

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 HEARING IMPAIRMENT

1. WHO IS THIS BRIEFING NOTE FOR?

This briefing note is for parents of deaf children in England 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 briefing note will help you to prepare for the assessment process, so that you are able to share your views, and make sure that the EHC plan meets your child's needs. We have included some examples of the sort of provision you might expect to see in a plan.

For more information on how to request an EHC needs assessment, and when a local authority might agree to carry this out, take a look at the National Deaf Children's Society factsheet *A Parents' Guide to Education, Health and Care Needs Assessments and Education, Health and Care Plans*.¹

This briefing note has been developed by the NDCS, the National Deaf Children's Society, with support from NatSIP, the National Sensory Impairment Partnership. NatSIP has received funding from the Department for Education (DfE) in England for provision of specialist information, advice, support and training to improve the outcomes for children and young people with sensory impairments.

2. INTRODUCTION

It is really important that you have the opportunity to share your views and feelings during the EHC needs assessment, and the local authority should ask questions that will help you to give the right information. This briefing note has some points for you to think about in advance. They are only suggestions to help you prepare, and you may be asked other questions as well. Don't worry – there are no right or wrong answers, and the information you give will depend on your child's age and ability.

Local authorities should adopt a 'tell it once' approach, so if you have already given a piece of information in another document, you can point them towards it. For example, it is likely that you have already given a birth history to one of the professionals involved with your child, so you could just give their name, or provide a copy of their report. But, if you would like to include information you have already provided, then you can do that too.

¹ <http://www.ndcs.org.uk/document.rm?id=10111>

The UK government's *Special Educational Needs and Disability Code of Practice, 0 to 25 years*² 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

Does an assessment always lead to an EHC plan?

In most cases, children who have an EHC needs assessment will get an EHC plan. However, this is not a foregone conclusion, and sometimes at the end of the assessment, the local authority will decide 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 gathered at the assessment will be used to draw up the plan, so it is important that the assessment is as full and thorough as possible.

² Department for Education and Department for Health. *Special Educational Needs and Disability Code of Practice, 0 to 25 years*. www.gov.uk/government/publications/send-code-of-practice-0-to-25

3. WHAT SORT OF INFORMATION SHOULD I GIVE TO THE LOCAL AUTHORITY FOR THE EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT?

This section explains the different parts of the EHC plan and what sort of information you can give for each section during the EHC needs assessment.

There is no specified process for gathering parents' views, so this will vary from area to area, but the code of practice does specify that local authorities are responsible for ensuring that there is effective co-ordination of the assessment and development process for an EHC plan and that

...the co-ordination should include:

- Planning the process to meet the needs of children, parents and young people
- Timing meetings to minimise family disruption
- Keeping the child's parent or young person informed through a single point of contact wherever possible.

Whatever process your local authority follows, the preparation you make for the different sections of the EHC plan should help you to prepare your contribution.

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

The special educational needs system puts a lot of 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 are listed in Section E of the plan will be written with the aspirations set out in Section A in mind.

Think about what you want for your child: from employment, independence, friendships, and their participation in community life. If your child is still very young, you might not be looking so far ahead, so think instead about what is important in the not-so-distant future, e.g. in the next two years, or by the time your child starts 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 that she will be able to...'*

Your child's needs (Section B in an EHC plan)

It is really important that the local authority gets the fullest possible picture of your child's needs during the assessment. The provision your child receives has to relate directly to the needs described in the plan, so to get good provision, you'll need to give an accurate and detailed description of your child's needs.

The answers to some of the questions below will be used to identify the provision your child needs. If the local authority decides at the end of the assessment that your child needs an EHC plan, the information you give will be used, together with the information and advice given by professionals involved in the assessment, to draw up the plan.

The SEN 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 child directly. So it is a good idea to talk with your child, in a way that you think is appropriate for their age and ability, about the issues covered by the assessment and planning process, including their aspirations, possible careers and how they would like to be supported.

Under each of the headings below we have given suggestions on the information you could give about your child. We've left space for you to make your own notes.

Hearing

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

How your child receives and understands language (receptive language skills)

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

How your child communicates (expressive language skills)

Suggestions	Notes
What language (if any) does your child use to communicate?	
How well does your child communicate with you, your family, friends, teachers, other children (deaf and hearing) 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 (whether they speak or sign) for their age or do you have concerns about their language development?	

Concentration and attention

Suggestions	Notes
For how long can your child concentrate on an activity?	
Does tiredness affect his/her concentration?	
Are there times when he/she gets frustrated or behaves in a difficult way? What causes this (if you know)?	
Are there times and situations where s/he finds it difficult to concentrate? (E.g. where there is a lot of background noise or too many visual distractions, or when they are tired?)	

