

Summary of decisions issued by the First-tier Tribunal in National Trial cases

Anonymised summary of decisions issued not subject to onward appeals

Quarter 3: April 2019– July 2019

Appeal number	YP	Grounds of appeal	Case summary	Outcome
1.	No	Section B Section C Section F Section G	<p>3-year-old girl with a diagnosis of Down Syndrome. Symptoms included language disorder and fine and gross motor difficulties. She attended nursery at a maintained mainstream school on 4 days per week and attended a specialist provision one day per week. Parents sought amendment to EHC plan. They originally requested recommendations concerning Sections C and G but no longer wanted this at the time of the hearing as physiotherapy was included in sections B and F.</p> <p>Parents submitted that the child required PROMPT (Prompts for restructuring Oral Muscular Targets) in addition to traditional SALT, as her progress using that method had been much greater. Parents agreed with number of hours SALT proposed by LA but considered that it should include PROMPT and be direct individual therapy rather than group therapy. Parents also sought the reinstatement of physiotherapy sessions following the child's discharge from those services in November 2018.</p> <p>Issues at the hearing:</p> <p>i) Whether certain additions requested by the parents should be made to section B, including, that as a complement to traditional SALT, the child required PROMPT.</p> <p>ii) In relation to section F, what provision should be made to meet the child's needs by way of:</p> <p>a) SALT</p> <p>b) SALT following the PROMPT approach</p> <p>c) Physiotherapy provision</p>	<p>Order: Appeal allowed in part</p> <p>Amendments to Section B sought by the parents were not appropriate because they largely described provision rather than focusing on the child's difficulties.</p> <p>The Tribunal was unable to conclude that the progress made by the child in speech language and communication was attributable to PROMPT. The evidence of the speech and language therapist called as a witness for the LA in relation to how the 36 hours SALT should be used was held to be appropriate. Group therapy could be beneficial to the child and there should be sufficient flexibility for intervention during breaks. Physiotherapy provision as recommended by a physiotherapist in a report dated 2 April 2019 was ordered. Termly multidisciplinary monitoring and review was appropriate.</p> <p>The LA were ordered to amend the EHC plan as follows:</p> <p>1) By reference to the working document</p> <p>2) In Section F, <u>Speech Language and Communication</u>:</p> <p>(i) The Speech and Language Therapist shall have training in and experience of working with children with Down Syndrome and of working with children with speech disorders.</p> <p>(ii) The speech and language therapy programme shall be devised by a qualified Speech and Language Therapist.</p> <p>(iii) Nursery staff shall liaise with the parents to promote generalisation of skills at home and in the nursery setting.</p> <p><u>Cognition and Learning</u></p> <p>(iv) Staff should undertake specialist training, at least annually, to understand the specific learning strengths and needs of children with Down syndrome.</p> <p>(v) The child requires high repetition of tasks for opportunities to learn, process, and retain new information. Provide lots of opportunities to respond, follow, and initiate during activities. She requires a lot of time to process and respond, sometimes even several minutes up to five minutes at times, with occasional verbal or visual cues to support her. It</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			d) the frequency of multidisciplinary monitoring and review.	<p>is very important that she is given this extra time to enhance her learning. Continue to encourage lots of imitation or adults and peers during group time.</p> <p><u>Physical and Sensory</u></p> <p>(vi) The school shall accommodate and adjust their PE lessons to ensure they are inclusive to the child's needs.</p> <p>(vii) The child will receive blocks of treatment intervention 4-6 sessions (30-45 minutes) with a specific aim to focus on the specific motor skills she lacks, e.g. jumping from a small step, balancing, etc.</p> <p>(viii) The child needs to input to 'break' down the component parts of the motor task implement a program of activities which will enable her to learn the new skill. The program can then be implemented by the nursery and the family in order to consolidate the skills. This can then be reviewed by the therapist and amended if needed.</p> <p>(ix) The child will be provided with a differentiated curriculum with regard to her gross motor skills as she progresses through the school. This modification will need to be advised by a physiotherapist in order to ensure that she is able to integrate fully in all aspects of the curriculum.</p> <p>(x) The monitoring may be undertaken within the school or clinic setting, but should initially take place at school on at least alternate visits so that a cohesive intervention programme can be planned and delivered within the school setting.</p> <p>(xi) Physical therapy services should:</p> <ul style="list-style-type: none"> • be concerned with the child's long-term functional outcome • be based on a thorough understanding of the compensatory movement patterns that the child develops • be strategically designed to proactively build strength in the appropriate muscle groups so that she needs optimal movement patterns • focus on gait, posture and exercise <p>(xii) The nursery staff and family will receive updated activity program at the end of the treatment block. The equipment needed for such activities</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
				<p>should be made available for the child and LSA to use when needed. For example: soft mat or trolley/exercise ball for wheelbarrow walking.</p> <p>(xiii) The child should be assessed for suitable orthotics to improve her foot alignment on six monthly basis. She should have access to suitable orthotic provisions based on her needs and development.</p> <p>(xiv) Due to her developmental delay and poor balance the child needs full time 1:1 adult support and supervision to make the home and nursery environment accessible and safe for her.</p> <p>(xv) the child should be assessed for a suitable activity chair and writing/activity desk and aids for Nursery and home. She may also benefit from using various aids such as anti-slip mats/wedge/screens to improve her participation and attention in various learning and play activities.</p> <p>(xvi) Additional time for liaison and admin should be allocated to the treating therapist.</p> <p><u>Monitoring and review</u></p> <p>(xvii) This shall be termly in addition to the Annual Review and will involve all professionals working with the child as well as school staff.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
2.	No	Appeal against LA's refusal to issue an EHC plan.	<p>5-year-old boy. Diagnosed with severe and significant multiple food allergies. He also had asthma and a history of eczema (currently well controlled). It was accepted that exposure to food allergens could potentially be life threatening for the child.</p> <p>Issues</p> <p>i) The substantive issue was whether, in the light of the EHC assessment undertaken by the LA, it was necessary to provide special educational provision (SEP) for the child in accordance with an EHC plan.</p> <p>ii) The second issue related to the management by the school of the child's multiple food allergies. The parents sought recommendations in relation to social care and health provision. There was conflicting evidence. Parents believed that the child had significant cognitive, social emotional and communication difficulties. The father stated that the child suffered from anxiety, struggled to be in crowds and did not have close friends at school or outside of school. He also felt that the school did not fully acknowledge or understand the extent of the allergy condition and pointed to some incidents which had occurred. Some medical professional reports recommended consideration of one to one support to minimise the risk of accidental exposure to food allergens. The LA's position was that the child's needs were purely medical and that he had no SEN. It considered that the health needs could be met by the school as part of its duty to make reasonable</p>	<p>Appeal dismissed</p> <p>The tribunal preferred the evidence of the school, the LA's educational psychologist and the educational and child psychologist over that of the principal clinical psychologist.</p> <p>In light of all the available evidence the tribunal found that the child did not have any cognitive issues or any significant social, emotional or communication needs.</p> <p>The panel noted that there had been difficulties in communication between the school and the child's health professionals regarding his allergies, but now that there was a new treating doctor it was hoped that this would be much improved. One to one support was not necessary or desirable, as particularly given that it would likely undermine the child's growing independence.</p> <p>The tribunal concluded that the school had reasonable and appropriate support and supervision arrangements in place to manage the child's medical conditions and that the school fully understood the nature and severity of the condition.</p> <p>The statutory test in section 37(1) of the Children and Families Act 2014 was not made out. Given that the substantive appeal was unsuccessful the panel had no jurisdiction to make the recommendations sought by the parents in relation to Health and Social Care provision.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>adjustments, without additional funding or support being necessary.</p> <p>The parents obtained a psychological report from a principal clinical psychologist based a home assessment of the child, which stated that it was 'highly likely' that the child would meet the clinical cut off for a diagnosis of autism spectrum disorder (ASD). An initial report (10 October 2018) from an educational and child psychologist, based on a home assessment, stated that the child had clear signs of ASD, was extremely likely to be diagnosed with ASD if formally assessed, requiring substantial one to one support for meeting his needs. However, a second report (12 February 2019) by the same psychologist, based on a cognitive assessment of the child, classroom observation, an individual interview and evidence from the school, concluded that the child had no problems with cognition or learning, and in fact was extremely bright; he had no difficulties with social communication or interaction and had no signs of anxiety. The evidence provided by the LA's educational psychologist and the child's school was in line with the second report. The LA's educational psychologist described the child as a friendly and sociable boy who was 'borderline exceeding' academic targets. The school SENCO and assistant head teacher stated that he was functioning at age expected levels and had made good friendships. She also confirmed that the school was used to dealing</p>	
--	--	--	--	--

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			with high level allergy issues and described the procedures in place to deal with allergy risks.	
3	No	Section B Section C Section D Section F Section G Section H Section I	<p>12-year-old boy with complex needs including autism spectrum disorder. He had learning difficulties and difficulties with communication, social skills, learning and attention. He also had bilateral sensorineural mild to moderate hearing loss. He suffered a psychotic episode requiring in-patient treatment at a hospital but had now been discharged. Parents reported that his behaviour and engagement continued to improve.</p> <p>In June 2018 the LA issued an updated EHC plan for the child in preparation for secondary transfer. The parents appealed against the contents of the plan (sections B, F and I), sought recommendations in respect of the child's health needs and provision (sections C and G) and sought recommendations in respect of his social care needs and provision (sections D and H). The parties worked together so that at the time of deliberation the only issue remaining was the placement that should be named in Section I. The LA named School 1, a maintained special school for children and young people with moderate or severe learning difficulties. The parents argued that school 1 could not provide an appropriate academic or social peer group for the child; could not provide the depth or breadth of core curriculum (particularly sport) that the child needed; and that school 1 was not providing the child with the one to one support required by his ECP. The Deputy head teacher at school 1</p>	<p>Appeal allowed in part</p> <p>a. The LA was ordered to amend the EHC Plan of in Section B and F, by accepting the amendments agreed by the parties before or at the hearing on 10 April 2019 with the amendments set out in the attached working document.</p> <p>b. It was recommended that the LA amended the EHC Plan in Section C, D, G and H, by accepting the amendments agreed by the parties before or at the hearing on 10 April 2019 with the amendments set out in the attached working document.</p> <p>The Tribunal concluded that school 2 was not an appropriate placement. The child's broader needs, his level of distraction and the remaining symptoms of a recent psychotic episode, amounted to a higher level of need that school 2 was set up to provide. The school might have been willing to offer him a place in June 2018, but evidence suggested that decision was based primarily on the child's previous EHCP written before his psychotic episode. School 2 was oversubscribed and accommodating the child there would not be compatible with the efficient education of others.</p> <p>Based on the evidence the tribunal considered the physical arrangements, learning approach, one to one support, peer group and mental health support available to the child within school 1 generally and in his current Pathway One class specifically to be of a type and quality entirely appropriate for his needs. School 1 had the expertise and experience to put an appropriate educational programme into place which will meet the full range of the child's needs and ensure that he can fulfil his potential. School 1 was ordered to be named in Section I. Given the above finding, it was not necessary for the tribunal to decide whether naming a placement at school 2 would be compatible with efficient use of resources or amount to 'unreasonable public expenditure' within the meaning of section 9 of the Education Act 1996. However, it</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>provided evidence that the school could meet the child's needs and that he had settled into the school well.</p> <p>The parents preferred school 2, a maintained special school for children with moderate learning difficulties. The LA's position was that the school could not meet the child's complex needs and that his placement there was incompatible with the efficient education of others because the school was heavily oversubscribed. The head teacher at school 2 provided evidence supporting the LA's position in that respect. The LA further submitted that placement at school 2 was incompatible with the efficient use of resources because it would cost at least £25000 a year more than school 1. The parents submitted that school 2 could meet the child's needs. They relied on various pieces of e-mail correspondence with school 2 and a letter from school 2 inviting them to an induction day, which they submitted amounted to an offer of a place subject to the LA's willingness to fund it.</p>	<p>reached a provisional conclusion that the indicative additional cost to the LA of at least £25000 per year in would not have been compatible with the efficient use of resources or the avoidance of unreasonable public expenditure and school 1 would have been named in any event.</p>
4.	No	Section B Section D Section F Section H Section I	<p>14-year-old boy with diagnosis of Autistic Spectrum Disorder. Previously attended mainstream school but placement broke down and he was withdrawn in May 2018. Uncontested evidence showed that he would run away given the opportunity, would steal money to buy sweets and had broken windows to escape the family home. His mother had a safe to hide her money and kitchen knives, to stop him threatening her. The child had no sense of danger and would not wear appropriate clothing unless prompted.</p>	<p>Sections B and F: The child was described as 'extremely vulnerable'. Uncontested evidence showed that he was unable to control himself or make considered decisions. The child required full time adult supervision. There was no significance in describing the placement as 'highly specialist'. The test was whether the placement was able to meet the child's needs. In reaching its conclusions, the tribunal preferred the evidence of the EP and SW who gave evidence on the appellant's behalf over that of the witnesses for the LA. For various reasons, the evidence of the LA witnesses was unreliable.</p> <p>Section I:</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>Appeal against contents of the EHCP. By the hearing, it was agreed that the child required placement at a named independent residential special school with a waking day curriculum.</p> <p>Evidence given by an Educational Psychologist (EP) and Social Worker (SW) on behalf of the applicant was that the child needed a 52-week placement to meet his learning targets because, <i>inter alia</i>, he required a consistent routine and a peer group that he could identify with. The LA's Social Worker recommended a 38-week programme based on, <i>inter alia</i>, that the child had spent all his life with his family and taking him away would affect his education.</p> <p>Issues to be resolved were: In sections B, F and I:</p> <ul style="list-style-type: none"> (i) should the child be described as: <ul style="list-style-type: none"> (a) vulnerable or highly vulnerable? (b) requiring a high level of adult supervision? (c) requiring a highly specialist school rather than a specialist one? (ii) Did the child require a 38 week or 52-week residential placement at the school identified? <p>In Sections D and H:</p> <ul style="list-style-type: none"> (i) should the child be described as: <ul style="list-style-type: none"> (a) lacking independence skills? (b) requiring significant support to develop his social, communication and other skills? (c) suffering increased anxiety due to a lack of routine in the family home? 	<p>A 52-week placement was required to meet the child's educational need for the reasons given by the EP and SW for the appellant and as set out in their reports.</p> <p>Sections D and H: Recommendation made that the LA amended its assessment of the child's social care needs to include reference to his lack of independence and his high vulnerability.</p> <p>Other requested recommendations were irrelevant in the context of a 52-week placement in a residential school. Similarly, there was no need to make recommendation in relation to support at home as the child would not be home for school holidays.</p> <p>Outcome: Appeal allowed</p> <p>LA ordered to amend the EHCP:</p> <ul style="list-style-type: none"> 1) In Section B, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 2) In Section F, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 3) In Section I, by replacing the existing wording with the following: "A 52 week placement at a residential special school..." (named) <p>It is recommended that the LA amend the EHCP:</p> <ul style="list-style-type: none"> 1) In Section D, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 2) In Section H1, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			(ii) If the child remained at home for school holidays, did he require 42 hours support per week instead of 10 hours per week?	
5.	Yes	Section B Section C Section D Section F Section H Section I	<p>19-year-old YP with Williams Syndrome. Condition manifested itself in severe developmental delay, speech and language disorder, difficulties with concentration and feeding problems. He also had life-threatening anaphylaxis, congenital cardiac abnormality, oversensitivity to sounds and was doubly incontinent.</p> <p>Appeal against the contents of sections B, F and I of the EHCP.</p> <p>The YP was offered a residential place at a highly specialist college ("the college"). The LA's original position was that the YP could continue to be accommodated at his former college with a supported living arrangement at home. By the time of the hearing it was accepted that the YP could no longer live at home and the LA had agreed to name the specialist college as requested by the parents. That was an agreed joint funding by education, health and social care. The outstanding issues were:</p> <p>Section F:</p> <p>(a) Quantification of (i) speech and language therapy (ii) occupational therapy.</p> <p>(b) Whether the YP required a 'Waking Day' curriculum or whether he required a consistent/ integrated approach with attendance at the College and living in one of the College houses?</p>	<p>The tribunal considered that any decision made would have no practical relevance to the provision made for the YP across his extended day at the college. The college's policies were directed to providing residential students with a consistent an integrated approach so that students could embed their functional skills across an extended day. There was no reason to go beyond the college's detailed assessment of the YP, including with regards to speech and language therapy.</p> <p>Order:</p> <p>The EHCP was amended in accordance with the agreement reached between the parties set out in the Working Document.</p> <p>Additionally, by agreement at the hearing:</p> <p>Section B: Page 9 - YP can concentrate at times if the activity is functional and meaningful to him.</p> <p>Section C: Health needs page 19: Paragraph 2- recommendations from the cardiology team at named hospital should be built into his care plan. YP should have an annual GP health review.</p> <p>Section D: -Insert YP is incontinent. -Insert YP is highly vulnerable to all forms of abuse due to his significant learning difficulties. -Insert YP needs support to communicate and in particular to be able to use Alternative Communication Strategies.</p> <p>By order of the Tribunal: <u>Speech and Language therapy:</u> Section F</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			No specific recommendations were sought in relation to Social Care and Health on the revised wording in the working document.	<p>Page 24 - YP requires no less than 43.1 hours a year of dedicated speech and language therapy input as directed by the speech and language therapist and the SLT team.</p> <p>Page 29 -The provision should be based on a multidisciplinary approach with input from speech and language therapist, occupational therapists and physiotherapists and behaviour management specialist. The LA have agreed to fund a 52-week residential placement on the basis that the YP can no longer live at home.</p> <p><u>Occupational Therapy</u></p> <p>Page 33: The Occupational Therapist, should provide staff training and liaise with all staff working with the YP particularly in the social care residential environment and input into programmes delivered. YP requires 45 hours Occupational Therapy annually to be delivered by the Occupational Therapist or the OT team as directed at their discretion. Therapist and Speech and Language Therapist will provide a joint programme of activities to deal with Oro-motor skills.</p> <p>Section H (agreed)</p> <p>YP needs access to a 52-week residential placement, which at the end of his course should include a plan transition into supported living.</p> <p>Section I (agreed)</p> <p>Named college, a post 16 college for complex needs for 52 weeks a year.</p>
6.	No	Section B Section C Section D Section F Section G Section H	<p>8-year-old girl with moderate learning difficulties. Appeal against the contents of sections B and F of the EHCP.</p> <p>At the hearing, parties applied for an order by consent on the basis of full agreement as recorded within the working document.</p>	<p>Amendment of the EHCP was ordered in the terms agreed under paragraph 29(1) of the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care) Chamber Rules 2008.</p> <p>Order</p> <p>LA to amend child's EHCP to conform to the draft amended Plan signed by the parties and produced at the hearing.</p> <p>The Tribunal noted the amendments agreed in respect of Section E and found them consistent with evidence available.</p> <p>The Tribunal made the recommendations in respect of Health and Social Care in Sections C and D within the draft Plan.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
7.	No	Section B Section C Section D Section F Section G Section H Section I	<p>11-year-old boy with diagnosis of high functioning autism and auditory processing disorder. He had difficulties understanding emotions and social interactions, resulting in heightened anxiety. He was fixed term excluded from primary school on two occasions and had not attended since July 2018.</p> <p>Agreement was reached on educational placement by the time of the hearing. It was agreed that the child would attend a secondary school placement from Sept 2019 and until that time would receive home tuition from a named centre.</p> <p>Mother requested that the child's EHC plan should specify:</p> <p>(a) 1:1 support as a special educational provision;</p> <p>(b) funding for the child to attend Karting (a passion of the child's that she could not afford)</p> <p>(c) provision of radio equipment for use at home and outside of school</p> <p>She also requested that the child receive continued input and advice from a speech and language therapist to provide relevant programmes for him, and that section F included specification that the child required an incentivising approach to behaviour management.</p> <p>In respect of 1:1 support, an educational psychologist (EP) for the LA suggested that the child was too reliant on 1:1 support and it was preventing him from becoming independent. The school specified at section I identified the child as requiring 37.5 hours of 1:1 learning support and</p>	<p>Child required higher level of support identified by the school of 37.5 hours per week to meet his needs. A reduction in this support was something that could only be dictated by the child's progress as assessed by the school. Staffing of his support was a decision for the school but it was important that a key person co-ordinated the child's support and was responsible for liaising with the mother, professionals and LA.</p> <p>The tribunal accepted the wording that the child required "Continued input, assessment and advice from Speech and Language Therapy to provide relevant programmes as required." It meant that if the school or other professionals identified that the child experienced issues he would be provided with SLT input without a new referral to the health providers used by the LA to deliver provision.</p> <p>The EHC plan wording already covered the mother's request regarding an incentivising approach to behaviour management.</p> <p>Amended outcomes at section E proposed by the mother were included where they were based on agreed professional evidence.</p> <p>Request for funding for karting was reasonable (the amount requested was small).</p> <p>Request for funding for a radio was refused as there was no evidence that he would use such equipment and there was a question as to whether it would be for the LA to fund as opposed to the local health service. The issue could be considered at annual review if the child expressed desire for a radio aid once back at school.</p> <p>Appeal allowed in part</p> <p>The LA was ordered to amend the EHC Plan of as follows:</p> <ol style="list-style-type: none"> 1) In <u>Section B</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 2) In <u>Section F</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 3) In <u>Section E</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>additional support at 2:1 if he were to take place in a residential school trip. The EP noted that the child's teacher at the time considered that the child needed support to stay on track and had a tendency to disrupt lessons.</p> <p>The mother made other requests and raised further issues, relating to home to school transport; how occupational therapy and speech and language therapy would be delivered; confirmation that named people would support the child in particular roles; the provision of a social care advocate for the mother; and recommendation that the LA support a referral back to medical professionals with specialism in APD and HFA. All of those issues/ requests were held to be outside the tribunal's jurisdiction.</p>	<p>4) By consent, in Section I, by replacing the existing wording with the following: <i>"A Mainstream School, (named), from September 2019"</i> It is recommended that the LA amend the EHC Plan as follows: 1) In <u>Section C</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 2) In <u>Section G</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 3) In <u>Section D</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 4) In <u>Section H1</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document which include: <i>"Funding of a direct payment to allow (child) to attend weekly Karting sessions as a recreational activity."</i> 5) In <u>Section H2</u>, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document</p>
8.	No	Section B Section C Section D Section G Section H1/H2	<p>13-year old boy with speech, language and communication needs, some learning difficulties, chronic constipation and has been diagnosed with primary nocturnal enuresis and Achilles . He is a pupil in year 8 at a voluntary aided mainstream school for boys.</p> <p>The parent appealed under section 51 of the Children and Families Act 2014 against the contents the EHC plan made by the Local Authority. The Parent requested</p>	<p>Order: Appeal allowed in part.</p> <p>The Tribunal ordered that the Local Authority amended the EHC plan as follows, the amendments are highlighted in yellow - if not struck through they are to be included and if struck through they are to be deleted: Social communication difficulties: With regards the OT reports relied on, the Tribunal found that neither had the appropriate expertise to be able to comment on the social communication difficulties. Also, the Tribunal had not placed any weight on the evidence of the TA because what was contained within one of the reports was starkly different from evidence co-ordinated in the other report.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>recommendations to be made in relation to Section C, D, G and H1/H2.</p> <p>The parent submitted that the Educational Psychologist's report suggested that there should be 30 minutes per day of stress coping strategies in small groups.</p> <p>The parent also submitted that the scope between the experts regarding the occupational therapy provision was not the same, and that there should be 20-minute sessions listed as provision as each class teacher would not be able to do it with the child and otherwise get lost during the day and wouldn't be done. The parent also submitted that the child had Tendonosis and needed adaptations to facilitate his participation.</p> <p>With regards the child's social care needs and provisions, the parent submitted that there had been a social care assessment and there was an issue with housing and bathroom facilities which were being addressed.</p> <p>Issues at the hearing:</p> <p>The parties had been able to reach a measure of agreement both prior to and on the day of the hearing. By the date of the hearing, there remained the following issues for consideration:</p> <p>In Section B-</p> <ol style="list-style-type: none"> Whether the Child had social communication difficulties; What level the Child's cognitive function was assessed to be and the discrepancy between how he was functioning; What was the child's ability to focus; 	<p>The Tribunal relied on the evidence of how the child could come forward to adults and talk to them and his peers, which indicated that he did not have communication difficulties; the evidence given by the Speech and Language Therapist and its references which concluded that the child had some difficulties with social interaction but not to the extent that they could not be termed social communication difficulties.</p> <p>Therefore, in Section B, Communication and Interaction, the word 'social' was deleted in paragraph 2.</p> <p>The Tribunal made other amendments to paragraphs 3, 5, 6 and 7 to remove those statements that did not identify a need, where unnecessary detail was provided (paragraph 7 a-c) and to detail the needs that the child had.</p> <p>In Section F, Communication and Interaction, as a consequence of their findings above, the Tribunal removed the reference to social difficulties.</p> <p><i>Child's cognitive function</i></p> <p>The Tribunal noted the detailed assessments undertaken by the Educational Psychologist and her conclusions that the YP was functioning in the extremely low range.</p> <p>The Tribunal agreed that the YP's level of cognitive ability was starkly different in formal testing when compared to informal testing or outcomes achieved by the YP in the classroom.</p> <p>When balancing these differences, the Tribunal found that the YP's cognitive function was not in the extremely low range.</p> <p>Therefore, in Section B, Cognition and Learning, the Tribunal made amendments to reflect that the child's thinking skills were low during formal testing.</p> <p>The Tribunal agreed with the evidence of the Assistant Principal Educational Psychologist that 30 minutes of 1:1 instruction imposed on the YP was too restrictive but that it should be available to the child should he wish to access it.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>iv. What was the level of child's anxiety in school;</p> <p>v. What are the child's sensory needs;</p> <p>vi. What are the child's needs around self-help and independence;</p> <p>vii. What are the Child's Social, Emotional and mental health needs;</p> <p>In Section F-</p> <p>viii. What occupational therapy provision did the Child need;</p> <p>In Sections C and G -</p> <p>ix. What are the Child's health needs & the provision required to meet them;</p> <p>In Sections D and H1-</p> <p>x. What were the child's social care needs & the provision required to meet them</p>	<p>Therefore, Section F was amended to include the words "if the child wished to access it".</p> <p><i>Child's ability to focus</i></p> <p>The Tribunal was satisfied that the child could maintain his focus adequately when he was motivated. This is evidenced by both the reports and observations of the Speech and Language Therapist.</p> <p>The child's Y7 reports (pages 101 and 108), indicated he was achieving in line with his abilities and expectations. These achievements had been carried over to Y8 and therefore did not support a conclusion that the child lacked the ability to focus.</p> <p>In Section B, Cognition and Learning, the Tribunal deleted the references to the child's inability to maintain attention. The Tribunal had made amendments to remove, under para 3 of needs, a paragraph that does not identify a need.</p> <p>In Section F, Cognition and Learning, the Tribunal amended the plan to reflect that activities may be followed by a short break and duplication of access to learning breaks. Other amendments are made to reflect that child may need support in those lessons that he is less motivated by.</p> <p><i>The level of the child's anxiety in school</i></p> <p>The Tribunal found that the Occupational Therapist did not have the requisite expertise to comment on the level of anxiety the child experienced in a school setting. The Tribunal found that the child experienced anxiety because the experts all recorded this to a degree when he is observed or assessed. However, when observed by the Assistant Head Teacher and the evidence she compiled from the teachers the child interacted with, there was not an extreme level of anxiety or evidence that it directly impacted his learning. Any anxiety displayed by the child appeared to be related to his check in behaviour which was appropriately addressed in the EHC Plan.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>Therefore, in Section B, Social Emotional and Mental Health (para 5 for strengths/difficulties and para 3 for needs) the words “extremely” and “is” were deleted.</p> <p>The provision, on page 30 of the EHC Plan, that addressed the child’s anxiety was appropriate, if the child wished to access it, as it supports him. However, considering the reducing provision provided by the school and the child maintaining his progress, it was evident the child did not need the restrictive provision specified here.</p> <p>Therefore, in Section F, Social, Emotional and Mental Health amendments were made to delete provision and include the words “if the child wishes to access it.”</p> <p><i>The child’s sensory needs</i></p> <p>The Tribunal noted the reports provided from assessments undertaken with the child. Significant weight was applied to the evidence of the Assistant Head Teacher who observed the child in the school environment and the reports to her from his teachers. That evidence did not support the conclusion that the child has sensory needs.</p> <p>In Section B, Sensory and/or Physical, the proposed wording of both parties was deleted. Other amendments were made to reflect that the child previously found the classroom too noisy, but he now preferred to be in the classroom.</p> <p><i>The child’s needs for self-help and independence?</i></p> <p>The Tribunal accepted that the child had some self-help and independence needs and provision was required to meet those needs. The agreed parts of the plan accurately reflected the needs and provision the child required. There was no evidence provided to the Tribunal of any impact currently on the child’s learning in the school environment. One of the primary disputes was in relation to residential school trips, the Tribunal accepted that this may have impacted on the child, but not that it would and that arrangements would be put in place by the school.</p> <p>Therefore, In Section B, Self-help and Independence, the Tribunal amended the plan to include the words “This has no impact in the</p>
--	--	--	--	--

