

Example of how I've supported a parent to make amendments to her son's EHC plan

The information is actual information from a real EHCP but the name of the young person has been changed and other names anonymised. The EHCP belongs to a 15 year old young man who has recently been diagnosed with autism and who has some very serious mental health difficulties. I've called him Dan Smith.

The information includes:

- My views on why social communication provision (which meets NICE guidelines) is essential in addressing the majority of the needs in the 'communication and interaction' and 'social, emotional and mental health' sections of an EHCP where a child/young person has a diagnosis of autism
 - An analysis of Dan's EHCP, showing how the document was written by the local authority's EHC Officer and how it was amended to include information from the expert reports (that formed the appendices to the EHCP) that had been missed out
 - A total re-write of Section F (provision) using a table which maps a provision to each need and quantifies and specifies provision.
1. [Context: the need for social communication provision which meets NICE guidelines CG170](#)

Before I share Dan's Plan, I will nail my colours to the mast in terms of my personal philosophy, and that of Bright Futures School, on autism education and support, as this is front and centre later on when we look at provision to meet needs.

Those of you who have followed my previous posts on SNJ will know that I am a [Relationship Development Intervention](#) (RDI) Consultant and that RDI is one of the few autism interventions that meets the criteria outlined in NICE clinical guidelines CG170 for social communication interventions that seek to work on the core difficulties at the heart of autism.

It is my firm belief, based on personal experience with my own son as well as experience in supporting other children and young people at Bright Futures School, that it is the impact of autism that presents the greatest barrier to children and young people with autism accessing the curriculum in schools. If a child experiences sensory overload/cannot cope with uncertainty and unpredictability/cannot take part in joint engagement with another/struggles to regulate their emotions/cannot take on board the perspectives of others in order to inform their decision-making/has great difficulty making and maintaining friendships/does not lay down episodic memories of competence and success then they are going to find it difficult (for some it is impossible) to engage in learning and in wider school social opportunities.

Compensation vs. remediation

We can work around, or compensate for these difficulties – which is what most schools tend to do. Or, we can jump waaaaay outside the box and actually put in place the conditions that give these kids another chance to master the developmental milestones that they have missed (or partially missed) when autism took them down a different developmental pathway. In doing so, we work directly on those core autism difficulties and it is possible to actually decrease the severity of a child’s autism. So sayeth [this research](#) published in The Lancet in 2016 which followed up the biggest randomised controlled autism trial ever – the PACT study.

The ‘conditions’ I refer to above have a name – the ‘guided participation relationship’ (GPR) which I have [written about previously](#) for SNJ. I have also shared video footage of what the GPR looks like and the impact it has on a child’s ability to engage in learning (and more broadly, in life) by sharing [this video footage](#) of one of our pupils at BFS before we used RDI and 12 months after using RDI at school. That is powerful footage and tells you everything you need to know about what is possible when using a social communication approach that meets the criteria in the abovementioned NICE guidelines.

So you can see that when it comes to Section F, my additions are going to involve recommendations for social communication provision.

2. Dan’s EHCP

Back to Dan’s EHCP - I started off with a forensic analysis of the ‘expert reports’ that accompany the EHCP. In this case, this consisted of:

- His ADOS diagnostic letter from the Clinical Psychologist
- A report from the CAMHS worker who worked with him for over a year
- A report from the Educational Psychologist.

In Section B of his EHCP (below) the ordinary text is what was included by the local authority’s EHCP officer. The **text in bold** is what I included after going through the expert reports with a fine toothcomb to make sure that all the needs were identified at Section B.

Section B Parents proposed amendments in **bold**. Parents proposed deletions in **bold strikethrough**

Dan’ Special Educational Needs
Communication and Interaction
Need 1: Eye contact was poorly modulated and tended to be avoidant Need 2: Dan can struggle to read peoples moods using their facial expression Need 3; - Dan’s language used can be dry and matter of fact in tone. Need 4: Mum notes he can be very literal and black and white in his thinking. He can appear matter of fact in the things he says. Need 5: Dan can have a glazed look when spoken to and he is monotone in his response. Need 6: Mum notes he never exaggerates and can lack imagination. In Dan’s ADOS assessment it was noted that he showed little spontaneous creative activity and that there was no symbolic representation of objects

Need 7: Dan can be very minimal in his response during conversation, he appears to struggle opening up to people **and he showed no examples of emphatic gestures**

Need 8: - While Dan has a group of friends he sees less of them.

