

Child's name:

INSERT NAME

Date of birth:

XX/XX/XXXX

Education, Health and Care Plan



A

(Delete as apt)

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Detail	Date

STATUTORY EDUCATION, HEALTH & CARE PLAN

PERSONAL DETAILS

The following Education, Health & Care Plan is made on [date] by Torbay Council ('the education authority') in respect of [name] whose particulars are set out below. The EHC Plan addresses duties set out in Sections 36 – 50 of the Children and Families Act 2, the Children & Families Act 2014.

Name	
Date of Birth	
Gender	
Home Address	
Contact Number	
Ethnicity	
Home Language	

Name of Parent/Carer	
Relationship to child	
Address if different from above	
Is the child Looked After	YES / NO
Type of Care Order	
Who holds parental responsibility	
Contact Number	

NHS Number	
PARIS Number	
UPN Number	

Section: K*Advice and Information gathered during the EHC needs assessment*

Name and Title	Address and contact details	Contribution i.e. report, at a meeting, phone call	Report Attached (inc date of report)
Young Person	As above	Views of the Young Person through the child friendly Profile (Appendix F)	
Parent		Parental Advice (Appendix A) Parent home visit	
SENDCO	School	Educational Advice (Appendix B)	
Paediatrician	Torbay and South Devon NHS Foundation Trust, Torbay Hospital, Lowes Bridge, Torquay, TQ2 7AA Tel: 01803 614567 Email via NHS Torbay and South Devon website	Medical Advice (Appendix C)	
Educational Psychologist	2nd Floor North, Tor Hill House, C/o Town Hall, Castle Circus, Torquay, TQ1 3DR Tel: 01803 208261 <u>Educational.psychology@torbay.gov.uk</u>	Psychological Advice (Appendix D)	
Targeted Help Manager	2nd Floor South, Tor Hill House, C/o Town Hall, Castle Circus, Torquay, TQ1 3DR Tel: 01803 208483 <u>Targetedhelp@torbay.GCSX.gov.uk</u>	Social care (Appendix E)	

Other		(Appendix G)	

Professionals involved but not contributing to [name]’s Plan				
Name	Designation	Address	E-mail	Tel. No.

How has [name] and his/her family participated in the development of this plan?
<p>[name]’s parents/carers have provided substantial parental advice for [name]’s statutory assessment and liaised with the SEN Team and services as required.</p> <p>[name]’s parents/carers are very involved in [name] life and actively interacts with [name] to review his/her educational needs and progress.</p> <p>[name] has engaged in meetings with the Educational Psychology Service and completed a One Page Profile which reflects his/her aspirations, what is important to him/her and how best to support him/her.</p>

BACKGROUND INFORMATION

[name]'s family and home
(Historical and Current)

At the time of writing this EHCP, [Name]'s age is XX.

[name]'s primary area of Special Educational Need and summary

Educational Provisions attended in the last Key Stage/Post 16

Section: A

Views, Interests and Aspirations of Child, Young Person and Family

CHILD FRIENDLY PROFILE

Name	INSERT PHOTO
Date	
Completed by	

What people appreciate about me..

--

What is important to me...

--

How to support me...

--

[name]'s preferred method of Communication

--

Section: A

Views, Interests and Aspirations of Child, Young Person and Family

ASPIRATIONS

[name]'s Aspirations

Short term

[name]'s Aspirations

Long term

Parent/Carer's aspirations for [name]

Short term

Parent/Carer's aspirations for [name]

Long term

SPECIAL EDUCATION, HEALTH AND SOCIAL CARE NEEDS

Current Strengths and Needs in Order of Priority

This section of the Education, Health and Care Plan sets out [name]’s additional needs.

[name]’s primary area of need which call for special educational provision

is.....

Please describe the strengths and needs that have been identified in the Integrated Assessment (in priority order of needs where possible) in the following areas (if you have quoted from a report, please make reference to the specific report from which this quote has been drawn).

Cognition and Learning	Strengths
	Areas of need
	Education (Section B)
	Health (Section C)
	Torbay’s Medical Services have no concerns relating to [name]’s Cognition and Learning Needs.
	Social Care (Section D)
Social, Emotional and Mental Health	Strengths
	Areas of need
	Education (Section B)

	Health (Section C)
	Torbay's Medical Services have no concerns relating to [Name]'s Social, Emotional and Mental Health Needs.
	Social Care (Section D)
	Torbay Social Care services have no concerns relating to [Name]'s Social, Emotional and Mental Health needs.
Communication and Interaction	Strengths
	Areas of need
	Education (Section B)
	Health (Section C)
	Torbay's Medical Services have no concerns relating to [Name]'s Communication and Interaction Needs.
	Social Care (Section D)
Torbay Social Care services have no concerns relating to [Name]'s Communication and Interaction Needs.	
Sensory and/or Physical Needs	Strengths
	Areas of need
	Education (Section B)
	Torbay's Education Services have no concerns relating to [Name]'s Sensory and/or Physical Needs.
	Health (Section C)
	Torbay's Medical Services have no concerns relating to [Name]'s Sensory and/or Physical Needs.
	Social Care (Section D)
Torbay Social Care services have no concerns relating to [Name]'s Sensory and/or Physical Needs.	

