

Date: January 2016

**CONTRIBUTING TO AN EDUCATION, HEALTH AND CARE NEEDS  
ASSESSMENT AND THE PRODUCTION OF AN EHC PLAN**

**ADVICE FOR PARENTS OF CHILDREN WITH A VISION IMPAIRMENT**

**1. WHO IS THIS BRIEFING NOTE FOR?**

This factsheet is for parents of children in England with a vision impairment whose local authority:

- has agreed to carry out an Education, Health and Care (EHC) needs assessment
- has agreed to carry out an EHC needs assessment, and to prepare an EHC plan after the assessment.

This factsheet will help you understand, and contribute effectively to, the production of Education, Health and Care (EHC) plans so that outcomes for children and young people with vision impairment are improved. It focuses on how you, as a parent and the main expert on your child, can be effectively involved in the assessment process and drawing up an EHC plan.

**2. CONTENT**

This document provides:

- information to help parents contribute effectively to an EHC needs assessment
- suggestions as to the kind of provision parents might expect to see for children and young people with vision impairment, with examples as they might appear on an EHC plan
- information on useful resources.

This resource has been developed by NatSIP, the National Sensory Impairment Partnership. NatSIP has received funding from the Department for Education (DfE) in England to develop specialist information, advice, support and training to improve the outcomes for children and young people with sensory impairments.

**3. INTRODUCTION**

It is very important that you have the opportunity to express your views, wishes and feelings during an EHC needs assessment. When the local authority consults you about your child's assessment, they should ask questions which will prompt you to provide the right information, but this factsheet gives you some points to think about in advance. They are only suggestions to help you to prepare – the people gathering the information may ask you about other things as well. There is no right or wrong answer and the information you give will depend on your child's age and ability, as well as the nature of their vision impairment.

One of the aims of the new system is that local authorities should adopt a 'tell it once' approach to gathering information so if you have already provided the information in another document, you can point them towards that document. For example, it is likely that a record already exists of your child's early medical history or you may have already expressed your concerns about the support they receive if you requested the EHC needs assessment. However, if you want to include information which has already been provided, you are free to do so.

The Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years<sup>1</sup> says that:

The assessment and planning process should:

- focus on the child or young person as an individual
- enable children and young people and their parents to express their views, wishes and feelings
- enable children and young people and their parents to be part of the decision-making process
- be easy for children, young people and their parents or carers to understand, and use clear ordinary language and images rather than professional jargon
- highlight the child or young person's strengths and capabilities
- enable the child or young person, and those that know them best to say what they have done, what they are interested in and what outcomes they are seeking for the future
- tailor support to the needs of the individual
- organise assessments to minimise demands on families
- bring together relevant professionals to discuss and agree together the overall approach, and
- deliver an outcomes-focused and co-ordinated plan for the child or young person and their parents.

The language used in the Code is aimed at education professionals and you may not feel that you understand all of it. Here is a simple guide to some of the key terms used in the EHC planning process:

- **Need** – how a child or young person's disability affects their learning and development
- **Provision** – the types of support that should be provided to meet a child or young person's needs
- **Outcome** – what you want your child to be able to do as a result of the provision they receive to meet their needs.

### Does an assessment always lead to an EHC plan?

It is safe to say that in the majority of cases, children who have an EHC needs assessment will get an EHC plan. However, this is not a foregone conclusion. In some cases, at the end of the assessment the local authority decides that there is no need to prepare an EHC plan, because the child or young person's needs can be met without one. If the local authority does decide to prepare an EHC plan for your child, the information provided by the assessment will be used to draw up the plan, so it's important that the assessment is as full and thorough as possible.

If your local authority refuses to provide an EHC plan, you may wish to contact one of the following organisations for advice and support:

- Information and Advice Support Services Network.<sup>2</sup>
- Independent Parent Special Educational Advice (IPSEA).<sup>3</sup>

---

<sup>1</sup> <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

<sup>2</sup> <http://www.iassnetwork.org.uk/>

<sup>3</sup> <https://www.ipsea.org.uk/>

## **Part 1: What sort of information should I give to the local authority for the EHC needs assessment?**

The purpose of this section is to provide you with information to help you contribute effectively to an EHC needs assessment. It sets out the different sections of the EHC plan and what information you can provide on these sections during the EHC needs assessment.

