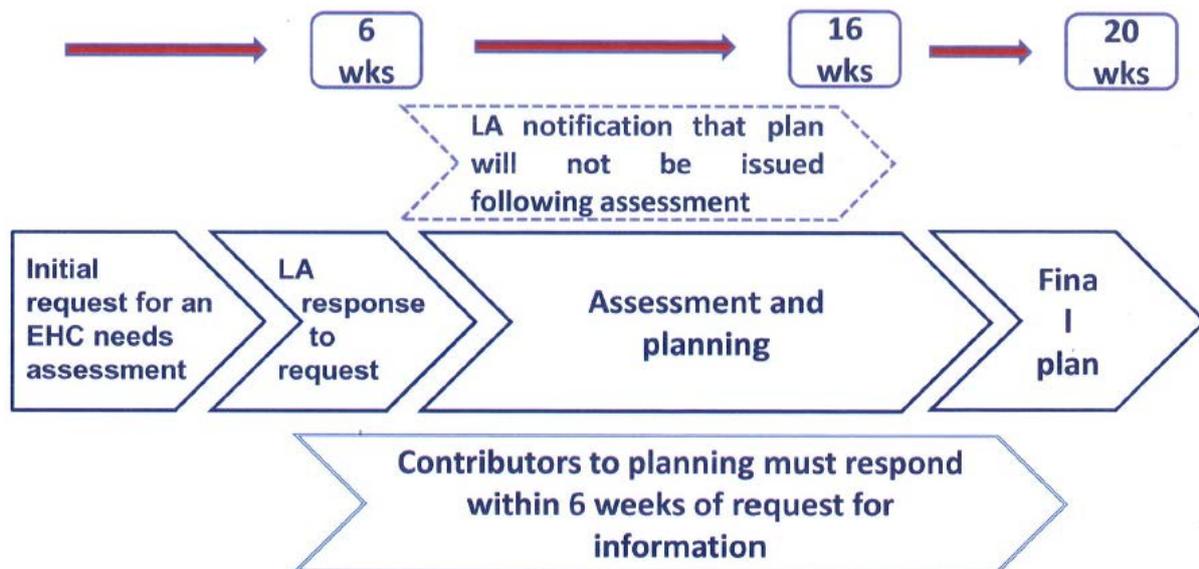


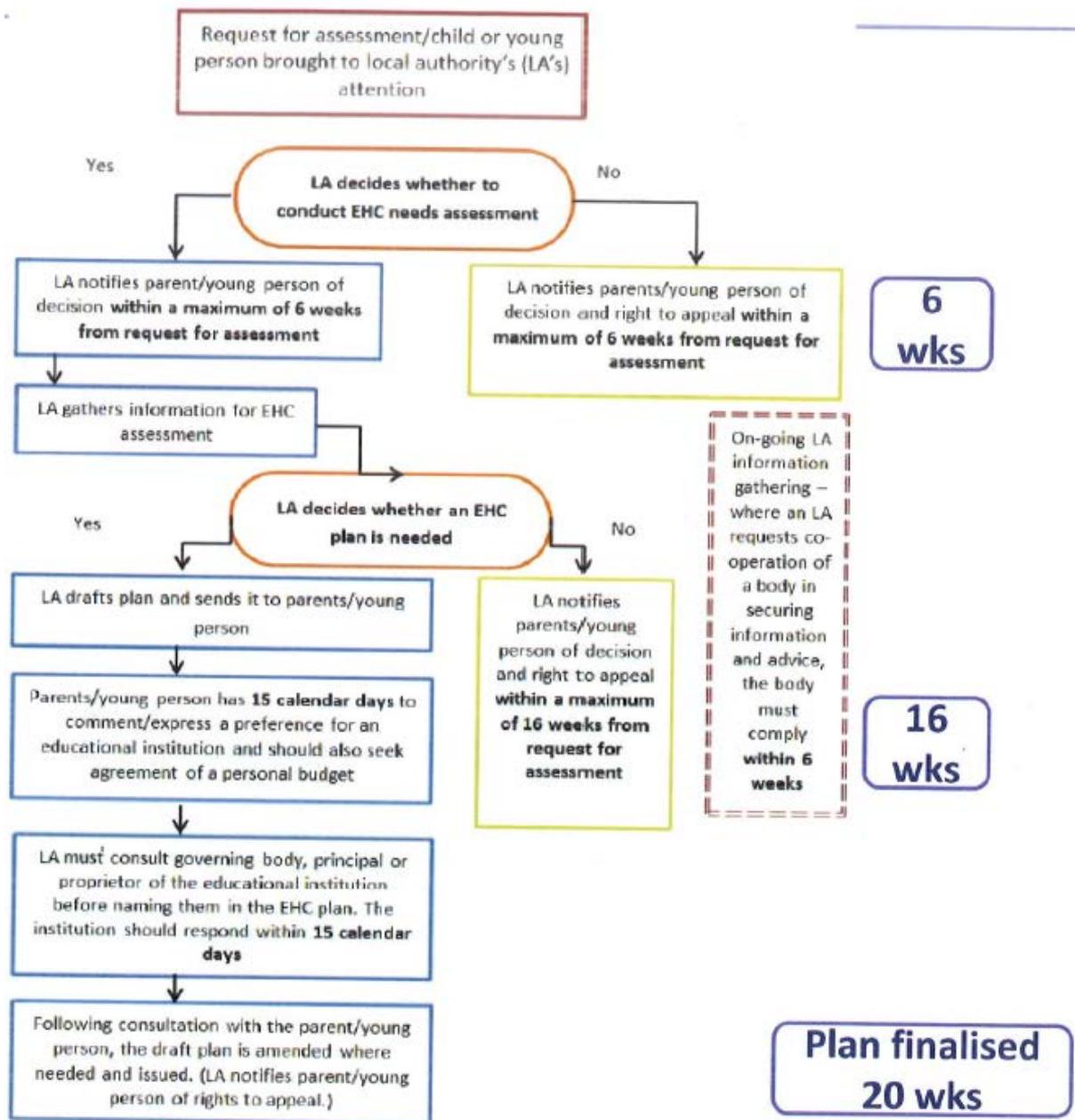
The EHC Needs Assessment and EHC planning process should:

- Promote a “tell us once” approach to sharing information wherever possible;
- Put children, families and young people at the centre of the process;
- Have effective coordination between education, health and care services, with joint agreement on key outcomes;
- Include consideration of a step down process for children/young people who do not have plan following assessment or who do not meet the criteria for an assessment

**A speedier process**

The whole process, from initial request to issuing the final EHC Plan, should take no longer than 20 weeks.





## Who might contribute to the EHC Plan?



### Involving the child and their family

Children, young people and families should experience well coordinated assessment and planning leading to timely, well-informed decisions.

Local authorities must consult the child and the child's parent or the young person throughout the process of assessment and production of an EHC Plan, and families should be closely involved in the process, by:

- Being provided with access to the relevant information in accessible formats;
- Given time to prepare for discussions and meetings, and
- Being allowed dedicated time in discussions and meetings to hear their views.

Some young people and their families will receive advocacy support.

The process of EHC assessment and planning will be led by the local authority. An effective, coordinated assessment will need a clear plan to ensure everyone who needs to contribute can do so.

Logistical issues include:

- Planning the process to meet the needs of children, parents and young people;
- Timing meeting to minimise family disruption, and to allow for professional schedules;
- Keeping the child's parent or young person informed through a single point of contact wherever possible and;
- Ensuring relevant professionals have sufficient notice to be able to contribute to the process.

### **Health Professionals**

There is potentially a wide range of professionals who may need to input to the development of an EHC Plan for children and young people with SEN, ranging from community paediatricians, to physiotherapists and nurses.

The local authority will need to work with their partners, to make sure they have considered as part of their joint arrangements;

- The range of professionals across education, health and care who need to be involved and their availability;
- Flexibility for professionals to engage in a range of ways and to plan their input as part of forward planning;
- Providing opportunities for professionals to feed back on the process, and its implementation, to support continuous improvement.

### **The Role of the EHC Plan**

At the heart of the new arrangements for children with SEN is the EHC Plan, which replaces the current statement.

The plan captures:

- The child or young person's special educational needs and any health and social care needs;
- The services which the relevant commissioners intend to secure;
- The outcomes which they will aim to deliver, based on the child or young person's needs and aspirations.

Like a Statement, an EHC is a statutory document: a local authority must secure the specified special educational provision for the child or young person.

If the plan specifies health care provision, the responsible commissioning body - usually a CCG - must arrange the specified health care provision for the child or young person.

## **What the EHC Plan should cover**

EHC Plans should be:

- Clear
- Concise
- Readable
- Accessible to parents, children, young person and practitioners

The format of an EHC Plan will be agreed locally.

