



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

EDUCATION, HEALTH AND CARE PLAN

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*(optional/delete)
a photo of the
Child/young
person/favourite
picture/toy activity*

Date of Draft/Draft Amended EHC Plan:	
Date of Final/Final Amended EHC plan:	
EHC Plan Version Number:	
SIGNED BY THE LOCAL AUTHORITY: DESIGNATED OFFICER ON BEHALF OF THE LOCAL AUTHORITY.
Annual Review will take place by:	



North West London

MY EDUCATION HEALTH AND CARE PLAN

General information - Contains all of the information that will help us keep in touch

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 other health or care needs. 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 we have agreed and any steps I need to take to achieve them.
SECTION F	The special educational provision required for me to achieve my outcomes This explains what is needed, what is going to happen, who is going to do it, what skills, qualifications or training they require, 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, 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.
SECTION I SECTION J	Finalising the Plan Section I is where we state the name and type of setting, school or college I will be attending and Section J gives the details of any personal budget we are receiving.
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.

HOW WE WILL USE THE INFORMATION IN THIS PLAN

We will ensure that your information remains confidential.

The information that is recorded in this plan will be shared with those who have contributed advice, those listed in the contacts and other practitioners, where appropriate.

A copy of the plan will be kept on file by all teams that are involved in providing your support and a copy will be sent to the relevant Integrated Care Board 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.

GENERAL INFORMATION

Name:			
Home address:			
Date of Birth:		Gender:	
Ethnicity		Religion:	
Languages spoken at home		Is interpretation required?	
Name of parents/ carers:	1.	2.	
Address (if different from the Child/Young Person's address)			
Telephone:			
Email address:			
Name of siblings:			
Education establishment at time of assessment:			
Year Group at time of assessment:			
Is the pupil being educated in their chronological year group?			
Unique Pupil Number:			
Name of GP:		NHS Number:	
Address of GP:		ICBs:	
Legal Status:	Looked after by the Local Authority?	Yes / No	
	Name of the Local Authority with financial responsibility?		
	Subject to a Child Protection Plan?	Yes / No	
	Does the pupil have a Child in Need Plan?	Yes / No	
	Any other Care Order and Name?	Yes / No	

SECTION A

ALL ABOUT ME

My views, interests, hopes and dreams: please including leisure, friendships and further education / adult life / independent living/ work and Training.

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My story: brief history of the child or young persons, include diagnosis and dates:

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What I admire about myself and what others admire about me?

--

What does a good day look like for me?

--

What does a bad day look like for me?

--

How does my family support me?

--

Did anyone help me with this part? If so, what is their name and how did they help me?

--

My Parents/Carers views, hopes and Dreams for me?

This might include: education, play, health, friendships, sixth form, further education, independent living, university and employment:

--

The important people in my life; family, friends and favourite people:

Name	Relationship

EDUCATION, HEALTH AND CARE NEEDS

SECTION B EDUCATION

Summary of my Special Educational Needs:

Communication and interaction
Strengths:
Special educational needs and how these affect's learning:

Cognition and Learning
Strengths:
Special educational needs and how these affect's learning

Social Emotional and Mental Health:
Strengths:
Special educational needs and how these affect's learning:

Physical and Sensory Needs:
Strengths:

Special educational needs and how these affect's learning

SECTION C

HEALTH

The child or young person's health needs which relate to their Special Educational Needs and Disabilities.
Any other health needs

SECTION D

SOCIAL CARE

The child or young person's social care needs which relate to their Special Educational Needs and Disabilities.
Any other social care needs

MY OUTCOMES AND WHAT NEEDS TO HAPPEN FOR ME TO REACH THEM

SECTION E

SUMMARY OF OUTCOMES SOUGHT FOR THE CHILD OR THE YOUNG PERSON

		Please Tick who is responsible? All can be involved.		
		E	H	C
Outcome 1				
Outcome 2				
Outcome 3				
Outcome 4				
Outcome 5				
Outcome 6				

SECTION F

SPECIAL EDUCATION PROVISION REQUIRED BY THE CHILD OR THE YOUNG PERSON:

Outcome 1:		
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.	

Outcome 2:		
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.	

Outcome 3:		
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.	

Outcome 4:	
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.

PfaP Outcome 5:	
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.

PfaP Outcome 6:	
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.

SECTION G

Health Provision

This section sets out any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having Special Educational Needs.

Outcome :		
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.	

SECTION H1

Social Care Provision

This section sets out 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).

Outcome :		
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.	

SECTION H2

Social Care Provision

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

Outcome :	
What provision/support is needed to achieve the outcome?	Who is going to provide the support, how often and when it will be reviewed and by whom.

SECTION I**EDUCATION PLACEMENT**

Name of setting	At draft stage, this section must be left blank.
Type of setting	

SECTION J**PERSONAL BUDGET**

Has a personal budget been requested by the parents/carers or young person? (*Delete as required)	Yes*	No*
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Description of personal budget arrangements	Budget (£s)	Funding source and management / payment method
Education		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Health		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Social Care		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Other (including short breaks)		
Outcomes to be achieved by the budget (explain how this budget will meet the outcomes including a description of the provision agreed. Refer to numbered outcomes in Part 4 of this plan)		
Total budget:		

SIGNED ON BEHALF OF THE CLINICAL COMMISSIONING GROUP

Print name _____

Print job title _____

Signature _____

Date _____

SECTION K

REPORTS, ASSESSMENTS AND ADVICE

Below is a list of all reports and assessments that have been used to help write this plan

Name and Title	Role/Responsibility	Service & contact details.	Type of Advice Advice could be written or come from meetings/Annual Review etc.	Date or report/ contribution
	Child / young person's advice			
	Parent or carers' additional advice			
	Advice obtained by the authority since the last			

	assessment of the child/young person			
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Add as required