



EHCP Handbook

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When an EHC Needs Assessment (EHCNA) is Agreed

Communication with families during the EHCNA process is key. Families need to know what is happening and feel supported.

When an EHCNA is agreed Coordinators must contact families via email and cc in SENDSUBMISSION@cumberland.gov.uk to arrange a conversation. A template email has been provided with a EHCNA timeline attached. Coordinators need to add the details of the CYP and the date and time of the proposed telephone conversation:

Dear

I'm happy to inform you that an Education, Health and Care Needs Assessment has been agreed for **xxxxxx**.

You will receive an official notification letter, but I am emailing to introduce myself as the EHC Coordinator who will be overseeing the assessment process.

We understand that this is a complex process and our aim is to support you as much as possible through this.

I will contact you on **xxxxxxx** at **xxxxxx** to talk you through next steps – if this is not convenient, please let me know.

The attached document also gives you an overview of the assessment timeline and what you should expect at each stage.

For further information, advice and guidance you can also contact Cumberland SEND Information Advice and Support Service who offer independent guidance and advice and can provide additional support if needed:

Independent Advice and Guidance		
Area	Co-ordinator	Telephone
Allerdale	Susan Eastwood	07824 408922
Copeland	Bev Marrs	07788 360336
Carlisle Area	Joanne Thomlinson	07825 584865

Please feel free to contact me if you have any questions.

Kind regards

Section A

Please note EHCPs without a completed Section A will be non-compliant and should not be issued.

Section A should reference other professional's reports or available information that reflect children or young people's views.

Information needed within Section A

- Parental contribution is evident through completion of Section A and Section K (at the end)
- The table "The People Who Support Me/Are Involved in My Plan" should be fully completed with job role, names and contact details
- Is it clear that the child or young person has been asked their views?
- Friendships, further education and future plans including employment (where practical).
- A summary of how to communicate with the child or young person and engage them in decision-making
- The child or young person's history. If written in first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of the parents or professionals are being represented
- If the child/young person uses English as a second language this must be referenced

The People Who Support Me/Are Involved in My Plan

All contributors to the EHC assessment should be listed in the table below as well as anyone else actively involved with the child/young person's SEN

Role:	Name:	Contact Details:
School		Current and correct email address and phone numbers
SATs		
EP		
Health		
Inspira – year 9 onwards		
CAMHS		
Targeted Youth		
Social care		
EHC Coordinator		

Section B – Special Educational Needs

All of the child or young person's identified special educational needs ("SEN") must be specified (section 37 of the Act).

The Code of Practice says EHC plans should 'describe positively' what the CYP can do and has achieved. Identifying both the range of strengths and needs a CYP has, their current levels of functioning and achievement sets a basis on which to build What the child/YP can do and what they have achieved

E.g. On a 1:1 basis XXX was able to communicate with her peers

SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train a child or young person (see section 21(5) of the Act and paragraphs 9.73 of the SEN Code onwards). (Refer to Sections C and D).

A SEN is a learning difficulty or disability which requires special educational provision. Special educational provision is educational or training provision that is additional to, or different from, that which is ordinarily available within schools or other settings, or any educational provision.

If the same broad area of need requires more than one type of provision (e.g. physical difficulties may require both physio and occupational therapy) it must be split into more than one need e.g. gross motor difficulties, fine motor difficulties

A judge has compared this section to a list of symptoms, each of which must be answered by an item in the list of special educational provision. Make sure each special educational need is articulated separately so you can easily check that there is provision there to meet each need

- All needs should be listed and numbered separately
- Are the Needs really needs and not provision?
- Impact of needs
- Is there any conflicting information?
- Is it clear, specific and understandable? (words like 'appear' and 'seems' should be avoided if possible)
- Is there a balance between strengths and needs?
- For professional reports we would need to include any need that impacts on education i.e. the issues for which the child/YP requires support
- All of the child/YP identified SEN are specified and set out clearly and succinctly.

Communication and Interaction

If Speech and Language Therapists are involved for speech, language, communication by educating or training the CYP then their advice will contribute to needs in this section (NOT if they are involved for feeding or a more 'medical' issue).

Reference	Needs
B1	Identifying both the range of needs a child/YP has and their current levels of functioning. A difficulty that arises from a diagnosis or a barrier to achieving something that requires help or support
B2	Abby struggles to communicate her basic wants and needs as a result of her delayed speech and language skills
B3	Abby finds it difficult to communicate in larger groups

Cognition and Learning

Abby has made great progress in reading based on her SATs scores since she started Secondary School.

Reference	Needs
B4	A difficulty that arises from a diagnosis or a barrier to achieving something that requires help or support
B5	Jack has been assessed as having a severe learning difficulty which will impact on his rate of progress and attainment levels across the curriculum

Social and Emotional Wellbeing Strengths

Jack plays well on his own.

Daisy has a good group of friends and plays with them in and out of school.

Jessica (19 years old) responds well to familiar routine, which seems to give her reassurance about what is happening now and in the near future.

Reference	Needs
B6	Freddie may struggle to regulate his emotions when there is a change in routine
B7	Jack finds it difficult to engage with other children or make friends with his peers
B8	Jessica has considerable difficulty in dealing with change and this can lead to anxiety and behavioural changes. At times of change, she can engage in obsessive and repetitive behaviours. This severely limits her opportunities to participate in community activities.

Sensory and/or Physical Strengths

John can manage his own toileting needs, get dressed and ready for school independently.

