Appendix 8: Specification list for quality assurance of written advice from all professionals providing written advice for the Annual review process.

**Advice for Annual Reviews**

**Quality Assurance Specification List for**

**professionals contributing to written advice at Annual Review meetings of an Educational Health Care Needs Plan**

**(For checking quality of advice when providing written advice for the annual review of an Education Health Social Care Needs Plan (EHCP)**

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| **Specifications**  | **Comments for Audit purposes** |
| Professionals contribute their advice using a single, electronically pre-populated Annual Review Report.  |  |
| Section A: The aspirations are checked with the CYP and/or family or carers to see if:1. They remain the same
2. Additional aspirations need to be included because of new or changed circumstances, experiences, or interests
3. Contributions are needed from the relevant service to update the one- page profile
4. Whether aspirations for children and young people aged 14 and older, are considered in the context of paid employment, independent living, and community participation.
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| Section B: Professionals completing this section must provide these details relevant to their professional discipline:1. If new needs have emerged which relate to their SEND
2. Existing needs have changed from those documented in the Plan and are having an impact on other areas of the CYP’s life in or out of school
3. Parent or CYP feel that existing needs are not described accurately or have changed (e.g. needs in the EHCP described as behaviour have been identified as being due to a communication disorder or a learning difficulty).
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| Section C ¹ (**For Health Professionals Only).** Health Professionals completing this section must provide these details within the Annual Review report as applicable to the CYP:1. Any new diagnosis or on-going investigations
2. Whether Health conditions have improved or stabilised (e.g. seizure control) or in the case of fluctuating health needs how these are affecting the CYP
3. Deterioration of a relatively stable health condition
4. How(b)and (c) are impacting on the CYP at home, school and in the community.
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| Section D (**For Social Care Professionals Only)**, Social Care Professionals completing this section should provide these details within this section of the Annual review Report: 1. Any changes of circumstances that have occurred and how these are impacting on the CYP at home, school and in the community
2. Details if any more up to date assessments have been completed
3. If a Parent or Young Person has requested an assessment of their social care needs.
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| Section E: (**For all Professionals to complete, based on outcomes taken from their advice to inform the EHCP and relevant to their professional discipline). The Professionals should document if the outcomes set by their Service within the Plan:**1. Have been reviewed
2. Have been Met and what progress has been made towards achieving these outcomes
3. Remain relevant and if not, whether outcomes need to be SMARTened up (Specific, Measurable, Achievable, Realistic, and Timely) or changed
4. The professional’s opinion, as to how the CYP’s health/social care needs (and/or context) impact on the intended outcomes.
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| Section F: (**To be completed by Educational Professionals based on needs they have identified in section B and outcomes to meet those needs identified in Section E relevant to their professional discipline). The Professionals should document:**1. Effectiveness of the provision to date and whether it hasn’t occurred, been as effective as expected or an alternative approach needs to be tried
2. The provision that will meet the CYP’s needs and supports them to achieve holistic outcomes, setting out how the impact of the provision in supporting the achievement of the outcomes will be measured.
3. Specificity is explicitly provided about:
* what will be done,
* who will be involved (and is responsible),
* the frequency and type of provision
* other resources
* How will the impact of this provision be monitored on a shorter- term basis?
* How will the impact of the provision be assessed and reviewed?
1. Any health provision such as Speech and Language Therapy that educates or trains should be included in this section.
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| Section G²: (**To be completed by all Health Professionals based on existing and/or new needs they have identified in section C and outcomes to meet those needs identified E)** * CYP’s special educational provision based on identified health needs (Section C) and outcomes (Section E) and arrangements for delivering it have been reviewed. This should state whether the provision is still appropriate and effective towards achieving the stated health- based outcomes.
* Any provision included here or removed will depend on the needs reviewed in section C in the context of whether these have:
* Changed
* Remain Unchanged
* No longer necessary and can be met through the School’s SEN Offer (e.g. support from the School’s Pastoral Support Team).
* CYP’s with a health care plan (where it exists) and is being managed and updated on a more regular basis, should be referred to with clear information about the review and updates. Information about how the CYP’s condition will be monitored including

frequency of appointments and how they will be accessed. |  |
| ᵅSection H1 (**To be completed by all Social Care Professionals if relevant, based on any new or additional needs they have identified in section B and outcomes to meet those needs identified E)** * CYP’s special educational provision based on identified social care needs and outcomes and arrangements for delivering it have been reviewed. This should state whether the provision is still appropriate and effective towards achieving the stated social care- based outcomes.
* Any provision included here or removed will depend on the needs reviewed in section D in the context of whether these have:
* Changed
* Remain Unchanged
* No longer necessary and can be met through the Local Offer
* Any new provision sets out exactly what is going to happen, who is going to do it, what skills, qualifications or training they need, how often it will be made available, and when it will be reviewed Any social care services that can be provided under CSDPA are clearly stated.
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| ᵇSection H2 (**To be completed by all Social Care Professionals if relevant, based on any new or additional needs they have identified in section B and outcomes to meet those needs identified E)** * If relevant to the child or young person, include Social care provision reasonably required which may include provision identified through early help, child in need assessments, and Section 47 child protection enquiries.
* Any new provision if relevant, sets out exactly what is going to happen, who is going to do it, what skills, qualifications or training they need, how often it will be made available, and when it will be reviewed
 |  |
| Section J: The special educational needs and outcomes that are met, by any direct payment should be and reviewed. |  |

¹ Where children are known to health services, health advice can be provided based on the existing evidence about the child. Where a previous clinical report is used to inform the annual review as is the common current practice, the Health Professional needs to ensure that it provides evidence of the child’s current needs, the provision required to meet those needs and the desired outcomes and detail any progress in the interim towards the outcomes. Where it seems that a new assessment is needed, because of an apparent change in a child or young person’s needs, then arrangements should be made in sufficient time for a referral to be made to the appropriate health professional.

Where a referral for a diagnostic pathway has been made prior to the annual review, clear information should be submitted in the health advice that specifies when the child or young person will be seen, by who, and by when the EHC Plan will be updated to reflect this.

 ²Provision documented against a heath outcome will look different for different types of support. This will be dependent on training, support for staff within educational settings or a clear programme of direct support such as provision of therapies.

ᵅ Section H1 documents Social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA). This would only be reviewed if already within the Plan or as part of a new assessment because of changing social care needs.

ᵇSection H2 documents any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person’s eligible needs (through a statutory care and support plan) under the Care Act 2014 or provision not covered by CSDPA. This would only be reviewed if already within the Plan or as part of a new assessment because of changing social care needs.