

# London Borough of Sutton

**People Services Directorate and Sutton Clinical Commissioning Group**

Education, Health and Care Plan For

NAME

This plan has been put together to help me progress towards the things that are important to me now and for my long term future.

The information in this plan is confidential but I am happy for all or parts of the plan to be shared with the people that need to know the information to help me. Please note this Plan has appendices (as listed in Section K) and it should be read in conjunction with those appendices.

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| --- | --- |
| Date of Working Document issued\* |  |
| Date of Draft EHCP |  |
| Date of Final EHCP |  |
| Date of Proposed Amended EHCP |  |
| Date of Final Amended EHCP |  |
| Review Date by |  |

*Issued by:*

People’s Services Directorate; London Borough of Sutton

Special Educational Needs Service, 24 Denmark Road, Carshalton, London, SM5 2JG Tel: (020) 8323 0454

E-mail: sen.team@cognus.org.uk

Any change in circumstances should be notified immediately to the SEN Service via the above contacts.

# This is an important legal document and should be kept carefully.

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| **SECTION A** | **All about me**Section A is all about me; what’s working for me, what’s not working for me, what needs to change and what I would like life to look like. Other people who I am close to have also had their say here. |
| **SECTION B SECTION C SECTION D** | **A summary of my Education, Health and Care Needs**Sections B, C and D are a summary of my special educational needs and any health or care needs which relate to my SEND. This summary has come from what I and my family have said and what the professional assessments have identified. |
| **SECTION E** | **My outcomes**Section E shows the outcomes that I will be helped to achieve and any steps I need to take to achieve them. |
| **SECTION F** | **The special educational provision I require**This explains what is required, who is going to deliver it, how often it will be made available and when it will be reviewed |
| **SECTION G SECTION H1 SECTION H2** | **The health and social care provision that is needed**This shows what health provision is reasonably required as a result of my learning difficulties or disabilities, and if I am under 18, any social care provision that is required resulting from Section 2 of the Chronically Sick and Disabled Persons Act 1970, and any other social care provision that I might reasonably need because of my learning difficulties or disabilities. |
| **SECTION I SECTION J** | **Finalising the Plan**Section I is where the name and type of setting, school or college I will be attending is stated and Section J gives the details of any personal budget agreed. |
| **SECTION K** | **Reports and assessments**Section K contains a list of all of the reports and assessments that have been used to write my Plan. |
| **Reviewing the Plan** | This shows what arrangements need to take place to ensure my Plan is reviewed |

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| **Child / Young Person Details** |
| Full name of Child orYoung Person: |  | Likes to be known as: |  |
| Date of Birth: |  | Gender: |  |
| Ethnicity: |  | Current Year Group\*: |  |
| Home Address: | Name and Address of Education Setting at the timeof assessment: |
| Post Code: |  | Post Code: |  |
| Telephone No: |  | Telephone No: |  |
| Siblings/place in family: |  |
| **Parent / Carer Details** |
| Name of Parent/Carer: |  | Name of Parent/Carer: |  |
| Relationship: |  | Relationship: |  |
| Does this person haveparental / carer responsibility? | Yes / No | Does this person haveparental / carer responsibility? | Yes / No |
| Address: | Address: |
| Post Code: |  | Post Code: |  |
| Contact No: |  | Contact No: |  |
| e-mail: |  | e-mail: |  |
| Languages spoken: |  | Languages spoken: |  |
| Interpreter required? | Yes / No | Interpreter required? | Yes / No |
| If yes, for which language? |  | If yes, for which language? |  |
| Accessibility Needs |  | Accessibility Needs |  |
| Name of GP: |  | Address of GP: |  |

\*Please specify if the child/ young person is out of chronological year group

Section A: My Personal Profile – ‘All About Me’

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| ***Photograph (optional)*** |
| ‘All About Me’ has been completed by: |
| Child / Young Person |  |
| Parents / Carers |  |
| With (keyworker / other adult) |  |
| Date |  |

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| **Child’s/Young Person’s Views and Aspirations** |
| **Views:** |
| **Aspirations:** |
| **Parent/Carer’s Views and Aspirations** |
| **Views:** |
| **Aspirations:** |

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| **Section B: child/young person’s name’s current special educational needs** |
| **Cognition and Learning** |
| Strengths: |
| Identified need | Impact on learning |
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|  |  |
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| **Communication and Interaction** |
| Strengths: |
| Identified need | Impact on learning |
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|  |  |
| **Social, Emotional and Mental Health** |
| Strengths: |
| Identified need | Impact on learning |
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| **Sensory and/or Physical Needs** |
| Strengths: |
| Identified need | Impact on learning |
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Section C: Child/young person’s name’s health needs, which relate to his/her special educational needs / disabilities

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| --- | --- |
| Identified health need | Impact on learning |
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Section D: Child/young person’s name’s social care needs which relate to his/her special educational needs / disabilities

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| Identified social care need | Impact on learning |
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Section E: The outcomes sought for child/young person’s name

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| *Preparing for Adulthood (PfA) outcomes are:*1. ***Progression to further / higher education and/or employment***
2. ***Independent Living and Housing***
3. ***Friendships, relationships and being part of my community***
4. ***Being as healthy as possible in adult life***

