INFORMATION SHEET

Developing Education, Health and Care (EHC) plans for children and young people with learning disabilities whose behaviours are described as challenging

This resource has been created as part of the Early Intervention Project – a joint project between the Challenging Behaviour Foundation and the Council of Disabled Children, funded by the Department of Health. The project aims to create a vision of what successful early support looks like, by collecting evidence from academic research; publishing resources; documenting 'what works' in case studies, and using the findings to influence best practice across the UK.

This information sheet is for professionals and staff developing EHC plans. It:

1. Summarises the legal requirements for EHC plans
2. Suggests issues to consider for the assessment and planning process
3. Sets out considerations to explore under each stage of an EHC PLAN for children with learning disabilities whose behaviours challenge
4. Signposts further information and resources

1. Legal requirements

The Children and Families Act 2014 and the new 2014 SEN Code of Practice, bring in significant changes to the system supporting children with SEN and disabilities.

A key change is the introduction of Education, Health and Care plans (EHC plans) to replace Statements of SEN and Learning Difficulty Assessments (LDAs) from 1 September 2014.

No new statements or LDAs will be issued after 1 September 2014. For those children and young people who currently have statements, Local Authorities must review the arrangements in order to support the transition of those children to the new SEN and disability system by 1 April 2018. All young people remaining in further education or training beyond 1 September 2016 who receive support as a result of a LDA should have an EHC plan by that date where one is needed.

The Act requires:

- Education, Health and Care plans to reflect the views, interests and aspirations of children, young people, and their parents/carers[1]
- Co-ordination of the assessment process across education, health and care.

The preparation process and the contents of the EHC plan must reflect four key statutory principles, summarised below:

(a) the views, wishes and feelings of the child and his or her parent, or the young person;

(b) the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions;

(c) the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;

(d) the need to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.

Any provision required under section 2 of the Chronically Sick and Disabled Persons Act 1970 must be included within the EHC plan. The Children and Families act allows for further integration so that a number of assessments can be carried out at once (for example, an assessment under s17 of the Children Act or an assessment under the Care Act 2014) but it does not require this. Local authorities must specify within the EHC plan if they are carrying out more than one assessment.

The Council for Disabled Children has produced a checklist setting out the full range of statutory requirements for each stage of the EHC plan https://councilfordisabledchildren.org.uk/resources/all-resources/filter/statutory-guidance/step-step-guide-ehc-plans

This information sheet supplements that checklist by highlighting the issues to consider when going through the assessment and planning process for a child with learning disabilities whose behaviours are described as challenging.

2. Assessment and planning

Participation of children and young people

The assessment and planning process must be completed within 20 weeks. It should start with a good understanding of the aspirations, views and interests of the child or young person and should use a person-centred approach (see page 9, further information section, for more details). Best practice is direct participation of the child or young person and careful consideration should be given to how to facilitate such discussions for each individual. Family members should be asked to advise on this, as those who know the child best. For example, children may attend the start of an EHC plan meeting (rather than staying for the whole thing) to share their views. Views could be shared in a number of ways including via a pre-prepared video, picture or handout. Considerations should include:

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[1] Where the term ‘parents’ is used in this information sheet, it also refers to carers.

- *Communication methods.* For children who do not communicate using spoken language, their usual method of communication should be used (e.g. PECs or Makaton)
- *Location and attendance*. The discussion should take place in a familiar location where the child feels comfortable and with people they feel safe with.
- *Support* and reasonable adjustments required by the child/young person in order to communicate their views and wishes.
- *Capacity and understanding.* Questions/discussion should have regard to the capacity of the individual child and should focus on issues the child can engage with, for example, what activities they enjoy and don't enjoy, rather than asking abstract questions (for example about the future) which they may not be able to respond to.

This should not be seen as a one-off event at the start of the EHC plan process. Children and young people should be given the opportunity to participate fully in discussions about their support whenever key decisions are made.

A direct conversation may not always be the best way to seek the views of children/young people (where that is not the best method for the individual, other methods include video diaries, seeking views of family carers or advocates on behalf of the child or young person) but a direct discussion should not be dismissed as an option for this group of children whose views have historically been overlooked. Where another method is chosen it should be made clear why that is the case and how exactly views have been sought, for example, via a pre-meeting with the child conducted by an adult they are comfortable and familiar with.

