Barking and Dagenham
Education, Health and Care Plan
Guidance Document

Revised 2018
There are six steps on the Education, Health and Care Plan Pathway which can be accessed by the child/young person and family. These are:

1. Early years setting/school SEN support
2. Referral
3. Assessment
4. The Plan
5. Budget
6. Review

The Barking and Dagenham pathway follows a person-centred approach so that the child/young person is at the centre of the process and their views and wishes are considered throughout.

The Local Offer includes universal, targeted and specialist services available in education, health and social care from 0-25 years. A child only progresses to a referral if their needs cannot be met within universal and targeted services. All settings and schools have a range of support and resources to meet the needs of most children who have special, educational needs and disabilities. The Local Offer also includes additional resources available to schools to support children with more complex and significant needs and allow them quick access to services without the need for a statutory education, health and care assessment.

Overleaf, is a flowchart detailing simply the multi agency Education Health and Care Pathway Process. The remainder of this document details each of these 6 steps in full.
The Multi Agency Education Health and Care Pathway Process

STEP 1
All early years settings/schools have to identify children who have SEN.

STEP 2
School/setting submits their EHC request plus all supporting reports and paperwork to their EHC Coordinator.

The request and all documentation will be checked to ensure the request meets the criteria and all information is present.

If the EHC request form is detailed enough, the case will be presented at the next EHC Multi-Agency Panel (schools/settings/families will be told of this date). **The EHC Multi-Agency Panel will either agree or not agree to an EHC assessment.**

- **Assessment Agreed**
  - If assessment is agreed, EHC Coordinator will contact family/referrer and a meeting will be arranged. This will be in the school or early years setting or in the child’s home if the referral is made by Portage.

- **Assessment NOT agreed**
  - If assessment is NOT agreed parents/referrer will be contacted immediately and offered a meeting to explain this decision and mediation explained.

STEP 3
The school/setting will be asked to give the family Section A of the EHC plan and ask them to complete this at home prior to the meeting.

Meeting is held and Section A discussed. The referrer then types Section A and submits it to their EHC Coordinator. At the same time the EHC Coordinator will then write to all professionals and agencies for reports. The EHC Coordinator will also start to write the remainder of the EHC plan based on all information from the family, school/setting, Portage and other professionals.

STEP 4
A second meeting held with the family, referrer, school/setting/Portage, to agree the draft plan. The draft EHC plan is presented to the EHC Multi-Agency Panel and is agreed or not agreed.

- **Draft Plan Agreed**
  - If the draft plan is agreed, parents and school/settings have 15 days to respond. The plan is signed off by the Director of Children’s Services and Director of Health Commissioners.

- **Draft Plan NOT Agreed**
  - A Note in Lieu will be issued.

STEP 5
Families given information about personal budgets.

STEP 6
Professionals and parents meet to reflect on the success of EHC Plan through a person-centred review.
Barking and Dagenham’s Preparing for Adulthood Pathway

For many people with special educational needs and disabilities the transition from teenage years into adulthood can be challenging as well as exciting. In Barking and Dagenham, young people, parents and professional from Health, Education and Social Care have come together to jointly develop a ‘Preparing for Adulthood Pathway (PfA)’. This lays out, in clear and accessible language and format, what support, advice and options are available at different stages between the ages of 14 and 25.

The Preparing for Adulthood processes are exactly the same as the 0 to 14 processes, however the support and options available for a young person changes continually between the ages of 14 and 25. The PfA lists at what stages services become available such as:

- Careers advice at the ages of 14, 16, 18 and 24.
- The Department of Work and Pensions benefits advice from the age of 16.
- The Availability of Adult Social Care assessment from the age of 18.
- The transfer to Adult Health Services at 18.

More detailed information on the Preparing for adulthood pathway is published in a separate document ‘The Preparing for Adulthood Pathway Explained’. This can be located on the Local Offer website.

