

Education, Health and Care Plan

Guidance for parents in England

A RESOURCE FOR PARENTS IN THE PRODUCTION OF AN EHC PLAN
Understanding the paperwork, how to apply for an EHCP and what
the process involves

This guide has been prepared for parents of children and young people who have Ectodermal Dysplasia with special educational and medical needs, and who want to know how to get help in education for their child from birth to 25.

Information for families in Scotland, Northern Ireland and Wales

The advice given is subject to change should procedures, requirements etc., where the process differs

What is an Education Health and Care plan (EHCP)?

An EHCP is a legal document that describes a child or young person's special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how the help will support them in what they would like to achieve in their life. It will be written by the Local Authority if it is felt the child or young person's needs cannot reasonably be provided within a mainstream education setting.

An EHCP can be issued to a child or young person between 0 and 25 years.

The exact contents of an EHCP will vary as there is no set template, however it has to be based on the plans drawn up in chapter 9 of the Special Educational Needs and Disabilities (SEND) Code of Practice which can be found on the Government website. Chapter 9 sets out some common features that all EHCPs must include. The minimum requirements for a EHCP must contain the following sections.

Section A – The views, interests and aspirations of the child/young person and his or her parents.

Section B – The child or young person's special educational needs.

Section C – The child or young person's health needs which are related to their Special Educational Needs (SEN).

Section D – The child or young person's social care needs which are related to their SEN or a disability.

Section E – The outcomes sought for the child or the young person. This should include outcomes for adult life. The EHCP should also identify arrangements for the setting of shorter term targets by the early years provider, school, college and other education or training provider.

Section F – The special educational provision required by the child or the young person.

Section G – Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. Where an Individual Health Care Plan is made for them, that plan should be included.

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 1970.

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. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.

Section I – 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 / young person).

Section J – Where there is a Personal Budget, the details of how the personal budget will support particular outcomes, the provision it will be used for including any flexibility in its usage and the arrangements for any direct payments for education, health and social care. The special educational needs and outcomes that are to be met by any direct payment must be specified.

Section K – The advice and information gathered during the EHC needs assessment must be attached (in appendices). There should be a list of this advice and information.

(From paragraph 9. 62 SEN Code of Practice 2014)

In addition, for children / young people in or above Year 9, sections F, G, H1 or H2 (as appropriate) must include the provision they require to help them prepare for adulthood and independent living, such as support for finding employment or housing or to participate in society.

The EHCP has to include a discussion of what is officially described as 'outcomes'. In practice, this is simply the formal way of describing where you want to be at the end of the process – what you hope your child can achieve, and how you want their education to support that.

These ambitions are broader than just passing exams: it's the purpose of education to prepare a child for adulthood. The goals you should consider include:

- Education and/or training.
- Health care.
- Social care and support.

Ultimately, the EHCP should include a consideration of your child's long-term prospects, including the ability to live independently and engage in meaningful employment. For some young people this may seem like a more attainable goal than for others, but the EHCP is your opportunity to put it on the record.

Outcomes are about the effects of your child or young person's education, not just the content. To use an example offered by the SEND Code of Practice: 'The provision of three hours of speech and language therapy is not an outcome. In this case, the outcome is what it is intended that the speech and language therapy will help the individual to do that they cannot do now, and by when this will be achieved.'

The legal definition, as laid down by paragraph 9.66 of the SEND Code of Practice, is this: 'an outcome can be defined as the benefit or difference made to an individual as the result of an intervention.' The acronym they use is SMART: these goals have to be specific, measurable, achievable, and realistic and time bound. It's useful to remember that the outcomes section is the standard you're going to be measuring your child or young person's education against, so the stronger you can make that section, the better.

How does the process start?

The following people can make a formal request for an EHC needs assessment:

- A school or college
- A parent
- A young person themselves if over 16

It is lot easier to ask the school to begin the process as they have probably done it before and will be familiar with the system. However, if you prefer to make the application there are sample letters available on the internet.

