

# Wakefield Education, Health and Care Plan

Incorporating the **My Support Plan**, A co-ordinated plan of support

|                                  |  |
|----------------------------------|--|
| <b>Name</b>                      |  |
| <b>Date of Birth</b>             |  |
| <b>Current Education Setting</b> |  |



## Personal Details

This section completed/updated on: [Click here to enter a date.](#)

| <b>My picture – This is me or represents me</b> |   |
|---|---|
|   |   |
| I like to be known as                           |   |
| First Name                                      |   |
| Surname / Family Name                           |   |
| Date of Birth                                   | <a href="#">Click here to enter a date.</a> |
| Address   |   |
| Gender  |   |
| UPN Number                                      |   |
| NHS Number                                      |   |
| Ethnicity                                       |   |
| Place of Birth                                  |   |
| Languages spoken                                |   |
| Is the child LAC / in public care?              | <a href="#">Choose an item.</a>             |

| <b>Education Need as agreed for Education Health and Care Plan</b> |  |
|--|--|
| Prime Need   |  |
| Secondary Need   |  |

| <b><i>Childname's</i> family and the other important people in their life</b> |
|---|
| Parent/Person with parental responsibility                                    |



|  |  |  |
|--|--|--|
| First Name   |  |  |
| Surname  |  |  |
| Address  |  |  |
| Telephone  |  |  |
| Email  |  |  |
| Relationship to Child  |  |  |
| Is support required with language? Please detail language spoken if yes                                |  |  |
| <b>Please tell us who lives in the home and how they are related to <i>childname</i></b>               |  |  |
|  |  |  |
| <b>Please tell us the names of other people who are important to <i>childname</i> and who they are</b> |  |  |
|  |  |  |



| <b>Professionals and services that help and support <i>childname</i></b>  |             |                        |                            |
|---|-------------|------------------------|----------------------------|
| Please list below the details of those services that help the child / young person where involved or previously involved. |             |                        |                            |
| <b>Service</b>  | <b>Name</b> | <b>Contact Details</b> | <b>Currently involved?</b> |
| School SENCO  |             |                        | Choose an item.            |
| School Support Worker   |             |                        | Choose an item.            |
| Other School staff  |             |                        | Choose an item.            |
| Educational Psychologist  |             |                        | Choose an item.            |
| Child Family Inclusion Team   |             |                        | Choose an item.            |
| Learning Support Service  |             |                        | Choose an item.            |
| Communication Interaction and Access Team   |             |                        | Choose an item.            |
| Children's Sensory Impairment Team  |             |                        | Choose an item.            |
| Behaviour Exclusion Support Team  |             |                        | Choose an item.            |
| Portage   |             |                        | Choose an item.            |
| Pre-5 Service   |             |                        | Choose an item.            |
| Education Welfare Service   |             |                        | Choose an item.            |
| REACH team  |             |                        | Choose an item.            |
| SENART Caseworker   |             |                        | Choose an item.            |



|  |  |  |                 |
|--|--|--|-----------------|
| Other Education Support                  |  |  | Choose an item. |
| Speech and Language Therapist            |  |  | Choose an item. |
| Occupational Therapist                   |  |  | Choose an item. |
| Physiotherapist                          |  |  | Choose an item. |
| CAMHS                                    |  |  | Choose an item. |
| Community Nursing                        |  |  | Choose an item. |
| Adult Mental Health                      |  |  | Choose an item. |
| Doctor (GP)                              |  |  | Choose an item. |
| Paediatrician/Consultant                 |  |  | Choose an item. |
| Other Health Support                     |  |  | Choose an item. |
| Social Worker                            |  |  | Choose an item. |
| Early Help Hub Support Worker / CAF Lead |  |  | Choose an item. |
| Connexions / Careers advisor             |  |  | Choose an item. |
| Key Worker                               |  |  | Choose an item. |
| Voluntary Sector Support                 |  |  | Choose an item. |
| Other Care Support                       |  |  | Choose an item. |



## **Section A – The views, interests and aspirations of the child and their parents, or of the young person**

### **A1 All about me – The child / young person’s views**

This section should be completed by the child either independently or with support. It can be completed as text or visually (eg. Mind map, photos) and **must** represent the views of the child / young person. Any method can be used to gather this.

