

Contents of an EHC Plan

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Law and Guidance

- Part 3 of the Children and Families Act 2014.
- The Special Educational Needs and Disability Regulations 2014
- SEND Code of Practice dated January 2015
- Special Educational Needs and Disability – A Guide for Parents and Carers, dated August 2014

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Draft EHC Plan

- The draft EHC Plan must be sent to the parents by the Local Authority (LA) between weeks 14-16 of EHC Needs Assessment process.
- It should arrive with a letter from the LA and all the advice and information gathered as part of the EHC Needs Assessment process.
- There's a lot to consider at this stage and timing is crucial, so be prepared and act quickly.
- If everyone has been working together as they should have been, there should not be any great surprises in your child's draft EHC plan.
- It is a legal document and the wording is very important, so you need to check it carefully.

Timescales

- You have 15 days from the date the draft was sent to:
 - Ask for changes to or make comments (officially called ‘making representations’) about the plan.
 - Express your preference of school to be named in section I of the plan.
 - Ask the local authority to arrange a meeting with you to discuss the draft plan.
 - If time is very tight, for example if you are trying to get some help to check the plan, ask the local authority for an extension. Most will agree to this – the exact wording of the regulations is at least 15 days.
- As a result of your representations the local authority may:
 - Issue a final plan with all or some of the changes you want.
 - Issue an unchanged final plan.
 - Make changes of their own and reissue the plan in a draft form.
- It is always good to negotiate with the local authority, but do not engage in endless ‘ping pong’. If it looks as if the local authority is not going to agree to your changes, it is generally preferable to get a final plan and then go for mediation and/or appeal as necessary.
- Even if you “sign off” the draft plan, you will still have the right to appeal once the final version has been issued.

Evidence and Reports

- The reports are the information and advice gathered from different people as part of the EHC needs assessment. They should be at the back of the plan and listed in Section K.
- The first thing you need to do is to check the reports, as the content of the plan will be based on this evidence.
- Check that all reports are listed, including your own views and any independent evidence you may have sent in. If anything is missing, inform the local authority immediately.
- You may want to make additional copies of the reports that you can write on.
- Go through the reports and highlight all difficulties identified and any help that has been recommended. It can be helpful to use different colours for needs and provision.
- Also make a note of any differences of opinion, for example about what your child can or can't do, or about the amount of support required.

What should an EHC Plan contain?

- No national standard format for EHCP – different LA's have different templates
- The requirements for each section are set out in paragraph 9.69 of the CoP and strongly recommend that parents and young people check this carefully. The EHCP must contain:
- Section A – the views, interests and aspirations of the child/young person and their parents
- Section B – the child or young person's special educational needs
- Section C – the child or young person's health needs which relate to their SEN
- Section D – the child or young person's social care needs which relate to their SEN
- Section E – the outcomes sought for the child or young person
- Section F – special educational provision required by the child or the young person

What should an EHC Plan contain?

- Section G – any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN
- Section H1 – any social care provision which must be made for a child or young person
- Section H2 – any other social care provision which result in the child or young person having SEN
- Section I – placement
- Section J – personal budget (including arrangements for direct payments)
- Section K – appendices – list and attach all documents upon which the EHC Plan is based

Most important Sections

The legally enforceable sections of EHC Plan are:

- **Section B** - It should be a 'pen portrait' of the child or young person's special educational needs, outlining their areas of difficulty in accessing learning.
- **Section F** - this section should include all the special educational provision required to meet the child or young person's special educational needs.
- **Section I** - this section should include the name and type of the school or post-16 institution which the child or young person will attend.

What does a Poor EHC Plan look like?

A poorly written plan may include more than one of the following:

- No reference to diagnosis E.g. ASD despite the child having the diagnosis for many years
- Lots of historical information no longer relevant reference to a school child not attended for many years
- Blank sections in the EHC Plan
- Special Educational Provision which should be in Section F as it educates and trains recorded in wrong and unenforceable Sections of the EHC Plan – D and H
- Reference to funding at a certain level (this meaningless)
- Therapy input being provide only by school staff and not appropriately qualified and experienced therapists.

Section B – Special educational needs

- Describes the child's special educational needs i.e. What your child has difficulty with.
- Start with summary /general description of your child.
- Formal diagnosis e.g. ASD, Dyspraxia, Cerebral Palsy and test scores – then must specify the actual difficulty your child has because of the condition
- It is a legal requirement that **all** the child's difficulties are listed in this section, so you can easily check that there is provision to meet each need.
- Code of Practice defines four broad areas of SEN namely
 - Cognition and learning
x has a specific learning difficulty namely dyslexia
y's working memory is at the 1st percentile for her age and she has difficulty processing information and following complex instructions.
 - Communication and interaction
z's spoken language is at an early stage of development and she communicates through a mixture of gestures, signing and singe words.
a has difficulties with social use of language and he cannot hold a reciprocal conversation.

