

# Education, Health and Care plans

examples of good practice



A RESOURCE FOR ALL THOSE INVOLVED IN  
THE PRODUCTION OF EHC PLANS

## **ABOUT THIS DOCUMENT**

The purpose of this document is to support the development of skills in writing good quality Education Health and Care (EHC) plans that meet both the letter and the spirit of the Children and Families Act 2014. Writing an EHC plan can be challenging, and each plan will only achieve the job it was intended to do where it reflects in full the particular individual child or young person to whom it relates.

This first part of this document includes excerpts from real EHC plans. The two EHC plans draw on real examples but the plans themselves relate to fictional children. We expect these examples to be useful to those contributing to EHC needs assessments and to those writing plans as well as to parents, children and young people and those supporting them. We intend this document to provoke a debate about the key features of high quality EHC plans. We invite other organisations to identify good EHC plans that exemplify the best for children with a range of different needs and for whom a wide range of outcomes are sought. In turn, we hope that this will build a body of evidence about what works.

## **BACKGROUND**

At our request, Independent Support (IS) submitted 45 EHC plans, which were then analysed. At the same time, the DfE SEND Advisor team collected examples of good practice from their work with local areas. These examples form the basis of this document, along with an exemplar plan developed by the College of Occupational Therapists. We consulted the Independent Panel for Special Education Advice (IPSEA), the DfE and the College of Occupational Therapists; and we discussed our analysis with IS providers and Information, Advice and Support Services at five regional workshops in September and October 2016. We would like to thank everyone who has commented on drafts during the development of this document. The final content of this document is entirely the responsibility of the Council for Disabled Children.

## **USING THIS DOCUMENT**

This document provides examples for discussion and is not advocating any particular approach to meeting needs. We were not party to the information and advice provided in support of the plans and are therefore making no judgement as to whether the particular provision is or is not appropriate for any particular child or young person.

---

## Section A

# The views, interests and aspirations of the child and his or her parents or the young person.

SECTION A IS INHERENTLY PERSONAL SO WE HAVE NOT PROVIDED ANY EXEMPLARS. THE FOLLOWING ARE QUOTES FROM CHILDREN, PARENTS AND YOUNG PEOPLE

Young people should be allowed to meet without parents so they can talk without being influenced – no matter what their age

It feels like it's about him, so I'd say it definitely has the child's voice in it and I think it's so important that that is heard. It makes him feel grown up to be involved in the whole process, to be asked for his views and what he wants

The young person views should be equal to views of parents/ professionals

It should be about the person, not the disability

Our family story was written by me with our family worker and shows our dreams for Sonny. That he'll go shopping, have his own money, be his own person and live as independent a life as possible

Just because I can't speak doesn't mean I don't communicate

## Section B

# The child or young person's special educational needs

### TOP TIPS

Make sure each special educational need is articulated separately so you can easily check that there is provision there to meet each need

**Oliver** (7 years old) can focus and maintain attention. However, he struggles to maintain this on his own and he is liable to make noises and move around a lot in class without supervision. This can be disruptive to his own learning and that of others.

---

**Jessica** (19 years old) responds well to familiar routine, which seems to give her reassurance about what is happening now and in the near future. However, she has considerable difficulty in dealing with change and this can lead to anxiety and behavioural changes. At times of change, she can engage in obsessive and repetitive behaviours. This severely limits her opportunities to participate in community activities.

---

**Jack** (9 years old) plays well on his own. However, he finds it extremely difficult to engage with other children or to make friends with his peers.

---



**Harry** (12 years old) has dyspraxia. This condition impacts on the following areas of his learning:

- Handwriting and using tools such as compasses, rulers and cutlery;
- Keeping focused in class and following instructions; and
- Recalling what he has learnt and using it in new situations.

---

**George** (4 years old) communicates mainly through physical actions or becoming upset when he is unhappy about something. George does not yet speak recognisable words.

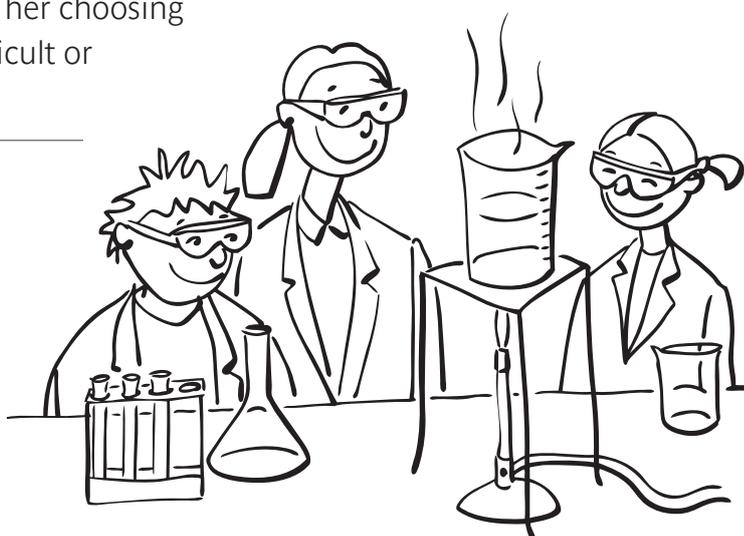
---

**Katy** (15 years old) can concentrate for periods of up to 10 minutes. However her concentration and attention to activities fluctuates according to her mood, tiredness and her perception of the adults who are interacting with her and the demands that she perceives they are making. She can get very anxious and upset if she is required to do something, which is not of her choosing or she perceives to be too difficult or challenging to her.

**Dylan** (10 years old) has two conditions which impact on his ability to learn:

**Cerebral palsy which affects his right side.** Although he can walk unaided with confidence, Dylan experiences difficulty when trying to move quickly. When in the classroom he can find it difficult to move round small places but copes well in an uncluttered environment. Dylan has difficulty manipulating objects such as pencils, buttons, zips etc.

