



EDUCATION, HEALTH AND CARE PLAN

This is [Forename Surname]'s plan

This plan has been completed by
[name of SEN key worker]

Please replace this
box with a photo of
the child / young
person (optional)

WORKING DOCUMENT No. / DRAFT NUMBER XX / FINAL

*delete as appropriate

Date plan agreed by Local
Authority
xx/xx/xx

Date of issue
xx/xx/xx

Review date
xx/xx/xx


Hammersmith and Fulham
Clinical Commissioning Group

MY EDUCATION HEALTH AND CARE PLAN

General information

Part 1 contains all of the information that will help us keep in touch

All about me

SECTION A Section A is all about me; what's working for me, what's not working for me, what needs to change and what I would like life to look like. Other people who I am close to have also had their say here.

A summary of my Education, Health and Care Needs

SECTION B
SECTION C
SECTION D Sections B, C and D are a summary of my special educational needs and any other health or care needs. This summary has come from what I and my family have said and what the professional assessments have identified.

My outcomes

SECTION E Section E shows the outcomes that we have agreed and any steps I need to take to achieve them.

The special educational provision required for me to achieve my outcomes

SECTION F This explains what is needed, what is going to happen, who is going to do it, what skills, qualifications or training they require, how often it will be made available and when it will be reviewed

The health and social care provision that is needed

SECTION G
SECTION H1
SECTION H2 This shows what health provision is reasonably required as a result of my learning difficulties, and if I am under 18, any social care provision that is required resulting from Section 2 of the Chronically Sick and Disabled Persons Act 1970, and any other social care provision that I might reasonably need because of my learning difficulties

Finalising the Plan

SECTION I
SECTION J Section I is where we state the name and type of setting, school or college I will be attending and Section J gives the details of any personal budget we are receiving.

Reports and assessments

SECTION K Section K contains a list of all of the reports and assessments that have been used to write my Plan.

Reviewing the Plan

This shows what arrangements need to take place to ensure my Plan is reviewed

HOW WE WILL USE THE INFORMATION IN THIS PLAN

We will ensure that your information remains confidential.

The information that is recorded in this plan will be shared with those who have contributed advice, those listed in the contacts and other practitioners, where appropriate.

A copy of the plan will be kept on file by all teams that are involved in the providing your support and a copy will be sent to the relevant Clinical Commissioning Group and your GP. This plan must not be photocopied or distributed to anyone who falls outside of this remit.

As practitioners we respect confidentiality and will observe all safeguarding and child protection procedures.

GENERAL INFORMATION

Name:			
Home address:			
Date of Birth:		Gender:	
Ethnicity		Religion:	
Languages spoken at home		Is interpretation required?	
Name of parent 1:			
Address:			
Telephone:		Email address:	
Name of parent 2:			
Address (if different from above):			
Telephone:		Email address:	
Name of siblings:			
Education establishment at time of assessment:		Key Stage at time of assessment.	
Year Group at time of assessment:		Unique Pupil Number:	
Name of GP:		NHS Number:	

Address of GP:		CCG:	
Is the child / young person...	Looked after by the Local Authority?	Yes / No	
	Subject to a Child Protection Plan?	Yes / No	
	Identified as a Child in Need?	Yes / No	

Practitioners working with and supporting the child / young person and their family:

Name of Service and/or practitioner	Job title	Contact details

SECTION A

ALL ABOUT ME

Please feel to attach your own 'one-page profile' if you have made one with your family or school

While this section can be filled out on behalf of the child / young person, it must reflect their views, wishes and aspirations.

My aspirations and goals for the future: what I'd like to do and be in the future, including leisure, friendships and further education / adult life / independent living.

--

My history: my journey so far

--

Things I like about me

--

Things others like about me

--

Things I'm good at

--

What is working well for me

--

What isn't working well for me at the moment

--

Things I like

--

Things I don't like

--

What I'd like to change

--

How I need to be supported to be heard, understood and stay safe and well.

--

How my family support me with meeting my needs

--

If someone has helped me to complete this form, their name is below with an explanation of how they have helped me.

--

The important people in my life; family friends and favourite people:

Name	Relationship

What my family would like to say including their aspirations for my future

A SUMMARY OF MY EDUCATION, HEALTH AND CARE NEEDS

Please complete this section using the advice provided by practitioners. If you have quoted from a report, please make reference to the specific report.

SECTION B

EDUCATION

Cognition and learning
Strengths and how these are supporting name's learning
Special educational needs and how these affect name's learning

Communication and interaction
Strengths and how these are supporting name's learning
Special educational needs and how these affect name's learning

Sensory and/or physical
Strengths and how these are supporting name's learning
Special educational needs and how these affect name's learning

Social, emotional and mental health
Strengths and how these are supporting name's learning

Special educational needs and how these affect name's learning

SECTION C

HEALTH

Health needs and how these affect name's learning
Any other health needs

SECTION D

SOCIAL CARE

Social care needs and how these affect name's learning
Any other social care needs

MY OUTCOMES AND WHAT NEEDS TO HAPPEN FOR ME TO REACH THEM

SECTION E

SUMMARY OF OUTCOMES

An outcome is described as “the benefit or difference made to an individual as a result of an intervention”.