This should support the ‘Tell Us Once’ approach and only need to be updated as situations change in the future and the plan is reviewed.

This section completed/updated on:

|   |
|---|
| <p><b>Things I like doing and am good at</b></p> <p>This should include things both at home and at school</p> |
| <p><b>What I need help with / what is not working and I want to change</b></p>                                |
| <p><b>What and who is important to me now</b></p>   |



|  |  |
|--|--|
| <b>My hopes and dreams for the future – My aspirations</b> |  |
|  |  |
| Has this section been completed independently?             |  |
| <b>If not who has helped complete it?</b>                  |  |



## A2 All about my child – The views of the family

This section should be completed by the family either independently or with support from a key worker. Where the plan relates to a young person over 16, the young person **must** also be involved in completing it. It can be completed as text or visually (eg. Mind map, photos).

This should support the 'Tell Us Once' approach and only need to be updated as situations change in the future and the plan is reviewed.

This section completed/updated on:

|  |
|--|
| <p><b><i>Childname's</i> journey so far</b></p> <p>My child's history and important information about their background</p> |
| <p><b>Important information you need to know about <i>childname</i></b> (eg. Medical diagnosis, home situation)</p>        |
| <p><b>What <i>childname</i> likes and is good at</b></p>   |





**What *childname* needs help with**

This should consider what they need to learn, to play, to keep healthy, to be independent and to prepare for the future and adult life

**What we would like to change or be different in the future**

**How best to communicate with *childname***

**Our hopes and dreams for the future – our aspirations for *childname***

You may wish to consider areas such as education, employment and independence



**Section B – The child or young person’s special educational needs (SEN)**

This section should describe the child / young person’s Educational **Strengths** and **Needs**. It should include details of what the child/young person enjoys. It should detail any impact on learning. It should provide information from the education setting with support from advisory services.

**Section F – Special Education Provision**

The Special Educational provision required by the child or the young person

This section completed/updated on:

|  |
|--|
| <b>Cognition &amp; Learning</b> including attitude and progress within learning and how they respond to learning |
| <b>Section B: What <i>childname</i> is good at</b> (Strengths)   |
|  |
| <b>What <i>childname</i> needs help with</b> (Needs)   |
|  |
| <b>Section F: Provision to meet Needs</b>  |
|  |
| <b>How should this be delivered</b>  |
|  |

|  |
|--|
| <b>Speech, Language &amp; Communication</b> including how the child communicates and interacts with others |
| <b>Section B: What <i>childname</i> is good at</b> (Strengths)   |
|  |
| <b>What <i>childname</i> needs help with</b> (Needs)   |



|   |
|---|
|   |
| <b>Section F: Provision to meet Needs</b> |
|   |
| <b>How should this be delivered</b>       |
|   |

|  |
|--|
| <b>Social, Emotional &amp; Mental Health</b> including responses to others and behaviour |
| <b>Section B: What <i>childname</i> is good at</b> (Strengths)                           |
|  |
| <b>What <i>childname</i> needs help with</b> (Needs)                                     |
|  |
| <b>Section F: Provision to meet Needs</b>  |
|  |
| <b>How should this be delivered</b>  |
|  |

|  |
|--|
| <b>Hearing, Vision &amp; Physical</b>                          |
| <b>Section B: What <i>childname</i> is good at</b> (Strengths) |
|  |
| <b>What <i>childname</i> needs help with</b> (Needs)           |
|  |
| <b>Section F: Provision to meet Needs</b>                      |



|                                     |
|-------------------------------------|
|                                     |
| <b>How should this be delivered</b> |
|                                     |

|   |
|---|
| <b>Developing Independence</b> including preparation for adult life |
| <b>Section B: What <i>childname</i> is good at</b> (Strengths)      |
|   |
| <b>What <i>childname</i> needs help with</b> (Needs)                |
|   |
| <b>Section F: Provision to meet Needs</b>                           |
|   |
| <b>How should this be delivered</b>                                 |
|   |