Based on the experiences of young people and families, the Pathway aims to raise aspirations and expectations for fulfilling lives for young people as they move into adulthood by making sure that everybody knows how to support all young people to achieve positive life outcomes in the areas of, employment, maximizing independent living, good health, friends, relationships and community participation.
Early years/school support

All early years settings/schools have to identify children who have SEND. Early years settings/schools should take action to remove barriers to learning and put effective special educational provision in place using the graduated approach. We recommend that a CAF should be initiated at the point of identification of SEND.

Schools and settings must work closely with parents and follow a four stage approach as shown below:

1. **Assess** – Schools/settings should assess the needs of the child to establish what the barriers are to their learning and development. This could include the involvement of external agencies e.g. the Educational Psychologist or Speech and Language Therapist.

2. **Plan** – Schools/settings should plan with relevant external professionals, child/young person and family the support that is required to meet their special educational needs or disability. This should take the form of a plan or provision map including the outcomes, interventions and provision.

3. **Do** – Schools/settings should put in place the agreed support/interventions required.

4. **Review** – Schools/settings should review the support/interventions three times per year and this should involve both the child/young person and the parent/carers.

Early years settings and schools need to follow the graduated approach and use the available resources in the Local Offer that are both universal and targeted across education, health and social care needs. This allows a holistic support plan to be implemented to best meet the needs of the child/young person.
More detailed information can be found in the SEN and Disability Code of Practice

Step 2 – Referral

Referrals can come from parents, young people (over the age of 16), schools/settings and professionals. In order to know whether a referral is required, it is helpful to consider the following.

Does the child/young person:

- Have severe and/or complex long-term needs that affect their everyday life?
- Require provision and resources that are not normally available in early years/school/college setting?
- Require intensive help and support from more than one agency (e.g. Education, Health and Social care)?
- Made limited or no progress despite appropriate levels of support and
- Despite the evidence of a graduated response from the school/setting; i.e. appropriate interventions, support and resources available through the Local Offer, the expected progress has not been made.

If a referral is considered, the next step is to hold a person-centred meeting to look at all the current interventions and strategies being used to support the child/young person and the expected impact on progress. This must include the family as an equal partner.

The meeting will look at what’s working, how much progress towards the outcomes has been made, what’s not working, what support is in place and how effective the support is in meeting the child/young person’s needs.

A representative from the Local Authority (Inclusion Adviser or Educational Psychologist) should be consulted to confirm whether it is appropriate to request an Education Health and Care Plan (EHC) assessment.
Completing Section A of the EHC Plan

The ‘All About Me’ section or ‘Section A’ of the EHC Plan is concerned with the collection of views, quality information and advice. For this section, children/young people will be asked to ‘tell’ their story using appropriate tools and strategies, e.g. Makaton, Picture Exchange System (PECS), or ICT packages that support communication. Some children/young people who may have significant special educational needs, particularly in terms of communication, will need their family or professionals working closely with them to interpret their feelings, likes and needs. This will enable them to share their story.

Part A must be completed within 6 weeks from the date of the decision letter to proceed with an Education, Health and Care assessment. The EHC Coordinator and the referrer will support the family to complete the ‘All about Me’ (Section A) of the EHC Plan.

This uses a person-centred approach to highlight the child/young person’s relationships, describe their strengths, needs and current levels of support. It looks at what is working well, what is not working so well, what is important to and for them. It focuses on their hopes and aspirations for the future. This can be completed by the child/young person/parent, referrer and EHC Coordinator. Additional advice and support can be obtained from Parent Partnership Services and/or Independent Parental Supporters.

Key to completing this part of the EHC plan is the voice of the child/young person not the views of the professionals supporting the family.

Professional reports

At the same time the ‘All About Me’ information is being completed by the family and referrer, professionals will be asked to make their assessments and provide specialist advice. Joint assessments should be arranged where possible to minimise the amount of assessments that families have to undergo. The EHC Coordinator will write to all the professionals who will be asked to complete a report. The reports must be completed within 6 weeks of the date of the request. The EHC Coordinator is responsible for contacting the professionals, collating the responses within the time limits and chasing outstanding contributions if necessary.

