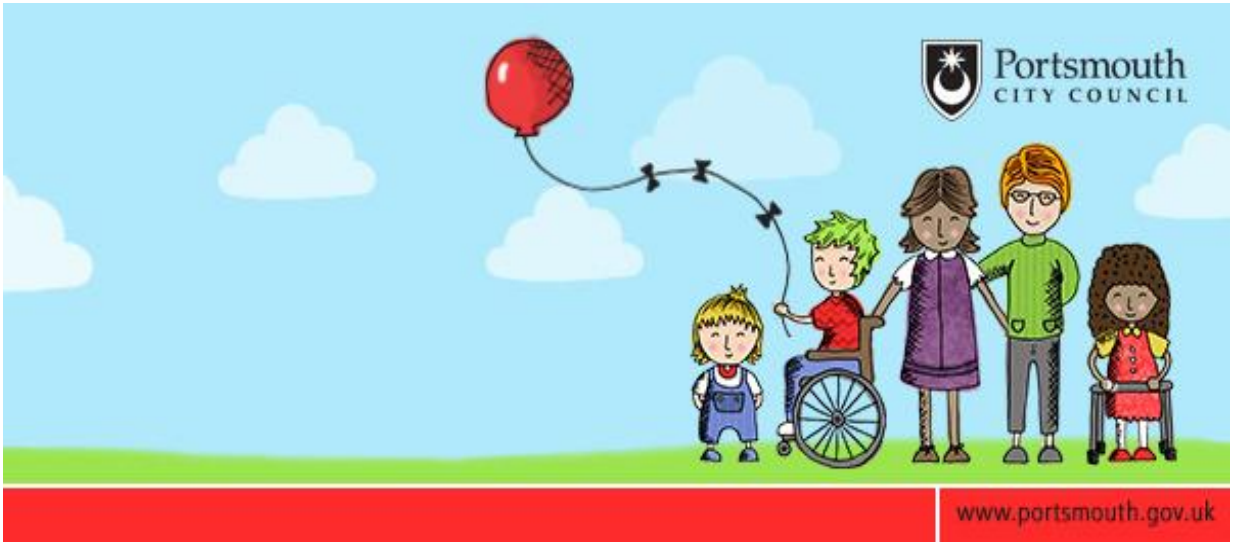
0-25 Coordinated Assessment and Education, Health and Care (EHC) Plan (Version 6 – March 2015)
Appendix 1 – Portsmouth Evidence Writers Pack



Evidence Writers Pack

Portsmouth City Council

September 2014

Portsmouth CITY COUNCIL

Writing outcomes-focused advice

Principles and practical advice for professionals writing statutory advice for Education, Health and Care Needs Assessments

November 2014

CONTENTS

Introduction

INTRODUCTION

These guidelines have been written for professionals who will be providing assessment advice and reports for Education, Health and Care Needs Assessments.

The guidelines are a recognition that it is helpful for all professionals contributing advice to this process to have a common framework to refer to when drafting this advice and producing their final reports. The guidelines address many questions that have been raised by advice writers but they also reflect best practice in a wide range of teams who have been proactive in developing new frameworks for providing advice that meets the needs of children and families and the standards required by professional regulatory bodies.

It is hoped that advice writers will find these guidelines succinct and relevant to their professional role. There has been a focus throughout on primary sources of evidence and examples from practice.

This document has been written in collaboration with colleagues from education, health and social care. Feedback from parents on an early draft has also been provided by a local Parent Partnership service. In addition, the guidance offered here has been revised in the light of the outcomes and feedback made available through national and regional SEND Pathfinder events.

1. CONTEXT

1.1 What families say they want …

To see that professionals have listened to their views and included those views in their written advice.

To see that the assessment/planning/intervention process starts with what young people and families want and need, not with what services typically do or deliver.

Reports that are written primarily for parents, carers and young people to read: jargon-free, personal, as brief as possible, with unambiguous professional opinions, advice and conclusions and specific recommendations regarding needs and provision.

1.2 The SEN Code of Practice says …

Young people and their families must experience the assessment and planning process as a partnership leading to the co-production of EHC plans.

para 9:44 'The local authority **must** gather advice from relevant professionals about the child or young person's education, health and care needs, desired outcomes and special educational, health and care provision that may be required to meet identified needs and achieve desired outcomes.'

para 9:49 'The evidence and advice submitted by those providing it should be clear, accessible and specific. They should provide advice about outcomes relevant for the child or young person's age and phase of education and strategies for their achievement. The local authority may provide guidance about the structure and format of advice and information to be provided. Professionals should limit their advice to areas in which they have expertise. They may comment on the amount of provision they consider a child or young person requires and local authorities should not have blanket policies which prevent them from doing so.'

1.3 Pathfinder pilot feedback says …

The drafting of a good EHC Plan depends on the quality of advice received from professionals.

Pathfinder feedback shows that ***"a poor quality plan might be written based on good professional advice, but a good plan cannot be written based on poor professional advice"***

Where professional advice is most helpful it is outcomes-focused. Professionals still too-often base their recommendations on descriptions of provision such as *"Janette needs a social skills programme,"* instead of describing the outcomes that they believe the young person should achieve such as *"Janette will be able to play with a group of friends of her own age"*, and how those outcomes can be achieved.

Where professional advice is most helpful it is clear that the professional understands ***the difference between submitting a report and providing advice*** - professionals can become fluent in providing reports that contain lots of description but relatively few conclusions and recommendations. ***Families and local authorities seek out and appreciate the advice of professionals, not their reports.***

2. THREE GUIDING PRINCIPLES FOR WRITING ADVICE

Co-production
Person-centred planning
Outcomes-focused

2.1 Co-production

Means that families and young people will feel that they are partners in the drafting and writing of plans, not passive recipients of them.

Is an important general principle but a more significant issue for local authorities drawing up the Local Offer and writing EHC plans than for individual professionals providing statutory advice for those plans, because it is NOT the case that individual professional advice has to be co-produced with young people and their families in the same way required of the EHC Plan. Nevertheless professional advice MUST show clear evidence of consultation with them and should refer to their wishes and aspirations in its recommendations.

Does NOT mean that professionals have to give advice that agrees with and supports young people and their families' wishes and aspirations because it is entirely credible and acceptable that professional advice will disagree or diverge from what a young person wants, but where this happens the professional should refer to this disagreement, explain how it has arisen and justify their own position.

2.2 Person-centred planning

A familiar concept in some professions, and a well-established model in adult social care practice.

For professionals writing advice about individuals it means that the assessment should be conducted as far as possible according to the individual's needs and wishes and should not simply be an example of what that profession 'usually does'.

Assessments should be conducted in a manner that takes account of the individual's needs and wishes; enables them to express their views; enables them to understand what is being done and proposed; and describes the individual as far as possible in terms that they would choose to describe themselves.

2.3 Outcomes-focused

Professionals may feel that they already incorporate important elements of co-production and person-centred planning in their work and their advice. Experience suggests that writing outcomes-focused advice is far less common than it should be, and that **professionals frequently recommend provision or processes in their reports instead of commenting on outcomes**. Consider these examples from the government guidance document *Working Together to Safeguard Children*, published in March 2013:

> 49.Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child.

50.Where the outcome of the assessment is continued local authority children's social care involvement, the social worker and their manager should agree a plan of action with other professionals and discuss this with the child and their family..

Neither of the above are 'outcomes' in the sense being promoted in the new SEND Code of Practice. An outcome is understood as the fulfilment of an ambition or wish. It is something that the person hopes to attain or achieve; it is NOT a goal set by a professional as part of their service delivery, not a piece of provision or description of part of an intervention.

From the SEND Code of Practice:

para 9.62 'EHC plans **must** be focused on education and training, health and care outcomes that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood. EHC plans can also include wider outcomes such as positive social relationships and emotional resilience and stability. Outcomes should always enable children and young people to move towards the long-term aspirations of employment or higher education, independent living and community participation.'

From the SEND Code of Practice:

para 9.64 'An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be specific, measurable, achievable, realistic and time bound (SMART). Outcomes are not a description of the service being provided – for example the provision of three hours of speech and language therapy is not an outcome. In this case, the outcome is what it is intended that the speech and language therapy will help the individual to do that they cannot do now and by when this will be achieved.'