### **Your aspirations (hopes) for your child's future (Section A in an EHC plan)**

The new SEND system places greater emphasis on outcomes and preparing for adulthood. The purpose of making special educational provision for children and young people is to improve their outcomes, so it is logical to start by thinking about your hopes for the future, and your child's. The specific outcomes which will be listed in the plan (section E) will all be written with the aspirations set out in section A in mind.

Think about what you want for your child with regard to employment, independence, participating in the life of the community and friendships. If your child is still very young, you might not be thinking so far ahead, so what is important in the not-so-distant future, e.g. in the next two years or by the time they start school? It might help to think of sentences beginning, *'When he is older, I want him to...'* or *'By the time she starts school, I hope she'll be able to...'*

### **Your child's needs (Section B in an EHC Plan)**

It is really important to get the fullest possible picture of the child or young person's needs during the assessment. The provision made for your child has to relate directly to the needs described in the plan, so to get good provision, you have to have an accurate and detailed description of their needs. Some of the information asked for below will be used to identify the provision your child needs. If the local authority (LA) decides at the end of the assessment that your child needs an EHC plan, the information you give will be used to draw up the plan, together with the information and advice provided by the professionals involved in the assessment.

The new system makes it clear that the views of the child or young person should be taken into account at every stage. In fact, from the end of Year 11 onwards, the local authority must consult the young person directly as far as the young person's abilities allow. So it's a good idea for you to talk with your child, as appropriate to their age and ability, about the issues covered by the assessment and planning process, including aspirations, careers, how they would like to be supported etc.

Under each of the headings below we have given suggestions as to the information you might provide about your child. It is a long list so you may want to think about it over a few days and jot down notes as you go along.

### **Vision**

What do you know about your child's vision impairment which might be relevant to the support they need as they grow up?

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

### **How your child understands language (receptive language skills)**

- How well does your child understand spoken language?
- Do particular things help them to understand (e.g. making sure he/she can see the speaker's face so that he/she can see their expression, using pictures or objects, giving him/her time to process what the speaker is saying)?
- How can you tell if your child has understood?
- How well does your child make eye contact?

### **How your child communicates (expressive language skills)**

- What language (if any) does your child use to communicate?
- How well does your child communicate with you, your family, friends, teachers, other children and people they don't know well?
- How confident are they at communicating?
- Do you think your child is using the right level of language for their age or do you have any concerns about their language development?

### **Concentration and attention**

- How long can your child concentrate on an activity?
- Does tiredness affect their concentration?
- Are there times when your child becomes frustrated or behaves in a difficult way? What causes this (if you know)?
- Are there particular times and situations in which they find it difficult to concentrate (e.g. where there is a lot of background noise or when they are tired)?

### **Learning**

- Does your child enjoy learning?
- Do they enjoy going to nursery/school?
- How well do they read and write and access the learning materials provided?
- Does it take them longer to complete a task?
- Do they do homework independently/need a lot of help/avoid doing it?
- Do they have any difficulties with understanding things that a sighted child would find easy?
- Are they making the kind of progress you would expect at their age?

### **Motor skills**

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

### **Equipment and technology**

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

### **Mobility and independence skills (habilitation)**

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

### **Social skills**

- Does your child play alone, alongside other children or with other children?
- How well does your child relate to other children? Do they prefer the company of children or adults?
- Does your child make new friends easily?
- How good is your child at taking turns?
- How well do they take part in conversations (not interrupting, letting others have their say etc.)?
- How aware are they of other people's feelings?

### **Confidence, self-esteem and emotional needs**

- How confident is your child? Are there particular situations in which they are less confident?
- Are they happy to have a go at something new?
- Are they easily put off doing something if they make a mistake?
- How mature do they seem in comparison with other children of the same age?
- How do they feel (if they can express a view) about their vision impairment or special educational needs?

### **Health needs (Section C in an EHC Plan)**

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

### **Social care needs (Section D in an EHC Plan)**

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

### **Support needed (Sections F, G and H in an EHC Plan)**

Explain what support you believe your child needs across education, health and social care to enable them to make progress towards achieving the aspirations you described above. If you have reports from professionals, such as eye clinic staff or the QTVI, which the local authority may not already have seen, make sure that you refer to any recommendations for support that these professionals have given and provide the local authority with a copy of the report. The reason for this is that the local authority needs evidence from professionals to prove that support is needed.