Outcomes

Professionals will need to recommend outcomes which are within their own professional remit. They will need to ensure that the outcomes are achievable within a timeframe e.g. by the end of a particular year or key stage. The outcomes must link with the child/young person’s needs and aspirations. The report should recommend the interventions required to help the child/young person make progress towards the outcomes.
Step 4 – The Plan

Once the professional reports are gathered, the EHC Coordinator will start to write the remainder of the plan describing clear outcomes for the child/young person. The EHC Coordinator will then convene a second meeting with the family, child/young person and referrer to discuss the draft EHC plan.

The objective of the meeting is to agree a personalised EHC Plan which contains information on the child/young person’s strengths, needs and aspirations; agreed outcomes for the child/young person and the resources required to deliver the outcomes across Education, Health and Social Care.

The family will be offered information about personal budgets which they can apply for in step 5 of the pathway.

**Naming an early years setting/school or college**

At the meeting to develop the draft plan, parents/carers will be asked about preferences for an educational setting to be named in the final EHC Plan. There will be a full discussion about the range of provision available locally through the Local Offer.

Educational placements which are the parent/carer preference will be consulted regarding their ability to meet the child/young person’s needs. Educational settings will be given a maximum of 15 working days to respond to the consultation.

**EHC Multi-Agency Panel – Decision Making**

The EHC Multi-Agency Panel will meet fortnightly and consider a range of multi-agency decisions across education, health and care.

Membership of the panel will include:

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<tr>
<th>Head of All Age Disability Service</th>
<th>Therapy Representative</th>
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<tbody>
<tr>
<td>Education Health and Care Unit Manager</td>
<td>Group Manager Early Years</td>
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<tr>
<td>Designated Medical Officer</td>
<td>Head teacher representatives</td>
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<tr>
<td>School Inclusion Adviser</td>
<td>SENC0 representative</td>
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<tr>
<td>Educational Psychologist</td>
<td>SEND Consultant (chair)</td>
</tr>
<tr>
<td>Clinical Commissioning Representative</td>
<td>Early Help Representative</td>
</tr>
<tr>
<td>Head of Nursing</td>
<td>Business Support Officer</td>
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</tbody>
</table>
The panel will consider:

- referrals for EHC assessments;
- provision and placements for EHC Plans
- review of EHC plans.

It is recognised that the EHC Plan may contain a combination of delivered services and those commissioned through a personal budget. Once the plan resources are agreed, responsibility for delivering the Education, Health and Care elements of the plan will be each services priority. Individual teams/services will be accountable for their contribution to the plan.

**Records of the decisions/recommendations**

The chair will make a record of the decision/recommendation. The attendees will be asked to agree the aspects of the plan that apply to resources that involve their service. An example of this is Education will make decisions about resources for schools and naming schools. Social Care will agree resources for short-breaks and Health will agree therapy and health resources.
This step describes the process by which families and young people will be offered a personal budget. Legislation places a duty on the Local Authority to prepare a personal budget when a parent/carer or young person requests one. The personal budget is offered for children/young people who will receive an Education, Health and Care Plan. An Education, Health and Care personal budget can include funding from one, two or all of the above services; however, the scope of the budget will vary depending on the needs of the child/young person.

Two key values underpin the ‘The Budget’ stage of the pathway. These are:

1. **Transparency** – everyone understands how decisions are taken about setting the allocation of a notional budget
2. **Participation** – everyone who needs to take part is supported to do so and relevant documentation is simple, accessible and easy to use.

**What is a personal budget?**

A personal budget is an amount available to obtain provision described in the Education Health and Care Plan (EHC). **It is not an additional pot of money;** it is the amount of money that statutory services spend on an individual for some services that an individual receives.

Personal budgets are one element of a personalised approach to supporting children and young people with special educational needs and disabilities. The EHC Plan will identify the resources that are over and above those normally available across education, health and social care services.

**Who can request a personal budget?**

The family of children and young people who may be eligible for a personal budget are residents of Barking and Dagenham who have a statutory EHC Plan. A young person over the age of 16 can request a personal budget.