Section B – Special educational needs

- Social, emotional and mental health

x has been diagnosed with ADHD and his behaviour can be very impulsive.

y has very high anxiety levels and finds the school environment extremely stressful and has periods of school refusal.

- Physical, Motor and Sensory

x has cerebral palsy which affects his right side and can experience difficulty trying to move round small places and cluttered environment.

x has difficulty manipulating objects such as pencils, buttons, zips etc.

x has handwriting difficulty and using tools such as compasses, rulers and cutlery.

Section F – Special Educational Provision

- It is in relation to the issue of the detail and specificity of provision that most disagreements arise.
- Some LAs have a tendency to set out support in very vague terms.
- Section F should be as clear as possible as to what the child or young person will receive.
- Wording describing any itemised provision must be specific and quantified e.g. speech and language therapy - how much, how frequently, delivered by whom, where, when in the school day?
- Will the delivering professional understand what is intended.

Section F Provision

- Challenge vague wording such as
 - 'as appropriate' / 'as required'
 - 'regular' / 'periodic'
 - 'subject to review'
 - 'would benefit from' / 'access to'
- Ask for detail and specificity
 - How long and how often receive therapy or programmes.
 - Content of therapy or teaching programmes.
 - Necessary qualifications and experience of staff clearly stated.

Examples of Provision

- LSA
- Emotional Learning Support Assistant
- Speech and language therapy
- Occupational therapy
- ABA
- Specialist tuition
- Social group sessions
- Acoustic systems
- Community access/independence training
- Transport training
- Hydrotherapy
- Counselling

Case Law – Provision

- Class sizes: H v Leicestershire [2000] ELR 471.
- Staff qualifications and experience: R v Wandsworth ex parte M [1998] ELR 424.
- Specification as to small group work: L v Clarke and Somerset [1998] ELR 129.
- Specification as to therapeutic input: R v Harrow ex parte M [1997] FCR 761.

EHCP pre and post appeal



Special Educational Needs



Pa Appeal 7.4.20
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Section B

My Special Educational Needs

All identified special educational needs MUST be included.

Communication & Interaction (strengths, needs and current functioning):

- [REDACTED] has a diagnosed speech disorder and has significant difficulties communicating verbally. [REDACTED] has approximately ten words that he is able to say clearly. Expressively he babbles using a range of speech but this is mostly unintelligible. [REDACTED] will point and use non-verbal means to communicate however he can become frustrated when he is unable to convey what he is trying to say. In addition to his words, [REDACTED] has a limited number of signs he can use to communicate.
- With regards to [REDACTED] understanding of language, he responds positively to staff calling his name (to gain attention) before delivering a short instruction. [REDACTED] is able to make choices using a 'now/next' board. If [REDACTED] is presented with too much verbal information [REDACTED] can become confused. [REDACTED] shows recognition of familiar environments and understands familiar instructions.
- [REDACTED] is able to attend to adults in a highly motivating individualised situation however finds it more difficult when more children are involved in the play environment. Where the attention is not solely on [REDACTED], he loses focus more quickly and does not appear to listen to what is being said. Sounds in the environment can be distracting for [REDACTED].
- [REDACTED] enjoys interacting with others and will look at an adult and initiate interaction, although not always using appropriate means e.g. he will swipe objects onto the floor, pull leaflets out of drawers, bang cupboard doors. He may stop when told but will return to these tasks and smile while he repeats the action.
- [REDACTED] experiences difficulties sleeping and can wake in the night. This results in [REDACTED] being tired during the day which can impact on his behaviour and attention. When tired [REDACTED] attention is limited to a few seconds interest.

Cognition & Learning (strengths, needs and current functioning):

- [REDACTED] is working below age related expectations. He shows an interest in a range of toys and games but does not yet play with these items in expected ways. He may copy an adult's action such as trying to wind up a toy, or push something back in when prompted. Most of [REDACTED] play is exploratory and relates to cause and effect.
- [REDACTED] can find it difficult to maintain attention when on his own however if sat with an adult he will engage more readily.

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4



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- sensory modulation difficulties
- reduced visual motor integration
- delayed pencil skills
- delayed gross motor skills and low muscle tone
- difficulties with age appropriate self-care
- history of glue ear
- possible ocular difficulties.

Section B

My Special Educational Needs

All identified special educational needs MUST be included.