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>school setting”. The Tribunal also made other amendments to show the child’s difficulties <i>may</i> impact on his ability to participate in school trips, not that it <i>would</i>.</p> <p><i>The child’s Social, Emotional and mental health needs</i></p> <p>The Tribunal determined under issue i, that the child had communication difficulties but not social communication difficulties and under issue iv, that the child had anxieties. Those needs overlapped in this area, for those reasons the Tribunal amended Section B to reflect those needs as determined above.</p> <p>The Tribunal found the evidence of the Assistant Principal Educational Psychologist persuasive, the provision as currently detailed was far too restrictive. The child’s needs in this area were changeable and provision were not set in stone for an indefinite period, but should be adaptive to the child’s needs as those needs change.</p> <p>Therefore, in Section F, the Tribunal deleted the restrictive provision of 30-minute weekly sessions and included “strategies to cope with anxiety” in the agreed provision.</p> <p><i>Occupational therapy provision required</i></p> <p>The Tribunal considered there to be some deficiencies in both recent OT reports. The provision sought by the parties was similar in quantity but different in detail. The LA sought a detailed list of areas to be covered by the OT whereas the parent requested that it was more general to allow therapy programmes to be adaptable to the child’s needs. The other area of dispute between the parties was that the parent requested daily sessions for a minimum of 20 minutes, whereas the LA wished indirect therapy to be delivered across the school day.</p> <p>The Tribunal determined that some detail was needed but not to the extent that it was overly restrictive in the provision to the child. There needed to be a degree of flexibility to when the provision was provided to prevent impact on the child’s learning in other regards and ensure that the therapy was consistent across all aspects of his learning. The Tribunal also determined that the provision the therapy should consist of</p>
--	--	--	--	--

Appeal number	YP	Grounds of appeal	Case summary	Outcome
				<p>should also be flexible and not restrictive to the extent of the list suggested by the occupational therapist.</p> <p>Therefore, in Section F, Sensory and Physical Needs, the Tribunal amended the plan for provision to be as per the LA request but to show that OT provision will consist of the list as per the Occupational Therapist and that OT programmes will be implemented on a daily basis but without a requirement that they be for a minimum of 20 minutes. There would also be strategies embedded across the school day.</p> <p><i>The child's health needs & provision</i></p> <p>The Tribunal was satisfied that the child had tendonosis not tendonitis.</p> <p>In Section C, the Tribunal recommended, the wording was amended to tendonosis. Consequential amendments should be made to other similar references elsewhere in the EHC Plan.</p> <p>The Parent sought a recommendation that the child, in Section G, should be reviewed every 3 months by a podiatrist and physiotherapist, annual reviews by an optometrist and for continued input from CAMHS but no evidence was submitted to substantiate either provision was warranted. As a child, the child could access annual reviews by an optometrist without it being specified in his EHC Plan.</p> <p>The Tribunal found this provision was not indicated by the evidence nor did it meet any need that child had, therefore the recommendation in respect of health provision in Section G was that the following was deleted:</p> <ul style="list-style-type: none"> a. 3 monthly review by Podiatrist and Physiotherapist; b. Annual review by optometrist; c. continued input from CAMHS <p><i>The child's social care needs & provision</i></p> <p>The Tribunal was mindful that a s47 Children Act 1989 investigation and a s17 Children Act assessment had taken place, however neither has been provided in evidence and the Tribunal has not been made aware of the extent of them. While reference has been made to adaptations being</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
				<p>made to the bathroom at home, no evidence has been provided in support of this.</p> <p>The parent sought a recommendation that the child, in Section D, be identified as having difficulties with sleep and self-care in relation to bathing and Enuresis due to a low bathroom ceiling and sharing a room with his younger brother.</p> <p>The needs identified and the provision stipulated to meet those needs in the EHC Plan had no evidence to substantiate them or to include anything in Sections D and H of the plan. Consequently, the Tribunal recommended the contents of the Sections D and H were deleted.</p> <p>The Tribunal was concerned that the assessments that had taken place had not been provided in evidence. The needs and provision included in the plan appeared not to be well informed. The s47 assessment had been the subject of comment by the Specialist Independent Social Worker & Advocate, at page 424 of the bundle. In her report, she commented that the views of the parent's version of events had not been taken into account and there was inconsistent information within the report for the ICPC on 4 March 2019.</p> <p>The Tribunal found that, given the lack of clarity in the current evidence, it was appropriate to recommend the LA undertook another assessment under s17 of the Children Act 1989.</p>
9.	No	Section B Section C Section D	<p>14-year old girl with special educational needs.</p> <p>Appeal against contents of sections B, C and D of the EHCP.</p> <p>The parties had reached full agreement on the contents of the Working Document on the day prior to the hearing, and had notified the tribunal office that agreement had been reached.</p>	<p>Amendment of the EHCP was ordered in the terms agreed pursuant to Rule 29 of the Tribunal Procedure (First-tier Tribunal) Health, Education and Social Care Chamber) Rules 2008.</p> <p>Order</p> <p>The parties having reached agreement in relation to the amendment of the YP's EHC plan as specified in the amended working document, the Tribunal concluded the proceedings by consent.</p> <p>This order was the final order in the appeal.</p> <p>No order for costs</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>A signed copy of the Working Document containing all the agreed amendments were presented to the Tribunal Panel members, who were satisfied that the agreements were appropriate to meet the YP's special educational needs.</p> <p>The LA had confirmed that it will issue an amended EHC plan in the form agreed by the parties and attached to this order.</p> <p>Based on the above, the parties agreed that the terms should be incorporated into a consent order.</p>	
10.	No	Section B Section F Section K	<p>11 years old girl diagnosed with type 1 diabetes but was not recognised with indications of hypoglycaemia. She had a continuous glucose monitor but did not (or did not reliably) respond to her monitor alarm and received assistance in relation to her monitoring of her glucose levels and any necessary adjustment/treatment.</p> <p>She had full-time 1:1 assistance available at the primary school she attended and it was noted that she would be in potential danger if her diabetes was not appropriately monitored and at risk from hypoglycaemia.</p> <p>The core issues were in relation to the child's diabetic control and management whilst at school. Apart from limited issues of wording rather than of substance which both parties were content to leave to the Tribunal's discretion, there was a dispute of detail as to the precise number of hours of 1:1 support in section F and a dispute as to frequency of review.</p>	<p>Order:</p> <p>Appeal allowed. The EHC Plan shall be in the terms set out.</p> <p>Section B:</p> <p>On page 6 the Tribunal did not order insertion of additional words referring to blood sugar levels. It was not a "strength", and the impact of blood sugar levels was already referred to in the following list of needs. In the final bullet point only the first sentence remained: there was no practical benefit to stating specific attendance levels which would be available to her school in any event and the following sentences should be omitted.</p> <p>On page 9 the Tribunal did not order insertion of reference to noise sensitivity (5th bullet point). It was agreed that there was not a sensory processing disorder and there had been no formal assessment for any defined noise sensitivity.</p> <p>Section F:</p> <p>On page 14 (SEMH) it was agreed that rather than the suggested insertion, there should be addition of "Emotional support either 1:1 or I's in small groups". This reflected the essence of the consultant paediatrician's analysis and was in the context of the 1:1 support to which this decision referred.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>With the addition of further reference to training, the provisions for transition became agreed during the hearing</p> <p>There was no dispute as to placement. There would be a move to secondary school in September and, apart from transition arrangements, the Plan and the decision was principally directed towards secondary school provisions.</p>	<p>Based on the evidence of both school's representatives and upon the Tribunal's own judgment (and accepted in principle by the LA) it was considered that now was not the appropriate time to consider a radical change to the support provided in relation to diabetic control, as the period of and shortly after transition to secondary school was a time of potential difficulty and anxieties in any event.</p> <p>The Tribunal accepted that support should continue full-time and throughout the hours of attendance at school and not only during lessons: the nature of risks is the same in or out of lessons.</p> <p>The tribunal ordered that in substitution for the current wording at the end of section F (from "By whom (and funding source where appropriate)" onwards) the wording shall be "Full-time 1:1 support throughout the hours of attendance at school by a member of staff who has received training from the diabetic team around awareness, management and appropriate responses relating to the child's diabetes". The latter part of the wording referring to training was by reference to the email of the assistance head teacher with slight revision as was discussed and agreed during the hearing.</p> <p>Having decided upon the level of 1:1 support during transition and at the beginning of time at the child's secondary school, the Tribunal considered the continuing position thereafter.</p> <p>The Tribunal concluded from the evidence that not only was there no objective reason why the child was not able to manage her diabetes but that in the longer-term a failure to achieve independent monitoring by her could be harmful to her (psychologically, emotionally and in terms of achieving independence in later life). In such context, fairly early review was appropriate and ordered that the reference to 1:1 support should be followed by "The level of 1:1 support shall be reviewed at the end of the autumn term 2019". Such review will be able to take account of all developments.</p> <p>The provision for transition (page 15) was agreed: the currently suggested wording shall be included together with an additional bullet</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>point "Training by the diabetic team of the staff at the secondary school involved with transition and/or identified to be part of the core team of staff providing 1:1 support from September 2019, including a DVD on general awareness and a 30/40-minute session of specific training."</p> <p>Section K: The Tribunal noted that section K should include all the more recent reports and advice.</p>
11.	No	<p>Section B Section C Section D Section F Section G Section H1/H2 Section I</p>	<p>Background Child aged 7 years and 9 months with recent diagnosis of ASD, dyslexia type difficulties and ADHD. He displays anxiety related behaviour, experiences difficulty with sensory overload and self-regulation, has poor balance and co-ordination skills, mild expressive language difficulties, social communication difficulties and a number of medical problems including a congenital bowel disorder, Hirschsprungs Disease and generalised ligament laxity. Currently a year 3 pupil at a mainstream maintained primary school named in his EHCP.</p> <p>Issues As a result of discussions between the parties, sections B, C, D, G and H were agreed both prior to the hearing and during it. The remaining issues related to section F. First, whether direct therapy was required from a qualified Speech and Language Therapist ("SALT"); and secondly, the frequency of the SALT classroom observations. The parents wanted Section F to provide for a block of six sessions for at least 30 minutes</p>	<p>The Tribunal considered the EHCP poorly drafted and too lengthy. The proposed amendments consisted of quotations from expert reports and added to the length of the plan. Parties were encouraged to agree deletions of repetitious points or matters of unnecessary historical detail. The LA was also encouraged to undertake further work on the EHCP following the next annual review which the Tribunal recommended be scheduled in early June 2019 in light of the recent diagnosis of ASD.</p> <p><u>Section F</u> The Tribunal concluded that it was not appropriate to order the proposed wording of six direct sessions with a SALT. It noted that the independent SALT's advice was provided before the substantive support and SLT input had been provided and that she had altered her opinion as to the purpose and length of the 1:1 sessions in her second report from addressing attention and listening to social communication. The parties agreed twelve hours of SALT time per year including all planning, co-working and training sessions. The parents wanted the EHCP to specify classroom observations of 30 minutes half termly, while the LA wanted the wording to specify classroom observations of 30 minutes termly. The Tribunal concluded that in order to ensure that the SALT time was best utilised, =the classroom observations ought to be half termly, so that adaptations to programmes and further training could be provided in a timely manner to take account of the child's needs.</p> <p>ORDER</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>delivered by a qualified SALT to work on developing the child's social skills including attention and listening. That recommendation was in the report of an independent SALT. The LA recommended an indirect model through a plan and termly meetings with the SALT to set the programme to be embedded in the everyday work at school. The SALT stated that social communication difficulties needed to be worked on within group situations and recommended that the weekly group sessions be planned and monitored by the SALT.</p> <p>Neither party called any professional witnesses. The hearing consisted of the Tribunal going through the working document with the parties, an exercise that should have been undertaken by the parties before the hearing.</p>	Sections B and Section F should be amended in accordance with the attached Appendix.
12.	No	Section B Section C Section D Section F Section G Section H1/H2 Section I	<p>Background</p> <p>12-year old boy diagnosed with Sturge-Weber syndrome bilateral involvement, bilateral glaucoma (surgical treatments), precocious puberty, ASD and associated behavioural difficulties, an uneven cognitive profile, specific learning disorder (dyslexia), moderate to severe language disorder and episodes of pallor and fatigue (the cause of which is under investigation). He attended a maintained secondary special school for pupils with severe and complex learning difficulties. The parents wanted a school that could offer a 52-week residential placement, and a waking day curriculum. They were concerned that the child had</p>	<p>The Tribunal noted the views expressed in support of a residential placement highlighted the difficulties expressed by the parent's regarding the child's behaviour at home, rather than difficulties he experienced at school. The parents said that whilst they accepted the child might appear to have settled at school, he was not coping and had a 'melt' down when he got home. That he was exhausted following the school day and made life miserable for his younger brother and was often in conflict with his older brother who had moved out of the family home as a result.</p> <p><u>Waking Day Curriculum</u></p> <p>The Tribunal did not find any evidence to show that the child needed special educational provision beyond the school day or extra time to learn. Whilst he had time out of school for medical appointments and took short periods of rest during the day, he was able to learn without the need for repeated or 'over learning'. He was able to generalise his learning and was</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>little opportunity to socialise outside of school, was becoming increasingly isolated. Further, they found the child's behaviour increasingly disturbed and that it was becoming too difficult for the family to manage his behaviour in the home. Pending a final decision, the parents asked for a five day after school residential placement, which the LA had rejected.</p> <p>The LA submitted that the child's current placement could meet his special educational needs, that he did not need a waking day curriculum and was settled and making progress. After the first hearing, it was agreed that the LA would 'take back' the child's personal budget and it provided six options of social care 'packages'. All of those options were rejected by the parents.</p> <p><u>Issues</u></p> <p>Matters left to be agreed by the date of hearing related to where the information should be placed within the EHCP, rather than the content.</p> <p>All the evidence from the LA and Social Services supported the child remaining at home with a comprehensive package of care to include family therapy and family support. During the proceedings, concerns surrounding the family dynamics led to the child and his younger brother being made subject to a child protection plan (for emotional harm). At the final hearing the Parents stated that if the child were not to have a 52-week placement or at least a five day a week placement they would 'have to let him go' and Social Services would have to take responsibility for him. The LA</p>	<p>able to translate the skills, which he learned at school. The child was now making progress. Whilst the parents felt that progress was slow, it was steady, and the progress had started since the child started at his current school.</p> <p><u>School Placement</u></p> <p>The parents had not been able to identify a school that would offer the child a 52-week placement. The Tribunal emphasised that it did not seek to minimise the concerns raised by the parents. It was accepted that life at home had been difficult. However, when considering the educational placement, the Tribunal had to look to the evidence as to the child's progress and general engagement at his current school and that clearly showed that he was settled, making progress and was developing friendships. The Tribunal could not justify ordering an educational residential placement and found that the child's current school was able to meet his special educational needs.</p> <p><u>Social Care</u></p> <p>The Tribunal was satisfied that the LA was offering six varied and robust social care plans, which would offer the child respite care and an opportunity for increased social engagement. It did not recommend which of the six options on offer was put in place as that was something the parents needed to decide. The Tribunal noted that the parents had given evidence that they did not feel they could continue to care for the child if he was not offered a 52-week residential placement, but given the evidence it did not recommend the provision of a residential placement with regard to the child's social need.</p> <p><u>Health Need and Provision</u></p> <p>Issues raised under this heading were agreed during the proceedings and the only changes made to the Working Document agreed by the parents (as not being relevant to the actual EHCP as they were comments on situation rather than Need or Provision). Those matters to be agreed between the parents and the LA, as discussed at the final hearing.</p> <p>Order</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			confirmed that the child was already classified as a 'cared for child' as he has more than 75 days of respite care over a year. The LA would have to take responsibility, if the parents said they could not have the child at home, however, the LA and Social Services did not consider that his situation satisfied the criteria for any care proceedings applications.	<p>Appeal dismissed It was ordered that the LA amend the attached Working Document as follows:</p> <ol style="list-style-type: none"> 1. With regard to Sections B and F: <ol style="list-style-type: none"> a. To amend the Working Document as decided by the Tribunal and set out in green on the attached Working Document b. To delete all set out in red on the attached Working Document 2. At Section I –Type of Placement, to read: <ol style="list-style-type: none"> a. Type of setting: a maintained special secondary school b. Name and address of setting: [current school] <p>Recommendations</p> <ol style="list-style-type: none"> 1. At Sections D/H1 and H2, C and G: <ol style="list-style-type: none"> a. To retain all agreed between the parties and set out in black b. To amend the Working Document as decided by the Tribunal and set out in green on the attached Working Document c. To delete all set out in red on the attached Working Document
13.	No	Section B Section C Section D Section F Section G Section H	<p>Background 10-year-old boy with a diagnosis of Trisomy 21 (Down's Syndrome), Global Developmental Delay and epileptic encephalopathy. He also has a diagnosis of chronic lung disease and congenital heart disease. He is preverbal, receives all his nutritional needs via a jejunostomy tube, and requires all his self-care tasks to be performed by others. The child attends a maintained special school when he is well enough. That placement is not challenged by the parents.</p> <p>Issues Appeal was against the content of the EHCP. Parties reached agreement regarding most of the disputed wording in the EHCP. The remaining issues for the Tribunal were;</p>	<p><u>Section F</u> The tribunal was not persuaded that it was appropriate to order that the SALT deliver therapy at home, as a backstop. The parents' request was for that provision to be made only if the child was not able to receive the SAL therapy at school, but as the direct therapy amounted to only four hours per year, even taking into account his limited attendance, there was no reason why the direct SAL therapy would not be able to be delivered when he was at school. The tribunal accepted the SALT's recommendation that the therapy should be delivered in the educational environment unless there were clinically agreed exceptions. The SALT did not refer specifically to therapy at home and it was unlikely that she had that in mind, rather than delivery at a clinic. There was no professional evidence suggesting SAL at home.</p> <p>The tribunal also agreed that any SALT other than one working with the child at his current placement and familiar with all his SEN and medical needs, would not be able to deliver any useful therapy during a home visit.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>1) Should Section F provide for the Speech and Language Therapist ("SALT") to attend the Child's home to deliver SAL therapy when he is too unwell to attend school?</p> <p>2) Should Section G provide for up to ten hours a week nursing support alongside the educational support at home when the Child is too unwell to attend school?</p>	<p>The SAL programme, as developed by the SALT, could be continued by the LSA at home if the child was unable to attend school, and that should be the SAL therapy that child received in those circumstances, with the direct therapy by the SALT taking place at school.</p> <p><u>Section G</u></p> <p>The parents informed the tribunal that when the LSA attended at home, the mother had to be there to manage the child's medical needs and the purpose of the proposed provision was to enable her to go out and there to be a nurse present to meet those needs. The LA submitted that there was no professional evidence supporting that provision and that there would be a practical difficulty in organising suitable nursing cover at short notice for a two-hour home visit coordinated with the time that the LSA was at the home, when the child was too unwell to attend school. The LA submitted that that was not a health provision arising out of an educational need. The parent submitted that it did so arise and referred to the CIN Review which stated the school nurse spent a large part of her day supporting the child in school.</p> <p>The Tribunal concluded that it was not appropriate to recommend the additional provision proposed by the parents as it was unsupported by professional opinion and on the parents' own evidence amounted to respite rather than arising out of an educational need.</p> <p>ORDER</p> <p>Sections B and Section F should be amended in accordance with the attached Appendix.</p> <p>RECOMMENDATIONS</p> <p>Sections C, D, G and H should be amended in accordance with the attached Appendix.</p>
14.	No	Section B Section D Section F Section H1/H2	<p>Background</p> <p>14-year-old boy with diagnosis of ASD, ADHD, anxiety and specific learning difficulties. Currently in Year 9 at a mainstream secondary Academy school. The parents were finding that the child was</p>	<p><u>Section B</u></p> <p>The Tribunal did not include reference to the child having a pragmatic language disorder. It preferred the view of the LA's SALT witness that the child's difficulties were consistent with his diagnosis of ASD, to the view of the parent's SALT witness that they merited a diagnosis in their own right.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
		Section I Appeal against contents of EHCP	<p>testing the boundaries at home and was socially vulnerable and would do what his friends asked him to do. He was not invited to join out of school activities, struggled to organise himself, did not initiate his homework and often resisted doing it, had recently been resisting going to school and had many detentions since Christmas for persistent impulsive behaviour. The parents agreed that some of that behaviour could be attributed to adolescence, but felt there were significant challenges related to his diagnoses of ASD and ADHD. They kept the child at his school because he had a peer group of friends and was coming up to GCSEs. Although he had achieved academically at the school, the parents considered that he could do better and that it had been at the cost of his emotional well-being and he was not making progress socially and emotionally.</p> <p>The parents appealed following an annual review of the child's EHCP. By the time of the hearing, the parents had decided not to seek a new placement for the child and they had reached agreement with the LA as to the content of Sections D and H. Therefore, the only areas of dispute were in relation to Sections B and F.</p> <p>Issues</p> <p>The following issues were identified:</p> <p>a. the nature of the child's speech and language needs and, in particular, whether he had a pragmatic language disorder in addition to his diagnosis of ASD;</p>	<p>It was the Tribunal's experience that it was usual for children with autism whose cognitive abilities were at least average to wish to socialise with others, although they might experience difficulties in finding the tools to do so.</p> <p>The Tribunal included the LA's proposed wording in Section B on the child's performance on the CELF-5 conversations skills subtest. The wording was a fair summary and the child's weaknesses in the CELF-5 were addressed in the paragraph above and his social communication skills were outlined in the paragraph below.</p> <p><u>Section F</u></p> <p>The Tribunal did not make the change requested to increase the child's mentoring session to 50 minutes. It accepted that lessons were 45 minutes and it would be difficult to timetable a 50-minute session. The Tribunal also accepted the SENCO's evidence that the child's current intervention was working well. The most recent evidence as to his social, emotional and mental health needs highlighted the child's low self-esteem and anxiety but did not recommend additional provision. It was accepted that the child presented differently at home from school. However, the Tribunal accepted the evidence of the SENCO and the LA's educational psychologist that the child's needs were being met to an extent which enabled him to access education. Any extra provision by CAMHS would not be an educational, but health, provision as it would be for the purpose of addressing the child's anxiety more generally, rather than as it related to his education. There was no evidence on the child's broader mental health needs or the nature of any potential CAMHS intervention and it was not considered appropriate to make a recommendation for health care provision from CAMHS. The Tribunal combined the two paragraphs in which that provision was mentioned.</p> <p><u>Teaching assistant support</u></p> <p>The Tribunal did not include the provision requested for two hours of teaching assistant support and for a particular level of training for teaching assistants. There was already provision for teaching assistant support,</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>b. the level of speech and language therapy required by the child;</p> <p>c. the level of psychological support required by the child;</p> <p>d. the level of training and expertise required by the child's teaching assistant support;</p> <p>e. the number of hours of teaching assistant support required by the child;</p> <p>f. whether it would be appropriate to include the recommendations of the SpLD outreach service in the child's plan.</p> <p>The parents wanted a bespoke creative curriculum and not to have the pressure of end of year exams. They wanted the child to have daily specialist intervention for his executive functioning difficulties of 50 minutes a day, five days a week as well as therapeutic intervention.</p>	<p>although it was not quantified. The Tribunal did not consider that it was necessary to specify a minimum number of hours or a particular level of training. There was already reference to staff training in the child's EHCP. The child was making excellent academic progress. He was on course to achieve good grades in a range of subjects and was achieving well in relation to his cohort and his academic starting point. He was also beginning to focus better. He had understood that he would need to do well in science in order to achieve his aim of becoming a surgeon. He then asked for extra help in science. That was provided and paid dividends. The Tribunal removed reference to direct teaching assistant support accepting that it was not necessary. There was teaching assistant support in the class and the child was able to access it when necessary.</p> <p><u>Speech and language therapy</u></p> <p>The Tribunal did not include provision for direct speech and language therapy. As detailed above, it did not consider that the child had a language disorder in addition to his diagnosis of ASD. The Tribunal agreed that it was important for the child to be taught skills in context by a trusted adult. His EHCP already had a great deal in Section F requiring staff to be trained. The evidence suggested that staff at the school were well trained and responsive. The child had been able to work on the way in which he approached difficult situations, leading to a reduction in the number of negative behaviour incidents.</p> <p><u>Recommendations from SpLD outreach service</u></p> <p>The detailed recommendations from the SpLD outreach service report were not drafted with the intention of being included in an EHCP. The Tribunal did not consider that was helpful or necessary to include that level of detail in the child's EHCP. The Tribunal replaced the wording with a general statement that staff would work with the SpLD outreach service and use the strategies suggested by them.</p> <p>Order</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>It was ordered that the LA amend the EHCP of the child in Sections B and F by replacing the existing wording in the EHCP with the amendments set out in the attached final working document.</p> <p>It was recommended that the LA amend the EHCP of the child as follows;</p> <p>1) In Section D, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document</p> <p>2) In Section H1, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document.</p>
15.	No	<p>Section B</p> <p>Section C</p> <p>Section D</p> <p>Section F</p> <p>Section G</p> <p>Section H1/H2</p>	<p>8-year old girl with diagnosis of Down Syndrome with associated developmental delays and learning difficulties. The child also has other difficulties; Nystagmus, difficulties with mobility and feeding and mild to moderate hearing loss, which have affected her access to education. The child has also been diagnosed with significant hypermobility and low muscle tone. She is not toilet trained. The Child is expected to wear glasses but reluctant to do so and tends to take them off at home when her mother is not watching.</p> <p>Since November 2016, the child has attended a maintained special school for pupils from three to 19 years of age who have severe and complex needs and is currently in Year 3.</p> <p>From September to December 2018, the child had not attended school due to transport difficulties, but now travels to school in a taxi with an escort.</p> <p>Appeal against decision made by the LA following a reassessment of the child's special educational needs. The parents requested that the Tribunal</p>	<p>Section B:</p> <ul style="list-style-type: none"> - The Tribunal referred to the assessment made by the Speech and Language Therapist as more accurate and agreed it should be included in Section B. With regards the occupational therapy needs, the Tribunal noted that as it was no longer the case of the child not reaching the correct state of arousal to attend learning, this was not to be included in the child's description of her physical and sensory needs. <p>Section F:</p> <ul style="list-style-type: none"> -The Tribunal had some concerns about the liaison between the school and the child and recommended that targets are shared with her for consistency at home and school. - The Tribunal agreed that speech and language intervention be carried out in a quiet environment but not for one hour a day as this would be too long a time for the child to attend. It was also recommended that the child have occupational therapy interventions during her school day. A review of child's AAC resources to take place half-termly to ensure the interventions remained helpful to her. - The Tribunal agreed that the child should have 12 one-hour sessions of occupational therapy weekly to treat her difficulties with sensory processing and fine and gross motor difficulties. Half-termly reviews were agreed but it was considered it was not appropriate to prescribe that this must take place in a direct therapy session with the child for one hour as the Occupational Therapist should use her/his professional expertise