Support Plan for:	[Name]
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(Subsequent Annual Reviews will update this information)

Education (Section B, E, F – SEND Code of Practice)		
Needs (Section B)	Desired Outcomes (Section E)	Provision (Section F)
Areas of difficulty	Desired long term outcomes relating to [name]'s special educational needs	Provision to support [name]'s need: Must be specific and include who will provide the support, how often this will happen, over what time period, and which agency is responsible.
Cognition and Learning		
Social, Emotional and Mental Health		
Communication and Interaction		

Sensory and/or Physical Needs		

Health (Section B, E, G – SEND Code of Practice)		
Needs (Section C)	Desired Outcomes (Section E)	Provision (Section G)
<i>Areas of difficulty</i>	Desired long term outcomes relating to [name]’s health needs	Provision to support [name]’s need: Must be specific and include who will provide the support, how often this will happen, over what time period, and which agency is responsible.

Social Care - resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (Sections B, E, H1 – SEND Code of Practice)		
Needs (Section D)	Desired Outcomes (Section E)	Provision (Section H1)
<i>Areas of difficulty</i>	Desired long term outcomes relating to [name]’s health needs	Provision to support [name]’s need: Must be specific and include who will provide the support, how often this will happen, over what time period, and which agency is responsible.

Social Care - Sections B, E, H2 – SEND Code of Practice)		
Needs (Section D)	Desired Outcomes (Section E)	Provision (Section H2)
<i>Areas of difficulty</i>	Desired long term outcomes relating to [name]’s health needs	Provision to support [name]’s need: Must be specific and include who will provide the support, how often this will happen, over what time period, and which agency is responsible.

Top Up Allocation (Element 3)

Initially on school transfer/ admission a ‘top up’ element (Element 3 - £) will be allocated to the school to implement the provision as outlined above. This is in addition to the school’s responsibility to provide for [name] from its own delegated budget (Elements 1 and 2).

Section:*(Section J) Personal Budget*

This section will only be included where a personal budget has been taken up.

If a personal budget is not taken up then enter “(J) – No personal budget requested”

There are different ways in which a personal budget can be used to secure provision.

- Direct Payments – where individuals receive the cash to contract, purchase and manage the service themselves
- Notional Budget – whereby the local authority, school or college holds the funds and commissions the support specified in the plan
- A combination of the above

In some circumstances it may be agreed that the person responsible for managing a direct payment (the child’s parent or the young person) will need the support of a third party. In this circumstance it will need to be agreed by the Education, Health and Care Panel due to the cost of providing this service. Information regarding these options will be provided by the lead professional from Education, Health or Social Care.

Personal Budget 1.0

Does [name] and his/her parents want to take a personal budget for his / her support?			
Agency	Y/N	If Yes, who will manage the Personal Budget	Contact Details
Education			
Health			
Social Care			

Please refer to appendix 1 for an example of how to complete the personal budget section.

Detail of Services procured via a Personal Budget 1.2

Education					
Type of PB	Description of Support	Flexibility of usage	Need being addressed and expected outcome (as per EHCP support plan)	Weekly Cost	Annual Cost

Health					
Type of PB	Description of Support	Flexibility of usage	Need being addressed and expected outcome (as per EHCP support plan)	Weekly Cost	Annual Cost

Social Care H1					
Type of PB	Description of Support	Flexibility of usage	Need being addressed and expected outcome (as per EHCP support plan)	Weekly Cost	Annual Cost

Social Care H2					
Type of PB	Description of Support	Flexibility of usage	Need being addressed and expected outcome (as per EHCP support plan)	Weekly Cost	Annual Cost

Summary of Personal Budget 1.3

[name]'s Personal Budget total allocation is:	Weekly Total	Annual Total
Education		
Health		
Social Care		
Additional third party support costs (direct payments only)		
<u>Total</u>	£	£

Direct Payments note

Where Personal Budget is being received as a direct payment, a Direct Payment Agreement must be signed by the parents and/or young person (if aged 16 years or over) and the authorising manager(s). All parties must receive a signed copy of the direct payment's agreement. The direct payment outlines the terms and conditions associated with the use of and monitoring of the direct payment.

