



## Checking the draft Education, Health and Care Plan

By Week 16 of the Education, Health and Care needs assessment the local authority (LA) will either decide not to issue an Education, Health and Care plan (EHC plan) for your child or young person or they will send you a printed copy of the draft plan. Their decision will be based on information about your child's needs and whether additional resources are required to meet these, beyond the level offered in school through SEN support. If you receive a draft, you have at least 15 calendar days to read the draft and send any comments (your 'representations') to the LA.

You will need to be clear about which part of the draft you are commenting on. You can comment on any aspect of the draft e.g.:

- Where you don't agree with what has been written
- Where something needs to be added
- Where you don't understand what has been written
- Where you think something may be too vague and needs to be made specific

You will receive a copy of the draft plan by email but ask for a paper copy to be sent to you if you prefer. Any changes you request can be marked using tracked changes or underlined and sent back to your caseworker. If you have comments, you may wish to add them to a separate document and say which part of the plan they relate to. You are not expected to rewrite the plan, just to make comments. If you are having difficulty you should contact your LA caseworker.

In preparing the draft plan, your caseworker will have used information provided in your child's assessment reports. If you want additional information added into the plan, then it is helpful to reference the report and page number where this information can be found.

Read the whole draft EHC plan and then carefully go through each section. Some sections may not apply to your child and will be left blank intentionally. A well written plan should have a clear 'golden thread' running through it linking the **aspirations, needs, outcomes and provision.**

## Section A

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

***The SEND Code of Practice section 9.69 states that Section A should include: -***

1. Details about the child or young person's aspirations and goals for the future (but not details of outcomes to be achieved – see section E on outcomes for guidance). When agreeing the aspirations, consideration should be given to the child or young person's aspirations for paid employment, independent living and community participation.
2. Details about play, health, schooling, independence, friendships, further education and future plans including employment (where practical).
3. A summary of how to communicate with the child or young person and engage them in decision-making.
4. The child or young person's history.
5. If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.

### What should you look for in Section A?

- **Section A needs to give a background history of your child.** It is helpful for this to be as detailed as possible but not too long. If you sent in a very long parental contribution, the caseworker may have edited it but should have involved you when doing this. You should expect to see all the most important points that you made, as you are an expert on your child.
- **The views, wishes and aspirations of your child should be clear in Section A.** What does your child want to do in the future? What are their hopes? Does the plan detail these in their own words? Your child's ideas may differ from yours but it is important that they are included.
- **How does your child communicate with other people** and how do they like to be involved when decisions are made about them?

- If you included information in your contribution about **how differently your child behaves at home to school**, then make sure that this has been included in this section of the plan.

## Section B

### The child or young person's Special Educational Needs (SEN)

***The SEND Code of Practice section 9.69 states that in Section B:***

1. All of the child or young person's identified special educational needs must be specified.
2. SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train the child (*e.g. physiotherapy that enables the child to engage in education.*)

### What should you look for in Section B?

Most local authorities divide this section into four key areas of need.

1. **Cognition and learning**
2. **Communication and Interaction**
3. **Social, Emotional and Mental health**
4. **Sensory and Physical**

Each special educational need, within each of the four areas, should be identified separately so that it is easier to check that there is a provision in section F to meet each need. Some children may have needs in all four sections whilst others may only have needs in one or two.

#### 1. **Cognition and learning**

An educational psychologist assesses these needs. This should focus on how your child **processes information** and how they interpret this into their learning.

Do they **remember** what they have been taught or do they forget concepts and struggle to apply them the following day?

It may include information on how they **concentrate** on the task in hand. Do they struggle to stay focused and are they easily distracted?

There should be some information in the plan about their current academic achievement and levels, particularly in literacy and numeracy. This makes it easier to measure their progress and to see how they compare to their peers. Your child's educational setting (school or college) should provide this information as part of their statutory advice.

## 2. Communication and interaction

A speech and language therapist usually assesses these needs if they are involved in supporting your child. Other professionals can provide information if a speech and language therapist has not been involved.

