

# DETAILED GUIDANCE ON COMPLETING THE EHCP FORM

## General guidance



- A good quality education, health and care plan will contain a 'golden thread' (in the words of the Department for Education) that connects the aspirations of the child or young person (or the aspirations of the family for the child) with their needs, provision and outcomes.
- The first person (I/me) should only be used if the young person is writing Section A for themselves and is using their own words. Where Section A is written on behalf of the child or young person, the third person (he/she) must always be used. Plans should make clear where the child's voice is being directly quoted.
- Decisions about the content of EHCP must be made collaboratively with children, young people and their parents, however the EHCP is ultimately drafted and finalised by the local authority (Achieving for Children). Professionals must check what information families are happy to share and with whom. This information should be recorded. Professionals gathering information will have followed protocols to ensure that parents and young people are happy for information to be shared with the professionals and to be included in the plan.
- Some children and young people may communicate in ways that are very personal to them, hence the box in section A labelled 'How to ensure that my views and choices are included in the plan'. It's important that these are noted, whether the communication is sign language or perhaps a particular behaviour (for example, removing themselves from a stressful situation).
- For some children and young people it may be necessary to work with them to understand how their best hopes and dreams relate to educational goals and outcomes using techniques and resources to support this. It may also be necessary to engage some children or young people in an activity rather than directly interview them. There are however some children for whom it will not be possible for them to contribute directly and in this case their parents, carers or a named support will need to write Section A on their behalf.
- Pictures, videos and photos can be added in Section A. The child, young person or their carer or parent may optionally use a Wiki to articulate the views interests and aspirations of the child or of the young person instead of a conventional Section A form. To request a Wiki apply through the AfC Local Offer Website.
- During the needs assessment process the draft EHCP document is referred to as an assessment summary as the decision has not been taken formally to issue an education, health and care plan. (Sometimes the local authority decides at the end of the needs assessment process that the child's or young person's needs can be met through the Local Offer and/or provision available through the educational placement. In this case feedback is issued rather than an EHCP.)
- Language used in the report should be clear, concise and jargon free. The use of technical terms should be explained or qualified.
- Where sections are not applicable to the child or young person, they should not be left blank. Use a positive statement rather than omission for example 'There are no identified needs at present.' Sections should never be deleted.
- In some of the sections such as Outcomes and Provision, you may want to add extra lines to the table.

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- The EHCP coordinator will then need to review the contributions. If views are contradicting, it may be necessary to quote the source of information for example "Name reported to EP that... and to physio that..." Where views do contradict, both should be included.
- The most up-to-date templates for the EHCP are available through the Local Offer website.

## Quality criteria

The quality criteria from the Department of Education specify that a good EHCP:

- meets the Requirements of the Act, Regulations and Code of Practice
- describes positively what child or young person can do
- is clear, concise, understandable and accessible
- is co-produced (with family and/or young person)
- sets good, relevant outcomes
- tells the child or young person's story well and coherently

In the appendices there is a more detailed Department for Education quality assurance checklist for EHCPs that may be helpful.

## Some Definitions\*

<b>What's an aspiration?</b>	A hope or ambition of achieving something	For example, to be independent, be healthy, gain employment, go to college
<b>What's an outcome?</b>	The benefit or difference made to an individual as a result of an intervention.  It should be personal and not expressed from a service perspective	To be able to travel independently, on foot and by public transport, in and around Enfield, by the time I'm 19
<b>Personal versus service outcome?</b>	Focused on the individual and not based around professional jargon	For example, I want to be able to talk to my friends.... Not: To increase expressive language...
<b>What's a need?</b>	The barriers preventing them from doing something a neuro typical peer of the same age could do.... (It's not the diagnosis or label, but the needs that arise from this)	Self-help: unable to feed themselves Learning difficulties: unable to retain or hold information
<b>What's provision?</b>	The action of providing or supplying something... a resource	Getting support from a service, or a resource like Physio, an Ipad, or equipment
<b>What's a target?</b>	A goal to be achieved in less than 12 months which helps the young person work towards their outcomes and would sit in the school plan not an EHCP	By the end of next term, Joe can count to 10 and understand what 1 – 10 means

\* Provided by the DfE, Created and developed by Fazilla Amide, Change Management and Training Consultant on behalf of the London Borough of Enfield

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## Detailed guide to completing sections A-K

The EHCP form is split into two parts for ease of completion, section A (All about me) and sections B-K (the rest of the plan). Once section A has been filled in by the parents, child or young person, it MUST be pasted into the main document B-K as all sections belong together,

