

# Education, Health and Care (EHC) Needs Assessment Guidance

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Guidelines for when and how to request  
a statutory EHC needs assessment.

 Essex County Council

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# EHC Needs Assessment Guidance

## Purpose

The purpose of this document is to support professionals, young people and their families and decision makers, to determine whether a request for an Education, Health and Care Needs Assessment (EHCNA) is appropriate. The document outlines what an EHCNA is and the reasons that an EHCNA would be appropriate, the evidence which is required to support that request, how the assessment and decision-making process works and next steps. It also provides detailed descriptors of the level of need for each broad category of need to help guide decisions.

This guidance has been informed by the Children and Families Act 2014 and SEND Code of Practice 0-25. This document should be considered alongside the Essex SEND Strategy and SEND guidance documents as well as key statutory documents, which outline duties on local authorities, early years settings, schools and colleges related to inclusion, equality and disability.

## Guiding Principles

In line with national legislation, the Local Authority considers all of the needs of children and/or young people individually. This is a guidance document only and in line with the SEND Code of Practice (9.16), the local authority considers the needs of all children and/or young people individually and so will depart from the guidelines where there is a compelling reason to do so.

## Who does this guidance apply to?

This guidance is for anyone considering or making a request to Essex County Council for an Education Health and Care Needs Assessment as set out in the SEND Code of Practice 2015 as well as the decision makers considering those requests. This will include:

- Young people
- Parents and carers (and their supporters)
- Staff from all education settings (early years settings, schools and colleges – including sixth form and FE colleges)
- Local authority (LA) practitioners (including education and social care staff)

- Health practitioners (including paediatricians, therapists and Emotional Well Being and Mental Health staff)

## **What is an Education, Health and Care (EHC) Needs Assessment?**

The vast majority of children and young people with Special Educational Needs or Disabilities (SEND) have their needs met within local mainstream early years settings, schools or colleges. Those settings should provide high quality teaching that is differentiated, personalised and age appropriate for all children/young people, including those who have special educational needs.

SEN support in mainstream schools and settings allows for a child or young person's special educational needs to be identified early so that help and support can be delivered without delay. In Essex, the SEN support approach is known as 'One Planning' and it follows a process of assess, plan, do, review. You can find more information on this on the [Essex Local Offer](#) and the [Early Years Website](#).

Sometimes, following relevant and purposeful action to assess, plan, do and review the SEN Support, it may be that a child or young person needs support which is additional to and/or different from what can be provided at SEN support. In this case, a request for an Education Health and Care needs assessment may be considered. Early years settings, schools and colleges will be required to provide the evidence of actions already taken and reviewed over time.

An EHC needs assessment may result in an Education Health and Care plan (EHC plan). When it does not, the information gathered can be used to inform SEN support provided by the early years setting/school/college (9.6 SEND code of Practice).

Nationally, it is expected that only children and young people with the most persistent and significant level of special educational needs require an EHC needs assessment (approximately 2.9% of the total population have EHC plans).

## **Before Requesting an EHC needs assessment**

Support for children and young people with SEND will be provided at a number of levels, not all children with SEND will require an EHC needs assessment and EHC plan. The following should be considered prior to requesting an EHC needs assessment:

## One Planning/ Graduated Approach

In Essex, the SEN support, graduated approach has been named 'One Planning' and it follows a process of assess, plan, do, review. One Planning is a way to support children and young people with SEND to make progress towards the things that matter to them. You might also hear this cycle being called the 'graduated' approach or person-centred planning – these are the same thing. More information can be found on the [Essex Local Offer](#).

## Ordinarily Available

The Ordinarily Available sets out a common set of expectations about the provision and practice that is expected in all Early Years settings, mainstream schools and Post 16 providers for children and young people with SEND. It is what a young person, parent/carer or family can expect to be "normally" or "ordinarily" available to their child without the need for involving specialist support.

The concept of OA is grounded in the SEND Code of Practice: (6.15) "A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age. Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require such support. Such improvements in whole-class provision tend to be more cost effective and sustainable".

Ordinarily Available consists of two frameworks:

1. Ordinarily Available: Inclusive Teaching Framework. This sets out the universal provision that can be provided for all pupils in mainstream schools, settings and Post 16 providers.
2. Ordinarily Available: Targeted Support. This sets out the provision that can be provided for some pupils who require something 'additional to or different from' the universal offer.

Both frameworks can be found on the [Essex Schools Infolink](#) in the Ordinarily Available section.

Early Years settings, mainstream schools and Post 16 providers should use the 'Ordinarily Available' frameworks to ensure high quality universal provision is in place for all pupils and targeted support is in place for pupils identified with Special Educational Needs and/or Disability (SEND).