Communication & Interaction (strengths, needs and current functioning):

- XXXX has a diagnosed speech disorder and has significant difficulties communicating verbally. XXXX has approximately ten words that he is able to say clearly. Expressively he babbles using a range of speech but this is mostly unintelligible. XXXX will point and use non-verbal means to communicate however he can become frustrated when he is unable to convey what he is trying to say. In addition to his words, XXXX is using some Makaton signing to communicate.
- XXXX presents with a severe expressive developmental language disorder. He shows a very high level of communicative intent, but he struggles hugely to produce words and put words together. The Independent Therapist suggests that this affects his self confidence and although, when observed, XXXX tried to engage with other children he simply could not speak to them and therefore did not persist with communicating with them.
- XXXX had very considerable difficulties with producing speech sounds and was really difficult to understand. When he tries to communicate, particularly with other children, he often does not get a response. He demonstrates difficulties with the production of consonants and vowels both in isolation and particularly, in words. He has a high level of inconsistency in his production of sounds and words.
- With regards to XXXX's understanding of language, he responds positively to staff calling his name (to gain attention) before delivering a short

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4

Special Educational Needs



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Pre Appeal 7.4.20

- [REDACTED] shows no awareness of numbers and is unable to name any digits or count any objects.

Social, emotional and mental health (strengths, needs and current functioning):

- [REDACTED] presents as a sociable child who is clearly interested in the activities and play of his peers around him. [REDACTED] does however have a very limited social language and is unable to verbally initiate interactions with his peers. As such, [REDACTED] tends to use physical mediums (such as pointing, reaching for and offering his hand) to try and initiate interactions. Whilst this can work at times, on other occasions peers can misread or misunderstand situations.
- When playing with an adult [REDACTED] engages well and generally responds positively to requests and commands. When left to play independently however, [REDACTED] has a tendency to push boundaries, such as throwing items on the floor or tipping things up. On these occasions, [REDACTED] responds positively to an adult gaining his attention.
- If playing independently [REDACTED] can display low level disruptive and physical behaviours however if an adult is able to play and talk with him, he complies and his behaviour is much improved.

Sensory and/or physical needs (strengths, needs and current functioning):

- [REDACTED] displays good control; his fine motor skills appear to be developing appropriately however he displays no interest in mark marking activities.
- With regards to [REDACTED] gross motor skills, he is able to run safely when playing in the garden with him generally avoiding obstacle and peers.
- [REDACTED] has a history of experiencing ear infections and has had grommets fitted.

Self-care and independence (including preparation for adulthood):

- [REDACTED] is presently in nappies, both during the day and at night, and whilst he will sit on the toilet at his setting he does not indicate when he requires the toilet. In addition, [REDACTED] gives no indication of when he is wet or soiled and is unable to dress himself independently at present.
- [REDACTED] enjoys meal times and is beginning to show elements of confidence in his self care and independence (eg, drinking from an open beaker, washing his hands).

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5



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instruction. XXXXX is able to make choices using a 'now/next' board. If XXXXX is presented with too much verbal information XXXXX can become confused. XXXXX shows recognition of familiar environments and understands familiar instructions.

- XXXXX appears to be responding to instructions containing one piece of information and working towards understanding instructions containing two pieces of information. In most contexts, however, he is able to respond to instructions when prompts are given e.g. pointing and gesture and the use of objects in the environment. He has more difficulties with specific instructions.

- XXXXX is able to attend to adults in a highly motivating individualised situation however finds it more difficult when more children are involved in the play environment. Where the attention is not solely on XXXXX, he loses focus more quickly and does not appear to listen to what is being said. Sounds in the environment can be distracting for XXXXX.
- XXXXX enjoys interacting with others and will look at an adult and initiate interaction, although not always using appropriate means e.g. he will swipe objects onto the floor, pull leaflets out of drawers, bang cupboard doors. He may stop when told but will return to these tasks and smile while he repeats the action.
- XXXXX experiences difficulties sleeping and can wake in the night. This results in XXXXX being tired during the day which can impact on his behaviour and attention. When tired XXXXX's attention is limited to a few seconds interest.

Cognition & Learning (strengths, needs and current functioning):

- XXXXX is working below age related expectations. He shows an interest in a range of toys and games but does not yet play with these items in expected ways. He may copy an adult's action such as trying to wind up a toy, or push something back in when prompted. Most of XXXXX's play is exploratory and relates to cause and effect.

- XXXXX is often on his own agenda. XXXXX can find it difficult to maintain attention when on his own however if sat with an adult he will engage more readily.

- XXXXX shows no awareness of numbers and is unable to name any digits or count any objects.

Social, emotional and mental health (strengths, needs and current functioning):

- XXXXX presents as a sociable child with limited communicative skills, who is clearly interested in the activities and play of his peers around him. XXXXX does however have a very limited social language and is unable to verbally initiate interactions with his peers. As such, XXXXX tends to use physical mediums (such as pointing, reaching for and offering his hand) to try and initiate interactions. Peers can misread or misunderstand

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5

Special Educational Needs



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situations.