There are a number of forms that are relevant to completing an EHCP

Form	Description
<b>EHC-A1</b> Section A	Section A form – to be completed by parents with child or young person
<b>EHC-A2</b> Section A – accessible version	Accessible version of Section A – mainly aimed at young people
<b>EHC1</b> EHCP form B-K (up to Year 9)	EHCP Form sections B-K for use for new EHCPs for children up to Year 9
<b>EHC-PFA</b> Additional categories for preparing for adulthood	Additional preparing for adulthood categories for sections B, E and F to be added into existing EHCPs from Year 9/10
<b>EHC2</b> EHCP Form B-K from Year 10	EHCP Form sections B-K for use for new EHCPs for children from Year 10

The sections in these notes appear in the order A, B, E, F, C, G, D, H1&H2, I, J as this is the order in which they appear in the form itself. The sections names are defined by the Code of Practice and cannot be changed, however Kingston and Richmond have decided that the form is easier to complete when sections are arranged in the order shown here.

The EHCP coordinator has overall responsibility for creating the assessment summary, which may lead to a draft EHCP or to feedback. The information will come from a range of sources – as indicated in the table. Usually the reports coming from professionals and the school will be submitted in such a way that enables the EHCP coordinator to use reports to form the EHCP draft.

The EHCP coordinator will draft the assessment summary so that the aspirations, barriers to learning or special educational needs, provision and outcomes are clearly linked. This will be visually presented in a table format with numbers linking them. Please see the appendices for examples.

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Section	Who provides the info?	Notes
<b>SECTION A: All about the child or young person (Form EHC-A1 or EHC-A2)</b>		
<p><b>Section A:</b> The views, interests and aspirations of the child and their parents, or the young person</p>	<p>To be completed by the child and their parents, or the young person.</p> <p>As far as possible the views of the child or young person should be sought for inclusion in this section. Some children and young people's views and feelings will need to be gathered through time spent with the child or young person and close observation of their responses, reactions, moods and behaviours by someone who knows them well. The parent or carer should then write this section on their behalf.</p>	<p>Section A is not statutory or appealable in the sense that a child or young person's aspirations cannot be challenged by law – however, Section A must be included within an EHCP. Aspirations are the start of the golden thread that should run through the plan and underpin the remaining sections B-K.</p> <p>There are two suggested forms that can be used for Section A, one that is aimed primarily for use by parents and another that is intended for use by young people – however you may choose to use whichever you find easier. You may also use a Wiki (see below, The Wiki leaflet in the appendices or the Local Offer for more information), pictures, video or any other form of input that you feel best gives a picture of the child or young person and their aspirations.</p> <p>Include the following as appropriate (or other information that you believe to be relevant) the order of the information differs between the two forms but the suggested content is broadly similar.</p> <p>The form for use by families contains guide questions or prompts in the boxes. These should be deleted when completing the form. It is not intended that every question should be answered. The questions are there to prompt and give an indication of the types of information that you may want to include. You may also want to include things that are not covered by the questions but that are important.</p> <p>It is worth remembering that the information will be read by professionals who work on the EHCP and supporting the child or young person, so it is worth keeping the text a manageable length if possible.</p> <p><b>Hopes, dreams and ambitions</b></p> <ul style="list-style-type: none"> <li>• Their aspirations or goals for the future or next stage of education if more appropriate</li> <li>• Relating to education, play, friendships, independence, health, etc.</li> </ul> <p><b>All about me now</b></p> <ul style="list-style-type: none"> <li>• Structure of the family unit, family history, who is important to them.</li> <li>• Their views on home, their current setting</li> <li>• Their likes, dislikes, interests</li> <li>• Their friendships</li> <li>• Things that are important to them</li> <li>• What people like and admire about them</li> </ul> <p><b>Life so far</b></p>

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		<ul style="list-style-type: none"> <li>• A summary of the child's or young person's medical and educational history</li> <li>• Significant events that have happened (good or bad)</li> <li>• Family history</li> <li>• Things they need support with</li> <li>• People who support them</li> <li>• Things that are not going well</li> </ul> <p>For young people there is the chance to nominate an advocate to support them.</p> <p>There is also space to record how the child or young person communicates so that their views can be best included in the plan.</p> <p>Finally, there is space to record how section A was written (for example, was it written directly by the young person, was it written by the parents on behalf of the child, or some combination of the two).</p>
		<p>If the young person or child chooses to use a Wiki this can be applied for directly through the relevant Local Offer page.</p> <p>The person requesting it will receive a user and password. The individual who sets up the Wiki can grant access to other people that they want to be able to see it (they will receive an email with a password for the Wiki).</p> <p>More information can be found in the appendices at the end of the Golden Binder and on the Local Offer website.</p>