- **How does your child express themselves?** They may be able to speak, but have difficulties maintaining a conversation or responding to questions. They may repeat sentences back (echolalia) or talk incessantly about a subject they are interested in with little regard for others.
- **How does your child understand what has been said to them?** This might be labelled as their receptive language. Although some children have the ability to speak, they have little actual understanding. For instance, some children repeat extracts from programmes they have watched but have no understanding of the actual meaning.
- Their understanding may be very literal and, for example, idioms and sarcasm pass them by. They may not understand jokes and may struggle to interpret other people's emotions.
- Some children may struggle to make **eye contact** with people they are talking to, and to speak clearly. They may be selectively mute, refusing to speak in certain circumstances or to certain people.
- It is important that this section include the child's **nonverbal communication difficulties**, which include body language and facial expressions. For children who struggle to use spoken language to communicate, it is especially important to establish how they communicate and how they express emotions or communicate to others.

## 3. Social, emotional and mental health

- Many children with special educational needs and disabilities (SEND) have difficulty **making friends**, establishing relationships with others, taking turns, understanding and interpreting other people's emotions. They may respond inappropriately in social contexts and feel overwhelmed in certain situations.

- How does your child respond if their **routine** is changed or if circumstances change?
- Some might display **obsessional behaviours** or react in an extreme way to certain triggers.
- Although many children may not have a diagnosed mental health condition, they may struggle with **anxiety** and **depression**. What triggers these anxieties and how do they behave when anxious or depressed?

#### 4. Sensory and physical needs

- Children with sensory needs may have difficulties managing **noise, being touched**, being exposed to certain **tastes or smells** or may feel overwhelmed, for example, by certain types of light. Sensory needs can also make it difficult for children to regulate themselves, so they find it difficult to sit still or show no awareness of other people's body space and the need to give people room to move.
- Children who have **coordination difficulties** may have problems regulating their sense of balance.
- Some physical needs can affect their ability to learn. For instance - small epileptic seizures during the day might affect their ability to concentrate; varying blood sugars associated with diabetes may affect their ability to focus.
- Sensory difficulties such as being deaf or having a visual impairment will impact on how a child learns, so must be included in this section of the plan.

## Section C

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

#### ***The SEND Code of Practice section 9.69 states that Section C:***

1. Must specify any health needs identified through the EHC needs assessment which relate to the child or young person's SEN. Some health care needs, such as routine dental health needs, are unlikely to be related.
2. *(May include)* other health care needs which are not related to the child or young person's SEN (for example, a long-term condition which might need management in a special educational setting).

## What should you look for in Section C?

- These needs will come from **medical reports**, which may have been written by your GP, nurses, dieticians, physiotherapists, occupational therapists, CAMHS or consultants the child sees regularly. NB: Where speech and language needs are regarded as educational (rather than health) needs, information provided by a speech and language therapist should be in Section B.
- A simple statement of a diagnosis does not give the level of detail required in this section. For example, “epilepsy” does not explain how a child is actually affected. It is helpful to explain the condition rather than use medical jargon in the plan that is not easy to understand.
- This section should include details of how a child’s health condition affects their everyday life and the difficulties they encounter as a result.
- This section should detail how their health needs affect their education but can also detail health needs that do not affect their learning.
- This section should not be left blank if your child has a medical need, which affects them on a daily basis, either at school or at home.

## Section D

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

#### ***SEND Code of Practice section 9.69 states that in Section D:***

1. The EHC plan must specify any social care needs identified through the EHC needs assessment which relate to the child or young person’s SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970.
2. The local authority may also choose to specify other social care needs which are not linked to the child or young person’s SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Inclusion **must** only be with the consent of the child and their parents.

## What should you look for in Section D?

- If a child or young person has SEND, social care usually only become involved when the family need support and respite from caring responsibilities and may have received a social care assessment.
- Advice for this section could come from teachers, early help, parents, occupational therapists, short breaks providers or after school clubs, etc.
- A child or young person may have a social care need even if they are not known to social services and do not have a designated social worker.
- Consideration should be given to children and young people who may lack understanding of stranger danger, road safety and be vulnerable in the community.
- The needs of the child or young person may also have a wider impact on the family who get very little respite from their caring role.