From the SEND Code of Practice:

para 9.65 'When agreeing outcomes, it is important to consider both what is important to the child or young person – what they themselves want to be able to achieve – and what is important for them as judged by others with the child or young person's best interests at heart. In the case of speech and language needs, what is important to the child may be that they want to be able to talk to their friends and join in their games at playtime. What is important for them is that their difficult behaviour improves because they no longer get frustrated at not being understood.'

From the SEND Code of Practice:

para 9.66 'Outcomes underpin and inform the detail of EHC plans. Outcomes will usually set out what needs to be achieved by the end of a phase or stage of education in order to enable the child or young person to progress successfully to the next phase or stage. An outcome for a child of secondary school age might be, for example, to make adequate progress or achieve a qualification to enable him or her to attend a specific course at college. Other outcomes in the EHC plan may then describe what needs to be achieved by the end of each intervening year to enable him or her to achieve the college place. From year 9 onwards, the nature of the outcomes will reflect the need to ensure young people are preparing for adulthood. In all cases, EHC plans **must** set out clearly the special educational provision that will enable the outcomes to be achieved.'

3. SPECIFYING OUTCOMES AND SEPARATING THEM FROM PROVISION

3.1 Defining Long term outcomes, One year outcomes & Provision

For professionals writing statutory advice the best approach to advising on outcomes will be to start with an understanding of the achievable **Long-term outcomes** the individual is aiming for; then consider what is likely to be achievable in **One year**'s work towards each long term outcome; then to specify the **Provision** that will be needed to make this happen.

Long term outcome ⇨ One year outcome ⇨ Provision

Long term outcomes

- will be broad and ambitious - compared to where the young person is currently up to - but realistic and achievable
- will in most cases be things that the young person wants for themselves
- are an opportunity for professional advice to indicate a young person's potential
- give a sense of direction and purpose to the rest of the planning process

One year outcomes

- will describe what can realistically be achieved within one year, with the correct provision and support
- will allow the impact of the EHC Plan to be gauged during the Annual Review meeting
- offer an opportunity for the quality of provision to be held to account

Provision

- will typically describe the type of support a young person needs, including the frequency, duration, the methods and the professionals who need to be involved in delivering it
- should be specific about all of the above without naming a particular school, nursery or other setting

3.2 Separating Long term outcomes from One year outcomes

The Code of Practice advises that 'long term' is best understood as a period of a few years, perhaps the end of the current Key Stage in a child's education or a transition point between the current school and the next phase of education. At the same time professionals must not lose sight of children's and families' realistic aspirations that go beyond this time frame. Even for very young children, parents often express their ambitions in terms of adult living and choices and they want education, health and care support to be informed by this, and professional advice to have a view on it.

Appendix 5.3 of this document has some helpful clarification of this issue in the *Outcomes Pyramid* provided by the Council for Disabled Children. The Pyramid calls the longest of long term outcomes 'Aspirations' and considers them to be outcomes 'in waiting', not simply broad hopes for the future. The CDC suggest that as a child gets older there must come a point in time where the Aspirations are deemed achievable within the next two to three years and therefore can be construed as Outcomes. Agreement around suitable time frames such as these should be arrived at through the co-production process led by the assessment co-ordinator and communicated to advice writers as required. The following are examples of possible One year and Long term outcomes:

Long term outcome:
Simon will be a fluent reader

One year outcome:
Simon will be able to correctly read all phonically regular words using synthetic phonics knowledge

Long term outcome:
Simon will be able to socialise safely in the community without adult supervision

One year outcome:
Simon will be able to play in an age appropriate way with at least one child of his own age for the majority of break times at school

Long term outcome:
Simon will be able to reliably communicate the majority of his wishes and preferences

One year outcome:
Simon will be able to indicate a preference, either through gesture or vocalising, from a choice of two options presented as visual prompts

Long term outcome:
Simon will be able to meet new people, and deal with unexpected events, with confidence
One year outcome:
Simon will be able work successfully for at least 15 minutes with an adult-chosen partner on all collaborative tasks in science and maths

3.3 Separating Outcomes from Provision

These are all statements of Provision, NOT Outcomes:
Simon will receive 15 minutes of targeted individual word-level literacy support each day

Simon will require a daily speech and language programme focussing on comprehension of instructions containing three key items of information

Simon needs an individual daily visual timetable that is discussed with him at the start of each day by a member of staff

Simon will remain under review by the community paediatrician

Simon should be assessed by the occupational therapist

Simon should have a Circle of Friends intervention set up and run by a teaching assistant

4. MOVING FROM OUTCOMES TO PROVISION

4.1 Examples of the progression from Long term to One year outcomes and their link with specific Provision

See also the anonymised advice from sensory impairment and educational psychology services in Appendix 5.2 of these guidelines.

Long term outcome
Simon will be able to describe, explain and control his own behaviour at age appropriate levels

One Year Outcome
Simon will be able to confidently identify and label his feelings and emotions

Provision
Simon should receive weekly small group support led by a suitably experienced TA focussed on understanding thoughts, feelings and behaviour. This work should be supervised by a qualified teacher and be linked to objectives seeking to develop Simon's social interaction skills in the classroom and during unstructured times at school. The impact of this work will need to be monitored on a daily basis by key staff working with him.

Long term outcome
Simon to develop age appropriate spoken and social interaction skills, enabling him to join in play and work cooperatively with others

One Year Outcome
Simon will show the ability to turn-take in structured small group discussions with peers, with minimal or no interruptions of others and no purely self-directed changes of topic.

Provision
School to explain and discuss this target with Simon and then monitor his progress in small group activities that occur as part of the differentiated class curriculum across the year.
Parents to be aware of this target and supported by school in drawing Simon's attention to it as appropriate at home.
All staff working with Simon should be aware of this target and should take all available opportunities to raise Simon's awareness of his skills in this area and provide him with specific praise for his efforts to improve.

5. APPENDICES

5.1 Contributors to these guidelines

This guidance document was drafted with the assistance of the following colleagues representing advice writers in services in Portsmouth, Southampton and across the Solent region:

- Ruth Banfield - Team Leader Sensory Impairment Service
- Simon Burnham - Senior Educational Psychologist
- Diane Cook - Inco/Senco Arundel Court School
- Tara Diebel - Trainee Educational Psychologist Southampton University
- Sally Eveleigh - Speech and Language Therapist
- Karen Glenister - Inclusion Leader St Judes Primary School
- Erica Goddard - Advanced Nurse Practitioner CAMHS LD
- Michael Henning-Pugh - Social Care Children with Disabilities Team
- Kathy Padoa - Consultant Community Paediatrician
- Carol Stevens - Specialist Health Visitor/Clinical Team Leader

The authors are grateful for the feedback from parents about an earlier version of this document provided by **Portsmouth's Parent Voice** service and for feedback and guidance received from presenters and delegates at national and regional **SEND Pathfinder** events in 2013/14.

5.2 Templates for advice from

5.2.1 NHS Therapy Services

PRIVATE AND CONFIDENTIAL

Solent NHS
NHS Trust

Children's Therapy Service
Stoneham Centre
Moorgreen Hospital
Botley Road
West End
Southampton
S030 3JB

Tel: 0300 300 2019
Fax: 023 80475378
www.solent.nhs.uk/childrenstherapies

CHILDREN'S THERAPY SERVICE

Contribution to Statutory Education Health Care Plan

Name:		**D.O.B.**	
NHS No:			
Address:		**Postcode:**	
G.P.		**Consultant:**	
Diagnosis:		**Chronological Age:**	
Associated Difficulties:			
Attends:		**Date of Report:**	

Team Contributing to Report: …….. Speech &Language Therapist, …… Physiotherapist, …….. Occupational Therapist

(Child's Name) Therapy Story
Suggested content in code of practice includes the impact of diagnosis, on communication, physical & functional development

SUMMARY OF (Child's Name) STRENGTH'S, NEED'S		
Communication & Interaction		
Interaction	Strengths	
	Needs	
Understanding of Spoken Language	Strengths	
	Needs	
Expressive language	Strengths	
	Needs	
Speech Sounds	Strengths	
	Needs	
Other	Strengths	
	Needs	