**Autism Spectrum Disorder.** Dylan displays a preference for routine and rigidity and this affects the range of activities that he will engage with and the way he understands and interprets the world around him. Dylan has difficulty in communicating verbally with others which impacts on his social relationships with his peers.



## Section C

# The child or young person's health needs

### TOP TIPS

Keep it 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 need - focus on practical implications of any health conditions or impairments on different areas of the child or young person's life

Where child or young person is not known to health services and there is no evidence of a relevant specialist health need this should be clearly articulated

**Alison** (7 years old) has periodic breathing difficulties which present as similar to an asthma attack. Currently she can experience up to two attacks a month. Whenever there is physical element to her activities that goes beyond walking she requires monitoring by an adult to ensure she does not experience a significant episode. During the winter months Alison is more vulnerable to chest infections.

**Mary** (4 years old) has a hearing loss that is moderate in both ears at mid to low frequencies and profound in both ears at high frequencies. She wears post aural (behind the ears) hearing aids but her hearing levels are unstable. This means she can often miss important information and impacts on her interactions with her peers and family at home and in the nursery.



**Sion** (15 years old) has a cerebral palsy which affects the right side of his body and as a result he has an unsteady gait. Sion prefers to walk unaided for short distances but over longer distances he needs to use a walking frame. Sion's right arm has limited movement. He can manage most self-care skills using his left hand supported by the right but he cannot manage buttons or tightly fitting garments.

---

**Angelina** (10 years old) experiences seizures related to her epilepsy at least once a week. Whilst up to now it has been difficult to know when these are going to happen, some early warning signs are beginning to emerge, such as mild jerking of his legs, feelings of tingling or numbness, or headaches. Following a seizure she may appear confused and requires adult monitoring for at least two hours.

---

**Alex** (3 years old) has not developed a night/day sleeping pattern. It is rare for him to sleep for more than two hours in a row, and he naps frequently throughout the day.

---

**Asma** (14 years old) is a wheelchair user who has complex (whole body) cerebral palsy. This has significant impact on her mobility, on her ability to carry out everyday tasks, and also on the articulation and clarity of her speech. She is unable to stand independently and can normally only be understood by people who have had time to get to know her speech patterns.

In association with her cerebral palsy Asma also has a visual field difficulty - homonymous hemianopia - which means that the left side of her vision is severely reduced. This affects her ability to navigate safely in unfamiliar or busy environments.

---



## Section D

# The child or young person's social care needs which are related to their SEN or to a disability

### TOP TIPS

Information about social care needs may come from a range of professionals: they could be teachers, youth workers or an allocated social worker

If the child or young person is "not known" to social care it does not necessarily mean there are no social care needs

When requesting social care advice, relevant information that has already been collected about the child or young person's social care needs and outcomes should be passed on to the social care professional providing the advice

**Adam** (12 years old) finds it difficult to engage in social activities as he cannot easily recognise social cues. This results in him being socially isolated outside the structure of the school day.

**Toby** (18 years old) has a learning disability and is at the early stages of developing adult independence skills. He understands how to use public transport but not how to maintain personal safety while using it. He has little understanding of how to manage his money and is at risk of others taking advantage of this.



**Matthew** (14 years old) has Down Syndrome and finds it difficult to express himself. This can result in challenging behaviour in the home and in the community and is very difficult for his family to manage. He can have periods requiring both parents to contain his behaviour if he does not feel safe.

---

**Kian's** (6 years old) behaviour at home arising from his learning difficulties and autism mean that there are times when his personal safety and that of his sibling can be at risk.

---

**Emma** (11 years old) has extremely limited mobility, as described in the health needs. This means that she faces significant challenges in joining in with social activities of her choosing including family outings and holidays.

---



## Section E

# The outcomes sought for the child or the young person

### TOP TIPS

Short-term, service level targets should be included in an appendix, not as outcomes

Outcomes should follow from the aspirations identified in Section A

Where appropriate, outcomes should be joint across education, health and social care. For young people over 17, the education and training outcomes need to be separately identified

By the end of his current course, **Ralph** (19 years old) will attend 3 work based interviews.

**Mohammed** (8 years old) works independently for at least 50% of each lesson period, by the end of KS2.

By the end of year 9 **William** (12 years old) will be able to make his own way to school every day.

By the end of KS1, **Sheila** (6 years old) will be able to express her preference when offered a choice between two activities.



By the end of KS3 **Gemma** (14 years old) will be able to enter an unfamiliar shop and buy a chosen item and walk to familiar shops for small errands on a daily basis.

---

**Mason** (3 years old) engages in a play activity with another child and an adult on a daily basis, by the time he is in reception.

---

By the time he finishes college, **Ryan** (18 years old) will be able to manage his money from day-to-day, including planning for his daily costs (e.g. using public transport, buying lunch and treats).

---

By the end of KS4, **Ed** (14 years old) will be able to move around her community safely. She will:

- Walk independently to and from the bus stop, school and local club;
- Explain what she will do if she gets lost;
- reliably recognise key symbols and words that are part of her everyday environment.

**Janice** (9 years old) greets different people appropriately. This will include family members, her friends and unfamiliar adults. To be achieved by the end of KS2.

---



## Section F

# The special educational provision required by the child or the young person

### TOP TIPS

Set out exactly what is going to happen, who is going to do it, what skills, qualifications or training they need, how often it will be made available, and when it will be reviewed

Divide the hours of professional time into clearly defined activities which address a particular need and support progress towards a particular outcome

You can use grids to make links between outcomes, needs and provision but this cannot be at the expense of separate sections

**Joe** (8 years old) will receive a 30 minute session twice a week focussing on developing his social use of language. The sessions will be delivered by a teaching assistant with one other child.

The session programme will be developed under the direction of a Speech and Language Therapist who will train the TA in delivering the sessions. An SLT and Joe's teacher who will review his progress on a termly basis and adapt the programme accordingly.

**Gail** (10 years old) will have a trained ELSA (Emotional Learning Support Assistant) to support her to enter group play during less structured times of the school day. The ELSA will be trained by the Education Psychology Service and will provide support to Gail at playtimes.