**What is included in a personal budget?**

Families who wish to have a personal budget will be provided with a breakdown of the costs that the Council/Clinical Commissioning Group (CCG) Partnership have identified in the EHC Plan, some of which may be converted into a direct payment to the family or young person. Personal Budgets are from spot purchase or individualised budgets. They are not from Universal Services or Block Contracts. Most services a child/family receives are universal services or, specialist services tied up in large block contracts. In these cases, it is not practical to unpick large contracts and calculate Personal Budgets. Economies of scale would also mean that in most cases families who opt for a Direct Payment would end up being able to purchase less service.
Examples

<table>
<thead>
<tr>
<th>Services that can't be in a Personal Budget</th>
<th>Services that maybe considered for a Direct Payment</th>
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<tbody>
<tr>
<td>GP Services</td>
<td>Domiciliary/home care</td>
</tr>
<tr>
<td>Acute inpatient services</td>
<td>Respite care</td>
</tr>
<tr>
<td>Community and mental health services</td>
<td>Home to school transport</td>
</tr>
<tr>
<td>School/setting placement</td>
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</table>

How will a personal budget be funded?

There are three main sources of funding for a personal budget:

1. **Education** – this funding will be drawn from the council’s Education High Needs Block.
2. **Health** – will offer individual funding to fund children with complex health needs as established by the criteria set out in the continuing care decision making tool.
3. **Social Care** – this funding will provide support to the child/young person to achieve the outcomes in the EHC Plan and for the family to have a short break. This is determined through the definition of whether the disabled child is in need as defined by the Children and Families Act and local eligibility.

The joint funding approach requires trust transparency and confidence between services so that a partnership approach is embedded.

The 4 ways in which a parent/carer or young person can choose to control a personal budget:

1. **Direct Payments** – Where the family or young person receive a cash to contract payment into their bank account and they purchase and manage services themselves.
2. **An organised arrangement** – where the council retains funds and commissions the support specified in the plan (these are sometimes called notional arrangements) and can also be used where contractual or funding arrangements mean that cash cannot be released as a direct payment or where economies of scale may be present.
3. **Third party arrangements/nominees** – where funds are paid to an individual or another organisation on behalf of the parent/young person and they manage the funds.
4. **A combination of the above**
Preparing a personal budget

Where a child is eligible for an Education Health and Care Assessment at Step 3 families will be given information about personal budgets and a discussion will take place about the options available.

During the assessment process the EHC Coordinator will be working with the family to develop a clear understanding of the outcomes to be achieved and the possible resources required to meet them.

At Step 4 (The Plan) a person-centred meeting will be held and at this meeting the plan will be drawn up the outcomes, interventions (actions) and resources required to meet their needs. The resources will form a notional budget.

After the person-centred meeting if the family or young person requests a personal budget the EHC Coordinator will contact the relevant service(s) across social care or health so that they can consider the request.

The personal budget will be finalised at the time that the EHC Plan is issued naming a school. It will be reviewed annually at the person-centred review.
All EHC plans must be reviewed at least annually using a person-centred approach. In addition, if a child/young person’s needs change significantly at any time an earlier review can be initiated by the educational placement, the family or the Local Authority.

The review will use a person-centred approach to look at:

- The views and wishes of the child/young person
- What is working and not working for the child/young person
- Progress towards the outcomes of the plan

From Yr 9 onwards young people should have transitional reviews to prepare for adulthood. The EHC Coordinator will attend the review meeting to support planning and discuss local options for further education, training, employment or adult social care provision.

Disagreement Resolution

A provider delivers this service independent of the Council or the education providers involved.

This service is to help resolve disagreements that parents or young people might have about:

- the special educational provision made for a child or young person by a school, early years setting or post-16 providers;
- the way public funded schools or colleges are carrying out their duties for children and young people with SEN;
- the use of the disagreement resolution service has to be with the agreement of both parties concerned.

Appeals

If you are unhappy with a decision made by the council about a Statutory Assessment or decisions about an Education, Health and Care Plan the first thing you should do is ask to meet a council officer to discuss the issues.

