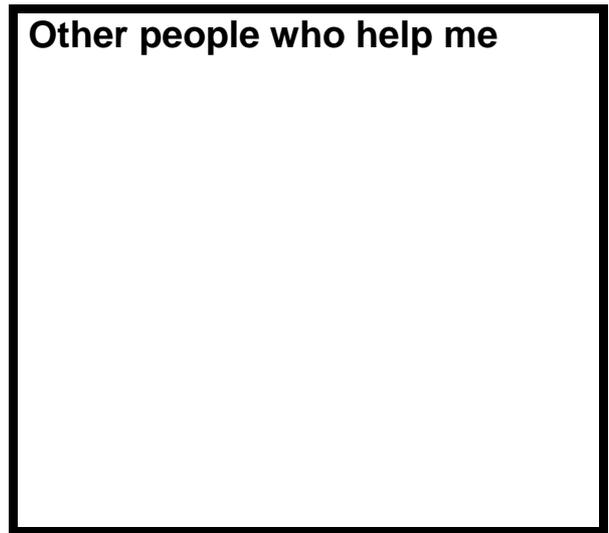


## People important to me

**My family**



**Other people who help me**



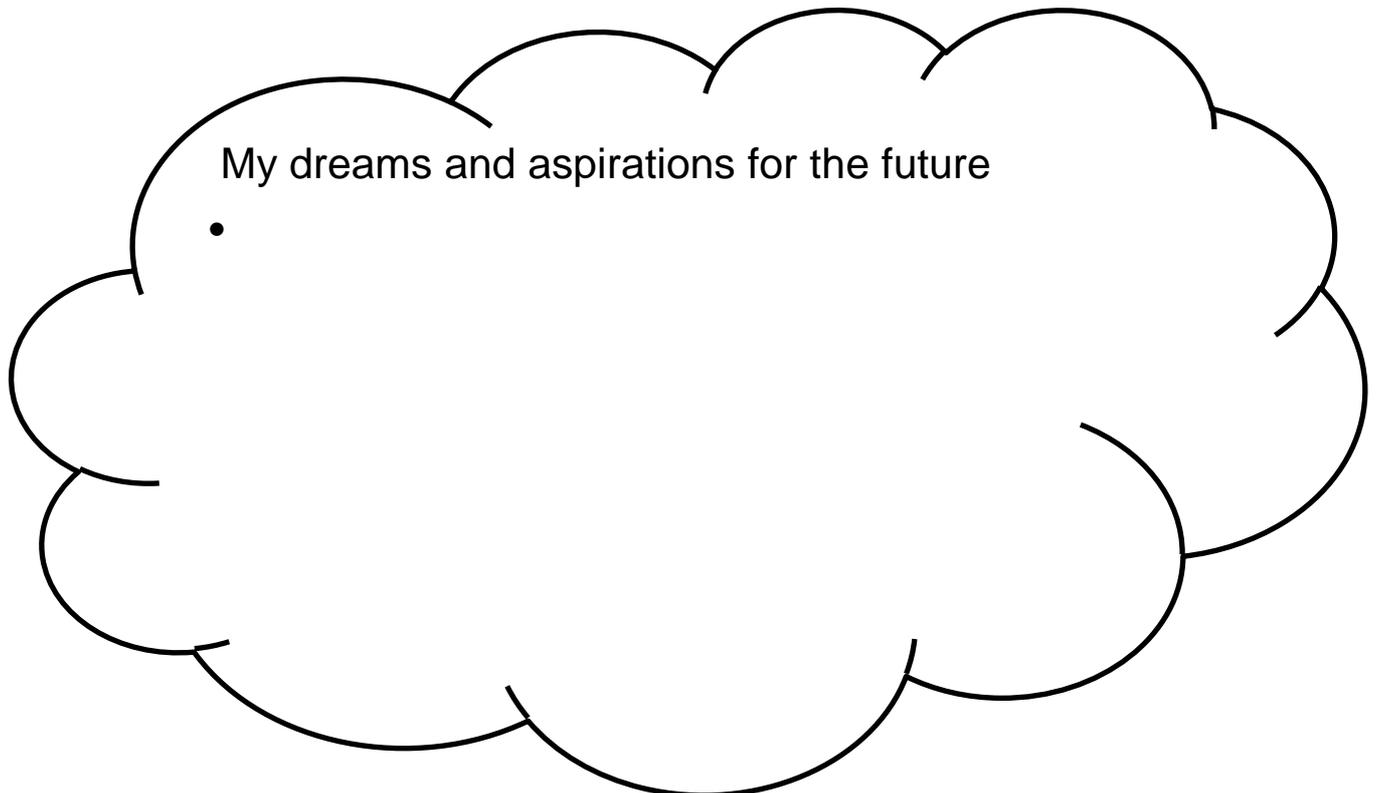
Ways I like to be supported

- 



My dreams and aspirations for the future

- 



## Family Advice

Please tell us about your child.