Outcome 1	
Outcome 2	
Outcome 3	
Outcome 4	
Outcome 5	

Add to this table as required

ADDITIONAL OUTCOMES FOR ALL YOUNG PEOPLE IN YEAR 9 AND ABOVE

Delete if Year 8 or below

Preparation for Adulthood	
Outcome 1	
Outcome 2	
Outcome 3	
Outcome 4	

PROVISION REQUIRED

Outcome 1	
Steps towards the outcome:	
SECTION F <i>What is going to happen, who is going to do it, how often it will be made available</i>	<i>When it will be reviewed, and by whom</i>

Outcome 2:	
Steps towards the outcome:	
SECTION F <i>What is going to happen, who is going to do it, how often it will be made available</i>	<i>When it will be reviewed, and by whom</i>

Duplicate the table for each outcome

ADDITIONAL OUTCOMES FOR ALL YOUNG PEOPLE IN YEAR 9 AND ABOVE

Do not fill out this section if the young person is in Year 8 or below and please delete.

This section covers Preparing for Adulthood Pathways

At least one outcome is required for each area:

1. Progression to further / higher education and/or employment
2. Independent Living and Housing
3. Friendships, relationships and being part of my community
4. Being as healthy as possible in adult life

Preparing for Adulthood Outcome 1:	
Steps towards the outcome	
SECTION F <i>What is going to happen, who is going to do it, how often it will be made available</i>	<i>When it will be reviewed, and by whom</i>

Preparing for Adulthood Outcome 2:	
Steps towards the outcome:	
SECTION F <i>What is going to happen, who is going to do it, how often it will be made available</i>	<i>When it will be reviewed, and by whom</i>

Preparing for Adulthood Outcome 3:	
Steps towards the outcome:	
SECTION F <i>What is going to happen, who is going to do it, how often it will be made available</i>	<i>When it will be reviewed, and by whom</i>

Preparing for Adulthood Outcome 4:	
Steps towards the outcome:	
SECTION F <i>What is going to happen, who is going to do it, how often it will be made available</i>	<i>When it will be reviewed, and by whom</i>

Duplicate the table for any further outcomes

SECTION G Health Provision name reasonably requires <i>(What will the support be, how often is it going to be provided and by whom)</i>

SECTION H1 Social care provision name requires as they are under 18 and which results from Section 2 of the Chronically Sick and Disabled Persons Act 1970 <i>(What will the support be, how often is it going to be provided and by whom)</i>

SECTION H2 Any other social care provision that name might reasonably need <i>(What will the support be, how often is it going to be provided and by whom)</i>

SUMMARY OF PROVISION (to be completed following the local authority decision to issue an EHCP)

Education Provision		
What is the provision?	Who will provide it?	How often is it going to be provided?
Health Provision		
What is the provision?	Who will provide it?	How often is it going to be provided?
Social Care Provision		
What is the provision?	Who will provide it?	How often is it going to be provided?

SECTION I

EDUCATION PLACEMENT

Name of setting	At draft stage, this section must be left blank. The parent / carer can state their preference when draft is sent to them.
Type of setting	

SECTION J

PERSONAL BUDGET

Has a personal budget been requested by the parents/carers or young person? (*Delete as required)	Yes*	No*
---	-------------	------------

If no, then the following section of the plan does **not** need to be completed.

Description of personal budget arrangements	Budget (£s)	Funding source and management / payment method
Education		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Health		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Social Care		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Other (including short breaks)		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Total budget:		

REVIEWING THE PLAN

Arrangements for reviewing this plan will be coordinated by the named setting in liaison with the family, the SEN Keyworker and the practitioners listed below or who are subsequently involved. The first review must take place within 12 months of the date the plan was issued and then within 12 months of any previous review. For children aged under 5, the review process will take place once every 3-6 months.

The setting should also develop an Individual Education Plan, Individual Health Care Plan or a provision map outlining how the support required is being used to achieve the outcomes outlined above. This should be reviewed at least termly with the child/young person and their parents/carers (if under 16, or over 16 with the young person’s agreement). The setting’s designated person has the duty to ensure continued liaison amongst professionals and parents/carers in planning how to address the child or young person’s Special Educational Needs to achieve the specified outcomes. The child/young person should actively engage in reviewing his or her learning outcomes and the setting of new ones.

Monitoring and Review		
The professional responsible for convening the annual review of this Education, Health and Care Plan will be:		
Name:		
Role/Title:		
Contact Details:		
The EHCP Review will involve the following people and practitioners:		
Name	Role/Title	Contact details:

SIGNED BY THE LOCAL AUTHORITY DESIGNATED OFFICER ON BEHALF OF THE LOCAL AUTHORITY

Print name _____

Print job title _____

Signature _____

Date _____

SIGNED ON BEHALF OF THE CLINICAL COMMISSIONING GROUP

Print name _____
Print job title _____
Signature _____
Date _____

SECTION K

REPORTS, ASSESSMENTS AND ADVICE

Below is a list of all reports and assessments that have been used to help write this plan

Report / assessment / advice	Name and role of who wrote the report / assessment and their contact details	Date it was written
Child / young person's additional advice		
Parent or carers' additional advice		
Educational Advice		
Medical Advice		
Psychological Advice		
Social Services Advice		
Advice from others		
Advice obtained by the authority since the last assessment of the child		