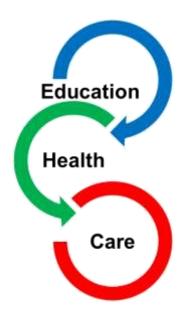


Education Health and Care Plan

Guidance for completing Appendix 2

Guidance Notes for Settings



	The SENCo or equivalent has responsibility for ensuring this form is completed and submitted to Kent Local Authority within 4-6 weeks of our request to you See KELSI for SEND specific documentation. Please cross reference your supporting documentation at the end of the Appendix 2.
Section:-	Guidance Notes
1	It is important to ensure we have the correct information in this section including the NHS number where you know this for the child. Where there are sharing restrictions, you will need to provide supporting evidence of this such as a court order.
2	Where the child attends or has attended a specialist nursery intervention at a special school or at your setting, please give details of their attendance. Record information about the setting attended by the child.
	Number of children with SEN should include all children who are at SEN
	Support i.e. on a targeted or personalised plans, including children with EHCPs.
3	Please outline the factors which relate to the child's educational needs and only provide relevant family background information which is factual. You must outline referrals you have already made and support the child is already receiving from the services outlined.
	The link for a referral to Social care is https://www.kscb.org.uk/data/assets/pdf_file/0003/80373/SLG-sheet-v13.pdf
	When commenting on attendance, please comment on whether all sessions are attended regularly, what you have put in place to enable this to happen or whether the child is unable to take up their full entitlement and why. This could be parental choice, a reduced timetable or other reason.
	Indicate how the child's family have been involved - for instance, whether they have attended meetings, how they have contributed their views - or, if they have not engaged despite requests from setting.
	Please record all health/medical conditions that impact on SEN, including those for which diagnosis is awaited.
	Please comment on the Continuing Health Care Plan if there is one (parents will know about this and is usually for children with life limiting conditions).
	A behaviour support plan may have been implemented in preference to or in addition to a Personalised Plan.

4	Include any investigations that you are aware health colleagues are undertaking.
	All settings have a legal duty to ensure they are doing all they can to support the children in their settings. This is your `best endeavours' duty. This means you will need to demonstrate that you are adhering to the SEN Code of Practice including a graduated approach of intervention with appropriate referral for support through the Early Years Local Inclusion Forum Team (LIFT). You should be able to demonstrate reviewed, evaluated and updated Personalised Plans and use of the Best Practice Guidance Document, whilst the child has been in attendance at your setting. Where you have been given advice from EY LIFT, you will need to demonstrate that you have implemented and evaluated the impact of that advice.
	Meetings refer to daily, ongoing discussions and also more formal meetings.
	If you believe your setting is unable to make additional provision via reasonable adjustments, Special Educational Needs Inclusion Fund (SENIF); you will need to tell us why.
	Please ensure you detail any dual placement provision here with special school nurseries.
5	It is important that you tell us about all external agency involvement including recommendations made by those agencies, how these have been implemented and what the impact has been.
	Reports and Personalised Plans can be attached.
6	You will need to describe the child's progress since joining. It is important to tell us the attainment achieved rather than give predictions which are not measurable.
7	Please tell us about strengths and weaknesses the child has under each category of need.
	Remember to record any visual or hearing aids that the child has.
	Please record these in relation to the characteristics of effective learning.
	Please make reference to the Best Practice Guidance document and attach the Best Practice Guidance Audit tools in relation to the area of need if appropriate.
	The strengths and difficulties of the child must be detailed and specific and can be drawn from a range of source material. The information may come from reports/diagnoses received. The description should be listed under the titles of the four areas of need but ONLY IF THE CHILD HAS A DIFFICULTY IN THAT AREA OF NEED.
	You will need to rank each area of need from 1 - 4. (I being the area of

	greatest need)
8	Outcomes - as soon as a setting identifies a child as having SEN, Outcomes should be agreed with their parents/carers. These Outcomes should guide the provision that the setting makes for a child and progress towards achieving them should be reviewed as part of each review meeting. These Outcomes will have been agreed with your Specialist Teacher and parents / carers
	All Outcomes currently in place should be listed on this Appendix (usually 3) - all other professionals involved with the Statutory Assessment will refer to these Outcomes and their recommendations for strategies and interventions will support the child to achieve them.
	Current interventions will be the implementation of the outcomes as outlined on the Personalised Plan.
9	Please provide other information you believe to be relevant and attach any corresponding documentation e.g. Paediatric reports

How to write an outcome



- An Aspiration is something that the child or young person (and/or their parents/carers) aspires to in adulthood. For instance, to be able to live and work independently.
- An Outcome should be something that will be achieved over a phase or stage of education and is a step along the way to the Aspiration. For instance, to be able to travel independently on a bus.
- Short term targets will be used regularly to track that the child/young person is on track to achieving their Outcomes and Aspirations. For instance, to be able to give change from a pound.

An Outcome should be something that the child/young person, their families and those working with them all understand and can feel ownership of. It is more personalised if written in the first person.

IS A CAPACITY ASSESSMENT REQUIRED?

Does the young person have an impairment of, or a disturbance in the functioning of, their mind or

Does the young person have a learning difficulty or difficulties with their emotional well-being or mental health issues?

NO

The young person has capacity for this decision

Does the impairment or disturbance mean that the young person is unable to make a specific decision when they need to?

Does the young person's learning difficulty or emotional well-being difficulties or mental health issues mean they are unable to make this decision when they need to?

NO

The young person has capacity for this decision

YES

NOT SURE

The young person may lack capacity to make this decision and a capacity assessment is required for this decision A capacity assessment will gather the information to answer the question. Capacity assessment required

Undertake a capacity assessment using the Four Key questions:

- 1. Can the young person understand the information relevant to the decision. including understanding the likely consequences of making, or not making the decision?
- 2. Can they retain the information long enough to make the decision?
- Can they use and weigh the information to arrive at a choice?
- 4. Can they communicate their decision in any way?

YES

The young person has capacity for this decision

Could the young person do what is required by the Four Key Questions?

NO

Was the answer to one or more of the Four Key Questions 'NO'?

YES

The young person lacks capacity for this decision