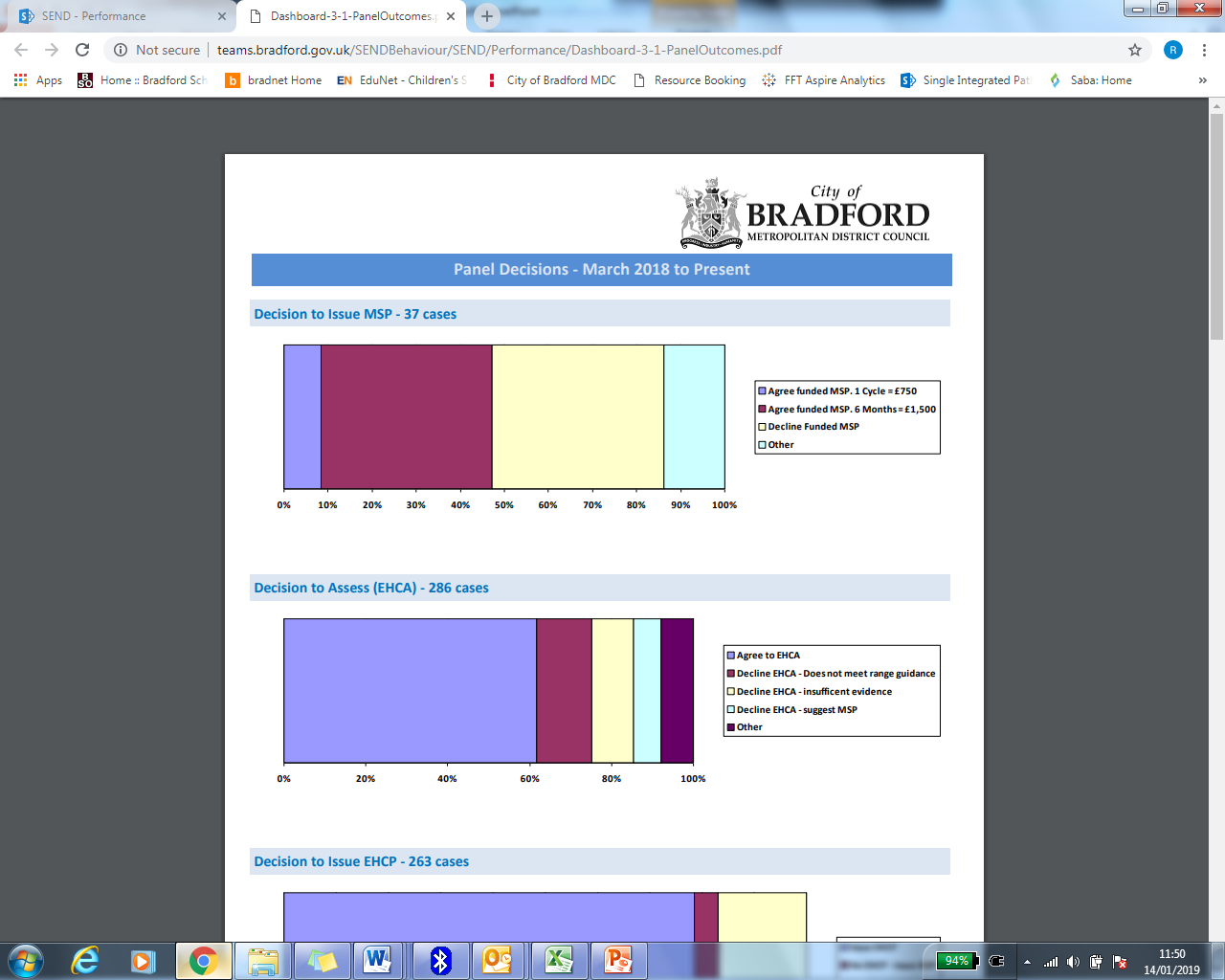
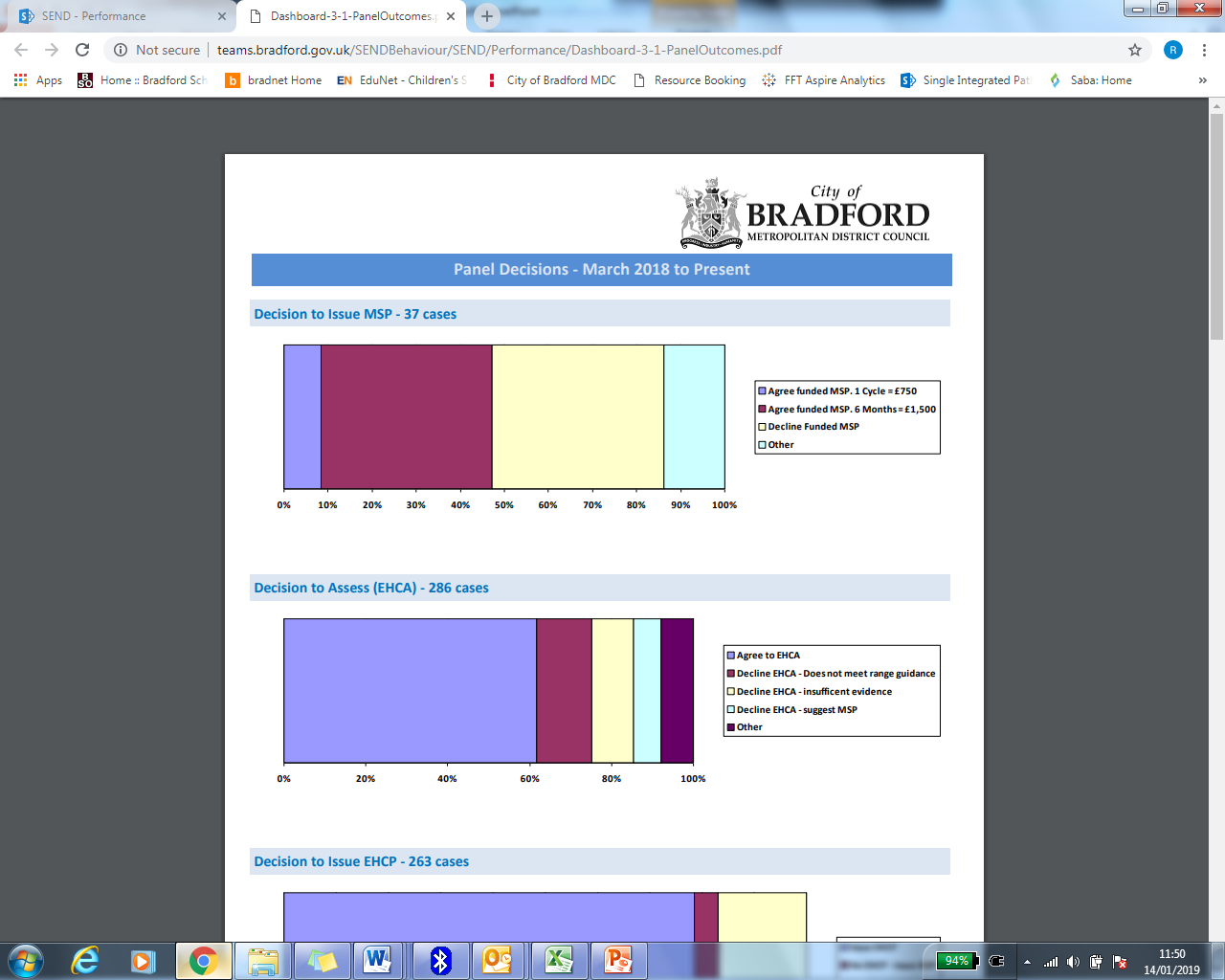
Feedback from EHCP Panel Chairs

13.12.18







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| Item | Comments | Recommendation |
| Attendance | * Attendance generally good and panel meeting all year around; * EP always in attendance; * SEN assessment manager always in attendance * Mainstream school always represented * Special schools not attending * Finance always represented * 16 – 25 always represented; * Health: always represented but not sure right people are around table – not able to access health advice / contribute to plan; * Social Care: David Byrom usually in attendance but this is vulnerable due to capacity. | * Re- issue invite to special school heads / representatives – Panel admin to progress; * Revisit most appropriate health representative * Consider additional BSO post in social care to lead on admin for EHCP. |
| Administration | * Rooms booked and available and administration well managed. * Pathways system has made panel administration much smoother and reduced time burden. * Pathways panel sheets easy to read and useful * Some issues with ICT but generally working well. |  |
| Referrals for EHCA | * Quality of requests is improving – settings understand more what they need to do and use correct forms; * Most non agreements due to CYP not being at R4 / incorrect ranging. * Full paperwork required not always being submitted eg Ranges / Individual SEN support offer. * Levels sometimes missing or just says ‘below ARE’ – this is not helpful; * SEN Officers need to interrogate information provided by schools ie do not assume that because the school says it is range 4, this is correct. | * Further training on Range model; * Training for SEN Officers on interrogating levels provided by schools. * Any incomplete referrals to be sent back to schools; |
| Decision to Issue | * Provision section universally poor – School age team generally not specific / largely Q1 but EY excessive levels of support ( usually 4c); * Health / SC advice routinely absent from plans. | * Training for officers on Quality Provision Section. Training ready to be delivered. * Further discussions with Health re timely provision of Health advice * Further work on self-monitoring of EHCPs when submitted onto Pathways * Pathways to identify one case per week for QA and format for recording feedback |
| Placement | * Many requests for change of placement being made without annual / interim review; * Quality of responses from schools following consultation is improving. * Settings must keep CYP on role whilst this discussion I taking place. | * Feedback to Sencos / message on BSOL * Advice to Sencos – Letters must detail what reasonable adjustments would need to be put in place to meet needs and then returned to panel to decide next steps. |
| General | * Significant number of cases for CYP with anxiety / mental health issues / out of school. Potential gap in provision * Numbers on later referrals; * CAMHS advice generally missing / difficulties in accessing CAMHs cited in many requests. * Unclear how completed plan gets into social care if CiC; * Some cases of discrepancy between level of request for PB/ Social care and needs as identified in EHCP. | * RD Flag up potential gap in provision with * EHCP needs to be included in any social care requests that come to panel. |