### About your child

**Your child's history**

**Your child's interests, likes and dislikes**

**Your child's strengths and weaknesses**

**How your child likes to communicate and be involved in making decisions**

<b>Child / young person's own hopes for the future</b>
<b>Your hopes for your child's future</b>
<b>How your child can be supported to be heard and understood</b>
<b>Child / young person's support network (Family/friends)</b>
<b>What you feel is currently working well for your child</b>
<b>What you feel is not working for your child</b>
<b>How do you think an education, health and care needs assessment would help your child?</b>

You may also wish to complete the 'Other Family Information' in section D: social care needs.

## B Strengths and Needs

In this section please briefly describe the child/young person's strengths and areas of need including information about any diagnosis or formal assessment.

<b>Special Educational Needs and Disabilities</b>			
<b>Overall summary of strengths and difficulties</b>			
<b>Cognition and learning</b>			
<i>Summarise strategies relating to understanding, participation and engagement and learning style for any cognition and learning needs that have been deployed at SEN support.</i>			
<b>Assess</b>	<b>Plan</b>	<b>Do</b>	<b>Review</b>
<i>Summarise strengths and needs having deployed the above strategies at SEN support:</i>			
Strengths			
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>			
Needs			
<ul style="list-style-type: none"> <li>•</li> </ul>			

## Communication and interaction

*Summarise strategies relating to understanding, participation and engagement and learning style for any communication and interaction needs that have been deployed at SEN support.*

Assess	Plan	Do	Review

*Summarise strengths and needs having deployed the above strategies at SEN support:*

Strengths

- 
- 

Needs

- 

## Social, emotional and mental health

*Summarise strategies relating to understanding, participation and engagement and learning style for any social, emotional and mental health needs that have been deployed at SEN support.*

Assess	Plan	Do	Review

*Summarise strengths and needs having deployed the above strategies at SEN support:*

Strengths

-

- 
- Needs

- 

**Sensory and / or physical**

*Summarise strategies relating to understanding, participation and engagement and learning style for any sensory and/or physical needs that have been deployed at SEN support.*

Assess	Plan	Do	Review

*Summarise strengths and needs having deployed the above strategies at SEN support:*

Strengths

- 
- 

Needs

-

## Progress and Achievement

Please provide details of attendance, attainment and progress over time. For children in early year's settings it may not be possible to provide attendance or progress over 3 full terms. If this is the case, please state how long a period is covered.

	%	Dates covered
<b>Attendance (min 3 terms)</b>		

Early Years Foundation Stage	Current Level	Last term's Level	Previous Level
<b>1. Listening and Attention</b>			
<b>2. Understanding</b>			
<b>3. Speaking</b>			
<b>4. Moving and Handling</b>			
<b>5. Health and Self Care</b>			
<b>6. Self Confidence and Self Awareness</b>			
<b>7. Managing Feelings and Behaviour</b>			
<b>8. Making Relationships</b>			
<b>9. Reading</b>			
<b>10. Writing</b>			
<b>11. Numbers</b>			
<b>12. Shape, Space and Measures</b>			
<b>13. People and Communities</b>			
<b>14. The World</b>			
<b>15. Technology</b>			
<b>16. Exploring and Using Media and Materials</b>			
<b>17. Being Imaginative</b>			

**School-age children**

Include assessment information (e.g. age-related bands, P-levels or similar) that demonstrates current attainment levels and progress over time.

	<b>Current Level</b>	<b>Last Year's Level</b>	<b>Previous Year's Level</b>
<b>English</b>			
<b>Maths</b>			
<b>Science</b>			
<b>Other curriculum subjects</b>			

**Details of assessment system(s) used.**

--

**Details of current goals/ targets**

--

## The impact of these difficulties and potential outcomes

### Curriculum learning:

- 

### Learning and support for independence (including for future employment and active citizenship):

- 

### Learning and support for health and self-care:

- 

### Learning and support for making choices:

-

## C. Health Needs

### Summary of strengths and difficulties, which relate to the child / young person's SEND

Please tick all of the following support categories that apply: SALT  CAMHS  OT  Physio

### Other health needs

### The impact of health difficulties and the effects on the child / young person and family

#### Curriculum learning:

- 

#### Learning and support for independence (including for future employment and citizenship):

-

**Learning and support for health and self-care:**

- 

**Learning and support for making choices:**

-

## D. Social Care Needs

### Summary of strengths and difficulties, which relate to the child / young person's SEND

Please tick all of the following support categories that apply:      LAC       CIN       CP       Adoption / fostering

### Other social care needs

### The impact of social care difficulties and the effect on the child / young person and family

#### Curriculum learning:

- 

#### Learning and support for independence (including for future employment and citizenship):

- 

#### Learning and support for health and self-care:

- 

**Learning and support for making choices:**

-

## Other Family Information

The other family information section is not compulsory will help to inform the need for further social care advice as part of any possible EHC needs assessment.