Working in partnership with parents and carers

Effective engagement with parents or carers is key to developing an EHC plan. Parents should be involved in discussions about:

- how best to facilitate direct participation with the child/young person
- their understanding of their child's views, wishes and aspirations,
- their own views, wishes and aspirations for their child
- their child's SEN, disability and challenging behaviour (parents are experts on their own child and the family context and perspective should be considered alongside clinical/expert reports)
- Information/support/training required by family members in order to provide the best care and support for their child.

The stress, emotional strain and practical difficulties often experienced by those caring for children with learning disabilities whose behaviours challenge have been well documented. Providing appropriate information and support to the family is a critical element in providing effective support for the child. For example, parents may need information on the causes of challenging behaviour and training on how to use positive behavioural support, siblings may need support from young carers groups.

A multi-disciplinary approach

Children with learning disabilities whose behaviours challenge will have many professionals and statutory organisations involved in their lives. The EHC plan process provides an opportunity for a truly multi-disciplinary assessment and planning process.

A key-working or Team Around the Child approach is ideal for developing a properly integrated package of support (see page 9, further information section, for more details). This approach helps to empower families and co-ordinate input from all professionals. Where this is not in place, parents often find themselves attempting to co-ordinate input from large numbers of professionals, all of whom have an interest in one element of their child's support, but don't see the child as a whole, resulting in fragmented support, frustration and sometimes an adversarial relationship between families and staff. This can be avoided with proper partnership working where trust develops between families and professionals.

In the case of children with learning disabilities whose behaviours are described as challenging, input to the EHC plan should be sought from the following professionals:

- *Education staff* – nursery staff, teachers, Special Educational Needs Co-ordinators (SENCOs), Educational psychologist, Teaching Assistants (TAs)
- *Physical Health professionals* – GP, Paediatrician, Paediatric neurologist, Specialist community nurse, Physiotherapist, Occupational therapist, Dentist, Optician, Speech and language therapist, Health visitor, portage worker, Other specialist depending on physical health needs
- *Mental Health professionals* – Psychologist with expertise in learning disability and functional analysis, Behavioural therapist, Psychiatrist with training in child and adolescent psychiatry/learning disability/autism, Specialist nurses
- *Social Care professionals* –Social worker, Care Manager, Care staff, Support workers

All these professionals should be made aware of the views, wishes and aspirations of the child and their family and the family's description of the needs that require support so that the views of the child and family remain central to the process. Where professional input does not directly relate to the child's SEN (eg dentist) involvement is still recommended and should be included within the advice annexed to the plan (for example, dental pain is known to lead to challenging behaviour and many of the reasonable adjustments required for the individual will be similar across different settings).

3. Content of the EHC plan

The table below sets out what must be contained within an EHC plan and the elements we recommend including at each section of the plan for children with learning disabilities whose behaviours are described as challenging.

A good plan should be written in plain English, with any jargon or acronyms explained. It should explain how each outcome will be delivered, who will be responsible and how each need will be met through the provision specified. Provision should be specific, with no vague descriptions.

Statutory requirements of the content of an EHC plan (There is no standard order or format, as long as each section is covered)	**Considerations for this section of the EHC plan for children with learning disabilities and behaviours that challenge**
Section A: Aspirations, views and interests of the child/young person and the parents (for a child)	• A one page summary of the child's achievements, the things they enjoy and the people important to them is a good way to start this section. • Check whether families wish to write this section themselves. Some may want to but may need support to do so. • Explain how the child or young person participated in the development of the plan • Explain how the parents/family/carers participated in the development of the plan
Section B: Child or young person's special educational needs	• Level of learning disability (mild, moderate, severe or profound) • Educational adjustment needs (language, attention span, memory recall) • Type, frequency, severity and duration of challenging behaviours demonstrated and the nature and function of challenging behaviours • Communication needs • Sensory needs • Mental Capacity (for those over 16 years of age)
Section C: Child or young person's health needs related to their SEN or disability	• Health needs related to the child's SEN or disability (for example speech and language needs, sensory needs, mental health needs) • Other health needs not directly related to the child's SEN should also be included here unless there is a good reason not to (For example, conditions causing pain or discomfort, physical needs, epilepsy needs, needs relating to genetic factors, dietary needs)
Section D: Child or young person's social care needs which relate to their SEN or disability.	• Personal care needs (for example need for support with daily activities such as dressing, washing and eating) • Wider care needs (for example need for support to keep safe or to access various activities)