## Section E

### Outcomes sought by the child or young person

***SEND Code of Practice section 9.66 defines an outcome as***

*“the benefit or difference made to an individual as a result of an intervention”*

***Section 9.69 states that Section E should include:***

1. A range of outcomes over varying timescales, covering education, health and care as appropriate.
2. A clear distinction between outcomes and provision. The provision should help the child or young person achieve an outcome; it is not an outcome in itself.
3. Steps towards meeting the outcomes.
4. The arrangements for monitoring progress, including review and transition review arrangements and the arrangements for setting and monitoring shorter term targets by the early years provider, school, college or other education or training provider
5. Forward plans for key changes in a child or young person’s life, such as changing schools, moving from children’s to adult care and/or from paediatric services to adult health, or moving on from further education.
6. For children and young people preparing for the transition to adulthood, the outcomes that will prepare them well for adulthood and are clearly linked to the achievement of the aspirations in section A.

## What should you look for in Section E?

- Outcomes **identify how things will be different in the future** – they focus on setting goals that children or young people should strive to achieve thus demonstrating they have made progress.
- Outcomes should be developed through **partnership working** so that parent carers, the young person, school staff, educational psychologist and other professionals are all involved in their creation. Before putting outcomes into the EHC plan, the caseworker should discuss them with the family. This will often be done at the co-production meeting.
- Outcomes are usually written to last to the next Key Stage or 2-3 years.
- Outcomes must be **tailored** to each individual's needs and aspirations.
- Think about what it is important for your child to be able to do. What changes and progress would make a big difference to their life and happiness?
- **Outcomes must be SMART** (Specific, Measurable, Achievable, Realistic, and Timebound).
- Outcomes should not be a description of the service being provided, e.g. 'access to a physiotherapist every week' tells us who the child will be seeing but does not tell us what impact the appointments are aiming to achieve.
- If your child is in Year 9 or above, the outcomes should also relate to preparation for adulthood – independent living, employment, housing and participation in society.

### TIPS ON SMART OUTCOMES

To test an outcome to see if it is SMART you will need to ask yourself the following questions:

- Is it specific?
- How can the outcome be measured, so that you can monitor progress?
- Could the child or young person achieve this outcome?
- Is it a realistic goal for this child or young person?
- Is there a date by which the outcome is due to be achieved?

'Jack will learn to read' is an example of a **vague outcome**. There are several unanswered questions in this statement. In order to 'SMARTen' it up, it could say 'By the end of the summer term Jack will learn to read 50 information carrying words so that he is able to read and understand a simple story.'

## Section F

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

### ***SEND Code of Practice section 9.69 states:***

1. Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where this support is secured through a Personal Budget
2. Provision must be specified for each and every need specified in section B. It should be clear how the provision will support achievement of the outcomes
3. Where health or social care provision educates or trains a child or young person, it must appear in this section (see paragraph 9.73)
-  4. There should be clarity as to how advice and information gathered has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons why.
5. In some cases, flexibility will be required to meet the changing needs of the child or young person including flexibility in the use of a Personal Budget
6. The plan should specify:
  - a. any appropriate facilities and equipment, staffing arrangements and curriculum
  - b. any appropriate modifications to the application of the National Curriculum, where relevant
  - c. any appropriate exclusions from the application of the national Curriculum or the course being studied in a post -16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum.
  - d. where residential accommodation is appropriate.

## What should you look for in Section F?

- When an educational need has been identified in section B, this must be matched by provision in this section. It can be helpful to use two different coloured pens – one to highlight each need and one to highlight the provision to match that need in this section.
- Information concerning your child’s **cognition and learning** will primarily be taken from the **Educational Psychology** report. The **speech and language** report will provide detail about support they require to meet their **communication and interaction** needs. If your child has been assessed by **CAMHS**, the information they provide will probably be included in the **social, emotional and mental health** section.
- Information from the **physiotherapist and occupational therapist** will be included in the **sensory and physical** provision. Your child’s school may also have provided information in this section.
- Provision must be specified and quantified; for instance, it must not just say “access to small group work”. It should say how many children should be in the group, how often the group should meet and for how long. It should also be clear who is to provide the support and what qualifications they need.
- It should state clearly when the provision is going to be reviewed.
- Therapies that educate or train a child must be included in this section. Speech and language therapy helps to educate a child so should normally be included in this section. Think about the therapy your child receives - if it was removed, would they still be able to learn in the educational setting? If not, then the provision may need to be included in this section of the plan.
- It is the responsibility of the local authority to ensure that provision detailed in this section of the plan is delivered.

