

Securing good quality health advice for education, health and care (EHC) plans

Council for Disabled Children



Producing good quality health advice for education, health and care (EHC) plans

About this document

The purpose of this document is to support local authorities, Clinical Commissioning Groups (CCGs) and NHS trusts to set up processes that facilitate the provision of good health advice as part of an EHC Needs Assessment. It should be read alongside the following CDC resources available online:

- [Social care advice](#)
- [Exemplar EHC plan document](#)
- [DMO/DCO Handbook](#)
- [Implementing the Children and Families Act](#)

It features a Frequently Asked Questions section based on the queries and challenges raised by health professionals in local areas.

It does not provide any advice about clinical issues.

Requirements to provide health advice

To develop high quality EHC plans that coordinate and integrate provision across service boundaries, local areas need a clear, transparent process for undertaking EHC needs assessments, developed in partnership with parents, young people and professionals.

This needs to set out how local authorities will request health advice from any health professional relevant to a child or young person undergoing an EHC needs assessment, and how advice will be returned within 6 weeks.

A health professional is defined as someone regulated by a [relevant medical council](#). They can work for a community provider, acute trust or a mental health trust, in paediatrics or adult services.

The Children and Families Act places the legal responsibility on health commissioning bodies to identify the appropriate medical professionals and make sure health advice is returned to the local authority within six weeks. For most services, the CCG will be the responsible commissioner, but for some specialised services delivered in tertiary centres it will be NHS England. To find out more about responsible commissioners refer to the [CDC Commissioning Bulletin](#).

To deliver on this responsibility CCGs and NHS England need to set clear expectations for providers that deliver services to children and young people with SEND from 0-25.

This needs to specify that as part of their contract providers will:

- contribute to EHC needs assessments within the timeframes, and
- deliver the agreed provision.

This can be included in existing oversight management arrangements, requiring providers to update CCGs on a regular basis on their responses to requests for health advice.

The [NHS England Standard Contract 2017/18 and 2018/19](#) used by CCGs to contract with

providers includes the following specification:

'Where a local authority requests the cooperation of the Provider in securing an Education, Health and Care needs assessment, the Provider must use all reasonable endeavours to comply with that request within 6 weeks of the date on which it receives it.'

EHC plans that are focused on outcomes that matters most for children, parents and families

At the core of the Children and Families Act is the coordination and integration of support; professionals collaborating with children, young people and their families to improve the outcomes that matter most to them, not just in school, but in their family, social and community life.

Person-centred, outcome focused health advice

When requesting advice from health professionals, the local authority should share the person-centred information obtained from their discussion and meeting with the child or young person and parents (see Template 1). Having this person-centred information means health professionals are able to provide advice to plan writers and coordinators about how the child or young person's health needs impact on their ability to make progress towards their identified outcomes and aspirations.

This approach means advice writers do not need to provide exhaustive accounts of service involvement and very detailed descriptors of the child's needs in a predefined list of functional areas that cannot be integrated into an EHC plan.

As part of their work to develop and support data collection for the mandated [Children and Young People's Health Services Data Set](#), the British Academy of Childhood Disability has identified sets of person-centred outcomes which may be appropriate to specific conditions. This glossary is based on SNOMED-CT and may aid health professionals when thinking about how to set and articulate outcomes. It can be found [here](#).

For more information on developing outcomes from aspirations to provision see the [CDC outcomes pyramid](#).

A clear process to make and receive requests for health advice

The process for requesting and delivering health advice needs to be clear and well understood. A request for health advice, with agreed information should be sent to a clearly established contact point, which may be to a DCO, a CCG officer or specific email address set up to receive requests.

When a request is received, the relevant health professionals need to be identified using a clear process, this can be done by:

- The information provided by the local authority alongside the request from the local authority to identify current health service involvement. If insufficient information is provided, ask the local authority for the outstanding information.
- Access information about the child health service available, using local electronic information systems where these are available.
- If an electronic information system is not currently available established contacts

within each service will need to be emailed with the request. This will require adequate resources.

Ensuring information can be easily exchanged between local authority and NHS email addresses may require the CCG and local authority to establish information governance procedures in line with relevant information standards to allow information sharing across organisational boundaries. Information is available [here](#).

