

Home to School Transport.

Assessment Matrix: Special Educational Needs and Disabilities

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National Guidance

The duty for Local Authorities to provide transport to and from school is imposed by the Education Act 1996 (hereafter referred to as 'the Act'). In the case of an 'eligibleChild', Section 508B of the Act states that: "the local authority must make such travel arrangements as they consider necessary for facilitating the child's

attendance at school”.

Schedule 35B of the Act defines an ‘eligible child’. The Council must exercise this duty in a manner which is legal, rational and procedurally proper.

The guidance in this document relates to the recommendation for children to be assessed on an individual basis to identify their particular transport requirements, in accordance with section 3.09 of the Home to School Transport Policy; Children with an Educational Health Care Plan (EHCP) or a Statement of Educational Needs and/or Disabilities. This document will not be used to assess Children applying for free transport assistance, in the form of a zero fare bus pass, under distance criteria stated in sections 3.02 and 3.03 of the Home to School Transport Policy

Section 508A of the Act also places a general duty on Local Authorities to promote the use of sustainable travel and transport. The duty applies to all children and young people of compulsory school age and sixth-form age, who travel to receive education or training within a local authority’s area.

The duty relates to journeys to and from all institutions where education or training is delivered.

Children with Special Educational Needs or Disability

Children and Young People with a Statement of Special Educational Needs (SEN) or an Education Health Care Plan (EHCP) may receive transport help under Section 324 of the Act depending on their individual circumstances.

Local Authorities are empowered to make any non–educational provision specified in the statement or plan, including transport. Guidance for transport for pupils with Special Educational Needs is clear that provision should be based on an individual child's needs and if a child's needs are such that transport is not necessary, then the remaining criteria should be applied as default.

For SEN pupils, transport assistance will not be provided where parents have expressed a preference for a school which is further than the closest suitable school identified with the Education, Health and Care Plan, or Statement of Special Educational Needs plan where this has not yet transitioned to the new EHCP. This is in accordance with the Council's Home to School Transport Policy.

Any transport provided will be subject to ongoing review with the aim of moving the child or young person towards independent travel wherever appropriate. This assessment matrix enables this review to be undertaken by the Council's approved Independent Travel Assessor.

Further information on the Home to School Transport policy can be accessed via the following link:

Added link:

http://www.rotherham.gov.uk/info/200086/schools_and_colleges/319/a_guide_to_school_transport

Transport Assessment

The transport assessment is created at the point of either a new referral, or during key transitional stages such as a change of school or educational establishment. This currently coincides with the transfer of a statement of SEN to an Educational Health Care Plan (EHCP).

The information required to complete the assessment is gathered through various sources, by the Council's approved independent travel assessor

This allows for a personalised, individual assessment. The information gathered includes, but is not exclusive to:

- previous statements of special educational needs,
- medical reports,
- educational health care plans,
- school reports,
- information from social services,
- school Special Educational Needs Coordinator (SENCO),
- Child and Adolescent Mental Health Services (CAMHS),
- attendance officers,
- other school professionals and;
- parents.

The transport assessment is based under 6 key headings which look into all the needs of the child.

These 6 headings are:

- Mobility,
- Medical,
- Behavioural,
- Vulnerability,
- Practicality and;
- Training.

Each of the 6 assessment headings are explained in greater detail in this document. Following the gathering of information, each of the 6 assessment headings are then assessed through a matrix. This is to ensure that the process is fair and consistent.

Matrix scoring

The matrix follows a scale of 1-5, corresponding Need (impact) against Likelihood (frequency). The greater the score, the higher the risk.

The Need score:

1. To be noted/aware of
2. Minor
3. Moderate
4. Major
5. Severe

Likelihood score

1. Rare
2. Unlikely
3. Possible
4. Likely
5. Certain

The score is then placed on a gradient template as show below

	Need					
		1	2	3	4	5
Likelihood	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

A single category score of 25 highlights a high need/risk and transport should be provided on these grounds

As the matrix is spilt into 6 areas, Mobility, Medical, Vulnerability, Behaviour, Practical and Training, a singular area may not be sufficient to mean transport should be provided. However, a combination of 2 or more areas may increase the risk to the young person and for this reason a total score will also indicate level of support.

