EHCP Guidance for Parents

A young person, the parent or carer and the young person's school can make a request to the Local Authority (LA) for an EHC needs assessment when it feels that they are not able to meet the needs of the young person within the school budget or resources. An assessment of education, health and care needs is a detailed examination of an individual child's SEN and information is gather from all of the professionals involved in supporting the young person as well as from parents/carers.

Based on initial documentation, the LA can take 6 weeks to consider whether to go ahead with an EHC needs assessment. This decision is made by a panel of professionals and not all EHC needs assessments are followed through if a young person's needs are not considered enough at that time. As a result of the decision you will receive a letter that informs you that the LA will or will not be going to assess your child. The setting will receive a copy of this letter at the same time. The LA will give you their reasons if they decide not to go ahead with an assessment.

If the EHC needs assessment goes ahead, there is a 20 week time frame. During this time, the SEN department at the LA will gather information about your child's needs. It usual for your child to meet with various professionals as part of this assessment, for example an educational psychologist and paediatrician, so don't be concerned if you receive appointment requests. The information gathered will be shared with the EHC panel, who will decide whether or not to issue an EHC plan. This plan will set out the young person's needs and what type of setting can best meet the young person's needs. This may not always be mainstream, which could result in a change of placement away from St. Crispin's.

If the EHC panel do not agree that an EHC plan is needed to support a young person, they will issue a SEN support plan instead.

To accompany a setting request, parents and young people are required to complete a 'Parent and Young Person Assessment Profile for Education, Health and Care needs assessment'. This can be downloaded in word document format from the 'Request an assessment' area of The Local Offer http://www.wokingham.gov.uk/local-offer-for-0-25-year-olds-with-additional-needs/special-educational-needs/education-health-and-care-needs-assessment/ or emailed by Rebekah Brumby (SENCO) if you prefer.

The Parent and Young Person Assessment Profile for Education, Health and Care needs assessment is broken down in to several sections. The following offers guidance on how to complete the form, however please make an appointment with the SENCO if you would like her to help you to complete the form.

Page 1: Please complete your child's details and your own contact details. Please include details for both parents if both have parental responsibility.

Page 2: As part of the EHC assessment, the SEN department at Wokingham Borough Council needs to access records from health and social care professionals. This enables them to make a full assessment of needs in line with the *Code of Practice for SEND code of practice: 0 to 25 years (2014)*. Please sign this page to give them permission to do so.

Page 3: Please add contacts of anyone that has been involved in supporting your child. Under Education, please put:

Education contacts				
Rebekah Brumby	SENCO		Yes	No

I will send my report with your profile so any date in the next 7 days is file.

Page 4: In this section, please write down as much information about what support your child finds useful both in school and at home. This may be different to your own thoughts, which should be written in the box below, however the young person's views are very important to us so please do include them.

Please provide the following information in the 'Background Information' section to help professionals to provide the right support for a young person. There will be no judgement made about you or your circumstances by any of the professionals so please provide as much information as possible. Examples of this should include:

- Details about pregnancy and birth (difficulties during pregnancies, amount of alcohol comsumed during pregnancy, length of gestations, birth compared to due date, natural birth or not, difficulties at birth)
- Early childhood: sleeping and eating habits, trauma
- Milestones met or delayed throughout childhood
- Adverse childhood experiences (see below)
- Schooling- difficulties, assessments, referrals and involvement from external agencies
- Homelife- anything of note

Page 5: This section is broken up in to the areas in education from the Code of Practice:

Cognition and Learning
Communication and Interaction
Emotional Well-being
Sensory/physical

For each of these, add strengths and weaknesses both from your point of view and that of your child. There are examples of what to include on the form but if you are in any doubt, please ask Rebekah Brumby for information.

Please do the same for health needs using the examples on the form as a starting place.

Page 7: The final section asks you to think about your family life and the strengths and difficulties that your child has in this regard. This helps the LA to look at what support your child might benefit from through social care services. There are examples of what to include given but again, please do ask if you would like more guidance or support from the SENCO.