- XXXXX has difficulties with social communication in that he is not able to use his language effectively for a number of functions including requesting and commenting and for conversation. However, this is because of his severe developmental language disorder.
- When playing with an adult XXXXX engages well particularly when this is something of his interest. When left to play independently however, XXXXX has a tendency to push boundaries, such as throwing items on the floor or tipping things up. On these occasions, XXXXX responds positively to an adult gaining his attention.
- If playing independently XXXXX can display low level disruptive and physical behaviours however if an adult is able to play and talk with him, or remove him from the classroom, he complies and his behaviour is much improved.

Sensory and/or physical needs (strengths, needs and current functioning):

- XXXXX spends his day sensory seeking. XXXXX has difficulties with sensory modulation impacting his ability to engage in and attend to tasks, play and social interactions. XXXXX can manage 2-5 minutes of focus before his behaviour becomes dysregulated and erratic. He also becomes dysregulated when he is calm.
- XXXXX has a history of glue ear. He seems to seek low frequency sound. This leads to some repetitive play such as with the Hoover. He also seeks loud noise.
- XXXXX has reduced visual motor integration impacting pencil skill and handwriting development. He also struggles with tasks that require orientation such as shape sorters and puzzles.
- XXXXX has delayed pencil skills: XXXXX uses a variety of pencil grasps and swaps between left and right for pencil skills. In school XXXXX does not tend to put pen to paper much and has limited interest in doing this.
- XXXXX has poor gross motor skills and low muscle tone.

Self-care and independence (including preparation for adulthood):

- XXXXX has difficulties with age appropriate self-care. XXXXX is presently in nappies, both during the day and at night, and whilst he will sit on the toilet at his setting he does not indicate when he requires the toilet. In addition, XXXXX gives no indication of when he is wet or soiled and is unable to dress himself independently at present. At home Mum has reported at times XXXXX has been able to tell if he is wet or not.

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6



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- XXXXX enjoys meal times and is beginning to show elements of confidence in his self care and independence (eg, drinking from an open beaker, washing his hands).

Section C

My health needs

Details of the child or young person's health needs which are related to their special educational needs:

- XXXXX has developmental delay, particularly affecting his expressive language and comprehension. He has immature social communication due to his language difficulties and he also has some sleeping difficulties. XXXXX has been found to have abnormalities of his thyroid for which he takes medication.

Section D

My social care needs

Details of the child or young person's social care needs which are related to their special educational needs:



An assessment of XXXXX and his family under the Care Act has been undertaken, he is now on a CIN plan. This plan lacks detail and further clarification of XXXXX and his family's needs is required, included a carer's assessment for XXXXX and her mother. XXXXX's family will need assistance with identifying holiday respite schemes, and general respite as Mrs XXXXX has already lost full time employment due to XXXXX not being in full time education since September 2020.

EHCP

7





Special Educational Provision Communication and Interaction

 		<p>Pre agreed 7.4.20</p>
Communication & Interaction: Outcome and Provision		
E3 – Outcome to be achieved by the end of the current Key Stage or phase of education.		[redacted] will be able to follow instructions containing 2 key words to be observed 8/10 times within a 10 minute structured activity.
F Special Educational Provision	By Whom & Funding Source (where appropriate)	
	Teaching and support staff from ordinarily available and top up funding Following an assessment visit a programme will be devised by the Speech and Language Therapist and activities demonstrated to educational staff and resources provided as appropriate. In order to implement this effectively the speech and language therapist should visit the school on up to 5 further occasions to: <ul style="list-style-type: none"> • demonstrate and discuss implementation of the strategies and interventions with the school staff • monitor the effectiveness of the interventions • complete direct 1:1 work with the child and the teaching assistant • observe the child's functional skills within the setting • provide / recommend resources The Speech and Language Therapy service uses an 'episode of care' model where packages of work are offered to address specific communication targets. At the end of the package, the episode of care is closed with parents/teaching staff continuing agreed work. A review period will be agreed and additional episodes of care can be requested if the child is ready to work on another identified communication skill or if the child is not making the expected level of progress with the current skill. Should no specific areas requiring intervention from a Speech and Language Therapist be identified, a child is discharged from the service. Parents or teaching staff are able to re-refer at any stage in the future if needs change. The Speech and Language Therapist will provide a written summary report containing outcomes to inform parents and educational staff of the short term targets and advice on how to achieve these. These can be used in the review meetings to inform with regard to progress. The outcomes need to be supported by everyone involved with the child to ensure that their communication skills are developed consistently in all settings, and skills learnt in one setting are generalised to others.	
<ul style="list-style-type: none"> • Use a multi-sensory approach to learning to aid understanding, e.g. verbal, visual, kinaesthetic • Check [redacted] understands the specific vocabulary used in the task before you give an instruction. • School to adopt/utilise a 'Total Communication Approach' with [redacted] whereby verbal, visual and signing is used to enable him to communicate and understand what he is being asked. • Ensure that [redacted] attention is gained before instructions are delivered to him and break verbal instructions down into small chunks of language that are supported with visuals, such as a visual key ring/visual timetable, 'now/next' board etc., as needed. • Short daily activities (using resources such as language for steps) to develop understanding of language (15 minutes daily delivered by a Teaching Assistant). 		