This scale is based on the maximum of 150 points:

0 - 25 Points

This shows the young person has the ability and support to travel independently and therefore the following should be applied. New applicants would not be eligible for transport. For existing (pre-assessment) service users, transport would be removed at the earliest / most convenient stage, with a 14 day notice period.

26-60 points

The young person has the ability to travel independently but may need support or guidance. This can be through the offer of Independent Travel Training or a journey plan. The person is likely to only require a few sessions.

60 – 96 points

The young person will likely require a blend of transport assistance and travel training. The transport assistance should be short-term, while a programme of Independent Travel Training is scheduled and undertaken. The training will likely to be greater than ten sessions.

96 - 115 points

Transport assistance would be provided. This indicates that the person has multiple concerns and would need support to use sustainable methods of transport. However, a person scoring in this range may, in the future, be able to undertake Independent Travel Training and develop the skills for independence once other interventions have been completed.

115 – 150 points

Transport assistance with support required. A person scoring in this range will have reached a maximum score in two more than two areas. This indicates a high level of support both within the school and home settings, which should be continued during transport. If using transport provision through the Council a Passenger Assistant may be provided.

This Matrix ensures that all the young person's needs are recognised as an individual need, but ensures that a young person with multiple, minor needs is not excluded from support.

Assessment of each criteria against other processes,

In ascertaining a current level of need, the process of the 6 key areas of assessment highlights and corresponds with other single assessments made by the Directorate for Children and Young People's Services, and the application process for disability related benefits, such as the application for Personal Independence Payments.

It should be noted that the agreement to provide transport is not an entitlement to the above benefits. Neither should the above benefit entitle the person to transport by default. It is stipulated as guidance only. If no evidence is provided or available to conduct an assessment, then the default assessment will be made on the grounds of distance to the nearest school.

1 - Mobility

The guidance from the Department of Work and Pensions in relation to mobility, highlights that there is no consensus across the health and social care community of the perfect measure of mobility. However, distance is often used as it is clear and easy to understand and apply.

While there is no clear evidence for one particular distance, 20 metres was introduced with Personal Independence Payments in relation to mobility related benefits. This distance was to distinguish those whose mobility is significantly more limited than others and who face even greater barriers on a day-to-day basis.

When reviewing mobility in relation to home to school transport, this guidance is considered. Therefore, using the criteria from this guidance as the highest need score, the matrix is graduated down as follows:

Need score:

1. A singular note of mobility concerns, however no recent notation or comments (last 2 years) not currently under monitoring for this, demonstrates physically fit and health within school;
2. Some note of mobility but evidence of physical activity, e.g. football, cycling, rugby;
3. Reduced mobility, but can walk short distance, with or without aids, tires easily, adapted physical education within school;
4. Requires mobility aids at all times, mobility is likely to be less than 200 metres;
5. Unable to walk 20 metres or are a full-time wheelchair user.

Likelihood score:

1. No support;
2. Seasonal (e.g. worse in winter);
3. Intermittent;
4. Daily;
5. No other means.

It must also be recorded in this assessment if the person requires a wheelchair adapted vehicle and if the person can transfer from mobility equipment.

2 - Medical

Often the young person has been assessed with the ability to walk. However, their medical need increases the risk of them coming to harm, or requiring medical intervention while completing the journey from home to school.

Medical needs are complex in nature and therefore the need score is based on the most common conditions.

Need score:

1. Allergies, Asthma, Eczema;
2. Microcephaly, ADHD, Reynard's, Back Pain, Hearing Impaired;
3. Cystic Fibrosis, COPD, Controlled Diabetes, Slight Visual Impairment, ME, Hypermobility, Down Syndrome;
4. Uncontrolled Epilepsy /Regular Seizures, Cerebral Palsy, Uncontrolled Diabetes, Cancers, Di George Syndrome, Muscular Dystrophy, Moderate Visual Impairment;
5. Spine Bifida, MS, Edwards Syndrome, Peg/Tube Feed, Suction/Breathing apparatus needed.

Please note: this list is not exclusive and will be subject to change. Advice on each condition is taken from NHS guidance and notes in the young person's records.

