CITY OF WOLVERHAMPTON COUNCIL

Response to Request for Information

ReferenceFOI 002633Date6 August 2018

Education Health and Care Needs Assessment

Request:

The Education Health and Care assessment process involves the local authority (SEN department) asking for and securing advice and information from agencies on the child or young person's needs and what provision may be required to meet those needs and outcomes. Paragraph 9.49 of the SEN Code of Practice explains what advice and information must be sought and who from. Agencies must respond within 6 weeks of the request.

- 1. Please provide a blank request form template or templates used for requesting advice and information from agencies as part of the EHC assessment process.
- 2. Please provide a copy of service agreements with agencies. If these cannot be disclosed in whole, I would like to see the information on any recommended phrasing for EHCP assessment reports where requested by the local authority: these may include assessments from educational psychology, social care, speech and language therapy, occupational therapy, physiotherapy, CAMHS etc. This is not an exhaustive list.

In response to your above questions, please find attached our responses provided from page 2 onwards.



Please complete all sections of this form and return it to:

Special Educational Needs Statutory Assessment and Review Team (SENSTART), Disability & Mental Health, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT

Advice for Single Education, Health and Care Assessment

Advice: Connexions Advice

This report constitutes advice to the authority given in respect of a single assessment under the Children and Families Act and will be copied to those persons who are involved in this single assessment.

Requests and the evidence provided <u>must be word processed</u>. An electronic copy will be required.

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

The contents of this advice <u>must</u> be discussed with the child/young person's parents (please tick to confirm).	*Yes/ No The contents of this advice has been shared with the young person (*delete as necessary)

1) Key Information:

Young Person's Details:

Surname:	First Name and preferred name:	
Date of birth:	Home address:	
Ethnicity:	Best way to communicate with young person:	
First language:		
Gender:		
Unique pupils number:	NHS number:	
Care first number:	Looked after status:	

Parents/Guardian Details:

Surname:	First Name(s):	
Address:	Best way to Communicate with Parents/Guardians:	
Telephone/Mobile number:	Relationship to child/young person:	
E-mail address:	First Language:	

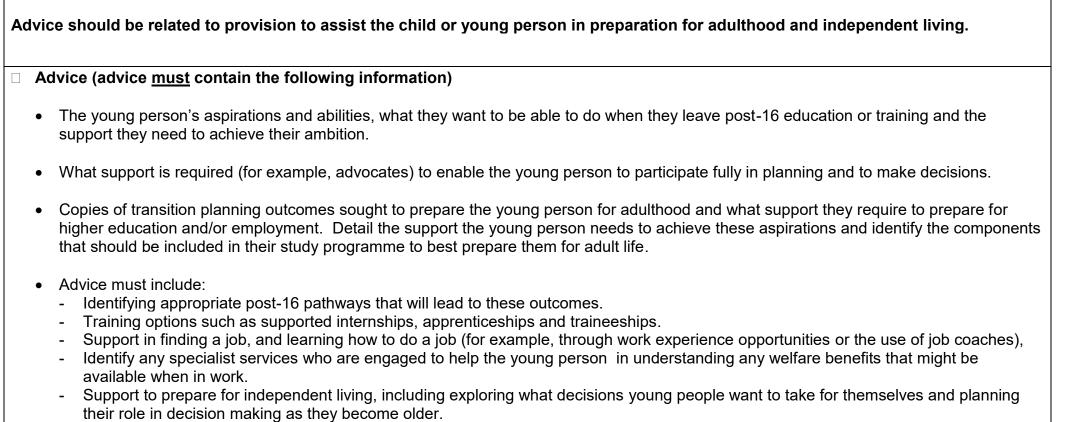
Additional Information: Complete section below

Name and Address of		Date of Admission:	
current Educational Setting:			
Current Year Group:		Name of Social Worker:	
(if applicable)		(If Looked After)	

Advice Providers Details: Complete section below

Personal Advisors Name (Print name)	Personal Advisors Signature	
Address:	Telephone number:	
Email address:	Date of advice:	

The following advice <u>must be provided</u>:



- Where the young person wants to live in the future, who they want to live with and what support they will need.
- Support in maintaining good health in adult life.
- Support in participating in society, including support in developing and maintaining friendships and relationships.
- Detail any special educational provision (support which is additional or different to support usually available to young people of the same age in mainstream colleges) that the young person will require.

Appendix A:

(Child's/Young Person's name) Action Plan Section E: Overall outcome

Steps to achieve outcomes (over a specified period)	Provision to meet need



Please complete all sections of this form and return it to the SEN Statutory Assessment and Review Team (SENSTART), Disability & Mental Health, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT

Advice for Statutory Education, Health and Care Assessment

Advice: C- Educational Advice (Sensory Inclusion Service)

This report constitutes advice to the authority given in respect of a single assessment under the Children and Families Act and will be copied to those persons who are involved in this single assessment.

Advice <u>must be word processed</u>. An electronic copy will be required.