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11





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Communication & Interaction: Outcome and Provision		
E3 – Outcome to be achieved by the end of the current Key Stage or phase of education.		XXXXX will be able to follow instructions containing 2 key words to be observed 8/10 times within a 5 minute structured activity.
F Special Educational Provision	By Whom & Funding Source (where appropriate)	
	Teaching and support staff from ordinarily available and top up funding Following an assessment visit a programme will be devised by the Speech and Language Therapist and activities demonstrated to educational staff and resources provided as appropriate. In order to implement this effectively the speech and language therapist should visit the school on up to 5 further occasions to: <ul style="list-style-type: none"> • demonstrate and discuss implementation of the strategies and interventions with the school staff • monitor the effectiveness of the interventions • complete direct 1:1 work with the child and the teaching assistant • observe the child's functional skills within the setting • provide / recommend resources The Speech and Language Therapy service uses an 'episode of care' model where packages of work are offered to address specific communication targets. At the end of the package, the episode of care is closed with parents/teaching staff continuing agreed work. A review period will be agreed and additional episodes of care can be requested if the child is ready to work on another identified communication skill or if the child is not making the expected level of progress with the current skill. Should no specific areas requiring intervention from a Speech and Language Therapist be identified, a child is discharged from the service. Parents or teaching staff are able to re-refer at any stage in the future if needs change. The Speech and Language Therapist will provide a written summary report containing outcomes to inform parents and educational staff of the short term targets and advice on how to achieve these. These can be used in the review meetings to inform with regard to progress. The outcomes need to be supported by everyone involved with the child to ensure that their communication skills are developed consistently in all settings, and skills learnt in one setting are generalised to others.	
<ul style="list-style-type: none"> • Use a multi-sensory approach to learning to aid understanding, e.g. verbal, visual, kinaesthetic • Check XXXXX understands the specific vocabulary used in the task before you give an instruction. • Communication aids including use of PECS / Makaton. • Peers are also taught to use visuals and symbols so that they can communicate with XXXXX. • Ensure that XXXXX's attention is gained before instructions are delivered to him and break verbal instructions down into small chunks of language that are supported with visuals, such as a visual key ring/visual timetable, 'now/next' board etc., as needed. • XXXXX will need opportunities to develop his receptive language skills built in to his daily routine with support from a suitably trained members of school staff. It will mean that the specific programme of work recommended by the Speech and Language Therapy service is followed up in school on a daily basis for at least 3 x 15 minute sessions initially, increasing to 20 minutes, carried out by a suitably trained member of school staff, following the guidance and programme devised by the Speech and Language Therapist. 		

EHCP




11

Communication and Interaction

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EHCP	<ul style="list-style-type: none"> A total communication approach using alternative and augmentative communication aids including use of PECS / Makaton. All those working directly with XXXXX will require training in the use of such. Within the classroom, it will be additionally essential that his peers are also taught to use visuals and symbols so that they can communicate with XXXXX. An integrated approach to embed and develop language, communication and social skills across the school day. Clear, specific and simple directions with visual supports when giving information to him. The development of imitation skills (sounds and movement) to support and develop social interaction and communication. A combination of direct and indirect speech and language therapy, with appropriate training in place delivered by the HCPC registered speech and language therapist, for all staff working with XXXXX. An approach such as intensive interaction to boost social and communication skills. Facilitated social and cognitive play activities with a partner or a small group, to develop early communication skills and pragmatics. XXXXX requires a speech and language therapy programme to be designed by a qualified speech and language therapist, registered with the Health Professions Council. This should be updated on a termly basis. This will require two hours per term from a qualified, HCPC registered therapist. XXXXX requires at least 90 minutes of input from a registered and qualified speech and language therapist per week. This should be used flexibly to achieve the following: 		
	12		

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E4 – Outcome to be achieved by the end of the current Key Stage or phase of education.	<ul style="list-style-type: none"> To work directly with XXXXX on his speech, receptive and expressive language. To liaise with and train staff to work throughout the week on his speech and language skills. To observe XXXXX in class and carry out continuous assessment. To write up notes and plan sessions. XXXXX's requires qualified input as well as input from teaching assistants because a qualified therapist will have the necessary expertise in developmental language and the development of speech. The speech and language therapist should re-assess XXXXX on an annual basis and contribute to the setting of communication targets and to the annual review. This will require an additional 2 hours per annum of therapy time. 		
	XXXXX will be able to spontaneously use two word utterances for a range of communicative intentions.		
F Special Educational Provision			By Whom & Funding Source (where appropriate)
E5 Outcome to be achieved by the end of the current Key Stage or phase of education.	Communication & Interaction: Outcome and Provision		
	XXXXX will recognise his name and have learnt the first six letter sounds, satpin of Phase 2 Phonics.		
	By Whom & Funding Source (where appropriate)		
EHCP	13		