However, the plan must contain the sections listed here, identified by their letter.

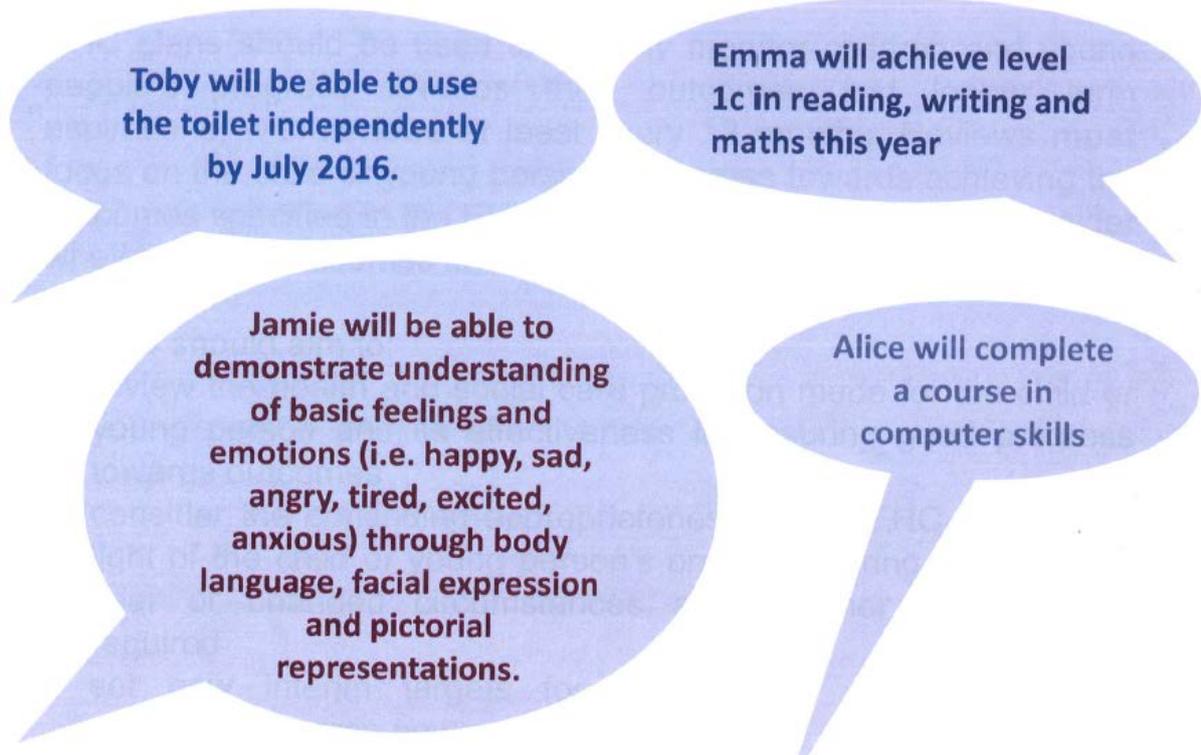
- A: Views, aspirations
- B: Special Educational Needs
- C: Health Needs
- D: Social Care Needs
- E: Outcomes
- F: SEN Provision
- G: Health Provision
- H: Social Care Provision
- I: Educational Placement
- J: Personal Budget
- K: Advice and Information

## **EHC Plan Outcomes**

An outcome can be defined as the “benefit or difference made to an individual as a result of an intervention”. An outcome is not a description of the service being provided e.g. ‘three hours speech and language therapy’ is not an outcome.

The EHC Plan should capture not only the range of services which the child or young person will be receiving, but also the specific outcomes which the services will deliver. The plan is only truly person-centred, if it describes what success looks like in terms of the child’s experience and abilities.

The child’s aspirations, captured in section A of the plan might provide a context for setting outcomes, but the plan actions should be focused on more immediate deliverables.



## **Reviewing Plans**

EHC Plans should be used to actively monitor children and young people's progress towards their outcomes and longer term aspirations, with reviews at least every 12 months. Reviews must focus on the child or young person's progress towards achieving the outcomes specified in the EHC Plan. The review must also consider whether these outcomes and supporting targets remain appropriate.

Review should aim to:

- Review the health and social care provision made for the child or young person and its effectiveness in ensuring good progress towards outcomes
- Consider the continuing appropriateness of the EHC Plan in the light of the child or young person's progress during the previous year or changed circumstances and whether changes are required
- Set new interim targets for the coming year and where appropriate, agree new outcomes.