Faye is physically active and takes part in sports clubs both in and out of school

If OT is involved for educating or training via a programme the needs from their advice will be reflected here

Reference	Needs
B9	A difficulty that arises from a diagnosis or a barrier to achieving something that requires help or support
B10	Jessica experiences significant challenges in relation to personal care. She is fully dependent on adult support for all her personal care needs. She wears nappies day and night and requires regular changing during the school day

Section C – Health Needs

Reg 12 requires that the EHC plan must specify any health needs identified through the EHC needs assessment which relate to the child or young person's SEN.

This section must be completed using a statutory contribution from a healthcare practitioner. Any needs identified must have associated provision.

This section must not be left blank.

If no Health needs have been identified by the healthcare Practitioner, then this needs to be stated.

“According to all professional advice used to draft this EHCP, [NAME] has no identified exceptional health needs. There is no current requirement for specialist health teams.”

Some health care needs, such as routine dental health needs, are unlikely to be related (paragraph 9.69 of the Code) and therefore should not be included.

Information used in the plan needs to come from the EHC Assessment and advice provided specifically for the EHC plan (not from pre-existing Early Help Evidence)

Reference should be made to any health reports that are commissioned as part of the assessment process.

- Health needs which relate to the child/YP's SEN must be included here
- Needs have been clearly described as opposed to simply providing a diagnostic label
- The impact of these needs on the educational setting is stated (so this means that.....)
- Medical terminology is explained
- All needs should be listed and numbered separately
- All provision in section G should have matching description of needs in section C. Some of which will also have educational provision in section F
- Is there evidence of PfA health transitions from Year 9 if appropriate
- Does the provision in Section G match the need that was identified in Section C?

A diagnostic label does not describe need - focus on practical implications of any health conditions or impairments on different areas of the child or young person's life

Reference	Needs
C1	According to all professional advice used to draft this EHCP, [NAME] has no identified exceptional health needs. There is no current requirement for specialist health teams
C2	Mary (4 years old) has a hearing loss that is moderate in both ears at mid to low frequencies and profound in both ears at high frequencies. She wears post aural (behind the ears) hearing aids but her hearing levels are unstable. This means she can often miss important information and impacts on her interactions with her peers in the nursery and family at home.
C3	Jay has a diagnosis of autism spectrum disorder, and a related anxiety disorder. Jay experiences persistent and severe levels of anxiety. He has particular difficulty managing daily tasks and experiences distress related to these tasks.
C4	Jay often experiences acute anxiety attacks. These can prevent Jay from attending school or undertaking activities outside the home as a result. There are often physical symptoms related to his anxiety, and he will often bang his head either with his own fists or against walls

Section D – Social Care Needs

Reg 12 requires that the EHC plan must specify any social care needs identified through the EHC needs assessment which:

- **Relate to the child or young person's SEN; or**
- **Require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970.**

This section must be completed using a statutory contribution from a Social Care practitioner. Any needs identified must have associated provision.

This section must not be left blank.

If no social care needs have been identified by the Social Care Practitioner, then this needs to be stated.

"The family are not currently open to Social Care. [NAME] and their family need signposting to access appropriate and suitable activities in the community. Information and advice is available on the Local Offer website. fid.cumberland.gov.uk"

The local authority may also choose to specify other social care needs which are not linked to the child or young person's SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. This must demonstrate the impact on the child or young person in relation to their SEN Needs. Inclusion of this information must only be with the consent of the child and their parents.

- All needs should be listed and numbered separately
- Information used in the plan needs to come from the EHC Assessment and advice provided specifically for the EHC plan (not from pre-existing Early Help Evidence if it is more than 6 months old)
- Any social care needs the child/young person may have which require additional non-educational support

Reference	Needs
D1	Currently Joe has social care involvement e.g. Child In Need, Child Protection, Child Looked After (limited detail should be included in this section due to confidentiality) and how this affects their SEN.
D2	A Section 17 assessment has been carried out for Jessica which has identified the following needs: J is not able to access community activities and does not have opportunities to spend time with other children and engage in positive activities.
D3	Kian's (6 years old) behaviour at home arising from his learning difficulties and autism mean that there are times when his personal safety and that of his sibling can be at risk
D4	The family are not currently open to Social Care. [NAME] and their family need signposting to access appropriate and suitable activities in the community. Information and advice is available on the Local Offer website. fid.cumberland.gov.uk

Section E – Outcomes

Outcomes should be SMART wherever possible

There should be a range of outcomes over varying timescales, covering education, health, and care as appropriate but recognising that it is the education and training outcomes only that will help determine when a plan is ceased for young people over 18. Therefore, for young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes. See para 9.64 of the Code for more detail on outcomes.

There must be a clear distinction between outcomes and provision.

The provision should help the child or young person achieve an outcome; it is not an outcome in and of itself.

- Outcomes must be written for all identified educational needs (Health and Social care outcomes will only be in this section if a need has been identified in section C and/or D)
- An outcome should say what the young person is going to develop, learn etc and what that will enable them to do.
- Are they clear, concise and understandable?
- Outcomes should describe what the child/young person will be able to do, that they are currently unable to
- Is there evidence of the golden thread linking these outcomes with the aspirations identified in section A?
- There must be a record of Preparation for Adulthood (PfA) outcomes from Yr9 onwards
- Include forward plans for key changes in the child/YP life e.g. change of school or PfA
- One outcome may cover more than one need.
- Timescales for outcomes should only be included if it is a shorter timeframe than the end of the phase.