Coordinating health advice

Where a number of relevant health professionals are identified there should be a process to coordinate their health advice. It should not be submitted as isolated individual professional reports.

Multi-agency meetings are an important opportunity to share views as part of the development of an EHC plan. The local authority, CCG and provider organisations should jointly develop criteria setting out when health professionals are required to attend face-to-face meetings to discuss their advice, with clear expectations as to the purpose and benefits of this. It should be clear that where a child or young person has significant health needs or the health input is critical to the development of an EHC plan then health professionals will attend.

To support this happening, it is important that appropriate notice should be given to ensure health professionals can attend these meetings, recognising the time constraints / pressures that health professionals are under i.e. attending meetings to fit with existing clinical commitments.

Where attendance at a multi-agency planning meeting is either not necessary, or not possible (although processes should be in place to avoid this wherever possible) there should be a process for sharing information between relevant professionals who have not attended a meeting. Examples of how this can be done include:

- A DCO/DMO or senior clinical lead collates evidence from a number of professionals in the same provider before returning it to a local authority as a single piece of health advice.
- Advice writers contribute their advice using a single, electronically shared template that is returned to the local authority.
- A regular audit with clear steps taken to improve quality where weaknesses are identified and feedback to advice writers.

Recommendations about provision

Health advice must also recommend provision that will meet the young person's needs and support them to achieve holistic outcomes, setting out how the impact of the provision in supporting the achievement of these outcomes will be measured. Health advice should be as clear as possible about provision, specifying what will be done and quantifying how frequently it will happen. This may look different for different types of support.

Therapies - Where a professional is responsible for delivering a clear programme of support for a specified duration at defined intervals this should be clearly articulated in the health advice.

Training and support - Where health professionals are working in collaboration with other

professionals the health advice should be clear about what will be delivered by health professionals and what will be delivered by other professionals. Any necessary oversight mechanisms should be in place e.g delivering training to school staff to deliver health support in school.

Specialist equipment - Advice should include clear information about the function of the equipment, where and when it should be used, how it will be monitored and responsibility for any upkeep or maintenance.

Ongoing condition management - Where health professionals have oversight or an oversight role, clinical advice should set out how a condition is currently being managed, and explain how the care plan will be updated, with clear information about the review and update process.

Where health professionals have discharged a child or young person from their care, having put a programme of support or training in place, the health advice should reflect this provision, not just stating they have been discharged.

All recommendations on provision need to be based on clinical judgement, rather than being restricted to currently available services. If a recommendation is for a level or type of provision that is not available through existing service contract arrangements, then the responsible commissioner must make a decision about the process for securing this provision.



Pre-request for EHC needs assessment

The 20 week process starts on receipt of the request for an assessment. The LA has 6 weeks to consider the request for an EHC needs assessment. The information gathered by the local authority about the child's aspirations and person-centred planning at this stage should be shared with requests for advice and is used to support the completion of the request for social care advice template (part 3 - Appendix A part 1).

EHC Coordinators lead on completing the request for advice template

Requesting advice

When a local authority decides it will carry out an EHC needs assessment, it must seek medical information and advice from health professional identified by the responsible commissioning body. This advice must set out:

- the needs of the child or young person,
- what provision may be required to meet these needs
- the outcomes that are intended to be achieved by the child or young person receiving that provision.

The CCG needs to fulfil this duty regardless of whether the relevant professionals work for a community provider, acute trust or a mental health trust, in children or adult services.

Completed request for advice template sent to agreed single point of contact (DMO/DCO/CCG) or electronic notification system

Assessment and evidence gathering

An EHC plan must contain details of the child or young person's health needs which are related to SEND. This goes in Section C of the EHC plan. Health advice should be gathered early in the process to allow time for it to be incorporated into the draft plan. The health content of the plan should be discussed with children, young people and their parents and shared with health professionals to make sure they agree with the way their advice has been incorporated into the plan. Any issues should be addressed at this stage, prior to the draft plan being issued.

Health professionals complete health advice template

Drafting and agreeing the plan

Section G of the plan must set out any health provision required by the learning difficulties and disabilities which result in the child having SEN. This provision should be agreed by the responsible commissioner before the draft plan is issued for children, young person and their family for 15 days to allow them to comment and request to name a school or college in their plan. Health provision cannot be altered at this stage. There is then an additional 15 days for consultation with the school or college being named. The final plan must be issued by week 20.