Once you have completed your profile, please send an electronic to brumbyr@crispins.co.uk

Symptoms of some key difficulties that would need specialist assessment

St. Crispin's
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Dyslexia

A dyslexia diagnosis is provided by a Specialist Teacher with the qualification to assess a child's needs in this area. A report is written, which the school can use to provide specific support for a young person in school and might include things such as an specific reading programme or work on coloured paper.

A young person with literacy difficulties will not necessarily be dyslexic. Difficulties include:

- delayed speech development compared with other children of the same age (although this can have many different causes)
- speech problems, such as not being able to pronounce long words properly and "jumbling" up phrases (for example, saying "hecilopter" instead of "helicopter", or "beddy tear" instead of "teddy bear")
- problems expressing themselves using spoken language, such as being unable to remember the right word to use, or putting sentences together incorrectly
- little understanding or appreciation of rhyming words, such as "the cat sat on the mat", or nursery rhymes
- difficulty with, or little interest in, learning letters of the alphabet
- problems learning the names and sounds of letters
- spelling that's unpredictable and inconsistent
- putting letters and figures the wrong way round (such as writing "6" instead of "9", or "b" instead of "d")
- confusing the order of letters in words
- reading slowly or making errors when reading aloud
- visual disturbances when reading (for example, a child may describe letters and words as seeming to move around or appear blurred)
- answering questions well orally, but having difficulty writing the answer down
- difficulty carrying out a sequence of directions
- struggling to learn sequences, such as days of the week or the alphabet
- slow writing speed
- poor handwriting
- problems copying written language and taking longer than normal to complete written work
- poor phonological awareness and word attack skills

Dyspraxia

Developmental co-ordination disorder (dyspraxia) can cause a wide range of problems. Some of these may be noticeable at an early age, while others may only become more obvious as your child gets older. It is diagnosed by an occupational therapist.

Children and young people with dyspraxia can have the following difficulties:

- Delays in reaching normal developmental milestones can be an early sign of DCD in young children. For example, your child may take slightly longer than expected to roll over, sit, crawl or walk.
- You may also notice that your child shows unusual body positions (postures) during their first year.

- Although these may come and go, they also:
- have difficulty playing with toys that involve good co-ordination – such as stacking bricks
- may have some difficulties learning to eat with cutlery
- with playground activities such as hopping, jumping, running, and catching or kicking a ball – they often avoid joining in because of their lack of co-ordination and may find physical education difficult
- walking up and down stairs
- writing, drawing and using scissors – their handwriting and drawings may appear scribbled and more childish than other children their age
- getting dressed, doing up buttons and tying shoelaces
- keeping still – they may swing or move their arms and legs a lot
- A child with DCD may appear awkward and clumsy as they may bump into objects, drop things and fall over a lot.
- But this in itself isn't necessarily a sign of DCD, as many children who appear clumsy actually have all the normal movement (motor) skills for their age.
- Some children with DCD may also become less fit than other children as their poor performance in sport may result in them being reluctant to exercise.
- **difficulty concentrating** – they may have a poor attention span and find it difficult to focus on one thing for more than a few minutes
- **difficulty following instructions and copying down information** – they may do better at school in a one-to-one situation than in a group, as they're able to be guided through work
- **being poor at organising themselves and getting things done**
- **not automatically picking up new skills** – they need encouragement and repetition to help them learn
- **difficulties making friends** – they may avoid taking part in team games and may be bullied for being "different" or clumsy
- **behaviour problems** – often stemming from a child's frustration with their symptoms
- **low self-esteem**

But although children with dyslexia may have poor co-ordination and some of these additional problems, other aspects of development – for example, thinking and talking – are usually unaffected.

Attention deficit disorder ADD) or Attention deficit and hyperactivity disorder (ADHD)

The symptoms of attention deficit hyperactivity disorder (ADHD) can be categorised into 2 types of behavioural problems: inattentiveness, and hyperactivity and impulsiveness.

Most people with ADHD have problems that fall into both these categories, but this is not always the case. For example, some people with the condition may have problems with inattentiveness, but not with hyperactivity or impulsiveness. This form of ADHD is also known as attention deficit disorder (ADD). ADD can sometimes go unnoticed because the symptoms may be less obvious.