**Greg** (10 years old) will have short and frequent touch typing sessions. He will receive 3 x 10 minute sessions at school per week. A Rehabilitation Worker for Visually Impaired Children will attend the school to support Greg and his teacher in the use of the software for an initial two hour session in the first week of term, followed by a one hour visit every month. Greg's teacher will deliver the sessions in class, and will review the programme and Greg's progress with the Rehabilitation Worker on a termly basis.

---

**Katya** (6 years old) will work with a Higher Level Teaching Assistant for 15 mins every morning to support her in choosing between 2 simple options presented through the 'Choices Card' system. The emphasis will be on ensuring that Katya understands the outcome of her choices. This programme will be developed with Katya's teacher and the teacher, the teaching assistant and Katya's parents will review progress on a half termly basis.

---

**Sonny** (19 years old) will receive the 'My Life' community based programme for two full days a week during term time, with a specific focus on independent living, travelling and safe volunteering.

Sonny's support worker will meet with his tutor at college twice a term to review his progress and to ensure the education programme provided by his college complements his skills in the community.

---

**Victoria** (13 years old) will have a laptop with voice activated software to help her prepare her for Y11 GCSEs. The laptop will be for use in all lessons where her teachers have identified this will help her to record her work more effectively. The laptop will also be available for use at home where it will be used for homework.

The SENCO will provide one-to one support for one hour per week to enable Victoria to use the software. The SENCO will review Victoria's progress on a termly basis.

---



## Section G

# Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

### TOP TIPS

Set out exactly what is going to happen, who is going to do it, what skills, qualifications or training they need, how often it will be made available, and when it will be reviewed

It may be possible for therapies may appear in special educational provision (Section F) and in health provision

**Jennifer** (15 years old) will have her hearing loss and her use of hearing aids monitored at quarterly reviews by the audiology service. Hearing aid review appointments will include:

- hearing tests;
- tests of middle ear function;
- checks to ensure the hearing aids are fitted and working as well as they should be.

Jennifer's hearing aids will be reprogrammed or upgraded by the audiology service in line with the findings of the quarterly review within 6 weeks of the review taking place.

---

**Bharat** (10 years old) will attend appointments at the hospital every eight weeks where his condition will be monitored by his consultant.

Within the first week of term, a school nurse will deliver a two hour training session on managing his seizures for all school staff who work with Bharat. This will be delivered at the school. Refresher training and updated advice from the school nurse will be made available once a term.

---

**Ethan** (9 years old) will have a physiotherapy programme developed by his therapist for use in school in advance of the start of Year 5. Within the first week of Ethan starting Year 5, school staff will be trained in the programme by the therapist at a three hour training session. The programme will subsequently be reviewed at the beginning of every half term by the therapist.

---

**Alice** (14 years old) will work with the CAMHS team to help her manage her emotional health. She will have two blocks of cognitive behavioural therapy for six weeks periods with a clinical psychologist, separated by a two week review period.

She will be given a place at the local support group for young people which meets twice a week and CAMHS staff will support and encourage her to attend.

---

**Dan's** (11 years old) occupational therapist will meet his parents and teachers (6 x 1.5 hours in the autumn term) to develop and maintain toileting routines in the school and at home. In addition, once a term, the occupational therapist will meet the school staff and his wheelchair services team to discuss Dan's school mealtime participation and improve his access to table-top activities within the classroom.

---

**Natalie** (5 years old) will have a sleep management strategy put in place to address her sleep problems. The strategy will be developed by a Specialist Health Visitor (SHV), working with Natalie's parents, following an initial two hour assessment by the SHV. Weekly follow-up support to Natalie's parents will be provided by the SHV via telephone in 30 minute blocks. Natalie's paediatrician will review the success of this programme at her bi-annual reviews.

---



## Section H1

# 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)

### TOP TIPS

Set out exactly what is going to happen, who is going to do it, what skills, qualifications or training they need, how often it will be made available, and when it will be reviewed

The social care services that can be provided under CSDPA is very wide including support at home, support to access the community, and help with adaptations to the home

**Jack** (10 years old) will have a place reserved at the local specialist holiday scheme for young children with autistic spectrum disorder. He will be able to attend for six half-day sessions of his parents choosing during each school holiday period. This is funded by the Children with Disabilities team.

**Anna** (16 years old) will receive two hours per day help at home from a personal assistant to support feeding and dressing/undressing. This time will be split across the morning and afternoon and will be available seven days a week.

**Amir** (12 years old) will have his home adapted to provide a lift from the ground floor to first floor and for a walk in shower. This will be provided from the Disabled Facilities Grants budget.

**Mike** (10 years old), Mike's family and his early help worker will plan an individual activity programme for Mike which will give him access to a range of leisure activities and outings outside the home. These activities will be delivered by the local junior activities provider. Planning will be completed by the last week of the summer term.

The activity programme will be made up of:

- one activity per week for a length of two hours delivered on an individual basis;
- one activity a month in a group of three primary aged children with similar needs for half a day.

## Section H2

# Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN

This 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.

**Alan** (20 years old) will have his accommodation adapted to give him:

- a self-contained bedroom with walk in shower; and
- storage space for the equipment he uses on a daily basis.

This will be commissioned by the Adults Independent Living Team and is based on the quote provided.

**John** (19 years old) will work with the Access for All team to help him identify two community activities per week that he wants to take part in when he is not at college. The team will provide a support worker and transport to take John to and from these activities twice a week.

### TOP TIPS

Set out exactly what is going to happen, who is going to do it, what skills, qualifications or training they need, how often it will be made available, and when it will be reviewed

Social care provision reasonably required may include provision identified through early help, child in need assessments, and Section 47 child protection enquiries

**Tatra** (13 years old) will have a block of seven consecutive nights at the local residential short breaks provider to allow her parents to have a holiday. These short breaks will be available twice in this calendar year, and should be taken approximately six months apart. This provision will be reviewed in 12 months' time.