Cognition and Learning




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Cognition and Learning: Outcome and Provision		
E4 – Outcome to be achieved by the end of the current Key Stage or phase of education.	██████ will recognise his name and have learnt the first twelve letter sounds, with him having a secure grasp of phonics.	
F Special Educational Provision	<ul style="list-style-type: none"> In reflection of ██████ language difficulties he is likely (upon starting school) to require additional daily focused one-to-one sessions, alongside the class phonics sessions, in order to develop his knowledge of letter sounds (15 minutes daily delivered by a Teaching Assistant). 	By Whom & Funding Source (where appropriate) Teaching and support staff from ordinarily available and top up funding.

Cognition and Learning: Outcome and Provision		
E5 – Outcome to be achieved by the end of the current Key Stage or phase of education.	██████ will be able to recognise and order numbers to 20 as well as complete number bonds within 10.	
F Special Educational Provision	<ul style="list-style-type: none"> Engage ██████ in short daily practical activities, utilising multi-sensory resources such as Numicon as well as practical resources, in order to support ██████ ability to recognise numbers, provide him with a conceptual understanding of number and to teach him how to count with one-to-one correspondence (20 minutes per mathematics session to be delivered by a Teaching Assistant). 	By Whom & Funding Source (where appropriate) Teaching and support staff from ordinarily available and top up funding.

EHCP

12

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Cognition and Learning: Outcome and Provision		
F Special Educational Provision	<ul style="list-style-type: none"> In reflection of XXXXX's language difficulties he is likely (upon starting school) to require additional daily focused one-to-one sessions, alongside the class phonics sessions, in order to develop his knowledge of letter sounds (15 minutes daily delivered by a Teaching Assistant). 	appropriate)

Cognition and Learning: Outcome and Provision		
E6 – Outcome to be achieved by the end of the current Key Stage or phase of education.	XXXXX will be able to recognise and order numbers to 10.	
F Special Educational Provision	<p>XXXXX requires and educational placement which has:</p> <ul style="list-style-type: none"> Staff with expertise in working with young children with speech, language and communication needs. An on-site therapy team consisting of both speech therapy and occupational therapy. A personalised and integrated curriculum. A small, calm and low arousal setting. <p>XXXXX requires a transition plan to his new placement. This will need to begin as soon as possible. Staff must be familiar with his needs. In order to promote familiarity and security, it is essential that XXXXX has a key worker named for him, with whom he can build a trusting relationship, and who will ease the transition process for him. The transition plan should begin as soon as is possible to prevent any further</p>	By Whom & Funding Source (where appropriate)

EHCP

14

Cognition and Learning



	<p>disadvantage to XXXXX. The key worker should visit XXXXX at home on at least one occasion prior to commencing school.</p> <p>Engage XXXXX in short daily practical activities, utilising multi-sensory resources such as Numicon as well as practical resources, in order to support XXXXX's ability to recognise numbers, provide him with a conceptual understanding of number and to teach him how to count with one-to-one correspondence (20 minutes per mathematics session to be delivered by a Teaching Assistant).</p> <ul style="list-style-type: none"> • One to one full time dedicated teaching assistant-support across the entire school day. Observations indicate that this is required during unstructured and social times as well as in lessons. The Teaching Assistant, or team of assistants, will need to have training and experience of working with children and young people with speech and language disorders and either be trained to ELKLAN, or trained in Makaton signing or be appropriately trained and supervised by an HCPC registered speech and language therapist. • A personalised curriculum, linked to the Early Years Curriculum, but with highly differentiated structured and graded learning targets through which progress can be easily monitored. The curriculum will need to be delivered in a spiral manner with much reinforcement and over learning to ensure consolidation. XXXXX requires an experiential and multi-sensory teaching approach, with plenty of scaffolding, direct teaching and modelling, and use of visual supports, schedules, 'now and next', choice boards etc. • A structured, cumulative and multi-sensory intervention delivered under the supervision of a qualified teacher to target the development of early learning skills in reading, number and writing. • A low arousal learning space in the classroom where XXXXX can work with minimum distraction. • A structured learning day which is predictable, and which offers a routine. It will be necessary to have a visual schedule in place, which can be referred to, as well as a 	
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15



Social Emotional and Mental Health



Gloucestershire NHS

Pre April 7-4-20

Social Emotional and Mental Health Difficulties: Outcome and Provision		
E6 – Outcome to be achieved by the end of the current Key Stage or phase of education.		XXXXXX will independently be able to initiate a play situation with a peer and be able to engage in a play situation for a period of five minutes.
F Special Educational Provision	<ul style="list-style-type: none"> Adults to scaffold play experiences and to model relevant social language and social skills during free play and to ensure that XXXXX has allocated support during unstructured times such as break time and lunch time. Alongside this, to engage XXXXX in structured turn taking and sharing activities, with an individual or in small groups (first starting at 20 minutes per day increasing to 30 minutes as and when appropriate). An adult should model relevant play skills and language. Increasing the duration of the play activity and the number of peers involved over time. To use clear, explicit language with XXXXX so that a) he is not confused by the language and b) it is clear to him what he is doing well. 	Teaching and support staff from ordinarily available and top up funding.