Local authority incorporates advice into plan, this is shared with advice writers prior to being issued as a draft

At this "pre decision" stage the local authority can ask health professionals for evidence of a child's needs and what has been done to meet these.

This information should not duplicate information requested in the next stage but can function as an 'early warning' system to for health professionals that a child or young person is being considered for an EHC to help them prepare before the 6 week time limit. Health professionals can provide simple information on any known involvement with professionals and current provision in place.

Request for information and advice in relation to health care

Point of contact uses existing information to identify relevant services/ professionals to send the advice template.

Where there is not existing information about a child it is important unrecognised needs are not missed by:

- Requesting additional information from local authority
- Contacting young person or parents directly

If there are concerns undertake new medical assessment within timeframe start assessment pathway.

Where there are no concerns return advice to local authority setting out universal and primary services in line with the Local Offer, including role of GPs, health visitors and school nurses.

DCO or point of contact coordinates the request with relevant health professionals

Response to request for advice (Part 3 - Appendix A part 2)

Health professionals should complete advice template making sure it:

- Sets out the practical impact of a child's health on their life and their ability to make progress relevant to their aspirations;
- Avoids complex diagnostic information, it needs to be clear and accessible to non specialists - BACD recommend a less is more approach;
- Recommends provision based on clinical judgement, NOT availability of provision;
- Limited to area of professional expertise;
- Not make recommendations about specific education placed;
- Must be returned to local authority within 6 weeks.

Provision drafted and plan agreed

Where provision is within the scope of existing contracts this can be agreed as part of the assessment process by provider organisations without direct input from a commissioner. Regular audits of this process should be undertaken.

Where provision is being made on an individual basis there must be a clear process for agreeing this, and securing the provision. This can be agreed through multiagency panel meeting, with clear input from a DMO/DCO or commissioner.

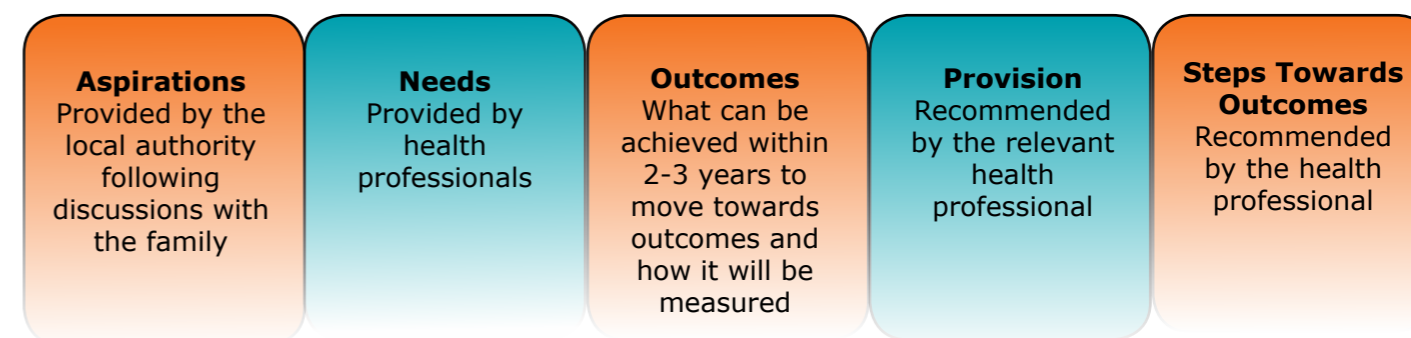
CCG agrees health content of plan, ensures oversight of delivery.

Using the templates to secure health information

Here we offer an example of a health care advice template that has been developed after reviewing existing templates and following discussions with DCOs/DMOs. Example templates are structured to focus advice on person centred information provided by the local authority as part of the request for information. Local areas can choose to use to use any templates that deliver effective advice, but should review their templates to ensure they are supporting the development of high quality EHC plans in an efficient way.

See the example plan:

The illustration on the following page shows the role of health advice of developing outcome focused provision in line with the Golden Thread.