Inattentiveness

- having a short attention span and being easily distracted
- making careless mistakes – for example, in schoolwork
- appearing forgetful or losing things

- being unable to stick to tasks that are tedious or time-consuming
- appearing to be unable to listen to or carry out instructions
- constantly changing activity or task
- having difficulty organising tasks

Hyperactivity and impulsiveness
- The main signs of hyperactivity and impulsiveness are:
- being unable to sit still, especially in calm or quiet surroundings
- constantly fidgeting
- being unable to concentrate on tasks
- excessive physical movement
- excessive talking
- being unable to wait their turn
- acting without thinking
- interrupting conversations
- little or no sense of danger

ADHD and ADD are diagnosed by CAMHS. You can refer your child at:
https://www.berkshirehealthcare.nhs.uk/contact-us/make-a-referral/make-a-child-or-young-person-referral/

Autism Spectrum Disorder (ASD)

Autism is a lifelong condition that affects how people communicate and interact with others. It affects people in different ways but most autistic people see, hear and experience the world differently from people without autism.

It's estimated about 1 in every 100 people in the UK is autistic. More boys and men are diagnosed with autism than girls and women but it's now thought older girls and women may manage the condition differently and are therefore underdiagnosed.

Every autistic person is different, and the signs and characteristics will vary widely but there are two common characteristics:
- difficulties with social communication and interaction – autistic people may find it hard to join in conversations or make friends
- repetitive behaviour, routines and activities – such as fixed daily routines and repetitive body movements

Autistic people may also be under- or oversensitive to certain sounds, lights, colours and other things, known as sensory sensitivity.

These characteristics are present over time and have a noticeable effect on daily life.

Some health problems and conditions are more common in autistic people.
These include:
- attention deficit hyperactivity disorder (ADHD)

- learning disabilities
- epilepsy
- dyspraxia
- obsessive compulsive disorder (OCD)
- anxiety
- depression

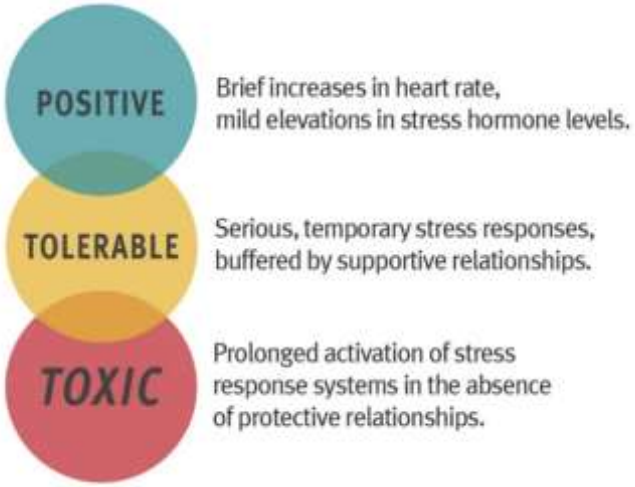
Foetal Alcohol Spectrum Disorder/Alcohol Related Neurodevelopmental Disorder/Foetal Alcohol Effects

Drinking any alcohol when pregnant has been shown to affect the development of a baby's brain in the womb. Foetal Alcohol Spectrum Disorder (FASD) is the term given to difficulties that arise as a result. FASD is indiscriminate and affects children from all socio-economic backgrounds and parental level of education. There are physical indicators of this disorder in the form of facial features. In their absence, children are said to have Alcohol Related Neurodevelopmental Disorder (ARND) or Foetal Alcohol Effects (FAE).