If you cannot resolve issues through meetings with council staff, then you can appeal to The Special Educational Needs and Disability Tribunal.

You will be expected to make your case in writing by a deadline date and then to go in person to a Tribunal hearing. In some situations, you will need a certificate from the mediator before you can appeal.
# Pathway Roles and Responsibilities

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<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Child/young person and parent/carers</strong></td>
<td>Requesting help and support through education, health and care. <strong>Requesting an education, health and care assessment.</strong> Working with their allocated key worker on their ‘All about Me’ story. <strong>Attending meetings about their child and contributing towards the EHC Plan.</strong></td>
</tr>
<tr>
<td><strong>EHC Multi-Agency Panel</strong></td>
<td>Identifying children with complex needs who require an Education, Health and Care Assessment. <strong>Making decisions about referrals for an EHC Assessment according to the eligibility criteria.</strong> Ensuring that multi-agency staff are engaged in the process. <strong>Determining resources.</strong> Supporting the Local Offer. <strong>Providing information to commissioners in Education, Health and Care to support the commissioning of services to meet the needs of local families.</strong> Promoting partnership working across agencies for children with an EHC Plan 0-25. <strong>Contributing to the Joint Strategic Needs Assessment (JSNA).</strong> Working in partnership with NHS Commissioners in the Clinical Commissioning Group (CCG) and NHS England. <strong>Working with NHS Providers to ensure they understand the pathway.</strong></td>
</tr>
<tr>
<td><strong>Key worker or Referrer</strong></td>
<td>Being the main point of contact for the family/child/young person. <strong>Providing support and signposting.</strong> Liaising with relevant agencies as necessary. <strong>Supporting parents at meetings.</strong></td>
</tr>
<tr>
<td><strong>Education Health and Care Plan Coordinators</strong></td>
<td>Administering the EHC assessment process. <strong>Writing to parents and providing information about the EHC assessment process.</strong> Advising parent/carers on support services available and signposting them. <strong>Writing to education, health and care professionals to gather information as part of the EHC assessment.</strong> Ensuring the smooth running of the process within the statutory timescales of 20 weeks. <strong>Presenting cases to the EHC Multi-Agency Panel.</strong> Working closely with the family and professionals to draw up the Education Health and Care Plan. <strong>Liaising with early years settings/schools/colleges and securing placement for children and young people.</strong> Liaising with multi-agency professionals. <strong>Liaising with the family around access to a personal budget.</strong> Attending person centred reviews and converting statements to EHC Plans. <strong>Supporting parents through mediation if necessary.</strong></td>
</tr>
<tr>
<td><strong>Portage/ Early Years</strong></td>
<td>Attending multi-agency meetings for Early Years children to consider the need for an Education, Health and Care Assessment. <strong>Presenting cases to the EHC Multi-Agency Panel.</strong> Working closely with the family and professionals to draw up the Education Health and Care Plan. <strong>Liaising with multi-agency professionals.</strong> Liaising with the family around access to a personal budget.</td>
</tr>
<tr>
<td><strong>Education Health and care Plan Coordinator 16-25 and Careers advisers</strong></td>
<td><strong>Presenting cases to the EHC Multi-Agency Panel for young people 16 – 25.</strong> Working closely with the family and professionals to convert statements/139a and Learning Disabilities Assessment into Education Health and Care Plans. <strong>Liaising with schools and securing placement for young people in post 16 pathways either work or appropriate courses.</strong> Liaising with multi-agency professionals. <strong>Liaising with the family around access to a personal budget.</strong> Contributing towards person centred reviews.</td>
</tr>
<tr>
<td><strong>Co-ordinated assessment</strong></td>
<td>The process of establishing what a child/young person’s needs are. The assessment has been designed to be a single point of entry for co-ordinated support from more than one specialist service. Assessments will be co-ordinated across education, health and social care, so that procedures aren’t duplicated and information is shared appropriately. The co-ordinated process is being introduced to avoid unnecessary duplication of assessments for children/young people with a wide range of needs and to ensure that relevant information is considered.</td>
</tr>
<tr>
