

# EHC Needs Assessments during the COVID-19 Pandemic Buckinghamshire Guidelines

## Introduction

During the COVID-19 pandemic, the law around SEND as outlined in the Children and Families Act 2014 and the SEND regulations 2014 still applies for the most part. This guidance is about temporary changes in the law on timescales to both produce new plans, and processes linked to existing plans.

From 1st May to 25th September 2020 (inclusive) the Regulations which provide most of the statutory timescales for the EHC needs assessments and plans processes will be modified. If timescales are not able to be adhered to because of the restrictions imposed by COVID-19, then an exception period applies. It is important to note that no blanket policy should be applied to this, with each case being examined on an individual basis to see if such an exception applies. Required actions for the EHC needs assessment must still take place and should be carried out as soon as ‘reasonably practical’.

Guidance from the government regarding school closures and social distancing is already in force. This means that elements of the assessment process will not be able to be conducted in the same way. The main principle underpinning all of iSEND’s EHC needs assessments is to gather the most accurate, reliable and comprehensive information possible given the constraints in place.

Request for an EHC Needs AssessmentWe recommend that if a school or a family would like to make a request for an EHC needs assessment during this unprecedented time, they initially have a conversation with their EHC Coordinator, or email the following addresses via area to request a call:

* SEN Aylesbury Hub: [senaylesbury@buckinghamshire.gov.uk](mailto:senaylesbury@buckinghamshire.gov.uk)
* SEN Wycombe Hub: [senwycombe@buckinghamshire.gov.uk](mailto:senwycombe@buckinghamshire.gov.uk)
* SEN Chiltern South Bucks Hub: [sencsb@buckinghamshire.gov.uk](mailto:sencsb@buckinghamshire.gov.uk)

All new requests for assessment that do come in will continue to be considered by the Local Authority, within the six week statutory timescale – unless the exceptions criteria apply. We are asking that during this period, any requests are submitted electronically via anycomms or email, using the addresses above, and **not via post**.

Please ensure that any available health, social care and educational information is included with the application – a parental/youth health response (separately or via the new referral form) and medical reports such as Paediatric or CAMHS reports/letters will support the process.

As per the government guidelines, the majority of iSEND staff are now working from home, maintaining full access to emails and electronic files. Officers will be available on the telephone and via email.

Decision Making  
Decision making meetings will be held virtually, using video conferencing tools such as Microsoft Teams. During the decision making process, the education, health and social care information submitted with the request will be reviewed. Using the family’s response, including the specific health questionnaire, and other supporting evidence, the Local Authority will consider whether any further information is required for the needs assessment. A request may then be sent to the paediatricians, CAMHS and/or the GP, or to social care for further information. The child/young parent and their carer should be contacted in the first instance for clarification if there is missing or unclear information.

Statutory Advice and Information  
Statutory information and advice must be provided within the parameters of the UK government’s latest guidance on working during the COVID-19 pandemic. Therefore, the following guiding principles are in operation:

* All information should be gathered remotely.
* Assessments and gathering advice should be done using video calling wherever possible.
* Email may be appropriate for contacting setting staff and other relevant professionals (see below), but will not be the sole means of communication with children / parents.
* Information held on file that is older than 12 months should only be used as evidence if its current accuracy has been confirmed by relevant individuals and all involved agree it is sufficient.
* All involvement and correspondence is subject to the standard rules regarding consent and data protection; remote communication will always be done via encrypted means.
* Home visits should only be carried out where clinically necessary and where alternative means of communication cannot be used. PHE guidance on PPE use should be followed at all times and screening questions regarding household and Covid-19 should be used prior to every essential visit.
* Requests for advice to health professionals including Paediatricians and Therapists will be considered on a case by case basis. In some cases, sufficient health advice may already exist. In these cases, no further advice will be sought.

*9.47 SEND Code of Practice* “…The local authority must not seek further advice if such advice has already been provided (for any purpose) and the person providing the advice, the local authority and the child’s parent or the young person are all satisfied that it is sufficient for the assessment process….”.

The Designated Clinical Officer will support with the development of outcomes and provision from health information provided.

## Essential Sources of Information

As a minimum, the following sources should be used to inform the three areas (i.e. needs, outcomes and provision) required in the statutory advice:

* Consultation with parent(s)/carer(s)
* Consultation with the child or young person\*
* Information held on the child’s file and that has come in as part of the request for EHC needs assessment

\*This consultation will be undertaken in an age-appropriate manner, whilst also taking into account any communication needs, so may require assistance from the parent/carer.

## Sources of Information

In addition, the following sources are likely to significantly improve the statutory information and advice, and thus should be used wherever possible:

* Assessment of the child or young person (e.g. via questionnaire, self-report measure or online assessment tool)
* Observation of the child or young person engaging in relevant tasks via video calling or recorded material shared securely
* Consultation with setting staff (e.g. SENCO, class teacher, early years educator)\*
* Consultation with other relevant professionals
* Previous advice gathered as part of the request for EHC needs assessment, and prior to the COVID 19 crisis, e.g. parental health questionnaires, speech and language therapy reports. Evidence of meaningful and purpose interventions put in by the current education setting to support the child or young person’s special educational needs

\*Initial contact should be made with the setting’s designated point of contact, who will then be able to signpost on to relevant members of staff.

\*\*Where unknown, parents/carers or setting staff should be able to provide names of relevant professionals; contact with these individuals should be directed through central service lines.

## Advisory Preface

Some statutory reports across education, health and social care will be prefaced with the following note:

*This report has been produced during the COVID-19 pandemic, and consequently it was not possible to meet with [CYP] in person. The advice and information is based on the best sources of information available at the time of writing. It is recognised that, when circumstances allow, it may be beneficial to provide an addendum, and arrangements will be made accordingly, as part of the annual review process.*

It is important to highlight that we will do our utmost to adopt creative and flexible solutions to ensure that assessments conducted during this time continue to be of a high quality and we hope that no significant amendments will be needed as a result of assessments conducted during this time.

Co-production; issuing decisions and EHC PlansFollowing the assessment, should a decision be made not to issue the EHC plan, this will be communicated to families and settings by week 16 of the process. Should a plan be deemed necessary, the EHC Coordinator will work with young people and families via telephonic / electronic means to draft the EHC Plan, utilising the information provided. The draft EHC plan will then be issued to the family and setting electronically.

Parents / young people will be given 15 calendar days to comment on draft plans in line with normal time lines. Educational institutions will be consulted with through agreed points of contact and given calendar 15 days to respond. It is important to note that this timescale **remains unchanged** in the current situation, and that settings are expected to provide a response to the consultation within 15 days, based on their consideration of the paperwork provided.

We are aware that communication within educational establishments may be challenging at this time. We are finding new ways to ensure communication is clear during this time Your designated EHCCo will make every effort to ensure that full information is given to settings and understood by the correct point of contact. We will continue to aim to issue Final EHC planswithin 20 weeks. Where it is not reasonably practicable or is impractical to meet that time limit for a reason relating to the incidence or transmission of coronavirus (COVID-19), the specific time limit (such as to issue a plan to someone eligible for one within 20 weeks of the initial request) in the regulations will not apply.

Further guidance on the changes to timescales can be found on the [Government website](https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus/education-health-and-care-needs-assessments-and-plans-guidance-on-temporary-legislative-changes-relating-to-coronavirus-covid-19).