## Section G

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

***SEND Code of Practice section 9.69 states that:***

1. Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it.

2. It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget
3. Clarity as to how advice and information gathered has informed the provision specified
4. Health care provision reasonably required may include specialist support and therapies, such as medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England (for example therapeutic provision for young offenders in the secure estate)
5. (*This section may include*) other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan.

## What should you look for in Section G?

- Information detailed in this section will be found in **medical reports** from paediatricians, GPs, physiotherapists, occupational therapists, speech and language therapists, dieticians or CAMHS.
- This section should set out the medical provision a child needs throughout the school day.
- It should explain who will provide it and what skills they have, how often the support needs to be provided and for how long.
- However, only health provision that is “reasonably required” has to be included in this section so there may be some provision that is left out if it is not felt to be reasonably required.
- Some health provision may educate or train a child and therefore it should be detailed in section F of the plan.
- If your child is in year 9 or above, then this section should include details of how they will be supported as an adult to achieve a healthy lifestyle and access health services.

## 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 (CSDPA) 1970**

***The SEND Code of Practice section 9.69 states that:***

- Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment)
- It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how advice and information gathered has informed the provision specified
- Section H1 of the EHC plan must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDP Act. These services include:
  - practical assistance in the home
  - provision or assistance in obtaining recreational and educational facilities at home and outside the home
  - assistance in travelling to facilities
  - adaptations to the home
  - facilitating the taking of holidays
  - provision of meals at home or elsewhere
  - provision or assistance in obtaining a telephone and any special equipment necessary
  - non-residential short breaks (included in Section H1 on the basis that the child as well as his or her parent will benefit from the short break)
  - This may include services to be provided for parent carers of disabled children, including following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989

## What should you look for in Section H1?

- If your child goes to an after-school club or holiday respite centre, this should be detailed in section H1.
- H1 should only detail respite provision for children and young people under 18
- It will include details of any formal respite package but not any overnight stays.
- The CSDP Act focuses on equipment that a family might need to help meet a child or young person's physical disability e.g., a wheelchair or adapted car.
- Because the provision relates to an act of law (The Chronically Sick and Disabled Persons Act 1970) it is statutory provision which must be provided.

## 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**

***SEND Code of Practice section 9.69 states that this section should include: -***

- 1 Provision identified through early help and children in need and safeguarding assessments for children. Section H2 must only include services which are not provided under Section 2 of the (*Chronically Sick and Disabled Persons Act 1970*) CSDPA. For under 18s, this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payments. See chapter 10 of the Code of Practice for more information.
- 2 Any adult social care provision to meet eligible needs for young people over 18 (set out in an adult care and support plan) under the Care Act 2014. See Chapter 8 for further detail on adult care and EHCPs.
- 3 The LA may also choose to specify other social care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities. This will enable the LA to include in the EHC plan provision such as child in need or child protection plans, or provision meeting eligible needs set out in an adult care plan where it is unrelated to the SEN but appropriate to include in the EHC plan.

## What should you look for in Section H2?

- This section of the plan focuses on support and provision that is required by a young person if they have a learning disability.
- Some young people who have EHC plans are adults. If they have a respite package of any kind, then it must be included in this section.
- If you have a direct payment for respite, then this should be included in H2.
- Lots of children and young people with SEND may not have been assessed by a social worker and may not be known to their services. If they have a social care need, it is more likely that it will be met by what are known as universal services, which are more widely available. These could include after school clubs or youth groups.
- If your child is in year 9 or above then this section should include details of how they will be supported to prepare for adulthood and to live independently, find employment and participate in society.

## Section I

### Placement

***SEND Code of Practice section 9.69 states that this section should include:***

1. 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)
2. These details must be included only in the final EHC plan, not the draft EHC plan sent to the child's parent or to the young person

## What should you look for in Section I?

- This section of your child's draft plan will be left blank. As part of the assessment process, you are entitled to request a particular school, institution or type of school to be named in the plan. When you receive the draft plan,

you will also receive a school preference form which you can use to name your preferred choice of school. See Amaze's fact sheet and online advice on Choosing a school.

