Summary of EHCNA Panel Criteria and Considerations

Evidence of SEND & attainment levels:

1. Does the child or young person have:

   a) a **significantly greater difficulty in learning** than the majority of others of the same age?
   or
   b) a **disability which prevents or hinders** him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions?

Need for educational or training provision:

2. Does the child or young person need **educational or training provision** that is additional to, or different from, that made generally for others of the same age in:

   a) mainstream schools in England?
   b) maintained nursery schools in England?
   c) mainstream post-16 institutions in England?
   or
   d) places in England at which relevant early years education is provided?

Parent/carer involvement:

3. Has the setting involved the child/young person and their parent/carers in the decision making?

Agencies Involvement:

4. Has the setting made use of all of the appropriate universal services available to CYP in Enfield?

5. Have all of the relevant and available professionals/practitioners with specialist knowledge and expertise to meet the needs of the child or young person been involved?

   For example, has the educational setting implemented recommendations from the Area SENCO team, EASA, the Hearing Impairment Service, Joseph Clarke Visual Impairment Service or from ECASS. These recommendations may be provided through whole school training/consultation or at an individual child level. In most cases the school will have involved an Educational Psychologist.

6. Is there evidence through the IEPs that the advice from external agencies has been implemented and reviewed?

Evidence of graduated response:

7. Is the setting able to evidence how they have implemented the provision and has the effectiveness of the support and interventions and their impact on CYP's progress been reviewed against short and long term outcomes?

   This should be over at least 2 cycles of the assess, plan, do and review process (requests should include 3 IEPS: 2 IEPS will have been reviewed and the third with updated outcomes and provision).

8. Despite the setting having implemented a graduated approach, which includes taking relevant and meaningful steps to identify, assess and meet a CYP's special educational needs have they not made expected progress or any progress is contingent on special educational provision?

Provision in place & Annual spend:

9. Has the setting made full use of their notional SEN funding of £6,000?

10. Has the setting included a correctly fully costed, evidence-based, Provision Map?

Exceptional circumstances

11. Examples of exceptional circumstances which may be considered are:

    a) CYP who have arrived in the Local Authority recently where there is clear evidence of severe and complex needs;
    b) CYP who have significant, long-lasting and urgent need arising from a sudden deterioration or onset of a medical condition or accident;
    c) CYP whose families, for some reason, have not accessed the relevant services;
    d) Very young children with profound, multiple, and complex needs.

12. In addition to the three questions about process and exceptionality of need, where the young person is over 18, the EHCNA Panel would specifically consider:

    a) The young person requires additional time, in comparison to peers to complete their education or training;
    or
    b) A young person who has been supported through the local offer and needs an EHC Plan for moving to a further education placement

Enfield Education, Health and Care Needs Assessment Panel Criteria

1. The majority of children and young people (CYP) with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges.

2. Some CYP may require an **Educational Health and Care Needs Assessment** (EHCNA) in order for the local authority to decide whether it is necessary for it to make provision in accordance with an **Educational Health and Care Plan** (EHCP).

Legal test and criteria for EHCNA.

3. The Children and Families Act 2014 (s.36) sets out the legal test for when a Local Authority must conduct an EHCNA.

   In summary it states the local authority must secure an EHCNA for the CYP if, after having regard to any views expressed and evidence submitted, the authority is of the opinion that:

   (a) the CYP has or **may have special educational** needs

   and

   (b) **it may be necessary for special educational provision** to be made for the CYP **in accordance with an Educational Health and Care Plan (EHCP)**.

4. The Special Educational Needs and Disability Code of Practice: 0 – 25 years… (2015) [1] (referred here after as The Code of Practice) dictates the following:

   'Local authorities may develop criteria as guidelines to help them decide when it is necessary to carry out an EHCNA. However, local authorities must be prepared to depart from these criteria…. [and] must not apply a 'blanket' policy to particular groups of children or certain types of need.'