Needs Reference	Outcomes
B1	Joe will develop the length and clarity of his communication to enable him to: use short sentences of 4 words, be understood by his peers and join two words together.
B2	Jay will develop his understanding of how to make and maintain friendships to enable him to be more confident in developing and maintaining friendships and have friends he sees outside of school times.
B3	Charlie will have strategies he can use so he can manage his emotions in new settings and situations.
C1	Jenny will have developed her core strength and co-ordination helping her to dress and undress herself for PE.
C2	Jenny will be increasingly independent with toileting to manage her self-care needs.
C3	Peter will have improved his gross motor skills to be able to drink from an open cup
C4	Sophie will have developed a system of communicating her basic needs. This might include using spoken words, signing and/or picture/technology based systems. This will allow Sophie to make more choices about the activities she wants to do, contribute her thoughts and ideas, and share information with important people
C5	Stefan will be able to partake in back and forth turn taking games with one, and then eventually a small group of peers, with reducing levels of adult support. This will allow him to continue to develop strong bonds with his peers and feel involved in all aspects of nursery/school life.
C6	Bobby will begin to be involved with tasks to support the care that he needs for toileting. He will help gather the items needed for changes and take them to the changing area.
C7	Sally will be able to tell you about her condition and what she needs to do if she feels unwell. She will be able to talk through the steps that need to be taken to explain who she would go to for help.

From Year 9 Onwards:

Employment	Johnny will have learned strategies so that he can take and follow instructions in the workplace.
Community Inclusion	Barry will have developed his social understanding so that he can take part in activities within his local community
Independent Living	Jemima will be able to cook a range of healthy meals following a recipe.
Good Health	Gemma will be able to effectively manage her own medication

The setting will make shorter term plans which will include interim steps leading to these outcomes. The shorter-term plan should be shared with parents and child/young person and reviewed at least termly.

Section F – Special Educational Provision

- Is there provision for all identified SEN and outcomes e.g. B1 need reflected in Section F as B1
- Detail of support necessary to address all of the needs described in Section B and help the CYP to achieve outcomes in Section E
- Clear indication of whether any health or social care provision is teaching/training the CYP and therefore should be included in Section F e.g. a programme from Speech and Language Therapy
- Is there provision identified for PfA outcomes from Yr9 onwards
- Have hours/levels of support been included in the final EHCP?
- Section F should NOT include any provision that is ordinarily available at SEN support

Specialist Advisory Teachers should not be included in the delivery of provision.

Needs Reference	Educational Support Needed to Achieve These Outcomes (relating to the needs identified in Sections B, C & D)	Support Needed to Implement the Plan	Who Will Make it Happen (the setting will coordinate the provision and have primary responsibility for ensuring its delivery)
B1	James will receive weekly small group support focussed on understanding thoughts, feelings and behaviour.	1x week for 30 mins	Led by a Teaching Assistant, this work will be monitored by a qualified teacher/SENCO.
B2	Lego therapy in a small group of 4	2x a week for 20 mins per session	The sessions will be delivered by a teaching assistant and monitored by a qualified teacher/SENCO.
B3	To support Helen in choosing between 2 simple options presented through the 'Choices Card' system. The emphasis will be on ensuring that Helen understands the outcome of her choices.	15 mins every morning	Helen will work with a Higher- Level Teaching Assistant and monitored by the SENCO.
B4	To support Jessica's transfer between positions and activities. This will include providing Jessica with periods of time positioned on her front and the use of her standing frame.	For at least one hour per day	A member of staff who has received training from a physiotherapist in moving and handling will be available at all times during the school day
B5	One language focussed play activity to target language modelling, turn taking and social language. This might include a pairs game, lotto board, animal play or construction.	1:1 with an adult for 10 minutes every day	NP/TA to set up the activities and deliver them. Supervised by the class teacher.

Provision Needed to Implement the Plan

Funding must not be written into the plan.

Primary Need: Arrangements for Review

The provision and progress towards the outcomes, including any shorter-term planning used by the school or setting, should be reviewed at least termly. The review of the plan must involve the child/young person, parents and an officer of the Local Authority. The plan must be reviewed at least annually. The next review will take place on or before [DATE]

If the plan is for an Early Years child then alternate wording must be used to reflect a 6 monthly review cycle.

The provision and progress towards the outcomes, including any shorter-term planning used by the school or setting, should be reviewed at least termly. The review of the plan must involve the child/young person, parents and an officer of the Local Authority. The plan must be reviewed every 6 months. The next review will take place on or before [DATE]

Section G – Health Provision

- Does the provision stated match the need that was identified in Section C
- Is it as specific as possible i.e. which departments, hospitals, clinics and health professionals are involved?

The box below should only be completed if commissioned health advice is available. If no Health needs have been identified by the healthcare Practitioner, then this needs to be stated.

“According to all professional advice used to draft this EHCP, [NAME] has no identified exceptional health needs. There is no current requirement for specialist health teams. [NAME] will continue to receive the universal school age offer of health services as appropriate.”