## Part 2: What might be included in the provision sections of a plan for a child or young person with vision impairment?

The purpose of this section is to provide you with suggestions as to the kind of provision parents might expect to see for children and young people with vision impairment, with examples as they might appear on an EHC plan.

### Where does provision appear in an EHC plan?

Provision is set out in the following sections of an EHC plan:

- Section F: special educational provision to meet the needs described in section B. This section must also include any health and social care provision which educates or trains a child or young person.
- Section G: health provision to meet the needs described in section C
- Sections H1 and H2: social care provision required by the needs set out in section D.

### What the *Special educational needs and disability (SEND) code of practice: 0 to 25 years*<sup>4</sup> says about provision:

- Provision **must** be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise .
- Provision **must** be specified for each and every need specified.

For more detailed information about the legal requirements relating to provision in EHC plans, see section 9.69 (pages 166 to 169) of the Code of Practice.

### What kind of provision might be made for a child or young person with vision impairment?

Provision should be tailored to the needs of the individual, but under the subject headings below we have given some suggestions as to the kind of provision which might typically be made for a child or young person with vision impairment. They will not all be relevant to everyone. All provision must relate to a specific outcome which has been identified in section E of the EHC plan.

If your child needs staffing to support their needs, it is important that the time and purpose is specified, for example a QTVI competent in Braille to provide one hour sessions three times a week, or a qualified teaching assistant to prepare resources in time for lessons.

We have given examples showing how provision might appear in an EHC plan, but it is important to note that they are only for illustration. The wording in your child's plan will depend on the recommendations of the relevant professionals. For more examples of provision in EHC plans, see the model EHC plans<sup>5</sup> produced by NatSIP.

---

<sup>4</sup> <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

<sup>5</sup> <https://www.natsip.org.uk/index.php/doc-library-login/better-assessments-including-model-ehc-plans> You will need to register on the NatSIP website to access these documents. Registration is free and open to anyone.

## Special Educational Provision (Section F in an EHC plan)

### Vision

Advice on making adjustments to the environment, resources and teaching approaches for learners with vision impairment can be provided by specially trained professionals such as a habilitation specialist/mobility specialist/QTVI (Qualified Teacher of Learners with Vision Impairment).

### Classroom learning environment

Below, some adjustments are outlined which may help to create a good learning environment for your child. You may want to ask questions to identify what kind of provision is required. These include

#### *Physical accessibility*

- Are walkways clear? Are coats and bags put away safely? Does classroom storage create an obstacle?
- Is the layout of the classroom kept the same so that your child can become familiar with it?

#### *Storage and labelling of resources*

- Are resources kept in the same place and clearly labelled with tactile markers, if necessary?

#### *Lighting*

- Is there good lighting throughout the classroom?
- Does light fall directly onto the learner's work areas? Is this helpful to your child?
- Do the windows have blinds to reduce glare?
- Are reflective surfaces covered to reduce glare?

#### *Listening environment*

- Does the teacher maintain a quiet working atmosphere within the classroom to make it easier for your child to listen and to hear?

Example (as it might appear on a plan)

*The suitability of classrooms will be assessed before Sean starts at his new school and reasonable steps will be taken to make it as easy as possible for Sean to make the most of his vision. The QTVI and/or habilitation specialist will provide assessment and advice. To be implemented by the school.*

*The QTVI will prepare and deliver a session in the first half of the term with Sally to raise her classmates' awareness of her needs.*

### Mobility and independence (habilitation)

Adjustments to encourage your child's independent mobility include

- Are signs clear, well positioned and easily visible, using braille or symbols where required for your child?
- Are steps, edges, pillars and other key areas highlighted with yellow paint?
- Are there handrails to help with mobility at key points?
- Are there tactile cues, e.g. dado rails or other textured materials at hand height that learners can follow to find their way around school?
- Are there different floor coverings for different areas of the school to indicate a change of environment?
- Are there clear panels on doors so people can be seen approaching from the other side?



- Is the playground separated into quiet and active areas in the playground? Are there shaded areas for learners with light sensitivity?
- Are the school grounds well maintained and free of obstacles?
- Are corridors, cloakrooms and classrooms kept free of obstructions?
- Has your child been introduced to key routes by an Habilitation specialist to support his/her independence?