<td><strong>Common Assessment Framework (CAF)</strong></td>
<td>The Common Assessment Framework (CAF) is a standard assessment that can be used by all services working with children and young people. It is particularly suitable for use in integrated early intervention work, where a child or young person is experiencing difficulties. The CAF helps practitioners to identify a child or young person’s strengths, needs and goals. It can be shared between services and used as a starting point for planning coordinated multi-agency action.</td>
</tr>
<tr>
<td><strong>Clinical Commissioning Groups (CCG’s)</strong></td>
<td>Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They have replaced Primary Care Trusts. CCG’s are clinically led groups that include all GP groups in a geographical area. They operate by commissioning (or buying) healthcare services, with the aim of giving GPs and other clinicians the power to influence commissioning decisions for their patients.</td>
</tr>
<tr>
<td><strong>Co-production</strong></td>
<td>When a child/young person and their family are involved as an equal partner in designing the support and services they receive. Co-production recognises that the child/young person who uses education, health and care services have knowledge and experience that can be used to improve services.</td>
</tr>
<tr>
<td><strong>Direct payments (see also personal budget)</strong></td>
<td>Direct payments – where individuals receive cash to contract, purchase and manage services themselves.</td>
</tr>
<tr>
<td><strong>Education, Health and Care (EHC) plan pathway</strong></td>
<td>Barking and Dagenham’s pathway which comprises of six stages beginning with Stage 1 ‘SEN support’. This may then progress to a referral and a decision being made by a EHC Multi-agency Panel as to whether the criteria for an Education, Health and Care Plan has been met and a co-ordinated assessment and plan should be initiated and put in place.</td>
</tr>
<tr>
<td><strong>Education Health and Care Plan</strong></td>
<td>This is a statutory plan which sets out the child/young person’s special educational, health and care needs. It includes a support plan which clarifies the expected outcomes, interventions and support costs. The EHC Plan names an educational setting which could be an Early Years setting, school or college. EHC plans are based on a co-ordinated assessment and planning process which puts the child/young person and their parents at the centre of the decision making. The statutory assessment will not always lead to an EHC plan.</td>
</tr>
<tr>
<td><strong>Local offer</strong></td>
<td>A single source of information accessible across a single web site and available in other formats, which is published by the Local Authority and partners about services available across Barking and Dagenham for children and young people with SEND aged 0 to 25 years.</td>
</tr>
<tr>
<td><strong>Notional budget</strong></td>
<td>The amount a school has within their overall budget for SEN support</td>
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<tr>
<td><strong>Outcomes</strong></td>
<td>Outcomes will be specified in the EHC plan and will describe the goals/ambitions/aspirations that a child/young person is looking to achieve</td>
</tr>
<tr>
<td><strong>Personal budget (see also direct payments)</strong></td>
<td>Personal budgets are available where a child/young person has an EHC plan. A personal budget is an amount available to obtain provision described in the plan which the young person or parents may be involved in securing.</td>
</tr>
<tr>
<td><strong>Personalisation</strong></td>
<td>A way of thinking about the support that puts the child/young person at the centre of the process of working out what their needs are, choosing what support is required and having control over their life. It is about the child/young person being considered as an individual rather than their needs being addressed as part of a whole.</td>
</tr>
<tr>
<td><strong>Referral</strong></td>
<td>A request for an assessment of a child/young person’s needs.</td>
</tr>
<tr>
<td><strong>Special educational needs (SEN) Special educational needs and disabilities (SEND)</strong></td>
<td>The term SEN is used for a child or young person with a learning difficulty or disability which calls special educational provision to be made for them if they: a) have a significantly greater difficulty in learning than the majority of others of the same age; or b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16 institutions. A child under compulsory school age has SEN if they fall within the definition at (a) or (b) above or would do so if special educational provision was not made for them. The term SEN covers where a child/young person has a disability or health condition which requires special educational provision to be made.</td>
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