- Please note that if you and the local authority are not seeking to move your child to a different school, they are entitled to remain at their current school once the assessment process is completed.
- You may want to move your child from a mainstream school to a special school. The local authority will have to consider whether your child's needs will be better met in a special school.
- Once you have returned the draft with your comments, the LA will send the EHC plan to the school you have expressed a preference for. The school will decide whether they can meet your child's needs. If they cannot, then the LA may name a school they think is appropriate for your child or may work with the school to support them to meet the needs of your child.
- The maintained nursery school, school, post 16 establishment, academy or free school that is named in your child's plan must admit them.
- If you have decided to electively home educate your child, then this must be stated in the plan.
- If the local authority has agreed education other than in school or college, then this must be stated in the plan.
- Sometimes it is not possible to find a suitable school so the plan may be finalised naming a type of school (special or mainstream) in this section. This is sometimes done so that the LA can meet their statutory 20-week timescale to complete the process.
- Once the final plan is received, it is a legal document and the LA have a duty to find a school for a child or young person and secure the provision specified in the plan.

## Section J

### Personal Budget

***The SEND Code of Practice section 9.69 states that in Section B:***

1. This section should provide detailed information on any Personal Budget that will be used to secure provision in the EHC plan
2. It should set out the arrangements in relation to direct payments as required by education, health and social care regulations.

The special educational needs and outcomes that are to be met by any direct payment must be specified

### What should you look for in Section J?

- A personal budget is intended to support a child or young person to meet one of their educational outcomes.
- The information must be specific and detail how much time is to be spent using the money, the qualifications and experience of the teacher and what is to be achieved.
- It can be discussed at an annual review of the EHC plan or during the 20-week assessment process.
- If you want a personal budget to be considered then it is a good idea to write exactly what you would use it for, the potential costs and identify the outcomes that could be achieved through its implementation.
- There are different ways to administer a personal budget but, if one is paid directly to you, then a separate bank account will need to be opened to manage the money. Please see additional information on personal budgets on each LA's Local Offer:
- How Personal Budgets Work (Brighton & Hove) <https://www.brighton-hove.gov.uk/special-educational-needs-and-disabilities/how-personal-education-budgets-work>
- EHCPs and Personal Budgets (East Sussex) <https://localoffer.eastsussex.gov.uk/send-information-and-services/education-health-and-care-plans/ehcp-funding-and-personal-budget>

## Section K

### Advice and Information

***The SEND Code of Practice section 9.69 states that Section K must include:***

The advice and information gathered during the EHC needs assessment, set out in appendices to the EHC plan. There should be a list of this advice and information

### What should you look for in Section K?

- Always check to see who has been asked to contribute to your child's plan. These reports should be attached to the plan as appendices.
- You might also be surprised by who has not been asked to provide information especially if your child regularly sees a specialist regarding their disabilities.
- If you are worried that some of the information you have provided to your caseworker has not been used in the plan, or if the report is out of date, always speak to your caseworker and send them copies of any more recent or missing reports you might have.
- If a professional has recently assessed your child, it is worth letting your caseworker know this so that they can include this information when the report is written and available.
- If any of the reports that were used are old and no longer reflect your child's needs, you should consider asking for updates before the annual review of the EHC plan.

### Reminder

When you receive the draft EHC plan, you are entitled to ask the local authority to make amendments to it. As you have 15 calendar days to ask for these changes, it is a good idea to try to find the time to read and check the draft through as soon as you can.

The local authority will consider your requested changes. Once the final plan has been issued, it is a legal document. If you disagree with the description of needs in sections B, the provision in sections F or the school place in section I, then you have the right to appeal to the [First-tier tribunal \(SEND\)](#) to make a binding judgement. You can also appeal sections C



and G (health) and D and H1 (social care) if you are appealing an education section. The tribunal can make non-binding recommendations concerning Sections C,D,G and H1 but bodies would need to provide a very strong case if they chose not to accept the recommendations.

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Amaze SENDIASS is the Special Educational Needs and Disability Information, Advice and Support service for East Sussex and Brighton & Hove. We offer impartial and confidential support with anything to do with special educational needs and disabilities for 0-25 year olds. Please contact us on 01273 772289 or by email on [sendiass@amazesussex.org.uk](mailto:sendiass@amazesussex.org.uk) if you would like further advice and support.

To download a copy of the SEND Code of Practice 2015 for further information visit:  
<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>