Cognition & Learning		
Play	Strengths	
	Needs	
Attention	Strengths	
	Needs	

Social, Emotional, Mental Health		
Behaviour	Strengths	
	Needs	
Participation/Anxiety in different environment	Strengths	
	Needs	
Impact of Difficulty in forming new relationships	Strengths	
	Needs	
Safeguarding or Attachment	Strengths	
	Needs	

Sensory &/ Physical			
<u>Physical Needs</u>			
Postural Tone & Patterns of Movement			
Strengths			
Needs			
Gross Motor Skills			
Positions & Transitions (rolling, crawling, sitting, etc		Strengths	
		Needs	
Postural Stability/Posture		Strengths	
		Needs	
Balance		Strengths	
		Needs	
Walking		Strengths	
		Needs	
Running & Jumping		Strengths	
		Needs	
Fine Motor Skills			
Manual Dexterity	Strengths		
	Needs		
Pencil Skills	Strengths		
	Needs		
Scissor Skills	Strengths		
	Needs		
Activities of Daily Living			
Feeding	Strengths		
	Needs		
Dressing	Strengths		
	Need's		
Personal Care	Strength's		
	Needs		
<u>Sensory Needs</u>			
Strengths			
Needs			

OUTCOMES & PROVISION

Communication & Interaction	
Longterm Outcome	
One Year Outcome	
Provision (who, what, how often, when)	

Cognitive Learning	
Longterm Outcome	
One Year Outcome	
Provision (who, what, how often, when)	

Social, Emotional, Mental Health	
Longterm Outcome	
One Year Outcome	
Provision (who, what, how often, when)	

Sensory & Physical	
Longterm Outcome	
One Year Outcome	
Provision (who, what, how often, when) *including equipment*	

Further Involvement - *Following programme given child will be discharged*	
Educational	
Non educational	

Signed:

_____ _____ _____

Speech & Language Therapist **Physiotherapist** **Occupational Therapist**

C.c. Parent/Carer, GP, Consultant Paediatrician, File
Other: e.g. Social Services, Dietician

Solent NHS
NHS Trust

5.2.2

Suggested format for the submission of medical advice to Education following a Statement Request: APPENDIX C

Please read the Guidelines for completion of Appendix C before completing this format. (This is only an Aide Memoire and not a standardised form)

MEDICAL ADVICE **APPENDIX C - Ref. No: ApC / 13**

1. Child's Name:

   (a) Surname: (b) First Name:

2. Date of Birth: Chronological Age:
   Date of Assessment: Date of report (if different)

3. Boy ☐ Girl ☐ (please tick)

4. Present school / nursery / playgroup/ N/A:

5. Address:

6. Name of Parent / Guardian (s):
   and Address if different from child

7. General Practitioner :

8. Health Visitor / School Nurse:

9. Therapists involved:

10. Professionals Involved:

10. Summary:

11. Diagnosis / Problem List
(including who has made diagnosis and when diagnosis made)

12. Current relevant Medication / Treatment:

12. Relevant Family Structure
(only relevant details)

13. Relevant past and present medical history: (including relevant birth history and milestones; when involved with paediatrician):
Include source of information

14. Sensory and Physical

Sensory (document most recent assessment; any abnormal findings)
(i) Vision

(ii) Hearing

Physical

(i) Growth (where relevant provide details, otherwise record as normal/ no concerns)

Weight

Height

(ii) Examination:

(iii) Development and current ability (if therapist is involved then consider referring to their report, or record as no concerns/ summary of ability)

Mobility and Posture

Co-ordination/ Fine motor skills include hand function if relevant

Self Help Skills including feeding, toileting

15. Communication and Interaction
(refer to SLT information if known to SLT; record as no concerns if no concerns; summarise details of concerns)
Speech
Social interaction
Behaviour (include sleep if relevant)

16. Cognition and learning
(refer to EP report; summarise relevant details where Paed has assessed (if relevant))

17. Medical Outcomes:
(record relevant medical outcomes ie where we have the expertise to comment and advise)

18. Recommendations:
(record relevant non-medical or non-health recommendations if needed; may leave blank if feel other professionals will cover)

17. Signature: Date: (of final scanning)

18. Name Designation

Cc list: consider parents, GP, other professionals involved (if felt relevant) – with standardized cover letter

The report will be available to parents and may become part of a legal document (the statement). It may also be required by an Appeal Tribunal of the Secretary of State for Education.

Admin update (if needed)

19. Reports from the following professionals enclosed:

20. Reports from the following professionals requested:

KPrevised Oct 14

APPENDIX F

SPECIALIST TEACHER ADVISER'S (HEARING IMPAIRMENT) REPORT FOR A STATUTORY ASSESSMENT OF A CHILD'S SPECIAL NEEDS

This report should not be copied or distributed without its appendices

SURNAME: Potts **FIRST NAME:** Helen **GENDER:** Female

DATE OF BIRTH: **CHRONOLOGICAL AGE:** 4 years 2 months **YEAR GROUP:** R-1

ADDRESS:

EDUCATION SETTING: …….Nursery **DATE(S) OF THIS ASSESSMENT:** ……2014

1.0 SUMMARY

Helen has a severe bilateral sensori-neural hearing loss with an associated significant delay in her understanding and use of language.

2.0 CHILD/YOUNG PERSON'S VIEWS AND WISHES

Helen has just started to attend …….. Nursery as she moved from …….. to Portsmouth in ……. She enjoys coming to the nursery and will happily play and turn take with her new peers, many of whom she knows by name. Helen is a very visual learner and enjoys activities that do not require a high degree of language. At choosing time more often than not Helen prefers to go outside. In the short time that Helen has attended the nursery she has settled in well and understands the daily routines.

3.0 PARENTS' VIEWS AND WISHES

Mrs Potts, mother of Helen wants her daughter to be educated in her local mainstream school alongside her siblings. She is keen that Helen is not "singled out" and treated differently because of her hearing loss.

4.0 ASSESSMENT OUTCOMES

4.1 COMMUNICATION AND INTERACTION

Helen's severe hearing loss impacts on her ability to communicate effectively her needs and wants. This does lead to frustration at home and her behaviour can be challenging. Within the nursery setting all staff need to be aware that Helen has developed excellent strategies to disguise this e.g. changing the subject when she does not understand and flitting from one activity to another.

4.2 SOCIAL, EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

Helen is happy playing alongside other children and with adult support is happy to turn take, as long as the activity is familiar. Her peers are still at an age where a lot of the interaction is physical e.g. chasing games and Helen is able to participate on an equal footing. Helen always likes to be first in the line and on occasions will try to dominate her peers. Helen's understanding of self-/social awareness is limited to happy and sad and she will require on-going support to which focuses on the language associated with emotions.

4.3 COGNITION AND LEARNING

Helen appears to have non-verbal skills at an age appropriate level. Her significant hearing loss has impacted on her verbal ability to understand and solve problems using words. This will mean that she finds it very hard to take part in and learn anything from activities which are presented only through speaking.

4.4 PHYSICAL AND SENSORY DEVELOPMENT

Helen has a hearing loss in both ears and is currently presenting with a severe sensori-neural loss averaging 88 dBHL on the right and 79 dBHL on the left. She wears two Nathos SP hearing aids all day and has been issued with an FM Genie radio aid for use at her preschool setting. There is concern that Helen's hearing loss may deteriorate further. Without her hearing aids Helen will not follow conversation but may hear some very loud sounds such as drums. With her hearing aids, Helen is able to hear the range of low and mid-frequency speech sounds at conversational voice levels. However she is not able to detect very high frequency sounds such as 'ss', 'sh', 'p' and 't'. Her hearing loss therefore makes it very hard to discriminate speech effectively, even when wearing hearing aids. Any background noise makes it harder still and her ability to hear is directly influenced by her listening environment.

