

***'s Plan**

A single plan for Education, Health and Care

My name is

Part One: Personal details

| | |
|---|-----------------------|
| *Name: | Likes to be known as: |
| *Date of birth: | *Gender |
| *Home address: | |
| *Alternative address if different from above: | |
| *Ethnicity: | *Religion: |
| *Name of parent(s)/person(s) with parental responsibility/next of kin | |
| *Unique Pupil Number: | *NHS Number: |
| *ID number: | |

*Denoted mandatory field

| | Date commenced |
|---|----------------|
| EHC plan <i>Section 324 of the Education Act 1996 and the Education (Special Educational Needs)(England)(Consolidation) Regulations 2001</i> | |
| Short break care services <i>Section 17 of the 1989 Childrens Act</i> | |
| Short break care services <i>Section 20 of the 1989 Children Act</i> | |
| Personal Education Plan <i>Section 31 of the Children Act 1989</i> | |
| Care Co-ordination Plan | |

Part Two: All About Me

Short statement on how the views of the child/young person were obtained e.g. during meeting with parent and child, written views sent from home/school, combination of direct contact and conversation with parents etc.

This section to be written as narrative and could be in first person reflecting child/young person's views appropriate to age/understanding

Things that are important to me:

Things that I need more help with:

Things that are working for me:

Document to be written in third person from here

What my mum and dad think:

Professionals' views:

Education:

Information gathered from formal reports/assessments and discussions at ACM from school/setting, EP etc. To include clear reference to and description of special educational need and provision to meet need

Health:

Information gathered from formal reports/assessments and discussions at ACM from any health professionals e.g. Paediatrician, therapist etc. To include formal diagnosis, summary of impact and clear reference to health need and provision to meet need

Community Paediatrician**Occupational Therapist****Speech and Language Therapist****Physiotherapist****Other health advice****Social Care:**

Information gathered from formal reports/assessments and discussions at ACM from any social care professionals e.g. Early help, social worker. To include clear reference to SC need and provision to meet need

Summary of Needs:

Bullet points reflecting agreed needs from combining formal reports and ACM outcomes for each relevant agency. All needs identified here will be linked to an outcome in part 3 if plan agreed.

Education:**Health:****Care:**

Part Three: My Plan

Education Outcomes:

ALL needs identified for education in summary of needs MUST be linked to an outcome

| Outcome: | To access all appropriate aspects of the curriculum | | |
|---|--|---|---|
| <i>What help do I need to achieve this?</i> | <i>Who will provide this help?</i> | <i>How will the help be provided?</i> | <i>When will it happen?</i> |
| A school that can provide access to a full multi-sensory environment | School staff | Access to multi-sensory resources e.g. light room, tactile toys etc. | On-going |
| Development and implementation of a sensory curriculum with staff trained to consistently deliver curriculum requirements | School staff | Support from special school and health to develop programme and assist training as required | Curriculum implemented Sept 2013 for start of school year |
| Individualised programme of activities to support learning and appropriate supervision to aid access | School staff | An effective school placement that provides an individualised programme monitored regularly | Daily delivery with termly monitoring and review |
| Outcome: | To closely monitor, support and manage my physical development to ensure I am comfortable and my muscles get stronger | | |
| Access to warm water swimming | School | At nearest facility with adult support for changing and pool transfers | Weekly |

| | | | |
|--|-------------------|--|-------|
| Two special chairs (one for each setting) | Schools/Education | Recommended by xxxx and purchase agreed by xxx | daily |
| A standing frame to use at school | School/Education | Build up to using for 20 mins a day | daily |

Health Outcomes:

ALL needs identified for health in summary of needs MUST be linked to an outcome

| | | | |
|--|--|---|-----------------------------|
| Outcome: | To develop my communication skills so that I can use up to 3 word phrases | | |
| <i>What help do I need?</i> | <i>Who will provide this help?</i> | <i>How will the help be provided?</i> | <i>When will it happen?</i> |
| A Speech and Language programme | Devised and monitored by Speech and Language Therapist and delivered by school staff and parents | Daily teaching of 2x5min sessions | Daily at home and school |
| Outcome: | To develop my ability to use my standing frame so I can take more part in activities | | |
| Splints to hold my feet in the correct position | OT | New splints to be provided | asap |
| Physiotherapy programme to help me to transfer from my chair to standing frame | OT for initial guidance and to devise programme to be implemented by school and family | Build up to 20 mins a day with 5 min sessions | daily |