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>make recommendations concerning Section C, D and Section H1/H2</p> <p>At the start of the hearing it was identified that the outstanding issues to be considered for a recommendation to be made under the National Trial were:</p> <p>Care needs and provision: the parent sought recommendation that child be provided with a care package due to the difficulties in getting the child in and out of the bath. An assessment had been carried out by an Occupational Therapist but a report had not been seen.</p> <p>(ii) Health needs and provision: recommendation was sought in support of the child's incontinence. Issues identified for consideration in relation to the outstanding issues:</p> <p>In Section B</p> <ul style="list-style-type: none"> • The description of the child's speech and language therapy needs. • The description of the child's occupational therapy needs. <p>In Section F:</p> <ul style="list-style-type: none"> • Speech and Language Therapy provision • Occupational Therapy provision <p>Evidence given by the Educational Psychologist and the written report for the reassessment of the Child's special education needs, recommended an amendment of Sections B and F of the Child's EHC Plan.</p> <p>The Speech and Language Therapist based on her assessment, recommended a total communication approach together with ten visits a</p>	<p>to determine the manner of the review. It was recommended that the parent should be invited to observe a therapy session during the treatment block.</p> <p>- The Tribunal recommended the LA consider music therapy inclusion in the next review of the child's EHC plan.</p> <p>Section C and G:</p> <p>- An assessment of the child toileting needs should be carried out and appropriate provision be out in place.</p> <p>Section D and H1/H2:</p> <p>- The two-year outstanding provision of a feeding chair and equipment to assist child getting in and out of the bath to be remedied immediately.</p> <p>Outcome: Appeal allowed in part</p> <p>Order</p> <p>It was ordered that the LA amend the EHC plan as follows:</p> <p>1) In accordance with the attached Working Document which incorporated all agreements made at the hearing.</p> <p>2) In Section B, as follows:</p> <p>Communication needs</p> <p>(i) 1st three paragraphs in italics to be deleted.</p> <p>(ii) Delete:</p> <ul style="list-style-type: none"> • the child is not able to greet unfamiliar adults verbally or non-verbally • The child is not able to consistently indicate that she wants more through signing or vocalising and it is very difficult to be certain whether she wanted more of an activity or not. • The child is not able to consistently make a choice between two items and tends to push one or both away. • The child is unable to engage in cause and effect play with a toy. The child tends to throw toys placed within her reach.

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>year or up to 15hours of intervention by a Speech and Language Therapist or Speech and Language Therapy Assistant.</p> <p>A private Speech and Language Therapist (recommended by the parent's legal representative), recommended that the child should have speech and language intervention in a quiet environment every day for up to an hour, split between two sessions, carried out by a Specialist Learning Support Assistant or a Speech and Language Therapy Assistant.</p> <p>Progress should be monitored every six weeks.</p> <p>The Occupational Therapist recommended that the child should have a block of occupational therapy sessions (twelve one-hour sessions delivered once or twice a week) sessions with a Qualified Occupational Therapist with post graduate training in Sensory Integration to treat her difficulties with sensory integration and fine and gross motor skills which were affecting her participation in daily activities.</p> <p>It was also recommended addition that a classroom assistant should be present during the occupational therapy sessions in order to develop their understanding of sensory processing and motor difficulties.</p> <p>Recommendations were also made for a sensory diet provided throughout the day, written by the Occupational Therapist</p>	<ul style="list-style-type: none"> • The child is not able to clap when encouraged to clap and when shown what to do. • The requires hand over hand support to imitate the dance actions on the screen. <p>Education and Learning needs:</p> <p>(i) Delete the 2 paragraphs in italics below the bullet points.</p> <p>(ii) Delete: the child is under responsive to sensory input. She is therefore very quiet and passive....try and alert her sensory system.</p> <p>3) In Section F, as follows:</p> <p>All references to 'must' and 'shall' were to be amended to 'will'.</p> <p>Speech, Language and Communication:</p> <p>(i) Allow provision in italics on Page 24.</p> <p>(ii) Page 26: the first disputed paragraph shall read: 'A specialist Speech and Language Therapist will monitor the child's progress and provide advice, training and modelling to the LSA or SLTA.</p> <p>(iii) Page 26 2nd disputed paragraph shall be deleted.</p> <p>(iv) Page 27, the disputed paragraph shall be deleted.</p> <p>(v) Page 27, the following paragraph shall be amended to read: 'The school will discuss the child's targets and progress with her parents half-termly and will liaise with them to ensure a joint approach to facilitating her communication development, with speech and language therapy aims incorporated into her daily activities. Delete 'Throughout the day'.</p> <p>Sensory and Physical:</p> <p>(vi) Page 32: references to Augmentative and Alternative Communication should be allowed.</p> <p>(vii) Page 33: allow paragraphs and deletions in italics.</p> <p>(viii) Page 33: delete 'which will take one hour'.</p> <p>(ix) Page 33: delete 'in a direct therapy session with the child for one hour'.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>LA confirmed that the CCG was happy to agree the description of the child's health needs in Section C and provision in Section G. The LA agreed to honour Band 5 funding if the Panel agreed the provisions and support that was sought.</p> <p>The LA noted there had been a two-year delay from the Occupational Therapy service in providing a feeding chair for the child at home and equipment to assist with getting the child in and out of the bath.</p>	<p>(x) Page 34: 1st disputed paragraph to be amended to: 'In order to measure progress, treatment goals shall be shared with Child's parents and teacher at the outset of the therapy block.'</p> <p>(xi) Page 34: delete paragraphs 2 and 3.</p> <p>(xii) Page 35: amend the 1st paragraph to: 'The sensory diet will be reviewed and updated every half term' and delete 'in a direct therapy session with the child for one hour plus one additional hour to make updates to the sensory diet.'</p> <p>(xiii) Page 35: Delete 2nd paragraph.</p> <p>(xiv) Page 35: 3rd paragraph amend to: 'Child will be provided with a suitable feeding chair.'</p> <p>It was recommended that the LA amend the EHC plan as follows;</p> <p>1) In Section C, as set out in the final Working Document in italics. In addition, by adding to the list of difficulties that the child was not toilet trained'</p> <p>2) In Section G, as set out in the final Working Document in italics. Add: 'an assessment of the child's toileting needs.'</p> <p>3) In Section D, by adding that the Occupational Therapist who assessed the child's physical needs shall provide the resulting report forthwith so that her needs can be added to Section D.</p> <p>4) In Section H1, adding the provision set out in the Occupational Therapy report to enable the child to be bathed and to be fed safely at home.</p>
16.	Yes	Section B Section C Section F Section G Section H Section I	<p>17 -year old boy with cerebral palsy, registered blind and epileptic.</p> <p>An appeal against the contents of sections B, C, F, G, H and I of the EHC plan.</p>	<p>Amendment of the EHC plan was ordered in the terms agreed under paragraph 29 of the Tribunal Procedure (First-tier Tribunal) Health, Education and Social Care Chamber) Rules 2008.</p> <p>Order</p> <p>The Tribunal recommended that the wording of the wording of sections B, C, F, G, H and I of the YP's EHC plan shall be amended in accordance with the agreed draft plan.</p> <p>The Tribunal ordered that the LA produce a final version of the YP's EHC plan no later than the agreed date.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				The Tribunal ordered that the LA was made responsible for school fees associated with placing the YP at school with effect from the agreed date. The second day of this hearing, as listed, was vacated. There was no order as to costs.
17.	No	Section B Section C Section F Section I Section G	<p>9-year old boy diagnosed with Down Syndrome, social communication and interaction disorder consistent with Autism Spectrum Condition. The child has also been diagnosed with complex needs, anxiety and severe learning difficulties across all elements of his development. The child was not attending school at time of hearing. The child previously attended a special school for children with moderate learning difficulties, which was closed due to safeguarding concerns. The parents were offered alternative provisions, but decided to have their son home tutored 8 hours a week (spread across 2 hours daily - Monday to Thursday), and 125 hours of social care support per annum. The Parents appealed against the contents of the EHC plan.</p> <p>The issues were confined to sections B, F and I of the EHC plan. By the date of the hearing the following limited issues were considered: (i) The description of the child's special educational needs under Speech Language and Communication, and Self-care and independence skills. (ii) The provision for the child's SEN under Cognition and Learning, Speech Language and</p>	<p>The Tribunal ordered that the LA amend the EHC Plan as follows:</p> <p>Section B: All the agreed deletions and amendments in the EHC plan. Under Speech Language and Cognition: The agreed wording by the Speech and Language Therapist be inserted at paragraph 4: the child is "pre-verbal, with emerging intentional communication depending on his communication partner." The following 2 sentences commencing "without intensive interaction, the child may never speak or communicate" to be deleted as speculative as discussed in the hearing and in any event constituted provision, not need. The parents' proposed insertion beginning "the child has been receiving weekly/bi-weekly speech and language therapy" be deleted, as this did not amount to a description of his SEN. All the test results from the noted Educational Psychologist were to be taken out of section B and placed in appendices attached to the plan, as agreed. Under Self-Care and independence Skills: Amendments were agreed and were shown in the draft EHC plan, leaving just one remaining matter- the parents sought the addition "without 2:1 support," in the sentence beginning "the child has no sense of danger." Again, this is a provision and should not appear under needs, accordingly the proposed amendment be deleted. The proposed addition by the parents about the donkey therapy, music and yoga therapy be deleted, it could possibly amount to provision, but was not a description of his needs. Section F: Under Cognition and Learning:</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>Communication and under Physical Development and Sensory needs.</p> <p>The main issue was placement under Section I i.e. whether the schools considered could meet the child's needs, and the costs involved. At the time of the hearing, it was agreed that the child's previous school could not meet the child's needs. The LA proposed a 9-19 community special school maintained by the LA, which provided for students with severe learning difficulties and ASD. The parents proposed, a non-section 41 independent school for YP with complex needs, many of whom have autism and severe to moderate learning difficulties, from ages 8 to 19. The Parents expressed their concerns in relation to the LA's proposed school; the provision of Occupational Therapy report, that not all staff were trained in SCERTS and reliance on PECS which their son was not engaged with.</p> <p>Evidence given by the Educational Psychologist, Speech and Language Therapist and the Headteachers of the two schools proposed, and consideration of section 9 of the Education Act 2011, the LA proposed school was considered more appropriate to meet the child's needs especially in relation to the proposed peer groups and cost difference. There was no evidence that the parent's proposed school would provide</p>	<p>At page 7: bullet point beginning "1-to-1 teaching" should be replaced by "1-to-1 support "as agreed in the hearing and was considered should now read "opportunities for one to one support," as suggested by the LA. It was accepted that the child required 1:1 support on occasions, however even the Educational Psychologist had not proposed that the child needed 1:1 support throughout the school day.</p> <p>Under Speech, language and communication: At page 9: proposed insertion by the parents that "Staff will be trained to deliver the SCERTS programme", The headteacher agreed this was possible for the LA preference and it was in place at Parent's preference. The evidence was accepted and it was recommended that the plan was be amended accordingly as proposed by the parents.</p> <p>At page 10- 12, it was agreed the last line read as proposed by the LA "SLT who had experience of approaches such as SCERTS,," The Tribunal found no evidence which supported that SCERTS should be the only approach.</p> <p>Under Physical Development and Sensory Needs:</p> <p>At page 15- 1:1 yoga massage therapy proposed by the parents was to be deleted as there was no evidence this educated or trained the child. Page 16: 1:1 music sessions for at least 30 minutes as proposed by the parents, was to be deleted as music was an integral part of the curriculum at both schools, accordingly, 1:1 session was not necessary. Section I.</p> <p>In Section I, by maintaining the existing wording: name of the LA's proposed school and deleted the name of the school proposed by the parents.</p> <p>Finally, as discussed at the hearing, the disputed outcomes were not within the remit of the appeal hearing.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			provisions above or beyond the LA's proposed school.	
18.	No	<p>Contents of EHCP</p> <p>Section B</p> <p>Section C</p> <p>Section D</p> <p>Section G</p> <p>Section H1/H2</p> <p>Section I</p>	<p><u>Background</u></p> <p>9-year-old child. He has cerebellar dysplasia with an absent superior vermis. He is severely sight impaired, has hypermobile joints, poor foot posture with difficulty maintaining a stable posture and delayed and disordered speech and language. He also has autism, generalised global developmental delay, motor difficulties, receptive and expressive communication difficulties and is primarily non-verbal.</p> <p>A transition plan involving the LA's Positive Behaviour, Autism, Learning Disability and Mental Health Service (PALMS) with staff attending the child's home 3 mornings a week over a 4-week period was not successful. Staff access to the home was restricted due to parental concerns. The child attended an RNIB school setting with his mother in November 2017 for around 2/3 hours on 3 mornings a week. Although the school felt this was successful, the parents ceased the arrangement believing it was detrimental to the child and that he was not ready to be taught at a school. The parents had followed a rigid and prescriptive routine at home for some time and had chosen to limit professional access or input. They believed any departure from that routine caused the child anxiety and an increase in his adverse behaviour.</p> <p><u>Issues</u></p>	<p><u>Section B</u></p> <p>Amendments agreed were appropriate to describe the child's special educational needs and should be made.</p> <p><u>Sections C & D</u></p> <p>The parties agreed amendments consistent with the evidence. Accordingly, recommendations were made in that form.</p> <p><u>Section F</u></p> <p>The amendments agreed were appropriate to specify the special educational provision necessary to meet the child's needs and should be made.</p> <p><u>Phased transition</u></p> <p>The child's needs were complex and required expertise and resources only reasonably available within a specialist educational setting. The evidence of the RNIB school staff was that his attendance was positive and that he would have benefitted from the provision available there. Whilst the parents did not share that view and staff felt they could no longer work with the child at home, the tribunal accepted the positive indications and concluded that it was realistic for the child to transition to school within a relatively short period. On that basis, it was appropriate to consider specification of the provision the child would receive in a suitable school. The Phase 2 specification proposed by the LA should be included. The tribunal emphasised that Phase 2 need not endure for the entire 6 months stated, but that the child should be introduced to full-time attendance at school as early as possible. Accordingly, the tribunal considered the further specification in Section F beyond the transition phases. Both parties made proposals for Education Other Than at School (EOTAS) to be reviewed after 3 months. The LA's proposals went beyond special educational provision for the child and included family support/social care issues. Sections B and H specified/recommended input in that context. In</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>The LA's position was that the child's educational and social needs were not being met in his current situation with the impasse between the parents and professionals. His future development required that he attended school.</p> <p>The LA amended the child's EHCP in August 2018. The parents did not consider that Section B fully or appropriately described the child's difficulties or that Section F specified the provision necessary to meet them. Although they agreed a specialist school would be required, they did not believe the child's attendance was currently feasible and did not accept that the school proposed by the LA should be named in Section I. They wanted the EHCP to specify a 52-week tuition programme at home as recommended by a privately instructed Educational Psychologist (EP). They also wanted the Tribunal to recommend amendments to the description of the child's health and social care needs and specification of respective health and social care provision.</p> <p>During the appeal the parties agreed many amendments to the child's EHCP.</p>	<p>considering Section F, the tribunal limited specification to necessary special educational provision during the EOTAS period and following transition to school.</p> <p><u>Play therapy</u></p> <p>Agreed specification referred to the importance of play and developing child's skills. Noting the child's developmental levels, the tribunal accepted that would be a significant element of his curriculum. Whilst the privately instructed EP considered the child would benefit from directly specified play therapy, bearing in mind the general use of such techniques, the tribunal did not consider it appropriate to further specify as that could remove flexibility and constrain teaching.</p> <p><u>Speech and language therapy (SALT)</u></p> <p>The tribunal was not convinced that the child's rate of progress was such that he required direct speech and language therapy at the frequency suggested by the parents of 52-weeks a year. The parents had agreed input following recommendations within therapists' reports. The tribunal anticipated an overarching focus on communication within a specialist setting and was satisfied the quantification of SALT was sufficient to ensure the child had adequate attention and the tools to progress.</p> <p><u>Occupational Therapy (OT)</u></p> <p>The tribunal accepted as stated within expert evidence that the child's OT provision needed to be meaningful and purposeful for him; therefore, it needed to be integrated into motivating activities of daily living, improving his skills, confidence, performance and independence. Bearing in mind the child would be within a specialist setting and his programmes would take into account OT aims, the tribunal found the model proposed by LA professionals appropriate.</p> <p><u>Music therapy</u></p> <p>The tribunal considered that a specialist working with the child would be aware of the benefits of music and would include appropriate provision within his curriculum.</p> <p><u>Section G</u></p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>The LA had proposed additional assessment. That recommendation accorded with the evidence before the tribunal.</p> <p><u>PALMS</u></p> <p>Noting the elements of PALMS provision, the tribunal accepted it ranged beyond educational provision and accordingly concurred it should also be included in Section G. The tribunal recommended the inclusion of the LA's amendments.</p> <p><u>Section H</u></p> <p>Part of specification in relation to the Child Protection Plan included input by a Social Worker and assessment. Existing wording confirmed some direct payments, the LA further proposed payments to be used for social opportunities. The issue appeared to be the level of direct payment whilst the child was not in school. The position was fluid but bearing in mind its conclusions following the parties' acceptance that for an initial period or phase, the child should receive EOTAS followed by transition, the tribunal found it appropriate to recommend that the social care agency took that into account in calculating an appropriate direct payment reflecting those circumstances and did not amend LA recommended provision.</p> <p><u>Section I</u></p> <p>There was no dispute that ultimately the child required a special school able to meet his special educational needs. The setting required was a special school able to meet the needs of children with VI, ASD and associated difficulties. The tribunal was not satisfied that the school proposed by the LA had the depth of experience and resources to manage what was an extremely sensitive transition and thereafter long-term provision for the child and was not suitable to be named in Section I. The tribunal did not find it appropriate to conclude the appeal by describing a school in Section I, accordingly it issued its determination in the form of provisional or preliminary conclusions for amendment of sections B, C, D, F, G and H in the form of the draft plan annexed and made directions to conclude the appeal. The tribunal had concerns that the child remained out of school and considered it to be in his interests, not least in</p>
--	--	--	--	--

