**Professional Advice and Information for Education, Health and Care Needs Assessment or Annual Review.**

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| **Details of child or young person** | |
| **Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Current placement** |  |
| **Details of person providing advice** | |
| **Name** |  |
| **Designation** |  |
| **Profession** |  |
| **Place of work or agency** |  |
| **Section A: Background including:** | |
| History of service involvement (include date of first involvement, dates of assessments carried out, sources of information, information regarding interventions, dates of progress reviews.  Please include any person centred information that has not already recorded as part of the EHC Needs Request Meeting. | |
| **Section B: X’s education and development: personal strengths and special educational needs under the respective headings below in priority of need order. (Please note this is mandatory for all educational professionals)** | |
| Please identify any strengths and special educational needs that have not already been identified.  In assessing progress of children in the early years, practitioners can use the non-statutory Early Years Outcomes guidance as a tool to assess the extent to which a young child is developing at expected levels for their age. The guidance sets out what most children do at each stage of their learning and development. These should be in line with the Early Years Foundation Stage assessment framework.  (ii) Please identify, from the evidence given above, the child’s/young person’s special educational needs (SENs) in relation to one or more of the following:  **Communication and Interaction** - Speech, language and communication skills - comment on articulation skills, fluency of speech, willingness to communicate, vocabulary, comprehension, language structure  Strengths – these are areas/level of development/assessment that the child/young person has achieved and can do  Special educational needs – these are the areas/tasks/skills that the young person is not yet able to do, needs to develop further. As far as possible these should be quantified so that it is clear the child/young person’s functioning with the task or skill. For example, can use 3 key words to respond to a question, can understand instructions at 2 key word level.  **Cognition and Learning** - Cognitive development including reasoning, organisational and problem-solving skills, educational attainments - literacy and numeracy, other curriculum areas. Approaches and attitudes to learning - with reference to the child’s functioning in a range of contexts (e.g. the interview setting, the classroom, the playground, the home), discuss factors such as his or her: concentration span, self-image, confidence and independence, motivation, own perception of progress  Strengths - these are areas/level of development/assessment that the child/young person has achieved and can do  Special educational needs – these are the areas/tasks/skills that the young person is not yet able to do, needs to develop further. As far as possible these should be quantified so that it is clear the child/young person’s functioning with the task or skill. For example, can write a short simple sentence using CVC words, can read words by sight but struggles to blend 2 sounds together.  **Social, Emotional and Mental Health Difficulties** - Social skills and interaction - include school and home contexts, and state whether information is observed or reported. Emotional development and mental health - include areas of development such as attachment, ability to understand and manage emotions. Behaviour. Include positive aspects of behaviour, as well as those that interfere with engagement in educational activities. Comment on behaviour in a variety of contexts (classroom, playground, home) and state whether information is reported or observed.  It is important to outline, where this information is available, actual or possible underlying causes of withdrawn, isolated, challenging, disruptive or disturbing behaviour.  Causes which may be considered include: an underlying learning or communication difficulty; mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained; disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder; housing, family or other domestic circumstances; bullying or bereavement    Strengths - these are areas/level of development/assessment that the child/young person has achieved and can do  Special educational needs – these are the areas/tasks/skills that the young person is not yet able to do, needs to develop further. As far as possible these should be quantified so that it is clear the child/young person’s functioning with the task or skill. For example, can struggle to take turns with more than one peer in a structured activity, shows a negative response to any challenge by using physical actions towards others  **Sensory and/or Physical Needs**  Strengths - these are areas/level of development/assessment that the child/young person has achieved and can do  Special educational needs – these are the areas/tasks/skills that the young person is not yet able to do, needs to develop further. As far as possible these should be quantified so that it is clear the child/young person’s functioning with the task or skill. For example, is not mobile around the environment without the use of specialist equipment, can stand with support but is not able to weight bear  **Preparing for Adulthood**  Please indicate under each area of Preparing for Adulthood (PfA), with reference to the Sunderland SEND Ranges 2020, skills and knowledge already achieved and those that are needed to be developed in order to succeed in the future. The PfA outcomes in the SEND Ranges are specific to the areas of the SEND Code of Practice, however, some of these skills/knowledge will be transferable across all areas. These are dependent on the age and stage of the child or young person, please refer to PfA outcomes in the SEND Ranges Guidance 2020.  Employability/Education  Depending on age and stage the skills and knowledge that will be beneficial in achieving education outcomes of their choice. For example, child will be able to think about subject option choices alongside long term career goals.  Independence  Depending on age and stage the skills and knowledge that will be benefical in achieving their independence, both in terms of practical skills, independent travel/living, understanding daily life skills and understanding the world around them.  Community Participation  Depending on age and stage the skills and knowledge that will be beneficial in achieving their full status as a member of their own community. This will include; developing friendships, being able to stay safe, accessing all community facilities/resources, will understand social norms and relationships, making informed and positive choices about how they want to spend their free time, building resistant to support emotional wellbeing.  Health  Depending on age and stage the skills and knowledge to understand the concept of being healthy, including the benefits of exercise and making health food choices, understand the need for regular dental/vision/hearing checks to maintain good health, understand information in sex education and sexual health, understanding risk associated with drugs and alcohol and be able to apply this information to keep themselves safe. | |