5. In considering whether an EHCNA is necessary, The Code of Practice advises that the local authority should consider **whether there is evidence** that, despite the early years provider, school or post-16 institution having taken **relevant and purposeful action** to **identify, assess and meet the special educational** needs of the child or young person, the CYP **has not made expected progress**. To inform their decision the local authority will need to take into account a wide range of evidence, and should pay particular attention to:

   a) evidence of the CYP's academic attainment (or developmental milestones in younger children) and rate of progress.

   b) information about the nature, extent and context of the CYP's SEN.

   c) evidence of the action already being taken by the early years provider, school or post-16 institution to meet the CYP's SEN.

   d) evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

e) evidence of the CYP's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies, and where a young person is aged over 18, the local authority must consider whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training. Remaining in formal education or training should help young people to achieve education and training outcomes, building on what they have learned before and preparing them for adult life.

Enfield Criteria

6. Enfield has developed a local criterion to support decision making by Enfield's EHCNA Panel.

7. The **EHCNA should not normally be the first step in the process**, rather it should follow on from planning already undertaken with parents/carers, CYP in conjunction with an early years provider, school, post-16 institution or other provider.

8. In a very small minority of cases CYP may demonstrate such significant difficulties that a school or other provider may consider it impossible or inappropriate to carry out its full chosen assessment procedure. For example, assessment which shows the CYP to have severe sensory impairment or other impairment which, without immediate specialist intervention beyond the capacity of the school or other provider, would lead to increased learning difficulties[2].

9. Where a CYP is identified as having special educational needs (SEN), early years providers, schools and post-16 institutions should make relevant and purposeful action to identify, assess and meet the special educational needs of CYP through providing special educational provision[3]. This SEN support should take the form of a **four-part cycle** through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the CYP's needs and of what supports them to make good progress and achieve agreed outcomes. This is known as the graduated approach. It draws on **more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of CYP.**

10. An EHCNA is triggered based upon **educational needs** and that CYP may have health and /or social care needs, however, this does not necessarily mean that an EHCNA is required and could be met through the following routes:

[3] Special Education Provision is provision different from or additional to that normally available to pupils of the same age

a) The Code of Practice and Supporting CYPs at School with Medical Conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (2015)[4] sets out what schools are required to do to meet the needs of children who have health needs attending school.

b) For some CYP there may be housing, family or other domestic circumstances contributing to their social and emotional presentation. For this group of children, a multi-agency approach supported by the use of approaches such as the Early Help Assessment should be adopted. (see below for further information).

11. The EHCNA Panel must consider if the child or young person may have:

12. a significantly greater difficulty in learning than the majority of others of the same age,

    or

13. a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

14. Low attainment ***does not*** automatically indicate a need for an EHNCA as the progress made may still represent adequate progress relative to the CYP's ability.

15. The EHCNA Panel must then consider if the child or young person needs educational or training provision that is additional to, or different from, that made generally for others of the same age in:

    a) mainstream schools in England;

    b) maintained nursery schools in England;

    c) mainstream post-16 institutions in England;

    or

    d) places in England at which relevant early years education is provided.

[4] https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Consideration – Assessment of need

16. In identifying a child or young person as needing SEN support in early years settings[5] or school. The early years practitioner, the class or subject teacher, working with the setting SENCO and the CYP's parents/carers, should carry out a clear analysis of the CYP's needs. This should draw on the early years practitioner's or teacher's assessment and experience of the CYP, their previous progress and attainment, as well as information from the setting's core approach to CYP progress, attainment, and behaviour. It should also draw on the individual's development in comparison to their peers and national data, the views and experience of parents/carers, the chid or young person's own views and, if relevant, advice from external support services. Settings should take seriously any concerns raised by a parent/carer. These should be recorded and compared to the setting's own assessment and information on how the CYP is developing.

17. This assessment should be reviewed regularly. This will help ensure that support and intervention are matched to need, barriers to learning are identified and overcome, and that a clear picture of the interventions put in place and their effect is developed. For some types of SEN, the way in which a child or young person responds to an intervention can be the most reliable method of developing a more accurate picture of need.

18. In some cases, outside professionals from health or social services may already be involved with the child. These professionals should liaise with the educational setting to help inform the assessments. Where professionals are not already working with education staff the SENCO should contact them if the parents/carers agree.

19. The educational setting should always involve a specialist where a child or young person continues to make little or no progress or where they continue to work at levels substantially below those expected of CYPs of a similar age despite evidence-based SEN support delivered by appropriately trained staff.