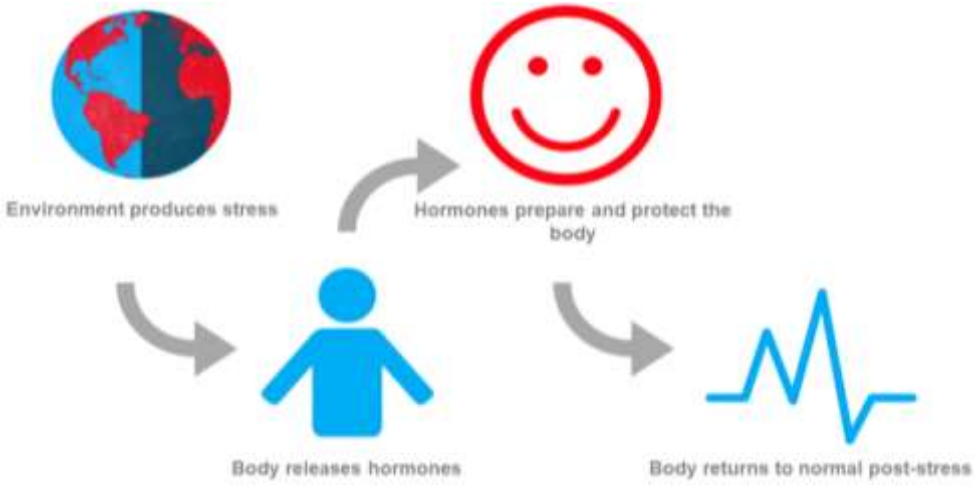
Children with these alcohol related difficulties:

- Can appear impulsive in their behaviour, with lack of social awareness
- Can behave socially inappropriately without recognising this
- Can be over familiar with others and unaware of personal boundaries
- Find it difficult to adapt their behaviour from one setting to another
- Find it difficult to learn from past mistakes so often repeat these time and time again with little insight or learning
- Can be extremely hyperactive (and can be diagnosed as having ADHD)
- Struggle to fully understand and reason through the consequences of their actions
- Have little danger awareness
- Often struggle to regulate their behaviour and can jump from one extreme emotion to the other in a matter of moments
- Can find it difficult to separate reality from fantasy
- Have a tendency towards fabrication and not telling the truth
- Have difficulty planning and completing projects independently as they tend to get stuck on certain parts of tasks without seeing the bigger picture
- Find independent problem solving very difficult without support
- Struggle to communicate details in an organised and sequenced manner
- Have problems initiating activities and organising themselves in order to begin
- Struggle with planning their actions or implementing plans that they have made
- Usually have working memory problems, although long term memory can be much better
- Have difficulty with abstract concepts such as time and money
- Tend to struggle significantly with maths in school
- Can become quite obsessive or 'stuck' on certain issues or topics
- Struggles to follow instructions, particularly if there are several steps to the instructions all at once
- Are often socially immature and gravitate toward younger children rather than their peers
- Have significant problems with sustained attention and can be highly distractible
- Can have sensory issues such as problems with loud noises, lighting, touch and textures

Toxic Stress



Stress is a term commonly used to describe the response to the demands encountered on a daily basis throughout one's lifetime, and it is related to both positive experiences and negative experiences. It is also perfectly normal. The agents that bring about stress (stressors) may be physical, emotional, environmental or theoretical, and all may equally affect the body's stress response.



