**Special educational needs and disability code of practice: 0 to 25 years**

**9 Education, Health and Care needs assessment and plans**

9.69 What to include in each section of the EHC plan

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| **What to include in each section of the EHC plan Section** | | | | **Information to include** |
| **(A) The views, interests and aspirations of the child and their parents, or of the young person** | | | | * Details about the child or young person’s aspirations and goals for the future (but not details of outcomes to be achieved – see section above on outcomes for guidance). When agreeing the aspirations, consideration should be given to the child or young person’s aspirations for paid employment, independent living and community participation. * Details about play, health, schooling, independence, friendships, further education and future plans including employment (where practical). * A summary of how to communicate with the child or young person and engage them in decision-making. * The child or young person’s history. * • If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented. |
| **SENDSARS feedback**   * Consideration to the age of the child / young person and the potential relevance to very early childhood milestones if these no longer remain a barrier. What is the lasting impact of any potential gaps early developmental milestones? * To note that all reports are appended to the EHCP, so can signpost to reports for more details if necessary. * Section A – will become more parent friendly as person centred planning meetings are introduced. * Acknowledgement that section A will and must look different for every young person, dependent on their individual circumstances. * Person Centred Planning meetings are taking place, they will influence the layout and content of Section A. | | | | |
| **(B) The child or young person’s special educational needs (SEN)** | | | | * All of the child or young person’s identified special educational needs **must** be specified. * SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train the child or young person (see paragraphs 9.73 onwards). |
| **SENDSARS feedback**   * If health or social care needs relates to educating or training, then it should be included in section B & F. However, clarity on who is providing the intervention needs to be gained and included in C, D, G and H1/2. For example, a diagnosis of ASD would be included in Section B, Communication and Interaction. It would also appear in section C, confirming review details etc. * Acknowledgement that this area can be very subjective * If primary need is related to communication and interaction, the SALT report should provide the primary information. * All reports should be referenced and utilised and not just a reliance on the EP report. * If an EP report is identifying provision linked to SALT or OT/Physio, this must be checked and agreed before including in the EHCP. | | | | |
| **(C) The child or young person’s health needs which relate to their SEN** | | | | * + The EHC plan **must** specify any health needs identified through the EHC needs assessment which relate to the child or young person’s SEN. Some health care needs, such as routine dental health needs, are unlikely to be related.   + The Clinical Commissioning Group (CCG) may also choose to specify other health care needs which are not related to the child or young person’s SEN (for example, a long-term condition which might need management in a special educational setting). |
| **(D) The child or young person’s social care needs which relate to their SEN** | | | | * + The EHC plan **must** specify any social care needs identified through the EHC needs assessment which relate to the child or young person’s SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970.   + The local authority may also choose to specify other social care needs which are not linked to the child or young person’s SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Inclusion **must** only be with the consent of the child and their parents. |
| **SENDSARS feedback**   * Both input from MAST and Social Care (Children with Disabilities, Fostering, Fieldwork etc.) should be included in this section. | | | | |
| **(E) The outcomes sought for the child or the young person** | | | | * + A range of outcomes over varying timescales, covering education, health and care as appropriate but recognising that it is the education and training outcomes only that will help determine when a plan is ceased for young people aged over 18. Therefore, for young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes. See paragraph 9.64 onwards for more detail on outcomes.   + A clear distinction between outcomes and provision. The provision should help the child or young person achieve an outcome, it is not an outcome in itself.   + Steps towards meeting the outcomes. * •The arrangements for monitoring progress, including review and transition review arrangements and the arrangements for setting and monitoring shorter term targets by the early years provider, school, college or other education or training provider.   + Forward plans for key changes in a child or young person’s life, such as changing schools, moving from children’s to adult care and/or from paediatric services to adult health, or moving on from further education to adulthood. * • For children and young people preparing for the transition to adulthood, the outcomes that will prepare them well for adulthood and are clearly linked to the achievement of the aspirations in section A. |
| **SENDSARS feedback**   * Outcomes should be SMART (specific, measurable, achievable, realistic and timebound). * To understand the ‘golden thread’ which runs through the content of the EHCP and use this to form the outcomes. There should be a link from aspirations, needs to outcomes to provision. * To use the outcomes provided by professional reports as the basis of the final outcome to be used in Section E. Where there is similarity or cross over, to create an overarching SMART outcome, and the professional recommendations as steps towards. * Outcomes don’t have to be written in the first person if the child or young person hasn’t directly contributed to the outcome. | | | | |