Likelihood score:

1. To be noted / aware of;
2. Minor – requires monitoring by a medical professional such as a specialist nurse and can have some impact on the young person's ability, but not on a daily basis;
3. Moderate - monitored by a paediatrician or GP, impacts on a daily basis with good and bad days frequency ;
4. Major – under the care of multiple professionals with involvement from health / social care teams;
5. Requires 1-1 support at all times, will have an emergency care plan in place.

Please note: that although a number of conditions named are also linked to learning disabilities, this section only looks at the level of medical intervention – a learning disability is covered in more depth under the Vulnerability section.

3 - Behaviour

With some known conditions and in the case of some specialist provision, the subject of a young person's behaviour can impact on their ability to keep those around them safe.

Outbursts and aggression can be triggered by fear, frustration or the ability to tolerate a stimulus environment. These triggers need careful management to ensure the young person, and those supporting the young person, have the ability and skills to reduce the risk of harm.

For this reason, the young person is scored on the following behaviour against the frequency of the occurrences:

Need score:

1. Verbal aggression only;
2. Verbal aggression with anger management concerns, including absconding and unpredictability;
3. Damage to property;
4. Physical assault of either a young person, adult and/or self;
5. Violent and aggressive – unable to be transported with other students.

Likelihood score:

1. Not happened in the last year;
2. Not happened in the last term;
3. Happened in the last month;
4. Regular occurrence;
5. Constant and cause for major concern.

This scale can be utilised for attendance and exclusion purposes and will also influence the ability to accept support from another person.

4 - Vulnerability

This area covers the social interaction element of the assessment and is focused on the ability for the young person to keep themselves safe.

This includes:

- Significant social and / or emotional immaturity in comparison with other children of their age.
- Links with cognitive ability or be as a result of a specific developmental disorder.
- Some children with moderate to severe learning difficulties, who may be vulnerable in social settings due to their lack of independence and social skills.
- Young people identified as being at risk of exploitation as recognised under the Prevent Programme.
- A significant sensory or communication impairment such as blindness or Autistic Spectrum Disorder.

The matrix will also consider age appropriateness to expected ability when reviewing the evidence.

Need score:

1. Anxious / nervous / bullying;
2. Autism/ Asperger's (without an LD);
3. Mild learning disability;
4. Moderate learning disability / limited communication, significant anxiety;
5. Severe learning disability / no communication ability / total visual impairment.

Likelihood score:

As this category is often a life condition and impacts on a daily basis, the frequency matrix is based on the likelihood for the young person to come to harm:

1. Rare;
2. Unlikely;
3. Possible – lack of risk but aware of danger;
4. Likely – can do some simple activities but no sense of danger or risk;
5. Significant – cannot be left alone for risk of harm.

A score of 25 in this group will often indicate that the young person cannot be left unsupervised and therefore requires support whilst in transport to reduce the risk of coming to harm.

5 – Practicality

This category incorporates the Education Act, Paragraphs 4 & 5 of schedule 35B, which states;

“Local authorities must make transport arrangements for all children who cannot reasonably be expected to walk to nearest suitable school because the nature of the route is deemed unsafe to walk.”

Where Rotherham Council assesses that a route is not safe for a child to walk, accompanied as necessary, transport assistance may be provided where the route is below the minimum distance, as detailed in the Home to School Transport Policy.

When looking at a safe route, common factors such as exposed walking areas, street lighting and pedestrian crossings make up the basis of the assessment. Following the safe route assessment, other factors are then introduced including;

- Is it a direct route?
- Does it require multiple changes?
- Is the time excessive?

Combining all these variants, the following criteria applies;

Need score:

1. Safe route to school with a note or comment to be aware of;
2. Safe route with a number of concerns;
3. Two or more changes in transport;
4. Safe route takes longer than 90 minutes or requires three or more changes;
5. No safe route available.

Likelihood score:

The likelihood criteria is slightly different in the multiplier matrix:

1. Only applies occasionally;
3. Short term arrangement;
5. Long term arrangement;

6 – Training

The training matrix is an additional complementary grading as this helps prioritise the level of training required. This grade can only be completed once the other five headings have been addressed and a profile has been created of the individual.