**What caring responsibilities do you have for anyone else?**

**Are there any personal health issues, disabilities in the family that make looking after your child more difficult?**

**Does your child have any need for help with personal care for example bathing, dressing, toileting, which you are not able to meet?**

**What support is available from family/friends/others?**

**What leisure time activities have you tried, or currently use, that enable you as a parent/ carer to get a short break?**

<b>Do you have any concerns about your ability to keep the child safe in the home or in the community?</b>

The information provided will be shared with the Children with Disabilities Team who manage our Short Breaks Service and / or relevant Social Care Team who will contribute to discussions about the next steps towards any assessment or support for your family.

## E. Proposed Future Goals and Outcomes

Outcome themes	Goals	Medium term goals / outcomes for education, health and care
Curriculum learning		
For (future) employment & active citizenship		
For independent living		
For health and self-care		
To stay safe		
For personal choice and support		

## F. Education provision mapping

Area of need	Intervention	Need addressed and details	Cost in Time	Approx. annual cost	Outcome(s) addressed

## G. Health provision mapping

Area of need	Intervention	Need addressed and details	Cost in Time	Approx. annual cost	Outcome(s) addressed

## H. Social care provision mapping

Area of need	Intervention	Need addressed and details	Cost in Time	Approx. annual cost	Outcome(s) addressed

#### 4. Information and Advice

Please list and provide any supporting documentation by scanning, attaching and returning it with this completed form. To assist with cross checking please reference documents with the corresponding reference number.

Please note that a request for an EHC needs assessment cannot be considered until all the documentation listed has been received; any incomplete requests will be returned to the school / college / setting.

Ref	Document name	Date	No of pages
1.	Evidence of attainment, interventions and child's progress -- usually SEN Support Plans and reviews. <b>(required)</b>		
2.	Educational psychologist report <b>(recommended)</b>		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			
11			

## 5. People working with this child and family

The Council considers all the information attached to this application and listed in section 4. Where an EHC needs assessment is required, contact will be made with the people listed below for further information.

Please ensure you obtain agreement from these people.

Service and name of person	E-mail	Telephone	Details of involvement	Date of most recent involvement

What multi-agency arrangements have been in place (e.g. TAC, Early Support, Child in Need Review)? Please provide details of types and dates of meetings in the last 12 months.

Type of meeting	Dates

Are any multi-agency meetings planned during the next 3 months? If so, please provide details:

Type of meeting	Date /Time	Venue

<b>6. Checklist for EHC Needs Assessment Request</b> <b>Please do not send:</b> <ul style="list-style-type: none"> <li>• Reports more than 12 months old</li> <li>• Copies of emails</li> <li>• Incident logs</li> <li>• Examples of the child's work</li> <li>• Documents in colour</li> <li>• Documents on A3 /A5.</li> </ul> <b>Please ensure:</b> <ul style="list-style-type: none"> <li>• Photographs have written consent</li> <li>• Attached reports have numbered pages and are listed in section 4.</li> </ul>	Please tick to confirm	For office use only
All sections of the EHC needs assessment request form are complete in full	<input type="checkbox"/>	<input type="checkbox"/>
Any other specialists' advice that is relevant to the child / young person's learning and development are attached and listed in section 4.	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the most recent report from an educational psychologist employed or commissioned by the local authority is attached and listed in section 4	<input type="checkbox"/>	<input type="checkbox"/>
Other professionals working to support the child and the wider family have been made aware of this request for EHC needs assessment, and have agreed to be listed in section 4.	<input type="checkbox"/>	<input type="checkbox"/>
Section 2 of the Request Form is signed by the Headteacher / Principal	<input type="checkbox"/>	<input type="checkbox"/>
Section 2 of the Request Form is signed by the parent/ carer (or young person if they are able to make their own request)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**This request form will be returned as incomplete if any of the documents listed are not included  
Or if it is not signed by all relevant parties.**

## Other Family Information

The other family information section is not compulsory will help to inform the need for further social care advice as part of any possible EHC needs assessment.

<b>What caring responsibilities do you have for anyone else?</b>
<b>Are there any personal health issues, disabilities in the family that make looking after your child more difficult?</b>
<b>Does your child have any need for help with personal care for example bathing, dressing, toileting, which you are not able to meet?</b>
<b>What support is available from family/friends/others?</b>
<b>What leisure time activities have you tried or currently use to enable you as a parent/ carer to get a short break?</b>
<b>Do you have any concerns about your ability to keep the child safe in the home or in the community?</b>

The information provided will be shared with the Children with Disabilities Team who manage our Short Breaks Service and / or relevant Social Care Team who will contribute to discussions about the next steps towards any assessment or support for your family.