You may want to include copies of reports from health professionals, details of the child's results in any national tests they've taken and school reports, as the local authority will want to see evidence that your child needs more support for their special educational or medical needs than a mainstream education setting can normally provide.

You should explain your child's difficulties, describe any extra support your child has already received and say why you feel your child needs more help.

The local authority must tell you in writing within six weeks whether or not they are going to assess your child.

Receiving an EHC Draft Plan

At first you will receive a draft EHCP and then have 15 days to put forward your views to the Local Authority about the contents of the plan. However, if circumstances make that difficult, you can apply for an extension.

There will then be a second meeting. At this meeting decisions should be made in partnership with you and your child or young person.

The Local Authority must help your family, including your child, to take part in the process. They must provide you with any information, advice and support you need to do this.

If you have already provided information about your child as part of your request, you don't need to repeat this, but you can send in new information if you want to. You can send in other reports if you have them, for example a report from an independent professional. You can also ask the Local Authority to seek information about your child from someone who has not been contacted before. For example, you may want to ask if a Speech and Language Therapist can assess your child.

You can say which school, college, or other educational institution you would like your child to go to. The local authority must tell you how to find out about schools and colleges. They must also consult the institution before naming it in the final EHC plan. If the Local Authority refuse to include your preference, once again the Special Educational Needs and Disability Tribunal is the place to go to appeal. You will have to wait until after the final EHCP has been issued to make such an appeal.

What is an EHCP Needs Assessment?

An EHCP needs assessment enables the Local Authority to consider whether there is evidence that a child or young person has special needs. It is a legal process carried out by the Local Authority and should not be confused with other assessments that teachers, the GP or other professionals may arrange for your child.

This is a very detailed statutory education, health and social care assessment of a child or young person by the Local Authority under the terms of the Children and Families Act 2014. It will include information from you, your child, your child's teacher and other professionals who work with or support your child. For example, some children and young people may need a lot of adult support for most or all of the school day or they may need a large amount of help from specialist services, such as speech therapy that is more than a mainstream education setting (schools, colleges, nurseries) can offer.

Once they have all the information, the Local Authority will then hold the first meeting to decide whether to issue an EHCP. It is a good idea to consult your local authority SEND Local Offer website for information on how this process is managed in your area.

What happens during an EHC needs assessment?

At this point the Local Authority gather as much information as they can about your child or young person's needs from:

You and your child or young person

- The nursery, school or college or other educational setting
- An educational psychologist
- Specialist teachers
- Health and social care services.

Others whose views may be important.

You may have been allocated a dedicated caseworker from the local authority as your key point of contact.

Advice and information requested by the Local Authority should be provided within six weeks.

The local authority does not have to seek further information from professionals if this has been provided recently. However, any existing reports should meet the requirements of the assessment process. They must have detailed information about your child or young person's needs, the support or provision they require, and the expected outcomes (how the support will make a difference to your child).

This is your chance to ask questions if anything is unclear, check that the plan describes your child's needs accurately, or to say if you think anything in the plan should be changed.

You can also ask for a personal budget.

The final plan must be issued within a maximum of 20 weeks of the initial request.

Finalising the EHCP

Once everything has been agreed, the local authority will send you the final plan. This should happen as soon as possible; technically you should receive it a maximum of 20 weeks after the first request for assessment.

EHCPs are subject to yearly reviews (these may be called earlier should any of the interested parties so wish, but must have a valid reason to do so) to make sure they're up to date with your child's needs, so you'll need to keep on top of them, but once the initial one is established, the reviews are a lot easier to manage.