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

The contents of this advice <u>must</u> be discussed with the child/young person's parents (please tick to confirm).	*Yes/ No The contents of this advice has been shared with the child/young person (*delete as necessary)

Child/ Young Person Details:

Child's name:	Date of birth:	
Address:	Current setting: (if applicable)	

Advice Providers Details:

Service:	Head of Service Details: <i>Print name & signature</i>	
Advice complied by: Print name & signature	Job title:	
Address:	Telephone number:	
Email address:	Date of Advice:	

The following advice must be provided:

- □ Sensory Inclusion Service Report
 - Background information
 - Current skills and attainments
 - Functional Assessments
 - Long term and short term outcomes as set out in Appendix A
 - Recommendation on type of provision
 - Costed support Please complete Appendix B

(Where the referral for Statutory Assessment is made by the Sensory Inclusion the following information will need to be provided).

- Part 1 of the Education Health and Care Plan
- □ Mufti agency meeting minutes

Other relevant professional reports where relevant (please tick to indicate included):

- Consultant Paediatrician
- □ Speech and Language
- Audiology
- Ophthalmology
- □ Report from Setting
- Other

□ Educational Psychology Advice

Appendix A:

(Child's/Young Person's name) Action Plan

Section E: Overall outcome		
Steps to achieve outcomes over the next 6 to 12 months	Provision to meet need	
Impact:		

Appendix B

Personal Budget -Education Health and Care Plans are required by legislation to identify the funding of provision by relevant services so that a personal budget can be identified within the plan. You therefore need to identify the expected cost to your service of any interventions described above. Who is responsible for What support will be provided by How much does it cost to provide (child's name) with this support? commissioning/funding for this? your service?



Please complete all sections of this form and return it to the SEN Statutory Assessment and Review Team (SENSTART), Disability & Mental Health, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT

Advice for Statutory Education, Health and Care Assessment

Advice: B – Educational Advice (Special Needs Early Year's Service)

This report constitutes advice to the authority given in respect of a single assessment under the Children and Families Act and will be copied to those persons who are involved in this single assessment.

Advice <u>must be word processed</u>. An electronic copy will be required.

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

 *Yes/ No The contents of this advice has been shared with the child/young person (*delete as necessary)

Complete Part 1 Section A of the EHCP Template (This must be done in consultation with the child/young person and their parents'/carers') and return with this form. Information <u>must be provided electronically and will be requested on receipt of this form</u>.

Part 1 Section A of the EHCP includes Points 1 - 4:

1) Key Information: (example below)

Child/Young Persons Details:

Surname:	First Name	and preferred name:	
Date of birth:	Home addr	Home address:	
Ethnicity:	Best way to	Best way to communicate with	
First language:	child/young	child/young person:	
Unique pupils number:	NHS number	er:	
Care first number:	Looked after	r status:	

Parents/Guardian Details:

Surname:	First Name(s):	
Address:	Best way to Communicate with	
	Parents/Guardians:	
Telephone/Mobile number:	Relationship to child/young	
	person:	
E-mail address:	First Language:	

2) One Page Profile.

3) Key background Information: Child/Young Person/ Family Journey.

4) Aspirations

Advice Providers Details: Complete section below

Service:	Head of Service Details: (Print name & signature)	
Advice complied by: (Print name & Signature)	Advice complied in consultation with: <i>(Print name & Designation)</i>	
Address of setting, school, or provider:	Telephone number:	
Email address:	Date of advice:	

The following advice <u>must be provided</u>:

	Part 1 of the Education Health and Care Plan
	 Special Needs Early Years report based on Early Years Foundation Stage Background information Current skills and attainments Identified special educational needs Long term and short term outcomes – set out as in Appendix A Recommendation on type of provision Cost of support – as set out in Appendix B
	Team Around the Child (TAC) Minutes and integrated goals/ Common Assessment Framework (CAF) minutes
Other	relevant professional reports where relevant (please tick to indicate included): Consultant Paediatrician Speech and Language Physiotherapy Occupational Therapy Childrens Nursing Service/Continuing Care Plan Child and Adolescent Mental Health/ Inspire Report from Setting Social Care Sensory Inclusion Service Other
	Educational Psychology Advice/ signature of agreement:

Appendix A:

(Child's/Young Person's name) Action Plan

Section E: Overall outcome				
Steps to achieve outcomes over the next 6 to 12 months	Provision to meet need			
Impact:				

Personal Budget / Direct payment

Education Health and Care Plans are required by legislation to identify the funding of provision by relevant services so that a personal budget can be identified within the plan. You therefore need to identify the expected cost to your service of any interventions described above.

What support will be provided by your service?	How much does it cost to provide (child's name) with this support?	Who is responsible for commissioning/funding for this?



Please complete all sections of this form and return it to:

Special Educational Needs Statutory Assessment and Review Team (SENSTART), Disability & Mental Health, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT

Advice for Single Education, Health and Care Assessment

Advice: B – Educational Advice

This report constitutes advice to the authority given in respect of a statutory assessment under the Children and Families Act 2014 and will be copied to those persons who are involved in this single assessment.

Requests and the evidence provided <u>must</u> be word processed. An electronic copy will be requested on receipt of this form.