This is Stage 1	This is Stage 2	This is Stage 1.5-2.5	This is Stage 3	This is Stage 4
Developed in conversations with children, young people and parents. Health professionals may attend this meeting when required, but generally this will be completed by a local authority SEN officer	Health advice explains the impact of a child's health, and relevant environmental factors, on their life and their ability to make process linked to their aspirations	Draft outcomes maybe developed in discussion the family at Stage 1. Health professionals should be able to comment and contribute to these outcomes to help them become SMART	Health advice recommends provision to meet the assessed needs and support achieving the holistic outcomes	Health professionals set out how the impact of provision will be accessed on a shorter term basis
Jessica's parents would like Jessica to have a less disrupted sleep routine as they feel this impacts on her ability to access learning.	Jessica has a poor sleeping pattern and often wakes at night. This can impact on her engagement within the school environment and affects the rest of the family.	Jessica will sleep through the night. Defined as 6 hours of uninterrupted sleep.	A paediatric appointment with Jessica and her family to review Jessica's general health and medication and the potential impact these have on her sleeping. Four home visits (2 hours each) by the occupational therapist will consider Jessica's sleep routines and collaboratively develop a plan for improving Jessica's sleep. The physiotherapist will contact Jessica's parents by telephone once a month to discuss progress and any concerns.	Within three months, Jessica will be able to get to sleep and reduce her waking to up to 2x a night

Request for advice and information relating to health

This form should be completed by the EHC coordinator and sent along with the request for advice. It should be based on:

- Evidence and information provided as part of the EHC needs assessment request and decision to assess process;
- Additional information gathered through conversations with the child or young person and their family and friends, early years providers, schools, colleges, post-16 providers, universal providers and anyone else the family suggests.

Child and family information summary

Child's name	
Date of birth	
Date of decision to proceed with EHC needs assessment	

Aspirations and outcomes	
<i>(This section should include all aspirations and outcomes from Section A whether or not they are perceived to relate to social care)</i>	
Aspirations	Draft outcomes, if already identified

What is important to the child or young person?	
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What do they do outside of school? E.g. see friends, attend groups, clubs or activities. What are their hobbies or interests? Where do they go to do these things?	
Do they face any challenges or barriers accessing these activities?	
What is going well for the child and their family?	
What support do they receive from family, friends, community members and other professionals?	
What do the child and family find difficult, challenging or stressful? What is not working well?	
Any additional information that you consider to be relevant.	

Completed by:	Name: Job Title: Contact details:
Date request sent:	
Date advice is due: Within 6 weeks	

EHC needs assessment: advice and information relating to health care

Child's Name		
Date of Birth		
Who has parental responsibility?		
Address:	NHS No:	Gender

Locally developed confidentiality and information sharing statement.

Advice giver's details:

Name(s) of professionals who have contributed to this advice:	Services:
Job Title(s):	Clinic Address:

Aspirations and outcomes	
Comment on the <i>aspirations and draft outcomes from the child and/or family provided by the local authority with this request for advice</i>	
Aspirations (provided by the local authority)	Health contribution to draft outcomes (please suggest additions or amendments to the provided outcomes, as required)

<p>Health needs</p> <p>Please describe how any medical conditions, impairments or other health needs impact the child or young person at school, at home and in the community. Consideration should also be given to the child's context such as the physical or social environment and how this may be impacting on the child achieving his/her outcomes.</p> <p>This advice should relate to your area of specialism, and be linked to the child / young person's and family's aspirations and outcomes <i>provided by the local authority with this request for advice</i></p> <p>Advice should be accessible for non-specialists.</p>
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Aspiration/draft outcome	In your opinion, how does the child's health need (and/or context) impact on the intended outcomes?

Recommended health provision

Steps towards outcomes	Please describe what is needed to achieve this outcome. Be specific about what will be done, who will be involved (and is responsible), the frequency of provision and review, other resources etc.

Please describe any health care plan, medication taken regularly as a result of his / her medical needs or general health advice and who is responsible for monitoring.

Frequently asked questions

What can the Designated Medical/Clinical Officer do to support the EHC assessment process?

Where they are resourced to do so, a DMO and DCO can play a significant role in an effective EHC assessment process.