Once you have an EHCP it establishes your child or young person within the system and is the main authority to which you can refer when attempting to get his or her needs met. An EHCP makes life easier in several very important ways:

- If your child or young person is in mainstream education, it allows the school to apply for funding. This will make it possible for them to arrange a teaching assistant to support your child in class, visits from Speech and Language Therapists, extra equipment, or other things that they previously couldn't access.
- If you want your child or young person to go to a special school or an autism resource based within a mainstream school, an EHCP makes it possible for you to apply for a place.
- If you're applying for a place in a mainstream state-funded school, an EHCP often gives your child priority. Different local authorities arrange the priority order slightly differently, but along with having siblings already at the school, or living in foster care, having special educational needs is one of the basics and generally quite high on the list. The school will make the decision based on whether they can meet your child or young person's needs, but it does reduce some of the usual hassle over catchment areas.
- If your child or young person is moving from one school or college to another, being able to bring the EHCP with them saves a lot of explaining and gives a much better chance of consistency.
- Interestingly, many child-friendly places such as zoos and theme parks will allow one adult to go in free as a 'carer' if you can prove the child is disabled. (This is good two ways: either you save money you would otherwise have had to spend, or, if you have a season ticket that includes you as an adult, it gives you some flexibility about which adult companions you can bring along. Any adult is counted as a carer.) An EHCP is one of the documents they'll accept as a proof of disability.

If the EHCP assessment concludes that your child's special needs require more help than a mainstream education setting can normally provide then it will be necessary for provision to be made in accordance with an EHCP which the Local Authority must prepare a plan.

The Local Authority may also require evidence in addition to your views, so ensure you have copies of any reports that may have been undertaken on your child or young person; the diagnosis and any reports from the school. The special needs don't need to be proved at this stage, as under S36(8) of the Children and Families Act 2014, it says the local authority must secure an EHC needs assessment for the child or young person if, after having regard to any views expressed and evidence submitted under subsection (7), the authority is of the opinion that:

- the child or young person has or may have special educational needs, and
- it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.

So make sure that you have gathered all the relevant information you have which you think will help.

What if the Local Authority refuses to give my child an EHC plan?

An EHC needs assessment does not always lead to a child or young person receiving an EHCP. For example, the Local Authority might decide that the child's or young person's needs can be met by the school in other ways.

If the Local Authority are not going to make a EHCP, they must write to you within 16 weeks to tell you this. You will have the right to appeal, and the Local Authority must give you information about this.

What if the Local Authority refuses to carry out an assessment?

The Local Authority can refuse if they don't think your child needs an assessment. They may feel that there is not enough evidence that your child's difficulties are severe enough. Or they may decide that a mainstream education setting can provide all the support your child needs.

If your child has been refused an EHCP needs assessment, you can appeal this decision to an independent tribunal within two months of the date on your decision letter, or one month from the date of the mediation certificate - whichever is later.

What is a personal budget?

A personal budget sets out the amount of money that is available to spend on support for your child, to meet their assessed needs. This money may come from your local social services team, local education department, or in some cases from your NHS clinical commissioning group (CCG). If you receive funding from the NHS this is known as a personal health budget.

Having a personal budget should mean that it is much clearer what money is available to fund the support that your child has been assessed as needing. It should also mean that you can have more involvement in deciding how that money should best be spent.

Having a personal budget does not mean that your child will get any extra funding. However, it should mean that you have more say in how the money that has been allocated is spent. In some circumstances, you may have the option of getting direct payments, which you can use to buy support for your child rather than have this arranged for you.

What happens when my son or daughter leaves school?

An EHCP shouldn't be automatically ended just because a young person leaves school. One of the purposes of the EHCP is to support people who are trying to spend more time in education or training; it is part of preparing them for independent (or semi-independent) adulthood and can be very helpful for someone learning to stand on his or her own feet.

Between the ages of 19 and 25, the local authority may or may not decide that the EHCP is the best way to keep supporting someone. It's not an automatic right; instead, a local authority should keep the EHCP going for people who:

- Want to remain in education or training so they can 'complete and consolidate' what they learned at school
- Still need special educational provisions
- Haven't yet fully managed to achieve the education and training outcomes the EHCP set out
- Would be able to progress towards those outcomes if they stayed in education or training

That said, 'education or training' isn't a catch-all. College counts as 'further education', and is covered, but university counts as 'higher education': a person in university will have their EHCP ended, as it's considered that if he or she needs some support, it's better provided through the Disabled Students Allowance.