## Privacy Notice

Information you provide when applying for an assessment of your child's and/or your needs will be entered onto a computerised database and may be shared with relevant partners including, but not limited to, health and/or social care agencies; some of which have been identified in section 4 of this form.

The information will be handled in-line with the General Data Protection Regulation and will be processed for the purpose of facilitating decision-making between services and partner agencies involved with the young person being assessed under part 3 of the Children and Families Act 2014. You have the right to make a formal request in writing for access to personal data held about you or your child, which must be responded to within 30 working days. You also have the right to request:

- a change of any inaccurate data we hold about you or your child
- that we restrict our processing of you/your child's data and/or restrict whom we share the data with, where permitted by law
- withdraw consent and remove data relating to you/your child, where permitted by law

The retention of your/your child's information will vary between organisations and will be governed by each respective organisation's records retention policy. Tower Hamlets Borough Council will retain the information contained in this form for up to 35 years.

**Tower Hamlets Borough Council also has a duty under the Children's Act 2004 to work with partners to provide and improve services to children and young people in the area. Therefore, Tower Hamlets Borough Council may use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people.** In certain circumstances, we may need to share information with other organisations without your consent for statutory purposes. These can include, but are not limited to, where we believe there is risk of significant harm to a child, young person or vulnerable adult, and for the purposes of crime prevention and national security. Personal data may also be shared with the Department of Communities and Local Government as part of the Troubled Families Scheme. **Tower Hamlets Borough Council has a duty to protect the public funds it administers, and to this end it may use the information you have provided on this form for the prevention and detection of fraud.**

You have the right to make a complaint at any point if you are not satisfied with our responses to your requests. You can do this in writing to:

Complaints  
Town Hall  
Mulberry Place  
5 Clove Crescent  
London E14 2BG.

Email: [complaints@towerhamlets.gov.uk](mailto:complaints@towerhamlets.gov.uk)

For more information, please contact the Parents Advice Centre.

Appendix B: Example of a school's costed provision map

**SCHOOL COSTED PROVISION MAP**

Name of pupil \_\_\_\_\_

Class and ear group \_\_\_\_\_

Area of need	Intervention	Need to be addressed & details of intervention	Staff Time / Time per session	Approx annual cost	Outcome(s) addressed
Cognition & learning	1:1 TA support during literacy and numeracy.	Improved access to curriculum through differentiating teacher input & close monitoring of progress.	TA, daily 2 hours.	£20 per hour @ 10 hours per week x 36 weeks = £7,200	To support making the equivalent of a year's progress in English and maths (from assessed baseline).
Social, emotional and mental health	1:1 support from learning mentor.	Improved interaction & reduced conflict with children from outside friendship group. Weekly mentoring, plus daily check-in.	Learning mentor, total 1 hour per week.	£30 per hour x 36 weeks = £1,080	Better self-reported emotional state. Reduce by 50% playtime incidents. Reduce to 0 withdrawal from class.
Communication & interaction	Coaching by SALT	Daily strategies for improved expressive language development. Consultation time for class teacher & TA	30 min per session; half termly	£27.50 x 6 = £165	Clear speaking in class routinely. As a result, discharged following re-assessment by SALT.
Communication & interaction	Direct phonics group, led by a TA. Initially for 1 year.	Core understanding of phonics and application to year 2 equivalent learning. 1 x TA (3 or 4 children).	30 mins daily (including resource time) 12 week term.	£700 for group – divided by 3. £233 per term; £700 for year.	Accelerated progress towards national expectation for year 2.
<b>Total</b>				<b>£9,145</b>	

Name of training	Who attended?	Cost implications (e.g. cover/ cost of course/resources)

Any specific equipment to support pupil	Cost

Total Annual cost of provision:	(-)Top Up funding received:	(-) Pupil Premium funding received:
		Total school contribution (from element 2)

Cognition and learning

**Impact on curriculum access and participation**

Child/young person's difficulties manifest in one or more of the following ways:

- The child/young person's level of cognitive functioning and reduced learning skills are insufficient to meet the content, language or demands of the normally differentiated curriculum
- Child/young person's pace of learning is inadequate to meet the time and pace requirements of the normally differentiated curriculum
- Child/young person is unable to learn from normal range of differentiated teaching methods and styles
- Child/young person's competencies and skills means they consistently cannot utilise and learn from routine teaching materials and equipment, even when reasonable adjustments are made
- Necessary specialist appointments result in the child/young person's regular absence from lessons
- The impact of the above are so severe as to require considerable planning to minimise barriers to learning.

This may include an adapted or highly individualised curriculum arrangements such as:

- Supported, reduced or alternative curricular content
- Increased emphasis on core curriculum areas
- Specialist teaching, significantly adapted to ensure appropriate adjustments have been made
- Individualized materials and equipment
- Extended access to education or training to achieve successful independence and transition to adulthood.