Example (as it might appear on a plan)

*An Habilitation specialist will assess the physical environment and advise on adaptations for the school to carry out that will enable Brian to move independently from class to dining room and playground. The Habilitation specialist will work one hour a week with Brian to develop his confidence in following these routes, liaising with parents to support independence skills at home.*

### **Assistive technology**

Assistive technology such as a laptop or braille device for reading and recording in lessons should be included in the provision section of the plan where they have been identified as necessary by the relevant professionals.

Input from an appropriate specialist is needed to identify the right technology for an individual learner, and some solutions will involve extensive training before a learner is competent in using them independently in the classroom.

Questions you might ask include:

- What specialist equipment is needed to ensure access to different curriculum areas?
- Who will ensure that it is in place and maintained in good working order?
- Does your child need to sit close to a power source if they are using ICT devices?
- What ICT/specialist equipment training needs to be put in place for your child, eg keyboard skills/touch typing, use of specialist software?
- What training will staff need to support your child in using specialist technology?

Example (as it might appear on a plan)

*Purchase of a laptop with magnification software as recommended by the Qualified Teacher of learners with Vision Impairment (QTVI) - local authority to fund the purchase*

*Training and advice to Fred and staff on its use provided by the QTVI*

*Daily touch typing practice to learn high frequency word spellings. Touch typing applied in lessons, such as phonics. QTVI to advise on touchtyping programme and specialist TA to deliver*

Further information on assistive technology is available from the RNIB's website.<sup>6</sup>

---

<sup>6</sup> <http://www.rnib.org.uk/services-we-offer-advice-professionals-education-professionals/technology-education>

## Listening skills

Some learners with vision impairment may find it easier to process information through listening than through seeing. Many older students rely heavily on speech output to access ICT or recording devices to take notes and listen to audio books.

It is important to remember that learners' listening skills need to be developed, as their hearing does not automatically improve to compensate for their lack of vision. Your child may therefore benefit from a listening programme. This may be in the form of direct teaching from a QTVI, speech and language therapist (SALT), or a programme delivered by school staff, or a combination of approaches.

Example (as it might appear on a plan)

*An individually designed programme for Lucy to be delivered on a 1:1 basis in a good listening environment. Programme to be developed by QTVI in discussion with the SALT, and delivered by the specialist TA*

## Learning braille

If your child has too little sight to learn through print, then braille may be an option as their preferred way of reading and writing. An efficient braille user is likely to be much quicker at accessing written information than a slow print user and the fact that braille is a hard copy medium gives it some important advantages over listening to information via speech on a computer. However, learning to read and write in braille requires specialist training and it is important that your child is properly assessed and supported through this process.

Questions to ensure that your child is enabled to learn effectively through braille might include the following:

- Has he/she been assessed by a QTVI in order to decide whether braille is appropriate?
- Does this assessment include thinking about how he/she will access written material in future as well as now? The demands of the curriculum get much greater as children grow older and just about managing to read large print in primary school is no guarantee that this approach will still be effective at secondary school.
- If your child is being taught braille, is this being led by a QTVI? It's fine for a teaching assistant to reinforce this teaching but the key responsibility for it should lie with your child's QTVI.
- How much time is set aside for braille lessons? In the early stages in particular, it is important that children get daily practice to learn braille effectively.
- How are braille lessons managed? Because learning through touch is very different from sight, your child may need to be taught braille on a one to one basis, at least for some of their lessons.
- Does your child have appropriate resources to learn braille, e.g. a manual and/or electronic brailier and braille reading schemes?
- Does your child's teaching assistant know braille already? If not, will they receive appropriate training?
- Is there any support for you to learn braille yourself so you can reinforce your child's learning at home?
- How will you be kept informed of your child's progress in braille? What evidence will the school provide you with so you know he/she is learning it effectively?