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

<u> </u>	*Yes/ No The contents of this advice has been shared with the child/young person (*delete as necessary)

Complete Part 1 Section A of the EHCP Template (This must be done in consultation with the child/young person and their parents'/carers') and return with this form. Information <u>must be provided electronically and will be requested on receipt of this form</u>.

Part 1 Section A of the EHCP includes Points 1 - 4:

1) Key Information: (example below)

Child/Young Persons Details:

Surname:	First Name	and preferred name:
Date of birth:	Home addr	ess:
Ethnicity:	Best way to	communicate with
First language:	child/young	person:
Unique pupils number:	NHS number	er:
Care first number:	Looked after	r status:

Parents/Guardian Details:

Surname:	First Name(s):	
Address:	Best way to Communicate with	
	Parents/Guardians:	
Telephone/Mobile number:	Relationship to child/young	
	person:	
E-mail address:	First Language:	

2) One Page Profile.

3) Key background Information: Child/Young Person/ Family Journey.

4) Aspirations

Advice Providers Details: Complete section below

Advice i reviders betails.		
Setting Manager/Head	SENCo's name:	
Teacher/Principals name:	(Print name & Signature)	
(Print name & Signature)		
Advice complied by:	Advice complied in consultation	
(Print name & Signature)	with:	
	(Print name & Designation)	
	· · · · · · · · · · · · · · · · · · ·	
Address of setting, school,	Telephone number:	
or provider:		
Email address:	Date of advice:	
	Date of advice.	

The following advice <u>must</u> be provided:

□ Part 1 of the Education Health and Care Plan

Educational Advice (advice <u>must</u> contain the following information)

- Background information relevant details about earlier education history such as previous schools and attendance record. Information needs to detail from the point when the special educational needs were first identified.
- Relevant details about environmental factors, including language used at home, and/or medical information, which relate to the child/young person's educational needs.
- Current skills and attainments and relevant details across the following areas (include strengths as well as weaknesses)
 - **Cognition and learning** approaches and attitudes to learning, literacy and numeracy skills, including academic attainment and rate of progress, reasoning skills, problem solving and organisational skills.
 - **Physical and/ or sensory**. Physical development, including self-help and independence skills. Sensory impairments or needs i.e. visual or hearing impairments. Adaptations to the curriculum/study programme, or the physical environment.
 - **Communication and interaction** speech, language and communication skills. Social skills and interaction.
 - Social, mental and emotional health emotional and social development. Mental health problems or other recognised disorders and impact on the learning environment and others.
- Identified special educational needs specify the child or young person's main areas of difficulty, and other needs in order of priority.
- Details of the settings, school or providers SEN arrangements, including organisation and interventions currently being employed for the child or young person.
- Long term and short term educational outcomes and developmental objectives for the child or young person referring to <u>each</u> need as listed above and set out as in Appendix A.
- Learning environment provision required to meet the child/young person's identified special educational needs.
- Evidence /Provision Map record of support and details of the costed interventions at SEN Support (Element 2 Funding) over the last 12 months. Identification of impact of support (Appendix B Pro-forma and example below)

- Pupil's views record of the views of the child/young person about their needs and the ways in which they like/would like to be helped. Please describe the way in which the child was consulted and how the views were initially recorded and by whom.
- Parent/cares views including how the parents/carer has been involved in planning for, and supporting their child/young person needs.

Individual Action Plans/ Records of review of progress over the last 12 months

Team Around the Child (TAC) Minutes / Common Assessment Framework (CAF) Minutes/ Multi-Agency meeting Minutes/ New Operating Model (Sharecare Early Help)

Educational Psychology Advice

Other relevant professional reports where relevant (please tick to indicate included):

- Consultant Paediatrician
- □ Speech and Language
- □ Physiotherapy
- Occupational Therapy
- □ Childrens Nursing Service/Continuing Care Plan
- □ Child and Adolescent Mental Health Service/ Inspire
- □ Social Care
- □ Sensory Inclusion Service
- Area SENCo
- □ English as an Additional Language (EAL)
- □ Alternative Providers
- □ Connexions
- \Box Other (please specify)

Appendix A:

(Child's/Young Person's name) Action Plan Section E: Overall outcome

Steps to achieve outcomes over the next 6 to 12 months	Provision to meet need
Impact:	



Appendix B

Statutory Assessment of Education, Health and Care Needs Evidence/Provision Map

Assessment of academic attainment and skills:

Assessment Tool Used	Date	Name of person(s) conducting the assessment	Results compared to peers

Recommended strategies	Details of action taken including name(s) of person(s) responsible	Date From and To (Number of sessions completed)	Measured impact compared to peers

Example:

Type of Provision / Activity	Number of Pupils Focused for Support for costing	Date From	Date To	Term	No. of Weeks	Length of Session (Hours)	Number of Sessions per Week	Support Provided by?	Additional Teaching Staff Cost Per Individual Child	Specific Equipment / Resource Cost	Total Cost per Provision / Activity	Note / Comment
Talking Tables	4	12/01/2013	26/03/2013	Spring	12	0.25	4	ТА	31.23		31.23	CAF, EPS & TESS involvement.
Jolly Phonics	1	12/01/2013	26/03/2013	Spring	12	0.25	5	ТА	156.15		156.15	
P Scales Literacy Targets	1	12/01/2013	26/03/2013	Spring	12	0.5	5	ТА	312.30		312.30	
In class 1-1	1	12/01/2013	26/03/2013	Spring	12	3	5	ТА	1873.80		1873.80	Lunchtime supervisor monitoring eating
Big Writing	1	26/01/2013	26/03/2013	Spring	10	0.25	5	ТА	130.13		130.13	
Talking Tables	5	04/09/2012	21/12/2012	Autumn	14	0.25	4	ТА	29.15		29.15	
Jolly Phonics	1	04/09/2012	21/12/2012	Autumn	14	0.25	5	ТА	182.18		182.18	
P Scales Literacy Targets	1	04/09/2012	21/12/2012	Autumn	14	0.5	5	ТА	364.35		364.35	
In class 1-1	1	04/09/2012	21/12/2012	Autumn	14	3	5	ТА	2186.10		2186.10	
Talking Tables	4	17/04/2012	20/07/2012	Summer	13	0.25	4	ТА	33.83		33.83	
Jolly Phonics	1	17/04/2012	20/07/2012	Summer	12	0.25	5	ТА	156.15		156.15	
Lucy's Speech/ Language	3	17/04/2012	20/07/2012	Summer	13	0.33	5	ТА	74.43		74.43	
Letters	2	17/04/2012	20/07/2012	Summer	13	0.5	3	Teacher	221.23		221.23	
In class 1-1	1	17/04/2012	20/07/2012	Summer	13	1.5	5	ТА	1014.98		1014.98	
									6765.99	0.00	6765.99	



Please complete all sections of this form and return it to the SEN Statutory Assessment and Review Team (SENSTART), Disability & Mental Health, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT

Advice for Statutory Education, Health and Care Assessment

Advice: E – Psychological

This report constitutes advice to the authority given in respect of a single assessment under the Children and Families Act and will be copied to those persons who are involved in this single assessment.

Advice <u>must be word processed</u>. An electronic copy will be required.

This report constitutes advice to the authority given in respect of a statutory assessment under the Children and Families Act 2014 and will be copied to those persons who are involved in this single assessment.

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

 *Yes/ No The contents of this advice has been shared with the child/young person (*delete as necessary)

Child/ Young Person Details:

Child's name:	Date of birth:	
Address:	Present school, early years or post 16 setting:	

Advice Providers Details:

Service:		
Advice complied by: (Print name & signature)	Designation:	
Address:	Telephone number:	
Email address:	Date of Advice:	

The following advice must be provided:

Educational Psychology reports must contain	Appendix
Purpose of report	Background Information
Source of information	Views of Others
Formulation	 Child/Young person's perception
Identified special educational needs	 Parents perception
• Long term and short term outcomes (as set out in Appendix A)	 Staff/teachers perception
 Aims of the provision including resources and facilities 	Recent Assessment
Learning Environment	 Child/young person's approach to learning
	 Attainment
	Current Interventions

PLEASE NOTE:

Please be aware of guidance within the SEND Code of Practice July 2014, regarding single assessment and a co-ordinated approach to assessment. As far as possible, there should be a 'tell us once' approach to sharing information during the assessment and planning process so that families and young people do not have to repeat the same information to different agencies, or different practitioners and services within each agency. In particular,

- The EHC single assessment process must embed a person centred approach, with parents and the child/young person at the centre of the process and involved in all aspects of planning to meet their child /young person needs.
- Co- ordinated assessment not asking parents for the same information twice.
- Special Needs Early Years' Service, key worker, or the educational settings SENCo will be responsible for gathering information from all services involved with the child/young person prior to referral for statutory assessment. This information will form part of the single assessment and pre-referral process. Therefore to avoid the need for additional advice being requested **advice should** follow the above format in order for it to be legally compliant.
- All information submitted must have been discussed with the parents/carers or young person and must have their informed consent to share.
- Attendance at a TAC/Early Support/Multi-agency meeting to the draft EHCP will be required.

Commissioning and sign off of the final plan will be completed following the multi-agency meeting by relevant budget holders across education, health (CCG) and social care.

Appendix A

(Child's/Young Person's name) Action Plan

Section E: Overall outcome	
Steps to achieve outcomes over the next 6 to 12 months	Provision to meet need
Impact:	





Please complete all sections of this form and return it to the SEN Statutory Assessment and Review Team (SENSTART), Disability & Mental Health, St Peter's Square, Wolverhampton, WV1 1RT

Format of Advice for Single Education, Health and Care Needs Assessment

Advice: D – Health (GP's)

This report constitutes advice to the authority given in respect of a single assessment under the Children and Families Act 2014 and will be copied to those persons who are involved in this single assessment.