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## SECTION B, E & F: Summary or special educational needs (SEN) and strengths, outcomes being sought and the provision to meet the SEN and to achieve the outcomes

<p><b>Section B:</b> Summary of strengths and barriers to learning and special educational needs (SEN)</p>	<p>Provided by professionals and the school, coordinated by the EHCP coordinator in the SEN team. The child and their parents or young person may also provide input to this section</p>	<p>Section B is statutory. It is important that this section is completed correctly and comprehensively (<u>all</u> of the child or young person's special educational needs are recorded) as this is the section upon which provision to meet the special educational needs will be based.</p> <p>The strengths and special educational needs should be listed in the categories defined in the Code of Practice:</p> <ol style="list-style-type: none"> <li>1. Communication and interaction</li> <li>2. Cognition and learning</li> <li>3. Social, emotional and mental health</li> <li>4. Sensory and physical needs</li> </ol> <p>Not every child will have needs in all four areas.</p> <p>For children in Year 9 or 10 and above, the strengths and special educational needs should be defined according to the 'preparing for Adulthood' categories (use form <b>EHC-2</b> or <b>EHC-PFA</b>).</p> <p>These are:</p> <ol style="list-style-type: none"> <li>1. Further or higher education and/or employment</li> <li>2. Independence and independent living</li> <li>3. Community and friendships</li> <li>4. Maintaining good health</li> </ol> <p>These categories are important as they start to orient planning for the child around the needs, outcomes and provision that are most appropriate in preparing them for adulthood. The needs and provision that are listed may be very similar to those that would be listed under the earlier categories, but using these categories may well highlight gaps or identify different priorities in terms of provision.</p> <p>This section is for needs not diagnoses or provision. The key is to be clear about what special educational needs the child has as a result of their diagnosis. (Needs are likely to be individual where a diagnosis is often generic).</p> <p>The content of this section should be evidenced by the professional advice attached in Section K (advice and information). SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train a child or young person.</p> <p>When describing strengths, ensure that these are described in a positive way and there are no 'buts' or statements that make the strength sound negative. Be realistic about strengths.</p>
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		<p>Each and every SEN must be specified whether it is to be provided for by the school, further education college, the local authority, the health service or any other provider.</p> <p>If the child needs health or social care provision that educates or trains the child or young person then the need for that provision must be specified in this section.</p> <p>If the same broad area of need requires more than one type of provision (for example, physical difficulties may require both physio and occupational therapy), it must be split into more than one need, such as gross motor difficulties, fine motor difficulties.</p> <p>This section can be appealed at tribunal.</p>
<p><b>Brief description of the link between aspirations and outcomes</b></p>	<p>This should be discussed at the assessment summary review meeting and documented</p>	<p>This box is included to ensure that when documenting outcomes, these link back in some way to the aspirations that the child or young person has articulated in section A. This is the so-called 'Golden Thread'. Rather than repeating the aspirations here this box is a prompt to think about how they link and to briefly describe this.</p>
<p><b>Section E:</b> The outcomes sought for the child or young person (including outcomes for life)</p>	<p>Section E outcomes will be discussed at the assessment summary review meeting and it is the responsibility of the lead professional to ensure that these are completed to a high standard. Professionals from health, education and social care should all be providing input around possible outcomes during the drafting process</p>	<p>EHCPs use outcomes to describe a child or young person's path to their aspirations.</p> <p>Outcomes are a description of the benefit or difference made to an individual as a result of an intervention. Outcomes are not a description of provision or services. Outcomes should be challenging and be based on high expectations of what a child or young person can achieve. Outcomes should be written in a way that helps children and young people towards the achievement of their aspirations. The plan should be clear how SMART (specific, measurable, agreed upon, realistic and time-based) outcomes link to longer term aspirations.</p> <p>It is recommended that there are no more than 6-8 Outcomes listed in section E as if there are more the plan starts to become unmanageable.</p> <p>Outcomes may be about maintaining rather than achieving (for example, maintaining ability to walk with a frame, rather than becoming able to walk unaided).</p> <p>Outcomes can be joint or overarching – so that more than one type of provision contributes to achieving it (such as being able to concentrate to the end of each 40 minute lesson may require provision by occupational therapists, medication from health professionals and adapted teaching from the school).</p>