*Please indicate the relevant number in the last column* |
| Outcomes sought and timescales to achieve | This relates to PfA outcomeno: |
| By the end of Key Stage 1 child/young person’s name will be able to |  |
| Steps child/young person’s name will take to achieve outcome: |
| By the end of Key Stage 1 child/young person’s name will be able to |  |
| Steps child/young person’s name will take to achieve outcome: |
| By the end of Key Stage 1 child/young person’s name will be able to |  |
| Steps child/young person’s name will take to achieve outcome: |
| By the end of Key Stage 1 child/young person’s name will be able to |  |
| Steps child/young person’s name will take to achieve outcome: |

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Section F: The Special Educational Provision required by child/young person’s name

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| **Cognition and Learning** |
| What support does child/young person’s name require and how will this help to achieve theiroutcomes? | Who is going to provide the supportand how often? | When will it be reviewed and whowill review it? |
| Child/young person’s name requires |  |  |
| **Communication and Interaction** |
| What support does child/young person’s name require and how will this help to achieve their outcomes? | Who is going to provide the support and how often? | When will it be reviewed and who will review it? |
| Child/young person’s name requires |  |  |
| **Social, Emotional and Mental Health** |
| What support does child/young person’s namerequire and how will this help to achieve their outcomes? | Who is going toprovide the support and how often? | When will it bereviewed and who will review it? |
| Child/young person’s name requires |  |  |
| **Sensory and/or Physical Difficulties** |
| What support does child/young person’s namerequire and how will this help to achieve their outcomes? | Who is going toprovide the support and how often? | When will it bereviewed and who will review it? |
| Child/young person’s name requires |  |  |

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Section G: Any health provision reasonably required by the learning difficulties or disabilities which result in child/young person’s name having SEND

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| What support does child/young person’s name require and how will this help to achieve theiroutcomes? | Who is going to provide the supportand how often? | When will it be reviewed and whowill review it? |
|  |  |  |

Section H1: Any social care provision which must be made [name] as a result of section 2 of the Chronically Sick and Disabled Persons Act 1970

|  |  |  |
| --- | --- | --- |
| What support does child/young person’s namerequire and how will this help to achieve their outcomes? | Who is going toprovide the support and how often? | When will it bereviewed and who will review it? |
|  |  |  |

Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in child/young person’s name having special educational needs / disabilities

|  |  |  |
| --- | --- | --- |
| What support does child/young person’s namerequire and how will this help to achieve their outcomes? | Who is going toprovide the support and how often? | When will it bereviewed and who will review it? |
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| **Section I: Placement** |
| *This is only to be completed on the final EHC Plan, not the draft* |

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| --- | --- |
| Type of placement to be attended |  |
| Name of Placement |  |
| Address |  |

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| **Section J: Personal Budget** |
| *A Personal Budget is an amount of money identified by the local authority or the Clinical Commissioning Group to fund elements of provision to meet the needs and outcomes set out in this plan. Further information can be found by clicking on this link:* [*Sutton Policy on Personal Budgets*](https://www.sutton.gov.uk/downloads/file/3149/sutton_policy_on_personal_budgets) |

|  |  |
| --- | --- |
| Do the child and his/her\* parents / carers / you want to request a personal budget tofund elements of provision? | Yes / No |
| Has a request for a personal budget been agreed? | Yes / No |
| If yes, how is the budget allocated and managed? |
| A) Notional budget | Yes / No |
| B) Notional and direct payment budget (Mixed Package) | Yes / No |
| C) Direct payment budget | Yes / No |
| D) Managed Budget | Yes / No |
| Please specify the special educational needs and outcomes that are to be met by the personalbudget. |
| Education |
| Health |
| Social Care |
| Other |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |

*Duly authorised officer*

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Section K: Advice and information

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role / Service | Document Title | Date |
|  |  | All about Me |  |
|  |  | Advice from Education Setting |  |
|  |  | Advice from Educational Psychologist |  |
|  |  | Advice from Health |  |
|  |  | Advice from Social Care |  |
|  |  | Other (please specify) |  |
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| **Confidentiality** |
| We will ensure that your information remains confidential.The information that is recorded in this EHCP will be shared with those who have contributed advice, those listed in the contacts and other practitioners, where appropriate.A copy of the EHCP will be kept on file by all teams that are involved in the providing your support and a copy will be sent to the relevant Clinical Commissioning Group and your GP. This plan must not be photocopied or distributed to anyone who falls outside of this remit.As practitioners we respect confidentiality and will observe all safeguarding and child protection procedures. |
| **Arrangements for review of the EHC Plan** |
| The EHCP will be monitored and reviewed in line with the Children and Families Act 2014 and the 0-25 SEND Code of Practice. Short term targets will be set by the education provider in partnership with child/young person’s name and their parents/carers. The Local Authority must review the EHCP as a minimum every 12 months from the date of the issue of the first Final EHCP or every 6 months where a child is under 5 years old, including a review of child/young person’s name’s support.The education provider has a duty to co-operate with the Local Authority in the review process. As part of the review, the London Borough of Sutton will usually ask the education provider to convene and hold the annual review meeting on its behalf.The education provider must refer to the Code of Practice for detailed guidance on conducting the annual review meeting. |