Need 9: Dan did not express any enjoyment throughout his assessment, gave minimal descriptions of his own affect and struggled to provide answers when asked about these

Strength: - Dan has had a group of friends in secondary school and they still keep in touch via social media though Dan sees less of them now.

Need 10: Dan's insight into friendships lacked the insight that might be expected for his age

Need 11: Dan showed limited indication of responsibility for his own actions

Cognition and Learning

Need 12: - Dan has a diagnosis of dyspraxia and experiences difficulties associated with this condition, like problems with personal organisation, feeling overwhelmed in situations, motor planning and very slow production of written work.

Strength: - Dan presents as an able boy and some recent ability testing carried out by Mrs P, School SENDCo, suggested that his verbal ability is above average and nonverbal ability in the average/low average range.

When Dan was regularly attending in Year 9, his attainments were close to age related expectations albeit with slow progress in some subjects and some effort grades rated only as 'satisfactory' or below that.

Need 13: - In March 2016 the majority of his grades (8/13) were at Level 5a or above, though for half of those subjects Dan received an effort grade of C or below. It maybe that his increasingly passive and depressed presentation was perceived as a lack of effort, though he was receiving higher effort grades in other subjects (like Science, Drama and PE).

Need 14: - Dan's reading and spelling development were reported as being slower than others and parents requested an assessment for dyslexia which Mrs P carried out. The assessment results did not indicate dyslexic difficulties, with reading accuracy, spelling and reading comprehension all in the average range An assessment of Dan' handwriting showed that he had a significantly slow rate of writing.

Need 15: - Dan agreed that frustration can arise from having a 'quick mind' and slow production. He also noted that he has always found personal organisation hard, being in the right place at the right time with the right things and this can make him feel anxious and overwhelmed.

Need 16: - School reports had described him initially as overly talkative ("he's a distracter"), often needing refocussing on tasks. More recently, his presentation in class was lethargic and withdrawn.

Social, Emotional and Mental Health

Need 17: - ~~Dan can struggle to read people's moods by their facial expression; possibly he finds this easier by tone of voice.~~ Dan can become distressed if people don't give him focus when he's talking to them. He often prefers to isolate himself and Mum notes he can be very insular. Often Dan is known to sit on his own at parties and at school. He will prefer the company of younger children when at family gatherings.

Strength: - Dan has a keen interest in computers where he can spend hours discussing the components with friends, and is able to build them from scratch. He also is an excellent drawer and uses his computer to do this. Dan will talk at length to people about things that he is confident with and things that spark his interest.

Need 18: - Over the last 18 months Dan has struggled with profound feelings of depression. He has withdrawn from social activities and social contact with peers, and presented with low mood, low appetite, excessive sleeping and poor self-care. He is struggling with feelings of low self-esteem and hopelessness and 'stuck' in a vicious cycle of not feeling able to access experiences that would challenge his negative state of mind.

There are days when Dan will engage with some activity, either work sent from school or following his own interests, though he needs to be actively prompted to do anything and sustaining interest in activity is hard for him.

Need 19: His motivation for doing any activity is very low and there are times when he will not get out of bed or leave his room. He has withdrawn from activities he used to enjoy, like Youth Club, Duke of Edinburgh scheme and brass band. His self-care is low, with personal hygiene becoming an issue, especially around changing his clothes which he is reluctant to do.

Dan went through a period of self-harming and was reported to be involved in a social group who were interested in exploring self-harm. He threatened suicide on one occasion and was taken to Accident and Emergency.