Social Care Outcomes:

All needs identified for social care in summary of needs must be linked to an outcome

| | | | |
|---------------------------------------|---|---------------------------------------|-----------------------------|
| Outcome: | To develop my social skills so that I can use them in different contexts | | |
| <i>What help do I need?</i> | <i>Who will provide this help?</i> | <i>How will the help be provided?</i> | <i>When will it happen?</i> |
| Support from the 0-25 disability team | A N Other Social Worker | Meetings with parents and Emma | fortnightly |
| 3 hours direct | Parents | As organised by parents | Weekly |
| | | | |
| | | | |

Arrangements for Monitoring and Reviewing my EHC Plan:

The next review of my Action Plan will take place on xx January 20xx and will be held at my school. All people helping in this Plan will be invited to join me at the meeting or send in information.

Education monitoring:

The school is responsible for the setting, monitoring and review of short-term targets to meet the outcomes of this plan.

Health monitoring:

The relevant Health provider is responsible for monitoring and review of *'s health needs and provision

Social care monitoring:

Social care are responsible for review of *'s social care needs and provision

If there is any significant change in *'s needs, Education, Health or Care can consider calling an interim review of this Plan

We agree with the contents of this Plan:

| | |
|--|--|
| Name: Duly authorised officer of the Education Authority | Signature: Date: |
| Name: Duly authorised officer for the Health Commissioners | Signature: Date: |
| Name: Duly authorised officer for Social Care | Signature: Date: |
| Name: Parents/Carers Name: Child/Young Person | Signed: Date: Signed: Date: |

Legal Information

This joint Education, Health and Social Care Plan is made in respect of the child/young person whose name and particulars are detailed in Section 1. This plan contains the information that would have previously been included in a Statement of Special Educational Needs although it does not follow the same format. Whilst this Single Plan is in force, it will fulfil the same statutory functions as a Statement of Special Educational Needs and should be treated as such by all relevant parties. This includes the child/young person, parents/carers, the Local Authority, schools and professionals working with the child/young person. This EHC Plan may thus be subject to review, amendment and appeal in the same way as a Statement of Special Educational Needs.

In making and maintaining this Plan, Northumberland Local Authority will ensure that no child/young person will be disadvantaged in comparison to those continuing to receive a Statement of Special Educational Needs. The EHC Plan will be kept under review.

The following information was used to help construct the plan and is attached as an appendix:

| Name of Information | Who wrote it? | Date |
|------------------------------------|----------------------|-------------|
| Structured discussion record | | |
| Speech and Language Therapy report | | |
| Community Paediatrics Letter | | |
| Paediatric Physiotherapist Letter | | |
| | | |

Costs to implement my Plan

Special School example:

| What is the support? | How much does it cost? | Who is responsible for payment? |
|--|------------------------|---------------------------------|
| Home to school transport in adapted vehicle + escort | | |
| Equipment: Special chair Standing frame | | |
| Speech therapy | | |
| Physiotherapy | | |
| Occupational Therapy | | |
| A wheelchair to be used across all settings | | |
| TOTAL COST OF ALL MY SUPPORT | | |

Mainstream School example:

| What is the support? | How much does it cost? | Who is responsible for payment? |
|--|-------------------------------|--|
| Weekly access to warm water swimming including transport | | |
| Home to school transport in adapted vehicle + escort | | |
| Equipment: Special chair Standing frame | | |
| Access to multi-sensory environment bi-weekly | | |
| Speech therapy | | |
| Physiotherapy | | |
| Occupational therapy | | |
| A wheelchair to be used across all settings | | |
| TOTAL COST OF ALL MY SUPPORT | | |

Personal Budget

| What is the support? | Who will provide it? | What does it cost? |
|---------------------------------|-----------------------------|---------------------------|
| | | |
| | | |
| TOTAL COST OF MY SUPPORT | | |