## Inclusion Framework

The Inclusion Framework is a practical way of working supported by an outcomes framework, digital solution and a 'tool kit', which together supports accurate identification of barriers to education, provision of early support and development of inclusive practice at whole school/setting and individual child level.

Schools and settings may wish to consider utilising the Inclusion Framework to provide early support for children/young people before making a request for an EHC needs assessment. Any support put in place through the Inclusion Framework would contribute to the evidence to support a request for EHC needs assessment if appropriate.

Further information can be found in the [Inclusion Framework booklet](#).

## Who can request an EHC needs assessment?

As per Code of Practice 9.8.

The following people have a specific right to ask a local authority to conduct an education, health and care needs assessment for a child or young person aged between 0 and 25:

- The child's parent
- A young person over the age of 16 but under the age of 25, and
- A person acting on behalf of a school or post-16 institution (this should ideally be with the knowledge and agreement of the parent or young person where possible)

In addition, anyone else can bring a child or young person who has (or may have) SEN to the attention of the local authority, particularly where they think an EHC needs assessment may be necessary. This could include, for example, foster carers, health and social care professionals, early years practitioners, youth offending teams or probation services, those responsible for education in custody, school or college staff or a family friend. Bringing a child or young person to the attention of the local authority will be undertaken on an individual basis where there are specific concerns. This should be done with the knowledge and, where possible, agreement of the child's parent or the young person.

Children and young people under 19 in youth custodial establishments also have the right to request an assessment for an EHC plan. The child's parent, the young person themselves or the professionals working with them can ask the home local authority to conduct an EHC needs assessment while they are still detained. The process and principles for considering and carrying out an EHC needs assessment and maintaining an EHC plan for children and young people in youth custody are set out in Chapter 10, Children, and young people in specific circumstances.

## Who decides whether an EHC needs assessment should go ahead?

It is the duty of Essex County Council to consider requests for an EHC needs assessment.

The local authority will be guided in its decision making by a panel comprising of the SEND Operations Lead, a representation from the Inclusion and Psychology team, representatives from schools, health and social care services and, where children/young people with a sensory impairment are being considered, a suitably qualified teacher from the Physical and Sensory Impairment Specialist Teaching Service. The final decision is the responsibility of the Local Authority and is based on the evidence provided and the law, as set out in the SEND regulations.

The local authority must have regard to the views of parents, children and young people and ensure that they have access to impartial information, advice and support so that they can take part in the assessment and planning process.

## Considering requests for EHC needs assessment

As per Code of Practice 9.14:

In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress.

To inform their decision the local authority will need to take into account a wide range of evidence, and should pay particular attention to:

- Evidence of the child or young person's academic attainment (or developmental milestones in younger children) and rate of progress
- Information about the nature, extent and context of the child or young person's SEN – **for more information on the broad areas of need, see appendix.**
- Evidence of the action already being taken by the early years provider, school or post-16 institution to meet the child or young person's SEN
- Evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided
- Evidence of the child or young person's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies, and
- Where a young person is aged over 18, the local authority must consider whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training. Remaining in formal education or training should help young people to achieve education and training outcomes, building on what they have learned before and preparing them for adult life.

It is expected that the vast majority of requests for EHC needs assessment will follow the above guidelines, however, in line with the SEND Code of Practice (9.16), the local authority considers the needs of all children and/or young people individually and will depart from the guidelines where there is a compelling reason to do so.

## Exceptional circumstances

In exceptional circumstances, it may be necessary to request a statutory assessment without the evidence of actions taken by the early years setting, school or college. These circumstances include:

- Children who have recently acquired SEN through illness or accident
- Vulnerable children and young people in the care of the LA who have significant or severe educational needs and circumstances have prevented these from previously being met
- Very young children with profound, multiple and/ or complex needs

## How to make a request for an EHC needs assessment

A **school/setting or professional involved with a child** should complete this [request form](#) and send to the appropriate local area's inbox listed below.

A **parent/carer or young person** should email the appropriate SEND team inbox below to make the request, providing key details and explaining the reasons for the request. An [request form](#) can be completed but is not essential.

EY settings/schools/colleges must ensure that the parent signing the form has parental responsibility and that they have given informed consent for the request to be made. Forms that are not signed will be returned. An Essex Permissions form for an EHC Needs Assessment will always be asked for and can be downloaded from the [Essex Local Offer](#).