## Section 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).

---

## Section 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.

---

## Section 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.

---

## **JAY'S EDUCATION, HEALTH AND CARE PLAN**

**NAME: JAY WELSELY**

**AGE: 13**

### **ABOUT JAY'S EDUCATION, HEALTH AND CARE PLAN**

This plan has been developed to exemplify how different parts of an EHC plan should be linked together to provide a coherent picture of a child or young person. We have therefore tried to keep the length to a minimum.

Every plan should be developed with the participation of the child and their parent or the young person themselves, and is only a good plan if it reflects that individual child or young person. This is a good plan for Jay but not for anyone else.

This document has been included to provide an example of a well-structured plan. This document is not seeking to advocate a particular approach to meeting particular needs and cannot and does not provide legal advice in relation to any individual case.

## Jay Wellsely One page profile

### WHAT OTHERS LIKE ABOUT ME AND WHAT I LIKE ABOUT MYSELF

Tries to do the right thing

tells it like it is

a winning smile

hardworking

focussed

cool hair

interesting

intelligent

polite

mature

quiet

ambitious and responsible

smart

Devoted to his dog

### WHAT'S IMPORTANT TO ME

- Dizzi – my dog – he's a miniature Schnauzer and he is always pleased to see me no matter what. He's my responsibility
- Keeping a photo of Dizzi in my pocket



- Being able to attend the local theatre group
- Playing the piano when I want to
- Being allowed to be on my own as much as I want without everyone trying to make me join in when I really don't want to or feel the need to
- Working on my various history projects
- Watching the news and historical or political documentaries
- Finding out about debating societies and perhaps getting involved

### WHAT GOOD SUPPORT FOR ME LOOKS LIKE

- Being allowed to avoid noisy and crowded situations – it makes me feel like I can't breathe and my head is going to explode
- Being allowed to meet with the school counsellor on arrival at school each day and whenever I need to
- My breathing exercises
- Not being rushed or have questions sprung on me
- Discreet signalling to indicate if I'm understanding or lost and a time out card so I know I can leave a situation if I have to
- Warnings, explanations and if needed support if there is a change to my expected routine or plans
- Keeping things the same as much as possible; no unnecessary changes

## Section A

### The views, wishes and aspirations of Jay and his parents

---

#### Contribution from Jay's parents

Jay was five when we first understood he had a unique perception of the world. We always assumed that Jay was just a little eccentric. However, when Jay was ten he was referred to a consultant paediatrician who told us that Jay had autism spectrum disorder. Once we started to understand his condition lots of other things started to make sense, although we're still learning how to help Jay cope with change and manage certain situations better.

Jay loves history and history books, although he struggles sometimes to take it all in and finds it difficult to read them on his own. Jay has been attending a local theatre group since he was about 10. It is a community theatre group and they were advertising for new members to put on a play about local history. He has continued to attend ever since although he is reluctant to take part in performances.

Jay has always been anxious but his anxiety issues have greatly increased recently, especially since he went to secondary school. Overall we're probably more worried about his emotional state than his academic achievements. I really want him to overcome this so that he can attend school regularly, participate in his lessons in school and so fulfil his own dreams. He really wants to go to university and be a politician and I think his drama class really helps with this.

**Make it clear what the aspirations are so it is easy to see how they link to the outcomes**

#### **Jay's aspirations:**

- To go to university
- To become a politician
- To live on his own

#### **His parents' aspirations for him:**

- To feel good about being in school
- To have a bigger circle of friends
- To fulfil his own dreams

## Jay's contribution

Show exactly how views were gathered

**[Jay's was supported to write this contribution by an Independent Supporter who met with Jay on two occasions]**

My name is Jay Wellsley and I am 13 years old. I have autism, which means I don't normally like the company of strangers and I don't quite see things in the same way others do. I think it must be like being colour-blind but people-blind instead.

If anyone is in the house that I don't know, I shut myself in my room with Dizzi my dog. Dizzi, short for Disraeli, understands me and helps me feel calmer. I keep a picture of him with me all the time when I'm not at home and sometimes just looking at this helps me not become nervous or anxious.

School really stresses me out. Meeting with Julie (school counsellor) at school and doing my breathing exercises helps me during the school day. At school if one of the practice rooms is empty, I go in there at break times and play piano. I usually feel calmer after doing this. But sometimes I get too upset and stressed and I just lose control.

I love history especially the political side of things and I get frustrated that today's politicians are failing to acknowledge and learn from what happened previously. I want to learn as much as I can from history and become a politician so that I can help find a better way forward.

Studying history and spending time in the library or the research room at the museum allows me to shut everything else out. I've also met some very interesting people who I keep in touch with. This is the closest I come to having friends – someone to discuss a shared interest with.

---

## Section B

### Jay's special educational needs

---

**Numbering the needs and keeping them separate can make it much easier to match them with provision**

**1** Jay has autism spectrum disorder and acute anxiety which greatly affects his ability to learn. He finds it especially difficult when a task in which he is involved is interrupted and reacts very strongly, including banging his head. These common occurrences often disrupt Jay's learning for significant periods as he sometimes misses lessons or parts of lessons due to this anxiety.

Jay's progress across the curriculum is impeded by his anxiety. He is performing below national curriculum levels in the core subjects.

**2** Jay can be focused on the task at hand and has an eye for detail. He can recall facts which interest him such as those about historical political figures. However, Jay struggles to structure either his written work or the way he communicates verbally. His written work is presented as a series of unconnected statements, and he is currently unable to sift information to develop and present an argument.

Jay's weak auditory memory skills can often cause him difficulty in understanding, especially if too much information is given to him at once. He needs help in understanding how to execute a task and concepts need to be repeated several times before he is able to commit them to memory.

**3** Jay is disorganised and often arrives in class unprepared. He will forget which class he is required to attend and for struggles to bring appropriate learning materials. It takes him a long time to get settled and this can often exacerbate his anxiety.