How this transition will be managed depends on the individual. The basic guidelines are in the SEND Code of Practice (PDF), which cover education or employment as well as social care and health service support.

When does an EHCP come to an end?

A local authority can only end an EHCP under two circumstances:

- 1 It decides that the child/young person no longer needs the support the EHCP laid out. However, they can't decide that simply on the grounds of age: if the young person is 19 or older, the local authority has to consider how far the education and training objectives in the plan have been achieved. If the objectives are realistic but haven't been fully achieved yet, the plan should continue.
- 2 It's no longer responsible for the child or young person. Reasons for this include:
 - You've moved house and are now under a different local authority.
 - The young person has gone into paid employment.
 - The young person has gone into higher education, i.e. university. However, an EHCP can continue if he or she attends college, which is further education.
 - The young person is at least eighteen and no longer wants to continue in education.

If the local authority wants to end your child or young person's plan and you disagree, you can appeal against their decision to the Special Educational Needs and Disability Tribunal. As long as the appeal is ongoing, the authority can't stop the support the current plan lays down.

USING THIS DOCUMENT

This document provides examples for discussion and is not advocating any particular approach to meeting needs. We were not party to the information and advice provided in support of the plans and are therefore making no judgement as to whether the particular provision is or is not appropriate for any particular child or young person.

JACKS EDUCATION, HEALTH AND CARE PLAN

NAME : JACK WEST

AGE: 5

ABOUT JACK'S EDUCATION HEALTH AND CARE PLAN

This plan has been developed to exemplify how different parts of an EHC plan should be linked together to provide a coherent picture of a child or young person. We have therefore tried to keep the length to a minimum.

Every plan should be developed with the participation of the child and their parent or the young person themselves, and is only a good plan if it reflects that individual child or young person. This is a good plan for Jack but not for anyone else.

This document has been included to provide an example of a well-structured plan. This document is not seeking to advocate a particular approach to meeting particular needs and cannot and does not provide legal advice in relation to any individual care.

Jack's One page profile

Picture of child

WHAT OTHERS LIKE ABOUT ME

AND WHAT I LIKE ABOUT MYSELF

tries to do the right thing

smart

focussed

intelligent

polite

tells it like it is

a winning smile

hardworking

interesting

cool hair

ambitious and responsible

quiet

devoted to his dog

What people like about me and what I like about myself

- I am thoughtful and kind
- I play well with other children and I like to make friends
- I have a good sense of humour and enjoy making people laugh
- I am curious about the world and I love to learn new things

How best to support me

- Ideally by having one special person who can help meet all my needs, as listed earlier.
- The professional people who know about my condition recommend 24-hour care and support until I am at least 12 years old.
- By having everyone in the school understand my condition, so that they can think and act quickly if one of my needs isn't met and ensure my safety at all times.
- I may need speech and language therapy in the future. At 5 years old, my speech is age appropriate, but sometimes lacks clarity and so needs to be monitored.
- I need someone who knows all these things to keep me healthy, safe and alive.

What is important to me

- I need someone to ensure that the environmental temperature is right for me to stay well and learn. When it is warm, I require an air-conditioned classroom.
- I need an adult to help me adjust the layers of clothing I am wearing according to the temperature of my environment. I need reminding to drink water throughout the day and to frequently use the toilet.
- I need support with sun-protection (cream, hat and sun glasses).
- I need someone to help me spray my nose with saline and clear nasal mucus.
- I may need support with language acquisition, especially forming sounds, as I have very few teeth.
- I need someone to prepare my food to the correct consistency, and supervise me eating so I don't choke.
- I need someone to watch me closely at all times when I am outside and when I am exerting myself physically to ensure I do not overheat.
- I need access to external shady areas during sunny periods.