Need 20: - Dan can get upset easily if there are changes to routine or activity he is expecting. He will need a clear explanation giving, and needs preparation to adjust to the change. He struggles to follow lists and needs instructions being given to him clearly and directly. Dan has been known to become very distressed if he loses a possession. He is likely to notice small changes to his environment.

I have numbered each of the needs in order to ensure that these can each be mapped to provision in Section F. Seven needs are missed/omitted in 'communication and interaction'. 'Cognition and learning' and 'social, emotional and mental health' are well described, based on what's in the reports.

However, when it came to provision, this is where it went spectacularly pear shaped.

Section F–Special Educational Provision Required by child or young person

Provision	Provided by	How often	Funding source
<ul style="list-style-type: none"> • Dan will need access to a stable, permanent school placement where his academic aspirations can be met delivered either 1-1 or in small group situations. • The amount of academic educational input should be decided and negotiated with Dan, those who teach him and those who are responsible for monitoring his mental health. • Work should be undertaken with Dan around evidence based practical self-help strategies. The education provider to consult with appropriately specialised professionals in order to explore compensatory approaches with Dan that he may find helpful to him. • The education provider to consult with appropriately specialised professionals capable of demonstrating to Dan different forms of recording his ideas. Dan will need to be supported to trial such approaches and make decisions about what are the most effective for him. • In-class support needs to be provided for Dan to feel able to access larger teaching groups, at least initially in order to build confidence and reconnect Dan with missed learning and social opportunities. • Stability and consistency in rules, routines, rewards and sanctions to help Dan internalise structure for his life and help his personal 	<p>Education Provider</p> <p>Teacher</p> <p>Additional 1-1 Key Person/Teaching Assistant in liaison with Health Professionals</p> <p>All educational staff who work with Dan</p>	<p>Daily</p>	<p>SEN funding provided directly to schools from the Dedicated Schools Budget (Elements 1&2) and the LA contribution to Element 3 funding</p>

<p>organisation.</p> <ul style="list-style-type: none"> • Staff to be sensitive and use modifications and accommodations to respond to Dan' fluctuations in mood, ability to concentrate, or side effects of medication. 			
<ul style="list-style-type: none"> • Access to safe quiet spaces when needed within the education provision. • Close cooperation between home, school and external agencies with positive messages and good practice shared between services involved overarching outcomes. <ul style="list-style-type: none"> - Information to be given using clear, simple, unambiguous language with complex tasks broken down into smaller steps. - Information to be provided using visual means to support further instructions. - Support to be provided around improving his social interactions with peers within the education setting. - Dan struggles in busy classroom environments therefore small group teaching must be available. • In preparation for adulthood Dan will need specific coaching in planning behaviour, setting goals and experiencing their completion, with him being aware of the intention of them and what emotions need regulating. • Staff who offer pastoral support to Dan should be mindful of the need to highlight progression with him and use discussions with a normalising framework. 	<p>Education Provider</p> <p>Teacher</p> <p>Additional 1-1 Key Person/Teaching Assistant in liaison with Health Professionals</p> <p>Careers Advisor/Positive Steps</p>	<p>Daily</p>	<p>SEN funding provided directly to schools from the Dedicated Schools Budget (Elements 1&2) and the LA contribution to Element 3 funding</p>

3. Lowlights from the EHCP

I'm not going to go through each point here because, well.....meh, but let's just take a quick look at a couple of examples.

'Work should be undertaken with Dan around evidence based practical self-help strategies'.....eh? What does that mean? What work? What self-help strategies? To address which need and to achieve what? Over what time frame and what are the success criteria?

'Close cooperation between home, school and external agencies with positive messages and good practice shared between services involved overarching outcomes.'eh? Close cooperation on what? For what purpose and to address which need? Positive messages about what? Good practice in achieving what? Over what time frame and what are the success criteria?

'Information to be provided using visual means to support further instructions'.....nowhere in any of the expert reports is there a reference to visual strategies being appropriate for Dan.

'Support to be provided around improving his social interactions with peers within the education setting'.....what support? Over what time frame and what are the success criteria?