Example (as it might appear on a plan)

*QTVI to develop, monitor and evaluate a programme of braille teaching for Arthur to include weekly 1-1 teaching, training for a teaching assistant to implement a daily programme, development of Braille materials and ensure full access to curriculum materials.*

### **Teaching approaches**

Adjustments which help to create inclusive teaching and learning strategies include

- Are the print resources, such as worksheets and text books, that your child uses in an appropriate format, including print size, font, spacing and contrast, following advice from the QTVI, or in braille or electronic format as appropriate and available when they are needed?
- Does your child have a good reading position, using reading stands or raised boards if they help him/her?
- What teaching strategies are most effective for your child? Does the teacher use real objects and artefacts to support their teaching?
- If your child uses special equipment or large print resources, does he/she have adequate space to work?
- Does your child have the opportunity for small group work/teaching or individual sessions if needed?
- Does the teacher allow enough time for your child to look at the learning resources or explore them by touch?
- Do teachers know to avoid standing in front of windows - this can reduce the person to a silhouette and make it difficult for all learners to see any detail properly.
- Do teachers use a clearly contrasting pen for writing on the whiteboard – eg black on white, and avoid using coloured pens or pens that are running out of ink?
- What arrangements are/could be made for your child if he/she cannot see the whiteboard easily, or at all? For example, does your child need to sit in the best position to see the whiteboard, etc, but not separately from the other learners? Or do they provide individual copies of anything presented on the whiteboard for learners who need them?
- How does the teacher try to reduce fatigue for your child because of the additional effort they have to make to concentrate on understanding eg timetabling lessons that need the most concentration for the morning session, building in short breaks, pacing the lesson to take into account the effort required to read, write and listen.
- Where support staff time is available, is this allocated with clear identification of the role? Is planning time with the teacher(s) identified and when resource preparation is to take place?

Example (as it might appear on a plan)

*Lessons to be planned and delivered with Judith's vision impairment in mind so that academic content is maintained but access to curriculum materials is suitably differentiated and explained to maximise understanding and attention, taking into account the amount of effort Judith has to put into looking and listening and the resulting tiredness which affects her energy and concentration levels.*

## Social and emotional development

Schools should be working to support a child's social needs, as well as academic needs. Staff can plan how to encourage your child to interact with others, both in the classroom and in the playground. At first, this may need to be closely structured, but as your child grows in confidence and builds friendships, they won't need as much support. After school clubs should be available to all children, whatever their level of vision impairment.

However, remember that all children have individual personalities. Some children don't want to be always playing with others; they like time to themselves, or with one special friend. Children with vision impairment are no different.

Adjustments which help to create a positive social and emotional environment include

- Are strategies needed to support social inclusion, independence or playtime activities?
- Does the teacher ensure that your child has the opportunity to interact with others eg through small group activities?
- If your child is familiar with the routine and environment and they are used to playing with other children, do adults take a step back?
- If your child is less confident, does the adult encourage other children to involve him/her in play eg by describing their activities verbally, asking the child to join in an activity, physically leading them to the activity, or talking to them whilst involved in the activity?
- Do adults offer direct support to your child if he/she needs to develop coping strategies?
- Do adults encourage your child to ask questions and help to bridge the gap between their individual experience and the fully sighted world?
- Do adults create opportunities to include your child in play activities, especially in the playground?
- As your child grows, does he/she have an opportunity to develop a trusting friendship? Circle of friends, social stories, persona dolls can all help him/her to develop confidence and friendships.
- Do adults and other children understand the nature of your child's eye condition and its impact on their social functioning?
- Are there opportunities for your child to meet other young people with vision impairment?
- Do teachers encourage your child to take responsibility for their vision impairment and to develop the confidence to ask for support?

Some useful resources to support social inclusion include

- Think Right Feel Good<sup>7</sup> is a short course from Guide Dogs for promoting well-being in young people with vision impairment. The program is offered as a resource for education and mobility professionals, experienced in working with young people with vision impairment.
- Positive Eye<sup>8</sup> produces a range of resources and tips to help professionals meet the educational and social needs of children and young people with vision impairment

---

<sup>7</sup> <http://www.guidedogs.org.uk/services/children-and-young-peoples-services/think-right-feel-good>

<sup>8</sup> <http://www.positiveeye.co.uk/>

Example (as it might appear on a plan)

*A Personal, Social and Health Education (PSHE) programme is put in place for Derek to help him:*

- *understand and recognise his own and others' emotions*
- *react appropriately to his own emotions and those of others*
- *build relationships with peers*
- *develop social skills eg understanding social norms (such as turn-taking, not interrupting, being tactful, not being too direct or standing too close)*

*The school will provide a named member of staff to whom Derek can go to talk through worries and concerns, and celebrate achievements.*