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13



Gloucestershire NHS

<ul style="list-style-type: none"> To use clear, explicit language with XXXXX so that a) he is not confused by the language and b) it is clear to him what he is doing well. A secure, nurturing and safe learning environment in which he can gain a sense of belonging so that a good attachment to school can be achieved. From this secure base, XXXXX will then be able to engage with the process of learning. XXXXXX requires a 'safe' space to retreat to when feeling overwhelmed or the need to leave a room. This needs to be an identified area which is agreed with XXXXX, his parents and school staff. The use of clear, firm and consistent boundaries across school and home, with an agreement in terms of the reward system that should be used to influence desirable behaviour. Those supporting XXXXX in his learning and behavioural responses will need to applying the following approaches: <ul style="list-style-type: none"> Using indirect praise, requests, language, choices, humour and negotiation. Identifying what needs to be done and what can wait. De-personalising requests i.e. through worksheets and giving external reasons for the request. Teaching and modelling new skills and reinforcing these across the social aspects of the school day. Home-school liaison and communication in relation to behaviour management and coping. 	
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Sensory and Physical: Outcome and Provision	
E8– Outcome to be achieved by the end of the current Key Stage or phase of education.	XXXXXX will be able to form recognisable marks.

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17

Sensory and Physical



Gloucestershire NHS
Pre Area 7.4.20

Sensory and Physical: Outcome and Provision		
E7 – Outcome to be achieved by the end of the current Key Stage or phase of education.		██████ will be able to form the letters of his name.
F Special Educational Provision	<ul style="list-style-type: none"> To engage ██████ in regular mark making tasks such as chunky chalks, paints, working in sand etc, with him doing big movements to begin with and over time reducing the size of the movements down (15 minutes per day). As ██████ control develops to use a 'hand-over-hand technique, to work with ██████ on practising over writing his name so that he learns the relevant movements for each letter. Once ██████ awareness of the letter formations has developed to then move onto writing his name by copying it and then (in time) writing it independently. 	By Whom & Funding Source (where appropriate) Teaching and support staff from ordinarily available and top up funding.

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14



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F Special Educational Provision	Programme Design and Review	By Whom & Funding Source (where appropriate)
	<ul style="list-style-type: none"> A programme which includes targets, to be designed by an Occupational Therapist. 4 x 45 minute direct OT sessions per term (assuming a three term year) provided by an OT with postgraduate experience and training in using sensory Integration/processing therapy and practice with an additional 15 mins per session for report writing (16 hours per year). The OT to provide training to school staff to enable the implementation of therapy programmes including the TA. This would require 2 hours per term (assuming a three term year). The OT to review the programme on a half termly basis. This will require one hour per term. XXXXX will require 30 minutes of Teaching/keyworker assistant time five times a week. XXXXX will not necessarily need to be taken out of the classroom, but recommendations by the Occupational Therapist could be incorporated and carried out within the classroom base and also incorporated into learning programmes. The Teaching Assistant would need to be trained by an Occupational Therapist to deliver the activities on the Occupational Therapy program. 	Teaching and support staff from ordinarily available and top up funding.
	Equipment Assessment and Review <ul style="list-style-type: none"> An Occupational Therapist to assess and recommend school based equipment to meet the child's needs. Equipment to be reviewed on a half termly basis. This will require 15 minutes each half term. 	

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18



Sensory & Independence, Self Help

Equipment recommendations

- Easi-Grip® Children's Scissors (30mm, rounded blade): Amazon
- Handwriting without tears
- Scissor skill activities (Mark and Katy Hill scissor skills books (Amazon))
- The provision of sensory breaks at appropriate times throughout the learning day and when observations suggest that XXXXX is becoming fatigued or frustrated. Access to a sensory area which promotes calm is advised.
- An intervention, delivered daily, to develop handedness and pre-writing skills.
- The use of sensory and tactile objects to support focus and concentration.
- The use of ear defenders in noisy spaces.
- A sensory diet as advised by the occupational therapist and integrated into his learning day.
- A consistent toilet training programme across home and school, which is sensitively managed in the school setting.
- To engage XXXXX in regular mark making tasks such as chunky chalks, paints, working in sand etc, with him doing big movements to begin with and over time reducing the size of the movements down (15 minutes per day).
- As XXXXX's control develops to use a 'hand-over-hand technique, to work with XXXXX on practising over writing his name so that he learns the relevant movements for each letter. Once XXXXX's awareness of the letter formations has developed to then move onto writing his name by copying it and then (in time) writing it independently.