Section G – Health Provision

Provision	Provided by	How often	Funding source
For Dan to form therapeutic relationship enabling him to open up and think about emotional experience and difficulties	Pennine Care NHS Foundation Trust	Home visit once every 2-3 weeks with Psychological practitioner	Oldham CCG
Dan to have a personalised programme giving him an insight into responses in different social situations, support skill development and confidence. Intervention in this area should start with discussions with Dan about social situations he finds easy and those he finds difficult, with exploration of the trigger pathways in thinking and feeling that are connected to these situations. The programme should be delivered weekly and in combination with goal setting and behaviour rehearsal in real life situations.	Healthy Young Minds	AW Medication review with Dr B every 6-8 weeks	

‘For Dan to form therapeutic relationship enabling him to open up and think about emotional experience and difficulties’.....therapeutic relationship with whom? Healthy Young Minds (CAMHS) are listed as the provider for this input but letters from both the Clinical Psychologist and the HYM support worker state clearly that Dan was unable to form a therapeutic relationship with either practitioner. They worked with him for 18 months so if it’s not come together in that time, it aint happenin’. Both practitioners recommend in their letters that Dan is provided with experiential learning in an environment that uses a social communication approach. This is omitted from the EHC Plan.

‘Dan to have a personalised programme giving him an insight into responses in different social situations, support skill development and confidence. Intervention in this area should start with discussions with Dan about social situations he finds easy and those he finds difficult, with exploration of the trigger pathways in thinking and feeling that are connected to these situations. The programme should be delivered weekly and in combination with goal setting and behaviour rehearsal in real life situations’.....again, HYM are recorded as the provider for this input – but they don’t even make this type of provision....!!!

Para 9.73 of the SEN Code of Practice states that where health or social care provision educates or trains a child or young person, it must appear in section F rather than Section G. Provision in Sections B and F is capable of being appealed at SEN tribunal. Provision in Section G is not. A ‘personalised programme giving him an insight into responses in different social situations, support skill development and confidence’ sounds to me like provision that ‘educates and trains’ a child.

I’ll just leave that there.

Section H1 – Social Care Provision

Provision	Provided by	How often	Funding source
Dan will be engaging in purposeful leisure and social activities enabling him to develop appropriate friendships and relationships with peers.	Referral to Short Breaks for assessment at a time Dan feels he is able to access the service	Determined through assessment	Oldham Short Breaks Service
Dan will be able to take care of his self – care needs	Whilst some self-care routines are challenging for Dan as a result of his depression, some are, in addition, a challenge because of relative cognitive demand they put on him, in terms of sequencing and prospective memory. For these practical support is needed and Dan needs to learn strategies that he can take him into adult life.	Education Provider with support from adults at home	

'Dan will be engaging in purposeful leisure and social activities enabling him to develop appropriate friendships and relationships with peers'because by engaging in purposeful leisure and social activities Dan will automatically and miraculously start to develop appropriate friendships. He just will. Despite the fact that he is already engaging in some purposeful leisure and social activities and hasn't developed any meaningful and lasting friendships over the past 15 years and despite the fact that he hasn't mastered the appropriate developmental milestones that would enable him to be successful in making friends.

4. Mapping provision to each need

One of my all-time bugbears with all of the EHCPs I've seen is that it is extremely difficult to see how provision relates to needs, as the sections are so far away from each other and there is no cross-referencing. In my view, this makes it very easy for authors of EHCPs – by accident or by design – to omit key provision from the Plans.

In order to address this for Dan's EHCP (and for all EHCPs I am now subsequently involved in), I have put together a simple table that allows provision to be directly mapped to each need.

All of the provision can be met by a social communication approach (such as RDI) which meets the criteria outlined at [1.3.1 of the NICE guidelines GC170](#). Because what else has been shown by peer reviewed research to address core autism difficulties? Here goes.....