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		<p>Outcomes should cover a range of timescales. The advice is that medium term outcomes should focus on the end of the next key stage for the child (for example, by end of primary school, by end of Year 9) however there may be variance to this.</p> <p>For young people, post-16, it is particularly important to draft clear outcomes to carefully plan for that young person's transition in to adulthood and the various pathways within them. Clear consideration has to be given for young people or their parents who wish to remain in education post-19 and what outcome they aim to achieve. For young people up to 25, an EHCP may be maintained under certain conditions if there are outcomes that have not been met and the young person requires more time to meet those outcomes (and continues to make progress towards them)</p> <p>See the appendices for more detail on writing good outcomes</p>
<p><b>Section F:</b> The special educational provision required by the child or the young person</p>	<p>Must be provided by the professionals in written guidance, particularly from education, but with input from health and social care where the provision is relevant to the outcomes defined in section E. The SEN case officer (or lead professional) will take the information in the professional guidance to complete section F)</p>	<p>Section F is statutory and it is essential that this contains a detailed and specific description of provision and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where the support is secured through a personal budget. Provision should be specified for every need defined in section B. Provision should relate to achieving outcomes, which is why the two sections are side by side.</p> <p>This section must specify the special educational provision necessary to meet each and every SEN of the child or young person; it details appropriate provision for each identified SEN and quantifies that provision as necessary.</p> <p>To show the link between the needs defined in section B and the provision defined in section F a numbering system should be used so that it is clear which provision links to which need. For example need (Section B): difficulty with fine motor skills and writing (1.1) Provision (Section F) : OT programme, developed by health OT, delivered by TA for 15 minutes each morning (1.1)</p> <p>In section F you must specify WHO will be responsible for the provision (for example, school, health professional, teaching assistant).</p> <p>Provision should be described in such a way as to leave no room for doubt about what is to be provided, by whom, and how it will be delivered.</p> <p>The following phrases should, as far as possible, be avoided 'would benefit from', 'would be helpful if', 'should have access to', Rather, use phrases such as</p>



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	<p>'will receive" or "requires'. Similarly, avoid terminology such as 'regular'.</p> <p>The frequency and, if appropriate, duration of provision should be defined. There are times however when professionals will need to leave some flexibility for professional judgement in implementation – so it is not always possible to specify exactly how much time will be spent doing exactly what activity with what frequency, however the provision being as specific as possible. The local authority will not be able to define provision any more definitively than what is specified in the advice and reports from professionals – so the onus is on professionals to be as clear and specific as possible.</p> <p>Where programmes are to be delivered, the EHCP should specify who is going to devise the programme, who will deliver it and who will monitor. It should also make provision for training the individuals delivering the provision if they are different from the individuals devising (such as a speech and language intervention devised by a speech and language therapist, but delivered by a teaching assistant).</p> <p>Section F of the plan should also specify:</p> <ul style="list-style-type: none"> <li>• any appropriate facilities and equipment, staffing arrangements and curriculum</li> <li>• any appropriate modifications to the application of the National Curriculum, where relevant</li> <li>• 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</li> <li>• 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).</li> </ul> <p>Therapies or other health interventions which educate or train a child or young person must be specified in this section and may also appear in section G &amp; H. For instance, where occupational therapy is required for educational activities, (for example, to enable stable sitting at a desk or gripping pens, manipulating objects, etc) the provision must appear in this section. A useful test: if the provision was not delivered would the child or young person still be able to receive education and/or training on a par with those without SEN/disabilities? If this is in doubt then the provision must be included as special educational provision. Examples:</p> <ul style="list-style-type: none"> <li>• speech and language therapy</li> <li>• occupational therapy.</li> </ul> <p>Case law has established that speech and language therapy is normally special educational provision and therefore recorded in section F.</p>
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		For more examples of health needs, outcomes and provision see the appendices. This section can be challenged through tribunal
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### SECTION C & G: Health needs in addition to anything listed in Section B and health provision to meet them