**Evidenced by:**

- Setting-based curriculum records and judgements over time
- Records of planning, curricular and teaching adaptations
- Professional / specialist assessment and advice over time

**Impact on personal and social development**

Child/young person's difficulties impair the development of functional independence skills. These limit the child/young person's abilities to manage independently in the school or other setting. This requires planning, support and specific teaching around issues such as:

- Basic self-care
- Personal safety
- Remembering and following instructions and routines
- Managing possessions
- Task organisation.

Child/young person's difficulties may affect the development of functional social skills and relationships. This requires planning, support and specific teaching about issues such as:

- Feelings and isolation

- Appropriate / inappropriate social behaviours
- Dependency
- Making and maintaining peer relationships

Child/young person's difficulties adversely and significantly affect development of confidence. This requires planning, support and specific inputs around issues such as:

- Withdrawal
- Work avoidance
- Changeable behaviours
- Frustration
- Personal organisation

**Evidenced by:**

- Records, observations, assessments and judgements, over time
- Professional / specialist assessment and advice
- View of the child / young person and of parent / carer.

Communication and Interaction

**Impact on curriculum access and participation**

Child/young person's difficulties manifest in one or more of the following ways:

- The child/young person's language and communication skills are insufficient to meet the content, language or cognitive demands of the normally differentiated curriculum
- Child/young person's pace of learning is inadequate to meet the time and pace requirements of the normally differentiated curriculum
- Child/young person's language and communication difficulties impede ability to learn from normal range of differentiated teaching methods and styles
- Child/young person's competencies and skills means they consistently cannot utilise and learn from normally used teaching materials and equipment, even when reasonable adjustments are made
- Necessary specialist appointments result in the child/young person's regular absence from lessons
- The impact of the above is so severe as to require considerable planning to minimise barriers to learning.

This may include an adapted or highly individualised curriculum arrangements such as:

- Supported, reduced or alternative curricular content
- Increased emphasis on core curriculum areas or language development
- Specialist teaching
- Consistent use of visual support which may include signing, symbols, visual timetables, choice boards and practical demonstrations etc.
- Consistent use of simplified language for teaching, which may include short sentences, simplified vocabulary, increased repetition and use of pauses
- Specific additional teaching to achieve understanding of basic concepts and vocabulary
- Pre-teaching and post-teaching of classroom content.
- Significantly adapted or alternative materials and equipment
- Augmentative or alternative communication methods

**Evidenced by:**

- School / college / early years curriculum records and judgements over time
- Records of planning, curricular and teaching adaptations
- Professional / specialist assessment and advice over time

**Impact on personal and social development**

Child/young person's difficulties impair the development of functional independence skills. These limit the child/young person's abilities to understand, express themselves, socially interact and socially communicate appropriately. This requires planning, support and specific teaching around issues such as:

- Understanding language and routines
- Using expressive language
- Imagination and play for learning
- Speech and sound production

Child/young person's difficulties may affect the development of functional social skills and relationships. This requires planning, support and specific teaching about issues such as:

- Feels and isolation
- Appropriate / inappropriate social behaviours
- Making and maintaining peer relationships

Child/young person's difficulties adversely and significantly affect development of confidence. This requires planning, support and specific inputs around issues such as:

- Withdrawal
- Work avoidance
- Changeable behaviours
- Frustration
- Attention-seeking

**Evidenced by:**

- Records, observations, assessments and judgements, over time
- Professional / specialist assessment and advice
- View of the child / young person and of parent / carer.

Social, emotional and mental health**Impact on curriculum access and participation**

Child/young person's social and emotional and mental health difficulties manifest in one or more of the following ways:

- Severe impact on the child/young person's expected cognitive and learning skills, which are insufficient to meet the content, language or demands of the normally differentiated teaching.
- Child/young person's ability to keep up with the timing and pace of the normally differentiated curriculum are limited by their own pace of learning or ability to maintain focus.
- Child/young person's competencies and skills means they consistently cannot utilise and learn

from routine teaching materials and equipment, even when reasonable adjustments are made

- Necessary specialist appointments result in the child/young person's regular absence from lessons
- The child / young person's difficulties severely impede their ability to participate fully in school / other setting.

This may include an adapted or highly individualised curriculum arrangements such as:

- Supported, reduced or alternative curricular content, including teaching about social and emotional skills
- Increased emphasis on core curriculum areas
- Specialist teaching, significantly adapted to ensure appropriate or alternative adjustments have been made
- Therapeutic interventions

**Evidenced by:**

- Setting-based curriculum records and judgements over time
- Records of planning, curricular and teaching adaptations
- Professional / specialist assessment and advice over time

**Impact on personal and social development**

Child/young person's difficulties impair the development of functional independence skills. These limit the child/young person's abilities to manage independently in the school or other setting. This requires planning, support and specific teaching around issues such as:

- Self-care
- Personal safety
- Remembering, recognising and following instructions, rules and routines
- Managing time, timetables, possessions and tasks.
- Personal organisation.