Advice <u>must be word processed and an electronic copy provided via secure e-mail.</u>

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

ents of this advice <u>must</u> be discussed with the child/young parents (please tick to confirm).	*Yes/ No The contents of this advice has been shared with the young person (*delete as necessary)

Child/ Young Person Details:

Surname:	First name:	
Address:	Date of birth:	
	NHS Number	

Health Services Advice Provided:

Service	Name	Date
Consultant Paediatrician		
Physiotherapy		
Occupational Therapy		
Speech Language Therapy		
Ophthalmology		
Child and Adolescent Mental Health Service		
Childrens Nursing		
Other (Please state)		

GP Details:

GP Name: (<i>Print name</i>)	Address:	
Telephone number:	Email address:	
Clinical Commissioning Group responsible:	Date advice submitted to LA:	

Advice should contain the following information:

- □ Health Advice should include
 - Background information
 - Neonatal and Birth History
 - Diagnosis date of diagnosis and by whom (name and service)
 - Medication
 - Health needs which are related to the child/young persons' special educational needs
 - Therapy interventions including long term and short term objectives
 - Continuing Care plan if applicable
 - Equipment needs and resources
 - Current health needs
 - Future health needs
 - Outcomes of health provision set out in Appendix A format
 - Cost of health provision set out in Appendix B

Appendix A:

(Child's/Young Person's name) Action Plan

Section E: Overall outcome			
Steps to achieve outcomes over the next 6 to 12 months	Provision to meet need		
Impact:			

Appendix B:

Personal Budget - Education Health and Care Plans are required by legislation to identify the funding of provision by relevant services so that a personal budget can be identified within the plan. You therefore need to identify the expected cost to your service of any interventions described above.				
What support will be provided by your service?	How much does it cost to provide (child's name) with this support?	Who is responsible for commissioning/funding for this?		





Please complete all sections of this form and return it to the SEN Statutory Assessment and Review Team (SENSTART), Disability & Mental Health, St Peter's Square, Wolverhampton, WV1 1RT

Format of Advice for Single Education, Health and Care Needs Assessment

Advice: D – Health

This report constitutes advice to the authority given in respect of a single assessment under the Children and Families Act 2014 and will be copied to those persons who are involved in this single assessment.

Advice <u>must</u> be word processed and an electronic copy provided via secure e-mail.

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

	*Yes/ No The contents of this advice has been shared with the young person (*delete as necessary)

Child/ Young Person Details:

Surname:	First name:	
Address:	Date of birth:	
	NHS Number	

Health Services Advice Provided:

Service	Name	Date
Consultant Paediatrician		
Physiotherapy		
Occupational Therapy		
Speech Language Therapy		
Ophthalmology		
Child and Adolescent Mental Health Service		
Childrens Nursing		
Other (Please state)		

Designated Medical Officer:

DMO Name: (<i>Print name</i>)	Signature	
Address:	Telephone number:	
Email address:		
Clinical Commissioning Group responsible:	Date submitted to LA:	

GP Details:

GP Name: (<i>Print name</i>)	Address:	
Telephone number:	Email address:	

Advice should contain the following information:

- □ Health Advice should include
 - Background information
 - Neonatal and Birth History
 - Diagnosis date of diagnosis and by whom (name and service)
 - Medication
 - Health needs which are related to the child/young persons' special educational needs
 - Therapy interventions including long term and short term objectives
 - Continuing Care plan if applicable
 - Equipment needs and resources
 - Current health needs
 - Future health needs
 - Outcomes of health provision set out in Appendix A format
 - Cost of health provision set out in Appendix B

PLEASE NOTE:

Please be aware of guidance within the SEND Code of Practice July 2014, regarding single assessment and a co-ordinated approach to assessment. As far as possible, there should be a 'tell us once' approach to sharing information during the assessment and planning process so that families and young people do not have to repeat the same information to different agencies, or different practitioners and services within each agency. In particular,

- The EHC single assessment process must embed a person centred approach, with parents and the child/young person at the centre of the process and involved in all aspects of planning to meet their child /young person needs.
- Co- ordinated assessment not asking parents for the same information twice.
- Special Needs Early Years' Service, key worker, or the educational settings SENCo will be responsible for gathering information from all services involved with the child/young person prior to referral for statutory assessment. This information will form part of the single assessment and pre-referral process. Therefore to avoid the need for additional advice being requested **all advice must** follow the above format in order for it to be legally compliant.
- All information submitted must have been discussed with the parents/carers or young person and must have their informed consent to share.
- Attendance at a TAC/Early Support/Multi-agency meeting to the draft EHCP will be required.
- Commissioning and sign off of the final plan will be completed following the multi-agency meeting by relevant budget holders across education, health (CCG) and social care.

Appendix A:

(Child's/Young Person's name) Action Plan

Section E: Overall outcome			
Steps to achieve outcomes over the next 6 to 12 months	Provision to meet need		
Impact:			

Appendix B:

Personal Budget -	Personal Budget -				
Education Health and Care Plans are required by legislation to identify the funding of provision by relevant services so that a personal budget can be identified within the plan. You therefore need to identify the expected cost to your service of any interventions described above.					
What support will be provided by your service?					

CITY OF WOLVERHAMPTON COUNCIL

Request by Responsible Body for Statutory Assessment of Education, Health and Care Needs

Please complete this form and return it with the required information to: E-mail: <u>SENSTART@wolverhampton.gov.uk</u>

This referral will <u>only</u> be considered if accompanied by the appropriate evidence as set out in Appendix A: Check list

Responsible body requests and the evidence provided <u>must</u> be word processed and an electronic copy provided

Normally children / young people should only be considered for Statutory Assessment following the graduated approach of intervention as advised in the SEND Code of Practice 2015 and Local Guidance; SEN Support and Education, Health and Care Plans <u>http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/advice.page?id=80l2Z2xYCP8</u> and they clearly meet the guidance for Statutory Assessment.