What the panel needs to specifically consider:

20. Has the setting involved the child/young person and their parent/carers in the decision making?

21. Have all of the relevant and available professionals/practitioners with specialist knowledge and expertise to meet the needs of the child or young person been involved?

For example, has the educational setting implemented recommendations from the Area SENCO team, EASA, the Hearing Impairment Service, Joseph Clarke Visual Impairment Service or from ECASS. These recommendations may be provided through whole school training/consultation or at an individual child level. In most cases the school will have involved an Educational Psychologist.

Consideration – Planning

[5] Some children need support for SEN and disabilities at home or in informal settings before, or as well as, the support they receive from an early years provider.

22. Where it is decided to provide a CYP with SEN support, the parents/carers must be formally notified, although parents/carers should have already been involved in forming the assessment of needs as outlined above. The early years practitioner, teacher and the SENCO should agree in consultation with the parent/carer and the CYP the adjustments, interventions and support to be put in place, as well as the expected impact on progress, emotional / behavioural development, along with a clear date for review.

23. All early years practitioners, teachers and support staff who work with the child or young person should be made aware of their needs, the outcomes sought, the support provided and any teaching strategies or approaches that are required. This should also be recorded on the school's information system, through a provision map.

24. The support and intervention provided should be selected to meet the agreed outcomes identified for the CYP, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge.

25. Parents/carers should be fully aware of the planned support and interventions and, where appropriate, plans should seek their involvement to reinforce or contribute to progress at home.

What the panel need to specifically consider:

26. Has the setting made use of all of the appropriate universal services available to CYP in Enfield?

27. Have external agencies been regularly involved, provided specialist assessment and advice over time, which has led to more specifically focussed planning of provision?

28. Is the setting able to evidence how they have implemented the provision and has the effectiveness of the support and interventions and their impact on CYP's progress been reviewed against short and long term outcomes?

This should be over at least 2 cycles of the assess, plan, do and review process (requests should include 3 IEPS: 2 IEPS will have been reviewed and the third with updated outcomes and provision).

Consideration – implementation

29. The early years practitioner, class or subject teacher should remain responsible for working with the child /young person daily. Where the interventions involve group or one-to-one teaching away from the main group, class or subject teacher, they should still retain responsibility for the CYP. They should work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching. The SENCO should support the early years practitioner, class or subject teacher in the further assessment of the child's strengths and difficulties, in problem solving and advising on the effective implementation of support.

What the panel need to specifically consider:

30. Is there evidence through the IEPs that the advice from external agencies has been implemented and reviewed?

31. Is the child/young person making progress? Is any progress contingent on the provided special educational provision?

Considerations - Review

32. The impact and quality of the support and interventions should be evaluated, along with the views of the CYP and their parents/carers. This should feed back into the analysis of the CYP's needs. The early years practitioner, class or subject teacher, working with the SENCO, should revise the support considering the CYP's progress and development, deciding on any changes to the support and outcomes in consultation with the parent and CYP.

33. Parents/carers should have clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps.

What the panel need to specifically consider:

34. Has the effectiveness of the support and interventions and their impact on the CYP's progress been reviewed?

35. Is there evidence through the IEPs that the advice from external agencies has been implemented and reviewed?

36. Has the setting made full use of their notional SEN funding?

37. Has the setting included a correctly fully costed, evidence-based, Provision Map?

38. Despite the setting having implemented a graduated approach which includes taking relevant and meaningful steps to identify, assess and meet a CYP's special educational needs they have not made expected progress or that any progress is contingent on special educational provision.

Consideration for assessment for child/young person with social, emotional and mental health needs

39. A delay in learning and development may or may not indicate that a child has SEN, that is, that they have a learning difficulty or disability that calls for special educational provision. Equally, concerns about emotional and behavioural presentation does not necessarily mean that a child has SEN. However, where there are concerns, there should be an assessment as part of a graduated approach to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or emotional wellbeing or mental health issues.

40. It is important that there is no delay in making any necessary special educational provision at the SEN Support stage. Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning, impacting on mental health and behavioural presentation.

41. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate.