| **Section C: X’s health: personal strengths and needs (Please note this is mandatory for all health professionals)** | |
| Please provide current information on strengths and areas of difficulty (needs) in relation to:  • Hearing  • Vision  • Physical health  • Mobility, posture and hand function  • Continence  • Self-care  • Speech, language and communication  • Social communication  • Behaviour and emotional health.  The advice may include information on:  • A medical condition which is likely to affect future learning ability  • Medical treatment which is likely to affect the future learning ability  • Mental health conditions, which may impact on emotional and general health wellbeing  • Any health scenarios that may be predicted, including signposting to individual emergency health care plan to be followed across all settings | |
| **Section D: X at home and in the community: personal strengths and needs. (Please note this is mandatory for all social care professionals).** | |
| “Social care advice and information from or on behalf of the local authority, including, if appropriate, children in need or child protection assessments, information from a looked after child’s care plan, or adult social care assessments for young people over 18. In some cases, a child or young person may already have a statutory child in need or child protection plan, or an adult social care plan, from which information should be drawn for the EHC needs assessment” (p.145). “When referencing information contained within the Care Plan only information relevant to meeting the child’s SEN should be included in the EHC plan. If in any doubt SEN professionals should discuss this with the social worker and, where appropriate, the child and their carers” (p. 199)  Social care advice should include any information relating to the welfare of the child or young person or the social circumstances of the child or young person where these have relevance to their functioning within an educational setting and within the family and community.  The advice should:  • Indicate any social care strategies which have been adopted with the child or young person and family  • Indicate clearly the outcomes for the child or young person which require social care support and provision  • Be written in a straightforward fashion that is jargon free and understandable to parents as well as other professionals.  Where there has not been recent significant active involvement social workers should consider carefully how the advice should be written. | |
| **Section E: Outcomes and steps towards outcomes with reference to Preparing for Adulthood (PfA)** | |
| Please ensure that all identified needs have a corresponding outcome that spans a Key stage or phase of education.  Please identify outcomes for the child/young person, where:  • An outcome can be defined as the benefit or difference made to an individual as a result of an intervention – often identifying what they will be able to do after the intervention that they could not do before.  • Outcomes need to be SMART.  • Outcomes will usually set out what will be achieved by the end of a phase or stage of education in order to enable the child/young person to progress successfully to the next phase or stage of educational development.  • Outcomes should demonstrate steps or shorter term targets for achieving the long term aim | |
| **Educational Outcomes (Please note this is mandatory for education professionals) linked to Section F** | |
| Whilst you are likely to have broad outcome areas in mind such as ‘functional literacy’, ‘co-operative play’ or ‘independent travel’, bear in mind the fact the EHC Plans are reviewed annually, set interim SMART outcomes to be reviewed after (a maximum of) one year and indicate arrangements for setting and monitoring steps towards the outcomes.  All outcomes identified **must** specify links to one or more areas of the PfA framework. | |
| **Section G - Health Outcomes (This is mandatory for health professionals and should be linked to any health provision identified)** | |
| Provision should be detailed and specific and should normally be quantified, for example, in terms of type of support and who will provide it. It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcome to be achieved through provision secured through a personal (health) budget.  Health care provision reasonably required may include specialist support and therapies, such as medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children that are commissioned centrally by NHS England (for example, therapeutic provision for young offenders in the secure estate).  Other health provision may also be specified reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should be sensibly co-ordinated with other service in the plan. | |
| **Section H1 and H2 - Social Care Outcomes (This is mandatory for social care professionals and should be linked to– social care provision** | |
| Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment). It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how the advice and information gathered has informed the provision specified.  Section H1 must specify all services assessment as being needed for a disabled child or young person under 18, under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA). These services include:   * Practical assistance in the home * Provision or assistance in obtaining recreational and educational facilities at home and outside the home * Assistance in travelling to facilities * Adaptations to the home * Facilitating of taking of holidays * Provision of meals at home or elsewhere * Provision or assistance in obtaining a telephone and any special equipment necessary * Non-residential short breaks on the basis that the child as well as his or her parent will benefit from a short break   This may include services to be provided for parent/carers of disabled children, including following an assessment under Section 17 of the Children Act 1989.  Section H2 may include social care provision reasonably required for;   * Early help and * Children in need assessments * Safeguarding assessments for children   Social care provision reasonably required will include any adult social care provision to meet eligible needs for young people over 18 (set out in an Adult Care and Support Plan) under the Care Act 2014.  Other social care provision reasonably required which is not linked to their learning difficulty or disability such as;   * Child in need * Child Protection Plans * Provision meeting eligibility set out in an adult care plan which is unrelated to SEND. | |
| **Special educational provision-Provision grids below.** | |
| **For all outcomes please give details of the special educational provision/Health and Social Care provision (intervention, support) required by the child or young person and of the monitoring arrangements. It is vitally important that the provision is specified and quantified.** | |

