Education Health and Care Plan guidance for professionals

The purpose of this guidance is to support the development of good quality Education, Health and Care Plans which fully reflect the child's individual needs.

The documents from the Council for Disabled Children below provide useful examples to support this guidance.

https://www.ncb.org.uk/resources-publications/resources/education-health-and-care-plans-examples-good-practice

https://www.basw.co.uk/resources/education-health-and-care-plans-examples-good-practice-year-9-and-beyond

(Important notes:

- *Throughout this document, when we refer to parents we mean parents and/or carers or anyone with parental responsibility.*
- *When we refer to children or a child, we mean children or young people (legally, this is up to age 25 in education, and 18 in social care and health)*
- *When we refer to school, we mean a school, post-16 institution or early years provider.)*

Section A

The views, interests and aspirations of the child and parents are reflected in this section. They are inherently personal.

Key points to note:

- The Code of Practice is very clear that you should not put the child's views into the first person if they are things they have not actually said. Please make it clear whether the child is being quoted directly.
- Some supporting prompts could include **Introducing myself: What are my likes and dislikes? What other's like about me and what I like about myself? What's important to me? What are my hopes and plans for the future? What help do I need?**
- A summary of the parent views will be recorded in the plan. Key points to be included in the summary should be agreed with parents. Additional information which parents want to share will be recorded in **Appendix 1** – **Parent or Carer Advice for Education Health and Care Needs Assessment**. A version for young people (16 or over) is also available.

Section E – Outcomes

Outcomes should be decided based on what a parent and the child want for the future, and should be:

• Personal and not a description of provision or service being provided
• A building block towards the longer term hopes for the future
• Something those involved have control and influence over
• SMART (specific, measurable, achievable, realistic, time-bound)
• Focussed on the learner (what is important ***to*** them and ***for*** them)
• Written in the future tense or as though "I am now able to do it"
• Tell us what ***will*** be different (or is expected to be different) after a specific time period
• Reflect steps towards longer-term hopes
• Not limited to formal education

What the Code says about outcomes:

9.64 *EHC plans **must** specify the outcomes sought for the child or young person in Section E. EHC plans should be focused on education and training, health and care outcomes that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood. EHC plans can also include wider outcomes such as positive social relationships and emotional resilience and stability. Outcomes should always enable children and young people to move towards the long-term aspirations of employment or higher education, independent living and community participation.*

The Education Health and Care Plan should record a summary of the main outcomes to be achieved over the next key stage (or 2 to 3 years), phase or programme of education or training.

These are long term outcomes designed to support the child's progress towards achieving their aspirations. Each year the **small steps** which are contributing to progress towards these outcomes should be reviewed.

Key points to note:

- Good practice demonstrates that there should be no more than 6 outcomes identified.
- They should follow where possible from the aspirations identified in *Section A.*
- Where appropriate, outcomes should be holistic, referencing education and health and social care. N.B. For young people over the age of 17, the education and training outcomes need to be separately identified.
- Where a child is approaching a key transition point, an outcome should be included to support this.
- From year 9 onwards preparation for adulthood e.g. education and employability, good health, living as independently as possible, friends and relationships, community involvement, keeping safe must be a key focus of outcome planning.
- Steps towards the agreed outcomes will be recorded in *Section E*

Section B and Section F– the child's special educational needs and the special educational provision required.

Sections B and F have been placed next to each other to ensure each educational need is stated and has provision recorded to meet the needs identified. Over time they will be cumulative.

- This section starts with a summary of current presentation and a summary of individual strengths.
- Provision needs to be **detailed, specific and quantified** and whether the support is provided through a personal budget.
- The provision detailed here is in **addition to the universal offer** which should be in place for all children as explained in Oxfordshire's Local Guidance for SEN Support and delivered through universal services.
  .

Section C and G – Health needs and health provision

In *Section C:*

- Keep the information as simple as possible – make sure it can be understood by a non-specialist.
- 'Less is more'. Avoid too much historical or complex medical information.
- A diagnostic label does not describe a need. Focus on any practical implications of the health conditions or impairments on different areas of the child or young person's life.

In *Section G*

- Provision should set out clearly what is going to happen, who will do it, if relevant, the skills or training they need to do it, how often it will be made available and when it will be reviewed.
- There needs to be provision for each need identified. This could come from universal services.
- It may be possible for therapies to appear in special educational provision (*Section F*) and in health provision. Health provision that addresses educational needs will be placed in Section B and F. e.g. Input from the integrated Therapies team.

Section D and Section H1 and H2 – Social Care needs and Provision

In *Section D*

- If the child or young person is 'not known' to Social Care it does not necessarily mean there are no social care needs which are related to their SEND.
- Information about social care needs such as communication difficulties impacting on access to social activities outside of school could come from a range of people i.e. teachers, youth workers or an allocated social worker.
- Professionals need to be mindful that the EHC Plan is a widely circulated document and therefore should write their advice/report accordingly.

In *Section H1*

- This section refers to social care provision which must be made for a child/young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA).
- The Social Care services that can be provided under CSDPA are very wide including support at home, support to access the community and help with adaptations to the home. More information about what is available can be found here.
- Provision should set out clearly what is going to happen, who will do it, if relevant, the skills or training they need to do it, how often it will be made available and when it will be reviewed.

In *Section H2*

- This section refers to social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEND.
- Social care provision reasonably required may include provision identified through early help, child in need assessments, child protection plans and looked after children's plans.
- Overnight short break care and any direct payment support from Children's Social Care must be included under H2 as this provision is not offered under CSDPA
- It will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014 or provision not covered by CSDPA.
- Provision should set out clearly what is going to happen, who will do it, if relevant, the skills or training they need to do it, how often it will be made available and when it will be reviewed.
- EHAs and TAFs should be recorded in this section, but provision would be through universal services (community based/non-statutory).

Section I

The name and type of the school, maintained nursery school, post 16 institution or other institution to be attended by the child is recorded in this section, as is the address and telephone number.

Section J

- The special educational needs and outcomes that are to be met by any direct payment must be specified.
- Where there is a Personal Budget, the details of how the Personal Budget will support particular outcomes and the provision it will be used for (including any flexibility in its usage) should be clear. N.B. This will be reviewed at least annually, and more frequently if required.

Section K

The advice and information gathered during the Education Health and Care Needs Assessment must be attached (in appendices) with parent or carer, or young person's advice being included in Appendix 1. There should be a list of this advice and information.