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>establishing appropriate attendance routines that the position was resolved as quickly as possible.</p> <p>Directions By Friday 31 May 2019 each party submit their proposals for a school setting for the child's attendance with a timetable of steps, if relevant. The tribunal would make further directions in the light of the parties' positions.</p> <p>Order accordingly</p>
19.	No	Contents of EHCP	<p>Background 13-year old with a complex medical history. Diagnoses of autistic spectrum disorder, ADHD and Tourette syndrome, as well as developmental co-ordination disorder, extreme anxiety and multiple food allergies. The child also has sleep difficulties. He has attended a Special School since September 2017 and has been receiving Occupational Therapy and Speech and Language Therapy purchased outside of Core Health Services whilst attending the School. Parents have been supported by an Independent Parental Support Worker.</p> <p>The tribunal received a request from the parties at the hearing for a consent order to be made setting out the agreement reached between the parties as to the contents of the child's EHCP.</p>	<p>The parties confirmed that all the amendments set out in the working document had been fully agreed by both parties. The tribunal found it to be in the interests of justice for the matter to be concluded without a further hearing and by the issue of a consent order setting out the agreed terms.</p> <p>IT IS ORDERED THAT:</p> <ol style="list-style-type: none"> 1. By order made pursuant to rule 29(1) of the Tribunal Procedure Rules 2008 the appeal shall be concluded without a further hearing. 2. By consent it is ordered that the LA shall amend the child's EHCP as set out in the attached working document. 3. This is the final order in the appeal.
20.	Yes		<p>Background YP aged 19 attending college. Diagnoses of Autism Spectrum Condition and ADHD. Severely Dyspraxic with associated Sensory Processing Difficulties, has substantial difficulty with reciprocal relationships and social communication, poor sequential memory making reading and following</p>	<p>The tribunal approved a revised working document prepared by the LA and ordered that the EHCP should be in that wording. The tribunal recorded that the LA undertook to commission an educational psychology assessment and report.</p> <p>Order The appeal was allowed and the EHCP shall be in the wording of the revised working document sent with the LA email of 10 May 2019.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			any activity which has a sequencing element very difficult and significant phonological disorder. At the hearing the LA's position changed after hearing from the YP. The outcome of discussions between the parties was agreement upon the primary issues in relation to speech and language therapy and social communication. A more general discussion followed and consensus upon the other simpler issues followed. The panel agreed with the outcome and made suggestions to assist the discussion of precise wording.	
21.	No	Contents of EHCP Section B Section C Section D Section F Section G Section H1/H2	<p>11-year-old with diagnosis of ADHD. She has difficulties with literacy and numeracy skills and comprehension, sensory difficulties, struggles with forming relationships and her general level of independence is not at age related expectations. She is vulnerable and has high anxiety levels. Currently attends a mainstream Primary School and will transition to High School in September 2019.</p> <p>The parent did not agree that the EHCP accurately reflected the child's needs and did not think the provision in section F was specific enough. The parent also appealed sections D and H and wanted the tribunal to recommend that the LA carry out an assessment of needs.</p> <p>Issues</p> <p>The parties had been able to reach a measure of agreement prior to the hearing and were able to further agree amendments to all aspects of the plan, so that sections C and G and the majority of B and F was agreed.</p>	<p><u>Sections B and F</u></p> <p>i) The tribunal did not consider that section B should include the reference to dyslexia as it was by way of background to the instruction of the specialist teacher whose summary of findings about the child's needs were reflected in that section of the plan. In any event, parties were reminded that the report was appended to the plan.</p> <p>ii) The tribunal agreed with the LA that breaks were the provision to meet the child's needs, including her difficulties with sensory modulation, which were recorded in section B and so should be included at section F.</p> <p>iii) It was not necessary to set out more fully the specialist teacher plan. The plan, with the amendments agreed prior to and on the day of the hearing, already set out the key points. A plan had to be specific, but it did not need to be exhaustive. Those working with the child must read the plan and the reports appended. The plan recommended by the specialist teacher and agreed by the LA may well form part of the child's Individual Education Plan.</p> <p>iv) In relation to section F, there was no dispute that a key adult at school was necessary, not only for the child to go to if she was in difficulty but also to identify any issues or difficulties the child may be having. However, the wording could not be agreed. The tribunal agreed that, given the child's</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>The following issues were identified for consideration at the hearing in relation to sections B and F:</p> <p>i) Whether the specialist teacher's reference to dyslexia at page 424 of the bundle should be included in needs;</p> <p>ii) Whether the requirement for the child to have short breaks throughout the day should be recorded in section B or F or both; i.e., is it a need or the provision to meet a need;</p> <p>iii) Whether the recommended plan from the specialist teacher, at page 427, which was not disputed by the LA, should be included in the plan or whether it was already suitably reflected in the plan;</p> <p>iv) What level of supervision the child required, referred to at page 22 of the working document.</p> <p>In relation to sections D and H1/H2, by the hearing date the LA had carried out an assessment of the child's needs and a carer's assessment of the parent. The parent did not feel that the assessments properly reflected the child's needs and that suitable provision had been identified. The parent's suggested amendments to the working document were not agreed. The parent's concerns related to the child's vulnerability and support to attend activities promoting her independence and self-care. The parent also submitted that when the child started High School, she could not could not return home alone and be left unsupervised there until the parent returned home from work because she lacked the self-care and independence skills.</p>	<p>lack of independence and her vulnerability, a key adult should be responsible for monitoring her at school.</p> <p><u>Sections D and H1/H2</u></p> <p>The assessment of the child should be carried out again as agreed by the LA. The carer's assessment should also be re-visited. In carrying out both of those assessments the LA was invited to consider the following: first, in carrying out an assessment, the LA should not restrict itself to considering only section 17 of the Children Act 1989. The LA should consider whether it had any duties under the Chronically Sick and Disabled Person's Act 1970. The tribunal reminded the LA that that could include a sitting service and clubs; secondly, where an LA was required to decide whether it was necessary to make arrangements to meet the needs of a disabled person it had to first ask what those needs were <i>and then</i> whether it was required to meet those needs. The flaw in the current assessment was that the LA had simply said there were no identified needs because the parent was meeting them; thirdly, the LA was obliged to consider needs in the foreseeable future as well as any immediate needs, it was reasonable to consider what needs the child may have when she begins her life at secondary school in September; fourthly, the tribunal was concerned about the LA's apparent lack of regard for the parent's right to work. It reminded the LA that the carer's assessment must consider the parent's well-being and well-being included participation in work. It also included social and economic well-being and the parent's ability to work was a considerable factor in the instant case. The tribunal recommended that the LA gave serious consideration to those factors in a new assessment.</p> <p>In relation to the parent's work, the LA was reminded of its duties under the Childcare Act 2006, which imposed a duty on LAs to secure sufficient childcare in their area for parents who wished to work. Section 6(2) specifically related to disabled children. The LA was also reminded that childcare could be provided under the Chronically Sick and Disabled Person's Act 1970, if an assessment showed that it was necessary. The LA could charge for their services. The tribunal encouraged the parent to</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>The parent worked 3 days per week term time only. The child in need assessment carried out in January 2019 identified no unmet needs. The assessment had not considered whether the LA had any duties under the Chronically Sick and Disabled Person's Act 1970.</p>	<p>provide the information required concerning her financial circumstances in order for the process to be undertaken properly and an informed decision to be taken.</p> <p>Order</p> <ol style="list-style-type: none"> 1. The appeal is allowed in part. 2. It is ordered that the LA amend the EHCP as follows: <ol style="list-style-type: none"> a. In section B, by replacing the existing wording in the EHCP with the amendments agreed by the parties set out in the final working document; b. In section F, by replacing the existing wording in the EHCP with the amendments agreed by the parties set out in the final working document; c. In section F it was recorded that a key member of staff with knowledge of the child would have oversight of the supervision and guidance provided to the child throughout the school day to ensure her safety and well-being. <p>Recommendations</p> <p>Pursuant to the Tribunal's powers under The Special Educational Needs and Disability (First-Tier Tribunal Recommendations Power) Regulations 2017 it was recommended that:</p> <ol style="list-style-type: none"> a. The LA carry out an assessment of the child's needs and considers whether her needs require them to make provision, including in relation to duties under CSDPA 1970. b. LA carries out an assessment of the parent's needs as the child's carer. c. Sections D, H1 and H2 properly reflect the identified needs and any provision to be provided to meet those needs.
22.	Yes	Section B Section D Section F Section H1/H2	<p>Background</p> <p>17-year old YP with diagnosis of autism and global learning difficulties. YP had difficulties with communication and interaction, cognition and learning and with her social, emotional and mental</p>	<p>Appeal allowed in part</p> <p>Section B</p> <p>The tribunal approved the LA's additional wording which highlighted the YP's complex communication profile. A number of the amendments sought by the YP were not approved as they represented a description of special</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
		Section I	<p>health as well as her sensory and physical needs. YP attended a special school for autism but had identified a community special secondary school for pupils with special educational needs, which she wished to attend.</p> <p>The YP appealed against the contents of her EHC plan. She also sought recommendations in relation to her social care needs and social care provision. At the time of the hearing, the provision of social care in sections H1/H2 was agreed. There was also agreement in respect of the provision that the YP would attend specified in section I (namely her school of choice).</p> <p>Issues</p> <p>Section B</p> <p>The description of the YP's communication and interaction difficulties;</p> <p>The description of the YP's sensory and physical needs.</p> <p>Section F –</p> <p>The equipment that the YP required to support her communication needs;</p> <p>The amount and type of speech and language therapy input that the YP required;</p> <p>The support which needed to be in place to support the YP's cognition and learning.</p> <p>The YP contended that her social care needs which related to her special educational needs, as described in the reports from the local authority, Educational Psychologist, should be included in Section D.</p>	<p>educational provision rather than her special educational needs. Similarly, some of her proposed amendments to section B included 'outcomes', which should be included in section E where appropriate, but the tribunal had no jurisdiction over section E.</p> <p>Section F</p> <p>In view of the significant difficulties that the YP faced in communicating it was agreed that she should have access to her own Augmentative Communication equipment. Given the progress the YP made in her individual sessions with a private speech and language therapist, the tribunal agreed with the recommendations in a speech and language therapist's report as to the type of therapy and support required. In the absence of the amendments proposed by the YP there would have been very little provision to meet her communication needs.</p> <p>The YP's proposed amendments relating to cognition and learning were not approved as they did not appear to be based on an educational psychologist's recommendation and were very vague. Further proposed wording regarding sensory and physical needs was not approved as it was 'comment' rather than a description of special educational provision.</p> <p>Section D</p> <p>The proposed amendments to section D were based on the recommendations of the LA's educational psychologist and there was no evidence from the LA as to why they should not be included. The proposed amendments were approved.</p> <p>Order:</p> <p>LA to amend the YP's EHC plan by deleting the contents of Sections B, F and I are replacing them by the corresponding sections in Appendix A.</p> <p>It was recommended that the local authority amend the YP's EHC plan by deleting the contents of Sections D, H1 and H2 and replacing them with the corresponding sections Appendix A.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
23.	No	Section B Section C Section F Section G Section I	<p>Background 13-year-old boy diagnosed with Asperger's Syndrome. He also suffered from low mood, anxiety and low self-esteem. His parent appealed against the contents of the EHC plan and requested recommendations to be made concerning health needs and provision.</p> <p>Issue Following discussions between the parties continuing at the hearing, they applied for an order by consent on the basis of full agreement as recorded within a working document.</p>	<p>Order: The Tribunal observed that the parties' agreements followed consideration during the period of the appeal and at the hearing, which afforded discussion between the parties and the opportunity to reflect on the specification now agreed. The Tribunal concluded it appropriate to order amendment of the Plan and make recommendations in the terms they agreed: LA to amend the EHC Plan to conform to the draft amended Plan signed by the parties and produced at the hearing. The Tribunal noted the amendments agreed in respect of Section E and found them consistent with evidence available. The Tribunal made the recommendations in respect of Health in Sections C and G within the draft Plan.</p>
24.	No	Section B Section C Section D Section F Section G Section H1/H2 Section I	<p>Background 7-year-old girl diagnosed with selective mutism, autistic spectrum disorder and developmental language disorder. She also suffered from high levels of anxiety. She started in reception class at school in September 2016. The relationship between the school the child's mother broke down due to concerns about the support provided to the child by the school. In May 2018 the child was withdrawn from school with a sick note with no end date, provided by her GP. The child was thereafter educated at home, with two hours external tuition per week. She had since started at a new school, where she had settled well. The LA issued an EHC plan in November 2018. The child's mother appealed against the contents of the EHC plan and requested the Tribunal to make recommendations to amend Sections C, D,</p>	<p>Appeal allowed in part In relation to section B, the inclusion of large extracts of professional reports was unnecessary and unhelpful. The main points from the reports should be summarised. Section B should not refer to difficulties or disorders as yet undiagnosed and those should be deleted from 'social and emotional health' in section B. It was not appropriate to refer to the child as having hyperlexia. In relation to section F, the tribunal found that the recommendations of J, a highly qualified and experience professional, were appropriate to meet the child's special educational needs. Whilst selective mutism was the principle barrier to the child's progress, it should not be forgotten that she also had autism and developmental language disorder. Child had knowledge of selective mutism but that was the extent of her expertise. Moreover, child was not regulated by a recognised professional body. It was not appropriate to order that support was provided to child when support was available from appropriately qualified and experienced professionals. Moreover, it was not open to the tribunal to name a specific person to deliver provision.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>G, H1/H2 of the EHC Plan. The mother sought a recommendation for a personal assistant to be provided by social care to enable the child to access clubs and activities in the community to promote her independence.</p> <p>In relation to section F, the LA's position was that the provision proposed in a report by, the clinical lead for selective mutism for the region, who was also a qualified speech and language therapist, was appropriate to develop the child's speech. The mother wished for her, a child therapist and selective mutism specialist, who had previously worked with the child, to remain involved in supporting her.</p> <p>Issues</p> <p>Section B</p> <p>(i) To what extent extensive extracts from the professional reports should be included in Section B to describe the child's special educational needs.</p> <p>(ii) The description of the child's social, emotional and mental health needs.</p> <p>Section F</p> <p>The support to be provided for the child's selective mutism.</p> <p>Section I</p> <p>By the time of the hearing, the LA had agreed with the school of parental preference.</p> <p>Sections C, D, G and H1/H2</p> <p>Whether there should be:</p>	<p>In relation to sections C and G, on the totality of the evidence it was appropriate to recommend to health that an assessment of the child's emotional and mental health was carried out as soon as possible.</p> <p>Regarding Sections D, H1 and H2, no recommendation was made in relation to care needs. The mother had been provided with the contact details for the Children with Disabilities Team. There were no safeguarding concerns identified and now that the child was attending school where she could engage in activities separately from her family, it might be that her needs were being met.</p> <p>Order</p> <p>LA to amend the EHC Plan as follows:</p> <p>In accordance with the Working Document with further amendments as follows:</p> <p>In Section B</p> <p>By deleting the extracts from the professional reports as appearing in the Working Document.</p> <p>Page 2: add to "[the child] has not attended school since May 2018 due to her high anxiety" <u>until 26 April 2019</u></p> <p>Social, Emotional and Mental Health areas of need: delete reference to undiagnosed difficulties.</p> <p>Delete bullet points 2 and 4 in bold</p> <p>Bullet point 5: amend to 'She has attended school for several years and has had significant difficulty in overcoming her inability to speak in that setting. [The child] generally was unable to speak publicly or to adults in the school setting.'</p> <p>Bullet point 6; amend to '[The child] likes to be in control.'</p> <p>Bullet point 7: amend to [the child's] anxieties and stresses generated by being in the presence of others without her family members makes every day functioning every difficult for her.'</p> <p>Bullet point 8: delete</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>(i) A recommendation to Social Care to provide the child with the support of a personal assistant to access activities in the community to increase her independence and reduce her reliance on family members.</p> <p>(ii) A recommendation to Health for an assessment of the child's mental health needs in the light of her extreme anxiety and selective mutism.</p>	<p>Bullet point 9: delete '[The child] presents with Selective Mutism (SM) which is an anxiety disorder.'</p> <p>In Section F</p> <p>Removing all amendments in bold and allowing amendments in italics as shown in the amended Working Document.</p> <p>Recommendation</p> <p>The tribunal recommended that an assessment of [the child's] emotional and mental health be carried out by Health at the earliest possible opportunity to ascertain whether she had any therapy needs.</p>
25.	No	Section B Section F Section G Section I	<p>Background</p> <p>8-year-old girl with autism and sensory processing disorder. She had been assessed as having significant movement and visual motor difficulties. She also had dyslexia and mental health issues including anxiety. Since 21 January 2019, she had been a pupil at a maintained mainstream primary school. She attended at 8:30am before the arrival of other children as she was anxious and needed time to settle. She finished at 1:15pm each day because that was all that she could manage. She had a specific 1:1 adult throughout and ate separately from the other children. At her previous school, the child refused to attend at all, and the parents were worried that school refusal would resume.</p> <p>The parents appealed against the contents of the EHC plan. At the time of the hearing, the parties had reached a measure of agreement, and no matters remained to be decided in relation to sections B or I.</p> <p>Outstanding issues in relation to section F were:</p>	<p>Appeal allowed in part</p> <p><u>Guidance of emotional literacy</u></p> <p>There was nothing in the evidence to indicate that the emotional literacy work was required to be guided by the input of a clinical psychologist. That reference was deleted. Such work was usually provided by school staff supported by an educational psychologist or specialist outreach services.</p> <p><u>Sessions with a clinical psychologist</u></p> <p>A consultant paediatric psychiatrist had recommended 20 sessions for the child with a clinical psychologist, for the purpose of dealing with her anxiety. In the absence of any contradictory evidence the tribunal accepted that the child continued to suffer considerable anxiety in relation to her attendance at school and required 20 sessions with a clinical psychologist to address her anxiety. The proposal from CAMHS for 10 sessions of CBT was made without any assessment of the child being carried out and was rejected.</p> <p><u>Sensory Integration</u></p> <p>The need for sensory integration therapy should be included within the working document but there should be no specific endorsement of any particular trademarked format. Evidence from both sides agreed that the child needed an experienced occupational therapist with sensory integration training. Consequential amendments were made to the Working Document to reflect that decision. Direct occupational therapy was required.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>a. Whether emotional literacy work detailed in the Working Document needed to be supervised by a clinical psychologist.</p> <p>b. Whether the provision of up to 20 sessions of therapeutic intervention with a clinical psychologist is required for the child's anxiety and, if so, whether it is a health or an educational need. (LA proposed an alternative 10 sessions of CBT by Child and Adolescent Mental Health Services (CAMHS))</p> <p>c. What qualification, training and experience should be possessed by the Occupational Therapist providing the sensory work set out for child's in the Working Document.</p> <p>d. Whether a branded form of sensory integration such as [Named] Sensory Integration Therapy or [Named] should be referred to in the Working Document.</p> <p>e. Whether the work of the Occupational Therapist for educational purposes should extend into the home with a paid carer.</p> <p>f. How should the Occupational Therapist strategies and programme be described in the Working Document?</p> <p>The parents requested the Tribunal make recommendations to amend section G of the EHC plan to include the input from a clinical psychologist referred but acknowledged that this may be more appropriately added to section F as (in their view) it is educational.</p>	<p><u>Health care needs and health provision</u> References to psychological therapy were references to the provision for the child's educational needs. The child's anxiety was a barrier to her education because it had prevented her from attending school, it continued to prevent her from engaging in a full school programme, and there was a risk that the child would again refuse to attend school because of her anxiety. References to psychological therapy in section G were deleted because they had already been dealt with in full in section F.</p> <p>Order LA to amend the EHC Plan as follows: 1) In Section F, by replacing the existing wording in the EHC Plan with the amendments set out in the final working document 2) In Section I, by replacing the existing wording with the following: "A mainstream maintained primary school placement. [Named] Primary School."</p>
26.	Yes		<p>Background YP aged 19 with moderate and complex learning disabilities associated with Down's Syndrome. YP</p>	BY CONSENT it is ordered