### **Access arrangements for examinations and tests**

In order to enable a child with a vision impairment to show their true ability in tests and exams, schools and colleges should make reasonable adjustments to their assessment arrangements in internal exams and tests. They must also apply, where appropriate, to the exam board for access arrangements in external exams and assessments to remove any potential disadvantage. A wide range of access arrangements may be requested as long as they are reasonable (i.e. they are effective for the learner and not too difficult or costly for the exam board to implement) and they do not change the nature and purpose of the assessment (for example, in some situations a human reader may be provided to read the questions to your child, but in a reading test this would not be appropriate because the skill of reading is being assessed). The school/college must also demonstrate that the arrangements have been the normal way of working for your child. The arrangements might include:

- modified papers in large print or braille
- supervised rest breaks
- extra time
- a computer reader or a human reader
- a word processor
- a scribe

It is important that all tests and exams prior to public exams are presented in the same format that public exams will be presented, especially around Y 9 and 10 so that your child gets used to this way of working.

Example (as it might appear on a plan)

*For examinations and other assessments, Charlotte will be provided with 50% extra time and modified papers in 18 point print. For exams involving large amounts of reading, she will also be provided with a human reader.*

For more information on access arrangements for GCSE and GCE A level, see the website of the Joint Council for Qualifications for the current version of *Access Arrangements and Reasonable Adjustments*.<sup>9</sup>

For information on National Curriculum tests, see the National Standards and Testing Agency's website.<sup>10</sup>

The website of the RNIB<sup>11</sup> is also offers advice and support on exams and tests.

The website of GL Assessment UK<sup>12</sup> may also be useful.

---

<sup>9</sup> <http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration>

<sup>10</sup> <https://www.gov.uk/government/organisations/standards-and-testing-agency>

<sup>11</sup> <http://www.rnib.org.uk/services-we-offer-advice-professionals-education-professionals/access-exams-and-tests>

## Health (Section G in an EHC plan)

The plan should include details of any health provision reasonably required by your child's vision impairment, other disability or learning difficulties which result in them having special educational needs. For children and young people with vision impairment this should include, if appropriate, provision of low vision aids and training in their use. Provision should be detailed and specific and normally quantified in terms of time.

The local authority can also choose to specify any other health provision which is not linked to vision impairment or learning difficulties, but which should sensibly be co-ordinated with other services in the plan eg as the management of conditions such as asthma, cerebral palsy, diabetes, epilepsy or allergies.

Example (as it might appear on a plan)

*Anne will be seen on an annual basis by the Low Vision Clinic for review of progress, ensuring her low vision aids are still appropriate for the tasks she wants to do and that she continues to use them effectively, for both social and school purposes.*

*Sam will be seen for a regular (6 monthly) monitoring visit by his ophthalmologist to assess changing levels of vision due to his progressive visual condition.*

## Social care (Section H in an EHC plan)

Social care provision should be detailed and specific and should normally be quantified in terms of time. It should include services to be provided for the parents carers of disabled children following an assessment of their needs under the Children Act 1989, e.g. in terms of support and who will provide it. It could include arrangements:

- to enable you to attend appointments for your child if you are unable to do so without support
- for specialist equipment for your child around the home necessitated by their vision impairment or other difficulties
- to facilitate meeting with other children with a vision impairment, and their families
- to facilitate socialising with peers outside of lessons (e.g. after-school clubs and community activities)
- Arrangements for accessing short breaks/respite.

Example (as it might appear on a plan)

*In order to enable Beth to feel confident to work/play with groups of children of her own age, a trained teaching assistant will be provided to facilitate her access to Rainbows (weekly session of 1.5 hours) and weekly swimming lessons (45 minutes).*

## Preparing for adulthood

From Year 9 onwards, the EHC plan **must** include (in sections F, G, H1 and H2 as appropriate) the provision required by your child to assist in preparation for adulthood and independent living, for example support for finding employment, housing or for participation in society. This will be linked to the aspirations you and your child expressed in section A of the plan.

---

<sup>12</sup> <http://www.gl-assessment.co.uk/research-papers/11-children-vision-impairment>

## Useful resources

### RNIB Publications

RNIB has resources to support you and your child. You can find them at:

- <http://www.rnib.org.uk/parents>
- <http://www.rnib.org.uk/insight-online>

'Getting support for your child' is for parents, setting out a series of scenarios which try to answer some of the questions that you will have about your child during the transition to the new SEND system.