Examples include:

- Establishing a clear named contact for requests for advice from the local authority and coordinating requests between the local authority and relevant health professionals.
- Bringing together advice from health professionals and making sure it is combined into a single coherent document before it is submitted to the local authority.
- Providing leadership in the quality assurance of health advice by working with senior clinical leads to enable them to check health advice before it is submitted to the local authority.
- Attending multi-agency panel meetings.
- Convening a health professionals working group to develop processes, share messages and gather feedback.
- Taking part in peer review/audits of health advice.
- Working with the CCG to engage providers or groups of professionals who are not engaging with the EHC needs assessment process, e.g mental health trust.

It will be helpful to make a clear distinction between the role performed by a DMO and that performed by a DCO, delineating tasks according to time, resource and expertise. More information is available in the [DMO/DCO handbook](#).

What is the involvement of adult health services?

For young people aged over 18 there will be a need for advice from adult health professionals, the legal requirements do not change and it remains the CCG and NHS England's duty to secure this. This should be part of a broader transition process of young people supporting them to move from children to adult's services.

From the age of 14, EHC plans should support the transition planning process, and this should include involving GPs and relevant adult health teams, therapy teams, adult learning disability teams and any other relevant professionals.

Securing this involvement may require educating adult health professionals on their duties, and establishing a strategic multiagency group on transition, representing both children's and adult services. Identifying key professionals in adult services, like a GP or learning disability nurse to perform the function of DMO and DCO.

GPs can be kept informed of relevant developments in EHC plans by copying them into key information in preparation of them taking a more significant role in managing the health of the young person as they transition to adult services. GPs should be delivering annual learning disability health checks from 14.

For more information and learning, you can complete our [e-module on transition](#). See also

[NICE guidance and resources for transition](#).

What happens when there are no specialist health needs

Where a child or young person is not known to health services and there is no evidence of a relevant specialist health need then health advice should articulate the universal services that are responsible for meeting their health needs. This can involve explaining the role of GPs, health visitors and school nurses in line with the local offer.

In some cases it may be appropriate to ask a GP to contribute health advice. This may be required for young people over 18 who are leaving the care of a paediatrician where a GP will be responsible for overseeing their health.

Where a GP is being asked to provide health advice they may charge for this as the provision of health advice as part of EHC needs assessment is not within the GP standard contact.

CCGs can try to improve their GP engagement in EHC assessments and plans by supporting DMO or DCO in:

- identifying GPs within local networks who can act as key supporters;
- providing training for GPs on contributing to EHC plans and the local process for providing effective advice;
- establishing a clear basis for requesting information from GPs, as generic information about medical history or service involvement would not be detailed enough to support the development of an EHC plan.

Hold discussions with local GP leaders about how the provision of health advice can be integrated into other functions, such as learning disability health checks from age 14, and performed without an additional charge.

What about new assessments?

It is important to have an oversight mechanism to ensure unrecognised needs aren't overlooked where there is no existing health service involvement.

In some areas, a DMO or community paediatrician reviews the existing information and calls the parents to ask them about any concerns they may have about their child's health. Where it is agreed that a new medical assessment is required this should be organised as soon as possible and there should be a mechanism in place to ensure that this can happen.

DMOs/paediatricians can adapt practice



from children who are looked after health assessments, reserving a number of appointment slots free for EHC needs assessments.

Where a referral is made following this assessment information should be submitted in the health advice, clearly specifying when the child or young person will be seen, by who, and how the EHC plan will be updated to reflect this.

What consent is needed when sharing information?

There should be a clear consent process embedded within the EHC needs assessment, explaining to parents and young people how information will be shared and for what purpose.

Where there are concerns between services about consent and confidentiality, these should be addressed, and not become barriers to effective joint working.

See our resource on data sharing:

[Sharing Data and Information to Support Education Health Care Plans](#)

Here are two examples of consent forms from local areas:

[Southend EHC Parental Consent Form](#)

[Birmingham City Council Consent to Request for Statutory EHC Needs Assessment](#)

What happens about provision when the child's needs change frequently?

In these circumstances health advice should describe how the fluctuating condition can affect the young person, and how this is safely and proactively managed. This should include information about how the child's condition will be monitored and details like frequency of appointments and how they are accessed.