Section: I	<i>Education Placement</i>
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[name]'s Education Placement	
Name of Setting	
Type of Setting	

Section:	(Section E) Outcomes - continued
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Monitoring [name]'s Plan

The (A) Headteacher (B) Special Needs Co-ordinator (C) teacher in charge of the support centre (D) in conjunction with the relevant staff and in consultation with [name]'s (E) parents (F) mother (G) father (H) guardian will immediately (I) will, within two months of the date of (J) the Final (K) the amended (K) Education, Health and Care Plan (L) his/her admission (M) establish and record the short-term targets for [name] and incorporate them into his/her Personal Plan which will be monitored, evaluated and amended accordingly at least twice a year, towards the desirable outcomes of the plan. [name] should actively be involved in setting targets and monitoring them at an age appropriate level in line with his/her ability.

The Education, Health and Care Plan will be reviewed (A) on a six monthly basis until [name] reaches the age of five years; after that date, the Statement will be reviewed (B) annually.

[name]'s parent(s)/carers should receive regular updates about his/her progress and be invited to both annual and other reviews. Should there be any serious concerns about [Name]'s progress or a significant change in his/her needs the school can arrange an interim review meeting at any time. Parents/ Carers can request the school to hold an interim review if necessary.

At the Annual Review meeting in (A) Year 5 (B) Year 6 (C) the transfer to secondary school (D) the transition to the Key Stage 3 phase of his/her education (E) will be discussed. *(use for plans for children in primary education)* At the Annual Review meeting in Year 9, a plan will be drawn up to assist with [name]'s transition to adult life; this will be reviewed and amended as necessary at subsequent Annual Review meetings. *(Use for secondary transfers/new statements in Yr 7 and above).* Annual Reviews from Year 11 onward will include discussion and review of the transition plan for [name].

On receipt of the report of the Annual Review meeting the Authority will review the need to maintain the Education, Health and Care Plan. It may propose to cease the Education, Health and Care Plan if [name] has achieved the outcomes and it is considered that his/her needs can be met at School Support. When the Authority reviews the Education, Health and Care Plan, it will also consider whether [name]'s identified needs continue to qualify for additional funding.

As a child in public care, [name] should have a Personal Education Plan (PEP) with a named person at school responsible for liaison with Social Care and other agencies. The PEP should be agreed within 20 days of [name] entering care or being admitted to school and should be reviewed concurrently with the Care Plan and at least every six months.

Education Officer's Name: Date:.....[date].....

Labelling

As a statutory minimum, EHC plans **must** include the following sections (see table below), which **must** be separately labelled from each other using the letters below. The sections do not have to be in the order below and local authorities may use an action plan in tabular format to include different sections and demonstrate how provision will be integrated, as long as the sections are separately labelled. These sections are labelled in the relevant areas within this EHCP template.

Code of Practice Section	Content	Covered by Torbay EHCP Section(s)
A	The views, interests and aspirations of the child and his or her parents or the young person.	Child Friendly Profile
		Aspirations
B	The child or young person's special educational needs.	Current Strengths and Needs in Order of Priority
C	The child or young person's health needs which are related to their SEN.	Current Strengths and Needs in Order of Priority
D	The child or young person's social care needs which are related to their SEN or to a disability.	Current Strengths and Needs in Order of Priority
E	The outcomes sought for the child or the young person. This should include outcomes for adult life. The EHC plan should also identify the arrangements for the setting of shorter term targets by the early years provider, school, college or other education or training provider.	Current Strengths and Needs in Order of Priority
		Monitoring
F	The special educational provision required by the child or the young person.	Support Plan
G	Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Where an Individual Health Care Plan is made for them, that plan should be included.	Support Plan
H1	Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.	Support Plan

H2	Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Regulation 12(1)(h)(ii) - Special Educational Needs and Disability Regulations 2014	Support Plan
I	The name and type of the school, maintained nursery school, post-16 institution or other institution to be attended by the child or young person and the type of that institution (or, where the name of a school or other institution is not specified in the EHC plan, the type of school or other institution to be attended by the child or young person).	Education Placement
J	Where there is a Personal Budget, the details of how the personal budget will support particular outcomes, the provision it will be used for including any flexibility in its usage and the arrangements for any direct payments for education, health and social care. The special educational needs and outcomes that are to be met by any direct payment must be specified.	Personal Budget
K	The advice and information gathered during the EHC needs assessment must be attached (in appendices). There should be a list of this advice and information.	Please name everyone who has contributed to this plan