|  |  |                        |  |
|--|--|------------------------|--|
| <b>School attendance</b> – Attendance records should be attached in <b>section K</b> |  |                        |  |
| Current academic year  |  | Previous academic year |  |
| % Attendance   |  | % Attendance           |  |

|  |
|--|
| <p><b>Academic attainment</b></p> <p>Please insert a table detailing attainment at relevant stages. This should be cumulative and added to on an annual basis.</p> <p>Please detail any additional information you feel is relevant in regards to attainment</p> |
|  |



| <b>School / Education Setting background</b>   |                   |                 |
|--|-------------------|-----------------|
| Please detail all previous education provision |                   |                 |
| <b>Provider</b>                                | <b>Start date</b> | <b>End date</b> |
|  |                   |                 |
|  |                   |                 |
|  |                   |                 |
|  |                   |                 |

### **Advice and information**

Advice from agencies in regards to the provision and support needed to address learning needs should be listed and attached in **Section K** and reviewed regularly.



**Section C – The child or young person’s health needs**

This section should describe the child / young person’s Health Needs related to their SEN and the impact on learning. It should also detail any other Health needs not related to SEN.

**Section G – Health Provision**

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

Any other health provision that is not linked to learning difficulties or disabilities

This section completed/updated on:

**Does the Child have any Identified Health needs? Yes  No**

If no please leave the remainder of this section blank

|   |
|---|
| <p><b>Section C: Details of specific medical diagnosis including details of when diagnosed</b></p> <p>Medical evidence should be provided to support this</p> |
| <p><b>Health Needs related to SEN</b></p> <p>Please number</p>  |
| <p><b>Section G: Provision to meet Needs</b></p> <p>Please number in relation to needs</p>  |
| <p><b>How should this be delivered</b></p>  |
| <p><b>What impact has this had to date and what impact is expected? Are the health needs being managed well?</b></p>  |



|  |
|--|
|  |
|--|

|   |  |
|---|--|
| <b>Other Health Needs not related to SEN and how they are being managed</b>   |  |
|   |  |
| <b>Is a Health Care Plan in place?</b><br>If Yes then this should be attached |  |

**Advice and information**

Advice from agencies in regards to the provision and support needed to address health needs should be listed and attached in **Section K** and reviewed regularly.



**Section D – The child or young person’s Social Care needs**

This section should describe the child / young person’s Social Care Needs that relate to their SEN and the impact on learning. It should also detail any other Social Care needs not related to SEN.

**Section H1 and H2 – Social Care Provision**

H1 – Social Care provision required resulting from section 2 of the chronically sick and disabled person’s act – this is relevant only if the young person is under 18

H2 – Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having special educational needs

Any other social care provision that is not linked to learning difficulties or disabilities

This section completed/updated on:

**Does the Child have any Identified Social Care needs? Yes  No**

If no please leave the remainder of this section blank

|  |
|--|
| <p><b>Section D: Social Care Strengths and positives</b><br/>These should be evidence based</p>      |
| <p> </p>   |
| <p><b>Social Care Needs related to SEN</b><br/>Please number</p>                                     |
| <p> </p>   |
| <p><b>Section H1: Social care provision to meet Needs</b><br/>Please number in relation to needs</p> |
| <p> </p>   |
| <p><b>Section H2: social care provision to meet Needs</b><br/>Please number in relation to needs</p> |





|  |
|--|
|  |
| <b>How should this be delivered?</b>   |
|  |
| <b>What impact has this had to date and what impact is expected? Are the social care needs being managed well?</b> |
|  |

|   |  |
|---|--|
| <b>Other Social Care Needs not related to SEN</b>   |  |
| Please note that family consent must be sought to include these   |  |
|   |  |
| <b>Is a Child Protection Plan, Child in Need Plan or CAF in place?</b><br>If yes please detail and attach at Section K. |  |
| <b>Is a Care and Support Plan in place?</b><br>If Yes then this should added at Section K                               |  |

### **Advice and information**

Advice from agencies in regards to the provision and support needed to address social care needs should be listed and attached in **Section K** and reviewed regularly.



