



# Education, Health & Care Plan

For

## Name of child

*Picture/Drawing or photo (optional)*

This plan is co-produced by child/young person name with (family, carer etc) and the people listed in section K In accordance with the Children and Families Act 2014, the following statutory Education, Health & Care Plan is issued by Kent County Council and NHS Kent and Medway CCG.

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| Sections of the EHC Plan |
| A) The views, interests and aspirations of the child and their parents, or of the young person |
| B) Special educational needs (SEN) |
| C) Health needs which relate to their SEN (may also specify other health care needs not related to SEN). |
| D) Social care needs which relate to their SEN (may include social care needs not related to SEN). |
| E) Outcomes  |
| F) The special educational provision  |
| G) Health provision reasonably required by the learning difficulties or disabilities which result in SEN (may include other health care provision not related to SEN).  |
| H) Social care provision for a child/young person under18 related to section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA);Social care provision reasonably required by the learning difficulties or disabilities which result in SEN (may include social care provision not related to SEN). |
| I) Placement |
| J) Personal Budget (including arrangements for direct payments) |
| K) Advice and information |

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| Personal Details |  |  |  |
| Last Name: |  | First name |  |
| Preferred Name |  | DOB |  |
| Gender: |  | Religion: |  |
| Language used at Home (Is an interpreter needed?) |  | Preferred way of communicating (e.g. signing) |  |
| Child Looked After? | Yes/No | If yes, to which Local Authority |  |
| Address |  |  |  |
| Current School or setting |  | National Curriculum Year  |  |
| Parent/Carer 1 |  |
| Parent/Carer contact details | Phone: | Email: |
| Address (if different from above) |  |
| Parent/Carer 2 |  |
| Parent/Carer contact details | Phone: | Email: |
| Address (if different from above) |  |
| GP Name and Contact details |  |

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| Section AThe Views, interests and aspirations of the child and their parents or of the young person |

# My aspirations for the future

# What really matters to me?

# What am I good at? - My Strengths and Skills:

# How best to communicate with me:

# How best to support me:

# How I like to learn:

# History about my Education, Health and Care:

This information was provided by: -

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| Background information and the family’s views |
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| Our views about what is working well. What needs to stay the same and what needs to change |
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| Our hopes for our child/young person and in the future |
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| Sections B, E and FSEN - Communication and Interaction |
| * Section E Outcome/s:
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| Strengths |
| Section B - Special Educational Needs: a)b)c) |
| Section F - Special Educational Provision- **This is in addition to what is ordinarily available**. a) | Who will provide this: | How Often: | How/when this will be reviewed: |
| b) | Who will provide this: | How Often: | How/when this will be reviewed: |
| c) | Who will provide this: | How Often: | How/when this will be reviewed: |
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| Sections B, E and FSEN - Cognition and Learning |
| Section E Outcome/s: |
| Strengths: |
| Section B - Special Educational Needs: a)b)c) |
| Section F - Special Educational Provision- **This is in addition to what is ordinarily available**. a) | Who will provide this: | How Often: | How/when this will be reviewed: |
| b) | Who will provide this: | How Often: | How/when this will be reviewed: |
| c) | Who will provide this: | How Often: | How/when this will be reviewed: |
| Sections B, E and FSEN - Social Emotional and Mental Health |
| Section E Outcome/s: |
| Strengths: |
| Section B - Special Educational Needs: a)b)c) |
| Section F - Special Educational Provision - This is in addition to what is ordinarily available.a) | Who will provide this: | How Often: | How/when this will be reviewed: |
| b) | Who will provide this: | How Often | How/when this will be reviewed: |
| c) | Who will provide this: | How Often | How/when this will be reviewed: |
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| Sections B, E and FSEN - Physical and Sensory |
| Section E Outcome/s: |
| Strengths: |
| Section B - Special Educational Needs:a)b)c) |
| Section F - Special Educational Provision - This is in addition to what is ordinarily available.a) | Who will provide this: | How Often: | How/when this will be reviewed: |
| b) | Who will provide this: | How Often | How/when this will be reviewed |
| c) | Who will provide this: | How Often | How/when this will be reviewed |
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| Sections C - Health Needs, E - Outcome/s and G - Provision related to SEN |
|  Section E- Outcome/s: |
| Strengths: |
| Section C - Health needs related to SEN: |
| Section G - Health provision to meet health needs related to SEN: | Who will provide this: | How Often: | How/when this will be reviewed: |
| *.* | Who will provide this: | How Often: | How/when this will be reviewed |
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| Sections C - Health Needs, E - Outcomes and G - Provision not related to SEN |
| Section E Outcome/s: |
| Strengths |
| Section C - Health needs not related to SEN: |
| Section G - Health provision to meet health needs not related to SEN: | Who will provide this: | How Often: | How/when this will be reviewed |
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| Sections D - Social care needs, E – Outcomes and H1 - provision required for the child/young person under 18 under section 2 of the Chronically Sick and Disabled Person’s Act 1970 (CDSPA)And H2 -provision related to SEN |
| Section E Outcome/s: |
| Strengths: |
| Section D - Social Care needs related to SEN:Following contact made with family through our Front Door, no social care needs identified’. (Change if not appropriate)  |
| Section H1 and/or H2 - Social Care Provision  | Who will provide this: | How Often: | How/when this will be reviewed: |
|  | Who will provide this: | How Often | How/when this will be reviewed: |
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| Arrangements for monitoring progress towards outcomes, including review and transition arrangements for the EHC plan and arrangements for setting and monitoring shorter term targets by the early year’s provider, school, college or other education or training provider |
| -This will include any forward plans for key changes in a child or young person’s life, such as changing schools or moving on to adult care and/or from paediatric services to adult health or moving from further education to adulthood): |

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| Section IPlacement |
| Name of placement  |  |
| Type of Placement  | Special School/mainstream school |

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| Section J. Personal Budget (including arrangements for Direct payments) |
| Outcome/s: *The Education, Health and Care needs and outcomes that are to be met by any direct payments must be specified.*  |
| Education: *This section should provide detailed information of any personal budget that will be used to secure provision in the EHC plan. It is essential that the type and amount of provision is adequately specified, e.g. as well as amount of time per week, the qualifications and experience and therefore pay grade of a specialist teacher.* | Personal Budget value *Any amount of money specified in this section must be enough to secure the provision specified* | How this will be Monitored and audited |
| Health: |  |  |
| Social Care: |  |  |

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| Section K. Advice and information used in this EHC Plan |
| Appendix no. | Advice information used (attached as appendix) | Who wrote it? (Name and Position) | Date Advice & information was written. |
|  | Child/Young person’s voice |  |  |
|  | Parents  |  |  |
|  | Educational  |  |  |
|  | Health  |  |  |
|  | Educational Psychology |  |  |
|  | Social Care/Early Help worker ‘ |  Family contacted by XXX and no social care needs currently identified. (Delete if not appropriate) |  |
|  | Other  |  |  |

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| Arrangements for monitoring and reviewing this plan:The EHC Plan will be reviewed annually. The review meeting will take place within 10 months so that there can be completion with 12 months of the review process - to monitor the appropriateness of the provision and review the level of support required to meet needs and achieve outcomes. For children under 5, the review process will be completed within 6 months. |
| Annual Review Meeting date: |  |
| Annual review process completion date: |  |

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| Signatures: |
| Kent County Council | Name:DesignationSignatureDate | NHS Kent and Medway | Name:DesignationSignature: |

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| Date on which the EHC Plan was first issued: | Date: |