5.0 OBJECTIVES, FACILITIES AND PROVISION

A Helen will make the best use of the hearing she has, aided by appropriate amplification

Outcomes	Provision	By Whom
Helen's listening skills will show measurable improvement year on year and will be developed to the maximum level possible.	2 x ten minute sessions of listening practice daily in a quiet room. A programme for the delivery of the sessions will be developed by a Teacher of the Deaf who will train the teaching assistant on how to deliver the sessions to Helen. Monitoring and half termly reviews of programme.	Delivered by TA Teacher of Deaf with class teacher
The classroom(s) Helen uses should have good acoustics and be managed to minimise background noise.	The acoustic quality of classrooms is assessed and reasonable steps are taken to make it as easy as possible for Helen to listen and hear.	Teacher of Deaf to provide assessment and advice to setting. School to implement
Use of a radio aid so that it is easier for Helen to hear what the teacher is saying	Purchase of a radio aid. Training and advice to Helen and staff on its use. Daily checks to ensure the radio aid is working properly. Termly review and re-programming of aids if required.	Local authority to fund Teacher of Deaf TA Teacher of Deaf
Staff understand the implications of Helen's hearing impairment and know what they need to do to ensure that she can access teaching and learning and fully participate in the life of the school.	Whole Staff training on the implications of hearing impairment and what can be done to overcome barriers to learning and inclusion. As required by knowledge and experience	Teacher of Deaf Teacher of Deaf

	of the teachers and staff directly working with Helen. Currently weekly, additional support, advice, training and liaison. Specific training for TA on the checking, care and maintenance of Helen's aids.	 Teacher of Deaf and TA to carry out routine checking etc.
Helen will take responsibility for managing her hearing aids and have the confidence to let people know if they are not working and/or she is not hearing what other people are saying.	A twice yearly assessment to determine which aspects Helen can manage herself and where she needs more help. Provision of training appropriate to Helen's age to be provided during her weekly session with the Teacher of the Deaf.	Teacher of Deaf, TA, class teacher Teacher of Deaf

B Helen's Speech Language and communication skills will develop to a point where they are, as a minimum, at a level or close to that expected of a child of her chronological age and ability.

Outcomes	Provision	By Whom
Helen's vocabulary, spoken language and understanding of language will show year on year measurable improvement until they are at least age and ability appropriate	An individually designed daily programme Covering these areas to be delivered on a 1:1 basis.	Teacher of Deaf /SALT
	The language being taught in the individual sessions will also be included in some of the classroom teaching so that Helen gets as much practice as possible. Some of the more advanced language used by the teacher will be simplified by the TA in conjunction with the teacher. Orally presented information, will always be supplemented in visual form.	Class teacher, TA Class teacher, TA

C Helen's personal, social and emotional development will be age and ability appropriate and will be maintained at that level or above

Outcomes	Provision	By Whom
Helen will behave appropriately for her age when mixing with other children and adults and will have confidence to make friends with other children in her age group.	Helen will have an improved ability to communicate with other children through specialist programmes outlined in B e.g. use of shape coding, language steps, black sheep narrative resources. Helen's peers to have 4 introductory sessions of deaf awareness training that is integrated and practised in the classroom and around the school.	Those identified in section B Teacher of Deaf and class teacher
	Using time-tabled activities and break times ensure a minimum of 2 opportunities per day for Helen to play and work in 1:1 situations and small groups	Support from an adult to facilitate interaction/communication when required.
Helen will maintain her current good levels of motivation, self-esteem and confidence in her desire to learn new tasks.	An introduction to all new tasks and learning that is in carefully managed steps to ensure steady good progress	Class teacher
Helen will be successful in knowing what she should do when she feels angry, frustrated when she is playing or working with other children.	A programme to help Helen: • Talk about her feelings in different situations. • Learn different ways of responding.	Class teacher/ TA with advice from Educational Psychologist.
Helen will have an understanding of her own deafness at an age appropriate level and take	Opportunities for Helen to meet other deaf children and adults.	Teacher of Deaf to advise and signpost to local offer.

some responsibility for ensuring others understand her needs in relation to deafness.	Strategies for Helen to use and practise to make known her needs as a deaf person.	TA/Teacher of Deaf

D. Helen will achieve academic outcomes which reflect her true ability for learning once the barriers arising from her severe bilateral sensori-neural hearing loss and attendant language difficulties are broken down.

Outcomes	Provision	By Whom
Helen will access the National Curriculum at her age appropriate and ability level as indicated by her performance on non-verbal assessments.	Appropriate differentiation of the core and foundation subjects in the National Curriculum.	Class teacher with advice from Teacher of Deaf.
Helen will make adequate progress in reading, writing and spelling within KS1 so that she achieves, at least, an average performance level for other children in her year group.	Daily individual and small group programmes in reading, writing, spelling and maths. Additional time built into lessons to make sure that Helen has understood the new topics and any new ideas and information associated with them. (Helen requires more time than most children to make sense and process new information.) Helen's learning sessions where she has to "listen" to a member of staff giving a class lesson must be well spaced throughout the school day as Helen tires easily with the amount of effort she has to put into listening. She should have some "down time" and her level of tiredness monitored.	Class teacher with advice from Teacher of Deaf, delivered by TA. TA delivering the daily sessions. The class teacher through their daily/weekly plans and teaching. Class teacher and TA

This report will be made available to parents and may become part of a legal document (the Statement). It may be required by an Appeal *Committee* or the Secretary of State for Education and Employment.

Name: **Signature:** **Date:**

Specialist Teacher Adviser

APPENDICES

Sources of Information

Specialist Teacher HI report ……. - December 2013
Audiology Reports - June and September 2013
Record of Contacts Specialist Teacher Adviser HI Portsmouth Jan-March 2014

Tests and Assessments Used

Date	Assessment Name	Focus	Findings/results	What this means
September 2013	Pure Tone Audiogram	Level (and type of hearing loss)	A severe bilateral sensori-neural hearing loss, averaging 88 dBHL on the right and 79 dBHL on the left.	Helen has been fitted with bilateral hearing aids which need to be worn consistently all waking hours to ensure she has access to the full range of speech sounds. Hearing aids work best in close proximity to the sound source and in good acoustic environments. Hearing aids are of limited benefit hearing sounds from a distance, in group situations, and when there is background noise. Helen will benefit from using a radio aid to help ensure she makes progress.
March 2014	McCormick Toy Test	Aided speech discrimination (tested with live voice)	At 65dBA (voice only) = 10/12 At 65dBA (with lip reading) = 12/12 At 45dBA (Voice only) = 8/12 At 45dBA (with lip reading) = 10/12	Helen knows the names of and responds appropriately to all toys used in the test and scores 100% when using the additional cue of lip reading when the test is presented at conversational voice level. She has more difficulty when voice is quiet and she is unable to

				see lip patterns.
March 2014	British Picture Vocabulary Test (BPVS)	Understanding of vocabulary	Achieved score of 22, which equates to 1st percentile	Helen's score was very low indicating that she finds it very hard to take part in and learn anything from activities which are presented only through speaking.
March 2014	Test for Reception of Grammar (TROG)	Understanding of grammatical structures.	Helen was able to give a correct response to sentences involving two elements. Lack of vocabulary especially action words hindered her score.	Helen is still not confident with simple prepositions e.g. in, on, concepts to do with size/comparisons e.g. long/short. All these are going to need to be taught in a structured 1:1 setting.
March 2014	Renfrew Action Picture Test	Understanding a specific question related to a picture and responding to it.	Helen scored slightly higher on the information than the grammar used. However both scores were too low to give an age equivalent.	Helen is beginning to use sentences that contain a noun plus action word. She is confident with using the verb in the present tense, but has not grasped the concept of the passive. Her lack of vocabulary especially action words also had a bearing on the low scores obtained.

5.2.4 Educational Psychology Service – anonymised Appendix

EDUCATIONAL PSYCHOLOGIST'S STATUTORY ADVICE

contributing to an EDUCATION, HEALTH AND CARE PLAN

This report should not be copied or distributed without its appendices

Surname: NOTTS	**First name: ELLEN**	**Gender: Female**
Date of birth: 22.01.02	**Chronological age: 11y 3m**	**Year group: Yr 6**
Address: 1 New Street		
Education setting: New Primary School	**Date(s) of this assessment: 22.04.13**	

Summary

Ellen is a girl of 11 years and 3 months of age currently in Year 6 at New Primary School. She lives with her mum and four siblings and has shown resilience in dealing with the early disruption of her relationship with her mum during a period of foster care with her grandmother.