Learning and cognitive development

Suggestions	Notes
Is your child making the kind of progress you would expect at this age?	
Does s/he enjoy learning?	
What activities do they enjoy or not enjoy?	
Do they enjoy going to nursery or school? (If applicable)	
If they get homework, do they do it independently or do they need a lot of help, or avoid doing it? (If applicable)	

Self-help and independence skills

Suggestions	Notes
What can your child do for him/herself? Is he/she doing the things you'd expect for a child of that age? E.g. going to the toilet, getting dressed, getting their things ready for school, making a snack, tying shoelaces, travelling independently?	
How well they do manage any specialist equipment such as hearing aids? Will they tell someone if the equipment isn't working? Can they change batteries themselves?	

Social skills

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

Confidence, self-esteem and emotional needs

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

Motor Skills

Suggestions	Notes
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 would expect for their age?	
Are there any activities that cause you concern or frustrate your child?	

Health needs (Section C in and EHC Plan)

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

Social care needs (Section D on an EHC plan)

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

Support needed (Sections F, G and H in an EHC plan)

Explain what support you believe your child needs in education, health and social care to help them make progress towards achieving the aspirations you described above. For example, what will it take to make them as independent as possible, to improve their social skills or to develop their communication skills to achieve what they want?

If you have reports from professionals which the local authority may not already have seen, make sure you refer to any recommendations for support that these professionals have made and give the local authority a copy. The reason for this is that the local authority needs evidence from professionals to prove that support is needed.

Notes:

What might be included in the provision sections of a plan for a deaf child or young person?

This section has suggestions about the kind of provision you might expect to see for your deaf child, with examples of how this support might appear in an Education, Health and Care (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 Code of Practice: 0 to 25 years 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 in section B.

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

What kind of provision might be made for my deaf child?

Provision should be tailored to your child's needs, but under the subject headings below we've made some suggestions about the kind of provision that might be made for a deaf child or young person. They may not all be relevant to your child. All provision must relate to a specific outcome identified in section E of the EHC plan.

The examples 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, see the model EHC plans³ produced by NatSIP.

Special Educational Provision (Section F in an EHC plan)

We have grouped the information below under sub-headings to tie in with the areas of need set out in section B of the EHC plan. There is no requirement for local authorities to use sub-headings for different areas of need or provision. However, whether they use sub-headings or not, they must ensure that there is provision in section F for every need in section B.

³ www.natsip.org.uk/index.php/send-reforms/ehc-plans

You will need to register on the NatSIP Website to download these plans – registration is free and open to anyone.

Hearing

This is about creating a good listening environment. Adjustments which help to create a good listening environment include the following:

- Reducing echo effect by
 - fitting curtains or blinds and carpets
 - installing specialist acoustic treatments such as acoustic tiles, panels and door seals
 - covering hard surfaces with fabric.
- Reducing background noise by
 - putting rubber/felt pads on the bottom of furniture (if carpet can't be fitted) and equipment such as pencil boxes
 - closing doors and windows to noisy areas or corridors
 - turning off IT equipment when not in use
 - introducing strategies to create and maintain a quiet working atmosphere in the classroom
 - helping other pupils to understand how classroom noise such as chairs scraping and calling out can interfere with what a deaf child can hear.

Here's an example as it might appear on a plan:

The acoustic quality 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 listen and hear. The Teacher of the Deaf and/or specialist technician will provide assessment and advice to be put into action by the school.

Hearing technology

While hearing aids and cochlear implants will be mentioned in the plan, the devices themselves will not be provided as a result of the EHC needs assessment and planning. Arrangements for checking and maintaining hearing technology during school hours should be included in the special educational provision section (F).

Assistive technology such as radio aids and soundfield systems should also be included in Section F of the plan if they've been identified as necessary provision by the relevant professionals.

For more information on how technology can help, see the NDCS resources:

*How Technology Can Help*⁴

*Supporting the Achievement of Deaf Children*⁵

(A series of resources for education professionals, with versions for early years, primary, secondary, special schools and further education colleges).

Here's an example as might appear on an EHC plan:

Purchase of a suitable radio aid as recommended by the Teacher of the Deaf (local authority to fund the purchase). Training and advice to Maya and staff on its use (provided by the Teacher of the Deaf). Daily checks to make sure that the radio aid is working properly (School to choose a member of staff to carry this out).

⁴ http://www.ndcs.org.uk/family_support/technology/how_technology_can.html

⁵ http://www.ndcs.org.uk/professional_support/our_resources/supporting.html

Language and communication

Therapy and programmes focusing on language and communication: your child might need explicit teaching and practice to help them learn language skills. This may be in the form of direct therapy from a speech and language therapist, a programme delivered by school staff, or a combination of both.