Name of Child/Young Person:

If this is an emergency referral state the reasons clearly (See guidance for eligible cases):

Complete the following: Key Information

Child/Young Person's Details: Surname: First name/preferred name: Date of birth: Address: Ethnicity: Gender: Language and best way to communicate: Unique pupil number: Carefirst number: NHS number: Looked after status:

Parents/Guardians Details:

Title:	
Surname(s):	
First names(s):	
Address:	
Relationship to child/young person:	
Language and best way to communicate: (Does parent/YP need support to read information?)	
Telephone/e-mail:	

Additional Information:

Name of current Educational Setting:	Date of Admission:		
Name(s) of previous Educational Setting:	Date(s) of Admission:		
Current Year Group:	Name of Social Worker: <i>(If Looked After)</i>		
Date of next Multi- agency Meeting:	Venue of next Multi-agency Meeting:		

GP's Name:	
GP's Address:	
GP Telephone Number:	

Information of Special Educational Needs

Tick the appropriate boxes below (indicate the Primary Need by placing 1 next to the tick):

Date first recorded as requiring SEN Support:				
Cognition and Learning	Communication and Interaction	Social, Emotional and Mental Heath	Physical/ Sensory/Medical	
 Complex Learning Difficulties 	 Language Impairment / Speech Disorder 	Social	Physical Difficulties	
 Severe Learning Difficulties 	 Autistic Spectrum Disorder 	Emotional	Visual Impairment	
 Profound and Multiple Learning Difficulties 		Mental Health	Hearing Impairment	
			Medical Needs	
If Diagnosis given ple	ease state by whom and d	ate:	·	

Professionals Involved:

Name	Designation	Written Report Submitted (YES/NO)

Advice Providers Details:

Setting Manager/Head Teacher/Principals:	Print name:	Signature:
Address of setting, school, or provider:	In full, with postcode:	Telephone number:
SENCo's name:	Print name:	Signature:
Advice complied by:	Print name:	Signature:
Advice complied in consultation with:	Print name:	Designation:
Email address:		Date of advice:

Attach a One Page Profile



One Page Profile Templates can be found on the following web site: <u>http://www.sheffkids.co.uk/adultssite/pages/onepageprofilestemplates.html</u>

A One Page profile must be one page, personalised, and should be completed with the child/young person and/or their parents/carers, following the Person Centred Guidance: It's All About Me.

A One Page profile must contain the following information and should include aspects of the following:

- What people like and admire about me this section list the positive qualities strengths and talents of the child/young person.
- What's important to me now this is a bullet list of what really matters to the child/young person from their perspective (even if others do not agree).
- How best to support me this is a list of how to support the child/young person and what is helpful and what is not. It should include what people need to know and what people need to do.
- Photograph and/or graphics each on page profile has a current photograph of the child/young person and/or graphics around the child/ young person's interests. Symbols and pictures can be used for children and young people who do not use words.

Parents'/Carers',	Child and Y	ouna Person	's Views and A	spirations:

All the information below MUST be completed by the educational provider as part of a 'family conversation'.

Child/young persons' views regarding their journey, outcomes or concerns:

Parents'/carers' views regarding family journey, outcomes or concerns:

What's important to the child/young person now and for the future?

What parents'/carers' think is important now and for the future?
What does the child/young person do outside of the setting/school/college (friends, clubs or
activities)?
Does the child/young person face any challenges or barriers accessing these activities?
What is going well for the child and their family?
what is yoing well for the child and their family?

What do the child and family find difficult or challenging/ what's not working well?

What support does the child/young person receive from family, community or professionals?

Parent(s)/Carer(s)/Young Persons Informed Consent for Referral to the Single Assessment Moderation Panel and for the purposes of an EHC Needs Assessment

The information you provide, along with other professional's advice will be used for carrying out an Education, Health and Care Needs Assessment by the Local Authority. The sharing of this information with Education, Health and Care professionals is to ensure that the Local Authority can make an informed assessment.

This section <u>MUST</u> be completed by the parent(s)/carer(s).	This section should be completed by the child/young person, where relevant.
Parent(s)/carer(s) consent to statutory assessment and to share information.	Young Persons' consent to statutory assessment and to share information.
Parent(s)/carer(s) Signature:	Young person's Signature:
Date:	Date:
The contents of the referral form and ed child/young person's parents (please tick to	ucational advice <u>MUST</u> be discussed with the o confirm).

□ Yes: The contents of the referral form and educational advice has been shared with the child/young person.

□ No: The contents of the referral form and educational advice has not been shared with the child/young person.

Educational Advice:

- > Do not populate the information below please submit as a separate report.
- Information must be discussed with parent(s)/carer(s) and/or young person before submitting.