The request should be sent to the following address:

**Mid Essex:** Braintree, Chelmsford, Halstead and Maldon

Email: [EHCRequestMid@essex.gov.uk](mailto:EHCRequestMid@essex.gov.uk)

**North East Essex:** Colchester and Tendring

Email: [EHCRequestNorthEast@essex.gov.uk](mailto:EHCRequestNorthEast@essex.gov.uk)

**South Essex:** Basildon, Billericay, Brentwood, Castle Point, Rochford, Wickford

Email: [EHCRequestSouth@essex.gov.uk](mailto:EHCRequestSouth@essex.gov.uk)

**West Essex:** Epping, Harlow and Uttlesford

Email: [EHCRequestWest@essex.gov.uk](mailto:EHCRequestWest@essex.gov.uk)

## **Following a request for an EHC needs assessment**

The SEND Operations team will provide information on the outcome of the panel decision regarding the EHC needs assessment request.

This decision is required to happen within 6 weeks.

If a needs assessment is agreed it doesn't always lead to an EHC plan, but the information gathered should inform the support put in place for the child/young person going forward. The whole EHC process shouldn't take more than 20 weeks.

# Appendix: Evidence to support a request for EHC needs assessment

The Code of Practice describes Special Educational Needs (SEN) in four broad areas of need:

- Cognition and learning.
- Communication and interaction.
- Social, emotional and mental health difficulties.
- Sensory and/or physical needs.

The following pages outline detailed information for each of the four broad areas of need and are guidelines only. These are not used in isolation and should be considered with the full set of considerations as set out above.

A child/young person may have needs across more than one area of special educational needs.

## Evidence of action taken and progress made

This information is sought in accordance with the Children and Families Act 2014. In the first instance all educational settings are required to use their best endeavours to meet the needs of children and young people identified with Special Educational Needs. In providing information, the educational setting must evidence the following:

- A copy of the child's One Plan which demonstrates the assess, plan, do, review cycle provided for them under the SEN Support, as indicated in the Code of Practice 2015
- Educational assessments of the child's difficulties as completed by the setting as part of the cycle
- The outcomes sought by the setting for the child
- The external professional advice that has been sought and information about how it has been implemented
- Details of the support and interventions that have been provided for the child
- An assessment by the setting of the interventions used and subsequent progress or lack made by the child

- Any additional support that staff feel is required which cannot be provided through what is 'ordinarily available' to the setting.
- Personalised stress/distress management plans, adult response plans or similar such planning tools
- Purposeful assessments and analysis overtime as part of One Planning, such as, Thrive assessments, Boxall Profile, Essex Six Core Strengths assessment tool

## Evidence of special educational need

### Cognition and learning

None of these are considered in isolation, they are considered with the full set of considerations as set out above.

#### Early Years Foundation Stage (EYFS)

Nursery, Pre-school and Reception:

The level of development children should be expected to have attained by the end of the EYFS is defined by the early learning goals (ELGs). Therefore, if a child shows more than 50% delay in several aspects of the three prime areas, which results in having a significant impact on accessing the EYFS (2021). Additional evidence from the four specific areas of learning will be considered if appropriate.

#### Key Stage 1 (KS1)

Chronological Age	Skills or Curriculum Based Assessment Levels	National Curriculum Year
5 to 6	Engagement Model	Year 1
6 to 7	PKS1 S1	Year 2

### Key Stage 2 (KS2)

Chronological Age	Skills or Curriculum Based Assessment Levels	National Curriculum Year
7 to 8	PKS2 S1-2	Year 3
8 to 9	PKS2 S2	Year 4
9 to 10	PKS2 S3	Year 5
10 to 11	PKS2 S3-4	Year 6

### Key Stage 3 (KS3)

Chronological Age	Skills or Curriculum Based Assessment Levels	National Curriculum Year
11 to 12	PKS2 S4 /	Year 7
12 to 13	Working within Key Stage 1 in all core subjects	Year 8
13 to 14	PKS2 S5-6 / Working within Key Stage 1 / emerging Key Stage 2 in all core subjects	Year 9

**Key Stage 4 (KS4)**

<b>Chronological Age</b>	<b>Skills or Curriculum Based Assessment Levels</b>	<b>National Curriculum Year</b>
14 to 15	PKS2 S5-6 / Working within Key Stage 1 / emerging Key Stage 2 in all core subjects	Year 10
15 to 16	PKS2 S5-6 / Working within Key Stage 1 / emerging Key Stage 2 in all core subjects	Year 11

**Post 16**

Year 12+

Additional to the above, consideration should be given to the specific education and/or training pathway the young person has chosen to do.

Additional assessment evidence may be provided to support understanding of the severity of need. Typically, standardised scores with 2 standard deviations from the mean i.e. 70 or below, taken over time, provides helpful and appropriate supporting evidence as part of an assessment profile.