**4** Although Jay is able to communicate verbally, his social speech and language skills are delayed and his use and understanding of language can be very literal. This has a significant impact on the way in which Jay is able to interact with his environment. Jay has great difficulties recognising how other people are feeling, interprets things literally and is very uncomfortable working in groups. This limits his opportunities both socially and academically.

**5** Jay does not yet have established friendship patterns. He chats easily with others about subjects that interest him, but has no regard for social rules and therefore loses potential friends quickly.

## Section C

### Jay's health needs

---

**health needs may have been described in Section B but they should still be included here**

Jay has a diagnosis of autism spectrum disorder, and a related anxiety disorder. Jay experiences persistent and severe levels of anxiety. He has particular difficulty managing daily tasks and experiences distress related to these tasks.

Jay often experiences acute anxiety attacks. These can prevent Jay from attending school or undertaking activities outside the home as a result. There are often physical symptoms related to his anxiety, and he will often bang his head either with his own fists or against walls.

**Always set out the impact of a diagnosis on a child's or young person's day-to-day activities**

## Section D

### Social care needs

---

Jay struggles in social situations, particularly with children his own age. He attends a local drama group, which provides him with a structured approach to social situations outside of school. His anxiety of using public transport prevents him from attending more often.

During the school holidays and without the structure of the school day, Jay's behaviour can become more difficult and he monopolises his mother's time. This makes it difficult for her to provide care for Jay's younger siblings and causes great stress within the family.

## Section E

### The outcomes sought for Jay

---

**Make sure the outcomes link to the aspirations in Section A**

By the end of key stage 3:

- Jay has increased his attendance at school from 75% to 90%.
  - Jay's tolerance of interruption has improved so that he needs time out of the classroom no more than once a week.
  - Jay produces coherent pieces of written work that reflect his knowledge and understanding without adult help.
  - Jay has developed his personal organisational skills so that he arrives at each class on time and with the correct materials.
  - Jay has the confidence to audition for a role in his drama group's yearly public performance.
  - Jay has at least two friends whom he sees outside of school times, and Jay reports being more confident in developing and maintaining friendships.
-

## Section F

### The special educational provision required by Jay

---

**1** The school counsellor will meet Jay to provide him with supportive counselling and reinforce his strategies for managing his anxiety. The counsellor will meet with Jay for a one hour session per week and up to two hours if requested by Jay. The school counsellor will review his progress termly with Jay and his parents.

Jay will have a code word to communicate when he is feeling anxious. All teachers will be aware of the code word, and allow him to leave the classroom to go to a quiet room for a short while.

**2** Jay will have a multi-sensory teaching programme focused on developing his literacy, organisation and memory skills. This will be devised by a specialist teacher who will assess Jay's progress once every half term with Jay's teacher. A Higher Level Teaching Assistant (HTLA) will work with Jay for one hour a day to deliver the programme, with weekly supervision from Jay's teacher.

Jay will receive a laptop with mindmapping and voice recognition software to help him structure his thoughts for use across the curriculum and which will be available in all lessons. Jay will receive one-to one support to use the software from a HTLA for 30 minutes every morning in class. Jay's progress will be monitored by Jay's teachers and the HTLA on a monthly basis.

**3** Jay will have a visual timetable, drawn up by the school SENCo. This will include materials required for classes. The SENCo will initially spend half a day with Jay practicing using the visual timetable and will review its use with him once a month.

**4** Jay will be provided with one hour per week training from a HLTA about practicing dialogue in social situations, on a one-to-one basis for half an hour and then with two other children. The session programme will be developed under the direction of the specialist ASD Team. The ASD team will train the HLTA to deliver the sessions and work with the HTLA to review his progress on a termly basis and adapt the programme accordingly.

**5** Jay will be included in a small social skills training group comprising five other young people of a similar age, and which focuses on the development of friendship skills. This will be provided for 45 minutes once a week.

## Section G

### The health provision required by Jay

---

The Child and Adolescent Mental Health Service (CAMHS) will provide Jay with a treatment programme. He will receive two 10 week blocks of cognitive behavioural therapy delivered by a child psychologist, separated by a two week review period. The programme will specifically focus on finding strategies for coping with situations that make Jay anxious and developing concrete problem-solving skills. On completion of this programme, CAMHS will review progress with Jay and his mother and decide if further programmes will be provided.

**A careful decision has to be made about whether health provision educates or trains. On the facts of this particular case, it has been determined that this provision is medical treatment.**

CAMHS will provide a therapist who will meet termly with the school counsellor at Jay's school, in order to provide advice on the strategies detailed in Section F. The therapist and the counsellor will discuss Jay's progress and review the support provided for him.

## Section H1

### The social care provision that must be made for Jay

---

A personal assistant (PA) will be provided for Jay to support him to attend his drama club once a week during term time. The PA will be available for up to four hours each week and will travel to the drama group on public transport with Jay, wait for him and return home with him.

Jay will be funded to attend a community based drama programme during the summer school holidays for children his age. This will run five days a week for two consecutive weeks.

## Section H2

### Any other social care provision required by Jay

---

Jay does not require any other social care services.

## Section I

### The educational placement to be attended by Jay

---

Jay will attend The Greenwalk Academy School. This is a mainstream secondary school.

## Section J

### Personal Budget

---

Mr and Mrs Wellsely did not wish to have a personal budget.

