

Guidance for completion of the Education, Health and Care Plan

General note:

Please note this guidance does not replace the SEND Code of Practice and the relevant statutory regulations. It provides general guidance specific to Ealing. In case of issues/queries it is strongly advised that all professionals refer back to the primary legislation and the SEND Code of Practice.

Principles for writing the EHC Plan:

Plans should be written in collaboration with parents, children and young people. They must be clear, concise, understandable and accessible to all who contributed to writing the plan; especially parents/carers and children/young people and to providers in different settings.

Language in the first person can be used only where the young person has directly contributed to the Plan. Where this is not the case, information should be written in the third person.

The content of the Plan must be based on evidence received as part of the assessment. It should be clear how the child or young person has contributed to the plan and how their views are reflected in it.

The plan should describe strength and achievements not just a list of needs. It should be aspirational; it should plan ahead and anticipate for the short and long term future.

The process of writing the plan must allow for all contributors (including parents/carers and children/young people) to focus on outcomes. Outcomes should be SMART (specific, measurable, achievable, realistic, and timely). Only when outcomes are clearly defined and agreed should contributors discuss provision (way of meeting the agreed outcomes).

The provision specified in the Plan should be clear about what, how and who; it should include contributions from all including parents/careers, wider family members and the community. In other words the overall provision should describe the whole package of support from universal (support available to all children) to targeted (support available to some children) to specialist (specific support available to a few children). Provision should promote inclusion, independence and participation.

Content of the EHC Plan

Personal Information

Child/young person - this section must be completed fully and accurately with up to date information. Please note for young people age 16 + email and telephone number should be completed for both parents and the young person.

My family and people who are important to me - this section represents a list of people who are particularly important to the young person; it is likely that it will be different to the list in section K. It focuses on people who the child/young person is close to, has a relationship with therefore it could include a friend, a neighbour or even a pet. It must indicate all those who have parental responsibility.

Section A: Views (child/young person, parents/carers)

All about me - this section should be completed using a person-centred approach (see separate guidance on person centred working). It is about what's important **TO** the child/young person. The information included in section B will usually come from face to face meetings with the child/young person and the parent or from written submissions. Children/young people and parents should be encouraged to actively participate in the whole process; this is to ensure that their views and aspirations are fully and accurately reflected in the plan.

Where the child/ young person has contributed to the plan directly (when the words of the child/young person are quoted directly), language in the first person should be used. Where this is not the case information must be written in the third person. In some cases it might be helpful to clarify how the views were gained.

This section also reflects the views and aspirations of parents/ carers. Parental contributions for young people over the age of 16 (the end of the year in which they turn 16) are optional.

Please note, we would like to promote parental engagement in all cases but must be mindful of the fact that young people over the age of 16 have an option to refuse parental contribution to be included in their plan.

Section B: The child or young person's special educational needs

All of the child or young person's special educational needs drawn from the professional assessments listed in section K must be specified and summarised in this section. The information must be factual, based on evidence submitted by the professionals who carried out specialist assessments.

It should emphasise skills and strengths and describe positively what the child/ young person can do or has achieved. It should also specify the type and severity of special educational need identified during the assessment.

All of the information should be presented clearly, using language that is accessible and easily understood by all. The level of detail will vary from case to case. In order to avoid any misunderstandings, the content (including the level of detail) should be discussed, clarified and agreed at the multi professional meeting (please refer to the process guidance). The aim of this section is not to repeat all of the detailed information included in the reports (see section K). The person coordinating the assessment and drafting the plan should be mindful of individual wishes of children/young people and their parents and views of the professionals. The Plan is a legal document but also a practical tool to bring all of the relevant information together.

Information about special educational needs should be included under four headings: communication and interaction, cognition and learning, social, mental and emotional health and sensory and/or physical. They represent four broad areas of SEN. The person drafting the Plan should order the four sections according to severity of need e.g. if primary need is sensory or physical it should come first.

Where the child has needs that require health and/or social care provision, which educates or trains the child those needs should be set out in this section.

Section C: Health Needs

It is the intention of the Plan to capture a holistic picture of the child therefore this section should reflect all health needs related or not to the child or young person's specific SEN.

If the child/young person does not have health needs it needs to be stated.

(It might also be helpful to refer to the DfE document 'Managing pupils with medical needs in educational settings' which provides more detailed guidance).

Section D: Social Care Needs

This section of the EHC Plan will specify any social care needs which relate to the child or young person's SEN (or must be provided under the CSDPA – see below).

The local authority has a statutory duty (under section 17 of the Children Act 1989) to safeguard and promote the welfare of 'children in need' (including disabled children) in their area by providing appropriate services to them.