<http://www.rnib.org.uk/send-reform-resources>

### Other useful publications

- Special educational needs and disability code of practice: 0 to 25 years  
[www.gov.uk/government/publications/send-code-of-practice-0-to-25](http://www.gov.uk/government/publications/send-code-of-practice-0-to-25)
- A parent version of the above resource is available at:  
<https://www.gov.uk/government/publications/send-guide-for-parents-and-carers>

### Other support available

- Information, Advice and Support Service: <http://www.iassnetwork.org.uk/>
- IPSEA: [www.ipsea.org.uk](http://www.ipsea.org.uk)
- Special Needs Jungle: [www.specialneedsjungle.com](http://www.specialneedsjungle.com)
- VI TALK: [www.vitalk.org](http://www.vitalk.org)
- Blind Children UK: [www.blindchildrenuk.org](http://www.blindchildrenuk.org)
- RLSB: [www.rlsb.org](http://www.rlsb.org)
- VICTA: [www.victa.org](http://www.victa.org)

## Appendix A: the different sections of a plan and how they work together

The format of plans will vary from one local authority to the next, but all are required by law to include the lettered sections A to K, containing the information listed below. For more detailed information, see pages 164 to 169 of the Special educational needs and disability code of practice, 0 to 25 years.<sup>13</sup>

| <b>Section</b> | <b>Contains</b>  |
|----------------|--|
| A              | The views, interests and aspirations of the child and his or her parents, or the young person. The new SEN system places greater emphasis on outcomes and preparing for adulthood. The purpose of making special educational provision for children and young people is to improve their outcomes, so it is logical to start by thinking about you and your child's hopes for the future. The specific outcomes which will be listed later in the plan (section E) will all be leading towards the aspirations set out in section A. |
| B              | The child or young person's special educational needs. This section links closely with section E (outcomes) and section F (special educational provision).   |
| C              | The child or young person's health needs which are related to their SEN. This section links closely with section E (outcomes) and section G (health provision required by the learning difficulties or disabilities which result in the child or young person having SEN).   |
| D              | The child or young person's social care needs which are related to their SEN or to a disability. This section links closely with section E (outcomes) and sections H1 and H2 (provision for social care needs)   |
| E              | Outcomes: one for each of the education, health and social care needs identified in section B, C and D. This section should also include forward plans for key changes in a child or young person's life, such as changing schools, moving from paediatric services to adult health or moving from children's social care to adult services.   |
| F              | The special educational provision to meet the needs identified in section B and aimed at helping the child or young person achieve the outcomes in section E.  |
| G              | The health provision to meet the needs identified in section C and aimed at helping the child or young person achieve the outcomes in section E.   |
| H              | The social care provision to meet the needs identified in section D and aimed at helping the child or young person to achieve the outcomes in section E.   |
| I              | This will be left blank on the draft EHC plan, but the final version will state the name and type of school or other education provider which the child or young person will attend. The provider names must be able to make the provision set out in section F.   |
| J              | Details of the Personal Budget, if parents or a young person have requested one, and the local authority has agreed. This must show how the Personal Budget will be used to support particular outcomes and meet particular needs. For more information on Personal Budgets, see the useful resources section above.   |
| K              | The advice and information gathered during the assessment must be attached to the plan. Section K should provide a list of this advice and information (the appendices).   |

---

<sup>13</sup> <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>



## **Appendix B: checklist of reports to be considered as part of the assessment**

You may wish to use the list below to keep a record of the professionals whose advice the local authority has asked for as part of the EHC needs assessment. In addition to the required reports, you have a right to ask the local authority to consult with other people 'where the local authority considers it reasonable to do so.' (*Special educational needs and disability code of practice: 0 to 25 years*, section 9.49)

### **Required under the Children and Families Act 2014**

- Advice and information provided by you and your child
- Educational advice and information
- Does the educational advice include advice from a QTVI?
- Medical advice and information
- Advice and information from an educational psychologist
- Social care advice
- From Year 9: advice and information related to provision to assist your child in preparation for adulthood

### **Other professionals who might be consulted, depending on your child's needs**

- Speech and language therapist (almost certainly needed for children with MSI)
- Occupational therapist
- Physiotherapist
- Mobility Officer/Habilitation Officer
- CAMHS (Child and Adolescent Mental Health Service)

**Any other people whom you would like the local authority to ask for advice, not already listed above** (e.g. a private therapist who is working with your child at your expense)

- 
-