Child/young person's difficulties may affect the development of functional social skills and relationships. This requires planning, support and specific teaching about issues such as:

- Feels and isolation
- Appropriate / inappropriate social behaviours
- Dependency
- Making and maintaining peer relationships
- Anger and frustration management

Child/young person's difficulties adversely and significantly affect development of confidence. This requires planning, support and specific inputs around issues such as:

- Withdrawal / depression
- Anxiety
- Work avoidance
- Changeable behaviours
- Frustration
- Attention-seeking.

**Evidenced by:**

- Records, observations, assessments and judgements, over time

- Professional / specialist assessment and advice
- View of the child / young person and of parent / carer.

### Sensory and/or physical

#### **Impact on curriculum access and participation**

Child/young person's difficulties manifest in one or more of the following ways:

- Significant motor skills challenges
- Significant postural control challenges
- Significant sensory impairment challenges
- Significant planning and coordination challenges
- Sensory processing challenges
- Significant multi-sensory impairment

To access the curriculum and participate in school / other setting, the child / young person may require one or more of the following:

- Assistance to participate in learning activities
- Assistance to participate in self-care activities
- Extensive differentiation of the curriculum
- Extensive differentiation of the curriculum
- Differentiation of teaching approaches and methods
- Specialist equipment to: support posture and mobility and/or manual handling and/or basic self-care
- Additional considerations for personal safety
- Specific specialised hearing and non-sighted technologies
- Mobility training

#### **Evidenced by:**

- Setting-based curriculum records and judgements over time
- Records of planning, curricular and teaching adaptations
- Professional / specialist assessment and advice over time

#### **Impact on personal and social development**

Child/young person's difficulties impair the development of functional independence skills. These limit the child/young person's abilities to manage independently in the school or other setting. This requires planning, support and specific teaching around issues such as:

- Basic self-care
- Personal safety, routines and communication of instructions
- Task organisation
- Managing possessions.
- Personal organisation.

Child/young person's difficulties may affect the development of functional social skills and relationships. This requires planning, support and specific teaching about issues such as:

- Feelings and isolation
- Appropriate / inappropriate social behaviours
- Dependency
- Making and maintaining peer relationships
- Personal resilience.

Child/young person's difficulties adversely and significantly affect development of confidence. This requires planning, support and specific inputs around issues such as:

- Withdrawal / depression
- Work avoidance
- Changeable behaviours
- Frustration
- Personal organisation.

**Evidenced by:**

- Records, observations, assessments and judgements, over time
- Professional / specialist assessment and advice
- View of the child / young person and of parent / carer.

**Cognition and Learning Needs**

<b>Quality First Teaching: Literacy</b>	
Make sure you know the level of difficulty of any text you expect the pupil to read.	
Key words / vocabulary emphasised when speaking and displayed clearly.	
Pre-teaching of subject vocabulary.	
Instructions broken down into manageable chunks and given in sequence.	
Encourage pupils to explain what they have to do to check their understanding.	
Links to prior learning explicitly made.	
Key learning points reviewed at appropriate times during and end of lesson.	
Colour coded word walls in alphabetical order.	
Alternative ways to demonstrate understanding e.g. diagrams, mind maps, use of voice recorders.	
Provide, and teach use of, a range of writing frames to aid organisation.	
Alphabet strips / key words and / or phoneme mats on desks.	
Mark writing for content – encourage pupils to highlight one or two words themselves that may be incorrect to be looked at later.	
Occasional opportunities to work with a scribe, perhaps within a small group, to produce a piece of writing for ‘publication’ e.g. display on the wall, read to others etc.	
To support short term memory, have small whiteboards and pens available for notes, to try out spellings, record ideas etc.	
Texts which reflect interest and age range – good range of ‘hi-lo’ (high interest, low reading age) available.	
Cloze procedure exercises to vary writing tasks and demonstrate understanding.	
Don’t ask pupil to read aloud in class unless you know they have pre-prepared and are comfortable with this.	
Allow additional time to complete tasks if necessary.	
Teach and model memory techniques.	
Mark the starting point for each line with a green dot.	
Use different coloured pens to support learning spellings, identifying different sections of text, one colour for each sentence etc.	
Teach keyboard skills.	
Use personal dictionaries.	
Minimise copying from the board – provide copies for pupil if necessary.	

<b>Quality First Teaching: Maths</b>	
Ensure links to prior learning are implicitly made.	
Give access to a wide range of practical resources.	
Ensure key learning points are reviewed regularly throughout the lesson.	