| **(F) The special educational provision required by the child or the young person** | | | * + Provision **must** be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where this support is secured through a Personal Budget.   + Provision **must** be specified for each and every need specified in section B. It should be clear how the provision will support achievement of the outcomes.   + Where health or social care provision educates or trains a child or young person, it **must** appear in this section (see paragraph 9.73).   + There should be clarity as to how advice and information gathered has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons for it.   + In some cases, flexibility will be required to meet the changing needs of the child or young person including flexibility in the use of a Personal Budget.   + The plan should specify: * any appropriate facilities and equipment, staffing arrangements and curriculum * any appropriate modifications to the application of the National Curriculum, where relevant * any appropriate exclusions from the application of the National Curriculum or the course being studied in a post-16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum  |  | | --- | | * where residential accommodation is appropriate, that fact * where there is a Personal Budget, the outcomes to which it is intended to contribute (detail of the arrangements for a Personal Budget, including any direct payment, **must** be included in the plan and these should be set out in section J). * See paragraph 9.131 onwards for details of duties on the local authority to maintain the special educational provision in the EHC plan. | | |
| **SENDSARS feedback**   * Provision should be identified for every need, not the overarching outcome. However, this is a training and development need across advice givers. * Where residential is appropriate relates to a waking day curriculum. This would normally relate to a residential and educational package, which is generally delivered through ISP provision. | | | | |
| **(G) Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN** | | * + Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it.   + It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget.   + Clarity as to how advice and information gathered has informed the provision specified.   + Health care provision reasonably required may include specialist support and therapies, such as medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England (for example therapeutic provision for young offenders in the secure estate).   + The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan.   + See paragraph 9.141 for details of duties on the health service to maintain the health care provision in the EHC 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 (CSDPA)** | | | | * + Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment).   + It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how advice and information gathered has informed the provision specified.   + Section H1 of the EHC plan **must** specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA. These services include: * practical assistance in the home * provision or assistance in obtaining recreational and educational facilities at home and outside the home * assistance in traveling to facilities * adaptations to the home * facilitating the taking of holidays * provision of meals at home or elsewhere * provision or assistance in obtaining a telephone and any special equipment necessary * non-residential short breaks (included in Section H1 on the basis that the child as well as his or her parent will benefit from the short break) * This may include services to be provided for parent carers of disabled children, including following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989.   + See paragraph 9.137 onwards for details of duties on local authorities to maintain the social care provision in the EHC 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** | * + Social care provision reasonably required may include provision identified through early help and children in need assessments and safeguarding assessments for children. Section H2 **must** only include services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payment. See chapter 10 for more information on children’s social care assessments.   + Social care provision reasonably required will include any adult social care provision to meet eligible needs for young people over 18 (set out in an adult care and support plan) under the Care Act 2014. See Chapter 8 for further detail on adult care and EHC plans   + The local authority may also choose to specify in section H2 other social care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities. This will enable the local authority to include in the EHC plan social care provision such as child in need or child protection plans, or provision meeting eligible needs set out in an adult care plan where it is unrelated to the SEN but appropriate to include in the EHC plan   + See paragraph 9.137 onwards for details of duties on local authorities to maintain the social care provision in the EHC plan | | | |
| **Placement** | | | * + 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).   + These details **must** be included only in the final EHC plan, *not* the draft EHC plan sent to the child’s parent or to the young person.   + See paragraph 9.78 onwards for more details. | |
| * Full school name should be used in section I. For example, Woolley Wood should be written as Woolley Wood Primary School. * The type of provision can be checked on the government website: [Edubase](https://www.gov.uk/guidance/get-information-about-schools). The difference between, for example, Maintained Special, Academy Special and Independent makes a difference, so it is important to be clear. | | | | |
| **(J) Personal Budget (including arrangements for direct payments)** | | | * + This section should provide detailed information on any Personal Budget that will be used to secure provision in the EHC plan.   + It should set out the arrangements in relation to direct payments as required by education, health and social care regulations. * The special educational needs and outcomes that are to be met by any direct payment **must** be specified. | |
| **(K) Advice and information** | | | * + The advice and information gathered during the EHC needs assessment **must** be set out in appendices to the EHC plan. There should be a list of this advice and information. | |
| * Please continue to reference documents listed in Section K throughout the document. Positive feedback has been received from Tribunal about this addition to EHCPs. | | | | |