Section A

The views, wishes and aspirations of Jack and his parents

Contribution from Jack's parents

Jack was diagnosed with a rare genetic disorder x-linked hypohidrotic ectodermal dysplasia (HED) by chorionic villus sampling at 12 weeks of gestation. His older brother, Columbus, who is also affected by HED, had experienced serious health complications following birth due to the warm temperatures of the postnatal ward and so special arrangements were made at the hospital for Jack's birth.

As a result of the lessons learned from caring for Columbus through infancy and into childhood, Jack was able to avoid the many ambulances and emergency admissions to hospital that Columbus had needed during his early years. From one day old, Jack has had his nose sprayed with saline and his nostrils creamed with Bactroban to keep his nasal passages clear and his breathing uninhibited. He has been creamed daily with emollient to increase the moisture in his skin and his environmental temperature and clothing has been monitored 24 hours/day to ensure that he does not overheat or become too cold. Jack receives the highest level of disability living allowance in recognition of his round-the-clock medical needs.

Jack attended the Bright Stars nursery at Cranmore from April 2014 to July 2015. He thrived at this nursery in great part due to the commitment of staff who went to commendable lengths to meet his medical needs.

Jack will be starting Reception at (name) School in September 2018. His parents have chosen this school due to the full-time presence of a nurse, the small class sizes and the fact that teaching and support staff are fully aware of how to manage HED through their dealings with Columbus over the past two years.

In most areas of life not related to his medical condition, Jack is like a regular five-year-old boy.

Make it clear what the aspirations are so it is easy to see how they link to the outcomes

Jack's aspirations:

To play football

To be happy

His parents' aspirations for him:

Jack's parents want him to be happy, to develop a love of learning and to be in a school environment where his medical needs will be constantly monitored and met. It is very important for Jack's parents to feel they can trust the school to care for Jack in the way he is cared for at home, to ensure he fully accesses the curriculum at all times and continues making appropriate progress.

Jack's contribution

Show exactly how views were gathered

Jack's family's story

Jack lives with his parents, *(name)* (mother) and *(name)* (father), his brother *(name)* 7, and his sister, *(name)* 2. Jack's older brother, *(name)*, is also affected by HED.

Jack was born in central London and his family moved to Surrey in June 2016.

More information on how to support Jack and his family

His mother is in regular contact with Jack's teaching staff at *(name)* school. She says that Jack has been very happy and has thrived at the *(name)* nursery. His mother confirms that she feels Jack is fully supported by the school.

How Jack and his family have taken part in this plan

Ms *(name)* was involved in the Team Around the Family Meeting and she has taken Jack to meet Dr *(name)* and Ms *(name)*. At all stages of this plan's development, Ms *(name)* has provided personal advice and professional expert opinion on the specific care that Jack requires at school.

Section B

Summary of main special educational needs

Jack has complex medical needs relating to his diagnosis of HED, which impacts on his physical safety, his ability to learn and access the curriculum, and his self-care in school. He is vulnerable to both hyperthermia and hypothermia which can ultimately be fatal.

Communication and Interaction

Strengths and achievements

- Jack is able to interact well with his peers and adults.
- is well motivated to engage in learning tasks
- Jack shows a lack of clarity in his speech due to his lack of teeth.
- He is unable to articulate his needs and express himself
- He can engage in learning tasks for small and large group work. He is making good progress with his learning.
- Jack and he enjoys learning. He currently accesses all areas of the Early Years Foundation Stage (EYFS) Curriculum within a temperature controlled environment.

Cognition and Learning:

Special Educational Needs

Due to his medical condition, Jack can lose focus and concentration when he overheats or becomes too cold which can impact on his learning.

Social, Emotional and Mental Health:

Strengths and achievements

- Jack is able to make and maintain friends. He engages well with children and staff and is caring towards his peers.
- Jack likes to do the right thing. He is good at expressing and recognising his emotions in himself and others.
- Jack is able to engage in small world and imaginative play.