**Communication and interaction**

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.'

(SEND Code of Practice, 2015, p.97.)

## 1. Speech sound difficulties

Children with speech sound difficulties can have a range of difficulties that need on-going support and can be described as follows:

Area of need
When a child has a speech sound delay, they are following a typical pattern of speech development but are demonstrating developmental speech sound errors that typically should have disappeared 6 or more months earlier.
When a child has a consistent speech sound disorder, they use unusual or non-developmental consonant or vowel sounds in a consistent manner i.e., the same sound errors are made so words sound the same each time.
When a child has an inconsistent speech sound disorder, they use unusual or non-developmental consonant or vowel sounds in an inconsistent manner i.e., different sound errors are made so words may sound different each time.

Children with a severe speech sound disorder, whose difficulties are impacting on their functional communication, interaction with others and/ or their learning, will meet the criteria for statutory EHC needs assessment. Children make progress with their speech sounds when there is joint working between the speech and language therapy team, families and their educational setting.

## 2. Developmental language disorder (DLD)

A neurodevelopmental disorder characterised by persistent language difficulties that cannot be explained by another diagnosis and which exist despite adequate language-learning opportunities. DLD affects both language expression (talking and writing), as well as language comprehension (listening and reading comprehension), though one area may be more impacted than another.

You may see the following characteristics:

- They may have difficulty saying what they want to, even though they have ideas.
- They may struggle to find the words they want to use.
- They may talk in sentences but be difficult to understand.
- They may sound muddled, and it may be difficult to follow what they are saying. A child with DLD won't necessarily sound like a younger child; instead, their speech might sound disorganised or unusual.
- They may find it difficult to understand words and long instructions.
- They may have difficulty remembering the words they want to say.
- They may find it hard to join in and follow what is going on in the playground.

## 3. Social Communication Difficulties

'Children and young people with Autism Spectrum Disorder (ASD), including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others' (SEND Code of Practice, 2015, p.97.).

The Autism Education Trust outline four key areas of difference (areas of need) that need to be taken into account in the education of children and young people on the autism spectrum:

Area of Need	Differences	Examples of High Needs
<b>Interacting</b>	Differences in understanding social behaviour and the feelings of others, which informs the development of friendships and relationships.	<ul style="list-style-type: none"> <li>• Unable to take turns unless given significant adult support.</li> <li>• Has limited understanding of own feelings and cannot recognise feelings in others.</li> <li>• There is a marked lack of awareness of others.</li> <li>• Tends to avoid interactions with peers; has little interest in peer interactions.</li> <li>• Approaches others in an unusual manner (for example</li> </ul>

		<p>from behind /with poor eye contact).</p> <ul style="list-style-type: none"> <li>• If interaction is unavoidable, it is usually on his/her terms.</li> <li>• Displays adverse/extreme or behaviourally inappropriate responses.</li> <li>• Can be withdrawn/isolated.</li> <li>• Demonstrates a high level of anxiety,</li> <li>• Extremely negative thoughts about self.</li> </ul>
<b>Sensory processing</b>	<p>Differences in perceiving sensory information. This includes being under and/or over responsive (hypo/hyper reactive). The senses include touch, sight, hearing, smell, taste, vestibular inner ear (balance) and proprioceptive (body awareness).</p>	<ul style="list-style-type: none"> <li>• Has unusual responses to certain sensory stimuli with extreme behavioural reactions and signs of stress.</li> <li>• May seek sensory feedback such as rocking or mouthing objects.</li> <li>• Is unable to tolerate certain sensory stimuli; shows extreme reactions.</li> <li>• Is difficult to distract from preferred sensory stimuli.</li> <li>• At risk of self-harm due to sensory needs.</li> </ul>
<b>Processing information</b>	<p>Differences in perception, planning, understanding concepts, generalising, predicting, managing transitions, passions for interests, and ability to absorb auditory or spoken information.</p>	<ul style="list-style-type: none"> <li>• Has significant on-going difficulties with managing change even, if prepared.</li> <li>• Restrictive and repetitive behaviour or special interests interfere with learning or are all consuming.</li> <li>• Is extremely difficult to motivate.</li> <li>• Has significant and persistent difficulties in organising self, (for example, to collect items for a task or follow daily routines), without visual cues/objects and adult modelling.</li> <li>• Requires adult intervention/ close supervision and visual/verbal prompts to support self-care routines.</li> </ul>