## Section E – The outcomes sought for the child or the young person

What will the child or young person be able to do differently in the future and what difference will it make in their life.

This section completed/updated on:

The **Aspirations** that *childname* and their family have should be copied below from Section A. These should shape the outcomes in the plan

The following outcomes table should be copied for each outcome that is set

|  |  |   |
|--|--|---|
| <b>Outcome:<br/>Number:</b>  |  | Completion<br>date:   |
| <b>Area of need this relates to</b><br>Tick as applicable                        | Education <input type="checkbox"/><br>Health <input type="checkbox"/><br>Care <input type="checkbox"/> | Cognition & Learning <input type="checkbox"/><br>Speech, Language &<br>Communication <input type="checkbox"/><br>Hearing, Vision & Physical <input type="checkbox"/><br>Social & Emotional <input type="checkbox"/><br>Developing Independence <input type="checkbox"/> |
| <b>Who is responsible for supporting and monitoring this outcome</b>             |  |   |
| <b>Progress made to date</b><br>(to be added following reviews – non- statutory) |  |   |

How will these be monitored and reviewed?



*Steps towards achieving targets should be broken down further and included in **Appendix 3** through agreed methods*



**Section I – Placement**

*This section is left blank in the draft Education, Health and Care Plan*

|   |  |
|---|--|
| The type of education setting to meet the Child / Young person's needs is |  |
| The Named Education Provision is  |  |

**Section J – Funding Allocation including Personal Budget**

This section completed/updated on:

| <b>Agreed funding allocation to meet Special Educational Needs</b> |  |
|--|--|
| Education  |  |
| Health   |  |
| Social Care  |  |
| Total Funding  |  |

**Has a Personal Budget been agreed and included within the resource allocation? Yes  No**

If no please leave the remainder of this section blank

| <b>Outcome to be met via personal budget</b> | <b>Arrangements for personal budget to include detail of review</b> | <b>Funding source (education, health or care) and allocation</b> |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |

Signed agreements in relation to Personal Budgets will be attached.



**Section K – Advice and Information**

Reports provided as part of the EHC Assessment and review. These should provide up to date assessments on the child. They should be considered as part of any planning and review of provision and needs and in considering outcomes. As reports are updated they should be added to /amended on this list. All reports should be attached to the plan for reference

This section completed/updated on:

| Document Title | Provided by | Date provided |
|----------------|-------------|---------------|
|                |             |               |
|                |             |               |
|                |             |               |
|                |             |               |
|                |             |               |
|                |             |               |

|   |  |  |  |
|---|--|--|--|
| Education Health and Care plan issued                   |  |  |  |
| Education Health and Care Plan dates of formal revision |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |



## Agreement of the Education Health and Care Plan

| <b>Education, Health and Care Panel Agreement</b>   |                                     |             |
|---|-------------------------------------|-------------|
| The provision and resources described in this plan have been agreed by the Wakefield Education, Health and Care Panel |                                     |             |
| <b>Signature (designated officer)</b>   | <b>Name and Role</b>                | <b>Date</b> |
|   | T Armstrong<br>Team Manager, SENART |             |

### Appendices disclaimer

A range of appendices will be attached and used in conjunction with this plan. The appendices are intended for illustrative and review purposes only in order to inform Children and Young People and their Families, Education Providers and Advisory services and the Wakefield Education Health and Care Panel of arrangements in place and are not intended to be binding upon the education provision. The details contained within the appendices are subject to change from time to time as provision is reviewed and needs change.



**Appendix 1 – Waves of intervention**

Specific provision put in place within Education to support the needs of the child / young person should be detailed in the Waves of Intervention.