This support could be short breaks for parent carers, equipment or adaptations to the home, and support for parents from social workers.

If the local authority determines that a disabled child needs support it must consider whether the support is of the type described in Section 2 of the Chronically Sick and Disabled persons Act 1970. This could be practical assistance in the home (through paid support), provision or assistance in obtaining recreational and educational facilities at home or outside, help with travelling, adaptations to the home, help with taking a holiday, provision of meals, provision or help to obtain a telephone or any special equipment necessary, non-residential short breaks. This provision will also be recorded in Section H1 of the EHC Plan.

Under the Care Act 2014 the local authority must carry out an adult care transition assessment where there is significant benefit to a young person or their carer in doing so and they are likely to have needs for care or support after turning 18. This provision will also be recorded in Section H2 of the EHC Plan.

Social Care support can be provided directly by the council or through direct payments

A child or young person may have social care needs that do not relate to their SEN, such as a Child in Need Plan, Child Protection Plan or plans for a Looked After Child. Where it is beneficial to do so these needs, and the support provided to meet them, should also be recorded in Section D, however this can **only** be done with the consent of the child / young person or their parent carer.

This section must specify any social care needs which relate to the child or young person's SEN which require provision under S2 Chronically Sick and Disabled Person's Act 1970.

Other social care needs may also be specified which are not linked to the child's SEN. With the consent of the parents/young person this could include reference to needs addressed by any Child in Need Plan, Child Protection Plan, or plans for a Looked After Child. Such an approach could help the child and their parents manage the different plans and bring greater coordination of services

If the child/young person does not have care needs it needs to be stated.

Section E: Outcomes

What is an outcome?

Outcome can be defined as the benefit, impact, or difference made to child/young person as a result of an intervention. Outcomes are not a description of a service being provided. Discussion about outcomes should focus on a balance between what is important to and for the child/young person.

Defining outcomes is one of the most crucial parts of the Plan as it will underpin and inform the detail of the provision and monitoring arrangements.

How to set out the outcomes in the plan?

Long term aspirations:

Long term aspirations are not outcomes in themselves. They are normally linked to child/young person's long term plans and thoughts about their future for example employment, social life, higher education, community participation, a home or independent living. Long term aspirations are unlikely to be very SMART and the local authority can not be responsible or accountable for the aspirations of a child or young person.

Outcome:

It is only the education and training outcomes which will determine the time of ceasing the EHC Plan therefore they must always be specified. In general, outcomes in the vast majority of cases can be articulated jointly across education, health and social care.

For young people over 17, the education and training outcomes must be identified separately. Overtime, something that was an aspiration might become an outcome for example for a child age 9 it is an aspiration to go to college but by the age of 14 it might be an achievable outcome.

This section needs to set out:

- What needs to be achieved, and
- By when

The timescale for the achievement of outcomes may be 2 or 3 years, or the end of a phase or key stage.

Steps towards meeting the outcomes

Steps will provide more detail about what needs to happen before the overall outcome is achieved. They will normally be monitored during the year. (see section on reviews below)

Example 1

Outcome – By the age of five Billy will be able to communicate what he wants, his basic needs and choices. This will allow his family to understand him and make it possible for Billy to develop friendships and participate in social activities

Steps – Billy will develop his pretend play, Billy will understand single nouns including toys and items of clothing, Billy will learn some Makaton signs

Example 2

Outcome – for Hugo's transition to adulthood his social and emotional health will grow so that he can demonstrate an ability to cope with change, overcome anxieties and engage in a range of activities that he enjoys.

Steps – Hugo will engage in his new programme at college and day services, which include physical and outdoor activities, Hugo will participate in activities he enjoys such as swimming and dancing, Hugo will start to join in small animal care classes to see if this can help address his fears

Example 3

Outcome – by the end of key stage 2 Emily will improve her social interaction and awareness so that she is better prepared for transition to secondary school

Steps – Emily will be able to work in groups at least twice a week, Emily will be able to complete simple activities on her own, Emily will feel comfortable with new environment, Emily will be able to attend more activities in the community.

Long term aspirations, outcomes and short term steps should be defined on case by case basis and agreed jointly with parents/ carers, the child/young person and professionals. The team around the child/young person meeting is a good forum to discuss this part of the plan.

Reviews

All EHC Plans have to be reviewed at least annually. In exceptional or emergency situations early annual review can be called.

In addition, educational progress will be monitored throughout the school year and evaluated on termly basis. Parents and children/young people should be involved in all reviews. Summary of the in-year educational reviews will form the school contribution to the annual review of the EHC Plan.

Section F-H: Provision

Provision is a range of interventions, strategies and support required to achieve agreed outcomes.