## Section K

### Advice and information to be found in appendices

---

Name and role	Type of information and advice	Date
Jay Wellsely	Child's views wishes and feelings	May 2016
Grace and Jim Wellsely, Jay's parents	Parents' views wishes and feelings	May 2016
Dr Z Graham, clinical psychologist	Medical	June 2016
Alan Rees, teacher	Educational	May 2016
Dr Karim Osil, consultant paediatrician	Medical	May 2016
Angela Twelvetrees, educational psychologist	Psychological (educational)	May 2016
Ruth Johnson, Children with Disabilities team	Social care	June 2016

## Annex 1

### matching outcomes and provision

Outcomes	Provision (including relevant section)
<p><b>Jay's attendance at school will have increased from 75% to 90%</b></p> <p><b>Jay will need time out of the classroom no more than once a week.</b></p>	<ul style="list-style-type: none"> <li>• Code word for use in school to reduce anxiety (F)</li> <li>• 1:1 training at school to manage social situations (F)</li> <li>• School councillor to work on strategies for managing anxiety in school (F)</li> <li>• CAMHs service to support Jay's school (G)</li> <li>• Cognitive behavioural therapy delivered by a child psychologist</li> </ul>
<p><b>Jay's written skills will have developed to the extent that he produces coherent pieces of essay work</b></p>	<ul style="list-style-type: none"> <li>• Multi-sensory teaching programme focused on developing his literacy, organisation and memory skills (F).</li> <li>• School councillor to work on strategies for managing anxiety in school (F)</li> </ul>
<p><b>Jay will arrive at each class on time and with the correct materials</b></p>	<ul style="list-style-type: none"> <li>• Visual timetable (F)</li> </ul>
<p><b>Jay will have auditioned for a role in his drama group's yearly public performance</b></p>	<ul style="list-style-type: none"> <li>• Personal assistant to help him attend drama society (H1)</li> <li>• Cognitive behavioural therapy delivered by a child psychologist (G)</li> <li>• Social skills training group (F)</li> </ul>
<p><b>Jay will have at least two friends whom he sees outside of school times</b></p>	<ul style="list-style-type: none"> <li>• Personal assistant to help him attend drama society (H1)</li> <li>• Social skills training group (F)</li> <li>• Attendance at community based drama group in school holidays (H1)</li> </ul>

# DRAFT

## JESSICA'S EDUCATION, HEALTH AND CARE PLAN

**NAME: JESSICA BEST**

**AGE: 8**

---

### **ABOUT JESSICA'S EDUCATION, HEALTH AND CARE PLAN**

Jessica's draft EHC plan has been included to highlight the integration of special educational, health and social care provision into Jessica's school and home life.

Every plan should be developed with the participation of the child and their parent or the young person themselves, and is only a good plan if it reflects that individual child or young person. This is a good plan for Jessica but not for anyone else.

This document provides an example of a well-integrated plan. This document is not seeking to advocate a particular approach to meeting needs and cannot and does not provide legal advice in relation to any individual case.

## About Jessica

---

Jessica is a valued member of her family and wider school community. She is a happy girl and responds to the sounds of children playing and staff interactions. She enjoys being with familiar people and she is a pleasure to be around.

Jessica lives with her parents and two younger siblings in a three bedroom flat. Jessica's extended family also lives in the home. Jessica shares her bedroom with her grandmother. The bedrooms and bathroom are on the first floor and there is no lift access and the living areas and kitchen on the ground floor.

Jessica has complex health, education and social care needs and is on a very different developmental journey. She has very significant difficulties in functioning in the areas of motor skills and cognition and learning. She has cerebral palsy which affects all four limbs and relies on a wheelchair and adults for her care and mobility needs. Jessica also experiences severe gastro-oesophageal reflux and recurrent chest infections due to chronic lung disease.

## Section A

### The views, interests and aspirations of the child and their parents, or of the young person

---

#### Jessica's views

In a session with Jessica and her parents, Jessica communicated that she likes being with other children and she likes being spoken to. Jessica reacts positively to music and likes being in her classroom and also in the playground.

---

#### Jessica's parents' view

Jessica's parents would like Jessica to be happy and healthy and be cared for well in the future. They want her to have opportunities to be with others, such as going on family holidays and making friends. Longer term, they want her to be included within society by being able to participate in community activities and, one day, being able to live away from home.

Jessica's parents report that she enjoys going swimming and kicks the water. She also enjoys bath-time. She is happy lying on the floor and playing and she also enjoys being in her seat where she can see the activity in the room. For Jessica's more immediate future, her parents reported the following areas were priorities for them:

- Jessica's parents would like to have a family home where they can play with Jessica and with the space to accommodate the additional equipment Jessica requires.
- Jessica's parents would like Jessica to have a less disrupted sleep routine as they feel this impacts on her ability to access learning.
- Jessica's parents would like opportunities for short breaks so that Jessica can enjoy activities with other children, with appropriate support, whilst her parents can spend time with Jessica's siblings.
- Jessica's parents would like Jessica to be able to communicate more and more easily.
- They would like her to join in mealtimes at school with her peer group as currently she is being fed in a separate area.

## Section B

### The child or young person's special educational needs

---

**1** Jessica has complex learning disabilities and is consistently working at P2(i) level and is demonstrating a number of features of P2(ii).

Jessica is beginning to respond consistently to familiar people (e.g. parents, teacher and teaching assistant) by looking towards them and smiling. She reacts to familiar experiences such as when she is able to play with toys, mirrors, bright coloured and different textured objects.

**2** Jessica's attention can be variable, depending on her health and tiredness (see sleep routine and other health needs in section C). She can at times be overwhelmed, or appear to switch off to what is happening around her. This is particularly the case when there are large numbers of people around her.

**3** Jessica needs regular changes of position (at least every two hours) to avoid developing pressure areas. A suggested plan for Jessica's changes of position (24-hour postural management programme) is in place. These changes of position often coincide with school routines (e.g. playtime, mealtimes, toileting, swimming etc.).

Jessica's wheelchair and hoist are all working well for her. She uses her wheelchair for mobility, but requires full assistance from an adult to propel her in the school and in the playground.

**4** It is difficult for Jessica to initiate communication with adults or other children. Her hearing and vision impairment and developmental needs limit her communication. This in turn limits her interactions with the other children in the classroom and at other times of day.

**5** Jessica experiences significant challenges in relation to personal care. She is fully dependent on adult support for all her personal care needs. She is in nappies day and night and requires regular changing during the school day. The accessible toilet is fitted with a height adjustable changing table and hoist and there are suitably trained staff to meet her current needs.