42. In all cases, early identification and intervention can significantly reduce the escalation of needs and improve the outcomes for the CYP.

43. Settings must also ensure that they have made reasonable adjustments to support a child with SEMH before a request for an EHCNA is made. Enfield promotes a trauma informed practice approach in schools and settings (through E-TIPSS) and this would involve an integrative system of provision that are underpinned by the following elements:

    a) Provision of **structures, routines and rhythms** as children do better when they have a clear understanding of rules and when there is a degree of predictability in adults and environmental responses.
    b) Provision of identified adults (caregivers) in the educational setting who can provide **safe relationship-based care** for CYP.
    c) Caregivers are provided with **reflective supervision and support** so that they can develop their own self-monitoring skills and resources.
    d) Caregivers have the training and capacity to accurately observe and read the emotional messages or needs underlying the CYP's behaviour and respond appropriately and in doing so provide **'attuned' support**. Caregivers would also make sure that the CYP regularly experiences enjoyable, fun and joyful interactions.
    e) Support the development of **emotional regulation**, e.g. developing a vocabulary of emotions and physical states, education about the human alarm response and trauma triggers, normalising the experience of mixed emotions. A system of supportive interventions for frequently dysregulated CYP, e.g. a hall pass, a safe place for regulation and restoration, a whole school trauma informed approach to positive handling.
    f) Support CYP to learn to **maintain optimal levels of arousal** and to expand their comfort zone and toleration of a range of emotional experiences.
    g) Support the development of the **skills to build, maintain and repair connections with others**, e.g. circle of friends, restorative practice.
    h) Support development of **executive functioning skills**, including the ability to evaluate situations, inhibit responses and make thoughtful decisions/choices.
    i) Support the **development of a positive sense of self** through exploration and celebration of positive attributes, likes, values, opinions, family norms and culture.

Consideration for an assessment or making an EHC Plan for a young person beyond statutory school age

44. Most young people with significant SEN requiring an EHCNA will already have had their needs identified by their educational setting. However, by the age of 16 and above, there may be a range of circumstances which mean that a young person who previously did not require an EHC needs assessment or plan, would now benefit from this. These situations may include but are not limited to:

    a) young people whose needs have changed significantly, e.g. as a result of a road traffic accident, due to a degenerative condition or due to a newly identified or increasing mental health need;
    b) young people who are not in education, employment or training (NEET). These young people may have had needs which previously had not been correctly identified and supported, e.g. young people who have 'fallen out of school' or have experienced emotionally based school non attendance;
    c) young people who require additional time, in comparison to peers to complete their education or training.

45. The definition of special educational needs and provision is the same for young people as that for children of statutory school age. The questions which the EHC Panel considers for young people are similar to those for younger children:

    a) Evidence to indicate that the young person has a significantly greater difficulty than peers;
    b) Has the young person had access to all the relevant resources available from education, universal and targeted health and social care services?
    c) The setting can demonstrate using an assess plan, do and review cycle evidence of appropriately targeted assessment, support and review;
    d) Has the setting coordinated the involvement of the young person, their parents/carers (where appropriate) and all the relevant professionals/practitioners with specialist knowledge and expertise in seeking to meet the needs of the young person?

46. **In addition to the three questions about process and exceptionality of need, where the young person is over 18, the EHCNA Panel would specifically consider:**

    47. The young person requires additional time, in comparison to peers to complete their education or training;

        or

    48. A young person who has been supported through the local offer and needs an EHC Plan for moving to a further education placement.

Arrangements for CYP people whose circumstances are exceptional and need to proceed to an EHC needs assessment

49. In very exceptional circumstances, CYP whose needs are clearly exceptional may need to progress to the EHCNA process more quickly. The actual assessment process will still take the same time as other assessments agreed normally, in accordance with statutory timescales.

50. Examples of exceptional circumstances which may be considered are:

    e) CYP who have arrived in the Local Authority recently where there is clear evidence of severe and complex needs;
    f) CYP who have significant, long-lasting and urgent need arising from a sudden deterioration or onset of a medical condition or accident;
    g) CYP whose families, for some reason, have not accessed the relevant services;
    h) very young children with profound, multiple, and complex needs.

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