Here's an example as it might appear on an EHC plan:

A tailored programme to be delivered daily on a one-to-one basis (except when practice with others is needed, e.g. turn-taking in conversations). The programme will be designed by the specialist speech and language therapist and the Teacher of the Deaf and will be delivered by the specialist teaching assistant (trained to Level 3 in British Sign Language, and trained to deliver this programme by the speech and language therapist) for 10 minutes each day.

A communication support worker (CSW)

If your child communicates through signing, they may need a CSW to interpret for them. Both the National Deaf Children's Society and NatSIP recommend that a CSW holds a qualification of at least Level 3 British Sign Language. This should be specified in an EHC plan.

The suggestions below might also be used to support receptive language (understanding).

- Creating a good listening environment (see above, under Hearing).
- Making sure that hearing technologies are used effectively (see above, under Hearing technology)
- Pre-teaching key vocabulary and concepts (so that your child is familiar with important new words and concepts before they are used in lessons)
- Post-tutoring to consolidate (reinforce) their understanding
- Following good practice when communicating with your child, such as:
 - getting your child's attention before speaking
 - speaking clearly and at a normal pace
 - making sure that your child is sitting at an appropriate distance from the person speaking, as hearing aids and implants have an optimal range of 1–3 meters in which to access speech clearly (but see the section on Hearing technology above for ways to improve your child's access to sound in the classroom)
 - making sure that your child can see the speaker's face
 - ensuring that the person speaking doesn't have their back to a light source as this can cast shadow across the speaker's face and make it difficult for your child to see them
 - giving spoken instructions before turning off the lights, if the room needs to be darkened e.g. to watch a DVD or use the interactive whiteboard
 - checking that your child has understood and repeating or rephrasing when necessary
 - allowing enough time for your child to process what is being said.

Here's an example as it might appear on an EHC plan:

Pre-teaching for at least 15 minutes a week to familiarise Aysha with key vocabulary for the following week's lessons. To be delivered by the specialist teaching assistant. The special educational needs coordinator (SENCo) will coordinate vocabulary lists from subject teachers.

A school might also use the ideas below to support your child's development of expressive language (speaking/signing).

- Pre-tutoring of key vocabulary which will enable your child to understand and practise using it before it's needed for a lesson.
- Post-tutoring to consolidate the above.
- Focused, individual or small group work.

Teaching approaches

This section is about the extra steps teachers take or changes to their teaching methods which teachers make during lessons to help your child understand, participate and make progress.

- Small group work/teaching (can help language development and encourage less confident children/young people to take part)
- Using visual aids to support understanding, which might include any of the following:
 - Providing support handouts which show the content of the lesson pictorially, so your child can refer to these during the lesson
 - Using pictures, diagrams or objects that support what is being said.
 - Providing vocabulary handouts, especially when new vocabulary has been introduced. This may include pictures to give the vocabulary meaning.
 - Providing an age-appropriate picture dictionary for reference and to support understanding.
 - Allowing enough time for your child to look at the visual material before the teacher/assistant starts talking again.
- Making sure, when using audio-visual aids such as interactive whiteboards/television/DVDs, that:
 - your child is sitting at an appropriate distance
 - programmes/video clips etc have been subtitled or signed
 - where possible, your child uses their radio aid so they can get direct access to sound
 - if appropriate, the teacher provides a transcript/summary of video material.
- Providing a note-taker (some deaf pupils find it difficult to take notes at the same time as lip-reading the speaker and/or following signing).
- Reducing fatigue (deaf children are often very tired by the end of the school day because of the extra effort they have to make to concentrate on understanding) by:
 - timetabling lessons that need the most concentration for the morning session
 - building in short breaks
 - keeping oral instructions to a minimum and breaking down spoken information into smaller 'chunks'
 - pacing the lesson, taking into account the effort needed to concentrate on watching and listening for long periods.

Here's an example as it might appear on an EHC plan:

Lessons to be planned to maximise Robert's understanding and therefore his attention, whilst maintaining academic content.

Careful planning of lessons, taking into account the amount of effort Lucy has to put into listening and the resulting tiredness which affects her energy and concentration levels.

Supporting cognitive development and learning

This is the provision which will help your child to develop the basic tools for learning such as memory, understanding concepts or developing visual skills such as matching or looking for patterns. It might include the following:

- Activities to improve working memory⁶ (e.g. guessing hidden objects from descriptions, pairs matching games, specific resources for training working memory that have been developed for deaf children)
- Activities to improve auditory memory⁷ (e.g. learning rhymes and listening to stories)
- Specific programmes, resources and strategies to develop literacy and/or numeracy skills.