Dan Smith: parental amendments to Part F, provision

Needs from Section B	Provision required at Section F
Need 1: Eye contact was poorly modulated and tended to be avoidant	<p>Dan should be supported by adult guides (including parents) on a 1-1 basis to work on understanding and using all the channels of non-verbal communication during authentic activities.</p> <p>This should be done by suitably qualified adult guides within a communication framework that the guide can use to enable Dan to step into his co-regulatory (socially reciprocal) role in activities that provide numerous opportunities to engage with mental challenges in a playful, curious, manner. Dan needs this provision for 4 hours per week across different adult guides on a 1-1 basis and progress can be monitored against different levels of mastery of each objective.</p>
Need 2: Dan can struggle to read peoples moods using their facial expression	
Need 3: Dan's language used can be dry and matter of fact in tone.	
Need 4: Mum notes he can be very literal and black and white in his thinking. He can appear matter of fact in the things he says.	
Need 5: Dan can have a glazed look when spoken to and he is monotone in his response.	
Need 6: Mum notes he never exaggerates and can lack imagination. In Dan's ADOS assessment it was noted that he showed little spontaneous creative activity and that there was no symbolic representation of objects	<p>Dan needs to be supported to better manage uncertainty and unpredictability by using the non-verbal information from adult guides to help him decide what to do when faced with a challenge. The guide should pitch the challenge at the edge of Dan's competence and then scaffold and then spotlight Dan's success so that he can lay down episodic memories of himself competently managing uncertainty.</p> <p>Dan should also be supported to manage uncertainty by participating in 'stop and think' scenarios where he can generate a number of options for different responses to uncertainty and link his feelings to each of the responses.</p> <p>This should be done on a 1-1 basis by suitably qualified adult guides within a communication framework that the guide can use to enable Dan to step into his co-regulatory (socially</p>

	reciprocal) role in activities that provide numerous opportunities to engage with mental challenges in a playful, curious, manner. Dan needs this provision for 4 hours per week across different adult guides on a 1-1 basis and progress can be monitored against different levels of mastery of each objective.
Need 7: Dan can be very minimal in his response during conversation, he appears to struggle opening up to people and he showed no examples of emphatic gestures	Covered by provision for needs 1-5
Need 8: - While Dan has a group of friends he sees less of them.	Covered by provision for needs 10 & 11
Need 9: Dan did not express any enjoyment throughout his assessment, gave minimal descriptions of his own affect and struggled to provide answers when asked about these	<p>Dan needs to be supported by adult guides to recognise his own and others' emotions and to be able to use this recognition of emotion to inform his communicative responses. This could be achieved by doing mind mapping and role play work relating to real life situations where both partners take turns to play out their own and their partner's feelings in response to different ways of responding to a challenge.</p> <p>This should be done by suitably qualified adult guides within a communication framework that the guide can use to enable Dan to step into his co-regulatory (socially reciprocal) role. Dan needs this provision for 4 hours per week across different adult guides on a 1-1 basis and progress can be monitored against different levels of mastery of each objective.</p>
Need 10: Dan's insight into friendships lacked the insight that might be expected for his age	Dan needs to work with a variety of adult guides across all settings who can support him to take equal responsibility for communicative 'housekeeping' (initiating interaction, making communicative repairs, ensuring the listener is ready for their turn, ensuring that actions are taken to keep the interaction on track, to elaborate on interactions to maintain partner's
Need 11: Dan showed limited indication of responsibility for his own actions	