Ensure understanding of mathematical vocabulary. Are learners using the correct language?	
Give a wide range of contexts for pupils to apply their learning.	
Provide a talking partner for pupils to share/explain their mathematical thinking.	
Allow lots of thinking time.	
Present tasks in a meaningful context.	
Closely observe the pupil to fully understand the mathematical strategies being used to solve problems – ask to ‘talk through’ what they’re doing.	
Ensure multi-step tasks are supported by jottings and model this.	
Encourage child to draw a pictorial representation of the problem.	
Give opportunities for pupils to make up problems using skills learned for their talking partner to solve.	
Give opportunities for pupils to check their solutions using a range of methods.	
Don’t rush into abstract and formal written work before understanding is secure.	
Be prepared to explore, repeat and rehearse steps again to ensure understanding of abstract concepts.	
Use different coloured pens for hundreds, tens, units.	

### Communication and Interaction (including ASD)

<b>Quality First Teaching Strategies:</b>	
Rules of good listening displayed, taught, modelled and regularly reinforced.	
Pupils aware of pre-arranged cues for active listening (e.g. symbol, prompt card).	
Pupil’s name or agreed cue used to gain individual’s attention – and before giving instructions.	
Key words/vocabulary emphasized when speaking and displayed visually with picture cues.	
Instructions broken down into manageable chunks and given in the order they are to be done.	
Range of multi-sensory approaches used to support spoken language e.g. symbols, pictures, concrete apparatus, artefacts, role-play.	
Checklists and task lists – simple and with visual cues.	
Delivery of information slowed down with time given to allow processing.	
Pupils are given a demonstration of what is expected.	
System of visual feedback in place to show if something has been understood.	
Pupils are encouraged – and shown – how to seek clarification.	
Prompt cards using a narrative framework (who, where, when, what happened etc.) used to support understanding of question words.	
Talking buddies or similar used to encourage responses.	
TAs used effectively to explain and support pupils to ask and answer questions.	

Classroom furniture and groupings consider whether pupils with speech & communication needs can see visual prompts and the teacher.	
Word walls' or similar to develop understanding of new vocabulary.	
Parents advised of new vocabulary so it can be reinforced at home.	
Appropriate use of visual timetables – personalised to the child.	
Minimise use of abstract language.	
Ensure that preferred methods of communication (as well as level of eye-contact) is known by all staff in school.	

<b>Additional Quality First Teaching Strategies: ASD</b>	
Give explicit, clear instructions, in the order of doing (may need to be only 1 instruction at a time). Ask the pupil to repeat the instructions.	
Access to a quiet, distraction free work station if needed.	
Don't use phrases such as 'Do you want to ...?', 'Shall we...?' as they may be taken as an option to refuse participation.	
Use visual cues to make verbal information meaningful.	
Give examples of completed work so that pupil knows intended outcome or can 'parallel model'.	
Make initial eye contact, but do not expect to maintain it. Don't ask for them to look at you when talking. This will be very difficult for them; it is not defiance.	
Develop clear predictable routines. Give notice if there is a room change / supply teacher etc.	
Language is taken literally, so abstract language will need to be explained at the time of use e.g. it's raining 'cats and dogs'.	
There will be a need for rules for listening, talking, turn taking, sharing, waiting, working with others, starting, finishing etc.	

### Social, Emotional and Mental Health Needs

<b>Quality First Teaching Strategies:</b>	
Take time to find pupil's strengths and praise these – ensure that the pupil has opportunities to demonstrate their skills to maintain self-confidence.	
'Catch' the pupil being good and emphasise positives in front of other pupils and staff (where appropriate).	
Give the pupil classroom responsibilities.	
Refer pupils regularly to classroom code of conduct, whole class targets and use consistently – ensuring that supply staff apply same consistency.	
Play calming music where appropriate.	
Give breaks between tasks and give legitimate 'moving around' activities.	
Provide lots of opportunities for active learning e.g. practical activities, experiential learning.	

Use interactive strategies e.g. pupils have cards/whiteboards to hold up answers, come to the front to take a role etc.	
Make expectations for behaviour explicit: giving clear targets, explanations and modelling.	
Use a visual timer to measure and extend time on task – start small and praise, praise, praise.	
Teach pupils how to use post-it notes for questions and ideas rather than interruptions (when appropriate).	
Provide alternative seating at carpet time if this is an issue.	
Legitimise movement: ask pupil to take a message, collect an item, use a 'fiddle toy'.	
Use pupil's name and ensure you have their attention before giving instructions.	
Chunk instructions and support with visual cues.	
Make use of different seating and grouping arrangements for different activities.	
Communicate in a calm, clear manner.	
Personalise teaching where possible to reflect pupils' interests.	
Use positive correction- say what you WANT them to do rather than what you don't want.	
Assume compliance: give the instruction, say thank you and walk away to give take up time.	
Listen to the pupil, giving them an opportunity to explain their behaviours.	
Provide visual timetables and task lists – may need to be for a short period of time depending on the pupil.	
Have a range of simple, accessible activities the pupil enjoys using as 'calming' exercises.	
Ensure groupings provide positive role models.	
Communicate positive achievements – no matter how small – with home and encourage home to do the same. Could be in the form of a 'Golden moments' or 'Good News' book or 'Good notes' to be collected in a small plastic wallet.	
Use a language structure for resolving conflicts: e.g. the 3 steps.	
Use individual reward systems / "I am working for..." charts.	
Transition from whole class work to independent or group work is taught, clearly signalled and actively managed.	