Ref	Health Support Needed to Achieve These Outcomes	Support Needed to Implement the Plan	Who Will Make it Happen
C1	The physiotherapist will work with Jessica and her family/carers to support her transfers, ability to mobilise and suitable positioning as part of her 24-hour postural management programme.	The physiotherapist will deliver a one-hour training session to Jessica's parents using a written and illustrated programme of suitable activities and positioning to deliver a postural management and exercise regime	Physiotherapist and family
C2	A physiotherapist will deliver a two-hour training session to school staff working with Jessica. This training will detail how staff can make sure Jessica changes positions regularly to promote her comfort and access to activities.	Refresher training and updated advice will be provided by a physiotherapist once a term	Physiotherapist and school staff
C3	Jennifer (15 years old) will have her hearing loss and her use of hearing aids monitored at quarterly reviews by the audiology service	Hearing aid review appointments will include: • hearing tests; • tests of middle ear function; • checks to ensure the hearing aids are fitted and working as well as they should be. Jennifer's hearing aids will be reprogrammed or upgraded by the audiology service in line with the findings of the quarterly review, within 6 weeks of the review taking place	Audiology department
C4	The epilepsy nurse specialist will provide a one-hour training session on following Matthew's health emergency plan.	Delivered to education staff involved with Matthew. School can then request annual updates.	Epilepsy Specialist Nurse and education staff

Section H1 – Social Care Provision Which Must be Made for a Child or Young Person Under 18 Resulting from Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)

This section should include provision made for someone under 18 resulting from Section 2 of the CSDPA (1970) including practical assistance in the home, travel assistance, provision of meals, and adaptations to the home, specialist equipment and non-residential short breaks.

It can also include services for the parents that are as a result of the child having a disability.

- Does the provision stated match the need that was identified in Section D
- Is it as specific as possible saying who will provide what and when

This section must not be left blank. If no social care needs have been identified by the Social Care Practitioner, then this needs to be stated.

“The family are not currently open to Social Care. [NAME] and their family need signposting to access appropriate and suitable activities in the community. Information and advice is available on the Local Offer website. fid.cumberland.gov.uk”

Reference	Social Care Support Needed to Achieve These Outcomes (relating to the needs identified in Sections B, C & D)	Support Needed to Implement the Plan	Who Will Make it Happen
D1	Anna will receive help at home from a personal assistant to support feeding and dressing/ undressing. This time will be split across the morning and afternoon and will be available seven days a week	Direct payment to the family to enable them to employ a personal assistant two hours per day.	Children with Disabilities team will provide the family with 14 hours of direct payment each week to fulfil this provision
D2	Jack will attend a local specialist holiday scheme for young children with autistic spectrum disorder.	He will need a place reserving for six half day sessions with his parents choosing during each school holiday period.	The family will reserve the places and the CWD team will fund them.

Section H2 – Any Other Social Care Provision Reasonably Required by the Learning Difficulties or Disabilities Which Result in the Child or Young Person Having SEN

Social care provision may include provision identified through early help and child in need assessments and safeguarding assessments for children. For CYP under 18 this includes residential short breaks. Any adult social care provision for over 18 year olds goes here.

- Does the provision stated match the need that was identified in Section D
- Is it as specific as possible saying who will provide what and when

This section must not be left blank. If no social care needs have been identified by the Social Care Practitioner, then this needs to be stated.

“The family are not currently open to Social Care. [NAME] and their family need signposting to access appropriate and suitable activities in the community. Information and advice is available on the Local Offer website. fid.cumberland.gov.uk”

Ref	Social Care Support Needed to Achieve These Outcomes (relating to the needs identified in Sections B, C & D)	Support Needed to Implement the Plan	Who Will Make it Happen
D3	Tatra (13 years old) will attend a seven day block of overnight short breaks, twice a year.	Tatra will need a place reserving at a local residential short breaks provider. These blocks and should be taken approximately six months apart. This provision will be reviewed in 12 months.	The parent/carer and CWD team will work collaboratively to organize the stay. The short breaks provider will deliver the overnight stay.

Section I – Placement

The name and type of school, maintained nursery school, post 16 institute should be included.

The Local Authority considers [SCHOOL] the mainstream school/ EY setting of parental preference where a place is available, to be an appropriate school/setting for [NAME].

OR

Phase transfer

From [TRANSITION DATE] the local authority consider [TRANSITION SCHOOL] the [TRANSITION SCHOOL TYPE] of parental preference to be an appropriate school or setting for [NAME].

Special school

The Local Authority considers [SCHOOL], a Local Authority Maintained Special School, or a Special School academy, the setting of parental preference where a place is available to be an appropriate setting for [NAME]

Resourced Provision

The local authority considers [SCHOOL NAME] a mainstream school (Specialist Resourced Provision), to be an appropriate school setting for [NAME].

SEMH/AP

The Local Authority considers a place within the SEMH/AP provision at [SETTING NAME], a LA maintained specialist placement to be an appropriate setting for [NAME]

Independent specialist provider ISP

The Local Authority considers [SCHOOL], an Independent Specialist School, the setting of parental preference where a place is available to be an appropriate setting for [NAME].

Post-16

The Local Authority considers [SETTING], an Post 16 setting, the setting of young person/parental preference where a place is available to be an appropriate setting for [NAME].

Section J – Personal Budgets

This section must not be left blank.

If no personal budget has been requested, then this needs to be stated.

“The family have not requested a personal budget and so a personal budget has not been arranged. Further information on personal budgets is available on the Local Offer. fid.cumberland.gov.uk”

This section should use the following structure:

Source – where is the funding for the Personal Budget coming from (E, H or C)?

Type – How will the PB be managed? As a direct payment, a notional arrangement, 3rd party arrangement or a mixture

Amount – What is the PB amount?