		<ul style="list-style-type: none"> <li>• Is unaware of the need for help for a task.</li> <li>• Difficulty generalising skills and learning.</li> <li>• Difficulty sustaining attention in most contexts.</li> </ul>
<b>Communication</b>	Differences in understanding and expressing communication and language, with skills ranging from individuals who are highly articulate, to others who are non-verbal. Good language skills may mask a deep level of misunderstanding.	<ul style="list-style-type: none"> <li>• Has limited verbal communication and lacks spontaneity.</li> <li>• Needs visual prompts to support communication.</li> <li>• Understanding tends to be literal.</li> <li>• Has significant difficulty with understanding non-verbal communication – for example body language/facial expressions.</li> <li>• Difficulties demonstrating joint attention.</li> <li>• Communication and understanding are mostly non-verbal with significant difficulty understanding spoken language and gestures.</li> <li>• Uses augmentative communication for example PECS (Picture Exchange Communication System) or Makaton.</li> <li>• May communicate through behaviour that challenges, including extremely withdrawn behaviour.</li> </ul>

#### 4. A combination of the above

### Social, emotional and mental health difficulties

It is critical that schools differentiate between those pupils that are experiencing social, emotional and mental health difficulties associated with a pupil’s special educational needs and those which are associated with disaffection or difficulties that a child/young person might be experiencing due to their social or domestic circumstances. Pupils have special



- Frequent and regular dysregulation which can result in withdrawal/isolation

The degree of difficulties will be assessed against the evidence of:

- The presenting communicating behaviours in relation to the child or young person's age, emotional development and cognitive development
- Frequency (at least daily incidents)
- Severity/intensity
- Its persistence over time
- Impact on learning and progress
- Progress over time (this should include information about progress against appropriately focused and relevant targets)
- Medical evidence and advice on the type and severity of mental health condition(s)

## **Sensory and/or physical needs**

### **1. Vision Impairment (VI)**

Consideration for a statutory EHC needs assessment will be guided by the evidence of:

- Child/ young person is registered blind or partially sighted, very limited functional vision (as an indicator, pupils who have a distance vision of 6/24 Snellen, 0.6 Logmar or poorer).
- Child/young person unable to comfortably read standard sized print considered to be N12/14 or N24 depending on age, who therefore is unable to access the curriculum without substantial mediation and/or adaptation of materials or the learning environment (evidence from an ophthalmologist/ orthoptist must be provided) and/ or use of alternative/ tactile means of accessing print.
- Progressive restriction/ loss of peripheral visual fields.
- Progressive visual impairment where the functional vision is expected to deteriorate during the time the child/ young person is in education.
- Child/young person's visual impairment significantly impairs their mobility, emotional or social development, access to the curriculum, ability to take part in classroom activities or participation in early years/ classroom/school/college life.
- Child/young person's visual impairment places them under significant stress with associated withdrawn or frustrated behaviour.

### **2. Hearing Impairment (HI)**

Consideration for a statutory EHC needs assessment will be guided by the evidence of:

- A child/young person has either:

- a permanent hearing impairment/deafness that has a significant impact upon the development of their functional listening skills, interaction, receptive/expressive communication & language development and the development of their literacy.
- or a long term 'temporary' hearing impairment/deafness alongside other substantial SEND that is significantly impacting upon their development.
- A progressive hearing impairment/deafness that will, in all likelihood significantly impact upon their future development and access to education.
- A child/young person with a hearing impairment/deafness who requires substantial mediation and/or adaptations of communication/language, curricular materials and/or the learning environment (modifications of materials likely to require adult support and/or specialist equipment, including adaptations to the acoustic environment) in order to access the curriculum.
- A child/young person with a hearing impairment/deafness that has a significant impact upon their social/emotional development and their mental health. Evidence based on specific examples that the child/young person's hearing impairment/deafness places them under immense stress with associated withdrawn or frustrated behaviour.

### **3. Multi-Sensory Impairment (MSI)**

Some children and young people have a combination of vision and hearing difficulties (deaf/blind). Consideration for a statutory EHC needs assessment will be guided by the evidence of a combination of factors – please refer to VI and HI above.

### **4. Physical Difficulties (PD)**

Consideration for a statutory EHC needs assessment will be guided by the evidence of:

- The child/young person is unable to participate in the curriculum without significant adult support and/or substantial adaptation of teaching materials and the learning environment compare to the majority of other children /young people of the same age.
- The child/young person experiences significant self-help and/or mobility and/or medical difficulties in relation to others of the same age group. For example, a high level of adult support is needed to meet basic care needs, which relate specifically to the child/young person's medical/physical diagnosis.
- The condition gives rise to serious safety issues requiring close adult supervision.
- There is substantial evidence that the child/YP's inability to take part fully in all aspects of early years/school/college life places him/her under significant emotional or physical stress

**This information is issued by:**

Essex County Council

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