Section E: Outcomes sought for the child or young person	• Outcomes should reflect the aspirations of the child/young person and their family (eg social outcomes- such as to remain in the local area well-supported, health outcomes- such as to maintain good health and wellbeing, to manage health conditions effectively or developmental outcomes – such as to learn new ways to communicate unmet needs and in doing so reduce behaviours that challenge) • Clarify how people will know whether each outcome has been achieved – outcomes should be specific and measurable. Include short, medium and long term outcomes
Section F: The special educational provision required by the child or young person	• The Special Educational provisions specified in this section **must** be provided by the Local Authority or other responsible body and should be detailed, specific and quantified. • Provision resulting from the Functional Assessment and Positive Behaviour Support (PBS) Plan (eg 15 hours per week 1:1 support from a named member of staff trained in PBS) • Clarify how special educational provision will help to meet the outcomes (eg a local school will enable a child to remain in the family home, a school where all staff are trained in PBS principles will enable effective behaviour support) • Clarify how special educational provision will help to meet identified needs (eg the expertise available within the school to support learning, development and skills) • Detail any therapeutic input necessary in order to access education (for example Speech and Language Therapy, Occupational therapy, Physiotherapy) • Develop an educational adjustment plan to ensure the school or college is clear about how to meet the child’s needs effectively • For children in year 9 and beyond include details of transition review/transition planning.

Section G: Any health care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having special educational needs	• Health care provision related to the child’s learning disability **must** be specified and provided by the responsible commissioning body. • Clarify how health provision will help to meet the outcomes (eg reasonable adjustments will enable a child to access healthcare and minimise disruption to education) • Clarify how health provision will help to meet identified needs (eg support from CAMHs to manage anxiety and improve engagement at school) • Include any Continuing Health Care requirements. • Include individual health care plan if available. To ensure delivery of an effective plan, the following issues should be detailed and understood, although provision not directly related to the child’s learning disability must be stated as such, and will be outside of the EHC plan for legal purposes. • Ensure the child has a Hospital passport & plan for medical visits. This should include reasonable adjustments (eg first appointment of the day, multiple surgery under one anaesthetic) • Regular health checks are key for children with learning disabilities whose behaviours challenge (both general & for undiagnosed pain or discomfort which can result in challenging behaviours) • Clarify treatment for and or management of conditions causing pain or discomfort Assessment and support for the following needs should also be explained within the plan where required: • Mental health needs • Needs relating to genetic factors • Additional physical and/or sensory needs • Epilepsy needs • Dietary needs (including tube feeds, cultural diets, & allergies)

Sections H1 and H2: Any social care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having special educational needs	• Social care provision should be specified. • Section H1 **must** include any provision required under section 2 of the Chronically Sick and Disabled Persons Act 1970. • Section H2 should clarify how social care provision will help to meet the outcomes (e.g. twice weekly visits by a support worker and regular short breaks help build the capacity of the family to cope and the child to remain in the family home) • Clarify how social care provision will help to meet identified needs (for example seeing family, after school clubs, visiting friends to reduce risk of isolation) • Clarify how social care provision will address environmental needs (for example the benefits of daily routines, training staff to spot behavioural triggers and understand individual needs.) • Specify level of support: e.g. 1 night a week respite care from a named short break facility with appropriately trained staff.
Section I: Provision	This section is included in the final plan, but not the draft. • Type of institution (for example, maintained nursery school, post 16 institution) • Name of school or college and number of hours per week provided
Section J: Where any special educational provision is to be secured by a personal budget, the special educational needs and the outcomes to be met by the personal budget	• Consider direct payments or personal budgets for children whose needs are not always easily met by generic provision (with support for the family where necessary to help manage the budget), this allows for the development of individualised support. • Clarify how the personal budget will help to meet the outcomes and address identified needs (for example, family able to recruit support workers they are happy with who have relevant expertise and attend at a time that suits them for the twice weekly support. This helps to build the child's communication and social skills and supports family capacity to cope)