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>has additional sensory, physical, speech social and emotional needs. Diagnosis of keratoconus. Hearing impairment caused by eczema in his ears which intermittently affects his hearing. Suffers from neutropenia (low white blood cell count) which increases his susceptibility to infection and loose hip syndrome. The YP had a number of adverse childhood experiences including the sudden death of his mother in 2016. This was preceded by experiences of childhood neglect and a chaotic home life. He is looked after by his grandparents and lives with them and his younger sister. Presents with anxiety related behaviours in terms of separating from his grandma affecting the development of social and emotional independence. He does not have regular contact with his father.</p> <p>The YP was attending a secondary special college until July 2019 and a special post-16 institution from September 2019 on a 37-week, weekly residential placement.</p> <p>On 4 June 2019 the tribunal received notification from the YP through his representative and the LA that all matters under the appeal had been resolved by consent between the parties.</p>	<p>1. By order made pursuant to rule 29(1) of the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 the appeal shall be concluded without a hearing.</p> <p>2. The LA is to issue an EHC Plan for the YP in the form of working document annexed to this Order as soon as possible and in any event within five weeks of the date of this Order.</p> <p>3. There is no order as to costs.</p> <p>4. The appeal is concluded, and this represents the final order in this appeal.</p>
27.	Yes	Contents of EHC Plan Section B	<p>Background</p> <p>YP aged 19 lacking capacity to bring the proceedings and to give instructions. Parent acted as his 'alternative person' for the proceedings.</p> <p>Diagnoses of spastic quadriplegia, cortical visual</p>	<p>The tribunal found some discrepancies between the version of the working document signed at the hearing and that submitted subsequently as updating to reflect agreements.</p> <p>Section I</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
		Section F Section D Section H1/H2 Section I	<p>impairment, and epilepsy. He has a scoliosis and has undergone bilateral hip surgery. He is a wheelchair user and requires full assistance for all changes of position and hoisting. Fully dependent on 1:1 adult support to meet all of his personal and healthcare needs and has an intrathecal baclofen pump. YP constantly needs adult assistance to keep his head up, making eating and drinking more difficult. He has moderate to severe learning difficulties. Compliance with a hoisting plan and alertness to risk of choking and response is essential for him.</p> <p>Issues</p> <p>During the proceedings the tribunal was informed that sections B and F had been agreed. The issue remaining for consideration by the tribunal was whether the parental request that a particular independent specialist college be named as the placement in Section I of the EHC Plan would be incompatible with the efficient use of resources. The LA had named a maintained further education college which the parents felt was unsuitable and unable to meet the YP's complex needs.</p> <p>The LA had a blanket policy of providing 600 educational hours per year for individuals over the age of 18 with the medical conditions and needs similar to the YP in the instant case. That equated to the YP receiving 3 days per week of education at their placement and additional social care on 2 days per week at a day care centre. The cost to the LA of the YP attending the parents' choice was a little under twice the cost of the LA's placement.</p>	<p>The parties were largely in agreement about the YP's needs and also, broadly, about the provision to meet them. However, the LA considered that he did not need education 5 days of the week and asserted that two of those days should be delivered as social care.</p> <p>The parents found the LA evidence weak on how it would address access to the community for the YP and its frequency – recommended by the parents' Occupational Therapist (OT) to be a requirement daily. The tribunal was told there would be assessments undertaken once the YP was placed at the LA's choice. It was a similar response regarding use of assistive technology. When questioned, the honest response from the LA about their placement meeting the YP's needs was that the positive indication given would need to be reviewed once the extent of therapies was fixed within his EHC Plan and it would be dependent upon the LA providing the (as yet un-costed) additional funding. In contrast, the evidence regarding the parents' choice demonstrated that it was well-prepared to deliver the recommended experiences and therapies.</p> <p>The tribunal was not persuaded that the LA's choice was able to meet the YP's needs because it was an offering comprising only 3 days attendance for educational purposes. While the LA may have a policy, the issue for the tribunal was what was reasonably necessary to meet the YP's needs, which by the hearing were not in dispute and in particular whether 5 days of "education" was required. The tribunal found the evidence of the OT on that point to be conclusive, in the absence of direct contrary professional evidence. In light of that finding and the apparent reluctance of the LA to contemplate a 5-day educational offering, the tribunal found that the LA placement unable to meet need. It was not disputed that the parents' choice could meet need and therefore it was the appropriate placement for the YP.</p> <p>The tribunal also found the on-site hydro and physio- therapies at the parents' choice persuasive in its decision, due to the need otherwise for him to take time out of his college day and travel to receive them. That time would be detrimental to his ability to access his education due to the</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>The YP's own views recorded in the draft EHC Plan was that he wanted a secure placement at college, specifically the parents' choice, in addition to regular trips into the community.</p>	<p>consequential fatigue and missing out on time within a day educational programme.</p> <p>Sections B and F The tribunal recorded its findings on the update working document.</p> <p>Sections D and H1/H2 In consequence of the tribunal's determination on placement for the YP, it was appropriate that there was added at the beginning of section D2 for transitional arrangements: "[the YP] will access up to 2 full days of day service at the [service] until he transitions into full time education."</p> <p>Order - the appeal is allowed. It was ordered that LA amend the EHC Plan of the YP as follows: 1) In Section B, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document 2) In Section F, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document amended as follows: 3) In Section I, by replacing the existing wording with the following: "An independent college providing five days per week of education special school placement [name of placement]." It is recommended that the LA amend the EHC Plan of the YP as follows: 1) As agreed in the attached final working document; 2) In Section D, by adding at the beginning of Section D2: "[The YP] will access up to 2 full days of day service at the [service] until he transitions into full time education."</p>
28.	No	Contents of EHC Plan	<p>Background 12-year-old child diagnosed with Autism, ADHD and co-morbid anxiety. His mother was a wheelchair user with significant physical health needs. She has carers during day and night-time, has had to have hospital admissions and is prone to non-epileptic seizures. In recent months there have been incidences where she has needed</p>	<p>From the documentary evidence the child's cognitive abilities fell within the average to low average range, however his adaptive skills fell in the extremely low range for all areas, which meant he was functioning significantly below the level expected for a child of his age. The practical domain which covered community use, home living, health and safety and self-care showed that he was vulnerable and a safety risk in the community without adult support. The social domain highlighted his difficulties expressing his emotions. The conceptual domain demonstrated that he</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>resuscitation and spent time in hospital ICU. The child's father works full-time, mostly from home but had to work away two nights per week. He has long standing mental health conditions and has had recent absences from work.</p> <p>The child is attending year 7 of an Academy, but soon transitioning to a specialist autism school chosen by the parents. He has also been attending one night per week at [named centre] having a sleep study undertaken. This is time limited to the end of his assessment period. The nursing team at the [named centre] recommend respite for the child's family.</p> <p>Issues</p> <p>The LA accepted parental choice in relation to placement prior to the hearing. It was agreed that the parents' named independent special school was to be recorded under section I the child's EHC Plan.</p> <p>The outstanding issue for the tribunal related to section D, the child's social care needs. The parents indicated that the child had been unable to access the necessary teams to have his social care needs assessed. A lack of identified social care need was impacting his emotional development as, without a formal social care assessment, he was not eligible for social care support and provision, and therefore was unable to access peers in appropriate community groups. The parents requested the following:</p> <p>i) A respite arrangement when the [named centre] finishes its assessment of the child.</p>	<p>had no concept of time and he was unable to complete tasks unless he viewed them as important.</p> <p>The LA conceded that he was a "child in need" within section 17(1) of the Children Act 1989. Autism and extreme anxiety clearly amounted to a mental disorder for the purposes of "disability" for section 17(10)(c). While the child had been attending the [named centre] on certain overnights for assessment, the tribunal found that the family regarded his attendance there as a form of respite for them. It was apparent that the child was now becoming a strong young man and there was evidence that he would lash out when he felt threatened.</p> <p>The tribunal noted that there were periods of the day when the child and his mother were alone together in the family home – most often between 6pm and 10pm on the two nights per week when the father worked away. The tribunal had significant concerns with regard to safeguarding for the child – how he would be able to call emergency services; or, given that the house was in 'lockdown' to prevent him escaping, how would he admit them to the family home in the event that his mother had a seizure when he was alone in the house with her, even if her Connect Call service telephoned to offer support. Given his conditions and the professional evidence on how he reacted, it was very likely that he would have a serious breakdown of regulation regarding his self-control if such an event took place.</p> <p>It was necessary for a risk management and care plan to be provided promptly to address all risks identified. At the hearing the LA recognised that the current care plan had deficiencies regarding risk management. In addition, the tribunal found that the LA should address the family need identified by various professionals for residential respite and day respite care. It used its powers under The Special Educational Needs and Disability (First-tier Tribunal Recommendation Power) Regulations 2017 to recommend that the LA promptly undertakes a statutory social care assessment of the child.</p> <p>Order - the appeal is allowed.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<ul style="list-style-type: none"> ii) Educational and social skills support for the child during term-time when he is not physically attending school. iii) Transport arrangements to help the child attend groups midweek when family is unavailable to support. iv) Access to and funding for the school holiday short breaks. 	It is recommended that the LA promptly undertakes a statutory ("Section 17") social care assessment of the child. In view of the tribunal's significant safeguarding concerns following issues raised during the hearing around when the child and his mother were alone at home, a copy of the instant decision was to be provided to the Director of Children's Services.
29.	Yes	<p>Appeal against cease to maintain the EHC Plan</p> <p>Section B Section C Section D Section F Section G Section H2 Section I</p>	<p>Background</p> <p>YP aged 23. Her parents brought the appeal as alternative persons as she lacked capacity. She had profound and multiple learning needs and her diagnoses included 4 limb and trunk dystonia and dyskinetic cerebral palsy. The YP had been entitled to Continuing Healthcare (CHC) since September 2005 as a child and from 2014 as an adult. During 2017 she lost her CHC funding; it was restored following an appeal in January 2018 with a recommendation that a re-assessment be carried out in six months and then continued after assessment in August 2018. The YP attended [a named organisation] as a day pupil for her education, originally under a statement of special educational needs. She was transitioned from her statement to an EHC Plan in 2015. The YP moved from the school part of the organisation to a Life Skills Centre and Hub (LSC). Although various meetings took place, no formal Annual Review of the plan was completed until June 2018, following which the LA decided to cease to maintain the plan.</p>	<p>The legal issue was whether the EHC Plan was still necessary. Section 45(3) of the Children and Families Act 2014 provided that when determining whether a young person over 18 no longer required the special educational provision in his or her EHC Plan, a local authority must have regard to whether the educational or training outcomes specified in the plan had been achieved. Although the determination of that question was not in itself definitive, that was a matter to which the tribunal must have regard. The tribunal decided to consider that issue first before addressing the issue of whether the YP required special educational provision at all; then if she did, whether that provision could be provided without a plan.</p> <p>Outcomes</p> <p>The tribunal concluded that whilst there remained some aspects of the outcomes which had not been met, and it was not correct to say that all of them have been achieved, for the most part the outcomes in the YP's plan had been substantially met. However, even if the tribunal had concluded that all the outcomes had been met that would not have been a definitive conclusion: <i>B & M v Cheshire East Council</i> [2018] UKUT 232 (AAC) considered. Accordingly, the tribunal went on to consider the further issues raised.</p> <p>Does the YP require Special Educational Provision</p> <p>Between the two educational psychologist reports there was some common ground. Both accepted that the YP required continued access to the LSC provision and within that to ongoing individual support. The</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>Issues</p> <p>By the conclusion of the hearing, the wording of section I was agreed and sections B and F were mostly agreed. The recommendations sought in relation to sections C and G were largely uncontroversial, but the LA did not feel able to agree those without the consent of the applicable CCG. The area on which the parties remained far apart related to the outcomes in section E. Such agreements as had been made by the LA were to assist the tribunal and without prejudice to its overall point about there being no necessity for a plan.</p> <p>The tribunal identified the following matters for specific consideration:</p> <p>i) Has the LA made its case that the EHC plan should cease? A local authority may cease to maintain an EHC plan for a child or young person only if the authority determines that it is no longer necessary for the plan to be maintained;</p> <p>ii) If the tribunal concluded that the EHC Plan should be maintained, the following further issues arose:</p> <p>a. How to resolve the remaining disputed parts of sections B and F;</p> <p>b. Should the tribunal use its power to make consequential changes to section E, and if so, what amendments should be made;</p> <p>c. What recommendations, if any, the tribunal should make in sections C and G (in relation to health care needs and provision).</p>	<p>tribunal agreed that the YP was going to continue to need to attend the courses at the LSC and that she was going to continue to need the 1:1 support. The tribunal gave some consideration to whether that 1:1 support was health care provision rather than special educational provision and found the EP's evidence that there remained an educative element to the YP's programmes to be persuasive. Section 21(5) of the Children and Families Act 2014 did not require that the entirety of the provision must be education for it to be special educational provision; if there was an element of it which educated or trained, then it was to be treated as special educational provision.</p> <p>The tribunal accordingly identified the key aspects of the special educational provision the YP required:</p> <ul style="list-style-type: none"> - The continuation of her work on the Eye Gaze programme; - Attending classes at the LSC; - The full time 1:1 support; - Access to skilled staff including therapeutic support. <p>Can the Special Educational Provision be provided without an EHC Plan</p> <p>The evidence showed that the special educational provision which the tribunal had decided was necessary could be provided without a plan. The YP would still be able to attend at the LSC; she would still have the support from skilled staff; she would have access to the Eye Gaze technology, and she would still have the type of bespoke package referred to in the Prospectus. There may be a small decrease in the number of sessions, and she would not have the ASDAN accreditation, but the tribunal had decided that that was not required. Accordingly, the tribunal concluded that the YP's learning difficulties required special educational provision but that could be provided without an EHC Plan being in place and therefore the LA's decision that the plan should cease should be upheld. Given the tribunal's conclusions, it decided that it was not necessary to go on and consider further the contents of the EHC Plan.</p> <p>Order - the appeal is dismissed.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

30.	No	<p>Contents of EHC Plan</p> <p>Section B Section F Section I</p> <p>Recommendations sought:</p> <p>Section D Section H Section G</p>	<p>Background</p> <p>8-year-old child with diagnoses of quadriplegic Cerebral Palsy, retinopathy of prematurity, bilateral optic atrophy, high myopia, and possible cerebral visual impairment. Currently attending an independent special school. She has complex physical disability, poor stamina, visual impairment, very poor life and independence skills, and limited communication skills. Requires the use of a power wheelchair for independent mobility, supervision during the day and for prolonged periods at night, 1:1 support throughout the day at home and at school, 2:1 support for all moving and handling transfers across 24 hours, support for all aspects of self-care, including toileting, which is above what would ordinarily be age appropriate and support in using her PODD book to communicate her needs.</p> <p>The child is subject to a Child in Need (CIN) Plan and is eligible for support from the Disabled Children's Team. She is receiving 12 weekly visits and six monthly CIN reviews. There has been a care package of direct payments in place to support. She has additional needs that will require lifelong support and they may fluctuate as she</p>	<p>Having reviewed the agreement between the parties and the working document attached to it, the tribunal was satisfied that the parties had reached full agreement on sections B, F and I and that an appropriate accommodation had been reached and was reflected in sections D, G and H. The agreed amendments to sections B, D, G, F and H were reflected in the attached working document.</p> <p>It is ordered:</p> <ol style="list-style-type: none"> 1. By order made pursuant to rule 29(1) of the Tribunal Procedure Rules 2008 the appeal shall be concluded. 2. By consent it is ordered that the LA shall continue to name [the placement] in section I of the Education, Health and Care plan of the child; 3. By consent it is ordered that the LA shall amend sections B and F of the Education, Health and Care plan of the child as set out in the attached agreed working document. 4. No Order was made as to costs. 5. This was the final order in the appeal and the proceedings are concluded.

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>ages. She does not display behaviours that present a serious risk to herself or others.</p> <p>Issues</p> <p>The parties submitted a request for a Consent Order to be issued by the Tribunal.</p>	
31.	No	<p>Contents of EHC Plan</p> <p>Sections B Sections F Sections I</p> <p>Recommendations sought:</p> <p>Section C Section G</p>	<p>Background 14-year-old child diagnosed with Asperger's syndrome, separation and generalised Anxiety Panic Disorder and depression. Requires help with emotional understanding and regulation and to learn about social behaviour and develop friendship skills. There were no significant concerns regarding the child's ability to learn or his academic progress to date, but he had been unable to attend school for a significant period of time had not accessed the same learning opportunities as his peers.</p> <p>The parents believed that the child's high anxiety was due to having struggled to cope in mainstream education without diagnosis and adequate support. They felt that his anxiety had not decreased since attending an education centre as although the environment there was quieter and of lower stimulus, it was still not the right environment for him. Despite a positive start, he stopped attending the setting around the Easter 2018 holidays, but started attending again in May 2018 for twilight sessions (three days a week, one-hour lessons at the end of the school day). The parents wanted the child placed in an educational setting with enhanced staff pupil ratio where staff were skilled and experienced in teaching children and</p>	<p>The tribunal was informed that the issues had been resolved by the parties. The tribunal accepted the agreed amendments to sections B, F and I and attach the working document to its Consent Order. There being no remaining issue with sections C and G, the tribunal made no recommendations in respect of those sections.</p> <p>It was ordered:</p> <ol style="list-style-type: none"> 1. By order made pursuant to rule 29(1) of the Tribunal Procedure Rules 2008 the appeal shall be concluded. 2. By consent it is ordered that the LA shall name [independent special school] in section I of the Education, Health and Care plan; 3. By consent it is ordered that the LA shall amend sections B and F of the Education, Health and Care plan as set out in the attached agreed working document. 4. No Order is made as to costs. 5. This is the final order in the appeal and the proceedings are concluded.