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19

Independence, Self-Help and Preparation for Adulthood: Outcome and Provision

E12- Outcome to be achieved by the end of the current Key Stage or phase of education.

XXXXX will be able to recognise and communicate when he needs the toilet.

F Special Educational Provision

- To take XXXXX to the toilet on a regular basis and to praise him when he uses the toilet to release his bowels or to urinate.
- As XXXXX's toilet skills develop to praise him when he conveys that he needs to go himself in order to re-enforce the behaviour.
- In order to further develop XXXXX's dressing skills to identify a piece of clothing to be focused upon, and break the process down into steps.
- For example, with socks to place a sock up to XXXXX's heel and then (hand over hand) pull them up. Next for XXXXX to pull the socks up independently from his heel and once he has mastered that to place the sock on his toe and (hand over hand) to pull it up until he is able to do this independently. Once done to then teach the process for another piece of clothing.
- Training staff to use a 'Backward Chaining approach' for dressing

By Whom & Funding Source (where appropriate)

Teaching and support staff from ordinarily available and top up funding.

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21



Points to note

- Less specificity may be required for a child in a specialist placement – but not in most cases & does not mean LA's can issue non-specific plans.
- LA should consider all evidence including reports from parents – if depart from parent evidence must explain why
- Any provision which “trains or educates” a CYP is recognised and specified in Section F of an EHC Plan as special educational provision
- SLT, OT, Physio are often required to address a child's educational needs and should be included in Section F and not as health provision
- LA cannot refuse to include a particular therapy in EHC Plan just because it is not available in the area
- Must not contain anything allowing support to be changed without a right of appeal
- Must not say support will be provide by parents or NHS
- Funding details are unnecessary – just need details of provision
- An LA cannot write a plan to fit the school it will nominate for the child
- It is NOT the responsibility of the school to arrange the provision specified in an EHC plan

- Remember poorly or badly written EHC Plan, which do not specify the child's special educational needs and do not quantify the proper amount of provision those needs require may result in child's difficulties being categorised as 'naughty behaviour'
- Mainstream schools are not funded or resourced to provide a more enhanced package of support above what is written in an EHC Plan – the only remedy school is left with is exclusion.
- Every child with SEN is entitled to a properly specified, detailed and quantified EHC Plan so that it is when a professional looks at the plan first time it is clear what the child's needs are and the provision they require to support them.
- The special educational provision should be what the child requires and NOT what the Local Authority is willing to provide.
- There is no 'this is what we can afford' clause in the legislation.

Section I – Placement

- LA must consult parents as to their preference as to placement
- LA must meet parental preference placement unless it is unsuitable for the child concerned, or the attendance of the child at the requested school would be incompatible with the efficient education of others, or the efficient use of resources
- If CYP needs can be met cheaply in LA school then it can ignore parental preference
- If named in Section I – school must admit child

Final Tips

- When you read the plan do you clearly understand what is written in the document – if you do not understand it then it should be challenged
- Is the information contained in the EHC Plan relevant – e.g. If child is 12 years old then information about nursery education is no longer relevant
- Are all the diagnosis written into Section B – Special Educational Needs
- Is the wording clear and specific in Section B – if your expert evidence concludes X has a diagnosis of Autism Spectrum Disorder – then make sure it is recorded in Section B
- Are the therapies in the right sections – SaLT and OT should be in Section F if they are not then you can not force the Local Authority to provide the provision
- Detailed, specific and quantified provision – what, by who, how often and for how long. Words such as access to opportunities for, enable the Local Authority to provide as little as they want/can afford.
- After the Plan is reviewed check everything is still in the plan and therapies have not disappeared out of the plan
- Give the Local Authority no more than 4-6 weeks to arrange the therapies when Plan is first issued or issued as an amended Plan after an Annual Review or after Tribunal proceedings – do not give them any longer and if NHS do not have capacity to deliver the therapies then the LA must commission a private therapist
- If provision is quantified in Section F and it stops being delivered – a simple pre action protocol letter from a solicitor explaining the Local Authority is in breach of its legal duty, can lead to it being swiftly restarted.









Who has a duty to deliver what is in an EHC Plan

- LA has a duty to ensure they identify all CYP who have, or may have, SEN for whom they are responsible
- Only an LA can carry out an EHC Needs Assessment
- LA has an absolute duty to arrange provision in section F and simply has to be delivered
- The duty cannot be delegated to a school or college
- A failure to provide the provision included in the EHC plan is remedied by way of judicial review in the High Court
- Health provision in an EHC Plan must be delivered by the local commissioning group
- Social care provision must be delivered by Social Services

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