Sensory and Physical:

Strengths and achievements

There are no concerns regarding Jack's fine and gross motor skills.

He is able to run and jump, can use tools such as keyboards, pens/pencils, etc., appropriately and is making good progress with his skills in this area.

Special Educational Needs

- Jack has complex medical needs which impact on his physical safety and self-care. He is vulnerable to both hyperthermia and hypothermia which can ultimately be fatal.
- Jack is highly vulnerable to choking and respiratory tract infections and requires support with nasal sprays and mucus evacuation. Due to his lack of teeth, Jack needs his food intake to be monitored closely and for food to be appropriately prepared and delivered with sufficient lubrication to prevent him from choking.
- Jack's main area of need relates to his medical condition, HED.
- He is unable to regulate his own body temperature which can result in hyperthermia or hypothermia which can be fatal if not managed appropriately.
- When Jack becomes overheated or too cold, he can become lethargic, irritable and lose concentration. This hinders his ability to access the curriculum fully.
- As a result of his HED, Jack has a lack of mucous membrane. As such his body produces viscous mucus which requires regular nasal spraying and manual evacuation.
- Jack has 9 teeth, 7 of which are peg shaped and has diminished saliva production and therefore, he finds it difficult to chew. This combination of difficulty in chewing and lack of saliva puts Jack at great risk of choking.
- Jack's lack of teeth impacts on his clarity of speech and as such he requires monitoring from an appropriate agency such as Speech and Language Therapy.
- Due to his condition, Jack is prone to suffer from serious nasal infections and gets frequent nose bleeds. He suffers from regular respiratory tract infections which can result in severe breathing difficulties and thus hinder his ability to attend school, resulting in a loss of vital education.
- Jack's sense of self and resilience will need monitoring as a way of ensuring his emotional wellbeing continues to develop positively, and that he maintains his self-esteem.
- Jack has difficulties understanding his own needs and to be able to self-plan independently

Health needs and keeping them separate can make it much easier to match them with provision

Health needs may have been described in Section B but they should still be included here

Section C

Jacks health needs

Health needs which relate to the child or young person's special educational needs

Jack has a rare inherited condition called x-linked hypohidrotic ectodermal dysplasia. This results in him having few sweat glands and reduced body hair which means he is unable to control his own body temperature. Jack can become overheated or too cold if his physical environment is not controlled, and his ability to concentrate and learn may be affected. If unrecognised and untreated this could ultimately lead to seizures and be fatal.

Non-educational health needs

Jack's condition results in viscous nasal secretions, affects his saliva and tear production and he has abnormal dentition which means he cannot break down food and chew properly. This puts him at risk of choking.

Always set out the impact of a diagnosis on a child or young person's

Section D

Social care needs

Social care needs which relate to the child or young person's special educational needs, or social care needs which require provision for Children and Young People under 18 under Section 2 of the Chronically Sick and Disabled Person Act (CSPDA)1970

Needs related to child or young person's special educational needs

None identified

Needs in relation to the CSPDA1970

None identified

Section E

The outcomes sought for Jack

Make sure the outcomes link to the aspirations in Section A

Outcomes for social care needs which relate to Jack's special educational needs or disability (Section E)

None identified

Social Care Provision (Section H1)

None identified

What are the arrangements for monitoring and reviewing Jack's progress towards achieving his outcomes?

A planning meeting should be arranged with Jack and his parents in order to set short-term targets and agree monitoring and review arrangements. These targets should be reviewed regularly to ensure that Jack remains on track to achieve the outcomes specified in his plan in line with aspirations.

EHC plans must be reviewed as a minimum every 12 months (these may be called earlier should any of the parties so wish. BUT must have a valid reason to do so). The first review must be held within 12 months of the date when the EHC plan was issued, and then within 12 months of any previous review. At the review meeting outcomes must be reviewed in line with Jack's aspirations. Consideration should be given to reviewing an EHC plan for a child under 5 at least every 3 to 6 months to ensure that the provision continues to be appropriate.