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>young people with ASD, associated learning and emotional difficulties.</p> <p>Due to concerns regarding his emotional well-being and poor attendance the child was being supported by CAMHS. He had been known to social care previously but had no current allocated worker. Consideration was given to the request for an EHCP and the decision was taken that he did not meet the criteria for an assessment by social care therefore no contribution was made by social care to the EHCP.</p> <p>Issues</p> <p>By agreement with the LA, the child had been attending the parents' preferred independent special school since January 2019. Since that time, the remaining issues had been about:</p> <ul style="list-style-type: none"> a. Acknowledging the role and contribution of CAMHS; b. Reflecting the child's anxiety related difficulties in section C; c. Agreeing objectives to underpin provision in the 'communication and interaction' and 'social, emotional and mental health' elements of sections E/F; d. The involvement of a speech and language therapist; e. Health provision in section G. <p>The parties submitted a request for a Consent Order to be issued by the tribunal.</p>	
32.	Yes	LA refusal to amend EHC Plan	<p>Background</p> <p>YP aged 23 years old. Diagnosis of ASD with associated learning and social communication</p>	<p>Section B</p> <p>The tribunal agreed that the parent's suggested additions to the numbered list of the YP's identified needs, such as describing his social</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

		<p>Section B Section F</p> <p>Recommendations sought:</p> <p>Section D Section H</p>	<p>difficulties. He remained in full-time education post-16, was undertaking a level 2 creative media course at college and volunteering one afternoon a week at his local library. The YP was keen to move into more regular work post-25 and had undertaken work placements. He had been the subject of an EHC Plan since 2015. The parent maintained that the plan it was not adequate to prepare him for an independent adult life. The LA intended to maintain, but not to amend the plan. The instant appeal was made by the parent as the YP lacked the requisite capacity.</p> <p>Issues</p> <p>All substantial matters in section B were agreed. The only issue outstanding was whether the description of the YP's needs should list individually those elements of his needs that were associated with his ASD. In section F, the parties refined the outstanding issues. The LA conceded that the YP should receive direct speech and language therapy to address receptive and expressive language difficulties and to develop his social communication skills.</p> <p>By the conclusion of the hearing, the only issues outstanding related to:</p> <ol style="list-style-type: none"> Whether the YP's speech and language therapist (SALT) should accompany him into workplace settings; What further specification was required around 'travel training'; What provision should be made to develop the YP's social skills in addition to the weekly social 	<p>communications needs as being "associated with ASD", were brief and useful clarifications which helped a reader understand the 'headline' needs. The tribunal redrafted the final line of section B to make it more relevant and specific to the YP. That line reflected the parent's concern that if the YP's needs were not met in the last two years of his 0-25 plan he would face a lifelong barrier to employment and independent living.</p> <p>Section F</p> <p>The LA accepted that the YP should benefit from a direct and indirect speech and language therapy programme. It did not accept that a SALT needed to accompany him into workplace settings to assess his specific needs in novel situations and to address any communication difficulties that could arise. It was a necessary provision for a person experienced in supporting young people with ASD and familiar with the YP's particular needs to accompany him to each new work placement. Even though the tribunal was persuaded that there might be additional benefits in specifying that that person should be the YP's qualified SALT, it preferred the LA's submissions that it was not necessary to so and agreed it would amount to over-provision.</p> <p><u>Travel training</u></p> <p>While the tribunal noted the agreed language was that travel training should take place weekly, it decided to further specify that it should be for no less than two hours, striking a balance between that important element of the YP's development and his core studies. The tribunal considered that two hours was likely to be the minimum time needed to support him in undertaking at least one meaningful journey using public transport during each session.</p> <p><u>Social communication</u></p> <p>Applying its own specialist knowledge and experience, the tribunal considered it appropriate to specify that the social skills group, training and support to socialise at lunchtimes, and encouragement to arrange home and social visits</p>
--	--	--	---	---

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>communication group monitored by the SALT. The main social care issue was the number of hours of weekly support and the purposes for that support. The parent sought a care plan package with a minimum of 20 hours per week support from a suitable qualified and trained support worker. The parent considered that the current arrangement of direct payment to arrange two hours of community access with a personal assistant was not working effectively. The LA agreed that the YP required additional social care support and recommended 10-12 hours per week delivered through direct payment and/or access to services.</p> <p>In section I, the parent confirmed that the YP was assured of a place at college for a further two-year level 3 media course if he passed his course as expected. The LA confirmed that it was content to continue to name the college in section I.</p>	<p>with friends should be the joint responsibility of the YP's LSA and Key Worker under the supervision of his college tutor. Those activities should be actively supervised by either the LSA or key worker for at least one hour per week, which could be split into more than one session.</p> <p><u>Sensory and physical</u></p> <p>While it was not within the tribunal's jurisdiction to order further assessments, it noted with approval the commitment from the Adult Social Care Services to arrange for the YP to be assessed by the LA sensory team.</p> <p><u>Social care issues</u></p> <p>The tribunal found that, given the expectation that he would remain in full-time further education, specifying at least 10 hours of social care support was adequate to meet the YP's needs. It was not necessary to specify whether that support should be provided through direct payment or access to services, nor to specify which services he should access. Instead, with the consent of the parties, the tribunal decided to re-draft section H so that it described both the objectives and the types of activity that should be included within the YP's social care programme.</p> <p>The LA clarified that in addition to any specified hours of social care support, a Care Act Advocate had been appointed to support the YP with planning for when he left college and that she had recommended he access additional support from Ways into Work. The tribunal considered both of those provisions should be specified in section H.</p> <p>Order - Appeal allowed in part.</p> <p>a. It is ordered that the LA amend the EHC Plan of the YP in Section B and F, by making the amendments agreed by the parties before or at the hearing in April 2019 and by making the further amendments set out in the attached working document;</p> <p>b. It is recommended that the LA amend the EHC Plan of the YP in sections D and H, by making the amendments agreed by the parties before or at the hearing in April 2019 and by making the amendments set out in the attached working document.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
33.	No	<p>Contents of EHC Plan</p> <p>Section B Section F Section I</p> <p>Recommendations sought:</p> <p>Section D Section H1/H2</p>	<p>Background</p> <p>4-year-old child with diagnosis of autism. Expressive language and verbal comprehension skills significantly delayed and disordered. Limited social communication skills, difficulty following instructions and assessed as having a “spiky” cognitive profile. In terms of her learning, she followed her own agenda and her skills were delayed in some areas. Although the child has good gross motor skills, her fine motor skills required further development in areas such as handwriting. She also required support with aspects of self-care.</p> <p>The child was attending a mainstream nursery for 6 hours a day term-time only during which time she received 1:1 support for 3 hours daily, spent two hours with an ABA therapist and had one hour of individual staff support to help with her readiness for school. The parents wanted the child’s ABA tutor support to be increased with an additional three hours support for indirect preparation and liaison when she started Reception class at a mainstream school in September 2019. The parents also wanted the child’s ABA package to include monitoring and advice from both an ABA Supervisor and an ABA Consultant and proposed that the child should also have ABA support during some of the school holidays to avoid regression.</p> <p>The proposal from the LA was that when the child started Reception class ABA support should continue for 16 hours a week and when in school and not supported by an ABA tutor then she would</p>	<p>Sections B, F and I</p> <p>In view of the progress the child had made, the tribunal considered it sensible that ABA should continue in combination with her nursery attendance. Given that ABA had contributed to the progress the child had made to date, but noting she still had significant difficulties and also that she was due to start school in September 2019, the tribunal agreed that her ABA hours should be increased to 30 a week until July 2019 to help her prepare for the transition into school. It might be inappropriate for all of those hours to be delivered in the nursery setting because of the lack of a quiet distraction free area for all of the child’s 1:1 work, in which case some of the ABA provision would need to be delivered at home.</p> <p>The child’s 1:1 worker at school should be an ABA tutor who could provide her with continuity. The Tribunal accepted that there would be a need for preparation, but did not agree that should involve time for liaison, given the tutor would be working closely with the child’s class teacher in any event. Whilst the tribunal remained confident that with goodwill on all sides the school would be able to put in place the support the child required, it recognised that there could be occasions when facilities could not be made available for the child to have all the 1:1 work she needed in a quiet environment. In those circumstances it may not be appropriate for all of the child’s provision to be made in the school and the tribunal therefore agreed that on those occasions such provision could be delivered otherwise than in school.</p> <p>The tribunal agreed there should be some continuity of her ABA programme over the 2019 summer holiday, at the level of input requested namely 15 hours a week. As far as future holidays were concerned the tribunal considered it too premature to say that the child would require support during those periods and the matter should be reviewed when the child was settled in school and was attending on a full-time basis.</p> <p>In addition to the tutor hours, interventions from an ABS Supervisor and ABA Consultant were sought. The parents’ ABA Consultant clearly had</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>receive 16.5 hours of additional 1:1 adult support from a member of staff who had received training in autism. The LA had agreed to fund respite care for the child for 5 hours per month for the whole year and 5 hours per week for 8 weeks of school holidays.</p> <p>Issues</p> <p>The parties agreed the wording to be included in section B of the EHC Plan to reflect the difficulties the child had arising from her diagnosis of autism. In section F the provision necessary to meet the child's communication and interaction needs as well as her physical needs was also agreed. The principle area of dispute centred on the role of ABA both during the child's remaining time at nursery and then from moving to the Reception class.</p>	<p>considerable experience in running ABA programmes for children and young people and the tribunal accepted her evidence on that point. As far as the other proposed amendments to section F were concerned, the tribunal had agreed those which it considered were necessary and consistent with the ABA interventions it had agreed. The position in respect of Section I was agreed in that the child would remain at the nursery until July 2019 and then from September 2019 she would attend school.</p> <p>Sections D and H1/H2</p> <p>The tribunal considered the support agreed by the panel to be appropriate, based as it was on an assessment as opposed to what was sought by the parents which was not based on any additional evidence. It also took into account that pursuant.</p> <p>To its earlier findings the child was to receive ABA support over the forthcoming summer holidays. The tribunal noted that there was to be a review of the social care package in 3 months' time, by which time the child would have started school. Finally, the tribunal recommended that a carer's assessment be carried out.</p> <p>ORDER</p> <p>IT IS ORDERED THAT the LA is to delete the contents of Sections B, F and I of the EHC plan and replace them with the corresponding sections of the document annexed hereto marked "Appendix A"</p> <p>IT IS RECOMMENDED THAT the LA delete the contents of Sections D and H1 and replace them with the corresponding sections of the document annexed hereto marked "Appendix A".</p>
34.	Yes	Section B Section C Section D Section F Section G .Section H1/H2	<p>Background:</p> <p>18-year-old YP with autism spectrum disorder. She had difficulties with emotional well-being, mental health, social communication and interaction skills. She attended a mainstream college. At college she struggled with English and Maths and had some difficulties with emotional regulation. At the time of</p>	<p>On the evidence, it was clear that the YP needed assistance in accessing help, physically encouraging her and/or accompanying her to appointments, meetings and so forth, when her mother was unable to. There may also be further assistance in the home that would enhance the YP's ability to access education. To this end the tribunal felt that a more focused assessment by adult social care liaising with college, the YP and her mother was required.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>the hearing, she had been temporarily excluded from college.</p> <p>The YP appealed against the contents of her EHC Plan and requested recommendations concerning health needs, social care needs and social care provision.</p> <p>Issues:</p> <p>Following discussions on the date of hearing, the working document was agreed in its entirety. The only outstanding issue was the ongoing role of Adult Social Care. Parties felt that an assessment to take into account any further provision that may be a social care, rather than education responsibility, would be of assistance. In particular it could be considered whether the YP needed any external assistance to access further help from other services. Ultimately, no request was made to amend the health sections (C and G).</p>	<p>Order</p> <p>The Tribunal approved the working document endorsed by both parties and therefore made no determination on the educational aspects of the appeal (B and F).</p> <p>It was recommended that the LA amend the EHC Plan as follows: In Section H2, by replacing the existing wording in the EHC Plan with the following: <i>“That Adult Social Care do undertake a social care assessment of the YP to clarify whether they are able to identify and provide any assistance that will enable the YP to access services and support that will enhance her capacity to utilise the educational opportunities available to her at college.”</i></p>
35.	Yes	Section D Section F Section H	<p>Background:</p> <p>20-year old YP with Autistic Spectrum Disorder, Down's Syndrome and moderate learning difficulties. He suffered from anxiety and poor self-regulation. He attended a specialist college as a day student. The same college had offered him a residential place (see issues below).</p> <p>The parents appealed against the contents of section F of the EHC plan and requested recommendations in relation to sections D and H.</p> <p>Issues:</p> <p><u>Education</u></p> <p>The parents requested a residential college place for the YP. Following assessment, the college</p>	<p>Appeal allowed in part</p> <p>Evidence showed that the YP was capable of achieving a level of independence which might in the future allow him to live in semi-independent supported living. He was nearing the end of his second year of a three-year college placement and the tribunal approached the evidence on the basis that the YP had one year to make the necessary progress. Evidence demonstrated that the YP required very intense repetition and over-learning to make the progress required to achieve the identified outcomes. Considering his needs, with the limited time available, the only provision to enable him to achieve the outcomes was the intense, tightly co-ordinated, highly skilled provision offered by his college on a residential basis. As this was the only way to achieve the agreed outcomes, it was compatible with the efficient use of resources.</p> <p><u>Order</u></p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>recommended this for 4 days a week for 38 weeks. The LA's position was that the YP's special educational needs were adequately met by his day placement and provision to develop his independence could be reinforced by overnight respite provision. The LA argued that a residential placement would not be compatible with the efficient use of resources.</p> <p><u>Social Care</u></p> <p>The LA was willing to provide 36 nights overnight respite per year. Due to difficulty finding a suitable facility, the YP had not in fact had any respite provision for 8 months. The YP received direct payments to cover 5 hours per week accompanied by a personal assistant in term time and 7 hours per week during holidays. He had not had those for many months due to difficulty finding a suitable PA. The LA had been working on the basis that the YP required 1:1 support but the parents made it clear that 1:1 was acceptable in a secure indoor environment but he required 2:1 to go out. Evidence showed that the YP was an abscond risk and could become aggressive when anxious or upset. It was common ground that in relation to social care, the assessment of the YP's needs was incomplete</p> <p><u>Note</u></p> <p>The tribunal made extensive criticism of the LA, which had failed to comply with numerous directions, left the preparation of the EHC plan until the adjourned hearing was being conducted, had not yet conducted all necessary assessments of</p>	<p>LA to amend the EHC plan as follows:</p> <p>In section F, by specifying residential provision for 4 nights a week for 38 weeks of the year, and the following consequential amendments are made:</p> <p>i) Under Outcome 2, Strategies, include <i>"The Psychology Team is available to residential students 24/7 and would be able to assist [the YP] more in the development of his emotional wellbeing. [The YP] would benefit from having the sensory programme delivered before the college day starts so that he arrives ready to learn in an already calm and alert state, thus enabling him to make better progress towards his outcomes in the saved time"</i>.</p> <p>ii) Under Outcome 5, Strategies include: <i>'[the YP] will live in one of the Residential houses with his fellow peers so that he can develop appropriate friendships and access a range of social activities outside of the College environment' and '[the YP] will receive a consistent approach between College and Residential and he will be given the opportunity to consolidate and reinforce these new skills through a variety of settings. By working with familiar and suitably trained staff, [The YP] will be given the consistency and support he needs to be able to achieve these outcomes more effectively.'</i></p> <p>iii) Paragraph 16 to read; <i>'Residential placement at [named] college four nights per week term time.'</i></p> <p>Recommendations</p> <p>i) Recommendation that the local authority complete their assessment of [the YP's] social care needs and provide amended versions of sections D and H which set out in detail [the YP's] needs and the provision offered to meet those needs.</p> <p>ii) Recommendation that [the YP] is provided with 2:1 support when he is outside his home, college or residential environment, until such as time as it is agreed that he no longer needs this, which will be discussed at his annual review.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			the YP's requirements and had provided insufficient evidence about the provision offered by the proposed provider of respite care (amongst various other failings). The tribunal made it clear that it had taken care not to let its frustration with the LA to affect its decision, but concentrated on the evidence about the YP.	
36.	No	Section B Section C Section D Section F Section G Section H1/H2	<p>6-year old girl with autistic spectrum disorder and hypermobility. She had high levels of anxiety and there had been incidents of self-harm. She attended a mainstream primary school and her mother reported that she was increasingly anxious about attending school. The mother considered that the school was unable to meet the child's special needs and requested that she attend a maintained special school for pupils with an autistic spectrum disorder or a speech, language and communication disorder.</p> <p>The child's mother appealed against the contents of the EHC plan. At the time of the hearing the parties had reached some agreement. The outstanding issues were as follows.</p> <p>Issues</p> <p>a. In Section B: under Social, Emotional and Mental Health: whether an extract from the report of a named Specialist Teacher and SEN consultant, should be included to describe the child's anxiety as presenting as non-compliance and controlling behaviour.</p> <p>b. In Section I: Whether the parents' requested school placement, a named maintained special</p>	<p>Appeal allowed in part</p> <p>Section B</p> <p>It was not necessary to include an extract from the Specialist Teacher and SEN consultant's report that the child's anxiety can affect her behaviour which can be both challenging and controlling. It was sufficient to add to the agreed wording '[the child] can become very anxious at times' the final sentence: 'Her anxiety will often present as non-compliance and controlling behaviour.'</p> <p>Section I</p> <p>The LA's preferred school (namely the child's current school) was not an appropriate school for the child. The child had not made adequate academic progress at the school and there continued to be incidents of challenging behaviour by the child, as well as incidents in which she was the victim. The child needed a consistency of approach with interventions specific to her needs rather than a universal Quality First provision for all pupils. As the child moved to key stage 2 the demands on her would be greater and evidence suggested that when more demands were placed on the child her challenging behaviour was likely to escalate.</p> <p>The suitability of the mother's preferred school was not in issue and, as there was no other suitable school proposed, incompatibility with the efficient use of resources did not apply.</p> <p>Order</p> <p>LA to amend the EHC Plan as follows:</p> <p>1) In accordance with the Working Document which includes all agreements made at the hearing.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>school for pupils and the LA's proposed placement are both suitable and can meet the child's needs and can make the special educational provision that she requires</p> <p>c. If both educational placements are suitable, the LA argues that an exception under the Children and Families Act 2014 s. 39(4), namely that placement at the mother's preferred school would represent an inefficient use of the LA's resources, can be relied on in not naming the mother's requested placement. The LA did not argue against the suitability of the school or that placement of the child there would represent the inefficient education of the other pupils.</p> <p>d. The comparative costs of the two placements.</p> <p>Health and social care: The mother requested recommendations to amend sections C and G of the EHC plan but at the time of hearing, no longer sought a recommendation in relation to health as she was content with the medical services being provided. At the hearing she sought no recommendation in relation to social care.</p>	<p>In addition:</p> <p>2) In Section B, Social, Emotional and Mental Health: penultimate paragraph: amend to read: '[the child] can become very anxious at times. Her anxiety will often present as non-compliance and controlling behaviour.'</p> <p>3) In Section I, by replacing the existing wording with the following: "A maintained special school, [named]"</p>
37.	No	N/A	<p>15-year-old girl with Myalgic Encephalomyelitis (ME) (also known as chronic fatigue syndrome) and postural Tachycardia Syndrome. She had been affected by chronic fatigue since December 2013 following an episode of glandular fever. The effects of her ME varied considerably but could be</p>	<p>Appeal allowed Evidence demonstrated that the child was falling behind at school and awareness of this was contributing to a loss of confidence and anxiety, which was itself becoming a barrier to getting back into school on some days. The LA's policies made no provision for a chronic, intermittent illness such as chronic fatigue. Creating a home tuition package for a Year 11 pupil</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>severe and pervasive, affecting her physically, cognitively, emotionally and socially. The child attended a mainstream secondary. Her school attendance was severely affected by her ME. In year 10 she had 38% attendance on a shortened timetable and 22% attendance in lessons. Her attainment levels remained comparative to her peers through much of secondary school but had dropped over the last year. In the past she had received a package of home provision paid for by higher needs funding from the LA, but the LA changed their access criteria for this in 2017 and it was no longer available.</p> <p>The LA refused to issue a EHC plan for the child, arguing that appropriate provision was already in place through her school. The child's mother appealed against that decision. She requested a flexible package for the child that covered provision both in school and home</p> <p>Issue Whether, in accordance with section 37(1) of the Children and Families Act 2014, it was necessary to make an EHC Plan to ensure that the child's needs were met; or whether they could be met without the need for a Plan.</p>	<p>which linked effectively to SEN provision in school would be difficult because of the need to deliver specialist teaching in the GCSE subjects; and to coordinate home provision with school. But some such provision, at some level was clearly necessary to meet the child's special educational needs. Even if the LA did belatedly agree to put suitable package in place, it would be exceptional, not something "normally available" (para 9.55, 2015 Code of Practice on SEN). It was necessary to issue an EHC Plan for the child's provision to be secured. Moreover, the child's chronic disability called for a multi-disciplinary, holistic approach. To date there had been a complete lack of coordination around the child's needs from both health and education. Appropriate provision for the child's needs were unlikely to be met without a Plan. The tribunal held not just that <u>it may be</u> necessary for the local authority to make provision in accordance with an EHC Plan for the child; but that <u>it is</u> urgently necessary, now.</p> <p>The tribunal had no specific powers at this stage in relation to either health or social care; but commented that it was clear from the evidence that the child may have health care needs and that some health care provision may be indicated for sections C and G of the EHC Plan. The tribunal noted that so far as it had said a. EHC Plan was required so that the child's educational needs could be met in a coordinated manner, taking her health care needs into account, it saw that as an educational ground. It made no findings as to the extent or description of the child's health care needs or appropriate provision.</p> <p>Order LA to issue EHC plan</p>
38.	No	<p>Contents of EHC Plan</p> <p>Section B</p> <p>Section F</p>	<p>Background 7-year-old child with diagnosis of autism, oppositional defiant type behaviours and anxiety. He has cognitive ability within the average range, but finds it difficult to acquire basic skills. He struggles with transitions and change and has no</p>	<p>Special Educational Needs Section B was agreed. The tribunal was satisfied that the description of the child's educational needs arising out of his autism and associated learning difficulties agreed between the parties was supported by the evidence.</p> <p>Special Educational Provision</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
		Section I	<p>concept of danger. Currently in Year Two, his education had been in a mainstream setting until permanent excluded from Primary School in November 2018. He has since received home tuition for 3 hours a day.</p> <p>The parties agreed that the child required placement in an educational setting where staff were skilled and experienced in meeting the needs of pupils with ASD and learning difficulties. The parents wanted him to attend one of two specified special schools. The LA maintained that his educational needs could be met within an enhanced provision known as GROW based on the site of a mainstream school. GROW pupils received bespoke programmes and the expectation was that they would be returned to a mainstream or special school within two years.</p> <p>Issues</p> <p>The parties reached a certain measure of agreement on the working document and further agreements were made during the hearing. The Panel identified the outstanding issues for consideration as:</p> <ul style="list-style-type: none"> • The level of one-to-one support the child should receive. • The type of school and school to be named in section I. 	<p>The parties had agreed much of the educational provision the child was to receive. The tribunal agreed that the child's occupational therapy program should be devised monitored and reviewed by a qualified paediatric occupational therapist (OT) with additional training in sensory integration therapy. The program should be reviewed half termly and for the purpose of that preparation and then review an OT would be required 26 hours every year. The child's social communication program would need to be devised by a speech and language therapist and, for the purposes of the creation and review of the program, 6 hours would be required each year. A psychologist should have input into the child's educational program. The tribunal agreed with the provision proposed by the parties in that respect. To secure his transition to a new placement the child required one-to one support. Because of his history and age the tribunal could not be certain as to when his transition would be effectively secured. It therefore provided for him to receive one-to-one support for the duration of the plan until the next review.</p> <p>Educational Placement</p> <p>The headteacher of the parents' first school choice confirmed that it could not offer the child a place and therefore was not an option the tribunal could consider. The headteacher of the parents' second school choice did not believe it was a suitable placement for the child because he had average cognitive ability, while most pupils at that school had general learning difficulties and other associated needs. In addition, the school was full and to place the child in the appropriate year 3 group would reduce the availability of resources for current pupils, reduce the space available and increase demand on staff.</p> <p>Having regard to the resources described by the LA's educational psychologist, the child's age and the disruption there had been to date in his education, the tribunal was not satisfied that GROW would be able to make suitable provision for him. At the present time the child's special educational needs arising from his autism and associated learning difficulties fell within the category where adequate provision could only be</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>made by an established team of staff who had expertise in meeting the needs of pupils with autism most usually found in a special school. The tribunal was not satisfied that the staff at GROW had sufficient expertise to make the provision that the child currently required. Nor was it persuaded that a move to a temporary placement, albeit for up to two years, would be anything other than disturbing to the child having regard to the difficulties he had consistently demonstrated in coping with change. The tribunal observed that a number of the students of the child's age at the parents' second school choice had comparable attainments. At secondary level the school prepared pupils for GCSEs and had experience of pupils with his profile. The tribunal was satisfied that the school would be able to deliver the provision specified in section F and make appropriate provision. As the tribunal only had one special school with the appropriate expertise that it could consider, the issue of costs was not material to its decision. The evidence presented by the LA was insufficient to demonstrate that, were the child to join year 3, the education of other pupils would be inefficient. The one-to-one support for at least the first year in his new placement was an additional factor minimising the impact of the child's attendance on the other children. The LA was not able to discharge the burden on it after section 39(4) of the Children and Families Act 2014 and accordingly the tribunal was satisfied that it could name the school in section I and did so.</p> <p>Health and Social Care Recommendations</p> <p>Those provisions were agreed and the agreements were supported by the evidence.</p> <p>Order – the appeal is allowed.</p> <p>It was ordered that the LA amend the EHC Plan of the child as follows:</p> <ol style="list-style-type: none"> 1) In Section B, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document. 2) In Section F, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document and making the following amendments:
--	--	--	--	--