Ellen is a friendly girl whom adults can engage with easily and she is receptive to support to develop her skills.

Ellen has been diagnosed with a severe expressive language disorder and age appropriate understanding of language. In my assessment work with her I found her to be capable of broadly age appropriate, fluent conversation on a range of topics with only occasional difficulties with word pronunciation. Ellen shows encouraging skills of self-awareness and reflection in the way she is able to describe herself and to highlight and describe aspects of her own difficulties.

A number of Ellen's non-verbal cognitive skills and phonological processing skills are at age appropriate levels but her curriculum attainments in Year 5 were described as being in the range of a Year 2 to Year 4 child. Ellen's current literacy skills are very poor, with word reading assessment suggesting attainment approximately 4½ years below her chronological age. There is no evidence to suggest that Ellen will not acquire fluent, age appropriate literacy skills.

Ellen currently shows evidence of social and emotional immaturity but does not seem, in my opinion, to have low self esteem. Rather, she appears confused about the relationship between her thoughts, feelings and behaviour. Ellen's desire to be helpful to others is an important part of her positive self-image and should be further encouraged in school, but it also makes her vulnerable sometimes in the wider community and she needs support to widen her circle of friends with an appropriate peer group.

In my opinion, work to develop Ellen's confidence and skills in interactions with a wider peer group should be the main priority in the EHC plan. Continued progress in this area is essential to allow Ellen to also benefit from the positive outcomes that will arise from her progress in other areas.

Ellen's views and wishes

Ellen would like to be able to understand her own behaviour better and in particular to understand and be able to better control her occasional angry outbursts.
Ellen would like to see her dad more often and she would like to have more friends that she can play with regularly in school, although she is also aware that she likes to spend some time on her own.
Ellen is well aware that she receives extra help with a range of work in school and she does not want any more help than she currently gets. However, she would like more opportunities to be helpful to others in school, similar to her current Prefect role and her work in the tuck shop, and Ellen sees herself as working at her best in small groups.
Ellen would like to go to [secondary special] school in September 2013 principally because she feels she would make more progress there and also make more friends.

Mrs Notts' views and wishes

Mrs Notts would like to see Ellen develop age appropriate language skills and the ability to play sensibly with children of her own age. She would like Ellen to have a wider circle of friends than the one "good" friend she feels Ellen currently has and she would also like her to develop greater social maturity so that she can keep herself safe in the community without adult supervision.
Mrs Notts believes that Ellen should be educated in the same mainstream secondary school as her older sister.

Assessment outcomes

Emotional, social and behavioural

With appropriately differentiated work and occasional support from a TA Ellen can behave in a sensible and age appropriate manner in class. She has the confidence to contribute to class discussions and work in the school tuck shop and she shows an age appropriate level of interest in her peers and her environment.

Ellen is described by school and her mum as having low self esteem. I do not believe that Ellen holds a negative opinion of herself. She seems confused about the connection between her thoughts and feelings and her behaviour; she does not understand why she is, in her words, “kind” but also has “anger problems”.

Ellen has realistic and age appropriate views of school – like many children she is aware that she has strengths and difficulties and her enjoyment of school is mixed, according to the work she is doing.

Aspects of Ellen’s behaviour at school and in the community show that she can be immature for her age, which manifests itself in a preference for play with children younger than herself and a lack of awareness of the risks involved in approaching strangers.

Communication and interaction

Ellen was assessed by Sarah Knapman, speech and language therapist, in November 2012, with the conclusion that her comprehension was within the expected range for her age and her spoken language and social communication skills needed further assessment. In February 2013 the review assessment concluded that Ellen was presenting with a severe expressive language disorder with weak semantic knowledge.

During my assessment work with Ellen I heard no evidence in conversation of some of the specific language and communication difficulties about which school have raised concerns. For example: no evidence of Ellen speaking through her teeth; no evidence of Ellen mixing up her tenses or neglecting to use the past tense correctly; no evidence of Ellen failing to include prepositions in her spoken language. I asked Ellen many questions about things in the recent and more distant past and found the grammar of her sentences to be age appropriate. Ellen did sometimes use slang words such as “proper” instead of “very” but this is not unusual for a child of her age. She did very occasionally have difficulty pronouncing a word - one example would be “problems” which she pronounced both as “problens” and “ploblens”, and on one occasion she used a word and said she wasn’t sure what it meant - “live”, when referring to a music concert.

There was one occasion I noted when Ellen clearly was not able to find the right word: she said that pupils with learning difficulties who attend [secondary special] school “get a higher mark”, meaning that they make more progress. But these stood out amongst what was otherwise broadly age appropriate, fluent conversation, as noted also by Sarah Knapman in her November 2012 assessment. Ellen describes herself as having “speaking problems” but feels her language skills have improved as she has got older. She does not seem to me to be preoccupied by these difficulties and when she does mention them she seems more interested than concerned.

Ellen’s social interaction skills can be somewhat immature and I did find evidence of some of the concerns expressed by school in the manner in which Ellen tended at times to talk about unrelated topics or to interrupt or talk over the top of what I was saying. But these occasions were relatively few and Ellen showed no reluctance to comply with my requests to listen or to focus her attention on a subject of my choosing, and no obvious difficulty in doing so.

Cognition and learning

The outcomes of June Gough's assessment work with Ellen using the BAS II in May 2012 remain current and useful. Ellen was found to have non-verbal and spatial skills in the average to above-average range and visual and auditory memory skills in the average range. Ellen's verbal skills were found to be below average, at the 5th and 16th centiles,

On the NFER Nelson Single Word Reading Test Ellen achieved an age equivalent score of 6 years 9 months, which is approximately 4½ years below her current chronological age. Ellen shows a pattern of phonological awareness skills that is characteristic of a child with low literacy levels but the skills she does possess suggest that she should be able to achieve age appropriate levels of literacy. Similarly, Ellen's word-level reading skills, assessed using Precision Teaching probe sheets, are significantly below age appropriate levels but there is sufficient evidence of Ellen's capacity to learn in what she has so far achieved to indicate that she should be able to read at age appropriate levels of fluency and accuracy.

School report Ellen's National Curriculum levels in Year 2 to have been Reading 1, Writing W and Maths 1. Her school-assessed levels in Year 5 were Reading 2a, Writing 2c, Science 3c and Maths 3c. These levels represent attainments at that time across a wide range from approximately a Year 2 to a Year 4 level. Although a number of Ellen's skills are at average or age appropriate levels, none of her curriculum attainments are at this level.

Physical and sensory

I am not aware of Ellen presenting with any significant needs in these areas but at the time of writing this report I have not seen a medical assessment of Ellen. To the best of my knowledge her hearing and vision are normal; Ellen is long sighted and wears glasses.

Recommendations			
	Long term outcomes	**1 year outcomes**	**Provision**
Emotional, social and behavioural	**Ellen to be able to describe, explain and control her own behaviour at age appropriate levels** **Ellen to have secure and lasting friendships within her peer group** **Ellen to remain safe when socialising independently in the wider community** **Ellen to have increased contact with her father** **Ellen to remain in mainstream education until she completes Year 11**	Ellen will be able to confidently identify and label her feelings and emotions. Ellen will have a wider circle of friends who choose to play with her each day at school. Ellen will be able to play safely with friends away from adult supervision in local parks and other community areas. Ellen will have a pattern of regular visits negotiated with her dad. Ellen will have made a successful transition to secondary school.	Ellen should receive regular, weekly small group support led by a suitably experienced TA focussed on understanding thoughts, feelings and behaviour. This work should be supervised by a qualified teacher and be linked to objectives seeking to develop Ellen's social interaction skills in the classroom and during unstructured times at school. The impact of this work will need to be monitored on a daily basis by key staff working with her. School should seek to increase Ellen's opportunities to be "helpful" amongst her peer group, as she has requested. School should ensure that Ellen has further opportunities to learn about 'keeping safe' through the PSHE curriculum, particularly focused on