<p><b>Section C:</b> The child or young person's health care needs which relate to their SEN</p>	<p>Should be provided by health care professionals or by the EHCP coordinator on the basis of reports by health care professionals</p>	<p>Concerns needs for health care. Educational needs arising from health issues are listed in section B.</p> <p>The EHCP must specify any health needs identified through the EHC needs assessment that relate to the child or young person's SEN. Some children and young person with SEN may need to use other health professionals, for example dentists, trained for people with SEND for their dental or other health needs. Parents should try to ensure that these needs at least feed into the needs assessments and could be specified in section C.</p> <p>If the child or young person has other health needs that are not related to the SEN then these should also be included in the section unless there is a good reason not to include them.</p> <p>Remember – as in section B – it is important to list the child's health needs (individual), not just their diagnosis (often generic).</p>
<p><b>Section G:</b> Health Provision</p>	<p>Should be provided by the health professionals – based on the health advice form. Some health advice may be submitted in a different format (for example, a letter regarding diagnosis or treatment from a specialist hospital consultant). In some cases therapists or other members of the health team supporting the child will be able to collect this into the EHCP, in other cases the EHCP coordinator will need to make sure that this happens.</p>	<p>Contains information on health provision that is required over and above any health provision which is required to educate or train the child or young person.</p> <p>Any health provision that is required to meet a child or young person's special educational needs should be recorded on the form in section F, although it should be clearly specified that a health professional provides it. Provision detailed in Section F is statutory and can be challenged through the SEN mediation and tribunal services.</p> <p>Section G would normally include health provision at home (for example, physiotherapy service or equipment provided in the home), or medical provision not directly related to the child's SEN (such as asthma treatment).</p> <p>Health provision specified in section G is enforceable through normal health channels (healthwatch, PALS) rather than through SEND tribunal (although this is under review).</p>

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<b>SECTIONS D &amp; H: Social care needs and provision</b>		
<p><b>Section D:</b> The child or young person's social care needs</p>	<p>Section D will be provided by a member of the social care team (social worker or family support team member).</p>	<p>Social Care needs can be met through a number of universal services. It does not always necessitate that a social care assessment would be required.</p> <p>Where there is no social work involvement so far, consideration should be given as part of the planning for the assessment whether an assessment would be beneficial. As part of the EHC planning process a social care assessment may be initiated. A decision on whether this is needed should be taken at the initial review meeting when the needs assessment request is discussed.</p> <p>The EHCP 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.</p> <p>If a social care assessment is requested this may result in a Child in Need plan which will be created and managed by the Social Work team. If details from this plan are to be included in the EHCP the parents must give their consent.</p> <p>Other social care needs which are not linked to the child's or young person's SEN may also be specified in this section.</p> <p>It is also helpful to identify social care needs that can be met from universal or local offer provision (for example, social interaction provided through attending Brownies)</p>
<p><b>Section H1:</b> Any social care provision which must be made for a child/young person under 18 resulting from Section 2 of the Chronically Sick &amp; Disabled persons Act 1970 (CSDPA)</p>	<p>Section H will be provided by the social work team (social worker or family support team member)</p>	<p>Sections H1 and H2 are split because they refer to social care provision which is provided under different legal frameworks. H1 only applies to children and young people under 18 (as over-18s are not covered by the Chronically Sick and Disabled Persons Act)</p> <p>Any social care needs identified in D should have provision defined here.</p>
<p><b>Section H2:</b> Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN</p>		<p>Any social care provision for over-18s should be recorded here (as they are not covered under the CSDP Act from H1).</p> <p>Additional social care provision from local offer or universal provision may also be specified here, such as access to netball club.</p>

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<b>Level of funding to meet needs identified in plan</b>	This will be filled in by the EHCP coordinator in the SEN Team, based on the provision detailed in sections F and is simply there to make the funding cost of the plan more visible.	This shows the cost of funding the support specified in the EHCP for mainstream settings. For schools the funding cost is split between the delegated funding held by the school, and the top-up amount funded by the local authority through the EHCP.
<b>Section I: Placement</b>		<p>This should ALWAYS be left blank on the draft EHCP. This will be filled in once the placement has been requested by the family or young person and a response has been received from the relevant educational institution</p> <p>The authority must name the educational institution requested unless they believe that the child or young person's attendance would:</p> <ul style="list-style-type: none"> <li>• not meet their special educational needs</li> <li>• be incompatible with the efficient education of others</li> <li>• be incompatible with the efficient use of resources</li> </ul>
<b>Section J: Personal Budget</b>		This need be completed only where the local authority has agreed to issue a personal budget. See the section on personal budgets for more details.
<b>Section K: Appendices</b>		<p>This section includes and lists, all the advice and information gathered during the EHC needs assessment. It should contain all evidence submitted by the parents or young person.</p> <p>The final parts of the EHCP are: arrangements for review and key transition points.</p> <p>The arrangements for review detail the next review date for the EHCP – this must take place within a year of the date of the final EHCP (within six months for a child under 5 years old).</p> <p>The key transition points are usually from nursery to primary school, primary to secondary school, secondary school on to college, higher education, apprenticeships and employment.</p>