Here's an example as it might appear on an EHC plan:

Intensive daily programmes in English and maths (45 minutes in each) to develop Raj's literacy and numeracy skills. To be delivered by the Teacher of the Deaf in the specialist resource centre and the communication support worker (CSW).

Self-help and independence

This could include anything which the school or other education provider might be asked to do to help your child to become as independent as possible, such as:

- independent travel training
- life skills training (including, for example, getting dressed, preparing and eating food, understanding and using money, going shopping)
- programme to help increase independence in using hearing technology

Here's an example of how it might appear on an EHC plan:

Modelling on how to check and change the batteries in her hearing aid, with Ruby doing more of the task under supervision until she is fully confident and competent. She will be shown how to insert the earmould and supervised until she is fully confident and competent. To be carried out by the specialist teaching assistant with support and advice from the Teacher of the Deaf.

⁶ Working memory is sometimes referred to as short-term memory. It's how the brain processes and stores information at the same time so that you can learn, reason, and remember

⁷ Auditory memory is the ability to process information given orally, analyse it mentally, and store it so it can be recalled later. It's an important learning skill, because auditory memory affects our ability to understand what words mean and to grasp language. Phonics (used in learning to read) requires auditory memory because children need to remember word sounds and put the sounds together to make words

Social and emotional development

This is the support which the school, nursery or college will provide to enable your child to develop socially and emotionally. It might include the following.

- Promoting deaf awareness, in environments such as the classroom, using resources such as the NDCS *Look, Smile, Chat*⁸ or Deaf Awareness Tips⁹.
- Helping your child to practise social strategies relating to their deafness, such as identifying why a conversation is becoming difficult and how to improve the situation.
- Teaching social skills such as understanding social norms (this may include turn-taking, not interrupting, being tactful, not being too direct or standing too close).
- Providing opportunities to meet other deaf young people.
- Encouraging your child to take responsibility for their deafness and to build up the confidence to ask for support.
- Personal, social, health and economic education (PSHE) programmes that will help to teach your child to identify their own and others' emotions, and how to react to them.
- Your child's school nominating a member of staff that they can talk to about worries, concerns and achievements.
- A behaviour management plan which identifies any undesirable behaviours your child is showing, the triggers for those behaviours and strategies for managing them.

Here's an example as it might appear on an EHC plan:

A personal, social, health and economic education (PSHE) programme, delivered weekly for 45 minutes, to help him:

- *understand and recognise his own and others' emotions*
- *react to his own emotions and those of others*
- *build relationships.*

A named member of staff who Naomi can talk to about her concerns and celebrate achievements with.

A specialist programme such as the NDCS Healthy Minds¹⁰ resource, which will help James develop a good understanding of his own deafness and how to manage it.

Access arrangements for examinations and tests

To make sure a deaf child can sit tests and exams without being at a substantial disadvantage, schools and colleges must, where needed, make reasonable adjustments to assessment arrangements in internal exams and tests. They must also apply, where appropriate, to the awarding body (exam boards) for permission to make special arrangements in external exams and assessments.

The general rule is that any changes made to the arrangements must not affect the integrity of the assessment (for example, in some situations a reader may be provided to read the questions to your child, but in a reading test this wouldn't be appropriate).

⁸ http://youngpeople.ndcsbuzz.org.uk/looksmilechat/?_ga=1.126346249.580234626.1446815706

⁹ http://www.ndcs.org.uk/family_support/communication/deaf_awareness/deaf_awareness_info.html

¹⁰ http://www.ndcs.org.uk/family_support/positive_parenting_families/emotional_health_and_wellbeing/healthy_minds.html

The school/college must also demonstrate that the arrangements a) are needed and b) have been the normal way of working for your child. These arrangements might include:

- supervised rest breaks
- extra time
- a computer reader or a reader
- a word processor
- a scribe (sometimes called an ‘amanuensis’) to record exactly what has been said
- a live speaker (for example, in listening tests in modern languages, a live speaker may read out the transcript of the recording)
- an oral language modifier¹¹ or a sign language interpreter.

Here’s an example as it might appear on an EHC plan:

For examinations and other assessments, Olivia will be provided with a live speaker for pre-recorded components and a sign language interpreter.