	<p>interest).</p> <p>This should be done by suitably qualified adult guides within a communication framework that the guide can use to enable Dan to step into his co-regulatory (socially reciprocal) role during activities that provide numerous opportunities to engage with mental challenges in a playful, curious, manner. Dan needs this provision for 4 hours per week across different adult guides on a 1-1 basis and progress can be monitored against different levels of mastery of each objective.</p>
<p>Need 12: - Dan has a diagnosis of dyspraxia and experiences difficulties associated with this condition, like problems with personal organisation, feeling overwhelmed in situations, motor planning and very slow production of written work.</p>	<p>Need recommendations from expert report/s</p>
<p>Need 13: - In March 2016 the majority of his grades (8/13) were at Level 5a or above, though for half of those subjects Dan received an effort grade of C or below. It maybe that his increasingly passive and depressed presentation was perceived as a lack of effort, though he was receiving higher effort grades in other subjects (like Science, Drama and PE).</p>	<p>Dan needs to be supported by an adult guide on a 1-1 basis to work on responding to and using experience-sharing communication rather than instrumental communication. He also needs to be supported to take part successfully in co-regulatory interactions where joint success can be spotlighted so that he lays down episodic memories of competence and reciprocity. This will start to develop his motivation for social interaction, which in turn will lead to increased enjoyment of connecting with others.</p> <p>Dan needs to be supported by an adult guide to seek and share different perspectives and to use this information in order to help him decide how to respond reciprocally.</p> <p>This should be done by suitably qualified adult guides within a communication framework that the guide can use to enable Dan to step into his co-regulatory (socially reciprocal) role during activities that provide him with numerous opportunities</p>

	to engage with mental challenges in a playful, curious, manner. Dan needs this provision for 4 hours per week across different adult guides on a 1-1 basis and progress can be monitored against different levels of mastery of each objective.
Need 14: - Dan's reading and spelling development were reported as being slower than others and parents requested an assessment for dyslexia which Mrs P carried out. The assessment results did not indicate dyslexic difficulties, with reading accuracy, spelling and reading comprehension all in the average range. An assessment of Dan's handwriting showed that he had a significantly slow rate of writing.	Need OT recommendations
Need 15: - Dan agreed that frustration can arise from having a 'quick mind' and slow production. He also noted that he has always found personal organisation hard, being in the right place at the right time with the right things and this can make him feel anxious and overwhelmed.	Covered by provision for need 6
Need 16: - School reports had described him initially as overly talkative ("he's a distracter"), often needing refocussing on tasks. More recently, his presentation in class was lethargic and withdrawn.	Covered by provision for needs 9, 10, 11, 13
Need 17: Dan can become distressed if people don't give him focus when he's talking to them. He often prefers to isolate himself and Mum notes he can be very insular. Often Dan is known to sit on his own at parties and at school. He will prefer the company of younger children when at family gatherings.	Covered by provision for needs 8, 9,10,11,13
Need 18: - Over the last 18 months Dan has struggled with profound feelings of depression. He has withdrawn from social	Covered by provision for needs 9, 10, 11,13

<p>activities and social contact with peers, and presented with low mood, low appetite, excessive sleeping and poor self-care. He is struggling with feelings of low self-esteem and hopelessness and 'stuck' in a vicious cycle of not feeling able to access experiences that would challenge his negative state of mind</p>	
<p>Need 19: His motivation for doing any activity is very low and there are times when he will not get out of bed or leave his room. He has withdrawn from activities he used to enjoy, like Youth Club, Duke of Edinburgh scheme and brass band. His self-care is low, with personal hygiene becoming an issue, especially around changing his clothes which he is reluctant to do.</p>	<p>Covered by provision for need 9,10,11,13</p>
<p>Need 20: - Dan can get upset easily if there are changes to routine or activity he is expecting.</p>	<p>Dan needs to be supported to better manage uncertainty and unpredictability by using the non-verbal information from adult guides to help him decide what to do when faced with a challenge. The guide should pitch simple challenges at the edge of Dan's competence and then scaffold and then spotlight Dan's success so that he can lay down episodic memories of himself competently managing uncertainty.</p> <p>Dan should also be supported to manage uncertainty by participating in 'stop and think' scenarios where he can generate a number of options for different responses to uncertainty and link his feelings to each of the responses.</p> <p>This should be done by suitably qualified adult guides within a communication framework that the guide can use to enable Dan to step into his co-regulatory (socially reciprocal) role during activities that provide him with numerous opportunities to engage with mental challenges in a playful, curious, manner. Dan needs this provision for 4 hours per week across different adult guides on a 1-1 basis and progress can be monitored against different levels of mastery of each objective.</p>