**Please make sure your Advice and Information is signed and dated.**

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| **Signed** |  |
| **Designation** |  |
| **Date** |  |

NB for an Early Years school or post-16 setting, the signature of the Manager/Head Teacher/Principal is required

**Provision**

**Section F - Special Educational Provision**

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| **Desired outcome & steps towards meeting** | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Outcomes** | | | | |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** | | | | |
| Steps |  |  |  |  |
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| **Cognition and Learning** | | | | |
| **Outcomes** | | | | |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** | | | | |
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| **Social, Emotional and Mental Health** | | | | |
| **Outcomes** | | | | |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** | | | | |
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| **Physical/Medical/Sensory** | | | | |
| **Outcomes** | | | | |
| **Holistic provision that is quantified and specified to meet this outcome unless identified above** | | | | |
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**Section G - HEALTH PROVISION**

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| **Desired outcome & steps towards meeting** | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Community Inclusion** | | | | |
| **Outcomes** | | | | |
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| **Independent Living** | | | | |
| **Outcomes** | | | | |
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| **Health** | | | | |
| **Outcomes** | | | | |
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**Section H1 - Social care provision under Section 2 of the Chronically Sick and Disabled Persons Act 1970**

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| **Desired outcome & steps towards meeting** | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Community Inclusion** | | | | |
| **Outcomes** | | | | |
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| **Independent Living** | | | | |
| **Outcomes** | | | | |
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| **Health** | | | | |
| **Outcomes** | | | | |
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**Section H2 - Other social care provision**

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| **Desired outcome & steps towards meeting** | **Provision required (intervention/support)** | **How often this will happen?** | **Who will provide this support?** | **Who will monitor and when?** |
| **Community Inclusion** | | | | |
| **Outcomes** | | | | |
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