<b>Additional Quality First Teaching Strategies: ADHD:</b>	
Sit near the teacher, within the class setting and surround with good role models.	
Reduce the amount of changes/disruptions as far as possible.	
Give one task at a time and monitor progress.	
Have pre-established consequences for good and bad behaviour and stick to them. Work with the pupil to determine these.	

Use a timer to measure and extend time on task.	
Allow pupil to scribble, draw, squeeze blu-tac while you talk. Encourage highlighting, underlining.	
Do a stop – 10 second count before hand-up / speaking.	
Reinforce positive behaviour and establish a system to signal good and bad.	
Give a set time for writing and do not extend into break time; your pupil will need these breaks.	
Use pupil's name and give eye contact before giving instructions.	
Chunk instructions and support with visual cues.	
Consider a quiet place to work for individual work	

### Sensory and Physical Needs

<b>Quality First Teaching Strategies: visual needs</b>	
Ensure correct seating in relation to board, whiteboard, Smartboard taking into account levels of vision in each eye.	
Try out different paper / Smartboard colours to try to find best contrast.	
Consider lighting – natural and artificial – which is most comfortable?	
Avoid shiny surfaces which may reflect light and cause dazzle.	
Avoid the sharing of texts / monitors unless doing so is a priority for social reasons e.g. working together on a project.	
Avoid standing in front of windows: your face becomes difficult to see.	
Address the pupil by name to get their attention.	
Always uses verbal explanations when demonstrating to the class. Read out aloud as you write on the board.	
Ensure range of writing materials is available so that pupil can choose most appropriate to maximise vision.	
Where copying is required, ensure appropriate print size photocopy is available.	
Eliminate inessential copying from the board.	
Short spells of visual activity should be interspersed with less demanding activities.	
Take advice from specialist teams related to font style and size.	

<b>Quality First Teaching Strategies: hearing needs:</b>	
Gain pupil's attention before important information is given.	
Careful seating that allows the pupil to see the teacher clearly and also see other speakers (back to the window is good).	
Slow down speech rate a little, but keep natural fluency.	
Use visual symbols to support understanding.	
Divide listening time into short (-ish) chunks.	
Key words on board to focus introduction and conclusion.	

Keep hands away from mouth and face the pupil when speaking.	
Occasionally check that oral information/instructions have been understood.	
Repeat contributions from other children – their voices may be softer and speech more unclear.	
Model and teach careful listening, along with signals when careful listening is required.	
Allow more thinking and talking time.	
Do not limit use of rich and varied language – trying to stick to short words and limited vocabulary can limit natural speech patterns and full meaning.	

<b>Quality First Teaching Strategies: coordination difficulties / dyspraxia</b>	
Consider organisation of classroom to allow free movement.	
Allow the child plenty of space to work – where space allows, could he/she be placed next to a ‘free’ desk?	
Ensure that left and right-handed pupils are not sitting next to each other with writing hands adjacent.	
Seating should allow pupil to rest both feet flat on the floor – check chair heights.	
Desk should be at elbow height.	
Sloping desk provided if possible.	
Positioned so pupil is able to view the teacher directly without turning the body – close enough to see and hear instructions.	
Seated where there are minimal distractions e.g. away from windows and doors.	
Encourage oral presentations as an alternative to some written work.	
Mark starting point for each line with a green dot.	
Lined paper with spaces sufficiently wide to accommodate pupil’s handwriting.	
Ensure range of different pen/pencil grips is available.	
Break down activities into small chunks with praise for completing each part.	
If copying from the board is absolutely necessary, use different colours for each line and leave a gap between lines.	
Reinforce verbal instructions by repeating several times, giving no more than one or two instructions at a time. Ask the pupil to explain what is required, to check understanding.	
Once the pupil is confident with this, perhaps they could be asked to explain the task to another child or small group.	
Teach sequencing skills.	
Cue cards may help the pupil to sequence a task e.g. 1. Clear your desk 2. Collect the equipment you need (with visual cues) 3. Put the date at the top of the page etc.	
Can the ‘WALT’ or LO be photocopied or written into book for pupil?	