Goods and services to be secured and outcomes to be met – how will the PB be used? What will it be used to purchase, and which outcomes detailed in the EHC Plan will the PB contribute to?

Provision of a Personal Budget (a personal budget may be requested to secure provision leading to the outcomes in this plan)

Personal Budget Request Made

Section K – Advice and Information

- Is there evidence that the child or young person participated in the meeting?
- Has all advice that has been submitted listed in the table as appendices?

Appendices

It is helpful to list these in the order they are involved with the plan.

Appendices must include all reports/advice that were used for the production of the plan. Email correspondence is not required in the appendices.

Section A, if included in the plan, does not need to be added as an appendix as well. Unusually long Section A's may be better included as an appendix and not part of the plan.

Author	Appendix	Date

Present at the Meeting:

Are all attendees including family members listed?

When should an EHCP be amended?

An amendment to an existing Education, Health and Care (EHC) Plan should only occur after an annual review when there are significant changes identified to the current EHC Plan.

Education, Health and Care Plans will always be amended in preparation for a child/young person moving onto their next phase of education (e.g. Nursery into Reception, (KS1 – KS2), KS2 – KS3, KS3-4, post-16), subject to the EHC Plan remaining appropriate, which should be discussed at the annual review meeting.

The EHC Plan may be amended at other times, e.g. a change of needs, following a change of address or school, or where there are changes in health or social care provision resulting from minor or specific changes in the child or young person's circumstances.

The Code of Practice states that EHC Plans are not expected to be amended on a very frequent basis

Amending an EHC plan following a review

When the LA is considering amending an EHCP following a review (or at any other time other than following a re-assessment) the first step in the process is to send the child's parent or the young person a copy of the existing EHCP plus the draft amended plan (showing which sections have been amended), with copies of any evidence which supports those amendments.

The parents or the young person must be given at least 15 days to make representations about the contents and to request that a particular school or other institution be named in the EHCP.

This means that the LA, having started the process, can still decide not to amend the EHCP. This is unlikely to happen, but it is possible. The Regulations do not explicitly require the LA to inform parents or young people of their right of appeal in this circumstance, but it is plain that the right exists by section 51(2)(e) of the Act, which allows an appeal against a:

“decision of a local authority not to secure the amendment or replacement of an EHC plan it maintains for the child or young person following a review or re-assessment under section 44”.

Notice of Proposed Changes to the EHC Plan

These will be listed in the table on the front page of the EHCP which highlights which sections have been amended.

Phase Transfer/Key Stage transfer

The expression 'Phase Transfer' or 'Key Stage Transfer' means when a child or young person is moving between phases of education.

It is a defined term in the SEN Regs as:

"transfer between phases of education" means a transfer from: (a) relevant early years education to school; (b) infant school to junior school; (c) primary school to middle school, (d) primary school to secondary school; (e) middle school to secondary school; or (f) secondary school to a post-16 institution".

Where a child or young person is within 12 months of a transfer between phases of education the local authority must review and amend the EHCP. This will be, at the very least, to name the school, post-16 or other institution, or type of school or institution, which the child or young person will attend following that transfer.

The LA must issue the child or young person's finalised EHCP before:

- 31st March in the case of a transfer from secondary school to a post 16 institution
- 15th February in the case of a child's transfer in any other case

In order for an EHCP to be reviewed and amended by the 15 February in a calendar year (in the case of a child), the annual review process must first take place, followed by the procedure for finalising the amended EHC plan once a proposal is issued.

Therefore, for children who are going into phase transfer, it is likely that the annual review meeting will need to be called in the autumn term at the beginning of the child's last academic year in the setting they are leaving to enable these statutory time limits to be met.

Transfer of EHCPs or change of responsible commissioning body (moving LA)

SEN Reg 15 deals with what happens when a child or young person with an EHCP moves into a different LA. The obligation to maintain the EHCP will transfer to the new LA on the day of the move or within 15 working days of the new LA becoming aware of the move, if later.

Following the move to live in Cumberland, an amendment to the Education, Health and Care (EHC) Plan issued by the previous local authority will be required. This will be updated to the EHC Plan to be in the Cumberland Council format and reflect the current educational placement or future placement (if appropriate).

Ceasing to maintain an EHCP

Ceasing an EHCP should be seen as a mark of success; that the required provision has been suitable to meet the child/young person's needs and they have successfully achieved their ambitious educational outcomes.

The LA may issue a notice to cease to maintain an EHC plan at any time.

The SEN Regs provide for a two stage process:

- 1) when a local authority is considering ceasing to maintain an EHCP it must inform the child's parent or the young person and consult them as well as the head teacher or principal and;
- 2) having carried out that consultation, if the LA decides to cease to maintain the EHC plan it must then notify the child's parent or young person, the institution named and the responsible commissioning body.

If considering ceasing a plan, due to the successful completion of educational outcomes, a review must be held to discuss this.

The cease to maintain notice must include the right of appeal and the time limits. If the parent or young person does not appeal, the EHCP will remain in place until the end of the time limit in which an appeal can be made and then come to an end. If the parent or young person does appeal, the EHCP will remain in place and must continue to be implemented until the appeal is decided by the Tribunal.

Dropping out of a course or out of Education or training

If a young person drops out of a course, the LA is not relieved of responsibility for them until they have conducted a review of their EHC plan and found out whether the young person wants to carry on in education or training (possibly with more support or on a different course) (SEN Reg 30 and the Code, paragraph 9.203).