Educational advice MUST include the following information:

- **Background information** relevant details about earlier education history such as previous schools and attendance record. Information needs to detail from the point when the special educational needs were first identified. Relevant details about environmental factors, including language used at home, and/or medical information, which relate to the child/young person's educational needs.
- **Current skills and attainments** and relevant details across the following areas (include strengths as well as needs)
 - **Cognition and learning** approaches and attitudes to learning, literacy and numeracy skills, including rate of progress and attainment, reasoning skills, problem solving and organisational skills.
 - **Physical and/ or sensory**. Physical development, including self-help and independence skills. Sensory impairments or needs i.e. visual or hearing impairments. Adaptations to the curriculum/study programme, or the physical environment.
 - **Communication and interaction** speech, language and communication skills. Social skills and interaction.
 - **Social, mental and emotional health** emotional and social development. Mental health problems or other recognised disorders and impact on the learning environment and others.
 - Identified special educational needs specify the child or young person's main areas of difficulty, and other needs in order of priority.
 - Evidence of Assess, Plan, Do Review evidence of the action taken by the settings, school or provider as part of SEN support, including organisation and interventions employed for the child or young person.

Outcomes

The key worker/SENCO **must** plan **outcomes** with the parents/cares and child/young person based on their needs, and consider strategies as well as monitoring and review arrangements.

- **Long term educational outcomes** (over a key stage or phase) for the child or young person referring to each need as identified above.
- **Steps to achieve outcomes** over the next 6 to 12 months and strategies to support outcomes. These should match needs and be SMART.
- **Learning environment** provision and resources required to meet the child/young person's outcomes.
- Evidence /Provision Map (Appendix B) record of support and details of the cost of interventions at SEN Support (Element 2/Early Years Double Funding) over the last 12 months. Including identification of the impact of the intervention/support.

Appendix A: Check List

Permission to share information must be sought from professionals before including their advice.

	Responsible Body Request Form
	One Page Profile
	Educational Providers Advice, including outcomes
	Early Help Assessment (open EHA assessment or if closed, within 6 months of being closed) or
	eam Around the Child (TAC) Minutes can be submitted in place of EHA <u>only</u> when the Special leads Early Years Service are involved
🗆 Ir	ndividual Action Plans/ Records of review of progress over the last 12 months
	Evidence /Provision Map
E	Educational Psychology Advice
	Connexions Advice (for young people Year 9 and above)

Other relevant professional reports, where applicable:

SEN Support Services
Education (other)
Health
Social Care
Alternative Providers
Other (please specify)

Appendix B: Evidence/Provision Map

Assessment of academic attainment and skills:

Assessment Tool Used	Date	Name of person(s) conducting the assessment	Results compared to peers

Recommended strategies	Details of action taken including name(s) of person(s) responsible	Date From and To (Number of sessions completed)	Measured impact compared to peers

Appendix B: Evidence/Provision Map

Cost must identify and reflect the following spend; Element 2 / Early Years Double funding (up an additional £6,000 per pupil per annum).

Comments				
Total Cost of Intervention				
Specific Equipment/ Resources and Cost				
Additional Teaching Staff Cost per child				
Session Length				
No. of Sessions				
То				
From				
Term From				
No of Pupils				
Type of Provision/Interventi on/Activity				

This Page is to be completed by the Statutory Assessment (Single Assessment) Moderating Panel ONLY

Date request received:	
Date request considered by the Panel:	

Decision taken

Agree to Statutory Assessment	 Assessment Agreed and Additional Information is required from:
	□ Education:
	□ Health:
	Social Care:
	□ Other:
Refer back to setting / school /provider. Summary of Need (SON) to be Provided	

If the decision is to refer back to the setting/school/provider - why?

	Does not meet the guidance for Statutory Assessment as laid down in the SEN Handbook
	Lack of input from an outside agency
	Graduated approach has not been followed
	Little evidence of appropriate provision by the educational setting at SEN Support
	Parent / Carer not consulted / in agreement
	Indications that further strategies / resources at SEN Support may prove successful
	Other (briefly explain)
Next /	Action

Signed (Chair and one panel Member)		
Chair:	Panel Member:	

SEN Statutory Assessment and Review Team (SENSTART), Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT (Please refer to attached letter for SEND Officer contact details)

Advice for Statutory Education, Health and Care Assessment

Advice: F – Social Care

Please be aware of the guidance within the SEND Code of Practice January 2015 regarding the single assessment. This report constitutes advice to the authority given in respect of a single assessment under the Children and Families Act 2014 and will be copied to all those persons who are involved in this single assessment.

Advice <u>must</u> be word processed and original document sent to above address Additionally, an electronic copy must be sent to: SENSTART@wolverhampton.gov.uk

The principle underpinning the single assessment is a tell us once approach, avoiding the child's parent or young person having to provide the same information multiple times, please be mindful of this when completing your advice.