Section F

The special educational provision required by Jack

1 Communication and Interaction

For Jack's speech and language skills to continue to develop so he can consistently communicate clearly and effectively with members of staff and his peers.

Target

For Jack to continue to develop his articulation and speech clarity so he can communicate with his peers and adults when he feels unwell, and continue to meet the challenges of the curriculum

Jack requires close support, monitoring, and frequent reviews of his speech skills so that he can continue to develop his clarity of speech and articulation. Jack also requires a referral to the Speech and Language Therapy service so that he can receive regular monitoring.

2 Cognition and Learning

To promote access to all aspects of the curriculum within a mainstream setting. To achieve his academic potential (specific targets related to the curriculum will need to be developed by his teachers on a termly basis).

Target

For Jack to continue to develop the learning skills required to engage with all curriculum areas in a temperature-controlled environment.

Jack will need to access learning in a temperature-controlled environment to enable him to maintain his attention and concentration. Portable air-conditioning units will be provided for key learning environments.

Social, Emotional and Mental Health

For Jack to continue to develop his resilience and a positive sense of self.

Target

For Jack to be supported to develop his ability to maintain his positive sense of self and emotional wellbeing.

For Jack to develop a trusting relationship with a key member of staff, so he feels comfortable expressing when he is too hot or cold or is feeling distressed.

Jack will need access to a trusted adult who is sensitive to and supportive of his emotional and medical needs. Jack will need a well-structured and nurturing environment where he can feel supported and valued as a learner and a unique individual.

3 Sensory and Physical

For Jack's medical condition to be managed appropriately so he can be safe in school and be fully included in a range of school activities. To develop his self-planning skills in line with his medical needs.

Target

For Jack to be fully included in school life and to have his medical needs met so he can attend safely and engage fully with all areas of the curriculum in a temperature-controlled environment.

Jack will need a comprehensive care plan, developed in conjunction with his parents and relevant medical professionals. All members of staff need to be aware of Jack's medical needs and how to respond should he overheat or get too cold.

Jack will need monitoring throughout the school day, but especially at unstructured times and at times of physical exertion to maintain an appropriate body temperature.

Jack will need meals prepared appropriately, for example, partially pureed, and given with an appropriate level of lubrication. He will require monitoring during meal times due to his tendency to choke.

Jack requires access to adult support to enable him to administer nasal sprays as appropriate and evacuate mucus.

Liaison between Jack's parents and members of school staff will be very important to ensure effective communication and development of a trusting relationship.

Jack will need frequent reminders from an adult to maintain an appropriate body temperature through for example, drinking water regularly, removing his shoes and wearing appropriate clothing for the weather conditions.

Jack will need individualised teaching input regarding his medical needs so that he is able to develop his independent self-planning skills, for example, developing his understanding of what he will need for the day ahead to maintain his body temperature.

Jack requires access to a temperature-controlled environment. He will require air conditioning, room thermometers, and active monitoring of the classroom environment. He requires a higher level of monitoring for signs of overheating and particular care during active playtimes and physical education to ensure he is dressed appropriately, does not over exert himself, and active measures are taken to cool him down if necessary. He needs to be supported to wear a sun hat and apply sun cream in preparation for going outside in sunny conditions and he needs access to shady areas.

He also requires nasal spray at lunchtime and sometimes at break times, and may require skin emollients to be applied in school. He should have an individual healthcare plan in school agreed by his parents detailing signs of overheating, becoming too cold, unwell or choking, and actions to take in those circumstances. All school staff need to be aware of his medical condition and actions to take in event of him becoming unwell.

Jack requires teaching assistant time for a total of 32.5 hours per week to receive the support across the school day as set out above.

Section G

The health provision required by Jack

Outcomes sought

For Jack to remain well and to learn and achieve success at school.

To maintain safe body temperature.

To ensure Jack is eating safely.

To help with nasal secretions.

Provision

An Individual Healthcare Plan should be in place at school lead by the school nurse and in consultation with the headteacher and parents and with advice from specialist health professionals as required.