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>i. On page 12 delete the words “manage his stress”.</p> <p>ii. Insert the words “dedicated 1 to 1 full time support from an adult with experience in meeting the needs of pupils with autism and associated learning difficulties.”</p> <p>3) In Section I, by replacing the existing wording with the following: “A special junior school namely [name of school]”.</p> <p>It was recommended that the LA amend the EHC Plan of the child in terms of health and social care in accordance with Appendix 1.</p>
39.	No	<p>Contents of EHC Plan</p> <p>Section B</p> <p>Section C</p> <p>Section D</p> <p>Section F</p> <p>Section G</p> <p>Section H1/H2</p> <p>Section I</p>	<p>Background</p> <p>8-year-old child with diagnosis of ASD, ADHD and global development delay. He has a chromosome disorder, joint hypermobility and sleep latency. He has severe delay in language development social interaction, communication and imagination. He currently attends a maintained specialist provision for pupils with profound, severe and complex needs over 16 miles from his home address. The child initially attended nursery in 2013 where he was referred to Early Support and entry to a specialist nursery. He was referred to the Disabled Children’s service in 2015. He remained open to that team as a child in need as a result of his severe and profound disabilities. Services were provided to him and the family under section 17 of the Children Act 1989. He was originally issued with an EHC Plan in June 2017.</p> <p>Issues</p> <p>The parents’ focus in the appeal was mainly their disagreement with the school placement. They also disagreed with the description of the child’s needs and wanted the tribunal to make a</p>	<p>Special Educational Needs and Special Educational Provision</p> <p>Sections B, F and I agreed by the parties.</p> <p>Health Care Needs and Health Provision</p> <p>The mother did not consider that the child’s sleep latency had improved, however the tribunal did not have sufficient evidence before it to comment any further.</p> <p>Social Care Needs and Social Care Provision</p> <p>There was no evidence that the child required more than 5 days of support for personal care as suggested by the parents. It was clear that that could only be determined once a new social care assessment was completed. The tribunal noted that the assessment was underway, and that the LA’s social worker had been attempting to complete it since the end of January 2019. She assured the tribunal that she would attempt to complete it before the statutory time limit of 45 days. The tribunal therefore could not recommend that the child received 7 days of support as requested by the parents as it had no evidence to substantiate that. The tribunal did recommend that the social care assessment was completed as planned and that the LA incorporated an update of the child’s needs and provisions into sections D and H1/H2 of the EHC Plan.</p> <p>The tribunal had no power to change the waiting list for the children’s respite centre and therefore it made no recommendation regarding that.</p> <p>Order - the appeal was allowed in part.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>recommendation about his health care and social care needs and provision.</p> <p>The parties agreed sections B, F and I as set out in the working document. The issues were narrowed to those regarding the recommendations under section H1/H2. The parties agreed some of the social care provisions during the hearing. The following issues were identified for consideration at the hearing:</p> <p>Whether the LA should provide 5 days per week or 7 days per week personal care during both term time and non-term time.</p> <p>Parents unhappiness that the child was on a waiting list for [named children's respite centre].</p> <p>The LA's social worker recognised that the child had been on a waiting list for the respite centre for some time. In order to provide extra support prior to the child obtaining a place the LA agreed to 4 hours per week support with social opportunities during term-time, and 8 hours per week during non-term time for social opportunities.</p>	<p>It was ordered that the LA amend the EHC Plan to incorporate the version of the working document which was signed and agreed by both parties at the hearing.</p> <p>It was recommended that the LA amend the EHC Plan of the child as follows;</p> <p>1) In section C, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document.</p> <p>2) In section D, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document with updating as necessary following the completion of the social care assessment.</p> <p>3) In section H1, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document with updating as necessary following the completion of the social care assessment.</p> <p>4) In section H2, by replacing the existing wording in the EHC Plan with the amendments set out in the attached final working document.</p>
40.	Yes	<p>Contents of the EHC Plan</p> <p>Section B</p> <p>Section F</p> <p>Section G</p>	<p>Background</p> <p>YP aged 18 years old with diagnoses of ASD, ADHD and anxiety. His parents report a very difficult home life due to his challenging, although not aggressive any longer, behaviour. He attended a foundation special school for students with significant social communication and interaction</p>	<p>Outcome</p> <p>The tribunal found the parents to be very supportive of the YP and were trying their best to meet his needs in difficult circumstances. The YP articulately expressed his views before the tribunal. It was accepted that he wanted to go to the residential placement and believed that it was his best opportunity to progress to independent living, although he could do things in respite that he would not do at home, for example, clean himself</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
		Section H Section I	<p>difficulties until September 2017 when the school decided it was unable to meet his needs. The YP moved to a college, but he was unable to access the courses successfully. He then moved to a special school full-time. The transition was not initially successful, but after 1:1 support was implemented the YP's behaviour improved substantially.</p> <p>The YP receives social care provision as identified in the working document. He attends an overnight short breaks provision at [named retreat]. He has a care support package of 4-6 hours per week support term time and 12 hours per week non-term time. In addition, 29 overnight short breaks at [named retreat] and a block of 5 days in the summer holiday.</p> <p>The YP lacked the capacity to conduct proceedings himself, but attended to express his views with his mother acting as the alternative person.</p> <p>Issues</p> <p>The parties agreed many issues in the original working document. The parents wanted the child's social care provision to be increased generally and they were concerned about the lack of oversight for his healthcare provision.</p> <p>The LA were seeking to maintain the YP's placement at his current placement. The parents believed that the YP's needs would be more appropriately met on a 52-week residential placement at a specialist college as they consider that he required a waking day curriculum. They</p>	<p>after using the toilet or see to his personal care generally, which he freely admitted. All the staff from his current placement and the witnesses before the tribunal confirmed the impression he gave of being sociable, polite and able to express his opinions.</p> <p>There was positive evidence that the YP was more settled into his current placement, his social communication skills and emotional regulation had improved significantly as shown in the recent SCERTS test results. He was working to gain his educational qualifications, his behaviour had improved since the 1:1 Learning Mentor had been employed, he was more sociable with his peers and appropriate work experience was being sought. The tribunal accepted that the YP did not access all classes and he was taught by his 1:1 in isolation for subjects such as English, but that was not throughout the school day and he was beginning to join his class more. Even at the proposed residential placement, he would have 1:1 support both during the school day and in the residential part of the college.</p> <p>The tribunal found the current placement to be suitable for the YP. It further found the reasons put forward in support for him to attend the residential placement were premised on social care reasons, emphasising his life-skills in his home, rather than on an educational basis. The tribunal accepted the LA's argument that the YP's educational needs were being met within the ordinary school day and the parents had not evidenced a need to extend that beyond the school day.</p> <p>Having heard the difficulties at home, the tribunal considered the YP's social care needs should be re-assessed and, if appropriate, consideration given to supported living arrangements. The tribunal considered the YP's GP best placed to have general oversight of his health needs, there was currently no provision in section G.</p> <p>The tribunal found that the proposed residential placement would not be an efficient use of resources. The current placement could meet the YP's educational needs, he had demonstrated improving life skills in respite provision and the LA had said they would be able to assess him for</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			believed the 1:1 support at his current placement to merely be a minder stopping the YP from getting into trouble and preventing him from interacting with other pupils and progressing. The LA argued that a waking day curriculum was not necessary for the YP and would be incompatible with the efficient use of public resources.	supported living should the parents indicate they were no longer able to support him at home. Accordingly, the tribunal found the residential placement would amount to “unreasonable expenditure.” The Order It was ordered that the LA amend the EHC Plan of the YP as follows to parts B, F and I. Incorporate all amendments agreed in the attached working document and the following amendments made by the Tribunal. [Various specified amendments listed in the order under the following headings: MY SEN; Communication and Interaction; Social, Emotional and Mental Health; Provision in relation to Communication and Interaction; Provision in Relation to Social, Emotional and Mental Health; Provision in relation Cognition and Learning; Provision in relation to Sensory and/or Physical; Section I, Section D, Section G and Section H1 and H2].
41.	No	Contents of EHC Plan Section B Section F Section I	Background 10 year-old-child with diagnoses of ADHD and mixed neurodevelopmental disorder. Currently under investigation for Autistic Spectrum Condition. She has immature social communication skills and emotional responses which can impact her ability to interact socially with her peers and familiar adults and struggles with making choices. Currently attending a maintained mainstream Primary School. The child does not show anger in school, but does show some anxious and compulsive behaviour. When not on medication her behaviour was noticeably different. She appears to be able to contain her feelings at school and then releases them at home. Currently scoring in the below average range on verbal and	The LA confirmed that it would issue an amended EHC Plan in the form agreed by the parties and attached to the draft consent order. All outstanding issues in sections B, F and I and concerning health and social care had been resolved using the working document process. The child would attend the maintained complex needs school chosen by her parents in September 2019. The Tribunal concluded that it was in the interests of justice for the proceedings to be concluded by the issue of a consent order in the terms set out in the signed draft consent order and agreed working document. Consent Order It was ordered: 1. The parties having reached agreement in relation to all the issues in the instant appeal as set out in the attached documents, the Tribunal concluded the proceedings by consent. 2. This is the final order in the appeal. 3. The final hearing listed for March 2019 was vacated. 4. No order as to costs.

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>in the well below average on non-verbal cognitive tests, with her relative strength in verbal reasoning.</p> <p>Issues</p> <p>The parents wanted the child to attend a maintained complex needs school. The LA considered that the child's current school could meet her needs. The parents requested that the appeal be part of the National Trial in respect of health care provision regarding the child's toileting needs.</p> <p>Following discussion between the parties:</p> <ul style="list-style-type: none"> a) The child was offered a place at the parents' choice of school starting in September 2019. b) The child was referred to a specialist continence clinic. <p>Following an annual review, changes to the child's EHC Plan were being agreed by the parties who wished that exercise to take place outside of the tribunal arena. The Tribunal refused the parents' application to withdraw the appeal and required a consent order.</p>	
42.	No	<p>Contents of EHC Plan</p> <p>Section F</p> <p>Section I</p>	<p>Background</p> <p>7-year-old child with diagnoses of ADHD and sensory processing disorder. He has confrontational and aggressive behavioural issues. Currently attending a short-term alternative provision following permanent exclusion from a mainstream Primary School in July 2018. He has received a number of fix-term exclusions from his current placement.</p> <p>Issues</p>	<p>Outcome</p> <p>The Tribunal found that the child's EHC Plan just reached an adequate minimum standard of specification required, but was not a good plan. The Tribunal balanced the additional time to obtain further evidence to improve the Plan with the child's need to have confirmed a suitable educational placement and decided that the latter had to be the priority given the escalating exclusions. The Tribunal required the child's school and all professionals to obtain updated evidence to improve the specificity of the Plan at the next annual review.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>During the appeal the LA agreed to add further provision to section F of the child's EHC Plan following an assessment by an Occupational Therapist. That required the child to complete sensory circuits at the beginning and during the school day. Parents agreed the amendments and the Tribunal included them by consent as part of its final order in the appeal.</p> <p>The LA conceded that a mainstream school placement was not appropriate, but opposed the parents' preferred placement at a specified special academy on the grounds of its distance from their home given the child's previous ban from home/school transport and a total journey time of 2 hours and 20 minutes per day. The parents' believed the child could manage that time in a car by using an iPad to occupy him. They had concerns about the suitability of the LA's proposed placement at a different special academy due to lack of space; safety, given the child's established pattern of absconding plus accessibility of knives and electrical sockets; impact on his emotional well-being due to lack of consistency in daily routine due to different finishing times each day and reduced school hours. The parents were very concerned that the inability of the child's current provision to meet his needs was evidence that the LA's proposed placement was also not suitable as it was part of the same Academy group.</p> <p>The outstanding issues to be decided by the Tribunal were as follows;</p>	<p>The LA agreed to carry out a social care assessment under section 17 of the Children's Act 1989 as it accepted that the child was a disabled child and therefore a child in need. The LA confirmed that specification of provision would be considered and made part of the child's social care needs assessment. It was agreed, therefore, that the Tribunal would not make a recommendation on any potential issue it had identified.</p> <p>CAMHS Provision</p> <p>The LA accepted that the child had social, emotional and mental health needs. Those needs were a significant barrier to him accessing a mainstream education and they needed to be fully identified to ensure that he could transition, settle and progress in a specialist educational provision. The child's family was subjected to a cycle of referrals between professionals which had failed to be clear as to who could address what need. He had been excluded from his current placement on many occasions for behaviour and his parents were requesting support to manage him outside of school. He required a thorough assessment of his needs, the provision he required and the outcomes that would be expected. The Tribunal recommend that that assessment was carried out as soon as possible to identify therapeutic support that the child might require as special educational provision in preparation for his transition into new school placement. Any provision identified would look to educate and train the child and therefore should be included as special educational provision not health provision.</p> <p>Educational Placement (Section I)</p> <p>The Tribunal accepted that the parents' proposed placement was able to make the appropriate special educational provision the child required, but it decided that the journey was too far. Reference was made to statutory guidance issued by the DfE stating that the maximum recommended time for a primary aged pupil to spend on a journey was 45 minutes. The Tribunal considered the LA's proposed placement to be suitable for the child and, as the only suitable placement proposed by the parties, it had to</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>a. Whether the two special academies put forward by the parents and the LA were suitable educational placements.</p> <p>b. If both educational placements were suitable, whether the LA's argument that an exception under section 39(4) of the Children and Families Act 2014, that a place at the parents' choice would be an inefficient use of resources, could be relied on in not naming the parents' requested placement.</p> <p>c. If there was a costs discrepancy, whether there were any balancing advantages to be considered of a placement for the child at the parents' choice under section 9 of the Education Act 1996 which would make it a reasonable cost.</p>	<p>be named in section I of the EHC Plan without consideration as to the comparative costs of both placements.</p> <p>The Tribunal was satisfied that the number of hours of education the child would receive at the LA's placement would be adequate factoring in the intense teaching he would be provided with in small classes with a high staff to pupil ratio. The physical space that he would be educated in was also found to be appropriate. The safety concerns raised by the parents could be effectively addressed with the parents' support and additional funding made available by the LA. The LA must fund the school to secure all perimeter exits with a key-pad security system or equivalent. Specification was added to section F to ensure that provision was put into place before the child joined the school. Other specific safety issues must be addressed in a risk assessment. Although that should be standard practice in such a school, the Tribunal added wording to section F. Different school hours could be disconcerting for the child at first, but the timetable was considered to be consistent from week to week and was something that the child could be expected to learn and accept. The Tribunal agreed that it would have been ideal for the child to attend a school taking him through both the remainder of his primary and then secondary education, but no suitable placement was proposed by either party offering that provision.</p> <p>Order - appeal allowed in part.</p> <p>It was ordered that the LA amend the EHC Plan of the child as follows:</p> <p>a. By consent, in Section F, amend the EHC plan ... under the heading Sensory and/ or Physical [wording provided relating to sensory circuits provision].</p> <p>b. The following wording is ordered to be added to Section F under the heading Social, Emotional and Mental Health, ... [wording provided relating to assessment by a clinical psychologist in preparation for the child's transition into a new school placement and security and risk provision prior to the child's start date].</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>c. In Section I, by replacing the existing wording with the following: “A special school placement. [named placement]”.</p> <p>2. By consent, the LA will carry out a Social Care assessment of;</p> <p>a. [The child] under the Children Act 1989 s.17 as a disabled child.</p> <p>b. [The parents] as [the child's] carers under the Children Act 1989 s.17.</p>
43.	No	<p>Contents of EHC Plan</p> <p>Section B</p> <p>Section F</p> <p>Section H</p>	<p>12-year-old child. The parties submitted a request for a Consent Order to be issued by the Tribunal. The appeal was against sections B and F of the EHC Plan. The parent also sought recommendations in respect of section H in relation to the child's social care needs related to his special educational needs.</p> <p>During the course of the final hearing the parties were able to agree all outstanding issues, including social care issues. Having reviewed the working document containing the agreed wording in respect of the outstanding issues, the Tribunal was satisfied that the parties had reached a satisfactory and effective agreement.</p>	<p>Consent Order</p> <p>It was ordered:</p> <p>1. By order made pursuant to rule 29(1) of the Tribunal Procedure Rules 2008 the appeal shall be concluded.</p> <p>2. By consent it is ordered that [the LA] shall amend Sections B and F of the Education, Health and Care plan of [the child] as set out in the attached agreed working document.</p> <p>3. By consent, it is recommended that [the LA] do amend Section H of the Education, Health and Care plan of [the child] as set out in the attached agreed working document.</p> <p>4. No Order is made as to costs.</p> <p>5. This is the final order in the appeal and the proceedings are concluded.</p>
44.	No	Contents of the EHC Plan	<p>Background</p> <p>11-year-old child with diagnosis of Complex Neurodevelopmental Profile including: Autism Spectrum Disorder (more specifically the Demand Avoidant profile) with complex neuro developmental and attachment profile, ADHD, Sensory Processing Disorder, Dyslexia, Executive Functioning Disorder, diurnal and nocturnal enuresis, anxiety and depression. She is Hypo</p>	<p>Outcome</p> <p>1. By consent it is ordered that the LA shall amend the Education, Health and Care plan of the child as set out in the attached agreed working document.</p> <p>2. No Order is made as to costs.</p> <p>3. This is the final order in the appeal and the proceedings are concluded.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			sensitive in her movement and body awareness systems (vestibular and proprioceptive). The parties agreed the terms of settlement in relation to the instant appeal and there were no outstanding issues for the Tribunal to determine. It was agreed that an independent Specialist School would be named as the educational placement in Section I.	
45.	Yes	Contents of EHC Plan Section B Section F Section I Recommendations sought: Section D Section H Section G	The Tribunal received notification from both parties that all matters under the appeal had been resolved by consent between the parties. As a consequence, there were no further issues for the Tribunal Panel to consider.	By Consent it was ordered 1. By order made pursuant to rule 29(1) of the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 the appeal shall be concluded without a hearing. 2. The LA is to issue an EHC Plan for the YP in the form of the working document version 3 annexed to this Order as soon as possible and in any event in accordance with the statutory timescales. 3. There is no order as to costs. 4. The appeal is concluded and this represents the final order in this appeal.
46.	No	Contents of the EHC Plan	Background 11-year-old child with diagnosis of Complex Neurodevelopmental Profile including: Autism Spectrum Disorder (more specifically the Demand Avoidant profile) with complex neurodevelopmental and attachment profile, ADHD, Sensory Processing Disorder, Dyslexia, Executive Functioning Disorder, diurnal and nocturnal enuresis, anxiety and depression. She is Hypo sensitive in her movement and body awareness systems (vestibular and proprioceptive).	It was ordered: 1. By consent it is ordered that the LA shall amend the EHC Plan of the child as set out in the attached agreed working document. 2. No Order is made as to costs. 3. This is the final order in the appeal and the proceedings are concluded.