Child/Young Person's Name:			
DOB:	NCY:		
Parent/ Carer Name:			Address if different from child/ Young Person:
Parental Responsibility	Yes 🗆	No 🗆	

Is this child known to care first?					
No 🗆	Early Help Involv	ement / Assessi	ment Ye	s 🗆 No	□ Unknown □
Yes 🛛					ELOW
Carefirst Number: P					
Address/ Placement:		Allocated Social Worker			
			Service Addre	SS:	
Tel:			Tel:		
Current School/provision:					
Future Schoo	Future School: Date: / /				
Translation R	Translation Required: Language: Who For:			Who For:	
(Under the Children Act 1989, please tick as Appropriate)					
Statutory Plan: subject of Child In Need Plan or Child Protection Plan s.17					
Legal Status	: (LAC) Voluntary	Accom s.20 □	(LAC) li	nterim /Full C	are Order s.31 🛛
Legal Status: (LAC) Voluntary Accom s.20 □ (LAC) Interim /Full Care Order s.31 □ Any Other Care Arrangements (Please Specify e.g. Special Guardianship, Adopted):					
Care Leaver:	No 🗆 Yes 🗆	Disability: No 🗆	l Yes □	Registratio	n Date: / /
Young Person in Custody: No I Yes I Release Date: / /					
Mental Capacity Assessment (YP over 16 years old): No Yes Not Known					
Currently under Review D Date: / / (Include any additional information as appropriate)					

Initial involvement		
Date	Description/ Reason for referral	
1 1		
		1
Details of Outco	me: (End Reason or Revocation of an Order)	Date

Details of Outcom	. (End Dessen on Develoption of an Order)	Dete
Details of Outcom	e: (End Reason or Revocation of an Order)	Date

Γ	lost recent Involvement (if not within the last 12 mont	hs)
Date	Description/ Reason for referral	
Details of Outc	ome: (End Reason or Revocation of an Order)	Date
	· · · · · · · · · · · · · · · · · · ·	

Additional Comments:

Appendix A

<u>Child's / Young Person's Development – Strengths and Needs Relating to their Special</u> <u>Educational Needs.</u> (To support advice please attach PEP if applicable).
Cognition and Learning - Educational development
Strengths:
Needs:
Actions/steps to be taken to achieve outcomes:
Timescales:
Social, Emotional, and Mental Health - Emotional, behavioural development, relationships, identity and social skills
Strengths:
Needs:
Actions/steps to be taken to achieve outcomes:
Timescales:
Communication and Interaction - Any speech and language needs or difficulties
Strengths:
Needs:
Actions/steps to be taken to achieve outcomes:
Timescales:
Physical, Sensory, Medical - Significant impairment, co-ordination, independence and self-help skills
Strengths:
Needs:
Actions/steps to be taken to achieve outcomes:
Timescales:

Appendix B

Details of Social Care provision under Section 2 of the Chronically Sick and Disabled Persons Act *(complete details if applicable)*

Personal Budget / Direct payment / Short Breaks

Education Health and Care Plans are required by legislation to identify the funding of provision by relevant services so that a personal budget can be identified within the plan. You therefore need to identify the expected cost to your service of any interventions described above.

(ADD OR DELETE ROWS AS APPROPRIATE)

What support will be provided by your service?	How much does it cost to provide this support?	Who is responsible for commissioning/funding for this?
1.	£ Please state: Weekly Monthly/ Annually /Set Period	
2.	£ Please state: Weekly Monthly/ Annually /Set Period	
3.	£ Please state: Weekly Monthly/ Annually /Set Period	

Team Leader/ Consultant Social Worker (<i>Print name & signature</i>)	
Advice complied by:	
(Print name & signature)	
Role / Designation:	
Service:	
Address:	
Telephone number:	
Email address:	
Date of Advice:	

PLEASE NOTE:

Please be aware of guidance within the SEND Code of Practice July 2014, regarding single assessment and a co-ordinated approach to assessment. As far as possible, there should be a 'tell us once' approach to sharing information during the assessment and planning process so that families and young people do not have to repeat the same information to different agencies, or different practitioners and services within each agency. In particular:

- The EHC single assessment process must embed a person centred approach, with parents and the child/young person at the centre of the process and involved in all aspects of planning to meet their child /young person needs.
- Co- ordinated assessment not asking parents for the same information twice.
- Special Needs Early Years' Service, key worker, or the educational settings SENCo will be
 responsible for gathering information from all services involved with the child/young person prior to
 referral for statutory assessment. This information will form part of the single assessment and prereferral process. Therefore to avoid the need for additional advice being requested advice should
 follow the above format in order for it to be legally compliant.
- All information submitted must have been discussed with the parents/carers or young person and must have their informed consent to share.
- Attendance at a TAC/Early Support/Multi-agency meeting to the draft EHCP will be required.
- Commissioning and sign off of the final plan will be completed following the multi-agency meeting by relevant budget holders across education, health (CCG) and social care.

Additional Information Required from Settings, Schools & Providers If Not Known to Social Care (Include in family journey or use template)

Childs name	
Date of Birth	

What is important to the child or young	
person	
What do they do outside of school?	
Friends, clubs or activities	
Do thou food any challenges or herrises	
Do they face any challenges or barriers	
accessing these activities?	
What is going well for the child and their	
family?	
ranniy:	
What support do they receive from	
family, community or professionals?	
ranning, community of professionals:	
What do the child and family find difficult	
or challenging?	
What's not working well?	
6	
Any additional information that you	
consider to be relevant.	