Where a child or young person with an EHC plan under 18 is not receiving education or training, under SEN Reg 29(2) the LA must:

- conduct a compulsory review of the EHC plan in accordance with SEN Regs 18 and 19;
and
- amend the EHC plan to ensure that the young person continues to receive education or training.

In other words, for young people under 18 the LA cannot cease to maintain the EHCP because the young person is for some reason out of school or college.

The LA determines that the EHCP is no longer necessary:

Section 45(2) of the Act gives an example of a circumstance in which it would no longer be necessary for an EHC plan to be maintained:

Section 45(2) The circumstances in which it is no longer necessary for an EHCP to be maintained for a child or young person include where the child or young person no longer requires the special educational provision specified in the plan.

Section 45(3) says that when the LA is determining that special educational provision is no longer required for a young person over 18, the LA must have regard to whether the educational or training outcomes in the EHCP have been achieved. Note that they cannot cease to maintain the EHCP only because the outcomes have been achieved. In some cases, the outcomes may be out of date, or not have been ambitious enough, and so despite having achieved them the young person wishes to continue with education and continues to require special educational provision to be made through an EHCP. The requirement under section 45(3) is just that the LA has regard to whether they have been achieved.

Annual Review Paperwork Escalation process

Under the Children and Families Act 2014 and the SEND Code of Practice 2015, schools are required to conduct an annual review of an EHCP within 12 months of the previous review. The Local Authority is responsible for ensuring that this process is completed in a timely and effective manner.

Review Meeting Held – Within **12 months** of the last review (or 6 months for children under 5).

School Sends Report to Local Authority – Within **2 weeks (10 working days)** of the review meeting.

Local Authority Decision on EHCP Amendments – Within **4 weeks (20 working days)** of the review meeting.

If Amending the EHCP:

- **Draft Amended EHCP Issued** – Without delay after the 4-week decision.
- **Final Amended EHCP Issued** – Within **8 weeks** of the draft being sent

Escalation Process for Non-Completion of Annual Reviews

Step 1: Initial Reminder – EHC Coordinator (Week 1- Post-Deadline)

- The assigned **EHC Coordinator** reviews the schedule to identify overdue EHCP annual reviews. This can be found through the SQL report link.

- A **formal reminder email** is sent to the school SENCO, copying in relevant school leadership, requesting urgent submission within **five working days** and offering support to resolve any difficulties in completing the review. This can be found at **Annex 1**

Step 2: Second Warning – Senior EHC Coordinator (Week 2- Post-Deadline)

- If no response is received, the **Senior EHC Coordinator** sends a **formal escalation letter** to the Headteacher, outlining the statutory obligations and potential implications for non-compliance.
- After five working days escalate up to **SEND Manager**

Step 3: Final Warning – SEND Manager (Weeks 3 - Post-Deadline)

- If the review remains outstanding, the **SEND Manager** issues a **final notice** to the Headteacher and the Chair of Governors.
- The Local Authority reserves the right to **report concerns to Ofsted** where systemic failures in compliance are identified.
- A **meeting request** is sent to discuss barriers preventing completion and to ensure understanding of the Statutory Requirements. A timescale for completing and retraining any outstanding Annual Review paperwork must be agreed. agree on an immediate action plan.
- Set deadline for submission or agree action plan/ support required.

Step 4: Escalation to Assistant Director of Education (Beyond 4 - Weeks Post-Deadline)

- If the school fails to comply after formal warnings, the matter is escalated to the **Director of Education**.
- The Local Authority may explore further interventions, including placing the school on a **formal improvement plan**, with agreed actions and deadlines.

Appendices

Appendix 1 – Standard Wording

Section C – No Health Needs identified

According to all professional advice used to draft this EHCP, [NAME] has no identified exceptional health needs. There is no current requirement for specialist health teams.

Section D – No Social Care Needs identified

The family are not currently open to Social Care. [NAME] and their family need signposting to access appropriate and suitable activities in the community. Information and advice is available on the Local Offer website. fid.cumberland.gov.uk

Section G – No Health provision required

According to all professional advice used to draft this EHCP, [NAME] has no identified exceptional health needs. There is no current requirement for specialist health teams. [NAME] will continue to receive the universal school age offer of health services as appropriate.

Section H1/H2 – No Social Care provision required

The family are not currently open to Social Care. [NAME] and their family need signposting to access appropriate and suitable activities in the community. Information and advice is available on the Local Offer website. fid.cumberland.gov.uk

Section I

The local authority considers [SCHOOL NAME] the [SCHOOL TYPE] of parental preference, to be an appropriate school/setting for [NAME] until [TRANSITION DATE].

The local authority considers [SCHOOL NAME] a mainstream school (Specialist Resourced Provision), to be an appropriate school setting for [NAME].

From [TRANSITION DATE] the local authority consider [TRANSITION SCHOOL] the [TRANSITION SCHOOL TYPE] of parental preference to be an appropriate school or setting for [NAME].