			‘stranger danger’. Mrs Notts should be made aware of the advice Ellen receives. With Ellen’s consent a Circle of Friends intervention may be appropriate. I believe it is in Ellen’s best interests to remain in mainstream education, as does Mrs Notts. This is not Ellen’s view so school should support Mrs Notts in explaining this outcome to Ellen if it is the decision of the local authority at the end of this assessment. Mrs Notts should consider how Ellen might need to be helped to see her dad more often.
Communication and interaction	**Ellen to develop age appropriate spoken language and social interaction skills**	The Speech and Language Therapist will advise appropriate steps towards this long term objective. Ellen will show the ability to turn-take in structured small group discussions with peers, with minimal or no interruptions of others and no purely self-directed	As appropriate following the advice of the speech and language therapist. School to explain and discuss this target with Ellen and then monitor her progress in small group activities that occur as part of the differentiated class

		changes of topic.	curriculum across the year. Mrs Notts to be aware of this target and supported by school in drawing Ellen's attention to it as appropriate at home. All staff working with Ellen should be aware of this target and should take all available opportunities to raise Ellen's awareness of her skills in this area and provide her with specific praise for her efforts to improve. Outside these areas of targeted support, all adults working with Ellen will share responsibility for the development of her language and interaction skills.
Cognition and learning	**Ellen to achieve at least age appropriate levels in her teacher assessments and national benchmarking assessments.**	Ellen will make a minimum of two National Curriculum sub-levels each year.	School should consider commissioning further consultation and training for teachers and TAs from the EP service in mediatedlearning and specific praise. School should continue to offer small group in-class support

	Ellen to achieve age appropriate levels of fluent and accurate word reading and spelling.	Ellen will demonstrate the ability to: blend and segment words at the phoneme level; correctly and fluently read all letter/sound correspondences and phonically regular CVCC and CCVC words; correctly and fluently read at least the first 100 high frequency words and spell the first 50.	for Ellen from a TA in core curriculum subjects and it should therefore be a priority to access further advice to increase the impact of this support. Ellen will require daily individual literacy support focussing on phonological awareness and word-level literacy activities. I would recommend a minimum 30 minute duration for these sessions and the use of a Precision Teaching methodology to assess her progress and inform decision-making about appropriate teaching methods and materials.
Physical and sensory	**N/A**	**N/A**	**N/A**

This report was written by

Name: ……..

Educational psychologist

Health and Care Professions Council registration number: ########

Date: 25.04.13

Signature:

Appendices

Sources of information

The following sources of information have been used in writing this report:

a) Educational Psychology Service file notes (May 2012 to present)
b) Speech and language therapy assessment reports (21.11.12 and 19.2.13)
c) Assessment report by Lindsey Smith Teacher Advisor Specific Learning Difficulties (25.10.12)
d) Previous Educational Psychologist's assessment of Ellen (14.05.12)
e) Assessment information provided by New Primary School as part of the draft Request for Statutory Assessment (Autumn term 2012)
f) Discussion with Mrs Notts, Ellen's mother, at New Primary School (22.04.13)
g) Observation and individual assessment work with Ellen at New Primary School including brief discussion of Ellen's progress with Mrs Smith, Headteacher, and members of the pastoral team (22.04.13)

I observed Ellen in a mixed age maths class for approximately 30 minutes today and then worked individually with her in a quiet room for a total of approximately 65 minutes split into two sessions by morning break.

The assessments reported are based on this observation and assessment work but I have also included relevant outcomes from a previous educational psychologist's assessment, assessments by the speech and language therapist and teacher advisor for SpLD as well as information provided by school and by Mrs Notts.

Tests and assessments used

The classroom observation data was recorded using an anecdotal running record of behaviour.

Ellen's views about herself and about school were obtained using techniques from Personal Construct Psychology.

Informal, conversational assessments of Ellen's speech, language and social communication skills were used.

Ellen's literacy skills were assessed using the NFER Nelson Single Word Reading Test, placement tests of phonological awareness skills from the Sound Linkage programme, and four Precision Teaching probe sheets of word-level synthetic phonics and high frequency word reading skills. Ellen's 19 correct responses to the NFER Nelson Single Word Reading Test convert to an age equivalent score of 6 years 9 months, which is approximately 4½ years below her current chronological age. Out of a maximum of 6 in each case, Ellen scored as follows on the Sound Linkage tests of phonological awareness: Syllable Blending 5; Phoneme Blending 4, Phoneme Segmentation 2.

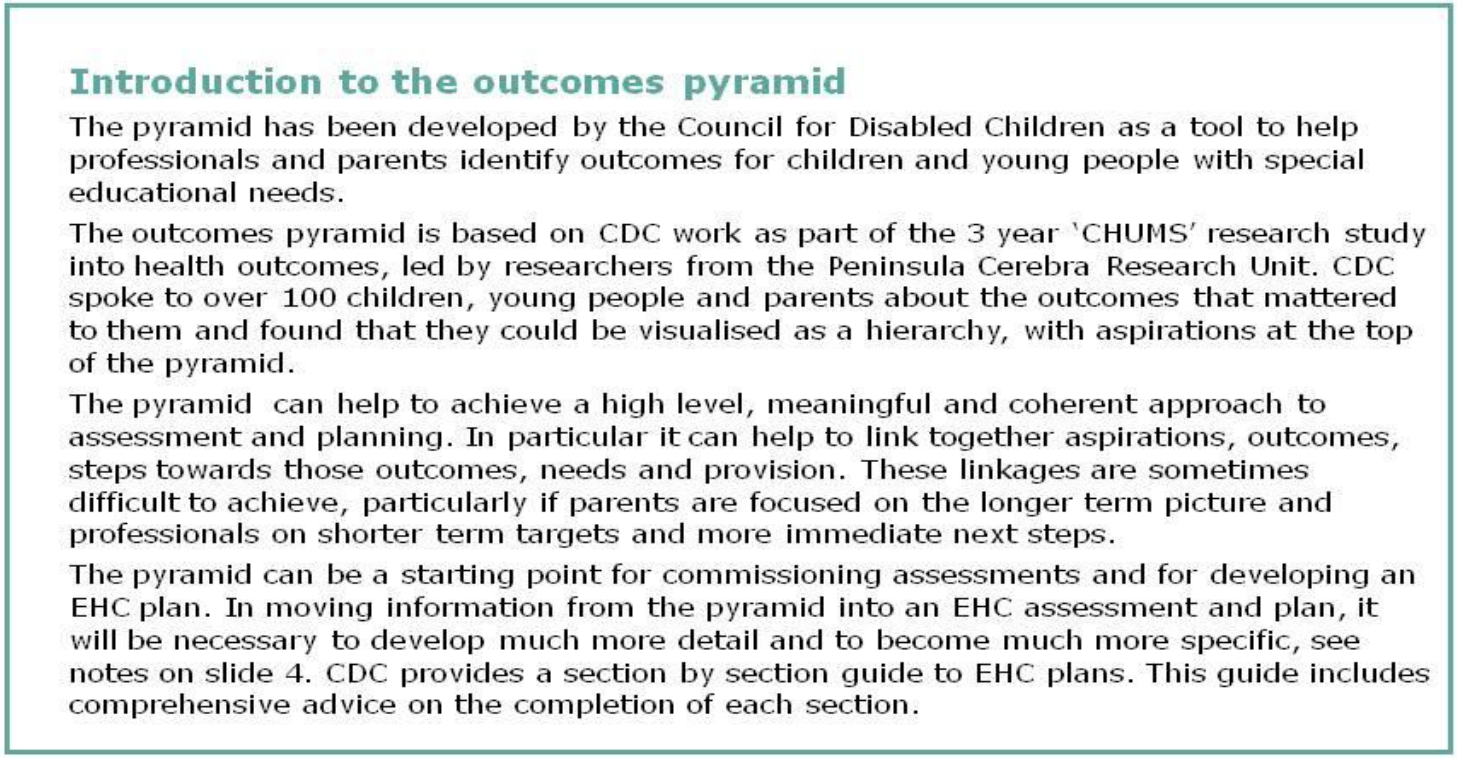
Precision Teaching probe sheet results also include Ellen reading phonically regular CVC words at a rate of 48 words in a one minute test with 4 errors. All errors were corrected by Ellen without difficulty when I asked her to look again at those words. Ellen was able to read the first 20 high frequency words quickly and accurately at an age appropriate level. I did not have time to continue to test Ellen's high frequency word knowledge to the point at which she might have made errors but it is clear that she is more comfortable memorising words than decoding them using synthetic phonic knowledge.