For more information on access arrangements, see the NDCS factsheet *Access Arrangements for Your Child’s Examinations*¹² or visit see the Joint Qualifications Authority’s official guidance *Access Arrangements and Reasonable Adjustments*.¹³

Health (Section G in an EHC plan)

The plan should include details of any health provision reasonably required because of your child’s deafness, other disability or learning difficulties, which result in them having special educational needs. For deaf children this should include audiology (e.g. hearing tests, hearing aid/cochlear implant review appointments, re-programming/upgrading hearing aids/cochlear implants, arrangements for repair and replacement of equipment and batteries). Provision should be detailed and specific and will normally be quantified.

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

Here are examples of how this might appear in an EHC plan:

Jacob to see the specialist implant team once a year to review progress, ensure his equipment is functioning as expected, and assess if his equipment needs to be upgraded. To ensure that Jacob is able to wear his equipment consistently and achieve optimal access to sound, troubleshooting and minor repairs can be carried out by his parents, Teacher of the Deaf or teaching assistant, who have all been trained. Spare parts can be posted out as necessary. Appointments for more major repairs will be arranged if necessary.

Kelly’s hearing loss, the effects of auditory neuropathy spectrum disorder and the use of hearing aids will be monitored with quarterly reviews by the audiology service until her hearing levels are stable. The frequency of reviews may then be reduced to at least once a year.

¹¹ An oral language modifier is a responsible adult who may clarify the language used in the examination paper when requested to do so by a candidate. The oral language modifier must not explain technical terms or subject-specific terms, as the ability to understand these is part of the assessment

¹² http://www.ndcs.org.uk/family_support/useful_links_and_organisations/glossary/exam_access.html

¹³ <http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration>

Social care

Social care provision should be detailed and specific and should normally be quantified. It should include services to be provided for parents 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 the following

- arrangements to help you to attend appointments for your child if you aren't able to do so without support
- specialist equipment that your child needs around the home because of their deafness or other difficulties (e.g. a vibrating alarm clock or flashing light linked to the doorbell)
- helping you and your child to meet with other deaf children/families
- helping your child to socialise with peers outside of lessons (e.g. at after-school clubs and community activities)
- help to access short breaks/respite
- help to access sign language tuition for you and your child.

Here are some examples of how they might appear on an EHC plan:

To help Darcy feel confident to work/play with groups of children her own age, a communicator/interpreter will be provided to facilitate her access to Rainbows (weekly session of 1.5 hours) and weekly swimming lessons (45 minutes).

Robert has been given some technology to help him around the home such as alerting systems (smoke alarms, doorbells, alarm clocks, telephone indicators). Robert's parents will check that the equipment is working and request replacements/repairs where necessary.

For more information on social care support for deaf children, see the NDCS factsheet *Deaf Children and Social Care: Your rights*.¹⁴

¹⁴ http://www.ndcs.org.uk/professional_support/our_resources/social_care.html

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 help them as they reach adulthood and independent living. This might include for example, support to find employment, housing or to participate in society.

This will be linked to the aspirations you and your child expressed in section A of the plan. For more information about preparing for adulthood, see the NDCS factsheet *Supporting Your Child (14 years +) in Making Choices About Their Education and Careers*.¹⁵

Useful resources

NatSIP publications

To access the publications below, visit www.natsip.org.uk.

Better Assessments, Better Plans, Better Outcomes: A multidisciplinary framework for the assessment of children and young people with sensory impairment.¹⁶

NatSIP Model EHC plans.¹⁷

National Deaf Children's Society publications

NDCS resources (see footnotes throughout this document) can be accessed via the NDCS website: www.ndcs.org.uk/publications or by contacting the NDCS freephone helpline: 0808 800 8880 (v/t)

You can also chat with the NDCS helpline: www.ndcs.org.uk/livechat

Or email them on: helpline@ndcs.org.uk

¹⁵ http://www.ndcs.org.uk/family_support/leaving_school/

¹⁶ <https://www.natsip.org.uk/index.php/public-documents/natsip-documents/better-assessments-including-model-ehc-plans/478-11-better-assessment-better-plans-better-outcomes>

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

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

Local authorities will format their plans in different ways, 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*.¹⁸

Section	Contains
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).

¹⁸ <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 table 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).

<i>Required under the Children and Families Act 2014</i>	<i>Consulted by the local authority ?</i>	<i>Notes</i>
Advice and information provided by you and your child Educational advice and information Does the educational advice include advice from somebody with a specialist qualification in multi-sensory impairment (MSI)? 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		
<i>Other professionals who might be consulted, depending on your child's needs</i>		
Speech and language therapist (almost certainly needed for children with MSI) Occupational therapist Physiotherapist Child and adolescent mental health service (CAMHS)		
<i>Any other people who you would like the local authority to ask for advice (e.g. a private therapist who is working with your child at your expense)</i>		
1.		
2.		
3.		