Where a child or young person has a health care plan that sets out the how a condition is being managed that is updated on a more regular basis than the EHC plan, then this should be referred to in the advice, with clear information about the review and update process.

What are the limits of health advice?

Health professional's advice must be restricted to their area of expertise and must **not** make recommendations about specific educational placements. Health advice must **not** prioritise or rank needs or provision. Any health advice templates that ask health professionals to prioritise or rank needs, outcomes or provision should be amended, and health professionals should not complete that section.

What about children in specific circumstances?

Children who are looked after

Where a child has an EHC plan and is looked after then the EHC needs assessment and the individual health plan should be aligned as closely as possible. The DMO/DCO should develop an approach with the designated doctor for children who are looked after.

Each CCG will have a designated doctor and nurse for children who are looked after who

will be key contacts for DMOs and DCOs ensuring children who are looked after with special educational needs receive a coordinated approach that is tailored to their needs.

This may require the development of local protocols for the sharing of information between professionals to ensure that relevant content is able to be shared across plans.

See the [CDC Social Care Guide](#) for more information.

Children in the youth justice system

For children in the youth justice system there are different commissioning arrangements. Health services within these institutions are commissioned by Health and Justice Commissioners in NHS England and delivered by local providers, and the Children and Families Act places responsibilities on the secure estate to deliver the provision set out in the child or young person's EHC plan.

The DMO/DCO should contribute to the development of a protocol for children and young people in the youth justice system to make sure that their entry and exit is as smooth and well supported as possible. This will require working with both the local authority SEN teams but also the Youth Offending Services and Health and Justice Commissioners.

See our resource for young people in youth custody with special education needs: [Young People in Youth Custody: A practice guide](#)

What about continuing care?

Where children and young people have complex medical needs that cannot be met through ordinarily commissioned services then CCGs need to secure these services on an individual basis.

The recently refreshed Children and Young People's Continuing Care Framework makes reference to the EHC process and timescales for aligning the two processes:

A decision by the deciding panel on the continuing care element of the EHC plan could be secured within 28 days, and the package of care commence, to be integrated subsequently with the other education and social care elements of the EHC plan as it takes shape. The health assessor's role would help facilitate the health input to the EHC plan. This would also allow a three month review to take place when the full EHC plan was considered for sign-off.



[Children and Young People's Continuing](#)

Care Framework

It is important to remember that children and young people are entitled to an EHC plan if they have a disability that prevents them from accessing educational provision and requires provision that is different from or additional to that which is normally available. This definition encompasses provision made due to medical conditions and physical impairments, it is not restricted to learning disability.

Where a child has a complex medical condition and requires a multi-agency support package, regardless of whether they meet local continuing care thresholds health professionals should consider making a referral for an EHC assessment.

What about personal budgets?

If a child or a young person is already receiving a Personal Health Budget this information should be included in the health advice.

If the child or young person is not receiving a Personal Health Budget but they or their parents are interested in EHC Personal Budget, then health services should participate in the process of developing an EHC plan Personal Budget. This may help explore new ways to address issues like long waiting lists or lack of personalised provision in existing commissioned services.

What happens after health advice submission?

Agreeing the health element of an EHC plan

Before a draft EHC plan is issued to children and young people and parents the health elements of the plan must be agreed by the responsible commissioner, the CCG or NHS England. There should be a clear, efficient and transparent process for this.

Health professionals who have provided advice should have the opportunity to see how their advice has been incorporated into the plan to ensure it is accurate, and have an opportunity to suggest amendments where required.

Once a draft plan is issued to parents, amendments cannot be made unless they are requested by parents. It is too late for health professionals to request changes at this stage. Where health provision is within the scope of an existing provider this can be agreed as part of the assessment process by provider organisations without direct input from a commissioner. To ensure the quality of this advice and the suitability of the provision, regular audits of this process should be undertaken by a DMO, DCO or senior managers within the service.

Where provision in an EHC plan is not covered by existing provider contracts it will need to be secured on an individual basis. This provision can be agreed through a multiagency panel meeting, with clear input from a DCO or CCG commissioner.

What about special educational needs or health provision?

In an EHC plan provision must be set out in the relevant section, clearly showing if the provision is SEN, health or social care.