**6** Jessica has her meals through a gastrostomy tube. At present she is not safe to take liquids orally because of the risk of choking. Currently Jessica is fed by a trained staff member in a room away from the other children. This means she misses opportunities for social engagement.

## Section C

### The child or young person's health needs which relate to their SEN

---

#### Medication

Jessica is prescribed a number of medications, which are signposted in her health emergency plan. This plan is always found in Jessica's communication bag on the back of her wheelchair. It must follow her across settings so that it can be easily available and acted upon in the event of a health emergency arising. The plan will be regularly updated by Jessica's lead clinician, to whom any questions or concerns about its content should be directed. It is important that only the signed copy of the health emergency plan that is with Jessica is used and that copies are not made, to avoid the risk of following an out of date one.

#### Mobility

Jessica has cerebral palsy which affects all four limbs. This means that she requires a wheelchair for mobility, and is dependent on other people for physical care and for transfers. Jessica is able to sit only with full support, and requires adult assistance to maintain and shift her positions, seated, standing, transferring etc. Jessica also has profound challenges in holding and handling toys and objects, due to variable tightness in her hand muscles.

#### Eating

Jessica has severe gastro-oesophageal reflux. This means she must take her meals largely through a gastrostomy tube. She does have small meals of smooth puree which she is safe to take when positioned well in a specialist chair. Jessica often requires chin support and/or some head support to aid this position.

#### Sleeping

Jessica has a poor sleeping pattern and often wakes at night. This can impact on her engagement within the school environment and Jessica's parents are concerned as her disrupted sleep affects the rest of the family.

#### Comfort and safety

Jessica needs regular changes of position at least once an hour to avoid developing pressure areas. These changes of position often coincide with Jessica's routines (e.g. sleeping, mealtimes, washing/dressing, playing). She indicates her needs by putting her bottom lip out, which means that she is upset or if she wants to be picked up.

## Section D

### The child or young person's social care needs which relate to their SEN

---

#### Moving around the home

Due to Jessica's needs, she requires adaptations to be made to her home so that she can access her bedroom and the bathroom without the need for her parents to carry her up the stairs and change her on the floor. Currently, Jessica's parents report the extreme strain their housing situation is having on their family life as there is little privacy for any family members and the parents are experiencing their own health needs relating to carrying Jessica and ensuring her personal care needs are met.

At home, Jessica is lifted from her wheelchair onto the floor by her parents as the hoist is not able to be used within the small living space. This means that Jessica spends a considerable amount of time at home in her wheelchair in the lounge watching TV as she has limited access to her toys when positioned unsupported on the floor.

#### Access to community activities

A section 17 child in need assessment has been completed for Jessica.

This identified the relevant needs below:

- Jessica is not able to access community activities and does not have opportunities to spend time with other children and engage in positive activities.
- Jessica's parents can struggle to spend time with Jessica's siblings as a result of the level of care and support they provide to Jessica.

Jessica's parents are aware of the Local Offer but have struggled to access services. They believe that having short breaks and support to access other services in the community would benefit Jessica and the rest of the family.

## Section E

### The outcomes sought for the child or the young person

---

#### At the end of key stage 2, Jessica:

- a) Communicates preferences to adults and to other children (which toys and equipment she wants to use, who she wants to work with);
- b) Asserts some control over the toys she plays with through using switch activation each day in the classroom;
- c) Enjoys and is more confident in a wider range of activities with a wider range of adults and children (gauged by: what Jessica communicates, observations of Jessica, and parent and teacher reports);
- d) Uses all the playground equipment;
- e) Has her meals in the school lunch hall with her peers;
- f) Uses the lounge room and kitchen/diner of the family home to be with family or visiting friends;
- g) Sleeps through the night.

#### Steps towards outcomes

Within six months Jessica will be able to get to sleep and her waking up reduces to no more than twice a night.

By the end of Year 5, Jessica will experience at least two new activities which will be incorporated into her school routines.

#### Monitoring and review

School will report on Jessica's progress to her parents at least termly.

The health care plan will be reviewed at least every six months.

This Education Health and Care plan will be reviewed at least annually, in line with the local authority procedures.

Jessica's review when she is in Year 9, at the age of 14 years, will have a clear focus on preparing for adulthood, and will include all agencies including housing.

## Section F

### The special educational provision required by the child or the young person

---

**1** Jessica will receive a structured, personal learning programme devised within a developmental curriculum framework and drawing on multi-sensory approaches. Her teacher will work with the occupational therapist who will visit the school four times in the academic year, 90 minutes per visit, to develop a programme of activities which help curriculum targets.

**2** In class, Jessica will work in a small group and there will be a strong element of the work focused on building Jessica's communication with adults and with other children (see communication support programme, below).

Under the direction of a teacher, a teaching assistant will monitor Jessica's engagement, identify moments of focus and concentration and make adjustments to the equipment, toys, communication aids and other features of the learning environment to increase and extend Jessica's engagement.

**3** A member of staff who has received training from a physiotherapist in moving and handling will be available at all times during the school day to support Jessica's transfer between positions and activities. This will include providing Jessica with periods of time positioned on her front and the use of her standing frame for at least one hour per day.

**4** Jessica will receive a personal communication support programme for six hours per week delivered by a teaching assistant in a small group setting. The programme will be developed by a teacher with additional training and qualification in alternative and augmentative communication. This teacher will also provide initial training to the teaching assistant. The teacher will develop the programme in consultation with Jessica's parents, and advice from a Speech and Language Therapist who will visit the school for a two hour session each half-term.

Jessica's class teacher will oversee the implementation of the programme and the TA will report to the teacher on a weekly basis.

**5** A personal care assistant who has been trained to help with Jessica's personal care will be available in school for two hours per day. The personal assistant will be available throughout the school day when Jessica's personal needs call for them

**6** A member of staff who has undergone training with the school nursing team will be available for one hour each lunchtime to implement Jessica's safe eating programme. Provision will be made for Jessica to eat in the same place as other children.