This section completed/updated on:

|   | <b>Delegated Funding</b> | <b>Use of Top-up funding</b> |
|---|--------------------------|------------------------------|
| Wave 1<br>Quality first<br>teaching           |                          |                              |
| Wave 2<br>Small group<br>intervention         |                          |                              |
| Wave 3<br>Individual<br>targeted<br>provision |                          |                              |



**Appendix 2 – Review Record for *Childname***

Is this a record of the Annual Review Meeting? Yes  No

Is this a record of an ongoing Review Meeting? Yes  No

|  |                            |                                     |                               |
|--|----------------------------|-------------------------------------|-------------------------------|
| <b>Review Meeting Date</b>   |                            | <b>Previous Review meeting date</b> |                               |
| Is the meeting reviewing other areas of work? (eg. PEP, CAF)             |                            |                                     |                               |
| If Yes, please provide details   |                            |                                     |                               |
|  |                            |                                     |                               |
| <b>Chair of meeting</b>  |                            | <b>Role / organisation</b>          |                               |
| <b>Review Attendance Details</b> (Must include child and family members) |                            |                                     |                               |
| <b>Name</b>  | <b>Role / Organisation</b> | <b>Attended (Yes/No)</b>            | <b>Contribution to review</b> |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |
|  |                            |                                     |                               |

**Waves of intervention** – Specific provision put in place within Education to support the needs of the child / young person should be detailed in the Waves of Intervention. These should be reviewed as part of the meeting and added at **appendix 1** and sent to SENART as part of any review report





|                           |
|---------------------------|
| <b>Minutes of meeting</b> |
|                           |

|   |  |
|---|--|
| <b>Review of progress against Outcomes</b>                  |  |
| Please detail each outcome and the progress made towards it |  |
| <b>Outcome no.</b>  | <b>Detailed progress towards outcome</b> |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

|  |  |
|--|--|
| <b>Review of progress toward 'steps towards' short term targets</b>  |  |
| Any amended plans such as IEPs or 1 page profiles should be attached |  |
| <b>Short term targets</b>  | <b>Detailed progress towards targets</b> |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|   |  |
|---|--|
| <b>For Annual Review Only</b>   |  |
| Are there amendments to be made to the EHC plan?                            |  |
| Any amendments should be detailed below or marked in the plan through track |  |



|  |  |
|--|--|
| changes or written amendments:                           |  |
| Is this plan for the attention of EHC Panel?             |  |
| If so reasons for this request should be detailed below: |  |

| <b>For Year 11 / Post-16 provision only</b>  |  |
|--|--|
| Previous post-16 provision and attainment summary  |  |
| Current academic year course, including qualifications to be achieved  |  |
| Planned study programme for next academic year, including qualifications to be achieved  |  |
| Is <u>this</u> academic year expected to be the final year in formal education? If no please detail future progression pathway |  |

### **Agreed Actions following Review**

You should record any actions that people supporting the child / young person and their family need to undertake following the meeting. It should be used as a starting point to assess progress in future meetings

| <b>Who?</b> | <b>What will they do?</b> | <b>By when?</b> | <b>How will this improve things?</b> |
|-------------|---------------------------|-----------------|--------------------------------------|
|             |                           |                 |                                      |
|             |                           |                 |                                      |
|             |                           |                 |                                      |
|             |                           |                 |                                      |





## Appendix 4 – Review – Child and Family Contribution

The following can be used to gather the family and young person views prior to the review. This should be discussed with the family alongside any updated views in regards to section A2. This should then be discussed as part of any review, however education providers may choose to use alternative formats for person centred approaches to obtaining the child and their families' views. The same areas should, however, be addressed.

Where appropriate children and families should be supported to discuss and complete their contribution. This should form a central part of the Review Meeting.

|  |
|--|
| What have been the highlights in the past year?                            |
|  |
| Were the outcomes agreed in the last plan met? Did they make a difference? |
|  |
| Were the actions agreed in the last plan completed? Did they work?         |
|  |
| What support is working well?  |
|  |
| What needs to change?  |
|  |



|   |  |      |  |
|---|--|------|--|
| What would you like your child to do, achieve or get better at? |  |      |  |
|   |  |      |  |
| What difference would this make?                                |  |      |  |
|   |  |      |  |
| Any other comments?   |  |      |  |
|   |  |      |  |
| Contributed by  |  | Date |  |