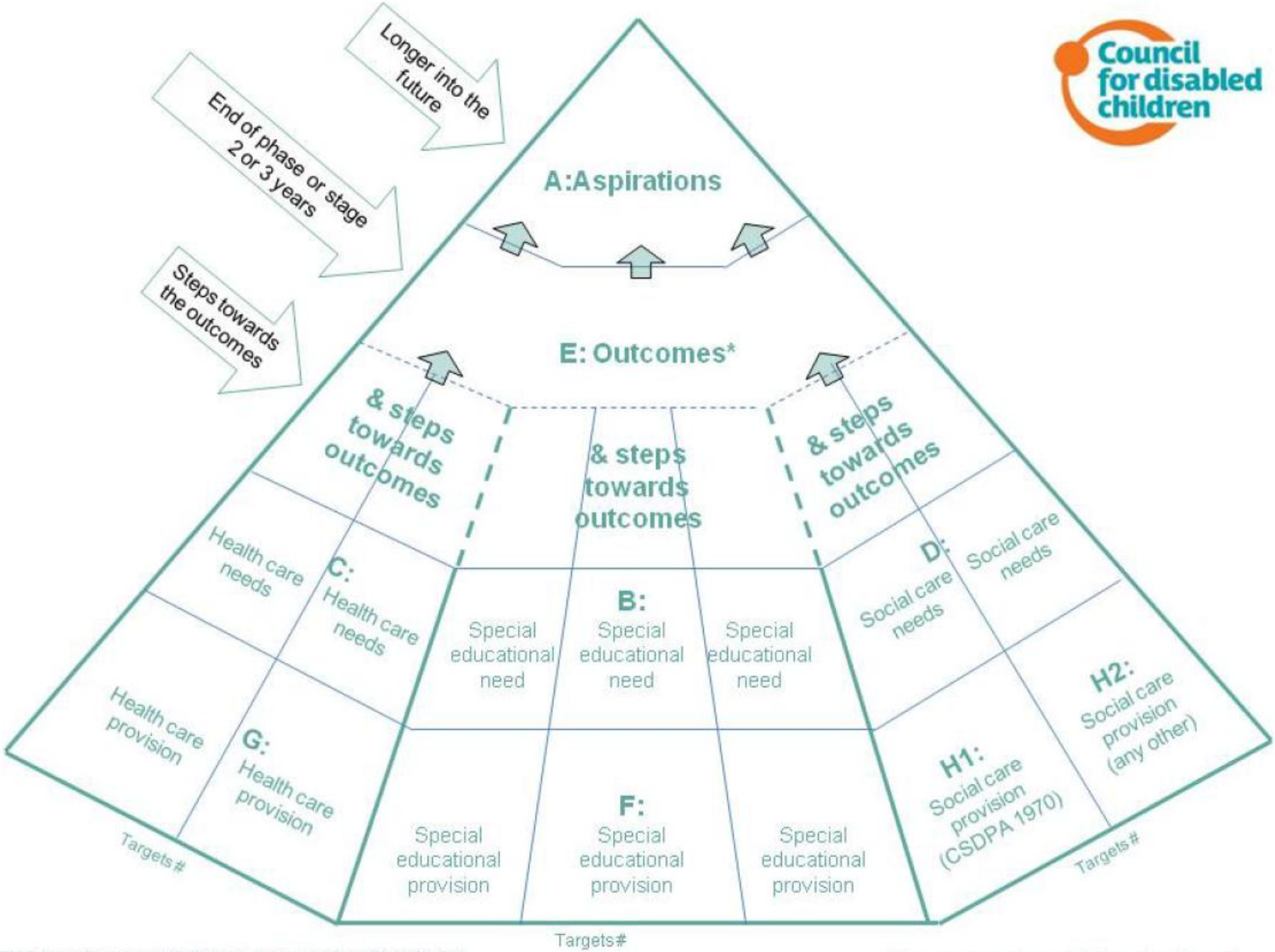
Other relevant contextual or background information

At the time of this assessment Ellen was a Year 6 pupil at New Primary School. She has been known to our service since May 2012 when staff raised concerns and requested assessment due to Ellen's below average academic ability; poor speech; very low self esteem; poor social skills; avoidance of working with others in class; and her vulnerability. June Gough, educational psychologist, subsequently carried out some assessment work with Ellen following which referrals to the teacher advisor for Specific Learning Difficulties and the Speech and Language Therapist were made, in addition to a request to initiate statutory assessment of Ellen's needs.

I understand from a discussion with Mrs Nott that Ellen and her siblings were placed under a care order and fostered with their maternal grandmother for a period of approximately 4 years when Ellen was two years old.

5.3 The Council for Disabled Children's *Outcomes Pyramid*

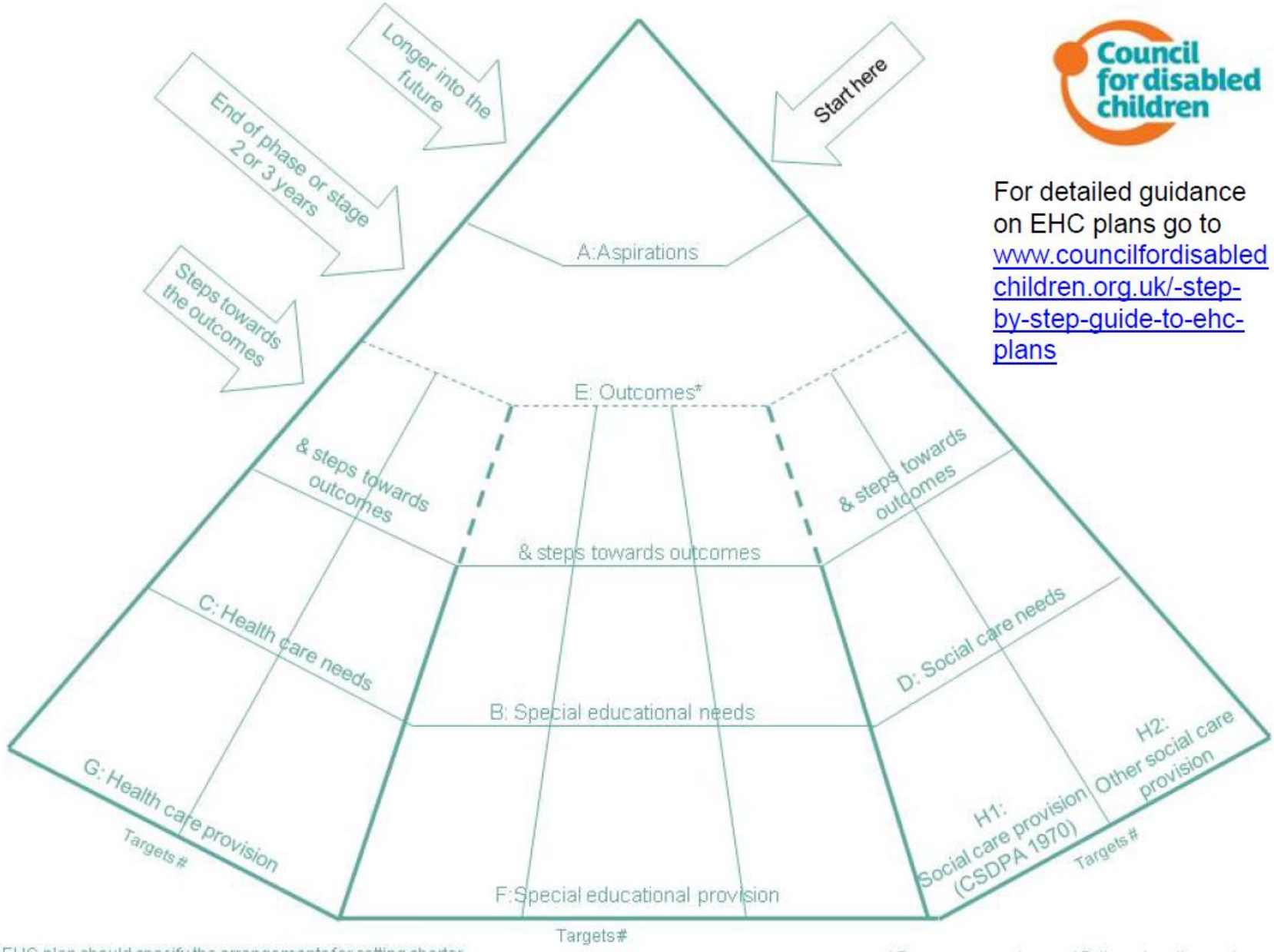




Council for disabled children

EHC plan should specify the arrangements for setting shorter term targets at school, service or institutional level.