## Section G

### **Any health provision reasonably required by the learning difficulties or disabilities that result in the child or young person having SEN**

---

#### **Medical needs**

Accessible written information will be provided about Jessica's cerebral palsy, epilepsy, hearing impairment, vision impairment, reflux, feeding difficulties (including where to find and how to follow her safe eating and drinking plan), constipation, sleep difficulties and the early signs to look out for to suggest she may be in pain and what may be causing this. This information will be updated by the school nurse in line with Jessica's changing needs.

The specialist community children's nursing team and the epilepsy nurse specialist will provide a one-hour training session on finding and following Jessica's health emergency plan. This will be delivered to all education and personal care staff involved with Jessica and repeated every six months

#### **Mobility**

A senior physiotherapist and a technical instructor will jointly deliver 14 two hour physiotherapy sessions over the year.

A physiotherapist will deliver a two hour training session to school staff working with Jessica. This training will detail how staff can make sure Jessica changes positions regularly to promote her comfort and access to activities. Refresher training and updated advice will be provided by a physiotherapist once a term.

#### **Eating**

The school nursing service will provide a one-hour training session for school staff on supporting Jessica during mealtimes. This will focus on reducing Jessica's risk of chest infections through proactive management of her medical needs as they relate to eating, and in line with her safe eating and drinking plan.

A specialist paediatrician and a dysphagia-competent specialist speech and language therapist will review Jessica's safe eating and drinking plan to ensure optimal, proactive management of reflux condition every four months. This will be communicated to Jessica's parents and to the school via the school nursing service.

## **Sleeping**

A paediatric appointment with Jessica and her family to review Jessica's general health and medication and the potential impact these have on her sleeping. Four home visits (2 hours each) by the occupational therapist will consider Jessica's sleep routines and collaboratively develop a plan for improving Jessica's sleep.

The physiotherapist will contact Jessica's parents by telephone once a month to discuss progress and any concerns.

## **Comfort and safety**

The physiotherapist will work with Jessica and her family/carers to support her transfers, ability to mobilise and suitable positioning as part of her 24 hour postural management programme. The physiotherapist will deliver a one-hour training session to Jessica's parents using a written and illustrated programme of suitable activities and positioning to deliver a postural management and exercise regime.

---

## Section 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)**

---

**1** An occupational therapist from the social care team will work with Jessica's family and liaise with housing to support the review and major adaptation of their home (four direct or in-direct sessions over 12 months). These will focus on enabling Jessica to access the lounge room and kitchen/diner.

The occupational therapist will work with Jessica and her family to develop the evening routines and create ways to support Jessica becoming familiar with the routines. Within 6 months and over two 1.5 hour visits, the occupational therapist and physiotherapist will assess Jessica for a specialist bed and transfer equipment (if required).

**2(a)** Jessica will be provided with a personal assistant once per week for 4 hours to support her to access community activities and to give her parents an opportunity to spend 1:1 time with her siblings.

## Section H2

### **Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN**

---

**2(b)** Jessica will receive 24 hours of overnight short breaks per month from a commissioned service, paid directly to the provider, to support her to spend time with other children and engage in positive activities. At this point, Jessica's parents would not like a personal budget.

# Useful resources

## **CDC training support**

CDC offers a series of training packages related to EHC plans that can be delivered whenever and wherever you need them.

<https://councilfordisabledchildren.org.uk/our-services/training-support>

## **The EHC outcomes pyramid**

The EHC outcomes pyramid has been developed by CDC as a tool to help professionals and parents identify outcomes for children and young people with special educational needs.

<https://councilfordisabledchildren.org.uk/help-resources/resources/ehc-outcomes-pyramid>

## **A Guide to Education Health and Care plans**

A step-by-step guide to Education Health and Care plans designed to support the completion of person-centred, legally compliant EHC plans

<https://councilfordisabledchildren.org.uk/help-resources/resources/step-step-guide-ehc-plans>

## **Education Health and Care Plan Workshops**

In early spring 2016, the DfE's SEND advisors held workshops in all nine regions to support local areas with producing quality Education, Health and Care (EHC) Plans. The resources from these workshops can be found here:

<http://www.sendpathfinder.co.uk/education-health-and-care-plan-workshops>

## **Achieving Joined- Up, SMART, Flexible Outcomes in EHC plans**

A video by Fazilla Amide (a parent from Enfield) can be viewed here:

<https://www.youtube.com/watch?v=K6rBkVpCnqc&feature=youtu.be>

## **Council for Disabled Children Resources and Help**

Check out our resource hub for the best collection of information, practice guidance and toolkits.

<https://councilfordisabledchildren.org.uk/resources-and-help>

### **Independent Support case studies**

Since Independent Support began in September 2014 we've been collecting personal accounts from the young people and parent carers who've used been supported through the EHC process at

<https://councilfordisabledchildren.org.uk/independent-support/introducing-independent-support/real-stories-ground>

### **Independent Support**

Helping parents & young people navigate the Education, Health & Care planning process. Find your local IS agency

<https://councilfordisabledchildren.org.uk/independent-support>

### **Information, Advice and Support Services**

Direct advice or support to children, young people and parents. Find your local IAS Service:

<https://councilfordisabledchildren.org.uk/information-advice-and-support-services-network>



## About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector with a membership of over 200 voluntary and community organisations and an active network of practitioners and policy-makers that spans education, health and social care. Their aim is to see a fully-inclusive society where disabled children and young people and those with special educational needs can lead full and happy childhoods and rewarding adult lives. They do this by working with the sector to find out what is and isn't working on the ground and use what they learn to influence policy and improve practice.

### **CDC hosts the following networks and projects:**

**Independent Support**

**IASS Network**

**Making Ourselves Heard**

**Preparing for Adulthood**

**Special Educational Consortium**

**Transition Information Network**

CDC is proud to be part of the National Children's Bureau (NCB), a leading children's charity working to build a better childhood for every child.