Section K: The advice obtained in connection with an assessment must be attached to the plan as an annex	Have other assessments been conducted? e.g. assessment under s17 of Children Act 1989, or the Care Act 2014? The following advice should be obtained in regard to children and young people with learning disabilities whose behaviours challenge: • Functional assessment of behaviour • Communication assessment • Sensory assessment • Risk and safeguarding assessments • Post 16 capacity assessment • Where & how to access local intensive challenging behaviour crisis support The assessment and planning process should support the development of the following, if not already available: • A Positive Behavioural Support Plan (proactive, with a plan for reducing challenging behaviour) • Plan for developing communication techniques (PECS, Makaton etc.) • A Communication passport • A Hospital passport (including planned reasonable adjustments) • A Health Action Plan

4. Further information and resources

Person Centred Planning

The best way to plan to meet someone’s needs is by placing the person at the centre of the whole process. In the past, the typical approach has been to try to fit a child into what is available. The Government says that this is not acceptable and that a person centred approach should be adopted (Valuing People, 2001). A Person Centred Plan (PCP) puts the child or young person first. It is an ongoing recording tool with a positive “vision” of what life should look like for the individual and what support is needed to achieve the vision, maintain it, evaluate and review it. Person centred planning is regarded as best practice and we recommend this approach for developing the EHC plan.

For more information on Person Centred Planning see:

- Families Leading Planning - http://www.familiesleadingplanning.co.uk/
- Mencap Direct - https://www.mencap.org.uk/mencapdirect or call 0808 808 1111
- The National Autistic Society - http://www.autism.org.uk/working-with/social-care-and-support/person-centred-planning.aspx or call 0808 800 4104
- Helen Sanderson Associates - http://www.helensandersonassociates.co.uk/reading-room/how/person-centred-planning.aspx or call 0161 442 8271
- Foundation for People with learning disabilities - http://www.learningdisabilities.org.uk/help-information/learning-disability-a-z/p/person-centred-planning/

Challenging behaviour

The Challenging Behaviour Foundation is the charity for people with severe learning disabilities who display challenging behaviour. Challenging behaviour is often an attempt to communicate an unmet need. We provide information about challenging behaviour and peer support for family carers and professionals. http://www.challengingbehaviour.org.uk/. To find out more or to join our professionals email network call 01634 838739 or email info@thecbf.org.uk. Information available includes:

- Understanding challenging behaviour: http://www.challengingbehaviour.org.uk/about-behaviour/understanding-behaviour.html
- Planning for the future: http://www.challengingbehaviour.org.uk/education-housing-social-care/planning-for-the-future-sheet.html
- A study pack for schools on Positive Behaviour Support: http://www.challengingbehaviour.org.uk/education-housing-social-care/pbs-study-pack.html
- Information about the impact of caring on families: http://www.challengingbehaviour.org.uk/being-a-family-carer/impact-of-caring-on-families.html
- 'Getting it Right – A guide for families of people with learning disabilities on choosing a support provider and improving the quality of support': http://www.learningdisabilities.org.uk/content/assets/pdf/publications/getting-it-right.pdf

Team around the child/key working

Key working is a set of functions that enable effective support to build strong and resilient children, young people and families. It is based on person centred thinking, partnership, and approaches that promote equality. It provides a family with a key point of contact and coordination.

Key working facilitates the coordination of an integrated package of support by an integrated team– sometimes referred to as Team around the Child (TAC) or Team around the Family (TAF). The TAC/TAF is a collaborative team drawn together by the practitioner providing key working support or by the family themselves. The team brings together practitioners from the agencies most important to ensuring the child/young person and family get the support they need.

- For more information see: http://ncb.org.uk/early-support/key-working

SEN reforms

- The Children and Families Act 2014 http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
- The SEN Code of Practice: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
- Council for Disabled Children Statutory Checklist for EHC plans https://councilfordisabledchildren.org.uk/resources/all-resources/filter/statutory-guidance/step-step-guide-ehc-plans
- SEND Pathfinder information packs http://www.sendpathfinder.co.uk/infopacks/ap/

This information sheet was produced by the Early Intervention Project - a national project, funded by the Department of Health and delivered in partnership by the Challenging Behaviour Foundation and the Council for Disabled Children.

You can find out more about the project and how to be involved at

www.challengingbehaviour.org.uk/driving-change/early-intervention-project.html