* For young people over 17, the education and training outcomes need to be separately identified.



Council for disabled children

For detailed guidance on EHC plans go to www.councilfordisabledchildren.org.uk/-step-by-step-guide-to-ehc-plans

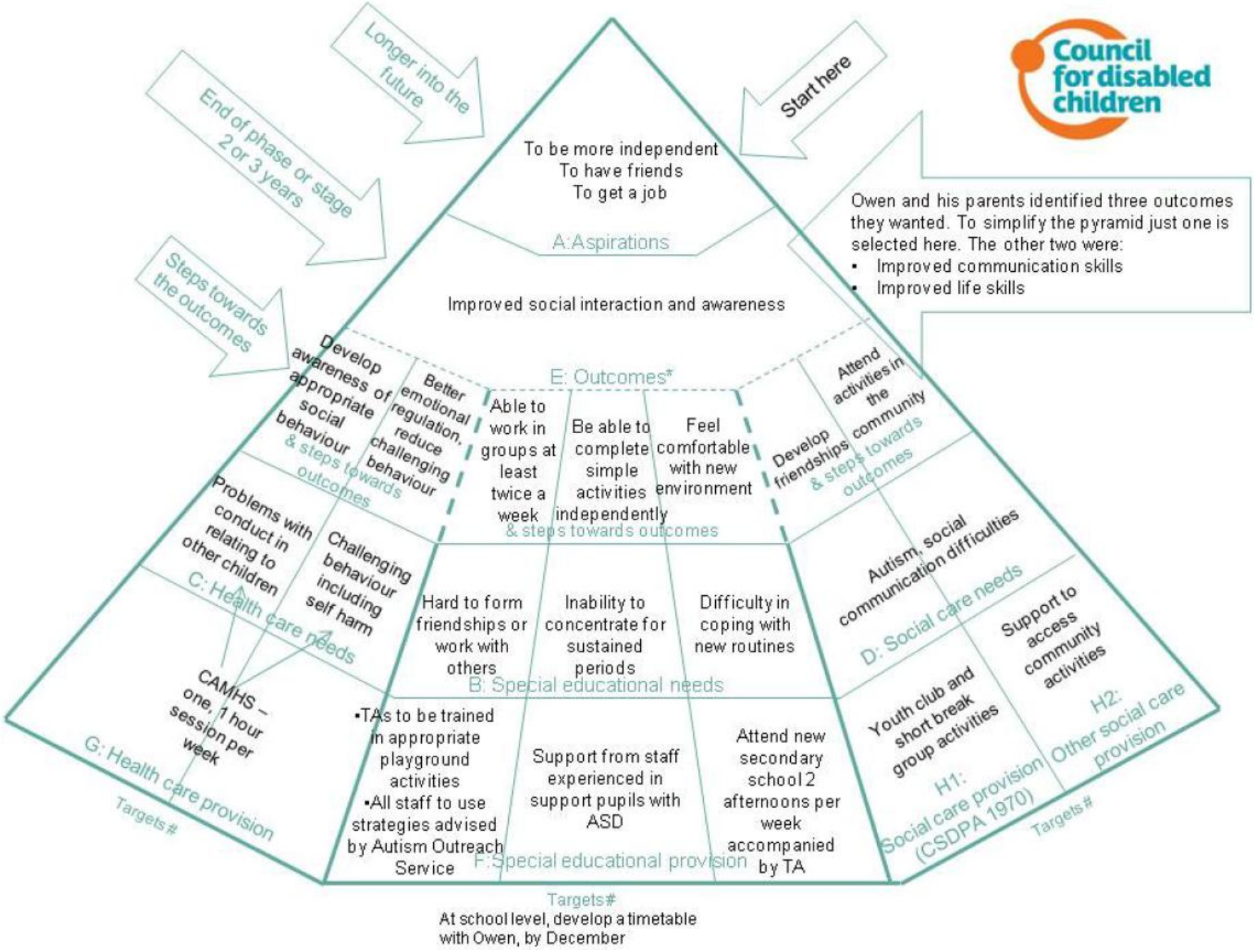
EHC plan should specify the arrangements for setting shorter term targets at school, service or institutional level.

* For young people over 17, the education and training outcomes need to be separately identified.

Notes on using the outcomes pyramid*

- With the focus on one particular child or young person, start to gather high level information to complete the pyramid. The information should come out of conversations with the child or young person and their parents and may emerge from the process of developing a one-page profile.
- The process can be started early in the assessment and planning process. If it is completed during the period when the local authority is deciding whether or not to assess, it may be helpful to commission advice from professionals on the basis of the information gathered up to that point.
- Start at the top of the pyramid with aspirations. Then work down the pyramid taking each level in turn, completing the section on provision last.
- In general, outcomes can be articulated jointly across education, health and social care. For young people over 17, the education and training outcomes need to be separately identified.
- Over time something that is an aspiration now might become an outcome. For example, for a child aged 9, an aspiration might be 'to go to college'. At 14 this might be an achievable outcome for a young person.
- Be clear about who the aspirations and outcomes have come from. If the outcomes have been articulated by the child or young person's parents, reflect this in how the information is written up. Be mindful of using the first person if this is not really what the child or young person has said. Use direct quotations from the child or young person alongside other information if necessary. For a child or young person with non-verbal communication, indicate how the child or young person has communicated their views.
- The timescale for the achievement of outcomes may be 2 or 3 years, or the end of a phase or key stage.
- As they emerge from the conversation, outcomes may not be SMART. This is a high level planning process and the outcomes can be specified more precisely and 'SMARTened up' subsequently.
- The needs level of the pyramid may be outline information initially and may need re-shaping when advice and information is received from professionals.
- The final level on provision should be completed last. This should specify the provision to meet the needs in the level above that will support the attainment of the outcomes and the steps towards the outcomes. There must be provision for each and every need identified. Provision specified in an EHC plan must be specific, detailed and normally quantified.
- The arrangements for setting shorter term targets should be included in an EHC plan.
- During the assessment and planning process, shorter term targets may themselves emerge. These might be achieved in a few weeks, a half term or a term. These can be added in an appendix to the plan and can be used by the setting (school, college, or early years setting) to track progress in the shorter term. They should not form part of the plan itself.

*** CDC provides a section by section guide to EHC plans. This guide includes comprehensive advice on the completion of each section.**


Longer into the future
End of phase or stage 2 or 3 years
Steps towards the outcomes
Start here
Council for disabled children
To be more independent
To have friends
To get a job
A: Aspirations
Improved social interaction and awareness
Owen and his parents identified three outcomes they wanted. To simplify the pyramid just one is selected here. The other two were:
• Improved communication skills
• Improved life skills
E: Outcomes*
Develop awareness of appropriate social behaviour
Better emotional regulation, reduce challenging behaviour
Able to work in groups at least twice a week
Be able to complete simple activities independently
Feel comfortable with new environment
Develop friendships
Attend activities in the community
& steps towards outcomes
Problems with conduct in relating to other children
Challenging behaviour including self harm
C: Health care needs
Hard to form friendships or work with others
Inability to concentrate for sustained periods
Difficulty in coping with new routines
B: Special educational needs
Autism, social communication difficulties
D: Social care needs
Support to access community activities
Youth club and short break group activities
CAMHS – one, 1 hour session per week
G: Health care provision
Targets#
•TAs to be trained in appropriate playground activities
•All staff to use strategies advised by Autism Outreach Service
Support from staff experienced in support pupils with ASD
Attend new secondary school 2 afternoons per week accompanied by TA
F: Special educational provision
H1: Social care provision (CSDPA 1970)
H2: Other social care provision
Targets#
Targets#
At school level, develop a timetable with Owen, by December