The Children and Families Act is clear that if provision includes education or training then it should be included in a plan as SEN provision in Section F even if it could be considered a health or social care provision in other contexts.

The decision must be made on an individual basis, looking at the specific provision that is being made. This is a legal requirement on the local authority as the body responsible for the plan and it does not affect the medical advice, or recommendations about provision made. The Code of Practice advises that in most circumstance Speech and Language Therapy should be deemed SEN provision.

Health professionals should make recommendations based on their judgement and area of expertise regardless of whether or not that provision will be classified as SEN or health provision in the final plan.

What about private advice?

Parents are fully entitled to secure their own health advice from professionals. This evidence must be considered by the local authority in the same way as provision commissioned from NHS providers and needs to be included as an appendix to the EHC plan. The local authority must take private advice into consideration when deciding the appropriate provision to include within the EHC plan and should make this clear the source of the advice.

Where there are significant differences in recommendations about provision the local authority cannot make a judgement about which advice is clinically correct, but must take into account the evidence in each report about the child's needs, and how the provision recommended will meet the child's needs and support the holistic outcomes agreed with the family.

Where a provision does not have an established or recognised evidence base and is not mandated by the National Institute for Clinical Excellence for use in the NHS, then health professionals are unlikely to recommend it in their advice, but can do so if they believe there is a reason for doing so. Any provision in Section G to be provided by the NHS needs to be agreed by the commissioning body. If there is disagreement over health provision in a plan then the local authority and CCG must use their joint commissioning dispute resolution mechanisms to resolve it quickly and effectively. It is not acceptable for disagreements over provision to negatively affect children, young people and families.



What happens when a plan is appealed?

The First Tier Special Educational Needs and Disability Tribunal

One aspect of EHC plans that is different from other health care plans is their legal status, and the role of the First Tier Special Educational Needs and Disability Tribunal in enforcing the legal requirements.

The Tribunal is a legal court and its role is to hear appeals made by parents or young people over 16 against decisions taken by the local authority in relation to EHC plans.

The Tribunal has made decisions about:

- The decision to undertake an EHC needs assessment or reassessment;
- A refusal to issue a EHC plan following an assessment;
- The content of Sections B, F and I of an EHC Plan - that is the Special Education Needs Section.

It does this by applying the law to the decisions taken by local authorities based on the evidence submitted by the local authority and parents. In effect, it's putting itself in the local authority's place and applying the law to its decisions.

The Department for Education has extended the pilot programme that extended the remit of the First-tier Tribunal to make non-binding recommendations on the health and social care aspects between 2017/18-2019/20.

This means that that when making an appeal to the Tribunal parents and young people will be able to ask the tribunal to look at the health or social care related aspects of EHC needs, meaning Section C and F. In these cases the Tribunal will make non-binding recommendations that CCGs or NHS England would have to respond to within five weeks. These recommendations will be determined by applying the Children and Families Act, and the Regulations to the evidence it receives.

It will also take the Code of Practice into account, but it does **not** consider local processes, policies or thresholds. The Tribunal does **not** make decisions about clinical issues and will not make decisions that require health professionals to go against their professional judgement. Rather it will ask CCGs to secure advice that meets the legal requirements, or re-take a decision.

It will examine if health advice contains the following legal requirements:

- Need - what are the child or young person's needs?
- Provision - what is the provision to meet this need? This must be specified and quantified.
- Outcomes - what will be achieved by this provision?

Do I need to attend a Tribunal if I have submitted advice?

The SEN Tribunal can hear witnesses when taking decisions, although this is not a requirement, and many cases are heard with no expert witnesses. It is not a requirement for a health professional to attend a tribunal to 'argue' a case for the local authority or justify their clinical view. The Tribunal will examine the health advice and evidence that has been submitted.

If the local authority asks a health professional to attend the authority should clearly articulate why they believe the health professional's attendance is important. Attendance can only be requested and the health professional is not obliged to attend.

In exceptional circumstances the SEN Tribunal can summon health professionals to appear as witnesses if it is judged that their role is crucial to making a judgment. This will be in a form of a summons from the Tribunal that will set out the reasons for this. In these circumstances health professionals must attend the hearing.

Acknowledgements

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About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provide a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network



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