Section J – No Personal Budget taken up

The family have not requested a personal budget and so a personal budget has not been arranged. Further information on personal budgets is available on the Local Offer. fid.cumberland.gov.uk

Appendix 2 – EHC Plan Checklist

Section A	
Have you detailed who has participated in the assessment & how, including the table: people who support me?	
Is there an appropriate chronology of concerns and needs?	
Is it clear whose views are represented e.g. CYP is quoted directly or 'Parents report/ XXX's Mother/ father shared/ stated/ etc'	
Is there evidence of the child/young person's voice?	
Are the things that really matter to the CYP listed?	
If appropriate, are aspirations /goals for future listed?	
If appropriate, are family aspirations for CYP, now and in future listed?	
Is there information how best to communicate and engage with the CYP and their family?	
Section B	
Advice	
Have you used all professional advice provided?	
Is each SEN articulated separately so you can easily check that there is provision there to meet each need?	
Strengths	
Have you included information on current functioning i.e., levels provided from school; how long child or young person can focus on a task; language skills?	
Communication and Interaction	
Have you included all details of all C & I needs?	
Social, Emotional and Mental Health	
Have you included all details of all SEMH needs?	
Cognition & Learning	
Have you included information on current functioning i.e., levels provided from school/EP?	
Are any assessments results dated?	
Commented on strengths and achievements in literacy / numeracy skills; skills and knowledge; play skills; self-esteem as a learner; organisation and independent learning skills; memory and retention of learning?	
Sensory/Physical	
Have you included information on current functioning provided by OT, EP, school etc? Include where appropriate details on strengths and achievements.	
Have you detailed all physical and sensory needs?	
Independence	
Have you detailed any information on current functioning provided by EP, OT, school etc. including strengths and achievements in independence skills; self-care; eating; interacting?	

Section C

Have you specified & described health needs identified through the EHC needs assessment (where written evidence has been provided) which relate to the cyp's SEN, including diagnoses?

Are needs described as the impact on the young person and implications for day-to-day life?

Any health needs not relating to SEN identified?

if no health needs at this time, is this recorded?

Section D

Have you specified social care needs identified through the EHC assessment relating to the CYP's SEN; or required provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970?

Is the impact of the cyp's needs on day-to-day life, social life independence etc. described?

If no social care needs identified, has this been recorded?

Section E

Are outcomes SMART and timescales specified?

Are outcomes linked to Section B Needs?

CYP PFA, do the outcomes include those that will prepare them for adulthood and clearly linked to the achievement of the aspirations in section A?

Section F

Is provision detailed for every need that's specified in Section B?

Are Health and Care therapies that educate or train a CYP specified in this section?

Yr 9+ - is provision required to assist in the preparation for adulthood and independent living specified?

Is provision detailed and specific and quantified?

Are references to 'would benefit from/access to' etc removed?

Section G

Is provision detailed for every need that's specified in Section C including specialist support/therapies/medical treatments/medication/nursing/equipment/continuing HC?

Is provision detailed, specific and quantified?

Section H1

Does provision specified relate to a CYP under 18 receiving social care provision under sec 2 of the CSDPA Act 1970?

Is it clear how advice/information gathered in the needs assessment has informed the provision specified?

Is provision detailed and specific and quantified?

Section H2

Does the provision specified relate to services provided under the Children Act 1989 e.g., Early help, CIN, CP or CIC?

Is provision detailed, specific and quantified?	
If the CYP is Yr 9 +, is the social care provision required to assist in the PfA and independent living included i.e. support in finding employment, housing or for participation in society?	
If YP over 18 is the social care provision here in H2?	
Section I	
Final Plan only	
Section J	
Is source of PB stipulated (E, H or C)?	
Is the type and amount of provision specified, e.g. amount, qualifications and experience of a specialist teacher?	
Are SENs and outcomes that are to be met by any direct payments specified?	
Section K	
Have you listed here, all advice and information gathered during the assessment?	
16 week date	
20 week date	

Appendix 3 – Advice Query Escalation Process

1. Advice for EHCP Needs Assessment received by EHCP Coordinator
2. If the Advice appears to be unclear/incomplete the EHCP Co to discuss with their line manager ASAP
3. The Senior EHCP Coordinator will support the EHCP Coordinator to, as far as possible, use the initial advice submitted.

Option 1: Where a small point of clarity is required, the EHCP coordinator will contact the advice giver to discuss.

Option 2: Where the manager feels the advice needs further or extended input from the advice giver: The EHCP coordinator logs this on to the ONE system:

- Go to Comms log
 - Find the initial response from advice giver & Select
 - Click - Log follow up
 - Select email in 'Type' box
 - Email - To: Advice giver and their manager - To add an additional recipient click green plus sign on right of screen
 - Subject for ALL requests: URGENT STATUTORY ADVICE CLARIFICATION REQUIRED
 - Body: Add request / what is required from advice
 - In Response required date box – 5 working days from date of email
 - Click – Send email
4. Relevant Manager(s) to discuss with advice giver and provide direction and support as to what is required and ensure this is done and returned within 5 working days. Where the advice giver is not at work, the line manager will be responsible for ensuring completion within the timescale.
 5. EHCP Coordinator to close the follow up action on ONE when updated advice is received
 6. The draft EHCP plan is issued and advice givers are asked to check that the plan reflects the needs of the child from their perspective (for accuracy).
 7. If required advice givers provide feedback to the EHCP coordinators via email within 5 working days, copying in their line manager.
 8. Where this will cause the EHCP to run over timescales, parents to be advised there is a delay and be informed of new timescale.
 9. SEND Service Managers to run the ONE report monthly.