Need score:

This grade highlights if the person is ready for travel training and is graded by need in the following scale;

1. No barriers to training, the young person has indicated or demonstrated some ability (e.g. going to the local shop along, or travelled on a bus with support);
2. Young person will need up to 10 sessions – willing to participate, with some level of capability demonstrated;
3. Young person will need a high number of sessions – no previous experience of independence – some avoidance management, parents concerned about ability;
4. Specialist training required (V.I / guide dog or BSL communicator);
5. Even with training, the young person would be unable to be independent.

Likelihood score:

To complement the training programme, the likelihood score is reflective of the timescale to indicate a realistic referral to the Independent Travel Trainers:

1. The person would be ready for travel training
3. The person would be expected to undertake travel training at the next key stage.
5. The person will not be suitable for travel training.

Example 1

- Jess is 14 and starting year 9, she has been in home to school transport since she was 5.
- Jess has a statement which is changing into an EHCP.
- Jess' SEN is due to ASD, with mild LD, she attended a mainstream school but is accessing 1-1 support in a couple of lessons.
- Jess enjoys dancing and reading, she wants to go to college and university. She would like to become an engineer.
- Her friendships are limited to 3 / 4 individuals.
- Jess doesn't like loud noises and baby crying. She can get aggressive to avoid the situation and is more likely to flight than fight
- Home to school for Jess is 1.4 miles on a safe route and her friends use this route also;

Matrix Score

Mobility	N 0	F 1	SCORE 1
Medical	N 2	F 2	SCORE 4
Behaviour	N 2	F 3	SCORE 6
Vulnerability	N 3	F 4	SCORE 12
Practical	N 2	F 5	SCORE 10
Training	N 3	F 1	SCORE 3

TOTAL SCORE 36

Outcome

None of the scores presented a 25, therefore a combined score matrix is used.

The score indicated that the young person would be suitable for travel training and likely to need up to 10 sessions with majority of the work based on anxiety management strategies.

Example 2

- Ewan is 10 and is starting year 6, he has been in home to school transport since he was 3.
- Ewan has a statement which is changing into an EHCP.
- Ewan's SEN is due to Cerebral Palsy with Severe Learning Disabilities, he has Gastro-Oesophageal Reflux Disease, which results in him being tube (peg) feed. Ewan also recently developed Epilepsy and this is uncontrolled, with seizures occurring on a daily basis.
- Ewan enjoys music and audio stimulation and he used to enjoy the lights in the sensory room. However, due to his epilepsy this has been restricted. He is unable to verbally communicate and attends a specialist school. He is now wheelchair dependent.
- Ewan doesn't like lots of people around him and can get aggressive with thrashing his arms around. He doesn't mean to hurt anyone, it's his way of showing discomfort.
- Home to school for Ewan is 3.5 miles on a safe route and he is expected to remain at the school provision for his secondary education.

Matrix score

Mobility	N 5	F 5	SCORE 25
Medical	N 5	F 5	SCORE 25
Behaviour	N 4	F 3	SCORE 12
Vulnerability	N 5	F 5	SCORE 25
Practical	N 2	F 5	SCORE 10
Training	N 5	F 5	SCORE 25

TOTAL SCORE 122

Outcome

Ewan needs transport with a passenger assistant provision. The escort will need to be epilepsy trained and be aware of his seizures. Ewan is able to be transported with others, but in a small group setting.

Appendix 1 – Assessment form

Home to School Transport Assessment – SEN

Name: _____ DOB: _____
 Address: _____
 Current Setting: _____ Current transport: _____
 Future Setting _____

Does the child have a Statement/EHCP Yes/No Is this a base place Yes/No

Distance from home to school:

Assessment	Comments	Risk score
Mobility Does the child have a mobility concern or physical disability that impacts on their ability to get to education	.	
Vulnerability Do the child's levels of vulnerability prevent them from being able to travel safely on school transport, public transport, or as a pedestrian/cyclist?		
Behaviour Does the child display challenging behaviour, which may put him/her or another member of the public at risk should they become an independent traveller?		
Medical Is there a medical reason as to why the child cannot independently use public transport, walk or cycle? (for example uncontrolled epilepsy)		
Practical Is there a safe route or other transport provisions available?		
Training Would the child, if given travel training, be able to get to school independently? (Using public transport, walking or cycling)		
Additional notes		
Decision and recommendations		