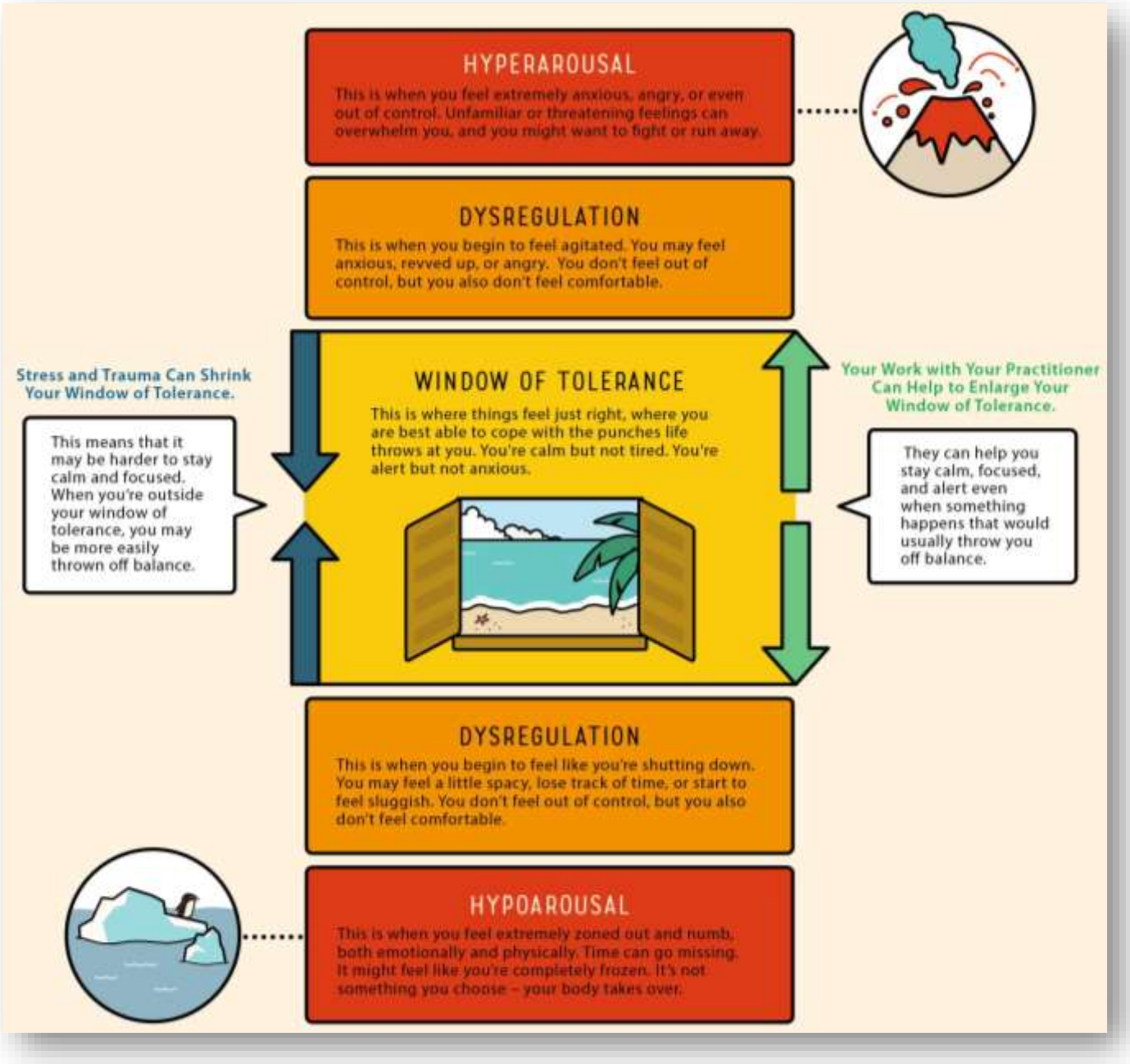
The stress response, also known as the "fight or flight" response is a neurobiological response as a result of responses to a life-threatening moment. In the pre-modern era, it improved our survival rate when hunting or fleeing. A typical response works in the following way:

1. After the mind recognises a stressful environment or a threat to life, it activates a collection of stress response systems that release different chemical compounds (i.e. hormones) into the bloodstream to prepare the body for a life-threatening situation.
2. Once these compounds have entered the bloodstream, a number of survival-based, bodily reactions occur: increased heart rate, boosted energy, suppressed immune system, dulled pain, and much more.
3. After the stressor leaves the environment, the body no longer needs an activated stress response system. Thus, stress-signalling compound levels return to normal, and the associated reactions disappear.

Toxic stress results in prolonged activation of the stress response, with a failure of the body to recover fully. It differs from a normal stress response in that there is a lack of caregiver support, reassurance, or

emotional attachments. Examples of toxic stress include abuse, neglect, extreme poverty, violence, household dysfunction, and food scarcity. Caretakers with substance abuse or mental health conditions also predispose a child to a toxic stress response.

Everyone has a window of tolerance in which we feel just right and can cope with whatever life throws at us. Stress and trauma can shrink the window of tolerance so the fight or flight reaction happens quicker and can result in difficult relationships between us and those that challenge us, including teachers and parents.



Children who experience toxic stress are also at risk of long-term adverse health effects that may not manifest until adulthood. These adverse health effects include poor coping skills, poor stress management, unhealthy lifestyles, mental illness and physical disease.