Appendix 4 - Provision Requests

Include key points from involved professionals including any evidence that demonstrates a change in banding based on the SEND Handbook and Criteria

- Share banding information and who provided this e.g., EP/SAT
- Panel will allocate funding in line with the bottom of the banding unless additional information is shared, such as reference to a provision map
- Evidence could include – references to updated provision maps, SEN support plans/IEP's (saved in the Pupil File (PF) with the naming system "Increase Request – Panel Date", for example: Increase Request – 12th Nov 2025)

Information should be succinctly presented, preferably in bullet points

Examples:

Case Worker:	Joe Bloggs		
Child/Young Person:	Jane Template	DOB	03/10/2013
Educational Setting	Example Primary	NCY	3
Meeting/New Plan (including date)	Meeting – 02 November 2021	Review (including date)	02 November 2022
Primary Area of Need	Physical/Medical	Current Provision	25 hours total (Band 5)
Case worker comments	<p>Joe has Prader-Willi syndrome. He has a diagnosis of tonic clonic epilepsy (commonly known as grand mal seizures). He also has absence seizures. He has Loss of chromosome 15q - between Q11.2 and Q13.1 and is also being assessed for ASC.</p> <p>School is asking for full time support at Band 6.</p> <p>EP agrees with school's request.</p> <p>Joe's individual Health Care Plan has been saved in the Pupil File.</p>		
Decision (only used by panel)			

Case Worker:	Joe Bloggs		
Child/Young Person:	Jane Template	DOB	03/10/2013
Educational Setting	Example Primary	NCY	3
Meeting/New Plan (including date)	Meeting – 02 November 2021	Review (including date)	02 November 2022
Primary Area of Need	Autism Spectrum Condition	Current Provision	27 Hours (Band 5)
Case worker comments	<p>Information from Annual Review summarising a change in need: <i>Frequently throws himself on the floor or kicks out when frustrated and needs a member of staff to ensure his safety and that of the other children around him. He is pre-verbal and therefore unable to explain his needs so requires 1:1 supervision by a member of staff who knows him well.</i></p> <ul style="list-style-type: none"> • Detailed timetable saved in PF. • EP also responded via email (saved in PF) • EP agrees as Joe gets older this widens the gap between him and his peers. • Requesting Band 6 support 		
Decision (only used by panel)			

Case Worker:	Joe Bloggs		
Child/Young Person:	Jane Template	DOB	03/10/2004
Educational Setting	Example Sixth Form	NCY	12
Meeting/New Plan (including date)	Meeting – 02 November 2021	Review (including date)	02 November 2022
Primary Area of Need	Autism Spectrum Condition	Current Provision	22 Hours (Band 4)
Case worker comments	<p>Jane wishes to remain at Example Secondary for Post 16 – she is a CLA recently returned to placement in Cumbria.</p> <p>Example Secondary have been working with Jasmine since last Easter and would like to finalise her placement officially to provide a more cohesive educational package as she is no longer registered to Template High (previously placed in Lancashire).</p> <p>Example Secondary are proposing the following programme.</p> <ul style="list-style-type: none"> • Up to 16 hours (Tuesday, Wednesday, Thursday) • One to one support • Mathematics entry level 1+ • English entry level 2+ • Beauty therapy 1.5 weekly session provided by external tutor • Life Skills mixed in with Literacy and Numeracy <p>The cost would be based on one to one instructions (staff and professional expenses) £21,000 per academic year or pro rota.</p>		
Decision (only used by panel)			

Appendix 5 – Naming Conventions

Pupil Files Process

To ensure all documents are able to be found, all documents must be stored under the relevant pupil file.

The top level of the pupil file should be labelled as:

Surname, First Name – Date of Birth DD.MM.YY

EG. Bloggs, Joe – 01.02.15

There should be no documents saved within the top level pupil file, as all documents must be stored in a relevant, appropriately named folder.

All subfolders and documents must follow the following naming convention:











Date of File (YYYYMMDD) – File Name

Date of document (YYYYMMDD) – Surname First Name – Document Title

For example:

20250115 – Bloggs Jane – Final EHCP





The document title should be the actual title of the document or a clear description of what the document contains.

<input type="checkbox"/> Name	Date modified	Type	Size
 19.05.01 - EHC Assessment Request	06/03/2023 15:58	File folder	
 22.01.01 Annual Review - Maintain	06/03/2023 14:57	File folder	
 23.01.01 Annual Review - Amend	07/03/2023 08:41	File folder	
 Archive	06/03/2023 15:28	File folder	
 Consultations	06/03/2023 14:57	File folder	
 CPS	06/03/2023 15:05	File folder	
 Letters	06/03/2023 14:57	File folder	
 Moderation	06/03/2023 14:57	File folder	
 SATS	06/03/2023 14:57	File folder	
 23.03.07 - Bloggs, Joe - Updated EP Ad...	07/03/2023 09:16	Microsoft Word D...	12 KB

Any folders or documents that are over 2 years old should be moved to the archive folder.





New Assessment Folders

When a new assessment is created and completed the EHCP Submission Folders should contain the following files as a minimum.

<input type="checkbox"/> Name	Date modified	Type
 Submission Paperwork	06/03/2023 15:56	File folder
 Advice	06/03/2023 15:56	File folder
 19.09.23 - Draft EHCP	06/03/2023 15:56	File folder
 19.10.08 - Final EHCP	06/03/2023 15:56	File folder

Annual Review Folders

Annual Review folders should be organised as below:

<input type="checkbox"/> Name	Date modified	Type	Size
 School Reports	07/03/2023 08:39	File folder	
 Advice	07/03/2023 08:39	File folder	
 23.01.15 - Draft EHCP	07/03/2023 08:39	File folder	
 23.02.01 - Final EHCP	07/03/2023 08:39	File folder	