Continued specialist input provided by Professor John McGrath, Professor of Molecular Dermatology, St John's Institute of Dermatology in relation to Jack's HED.

A careful decision has to be made about whether health provision educates or trains. On the facts of this particular case, it has been determined that this provision is medical treatment.

Section H1

The social care provision that must be made for Jack

A personal assistant (PA) will be provided for Jack to support him to attend his drama club once a week during term time. The PA will be available for up to four hours each week and will travel to the drama group on public transport with Jack, wait for him and return home with him.

Social care needs which relate to the child or young person's special educational needs, or social care needs which require provision for Children and Young People under 18 under Section 2 of the Chronically Sick and Disabled Person Act (CSPDA)1970

Section H2

Any other social care provision required for Jack

None identified

Section I

The education placement to be attended by Jack

The nearest state funded mainstream school.

However, Jack's parents have made their own arrangements for him to attend an independent school, Cranmore Preparatory School, West Horsley.

The Local Authority agrees to provide contributory funding for 16.5 hours of adult support per week to support Jack in this setting. The LA and Jack's parents have reached agreement on the basis that parents are responsible for the school fees and home to school transport.

Section J

Personal Budget

Has a personal budget been agreed for any educational, Health and Care needs in this plan?

Yes/No

This section should provide, where requested, detailed information on any personal budget that will be used to secure provision in the EHC Plan.

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 need is being addressed?

	What need is being addressed?	What outcome is being addressed?	What will be provided	By whom?	Cost (£)	Funding arrangements (see Key)	
Education							
Health							
Care							

Key: DP – Direct Payment NB – Notional Budget TPA – Third Party Arrangements

Section K

Advice and information to be found in appendices

Name and Role	Author	Date
Educational Psychology Advice	Mr. <i>(name)</i> Mrs. <i>(name)</i>	May 2018
Medical Advice	Dr. <i>(name)</i>	May 2018
Pathway Plan	<i>(name)</i> Nursery	June 2018
Medical letter	<i>(name)</i> Professor of Molecular Dermatology	May 2018
Medical letter	Dr. <i>(name)</i> GP	May 2018
Medical letter	Ectodermal Dysplasia Society	May 2018

Who can Jack's plan be shared with?

This plan must not be disclosed without the consent of the child's parent or, where the young person is over 16, the young person, except for statutory purposes or in the interests of the child or young person. Full list of statutory purposes is included in the SEN Code of Practice and should be shared with parent/pupil at the point of referral.

Education, health and social care professionals.

Annex 1

Matching outcomes and provision

Outcomes	Provision (including relevant section)
<p>Jack's attendance at school will have increased from 75% to 90%</p> <p>Jack will need time out of the classroom no more than once a week.</p>	<p>Code word for use in school to reduce anxiety (F) 1:1 training at school to manage social situations (F)</p> <p>School councillor to work on strategies for managing anxiety in school (F)</p> <p>CAMHs service to support Jack's school (G)</p> <p>Cognitive behavioural therapy delivered by a child psychologist</p>
<p>Jack's written skills will have developed to the extent that he produces coherent pieces of essay work</p>	<p>Multi-sensory teaching programme focused on developing his literacy, organisation and memory skills (F).</p> <p>School councillor to work on strategies for managing anxiety in school (F)</p>
<p>Jack will arrive at each class on time and with the correct materials</p>	<p>Visual timetable (F)</p>
<p>Jack will have auditioned for a role in his drama group's yearly public performance</p>	<p>Personal assistant to help him attend drama group (H1)</p> <p>Cognitive behavioural therapy delivered by a child psychologist (G)</p> <p>Social skills training group (F)</p>
<p>Jack will have at least two friends whom he sees outside of school times</p>	<p>Personal assistant to help him attend drama group (H1)</p> <p>Social skills training group (F)</p> <p>Attendance at community based drama group in school holidays (H1)</p>