Provision should be detailed and specific. It should also offer a degree of flexibility, which will allow for small changes to be made without calling an early review of the whole Plan.

Provision must be related to the needs identified in section B, C and D and the outcomes specified in section E.

Provision table:

1. Outcomes – this column should include the list of outcomes agreed in Section E
2. What is needed to help **** to achieve each outcome - this part should describe ALL specific interventions, equipment, activities or support (universal, targeted and specialist).
3. When/how often will this happen, who will do it *- it should be filled in in detail listing specific information for each provision e.g. when - could be daily, weekly, beginning the day, end of term, at the weekend. Who – could be a teacher, a parent, a buddy, a friend, a TA, granddad, a sibling.
4. Who /how is progress going to be monitored - should be relevant to the outcome and it should specify who will be responsible for the monitoring, how often will progress be monitored and how is this information going to be communicated with the child/young person and parent/carer. Progress should show the impact and difference made by the provision/support put in place. Wherever possible the EHC Plan reviews should be synchronised with social care plan reviews (See para 10.20 COP)
5. Resources and annual cost – should either specify the cost and/ or the source of provision For example the costs could include:
 - Delegated SEN funding (SEN Support) or in colleges their formula funding.
 - More specialist provision funded wholly or partly from the LA's high needs funding ,
 - Equipment costs,
 - Short breaks

The source of provision may be parental/family/ community contribution OR statutory agencies.

6. Responsibility for securing the provision – This column should specify the category (F-H) of provision and responsible agency for meeting the cost. It need only be completed where the cost of provision is to be met by a statutory body i.e. education provider, LA or CCG.

One of the following categories must be used and the responsible agency identified except when the outcome will be met by universal and targeted services or by informal arrangements made by the family or young person.

(F) Special Educational Provision

(G) Health provision

(H1) Social care provision under S2 CSDPA 1970

(H2) Any other social care provision

Note: only provision categorised as F (Special Educational Provision) may be the subject of an appeal to the SEND Tribunal. Challenges about provision under Categories G, H1 and H2 are brought through local complaints procedures and/or Judicial Review

Note: All categories must be listed for example if there is no social care provision it needs to state – not required

Section F: Special educational provision required by the child/ young person.

Special educational provision is an educational or training provision that is additional to or different from that made generally for other children or young people of the same age by educational providers (schools, early years settings, colleges).

It should specify for example appropriate facilities and equipment, staffing arrangements and curriculum adaptations including disapplication from part of the curriculum or course.

Section G: Health provision

This section should include any health provision which is required to address the needs specified in section C

It should specify for example specialist support such as therapies, medical treatments, medication, nursing support, equipment.

Section H1: Social Care provision

This section should include any social care provision which must be made for the child or young person under 18 as a result of an assessment under Section 2 of the Chronically Sick and Disabled Persons Act 1970.

It should include:

- practical assistance at home, home adaptations
- assistance in traveling to facilities
- facilitating the taking of holidays
- provision of meals at home or elsewhere
- provision or assistance in obtaining special necessary equipment
- services for parent/carer of disabled children/young people following an assessment under sections 17ZD-17ZF of the Children Act 1989

Section H2: Any other social care provision reasonably required by the learning difficulties and disabilities, which result in the child/ young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through statutory care and support plan) under the Care Act 2014.

Section I: Educational setting

Name of setting - this should include the name of the school, maintained nursery school, post-16 institution, or other type of school or institution to be attended by the child or young person where no such institution is named.

Type of setting - this should include information such as mainstream, resourced provision, special, day or residential,

Section J: Personal budget

The purpose of this section is to establish and clarify the total additional budget available to secure provision in the EHC Plan for a child or young person.

Where it is possible to disaggregate the cost of provision for a specific child this section allows the family to choose how the personal budget should be managed.

There are 4 ways in which a parent or young person can be involved in securing the provision in the plan:

- Direct payments-where individuals receive the cash to contract, purchase and manage services themselves
- An organised arrangement (sometimes called notional arrangement) whereby the LA, CCG, school or college holds the funds and commissions the support specified in the plan.

- Third party arrangements where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the parent or young person
- A combination of the above

Appropriate boxes should be ticked to indicate a direct payment, organised arrangement or third party option or combination.

The outcomes to be met by Direct Payments and goods, services to be purchased must be specified.

If parents opt for goods and services to be provided by direct payment a separate agreement will be drawn up and signed.

Section K: Advice and information.

This is a list of advice and information gathered during this EHC needs assessment that contributed and informed the content of the Plan (appendices).

Sign off: Authorised officer on behalf of the LA and CCG