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			The parties agreed the terms of settlement in relation to the instant appeal and there were no outstanding issues for the Tribunal to determine. It was agreed that an independent Specialist School would be named as the educational placement in Section I.	
47.	No	<p>Contents of EHC Plan:</p> <p>Section B Section F</p> <p>Recommendations sought:</p> <p>Section H</p>	<p>8-year-old girl with ASD resulting in significant and complex SEN. In particular she had severe language and social communication difficulties. She attended a small specialist school placement which operated on the principles of relationship development intervention (RDI).</p> <p>It was common ground that the child was not making satisfactory provision and so the nature of her provision required change. At the time of hearing, the parties had reached substantial agreement about sections B and F and no substantive changes were proposed to section H.</p> <p>Issue</p> <p>The parents considered that the RDI programme in school was not enough and it should be extended into the home environment. The LA conceded that they had no alternative provision in mind for the purposes of the appeal because a further needs assessment was required. The LA considered however that the child needed an intensive speech and language programme (SLT), which could not be delivered at the child's current school.</p>	<p>Appeal allowed</p> <p>Having heard detailed evidence the tribunal accepted that an extension of RDI into the child's home would be beneficial. The child was not associating the programme in school with her life at home, which was restricting her progress. There might be a case for SLT intervention but that should be integrated into the school programme with all specialists working together. RDI was designed to be a way of life and it was not appropriate to suddenly change to alternate SLT provision.</p> <p>Order</p> <p>LA to issue the EHCP in the form of the working document except that on page 29 the reference in bold beginning '<i>an RDI home programme...</i>' was to be deleted and the final paragraph under the heading 'Provision' on page 27 was to be replaced with the following:</p> <p><i>'The Social Communication Programme implemented in school will be extended into the home. This will comprise a member of staff ('an extender') from [named] School who is appropriately trained in RDI and has worked with [the child] entering the home environment for one-hour day (five hours a week in total) during which they will work one-to-one with [the child] to work on social communication targets provided by the supervising RDI consultant.</i></p> <p><i>These sessions will be video recorded, edited and reviewed by the extender, who will then provide written feedback to the RDI consultant (1.5 hours per week).</i></p> <p><i>The RDI consultant will review the footage and give further direction to move forward, as well as administer the secure RDI platform, for which the extender will be provided a subscription (1 hour per month).</i></p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<i>Monthly review meetings will be held between the extender and the RDI consultant (20 minutes a month). The above provision will be evaluated against the Autism Education Trust 'School Framework', which is DFE approved and measures progress in areas which fall outside the national curriculum.'</i>
48.	No	<p>Contents of EHC Plan:</p> <p>Section B Section F</p> <p>Recommendations sought:</p> <p>Section C Section D Section G Section H1/H2</p>	<p>15-year old boy with ASD. He had SEN in areas including literacy, numeracy, language, social communication and interaction, concentration, fine and gross motor skills and organisation. He also had epilepsy, issues with muscle tone and mild scoliosis. He attended an independent school providing both day and residential care for children and young people with speech and language difficulties and autism. He was a day pupil but spent one night per week at the school.</p> <p>Issues</p> <p>At the time of hearing, the LA had agreed to the mother's request for three overnight stays per week at the current school to develop the child's self-help and independent living skills. The Tribunal was left to determine only the remaining disagreement between the parties as to the wording to be used within Parts B and F of the plan.</p> <p><u>Health Needs /Provision</u></p> <p>The panel was asked to consider making the following recommendations:</p> <p>(i) to include a reference to the child's "absences" in Part C</p> <p>(ii) in Part G to specify</p> <p>(a) yearly review from Orthotics for the child's falling arches</p>	<p>Appeal allowed in part</p> <p><u>Part B</u></p> <p>The additional wording sought by the mother included an element of repetition and the tribunal therefore rejected some of the wording sought. From the evidence it was accepted that the child was currently experiencing memory problems which raised his anxiety and impacted on his personal safety. He was not able to seek out support when feeling anxious and relied on familiar adults to identify when he needed it. His sensory difficulties continued to impact in different contexts. The Tribunal therefore amended Part B to include those aspects.</p> <p><u>Part F</u></p> <p>The evidence was highly supportive of the child requiring highly structured routines both within the usual school day and during his three nights stay per week in the residential unit. Part F was amended by the Tribunal to reflect this.</p> <p><u>Health Needs related to SEN</u></p> <p>The Tribunal considered that references to the child's absences and tics were evidenced in the medical evidence and the reports from the school and recommended that these were included within Section C. As to his diagnosis of ASC and probable dissociative episodes the panel view was that in addition to having Educational impact they may also have Health implications and recommended they were also referred to in this Section.</p> <p><u>Provision for Health Care Needs</u></p> <p>The decision on how to monitor and support the child's epilepsy was best left to the NHS professionals. A number of the child's acknowledged healthcare difficulties including his scoliosis and tight muscles presented him with ongoing needs which would impact on him in his educational</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>(b) a review from physiotherapy with the provision of equipment as deemed appropriate</p> <p>(c) Provision of exercises, breaks and specialist equipment at school to alleviate discomfort associated with scoliosis and poor muscle tone</p> <p>(d) Provision of physiotherapy every 6 weeks together with daily physiotherapy at school and regular participation in horse riding.</p> <p><u>Social Care Needs/ Provision</u></p> <p>Given the amendments to Part F now agreed by the LA, the Social Care assessment already carried out last year and the willingness indicated by the LA to initiate a further Assessment if requested to do so, the mother indicated there were no remaining recommendations to be determined by the Tribunal.</p>	<p>setting as well as outside. It was a reasonable and appropriate expectation that his needs would be assessed and reviewed regularly and annually was likely to be a minimum reasonable requirement. It was for the physiotherapy and orthotic service to determine whether more frequent review was required. Whilst noting that horse-riding was an activity which the child formerly enjoyed and may be of potential benefit to his improving core stability and maintaining muscle strength, it was not indicated that this was required healthcare provision and in the absence of evidence to the contrary, the Tribunal was not willing to make a specific recommendation for this.</p> <p>Order</p> <p>LA to amend the EHCP as follows:</p> <p>In Section B and Section F, by replacing the existing wording with the amendments set out in the final working document</p> <p>It was recommended that the LA amend the EHCP as follows:</p> <p>In Section C to include a reference to [the child's] absences and possible dissociative episodes and his Autistic Spectrum Condition</p> <p>In Section G to include:</p> <p>(i) regular (no less than annual) reviews by physiotherapy and orthotics to include a review of any equipment and programme required in [the child's] educational and residential settings;</p> <p>(ii) a provision that any recommendations resulting from assessments on review be implemented including provision of any equipment, activities and programmes advised.</p>
49.	No	Section B Section C Section F Section G Section H1/H2	<p>Background:</p> <p>14-year-old boy diagnosed with autistic spectrum disorder (ASD) with associated severe social communication impairment and difficulties in attention control, receptive and expressive language development as well as aspects of his</p>	<p>By consent, it was ordered that:</p> <p>The child would attend the named placement as a weekly/residential pupil for 38 weeks per year with funding from social care facilitating a further 30 nights per year to be used flexibly.</p> <p>The LA should provide the child with home to school transport, with an escort, in order to facilitate his attendance at the named placement.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

		Section I	<p>play and social interaction. He has severe learning difficulties.</p> <p>The parent appealed against the contents of Sections B, F and I of the child's EHC plan. The parent also requested that the Tribunal made recommendations in relation to Sections C, G, D and H1/H2.</p> <p>Prior to the hearing, the parties requested a consent order to be made in accordance with a Working Document which was fully agreed.</p>	<p>The child's EHCP be amended in accordance with the attached working document and a final EHCP will be issued within 10 working days of the date of the order.</p>
50.	Yes	Section I	<p>Background:</p> <p>21-year-old diagnosed with Fragile X Syndrome, a severe language impairment and associated physical and learning needs. The YP required a very high level of specialist teaching and therapeutic support and supervision throughout the day. He previously attended a College and progressed well. He enjoyed his work placement in the College café, attending his farm placement, having a nice time and made good friends. However, the YP had not attended College for approximately a year, as the LA had refused to maintain these provisions. The YP had to return home and since had become more socially anxious. The LA refused to continue the named placement, but had not provided any submission or evidence about this.</p> <p>The parents appealed against the contents of the EHC plan made by the LA for the YP. The appeal was registered as a National trial, but in the event, no recommendations were sought. The most important aspect of the appeal for both parties was</p>	<p>Appeal allowed.</p> <p>The Tribunal considered all the evidence and found that it was necessary to continue to place the YP at an educational residential placement. The senior researcher and consultant from the named placement confirmed that the College could meet the YP's needs in accordance with the EHCP. The named placement was confirmed it would provide the YP with a waking day curriculum and development of functional communication skills integrated throughout the programme, which was required due to the YP's need to learn language and independence skills throughout the day and his need to learn to generalise skills learned in the classroom to the non-classroom situations.</p> <p>Order</p> <p>The LA to amend the YP's EHCP in Section I, that the named placement (a specialist institution for 16 – 25) be added to the EHCP.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>the identification of the school to be named in Section I.</p> <p>The appeal was considered on all the written evidence provided. In the appeal bundle the LA accepted that the YP required residential placement as continuous education in a residential setting where his educational skills were reinforced across the whole day by trained staff and to maximise his potential and support him to achieve the greatest independence.</p> <p>The Speech and language expert also confirmed that an ongoing placement within a specialist residential college setting was beneficial to the YP as he could continue to receive integrated direct and indirect therapeutic input within the context of a waking day curriculum.</p> <p>The LA had not provided any alternative provision to placement at the named college.</p>	
51.	No	Section B Section C Section D Section F Section G Section H1/H2 Section I	<p>Background</p> <p>15-year-old boy diagnosed with Chronic Fatigue Syndrome, Postural Orthostatic Tachycardia, Ehlers-Danlos syndrome and Optic Disc Drusen. The child was academically able and prior to becoming unwell, his attainments were well within his age group. He had not attended school for over two years due to his Chronic Fatigue Syndrome. The child had been educated at home since that point and had access to online learning and home tuition. He was studying for his GCSEs.</p>	<p>On the evidence, it was clear that the child's health conditions had affected his school attendance since the start of year 9. The parties maintained a dialogue about the issues up to date of the hearing and had included their agreed amendments as part of the order.</p> <p><u>Section B</u></p> <p>The Tribunal held that the proposal about the exams being invigilated at home was a provision and a matter for the Exam Board to consider as this issue fell outside the remit of the LA.</p> <p><u>Section F</u></p> <p>- The Tribunal accepted that special arrangements would need to be applied for, but that the decision about the arrangements would rest with</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>The parent appealed against the contents of his EHCP and requested recommendations concerning healthcare needs and provisions, social care needs and provisions.</p> <p>Issues:</p> <p>Both parties agreed for the case to proceed on paper hearing due to the limited issues in dispute. By the date of the hearing, there remained issues for consideration under section F. These included provisions for the child to achieve outcomes relating to Cognition and Learning; SEMH and preparation for Adulthood.</p> <p>The parents proposed a number of insertions to be made in the Working document. The LA was not disputing the evidence filed by the parents, but disputed the Special Educational Provision proposed by the parents.</p>	<p>each Exam Board based on application by the school, as was agreed in the working document.</p> <ul style="list-style-type: none"> - That the child to be taught how to plan and carry out household duties was SEP. The Tribunal found no evidence to suggest the child did not have the capacity to plan and carry out household duties within the limits of his physical ability. - That the child to be taught about price comparisons when shopping, to budget his money and open and manage a bank account to be SEP. The Tribunal found that the child did not have cognitive issues affecting his numeracy and was taking GCSE maths. - It was necessary for the LA to make adaptations for the Child to access non-school provision. <p>However, the Tribunal agreed that work placements be considered and arranged for the child, but that the LA should be considered when he went back to school.</p> <p><u>Section D and H;</u></p> <p>The Tribunal identified that the child was not able to go into the community or participate in age appropriate activities without support and that he had become isolated. The Tribunal suggested that the Social Worker liaised with the parents on the package of support which involved a carer to support the child and family breaks.</p> <p>Order</p> <p>The Tribunal ordered the LA to amend the EHC plan as follows:</p> <ul style="list-style-type: none"> A. In Section B, by replacing the existing with the amendments set out in the working document, with the following further amendments: B. The parents proposed amendments on page 8 are to be deleted. C. In Section F, by replacing the existing with the amendments set out in the working document with the following further amendments: D. The parents' proposed amendments at m, under the heading "Provision needed to achieve outcome 2, Cognition and Learning", are to be deleted.
--	--	--	---	---

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

				<p>E. The parents' proposed amendments at b, c and d, under "Provision needs to achieve outcome 4, Preparing for Adulthood," are to be deleted. E is to be amended to read "when back at school consideration will be given to work placement arrangements"</p> <p>F. It is recommended that LA amend Sections D and H of the plan to set out the child's needs as identified in the social care assessment and the provision to meet those needs.</p>
52.	Yes	Section B Section D Section F Section H Section I	<p>Background</p> <p>Approximately 20-year-old YP with severe global developmental delay, severe autism, an obsessive-compulsive disorder, linked to anxiety and was diagnosed with epilepsy three years ago. He also had difficulties which were complex and compound each other. For example, he sometimes gets "stuck", unable to engage or respond or move forward, particularly at transitions when his anxiety comes to the fore.</p> <p>The YP also presented with an idiosyncratic communication style; he used a range of ways of communication to get his message across, including speech and his communication device; he understood more spoken language than he could use; spoke fast at the level of one or two words. could be difficult to understand by people who did not know him.</p> <p>He attended an independent special FE College for two terms and was still settling in.</p> <p>The YP appealed against the contents of his EHC plan; sought changes to the description of the YP's needs for social care, particularly arrangements for respite care; and argued that his social care</p>	<p>Appeal allowed</p> <p>The Tribunal made the following findings and conclusions:</p> <p>Part B- Special Needs</p> <p>Bearing in mind the severity of the YP's learning difficulties and of his autism; the consistent focus with much repetition and overlearning he required even to make small steps of progress, the Tribunal found on the balance of his needs that the YP required a residential waking day curriculum ; so that transitions were kept to a minimum ; all those involved with him could follow the same communication approach and he could learn to transfer the skills and learning acquired in the classroom or community to a residential setting. Without that 24hour, waking day curriculum, the Tribunal concluded that the YP was likely to be less effective.</p> <p>Part F – Provision to meet needs</p> <p>The Tribunal also found that the recommended setting should have a multi-disciplinary team approach so that advice was on hand in relation to all aspects of the YP's complex needs, encompassing both his autism and his epilepsy.</p> <p>Part I – Placement</p> <p>Both findings represented substantial increases in the necessary provisions for the YP and both could be delivered in RCM, neither could be delivered in LC. RCM was named the appropriate placement for the YP, on a residential 5 day a week placement, 38 weeks a year.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
			<p>provision in Part H should include social care joint funding for his accommodation at an alternative independent college.</p> <p>Issues: The following issues were disputed: (1) Whether Part B accurately set out his special needs? (2) Whether Part F provided appropriate provision to meet his needs? (3) Placement: the YP argued that his needs were not met at his current placement ("LC"), 3 days a week at the College, and recommended an alternative Independent College ("RCM") which he would attend as a weekly border on a residential, walking day curriculum. The LA argued that 3 days p/w at LC would properly meet the YP's needs and denied there was any evidence that his needs required either a longer, or residential or waking day curriculum. The LA accepted that the RCM could properly meet the YP's needs, but that it was over provision and not compatible with efficient use of public expenditure to send him there, given that the day provision at LC would properly meet his needs at a much lesser cost.</p>	<p>Costs The cost differential was very large, but will be reduced by several thousand tens of thousands of pounds by savings on the social care budget, since a weekday support for the YP was no more required, and the 50 nights respite care no longer needed. A reassessment will be needed as the YP's social care support needs would be reduced later on. The Tribunal also found that the additional benefits at RCM were not only desirable but found to be beneficial to the YP.</p> <p>Parts D and H - Social Care Based on the Tribunal's decision for a residential placement, there would be implications with regards amount of social care needs and respite care the YP required. A non-formal re-assessment of the YP's needs was therefore recommended. The issue with regards joint funding of the YP's residential placement, the Tribunal concluded that it would be an inappropriate use of their powers to make any recommendations on this.</p> <p>Order On the evidence provided and the relevant provisions of the 2015 Code of Practice on Special Educational Needs the Tribunal approved the changes /amendments to Parts B, F and I of the EHC plan endorsed by both parties.</p>
53.	Yes	Section B Section F Section I	19-year-old YP with Hunter Syndrome, a degenerative genetic disorder. The YP was unable to mobilise, is PRJ fed and takes medication in a similar way. He is prone to fracture and skin damage which required a minimum of 2 hourly repositioning. He breathes with the aid of a tracheostomy tube and is doubly incontinent. He	<p>Appeal allowed. On the persuasive evidence, it was clear that despite the YP's significant medical complications and challenges, having agency and maintaining and indeed enhancing his ability to communicate choice and feelings was life improving and would contribute to the YP's well-being. The Tribunal found from the evidence that consistent development of eye-gaze skills would be a functional benefit, and being taught how to</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>takes medication for epilepsy and pain relief, and needs care workers to anticipate his needs. The YP was out of education for 4 years due to his poor health. He attended a maintained special school until July 2018. Following an annual review of the YP's EHCP plan, the LA decided it would no longer maintain the YP's EHCP plan for education. When the YP has been well enough, he attended "The Centre". Since September 2018, he attended a foundation college on a 3day a week programme of provision funded by LA social care, accompanied by a care worker from his care team. The YP appealed pursuant to section 51 of the Children and Families Act 1981, in which he sought for the LA to re-issue an EHC plan.</p> <p>Issues:</p> <p>The key issue was whether education would lead to the YP's progress and have an ongoing impact on his life. The LA argued that the outcomes in the YP's had been met and the proposed study programmes would not alter the preparation for adult outcomes for the YP. The LA further argued that the YP's needs could be supported through an adult social care programme.</p> <p>The YP argued that he still had significant special educational needs (SEN) which arose from his medical needs, and the educational needs could only be met locally by attending an independent special college for 16-25-year olds. He considered that attendance at the specialist college was an educational placement and he was required to be educational in nature. This was because an</p>	<p>communicate with unfamiliar people was a realistic aim. The Tribunal agreed that the use of experimentation regarding the YP's communication skills was appropriate for the YP and not to discount opportunities. The Tribunal found that the YP's EHCP plan should be maintained with specific provision for education, allowing him to work towards identifiable targets, particularly in communication, which could be refined, measured and reviewed. The Tribunal determined that the College was the appropriate setting for delivery of educational provision and a determination was made on the assumption of a 38week educational year at the College.</p> <p>Order</p> <p>It was ordered that the LA amend the Education, Health and Care Plan accordingly.</p>
--	--	--	--	--

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			integral part of the programme was to build upon the YP's progress to date and teach him the skills to move onto the next stage of his life and adulthood.	
54.	Yes	Section B Section F Section I	<p>16-year-old YP who is deaf, has worn bilateral hearing aids due to bilateral moderate- severe sensorineural hearing loss since birth. He is equally proficient in British Sign language and spoken English and has happily adapted his means of communication according to the company he is in. The YP attends a maintained mainstream secondary school local to his home, where he was in Year 12, studying A Levels in Media, Business and English language.</p> <p>The YP appealed against the content of an EHC plan issued by the LA following reassessment of his needs during the transition process from a Statement of Special Educational Needs.</p> <p>Issues:</p> <p>In addition to the amendments to Sections B and F of the EHC plan, YP requested that a specified school was named in Section I.</p> <p><u>Special Educational Needs</u></p> <ul style="list-style-type: none"> - Whether there were other amendments indicated by the evidence before the Tribunal which should be made to Section B and/or F. - Whether the parents' requested school placement, and the LA's proposed placement, are both suitable and can meet the YP's needs and make the special educational provision that he requires. 	<p>Appeal allowed in part.</p> <p>On the evidence, the Tribunal made the following findings and conclusions:</p> <p>Part B</p> <p>Part B was to reflect that the YP considered himself bilingual in spoken English and British Sign Language because it was consistent with the way he communicated at the Tribunal.</p> <p>There was no contradictory evidence with regards the suggested wordings to be used when referring to "integrated receivers and radio aid".</p> <p>The Tribunal considered that the YP did not require access to a same age deaf peer group as this was not a special educational provision. It was found that the YP already had well-developed self-esteem and deaf identity, a good attitude to learning, and no mental health difficulties</p> <p>The Tribunal concluded that with the special educational provision to be made for the YP at the LA recommended placement, the YP would be able to make expected progress and importantly was likely to achieve the personal goals that he has set for himself after school.</p> <p>The Tribunal found that the YP did not need to be taught across his broad and balanced curriculum by subject specialist qualified teachers of the deaf. This was because although there were some advantages to being taught by qualified teachers of the deaf, the YP still made progress towards his outcomes without this provision and it was therefore not educationally necessary for him to receive it.</p> <p>The Tribunal found that the YP did not have emotional needs that presented as special educational needs and that required any special educational provision beyond what was already made. Should he in the future feel that there was some unmet emotional need then this could be addressed but there was no evidence of a current need.</p>

Appeal number	YP	Grounds of appeal	Case summary	Outcome
---------------	----	-------------------	--------------	---------

			<p>- If both educational placements are suitable, the LA's argument that an exception under the Children and Families Act 2014 s. 39(4) –that to name the YP's preferred choice of placement constituted unreasonable public expenditure – could be relied on in not naming parents' requested placement.</p> <p>- What are the comparative costs of the two placements? If there are costs discrepancy, are there any balancing advantages to be considered of a placement at the parents preferred placement?</p>	<p>The parental request for amendment included a range of features that were available their selected placement. These did not appear to be particular to the YP's needs.</p> <p>The requested therapeutic and "facilitative" provision appeared to be unnecessary as what was already provided for within the EHC Plan, which included input from his visiting teacher of the deaf, appeared to be promoting progress.</p> <p>The YP did not require access to audiology support with an educational audiologist who could rapidly address issues with the YP's amplification. The YP reported no significant issues with his amplification and there did not appear to be an issue with his aids that was impeding his learning and development.</p> <p>Part F No amendments were required to Part F of the EHC plan.</p> <p>Part I Given the findings set out above, the Tribunal found that placement at the YP's preferred placement would constitute over-provision for the YP. The LA's preferred placement could make and was making the provision set out in the YP's EHC Plan. No amendment was therefore required to Part I of the YP's EHC plan.</p> <p>Order The appeal was allowed in part (some minor amendments requested by the parents having been agreed by the LA). It was ordered that the LA amend the Education, Health and Care Plan of as follows: In Section B, by replacing the existing wording in the EHC Plan with the amendments described in the above conclusions and by reflecting the agreement reached between the parties both before and at the hearing.</p>
--	--	--	---	---